

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 3/2/20 New Business (Y/N) Y In business since _____
MM DD YY
Common/Preferred Name of Business (DBA) KEN DYKE Legal Name of Business (if different than DBA) KEN DYKE

Physical Business Address:
Address 500 B NW OLIVE ST City LEE'S SUMMIT State MO Zip 64063
Business Address Phone # 816-213-1575 Cell # () SAME Fax # () Email KDYKE@GMAIL.COM

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: KEN DYKE Name Title (Owner/Corp. Agent/Applicant) SOLE PROPRIETOR
Address 500 B NW OLIVE ST City LEE'S SUMMIT State MO Zip 64063
Phone # _____ Cell # 816-213-1575 Fax # _____ Email KDYKE@GMAIL.COM
Date of Birth 12/01/70 Driver's License # _____ State Issued MO

■ 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 1 Part Time _____ Temporary _____

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

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

Category	NAICS Code	Category	NAICS Code
<input type="checkbox"/> Animal Services	81	<input type="checkbox"/> Massage Therapy Establishment	81
<input type="checkbox"/> Automobile Body/Repair Shop/Car Wash	81	<input type="checkbox"/> Motel/Hotel indicate # of rooms _____	72
<input type="checkbox"/> Automobile Sales	81	<input type="checkbox"/> Nursery, Greenhouse	44-45
<input type="checkbox"/> Bail Bondsperson	81	<input type="checkbox"/> Pay Day/Title Loan	52
<input type="checkbox"/> Bank, Credit Union, Finance Company	52	<input type="checkbox"/> Precious Metal Dealer/Pawnbroker	81
<input checked="" type="checkbox"/> Contractor - Class A, B, C, or D	23	<input type="checkbox"/> Real Estate Rental and Leasing	53
<input type="checkbox"/> Contractor - Other	23	<input type="checkbox"/> Recreation Business - Indoor/Outdoor	71
<input type="checkbox"/> Day Care Provider - General (7-12)	81	<input type="checkbox"/> Rental and Leasing	53
<input type="checkbox"/> Day Care Provider - Limited (1-6)	81	<input type="checkbox"/> Restaurant and Food Service	72
<input type="checkbox"/> Drinking Establishment	72	<input type="checkbox"/> Retail	44-45
<input type="checkbox"/> Funeral Home	81	<input type="checkbox"/> School, for profit	61
<input type="checkbox"/> Gas Service Station & Convenience Store	81	<input type="checkbox"/> Service Provider	81
<input type="checkbox"/> Grocers	44-45	<input type="checkbox"/> Service Provider with Retail Sales	44-45 or 81
<input type="checkbox"/> Hospital, Nursing Home, Retirement Home, Health	62	<input type="checkbox"/> Special Event	71
<input type="checkbox"/> Insurance	52	<input type="checkbox"/> Telephone Call Center	81
<input type="checkbox"/> IT Services	54	<input type="checkbox"/> Tow Service Provider	81
<input type="checkbox"/> Landscaping-Mowing-Tree Trimmer	81	<input type="checkbox"/> Transportation - Bus/Taxi/Limo/Rental Car	48-49
<input type="checkbox"/> Liquor Store	44-45	<input type="checkbox"/> Vending Machine	81
<input type="checkbox"/> Manufacturing	31-33	<input type="checkbox"/> Waste Management and Recycling Services	56
<input type="checkbox"/> Massage Therapist (may/may not own business)	81	<input type="checkbox"/> 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: hduke@duke.com 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 _____ Tel # () _____ Alternate Tel # () _____
 b. Name _____ Tel # () _____ 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 Ken Duke Phone # () _____
 Email hduke@duke.com Cell # 913-213-0515
 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 Ken Duke

Title Owner/Operator

Date 3/2/20

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 # _____



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

**AFFIDAVIT OF EXEMPTION FOR WORKERS' COMPENSATION INSURANCE
PURSUANT TO § 287.061, RSMo**

Before me, the undersigned authority, personally appeared Ben Dyke
Name of Affiant

who, being duly sworn on this oath states as follows:

1. My name is Ben Dyke. I am of legal age and sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated. I understand that by submitting this affidavit to the city or county for an occupational or business license as a contractor in the construction industry, I am stating that my business is exempt from carrying workers' compensation insurance coverage.

