



NEW
7-79 to 63020

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 7/2/19
MM DD YY

New Business (Y/N) X

In business since _____

JUL 02 2019

Hairap Spa
Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

Physical Business Address:

1618 Sw 3rd Street Suite E Lee's Summit Mo 64063
Address City State Zip

(816) 645-7516 () same ()
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: Jeanine Swanson owner
Name Title (Owner/Corp. Agent/Applicant)

1618 Sw 3rd Street Suite E Lee's Summit Mo 64063
Address City State Zip

(816) 645-7516 () ()
Phone # Cell # Fax # Email

Date of Birth 06/10/83 SI1291066 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 1800 Missouri State Sales Tax Number 05167976

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.):

(continued on next page)

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 | <input checked="" type="checkbox"/> 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: _____ ☐ 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 _____ 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%

50 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.

James J. Swanson
 Signature of Owner(s) or Corporation Agent/Owner

Owner
 Title

7/12/19
 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 7/1/19 to 6/30/20 Fee Remitted 50 License # _____