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

HALLMARK CREATIONS #644 Licensing P O BOX 419580 MD851 KANSAS CITY, MO 64141

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:

1732 NW CHIPMAN RD LEES SUMMIT, MO 64081

Business E-Mail Address::

Legal Name of Business: (if different than DBA): HALLMARK RETAIL LLC

Type of Organization: Retail Trade

Please provide your NAIC Code:

Renew on-line communications email address: Hallmark_Retail_CSG_invoices@hallmark.com

(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
3163478355		30.00
103478333		

Contact Information:

Primary	Secondary	Emergency
BUSINESS LICENSE DEPARTMENT, Address:P O BOX 182515, Phone:(614) 577-2040		Ψ
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Please provide a general description or scope of	f work for your busi	ness:	
Retail Cards and Gifts			
DOING ANY RETAIL SALES (provide copy of cur	rent no ealee tav	lue letter) - 21802670	
SOMO ANT TELEME OF LES (provide copy of our	Tone no suics tax t	1002070	
or businesses physically located in Lee's Sum	mit this section MI	<u>JST</u> be completed*	
Has your Physical Address changed over the last	t voar2 V ov N (If vo	s complete Zoning Approval For	m)
Is business located in a Lee's Summit Commerci			111)
Do you have an intrusion alarm? Yor N (circle)		(,	
Total Building Square Footage -			
Employee Headcount for this location:			
Full Time: 21			
Part Time: 19 Temporary:			
IF DOING ANY RETAIL SALES (provide copy of current	t no sales tax due let	ter) - 21802670	
IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S	SUMMIT, PLEASE SU	BMIT A NEW ZONING FORM. Zoni	ng forms located on
website at <u>www.cityofls.net</u> .			
FEE CALCULATION (please check those that apply):			
X \$50 Business License Fee (base fee	<u>:</u>)		
Penalty for delinquent license is 5%	nor month not to av	cood 25% (is dolinguant 60 days af	tor avniration)
relate to defindent needs is 370	per monti not to ex	ceed 25% (13 denniquent 60 days ar	ter expiration)
Total fee			
declare under penalty of perjury that to the best of r	ny knowledge and be	lief the statements made herein a	e true and correct.
x Tric Mertes	x_Finance		5 /8 / 25
Signature of Owner(s) or Corporation Agent/Owner	Title		Date
The filing of this application or the granting of a busin	acc licance noither o	onfirms nor approved the use of lan	d as regulated under
the provisions of the zoning code, and is further subject			
specific occupations and businesses. Payment by Chec			,
·			
FOR OFFICE USE ONLY	, ,		
License Effective from / / to	/ /	Fee Remitted \$ License #	