



LEE'S SUMMIT MISSOURI

Dear Business Owner:

Enclosed you will find the **Business License Renewal Form** for the license year July 01, 2025 through June 30, 2026. Please take a moment to review the information, particularly verifying the accuracy of the **Missouri Sales Tax ID** number and business address noting any corrections or additions.

Missouri Senate Bill 30 became effective January 1, 2009; requiring a statement of "No-Tax Due" from the Missouri Department of Revenue before the issuance of a business license by the City for any business engaging in retail sales. A business owner can enter their Missouri Tax Identification Number and PIN at <http://dor.mo.gov/business/sales/notaxdue/> to print their statement and include with the business license renewal. Business license renewals that are submitted without a no tax due certificate cannot be processed.

BUSINESS LICENSE FEES INFORMATION

As governed by City Ordinance #28-30, the base license fee is \$50.00. Businesses are required to have a separate license for each location.

All renewals not received by August 30, 2025 will be considered delinquent and subject to penalty. Penalty is 5% per month not to exceed 25%. Please make checks payable to "City of Lee's Summit".

****IMPORTANT!** If you would like to **RENEW** your Business License online, please visit <https://devservices.cityofls.net/renew-business-license.html> for instructions.

If you will not be doing business in Lee's Summit during the next Business License year and you are not located in Lee's Summit, please send notification. If you should have questions regarding your renewal, please contact the Development Services Department at 816-969-1200.

Thank you for your prompt attention.

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Business License Renewal

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

SAINT LUKES SURGICENTER LEE'S SUMMIT
 Licensing
 120 NE SAINT LUKES BLVD
 LEES SUMMIT, MO 64086

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: 120 NE SAINT LUKES BLVD LEES SUMMIT, MO 64086
 Business E-Mail Address:: TCOLE@SLEASC.COM
 Legal Name of Business: (if different than DBA):
 Type of Organization: Health Care, Social Assistance
 Please provide your NAIC Code:

Renew on-line communications email address: _____

(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
8163475800	9137090385	8163475899

Contact Information :

Primary	Secondary	Emergency
TRINA COLE, Address:120 NE SAINT LUKES BLVD, Phone:(816) 347-5808		SLEH CAMPUS SECURITY, Phone:(816) 347-5911

(Continued on back page)

Please provide a general description or scope of work for your business:

Out patient surgery center

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) -

For businesses physically located in Lee's Summit this section MUST be completed

Has your Physical Address changed over the last year? Y or N (If yes complete Zoning Approval Form)

Is business located in a Lee's Summit Commercial area or Residential? (circle)

Do you have an intrusion alarm? Y or N (circle)

Total Building Square Footage - 31090 44,000

Employee Headcount for this location:

Full Time: 42 68

Part Time: 3 25

Temporary: 2 0

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) -

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at www.cityofls.net.

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 delinquent 60 days after expiration)

 Total fee

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.

X *Anna Luce*
Signature of Owner(s) or Corporation Agent/Owner

X *Administrator*
Title

5/13/25
Date

The filing of this application or the granting of a business license neither confirms nor approves the use of land as regulated under the provisions of the zoning code, and is further subject to all applicable federal, state and local laws and regulations which apply to specific occupations and businesses. Payment by Check – make check payable to City of Lee's Summit.

FOR OFFICE USE ONLY

License Effective from / / to / / Fee Remitted \$ License #