

Expiration date: 06/30/2025

RECEIVED

Business License Renewal

220 SE Green Street Lee's Summit, MO 64063 Phone 816.969.1220 / Fax 816.969.1221 / www.cityofls.net JUL 0 7 2025
City of Lee's Summit

BoxDrop Mattress and Furniture Lees Summit Licensing 1903 NE Parks Summit Blvd. Lees Summit, MO 64064

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Please Update your Information.	If there are	changes to th	e information	r provided,	please	draw a lin	e through	nand
correct.								

Physical Business Address:	218 NW	OLDHAM PKWY	LEES SUMMIT, MO 64081
Business E-Mail Address:: billm.moeller	@gmail.co	om	
Legal Name of Business: (if different tha	n DBA):	BoxDrop Matt	ress, Blue Springs LLC
Type of Organization:	Retail Tr	ade	

Please provide your NAIC Code:

Renew on-line communications email address:bill moeller for mon on-
(If you would like to renew on-line, you must provide an email above. This email address could be different than the Business Ema
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
8169358757		Na and the same of
	- 5	

Contact Information:

Primary	Secondary	Emergency
William Moeller, Address:1903 NE Parks Summit Blvd., Phone:(816) 935-8757		William Moeller, Address:1903 NE Parks Summit Blvd., Phone:(816) 935-8757
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Please provide a general description or scope of work for your business:
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IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 25704761 I ploaded No Tax to the portal
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For businesses physically located in Lee's Summit this section MUST be completed
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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? You N circle)
Total Building Square Footage - 4300
Employee Headcount for this location: Full Time: 2
Part Time:
Temporary:
IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 25704761
IF DOING ANT KETAIL SALES (provide copy of current no sales tax due letter) - 25704701
IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on
website at www.cityofls.net.
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)
Total fee
I declare upder penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.
1/3/24
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.
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FOR OFFICE USE ONLY Conse Effective from 7/1 DSto 6 30 /2021 Fee Remitted 5 52 - 44 2 40 435

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