

RECEIVED
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City of Lee's Summit
Development Center

Business License Application

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

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 08 / 01 / 25 New Business (Y/N) Y In business since _____
MM DD YY
Vertical Hearing Services Vertical Hearing Inc.
Common/Preferred Name of Business (DBA) Legal Name of Business (if different than DBA)

Physical Business Address:
200 NE Missouri Road Ste 200 Lee's Summit MO 64086
Address City State Zip

() _____ () _____ () _____
Business Address Phone # Cell # Fax # Email

Mailing Address: (if different from Physical Address)
Contact Name for Mailing Address: Indu Sreedharan DBA Legal Name Other
PO BOX 270096 St. Louis MO 63127
Address City State Zip
(314) 888 6652 () _____ () _____ Indu@verticalhearing.com
Mailing Address Phone # Cell # Fax # Email

Contacts:
■ Primary Contact: Brian Marino President
Name Title (Owner/Corp. Agent/Applicant)
2153 Blue Stone Dr St. Charles MO 63303
Address City State Zip
(314) 560 5572 () _____ () _____ brian@verticalhearing.com
Phone # Cell # Fax # Email
Date of Birth 10 / 16 / 87 W0914659 MO
MM DD YY Driver's License # State Issued

■ Secondary Contact: _____
Name Title (Owner/Corp. Agent/Applicant)
() _____ () _____ () _____
Phone # Cell # Fax # Email

Type of Organization (check one): Individual Partnership Corporation LLC Other _____

Please complete this section if your business is physically located in Lee's Summit.
Check if applicable: This is a change in business name business ownership physical business address
Is business located in a Lee's Summit commercial area? Y (if Y please complete a **Commercial Zoning Approval form**)
Is business located in a Lee's Summit residence? Y (if Y please complete a **Home Occupation Zoning Approval form**)
Do you have an intrusion alarm? N / Y (if Y please complete an **Alarm User Registration application**)
Total Building Square Footage _____ Missouri State Sales Tax Number N/A see attach
All applicants who make retail sales must submit a Missouri Department of Revenue Statement of No Tax Due with a date of issuance not more than 90 days before date of business license application/renewal. MDR can be reached at 573.751.9268. NO sales tax needed
Employee Headcount for this location: _____ Full Time 1 Part Time _____ Temporary _____

Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):
Sale and service of Hearing Aids

1. Select Business License Category or NAICS code that best describes your business (choose one that applies)

Category	NAICS Code	Category	NAICS Code
Animal Services	81	Massage Therapy Establishment	81
Automobile Body/Repair Shop/Car Wash	81	Motel/Hotel indicate # of rooms _____	72
Automobile Sales	81	Nursery, Greenhouse	44-45
Bail Bondsperson	81	Pay Day/Title Loan	52
Bank, Credit Union, Finance Company	52	Precious Metal Dealer/Pawnbroker	81
Contractor - Class A, B, C, or D	23	Real Estate Rental and Leasing	53
Contractor - Other	23	Recreation Business - Indoor/Outdoor	71
Day Care Provider - General (7-12)	81	Rental and Leasing	53
Day Care Provider - Limited (1-6)	81	Restaurant and Food Service	72
Drinking Establishment	72	Retail	44-45
Funeral Home	81	School, for profit	61
Gas Service Station & Convenience Store	81	Service Provider	81
Grocers	44-45	Service Provider with Retail Sales	44-45 or 81
<input checked="" type="checkbox"/> Hospital, Nursing Home, Retirement Home, Health	62	Special Event	71
Insurance	52	Telephone Call Center	81
IT Services	54	Tow Service Provider	81
Landscaping-Mowing-Tree Trimmer	81	Transportation - Bus/Taxi/Limo/Rental Car	48-49
Liquor Store	44-45	Vending Machine	81
Manufacturing	31-33	Waste Management and Recycling Services	56
Massage Therapist (may/may not own business)	81	Wholesale Sales	42

2. The City may convert to e-billing in the future for some business types. Will you opt-in to the e-billing program?

Yes - Business/Billing Email Address: INDU@VERTICALHEARING.COM

3. Lee's Summit locations: Who would be able to provide access to your building for City Emergency personnel?

Print names in order of preference to call first:

a. Name Ashton Worth Tel # (417) 408 9392 Alternate Tel # () _____
 b. Name Dana Rodriguez Tel # (314) 757 2698 Alternate Tel # () _____
 c. Name _____ Tel # () _____ Alternate Tel # () _____

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 _____ Phone # () _____
 Email _____ Cell # () _____
- 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
- \$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%

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.

Signature of Owner(s) or Corporation Agent/Owner _____ Title President Date 07/16/25

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 8/25 to 7/31/2026 Fee Remitted 50. License # 44250548



State of Missouri
 John R. Ashcroft, Secretary of State
 Corporations Division
 PO Box 778 / 600 W. Main St., Rm. 322
 Jefferson City, MO 65102

001646199
Date Filed: 4/24/2023
John R. Ashcroft
Missouri Secretary of State

Articles of Incorporation

Article One

The name of the corporation is: VERTICAL HEARING INC.

