

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 <u>not</u> be doing business in Lee's Summit during the next Business License year and you are not located in Lee's Summit, <u>please send notification</u>. 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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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 / <u>www.cityofls.net</u>

NEXTCARE URGENT CARE - LEE'S SUMMIT Licensing 2145 E BASELINE RD STE 101 MESA; AZ 85283 Tempe

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:

2741 NE MCBAINE DR LEES SUMMIT, MO 64064

Business E-Mail Address:: ANCILLARYSVCS@NEXTCARE.COM

Legal Name of Business: (if different than DBA): EMERGENT CARE PLUS LLC Type of Organization: Health Care, Social Assistance

Please provide your NAIC Code:

Renew on-line communications email address: <u>ancillarysvcs@nextcare.com</u>

(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)

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Business Phone Numbers:

Primary	Cell	Fax
8165542600		8165542600
		4809248399

Contact Information:

Primary	Secondary	Emergency
DAN GEER, Phone:(816) 665-7086 Billing: Ancillary Services ancillarysvcs@nextcare.com 480-776-1630	FRANCES COCHRAN, Address:2741 NE MCBAINE DR, Phone:(816) 490-0434	

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Please provide a general description or scope of v	work for your business:	
Urgent Care/Walk-in Clinic		
F DOING ANY RETAIL SALES (provide copy of curr	ent no sales tax due letter) -	
For businesses physically located in Lee's Sumn	nit this section <u>MUST</u> be completed	
Has your Physical Address changed over the last of the		val Form)
Employee Headcount for this location: Full Time: 7 Part Time: 11 Temporary:		
IF DOING ANY RETAIL SALES (provide copy of current IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S S website at www.cityofls.net .		M. Zoning forms located on
FEE CALCULATION (please check those that apply):		
X \$50 Business License Fee (base fee)	per month not to exceed 25% (is delinquent 60	days after expiration)
	per month not to exceed 25% (is definiquent oo	days arter expiration,
I declare under penalty of perjury that to the best of m	y knowledge and belief the statements made l	nerein are true and correct.
X Terris Harriger Signature of Owner(s) or Corporation Agent/Owner	X <u>Ancillary Services Coordinator</u> Title	06 / 25 / 2025 Date
The filing of this application or the granting of a busine the provisions of the zoning code, and is further subjec specific occupations and businesses. Payment by Check	t to all applicable federal, state and local laws	and regulations which apply to
FOR OFFICE USE ONLY License Effective from// to	/Fee Remitted \$Lic	ense #