



## 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 08 / 13 / 19  
MM DD YY

New Business (Y/N) Y In business since \_\_\_\_\_

The Green Box  
Common/Preferred Name of Business (DBA)

LJDPJR LLC  
Legal Name of Business (if different than DBA)

### Physical Business Address:

880C NW Blue Parkway Lees Summit MO 64806  
Address City State Zip

(913.449.2135) 913.449.2135 ( ) LJDPJR2019@gmail.com  
Business Address Phone # Cell # Fax # Email

### Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: Leoncio Dela Pasion ☒ DBA ☐ Legal Name ☐ Other The Green Box  
2107 Grand Blvd Unit 501 Kansas City MO 64086  
Address City State Zip

(913.449.2135) (913.449.2135) ( ) LJDPJR2019@gmail.com  
Mailing Address Phone # Cell # Fax # Email

### Contacts:

■ Primary Contact: Leoncio Dela Pasion Owner  
Name Title (Owner/Corp. Agent/Applicant)

2107 Grand Blvd Unit 501 Kansas City MO 64108  
Address City State Zip

(913.449.2135) (913.449.2135) ( ) LJDPJR2019@gmail.com  
Phone # Cell # Fax # Email

Date of Birth 08 / 28 / 69 E116131007 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.):

Medical Dispensary Shop

(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	<input checked="" type="checkbox"/> 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: LJDPJR2019@gmail.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 Leoncio Dela Pasion Tel # 913.449.2135 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

Owner  
Title

08/13/19  
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 \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Fee Remitted \_\_\_\_\_ License # \_\_\_\_\_



# LEE'S SUMMIT MISSOURI

## Medical Marijuana Zoning Approval

Applicant Name: Leoncio Dela Pasion

Applicant Address: 2107 Grand Blvd Unit 501

Applicant Phone Number: 913 449 2135

Applicant Email: LJDPJR2019@gmail.com

Site Address: 880C NW Blue Parkway Lees Summit, MO 64086

Site Zone: Retail CP2

1. What use is the requested use? Check all that apply:

- ☒ Dispensary
- ☐ Cultivation
- ☐ Extraction
- ☐ Testing
- ☐ Transportation

2. Is the requested use allowed in the zone of the subject property?



- ☒ Yes
- ☐ No

3. Is the proposed medical marijuana use located in a building with a residence?

- ☐ Yes
- ☒ No

4. Has the applicant provided a survey demonstrating compliance with the buffer requirements?

- ☒ Yes
- ☐ No

Staff Signature/Date  8-14-19	Applicant Signature/Date  8/14/19
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**ZONING APPROVAL**  
FOR ALL BUSINESSES  
EXCEPT HOME OCCUPATIONS

DATE: 8/14/19  
APPLICANT: LEONCIO DELA PASION  
BUSINESS NAME: LTDPTJR LLC  
ADDRESS: 880C NW BLUE PARKWAY LEE'S SUMMIT, MO 64806  
TYPE OF BUSINESS: RETAIL  
TELEPHONE: 913.449.2135 ZONING DISTRICT: CP-2

(To be completed by the Planning Dept.)

X NEW BUSINESS \_\_\_\_\_ CHANGE OF ADDRESS  
\_\_\_\_\_ CHANGE OF OWNERSHIP

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

RETAIL  
\_\_\_\_\_  
\_\_\_\_\_

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.

NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

[Signature]  
APPLICANT SIGNATURE

APPROVED BY:

[Signature]  
DEPT. OF PLANNING & DEV.

[Signature]  
CODES ADMINISTRATION

NA  
FIRE DEPARTMENT

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