2. I am the sole proprietor, owner or partner of Ben Dyke,
Name of Business
a business engaged in construction industry that is not required to purchase workers' compensation insurance coverage for the following reason:

(Check One)

- I am a sole proprietor and have no "employees" as defined under the law, see page 2.
- I am a partner in a partnership with no "employees" as defined under the law, see page 2.
- I have filed a Notice of Employer's Exemption with the Missouri Division of Workers' Compensation (Division) for _____ to be withdrawn from

Name of Corporation

coverage because there are no more than two owners of the corporation who are also the only employees of the corporation. A copy of the acknowledgement letter from the Division dated _____ is enclosed.

Date

Further, I have not filed a notice to withdraw this exemption for my corporation with the Division and my corporation has no other workers' compensation insurance coverage.

3. I have read and reviewed the concept of "statutory employment" explained on pages 2-3. My business operation is not being carried out by persons who may be regarded as statutory employees.

4. I understand that providing fraudulent information on this affidavit is unlawful under §§287.128, 287.061(3), 570.090, 575.040, 575.050, and/or 575.060, RSMo, and may be either a misdemeanor or a felony, punishable by imprisonment and fine, as indicated on page 3.

Ben Dyke
Affiant

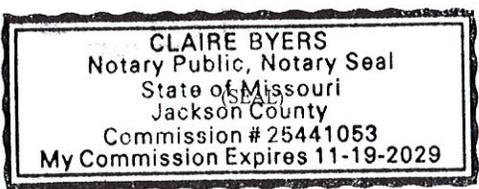
3/3/26
Date

STATE OF MISSOURI)
COUNTY OF Jackson)

Subscribed and sworn to before me this 3rd day of March, 20 26

My Commission Expires: 11-19-29

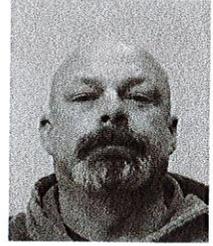
Claire Byers
Notary Public





OFFICIAL RESULTS REPORT

G27 - Master Plumber with Gas



Name: Kenneth W Dyke
Address: 506 NW OLIVE ST
Apt B
LEES SUMMIT, MO 64063

Candidate ID: ICNON220063
Date: 01/13/2026

EXAMINATION RESULT: **PASS**

Congratulations! You have passed this examination.

Next Steps: Contact your jurisdiction to check what other local requirements you may need to obtain your license. A passing score on this examination satisfies the testing requirements for licensure only and does not guarantee that licensing will be granted.

Need to update your name or address on file? Your ICC email address is the Pearson VUE email address used to register for this ICC Contractor/Trades examination. Login to your myICC account to update your candidate demographic information (Address, Phone Number, Email, and Legal Name). Visit support.iccsafe.org and search *Demographics* for a step-by-step guide.

If you are unable to access your myICC account, please contact ICC at 1-888-422-7233 ext. 5524 or via email at customersuccess@iccsafe.org.

Need a duplicate result letter? Login to your online Pearson VUE account to obtain a duplicate copy of your score report.

The Code Council reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

*The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:
<http://www.pearsonvue.com/authenticate>
Registration Number: 525407763 Validation Number: 175707820*



SHELTER INSURANCE COMPANIES

GENERAL LIABILITY
EVIDENCE OF INSURANCE
AS OF 02/10/2026

NAME AND ADDRESS OF NAMED INSURED:
DYKE, KENNETH W
506 NW OLIVE ST APT B
LEES SUMMIT, MO 64063-1945

AGENT:
COVINSKY AGENCY INC
209 SW JEFFERSON ST
LEES SUMMIT, MO 64063-2311
(816) 524-7700
AGENT NUMBER 24-AB04-34

Policy Number: 24-31-9267321-3	Effective Date: 02/10/2026, 1:02 PM Central Time
	Expiration Date: 03/07/2027, 12:01 AM Central Time

This policy will continue to renew as long as we offer to renew it and you pay the required premium by the due date.

