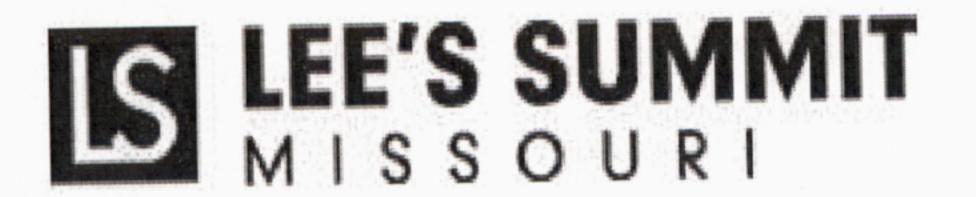
Expiration date: 06/30/2025



Business License Renewal

220 SE Green Street Lee's Summit, MO 64063 Phone 816.969.1220 / Fax 816.969.1221 / www.cityofls.net

CAMRON L HOORFAR/ATTORNEY AT LAW Licensing 202 SW MARKET ST LEES SUMMIT, MO 64063

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Please Update your Information. If there are changes to the information provided, please draw a line through and correct.

Physical Business Address:

202 SW MARKET ST LEES SUMMIT, MO 64063

Business E-Mail Address:: CHOORFAR@HOORFARLAW.COM

Legal Name of Business: (if different than DBA): LAW OFFICE OF CAMRON HOORFAR, PC

Type of Organization:

Professional Technical Service

Please provide your NAIC Code:

Renew on-line communications email address: <u>reception a hoor for law.Com</u>
(If you would like to renew on-line, you must provide an email above. This email address could be different than the Business Email Address. This email address is the person that is responsible for Business Licenses/Renewals at your place of business) **IMPORTANT! If you would like to RENEW your Business License online, please visit https://devservices.cityofls.net/renew-business-license.html for instructions.

Business Phone Numbers:

Primary	Cell	Fax
-8165244949	8167859254	8165244963
		816-944-00710
816-944-0251		

Contact Information:

Primary	Secondary	Emergency	
CAMRON HOORFAR, Phone:(816) 785-9254			

(Continued on back page)

Please provide a general description or scope of Law Firm - profess			poration
F DOING ANY RETAIL SALES (provide copy of curr	rent no sales ta	ax due letter) -	
For businesses physically located in Lee's Sumr	nit this section	MUST be complete	d*
Has your Physical Address changed over the last	year? Y or (I	f yes complete Zonin	g Approval Form)
Is business located in a Lee's Summit Commercia	al area or Resider	ntial? (circle)	
Do you have an intrusion alarm? Y or (circle)			
Total Building Square Footage - 1800			
Employee Headcount for this location: Full Time: 82			
Part Time: 2			
Temporary: 2			
IF DOING ANY RETAIL SALES (provide copy of current	no sales tax due	letter) -	
IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S Swebsite at www.cityofls.net.	SUMMIT, PLEASE	SUBMIT A NEW ZON	ING FORM. Zoning forms located on
FEE CALCULATION (please check those that apply):			
X \$50 Business License Fee (base fee))		
Penalty for delinquent license is 5%	per month not to	exceed 25% (is deline	quent 60 days after expiration)
Total fee			
I declare under penalty of perjury that to the best of m	ny knowledge an	d belief the statement	s made herein are true and correct.
X	x Owr	105	05/05/20
Signature of Owner(s) or Corporation Agent/Owner	Title		Date
The filing of this application or the granting of a busine the provisions of the zoning code, and is further subjec- specific occupations and businesses. Payment by Check	t to all applicable	e federal, state and loc	al laws and regulations which apply to
FOR OFFICE USE ONLY License Effective from		Fee Remitted \$	License #