Article Two

The registered agent's name is: UNITED STATES CORPORATION AGENTS, INC.

The address, including street and number for the registered agent's office in the state of Missouri is:
(PO Box may only be used in addition to a physical street address)

1028 N KINGSHIGHWAY ST CAPE GIRARDEAU MO 63701-3503
Street Address *City* *State/Zip*

Article Three
(Must complete 1 or 2)

1. If the aggregate number of shares in which the corporation shall have authority to issue DOES NOT exceed 30,000 shares or the par valued DOES NOT exceed \$30,000 please check this box:

or

2. If the aggregate number of shares in which the corporation shall have authority to issue exceeds 30,000 shares or the par value exceeds \$30,000 dollars please indicate the number of shares of each class and the par value of each share. Also, indicate a statement of the preferences, qualifications, limitations, restrictions and the special or relative rights including convertible right, is any, in respect of the share of each class:

Class	No. Shares	Share Par Value	Share Notes
Common	1000	1.00000	

Article Four

The name and physical business or residence address of each incorporator:

Name	Address	City/State/Zip
Marino, Brian	5411 Guinevere Dr	Weldon Spring MO 63304-5711

(Please see next page)

Name and address to return filed document:	
Name:	<u>Tiffany Carrington</u>
Address:	<u>Email: onlinefilings@legalzoom.com</u>
City, State, and Zip Code:	_____

Article Five

The date the corporation is to continue or perpetual: (Please select one)

Perpetual (*check box*) *or* State number of years _____

Article Six

The corporation is formed for the following lawful purpose(s):

Marketing company that provides advertising support for hearing aid companies.

Article Seven

The number of directors to constitute the board of directors: 0 (optional)

The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated:

(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575 040, RSMo)

Brian Marino
Signature of Incorporator(s)

BRIAN MARINO
Printed or Typed Name of Incorporator

04/24/2023
Date of Signature

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CERTIFICATE OF INCORPORATION

WHEREAS, Articles of Incorporation of

VERTICAL HEARING INC.
001646199

have been received and filed in the Office of the Secretary of State, which Articles, in all respects, comply with the requirements of General and Business Corporation Law.

NOW, THEREFORE, I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do hereby certify and declare this entity a body corporate, duly organized this date and that it is entitled to all rights and privileges granted corporations organized under the General and Business Corporation Law.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 24th day of April, 2023.


Secretary of State



Exempt

Title 12--DEPARTMENT OF
REVENUE
Division 10--Director of Revenue
Chapter 110--Sales/Use Tax--Exemptions

12 CSR 10-110.013 Drugs and Medical Equipment

Purpose: Section 144.030.2(18), RSMo, provides an exemption for prescription drugs, orthopedic and prosthetic devices, numerous dental items, hearing aids, hearing aid supplies, and certain sales of over-the-counter drugs. This rule explains the sales tax law as it applies to these exemptions.

(1) In general, sales of prescription drugs, orthopedic and prosthetic devices and certain qualifying health-related equipment, and certain sales of over-the-counter drugs, are exempt from Missouri sales tax.

(2) Definition of Terms.

(A) Orthopedic device--a rigid or semi-rigid leg, arm, back or neck brace and casting materials which are directly used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body.

(B) Over-the-counter drug--a drug product which may be purchased without a physician's prescription.

(C) Prescription drug--a drug dispensed by a licensed pharmacist only upon a lawful prescription from a licensed practitioner.

(D) Prosthetic device--a device that replaces all or part of the function of a permanently inoperative or malfunctioning internal body organ and is medically required.

(3) Basic Application of Tax.

(A) Sales of prescription drugs, insulin, medical grade oxygen, drug samples and materials used to manufacture samples, which may be dispensed by a licensed practitioner are exempt from tax. Sales of over-the-counter drugs when sold to an individual with a disability or to the individual's agent are exempt from tax. When selling over-the-counter drugs to an individual with disability, the retailer should obtain a purchaser's signed statement of disability. The retailer should retain these statements for three (3) years. The statement should include the purchaser's name, type of purchase and amount of purchase, and be signed by the purchaser or the purchaser's agent. The retailer should request a form of identification, such as driver's license, credit card, etc. to verify the identity of the purchaser. Sales of prosthetic devices as defined on January 1, 1980, by the Federal Medicare Program under Title XVIII of the Social Security Act of 1965 are exempt from tax.

(B) Sales of orthopedic devices as defined by the Federal Medicare Program under Title XVIII of the Social Security Act of 1965 are exempt from tax.

(C) Also exempt from sales tax are items specified in section 1862(A)(12) of the Social Security Act of 1965. Exempt items included in this class are those used in connection with the treatment, removal or replacement of teeth or structures directly supporting teeth. Dental equipment or supplies are not exempt. The exempt items include:

1. Dentures
2. Inlays
3. Bridge work
4. Fillings
5. Crowns
6. Braces, or

7. Artificial dentistry and dental reconstructions, which are made, manufactured or fabricated from molds or impressions made by dentists of the mouths of their particular patients and sold to dentists for insertion in the patient's mouth as the direct support of, substitution for, or part of the patient's teeth.