



Expiration date: 05/31/2025

RECEIVED  
MAY 20 2025  
City of Lee's Summit  
Development Center

## Business License Renewal

220 SE Green Street  
Lee's Summit, MO 64063  
Phone 816.969.1220 / Fax 816.969.1221 / [www.cityofls.net](http://www.cityofls.net)

ARC PHYSICAL THERAPY PLUS LIMITED PARTNERSHIP  
Licensing  
1300 W SAM HOUSTON PKWY S, SUITE 300  
HOUSTON, TX 77042

### 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: 1174 NE DOUGLAS ST LEES SUMMIT, MO 64086  
Business E-Mail Address:: BPETERSON@ARCPT.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: [usphysicaltherapy@cscglobal.com](mailto:usphysicaltherapy@cscglobal.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
8168753884		8165245080 7132977090

Contact Information :

Primary	Secondary	Emergency
BEN PETERSON, Address:6400 GLENWOOD STE 111, Phone:(913) 831-2721	JEFF WEEKS, Phone:(913) 238-9063	

(Continued on back page)

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

Outpatient Physical/Occupational Therapy Clinic

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 - 2806

Employee Headcount for this location:

Full Time: 2

Part Time:

Temporary:

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](http://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)

50.00 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 Mrs. E. Waller

Signature of Owner(s) or Corporation Agent/Owner

X AUTHORIZED AGENT

Title

05 / 15 / 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

6 / 1 / 25 to

5 / 31 / 26

Fee Remitted \$ 50

License # LC62150580