

*New*  
7-1-19 to 6-30-20

**Business License Application**

220 SE Green Street  
Lee's Summit, MO 64063  
Phone 816.969.1220 / Fax 816.969.1221 / [www.cityofls.net](http://www.cityofls.net)

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 07/10/19  
MM DD YY

New Business (Y/N) ~~N~~ Y

In business since ~~2019~~

Champion Weightlifting  
Common/Preferred Name of Business (DBA)

Champion Wellness & Weightlifting  
Legal Name of Business (if different than DBA)

**Physical Business Address:**

653 SW 2nd Street  
Address

Lee's Summit  
City

MO  
State

64063  
Zip

(816) 588-4017  
Business Address Phone #

(816) 588-4017  
Cell #

( )  
Fax #

Coach Zach K@gmail.com  
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:

Zachary D. Schlender  
Name

owner  
Title (Owner/Corp. Agent/Applicant)

207 NW 59th Place  
Address

Gladstone  
City

MO  
State

64118  
Zip

( )  
Phone #

(816) 588-4017  
Cell #

( )  
Fax #

coachzachk@gmail.com  
Email

09/16/82  
Date of Birth  
MM DD YY

T980158313  
Driver's License #

MO  
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 1,000 SF 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: 1 Full Time 0 Part Time 0 Temporary

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

Health and wellness through weight training for youth classes and all ages.

(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	<input checked="" type="checkbox"/> Recreation Business - Indoor/Outdoor <i>fitness</i>	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
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%

\_\_\_\_\_ 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 Business owner Date 7/11/19

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 7/19/2020 to 6/30/21 Fee Remitted 50 License # LC-360190434