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

EDWARD D JONES & CO LP #06469 Licensing PO BOX 66719 **ST LOUIS. MO 63166**

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:

192 NW DLDHAM PKWY LEES SUMMIT, MO 64081

Business E-Mail Address:: BRANCHTAN nosienes.com occupancyem@edwardjones.com

Legal Name of Business: (if different than DBA):

EDWARD D JONES & CO LP

Type of Organization:

Please provide your NAIC Code: 523150

Finance and Insurance

Renew on-line communications email address:

occupancyem@edwardjones.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
8165250770		
HQ 314-515-4929		

Contact Information:

Heather Bergen 816-686-6563

(Continued on back page)

Please provide a general description or scope of	work for your business:	
Stockbroker/dealer		
DOING ANY RETAIL SALES (provide copy of cur	rent no sales tax due letter) - $_{ m NI/\Delta}$	
	· IV/A	
or businesses physically located in Lee's Sumi	nit this section <u>MUST</u> be completed	•
Has your Physical Address changed over the less	r? Y or N If yes complete Zoning	Approval Form)
Is business located in a Lee's Summit Commercia		,
Do you have an intrusion alarm? Y or N (lircle)	,	
Total Building Square Footage - 1300		
Employee Headcount for this location:		and the second
Full Time . 4 3		
Part Time: 0		
Temporary: 0		
IF DOING ANY RETAIL SALES (provide copy of current	no sales tax due letter) - N/A	
IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S website at <u>www.cityofls.net</u> .	SUMMIT, PLEASE SUBMIT A NEW ZONIN	G 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 delinqu	ent 60 days after expiration)
50.00_ Total fee		
OC.OO Potal fee		
declare under penalty of perjury that to the best of m	ny knowledge and belief the statements i	made herein are true and correct.
, Kare Smith	_x Accountant	5 / 23 / 202
Signature of Owner(s) or Corporation Agent/Owner	Title	Date
The filing of this application or the granting of a busing		
the provisions of the zoning code, and is further subjec specific occupations and businesses. Payment by Checi		
pecific occupations and businesses. I by ment by check	C - make theth payable to tity of tee 3.3	uninit.
	, , , , , , , , , , , , , , , , , , , ,	ht
FOR OFFICE USE ONLY License Effective from/ to	/ Fee Remitted \$	License #