THE LOCATION OF THE DESCRIBED PREMISES IS 524 SE BATTERY DR LEES SUMMIT MO 64063
BUSINESS OF THE NAMED INSURED IS: PLUMBER
THE NAMED INSURED IS: INDIVIDUAL
THE LIMIT OF THE COMPANYS LIABILITY IS STATED IN THE POLICY AND APPLIES AS FOLLOWS:

Limits of Insurance			
General Aggregate (Other Than Product - Completed Operations)	\$	1,000,000	
Products - Completed Operations Aggregate Limit (Sec Each Classification Below)	\$	1,000,000	
Personal and Advertising Injury Limit	\$	1,000,000	
Each Occurrence Limit	\$	1,000,000	
Rented To You Limit	\$	100,000	
Medical Expense Limit (Any One Person)	\$	5,000	
Premium	\$	871.00	

Coverage Form and Description of Hazards			
Code	Key	Description	Premium
524 SE BATTERY DR LEES SUMMIT MO 64063 (COUNTY 095)			
Premises and Operations			
98483	4	PLUMBING - RESIDENTIAL OR DOMESTIC	28400 323.00
Products and Completed Operations			
98483	4	PLUMBING - RESIDENTIAL OR DOMESTIC	28400 548.00

THE FOLLOWING ENDORSEMENTS ARE A PART OF THIS POLICY AND ARE ATTACHED:

Limit

CG 00 01 04 13
CG 01 34 08 03

Commercial General Liability Coverage Form
Missouri Changes - Pollution Exclusion

TERM 12 MONTHS ZONE CODE 503

[Handwritten Signature]
Secretary

[Handwritten Signature]
President and CEO

HOME OCCUPATION ZONING APPROVAL

DATE: 3-2-20
APPLICANT: BEN DYKKE
BUSINESS NAME: BEN DYKKE
ADDRESS: 5065 Hill Drive SE L5 MD 14013
TYPE OF BUSINESS: FURNITURE CONTRACTOR

TELEPHONE: 866-213-4575 ZONING DISTRICT: RP-2

(HOME OFFICE Y N)
(To be completed by the Planning Dept.)

Legal operation of a home occupation from or within a residence requires strict adherence to the following regulations (Unified Development Ordinance, Article 8.100):

1. The home occupation must be clearly incidental and secondary to the primary residential use for the dwelling;
2. The home occupation must not change the outside appearance of the dwelling;
3. Exterior signage for a home occupation is prohibited;
4. The home occupation must not generate traffic, parking, sewerage or water use in excess of what is normal or customary in a residential neighborhood;
5. The home occupation shall not create a hazard to person or property, result in electrical interference, or become a nuisance in the neighborhood;
6. No outside storage of any kind related to the home occupation shall be permitted;
7. No persons other than self or family members residing on the premises, plus one additional person not residing on the premises, shall be employed or involved in any business activity related to the home occupation on the premises;
8. No more than 25% of the gross floor area of the dwelling unit shall be used for the operation of the home occupation. No accessory buildings shall be used in conjunction with a home occupation;
9. Deliveries of materials to and from the premises in conjunction with the home occupation shall not require the use of vehicles other than parcel post or similar parcel service vehicles;
10. Noise, vibration, smoke, odors, heat or glare as a result of a home occupation, which would exceed that normally produced by a single residence, shall not be permitted;
11. The home occupation shall not utilize more than one private commercial vehicle limited to 1 ton capacity. The vehicle shall be capable of being parked or stored inside the garage and shall be required to be kept in said garage with not in use for the home occupation;
12. Retail sales on the premises shall be secondary to the major operation of the home occupation;
13. The primary use of the building in which the home occupation is situated shall clearly be the dwelling used by the person as his/her private residence;
14. Home occupations shall maintain required licenses mandated by applicable local, state and/or federal laws;
15. Persons intending to operate a home occupation should notify the HOA, Homeowners Association, of their intent prior to beginning operations. Said notification is to provide the HOA with notice of intent only.

Home Address
(Administrative Use)

I have read and understand the above restrictions and agree to abide by them. I also understand that violation of any of the conditions listed herein could result in revocation of my home occupation approval and will place me in violation of the above listed ordinance.

[Signature]
Applicant's Signature

Approved By: [Signature]
Dept. of Planning & Development

[Signature]
Codes Administration Dept.

[Signature]
Fire Department