Expiration date: 06/30/2025

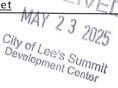


Business License Renewal

220 SE Green Street Lee's Summit, MO 64063

Phone 816.969.1220 / Fax 816.969.1221 / www.cityofls.net

ROCKHILL WOMEN'S CARE INC Licensing 20 NE SAINT LUKES BLVD, Unit 310 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:

20 NE SAINT LUKES BLVD 310 LEES SUMMIT, MO 64086

Business E-Mail Address:: SJONES@ROCKHILLWC.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: Martabonhakacan (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
8162827809		8162827870

Contact Information:

Primary	Secondary	Emergency
SAMANTHA JONES, Address:20 NE ST LUKES BLVD #310, Phone:(816) 282-7809 Ext:8766	SHERRY TERRELL, Address:20 NE ST LUKES BLVD #310, Phone:(816) 282-7809 Ext:8754	CARLA PEARMAN MD, Address:20 NE ST LUKE'S BLVD #310, Phone:(816) 416-8777
3		

(Continued on back page)

Please provide a general description or scope of work for your business:	
Medical Doctor Office	
F DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) -	
NA	
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 - 4900	n)
Employee Headcount for this location: Full Time: 24 Part Time: Temporary: 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. Zonin website at www.cityofls.net .	ng 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 delinquent 60 days aft	er expiration)
	•
<u>60</u> Total fee	
I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are x X Signature of Owner(s) or Corporation Agent/Owner Title	5 2225 Date
The filing of this application or the granting of a business license neither confirms nor approves the use of land the provisions of the zoning code, and is further subject to all applicable federal, state and local laws and regular specific occupations and businesses. Payment by Check — make check payable to City of Lee's Summit.	d as regulated under vlations which apply to
FOR OFFICE USE ONLY License Effective from	16214354