

Business License Renewal

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

 ELEVATE DESIGN & BUILD LLC
 Licensing
 350 SW LONGVIEW BLVD
 LEES SUMMIT, MO 64081

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:
 Business E-Mail Address:: ELEVATEDESIGNBUILDKC@GMAIL.COM
 Legal Name of Business: (if different than DBA):
 Type of Organization: Construction
 Please provide your NAIC Code:

 Renew on-line communications email address: sara@elevatedesignbuildkc.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
8166228826	8164573889	8169888405

Contact Information :

Primary	Secondary	Emergency
MIKE YANCIK, Address:1909 NW 75TH ST, Phone:(816) 885-8663	ANGIE BEERUP, Phone:(816) 457-3889	

(Continued on back page)

Please provide a general description or scope of work for your business:

single family Residential Home builder

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 -

Employee Headcount for this location:

Full Time: 15

Part Time:

Temporary:

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at www.cityofls.net.

CONTRACTOR LICENSING INFORMATION

*****Contractors – please complete this section*****

Please select type of contractor license requested - \$25.00 annual contractor license fee for each Class

- ☒ **Class A – General Contractor:** construct, remodel, demolish, repair any structure
- ☒ **Class B – Building Contractor:** construct, remodel, demolish, repair all structures not exceeding 3 stories in height
- ☒ **Class C – Residential Contractor:** construct, remodel, demolish, repair any single family, duplex or townhouse structure
- ☐ **Class D – Mechanical Contractor:** perform mechanical (HVAC) services
- ☐ **Class D – Electrical Contractor:** perform electrical services
- ☐ **Class D – Plumbing Contractor:** perform plumbing services

Please provide name of licensed representative (master) to be licensed: Angie Beerup

Phone #: 816 622-8826

Email: angie@elevatedsignbuild.com

Cell #: 816 451-3889

☐ **If renewal – provide 8 hours of CEU (please provide documentation of completion) or include optional in lieu of CEU fee of \$100.00 per license classification**

FEE CALCULATION (please check those that apply):

- ☒ **\$50 Business License Fee (base fee)**
- ☒ **\$25 Contractor License Fee (\$25 for each license classification ie: Mechanical & Plumbing = \$50)**
- ☐ **\$100 Contractor fee in lieu of completion of 8 hours of annual continuing education (CEU) for each license classification**

 Penalty for delinquent license is 5% per month not to exceed 25% (is delinquent 60 days after expiration)

\$175 **Total 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

[Signature]
Signature of Owner(s) or Corporation Agent/Owner

x

Pre-Construction Coordinator 7/29/25
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 / / to / / Fee Remitted \$ License #

ANGELA BEERUP
Licensee

ELEVATE DESIGN + BUILD LLC
350 SW LONGVIEW BLVD
LEE'S SUMMIT, MO 64081
(816) 622-8826

CLASS TITLE	CLASS DATE	HOURS
(2018) 01-01-18 KEN LANDES - WHAT EVERY CONTRACTOR SHOULD KNOW CLASS "C" RESIDENTIAL	January 02, 2018	8.00
(2019) 04-03-19 03-1A Transition from the 2012 to 2018 Edition of the IRC (A, B, C, DE, DM, DP, DR, DW Code Credits)	April 03, 2019	8.00
(2020) 03-11-20 11-1A Principles of Materials and Structures (A, B, C, DW Code Credit)	March 11, 2020	8.00
(2021) 01-01-21 JCCL IN HOUSE VIDEOS - TRANSITION FROM THE 2012 TO THE 2018 IRC; 2018 IRC SIGNIFICANT CHANGES, (A, B, C, DE, DM, DP, DR, DS, DW CODE CREDIT)	January 04, 2021	8.00
(2022) 03-15-22 15-4A Rainwater Collection (A, B, C, DP Code Credit)	March 15, 2022	8.00
(2023) 11-02-23 02-3A Residential Standards & Codes (A,B,C,DE,DF,DM,DP,DR,DS,DW Code Credit)	November 02, 2023	8.00
(2024) 10-25-24 25-3A 101+ Ways to Fail a Residential Inspection (A,B,C,DE,DF, DFA, DM,DP,DR,DS,DW Code Credit)	October 25, 2024	8.00



ELEVEDS-01

DADELL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Bovard Insurance Group 5225 W. 75th St. Suite 100 Prairie Village, KS 66208	CONTACT NAME: PHONE (A/C, No, Ext): (913) 529-1130 FAX (A/C, No): (913) 529-1137 E-MAIL ADDRESS: info@bovardinsurancegroup.com
	INSURER(S) AFFORDING COVERAGE INSURER A: ACUIITY INSURER B: Travelers Property Casualty Co. of America INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Elevate Design + Build LLC 350 SW Longview Blvd Lees Summit, MO 64081	NAIC # 14184 25674

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ZX6952	11/10/2024	11/10/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ZM0709	2/8/2025	2/8/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	6JUB1K29444124	4/13/2025	4/13/2026	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

City of Lee's Summit, MO
Code Administration
220 SE Green Street
Lees Summit, MO 64063

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE