Expiration date: 08/31/2025



Business License Renewal

220 SE Green Street Lee's Summit, MO 64063 Phone 816.969.1220 / Fax 816.969.1221 / www.cityofls.net

FIREBIRDS OF LEE'S SUMMIT, LLC Licensing 8700 RED OAK BLVD STE J CHARLOTTE, NC 28217

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:

920 NW PRYOR RD F LEES SUMMIT, MO 64081

Business E-Mail Address:: permits@fbgrill.com

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

FIREBIRDS OF LEE'S SUMMIT, LLC

Type of Organization:

Accomodation & Food Services

Please provide your NAIC Code:

Renew on-line communications email address: Definition 1500 from 1

Primary	Cell	Fax
7049445183		

Contact Information:

Primary	Secondary	Emergency FIREBIRDS OF LEE'S SUMMIT, LLC, Address:8700 RED OAK BLVD STE J, Phone:(704) 944-5183		
FIREBIRDS OF LEE'S SUMMIT, LLC, Address:8700 RED OAK BLVD STE J, Phone:(704) 944-5183	Marie Collins, Address:8700 RED OAK BLVD STE J, Phone:(704) 944-5183			

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Please provide a general description or scope of				
Jul service res	Taura	cnt		
F DOING ANY RETAIL SALES (provide copy of cur	rent no sales	tax due letter) - 2620	8571	
included				
For businesses physically located in Lee's Sum	mit this secti	on <u>MUST</u> be complete	d*	
Has your Physical Address changed over the last	1		g Approval Form)
Is business located in a Lee's Summit Commerci Do you have an intrusion alarm? Yor N (circle)	al area or Resi	dential? (circle)		
Total Building Square Footage				
Employee Headcount for this location:				
Full Time: 6				
Part Time: 78 Temporary: 8				And and the
IF DOING ANY RETAIL SALES (provide copy of curren	t no sales tax o	lue letter) - 26208571		
MANAL	d	ASE SUBMIT A NEW ZONI	NG FORM Zoning	forms located on
website at www.cityofls.net.	30 WIIVIII, FLEX	ASE SOBIVITY A NEW ZONI	ING PORIVI. ZOIIIIE	, Torris located on
FFF CALCULATION (sleeped should these that apply)				
FEE CALCULATION (please check those that apply):				
X \$50 Business License Fee (base fee	e)			
1 Penalty for delinquent license is 59	6 per month no	t to exceed 25% (is deline	quent 60 days afte	r expiration)
\$50. Gotal fee				
I declare under penalty of perjury that to the best of	my knowledge	and belief the statement	s made herein are	true and correct.
1,0 M1,000 e -	, Dr	licansina		07 (01 (702)
Signature of Owner(s) or Corporation Agent/Owner	Title	acertous		Date
The filing of this application or the granting of a busin the provisions of the zoning code, and is further subje- specific occupations and businesses. Payment by Che	ct to all applica	able federal, state and loc	cal laws and regul	
FOR OFFICE USE ONLY				
License Effective from		Fee Remitted \$_	License # _	