

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 04/04/2026 New Business (Y/N) _____ In business since _____
MM DD YY
PRIME TIME #4 LLC PRIME TIME #4
 Common/Preferred Name of Business (DBA) Legal Name of Business (if different than DBA)

Physical Business Address:
1317 SW MARKET Street Lees Summit MO 64081
 Address City State Zip
816 786-0599 hakniazi4@gmail.com
 Business Address Phone # Cell # Fax # Email

Mailing Address: (if different from Physical Address)
 Contact Name for Mailing Address: _____ DBA Legal Name Other _____
 Address City State Zip
 Mailing Address Phone # Cell # Fax # Email

Contacts:
 ■ Primary Contact: HAIDER NIASI owner
Name Title (Owner/Corp. Agent/Applicant)
1433 NE TARA CT Lees Summit MO 64064
 Address City State Zip
816 786-0599 hakniazi4@gmail.com
 Phone # Cell # Fax # Email
 Date of Birth 12/30/85 D 015076002 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** N/Y (if Y please complete a **Commercial Zoning Approval form**)
 Is business located in a Lee's Summit **residence?** N/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 _____
 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: _____ 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: 02-04-2026
APPLICANT: HAIDER NIAZI
BUSINESS NAME: PRIME TIME #4 LLC
ADDRESS: 1317 SW MARKET ST, LEE'S SUMMIT, MO 64081
TYPE OF BUSINESS: C-Store / Gas Station.
TELEPHONE: 816-786-0599 ZONING DISTRICT: CP-2
(To be completed by the Planning Dept.)

_____ NEW BUSINESS _____ CHANGE OF ADDRESS
X _____ CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)

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.

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.

Haider Niazi
APPLICANT SIGNATURE

APPROVED BY: *Marlene Pardo*
DEPT. OF PLANNING & DEV.

[Signature]
CODES ADMINISTRATION

[Signature]
FIRE DEPARTMENT

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

Business Address
(Administrative Use)

90-5

TAXATION DIVISION
PO BOX 3300
JEFFERSON CITY, MO 65105-3300



Missouri
DEPARTMENT OF REVENUE

Telephone: 573-751-5860
Fax: 573-522-1722
E-mail: businesstaxregister@dor.mo.gov

PRIME TIME 4 LLC
1433 NE TARA CT
LEES SUMMIT, MO 64064-1684

02/04/2026

CERTIFICATE OF NO TAX DUE

RE: MISSOURI ID 31519890
Notice Number 2062451916

To Supervisor of Liquor Control: The Department of Revenue, State of Missouri, certifies that the above listed taxpayer has filed all required returns and paid all SALES TAX due, including penalties and interest, or does not owe any SALES TAX, according to the records of the Missouri Department of Revenue, as of 02/04/2026, except for the period(s) that are under bankruptcy proceedings. These records do not include returns that are not required to be filed as of 02/04/2026 for taxes previously collected or that have been filed but not yet processed by the Department.

This statement only applies to SALES TAX due and is not to be construed as limiting the authority of the Director of Revenue to assess, or pursue collection of liabilities resulting from final litigation, default in payment of any installment agreement entered into with the Director of Revenue, any successor liability that may become due in the future, or audits or reviews of the taxpayer's records as provided by law.

This certificate is only for the purpose of obtaining a liquor license and is not pursuant to Section 144.150, RSMo.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE.

TAXATION DIVISION



MISSOURI DEPARTMENT OF REVENUE
 TAXATION DIVISION
 PO BOX 3300
 JEFFERSON CITY, MO 65105-3300

Date: 02/04/2026

MISSOURI BUSINESS TAX REGISTRATION

PRIME TIME 4 LLC
 1433 NE TARA CT
 LEES SUMMIT, MO 64064-1684

MISSOURI ID: 31519890

Notice Number: 2062451900

Telephone: (573) 751-5860
 Fax: (573) 522-1722
 Email: businesstaxregister@dor.mo.gov

Use the following codes and rates applicable for each location when remitting sales or use tax to the Department of Revenue. **These rates are effective as of the date of this letter and are subject to change.** All rate changes are effective on the first day of the calendar quarter. For the most recent rate information, visit our website at <http://dor.mo.gov/business/sales/>.

If you require additional information, contact the Department at the above address, telephone number, fax number, or e-mail.

Account Type	Location	Jurisdiction Code	Item Code	Site Code	Rate
SALES LOCATION	1317 SW MARKET ST LEE'S SUMMIT, JACKSON COUNTY	41330-095-000	0000	0001	8.4750%
SALES LOCATION	1317 SW MARKET ST FOOD TAX-LEE'S SUMMIT, JACKSON COUNTY	41330-095-000	1001	0001	5.4750%

State of Missouri Missouri Retail Sales License

Licensee:

License Issued: February 04, 2026

PRIME TIME 4
1317 SW MARKET ST
LEES SUMMIT, MO 64081-2904

PRIME TIME 4 LLC

MISSOURI ID: 31519890

The issuance of this license is contingent upon the licensee's compliance in all respects with the requirements in Chapter 144 RSMo, and the rules promulgated thereunder.

This license is valid until cancelled and surrendered by the licensee or revoked by the Director of Revenue.

This license must be prominently displayed in the place of business.

**LIQUOR CONTROL
COPY**

Trish Vincent
Director of Revenue

MISSOURI DEPARTMENT OF REVENUE
TAXATION DIVISION

This business is registered INSIDE the city limits of LEE'S SUMMIT in JACKSON COUNTY and you are liable to collect and remit all applicable state and local sales taxes.

