

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 01/21/26
 MM DD YY

New Business (Y/N) Yes In business since 2024

IMPACT Academy Child Care LLC
 Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

Physical Business Address:

604 SW Jefferson St Lee's Summit MO 64063
 Address City State Zip

(816) 266-3057 (816) 266-3057 ()
 Business Address Phone # Cell # Fax #

shantic@impactacademycc.org
 Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: Same address Shantic Bandy DBA Legal Name Other
 Address City State Zip

() () ()
 Mailing Address Phone # Cell # Fax #

Email

Contacts:

■ Primary Contact: Shantic Bandy owner
 Name Title (Owner/Corp. Agent/Applicant)

525 Stacey Dr Belton MO 64012
 Address City State Zip

(816) 266-3057 (816) 266-3057 ()
 Phone # Cell # Fax #

shantic@impactacademycc.org
 Email

Date of Birth 02/16/85 P161097000 MO
 MM DD YY Driver's License # State Issued

■ Secondary Contact: Dsby Bandy owner
 Name Title (Owner/Corp. Agent/Applicant)

(816) 352-2345 (816) 352-2345 ()
 Phone # Cell # Fax #

dsbybandy@gmail.com
 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** N/D (if Y please complete a **Commercial Zoning Approval form**)
 Is business located in a Lee's Summit **residence**? N/D (if Y please complete a **Home Occupation Zoning Approval form**)
 Do you have an intrusion alarm? Yes S/N/D (if Y please complete an **Alarm User Registration** application)

Total Building Square Footage approx 3,500 Missouri State Sales Tax Number U/A

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.

Employee Headcount for this location: 4 Full Time _____ Part Time _____ Temporary _____

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

**ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS**

DATE: 1/21/2026
APPLICANT: Shantia Bondy
BUSINESS NAME: IMPACT Academy Child Care LLC
ADDRESS: 604 SW Jefferson St Lee's Summit MO 64063
TYPE OF BUSINESS: Child Care / Day Care
TELEPHONE: 816-266-3057 ZONING DISTRICT: CP-2
(To be completed by the Planning Dept.)

 NEW BUSINESS CHANGE OF ADDRESS
 CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)
Day Care - Summit Childrens Center

If locating in a previously occupied space, are there any building structural, mechanical, plumbing or electrical alterations or additions proposed? If so, please describe the nature of the alterations or additions.

Business Address
(Administrative Use)

AFTER THIS ZONING APPROVAL FORM HAS BEEN SIGNED, AN OCCUPANTIONAL/BUSINESS LICENSE APPLICATION AND FEE MAY BE ACCEPTED FOR FINAL PROCESSING IN THE FINANCE DEPARTMENT AT LEE'S SUMMIT, MISSOURI CITY HALL.

NOTE: This form is required prior to acceptance of an application for an occupational/business license and issuance of a temporary permit to operate if the business location is within the limits of the City of Lee's Summit. New businesses with no physical location within the city do not require this form.

Shantia Bondy
APPLICANT SIGNATURE

APPROVED BY:
 DEPT. OF PLANNING & DEV.
 CODES ADMINISTRATION
 FIRE DEPARTMENT

If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.

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	52	Pay Day/Title Loan	52
Bank, Credit Union, Finance Company	23	Precious Metal Dealer/Pawnbroker	81
Contractor - Class A, B, C, or D	23	Real Estate Rental and Leasing	53
Contractor - Other	81	Recreation Business - Indoor/Outdoor	71
<input checked="" type="checkbox"/> Day Care Provider - General (7-12)	81	Rental and Leasing	53
Day Care Provider - Limited (1-6)	72	Restaurant and Food Service	72
Drinking Establishment	81	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
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: shantie@impactacademyllc.org No

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 Shantie Bandy Tel # (816) 266-3057 Alternate Tel # () _____
- b. Name Asby Bandy Tel # (816) 352-2845 Alternate Tel # () _____
- c. Name Amanya Bandy Tel # (816) 328-8842 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: Shantie Bandy Title: Owner Date: 1/21/2026

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.