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

ETC PHYSICAL THERAPY INC Licensing PO BOX 320 BELTON, MO 64012

JUN 1 3 2025

City of Lee's Summit Development Center

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

Physical Business Address: Kyla 208 NW OLDHAM PKW Business E-Mail Address:: MIKELLE@ETCPHYSICALTHERAPY.COM 208 NW OLDHAM PKWY LEES SUMMIT, MO 64081

Legal Name of Business: (if different than DBA): EXERCISE THERAPY CONSULTANTS INC

Type of Organization:

Health Care, Social Assistance

Please provide your NAIC Code:

Renew on-line communications email address: Kyla Detcphysical therapy. 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
8163479696	8168202990	8163470020 8163480492

Contact Information:

Primary	Secondary	Emergency
Kyla Gibson CHRSTINA LAYMAN, Address:924 N SCOTT, Phone:(816) 331-9111	JIM STONE, Phone:(816) 331-9111	Kyla Gibson CHRSTINA LAYMAN, Address:924 N SCOTT, Phone:(816) 331-9111

(Continued on back page)

Please provide a general description or scope of work for your business: Physical Therapy
F DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) -
For businesses physically located in Lee's Summit this section <u>MUST</u> 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 Summi Commercial rea or Residential? (circle)
Do you have an intrusion alarm? Yor ((circle)
Total Building Square Footage - 3000
Employee Headcount for this location:
Full Time: 3 Part Time: 3
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 <u>www.cityofls.net</u> .
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)
50,00Total 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 Lyla Substantism x Director of Business Administration 6/10/202 Signature of Owner(s) or Corporation Agent/Owner Title 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