

8/1/19 - 7/31/20

*New Owners*

**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)

RECEIVED

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

AUG 01 2019

City of Lee's Summit  
Development Center

Date 7/29/19  
MM DD YY

New Business (Y/N) Y

In business since \_\_\_\_\_

Westside grill and bar  
Common/Preferred Name of Business (DBA)

Cheers221 LLC  
Legal Name of Business (if different than DBA)

**Physical Business Address:**

221 SE 291 Hwy Lee's Summit MO 64063  
Address City State Zip  
(816) 524-2170 (816) 694-3395 ( ) \_\_\_\_\_  
Business Address Phone # Cell # Fax # Email cmarieu@live.com

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

Contact Name for Mailing Address: Chelsea Underwood ☐ DBA ☐ Legal Name ☐ Other \_\_\_\_\_  
18512 E 6th St N Independence MO 64056  
Address City State Zip  
( ) \_\_\_\_\_ (816) 694-3395 ( ) \_\_\_\_\_  
Mailing Address Phone # Cell # Fax # Email

**Contacts:**

■ Primary Contact: Chelsea Underwood owner  
Name Title (Owner/Corp. Agent/Applicant)  
18512 E 6th St N Independence MO 64056  
Address City State Zip  
( ) \_\_\_\_\_ (816) 694-3395 ( ) \_\_\_\_\_  
Phone # Cell # Fax # Email cmarieu@live.com  
Date of Birth 2/11/86 SL61097010 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 (if Y please complete a **Commercial Zoning Approval form**)  
Is business located in a Lee's Summit residence? N (if Y please complete a **Home Occupation Zoning Approval form**)  
Do you have an intrusion alarm? N (if Y please complete an **Alarm User Registration** application)  
Total Building Square Footage 2324 Missouri State Sales Tax Number 25791834  
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: 17 Full Time X Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

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

restaurant serving food and beverages

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	<input checked="" type="checkbox"/> 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: cmarietta@live.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 Dale Underwood Tel # (816) 237-9780 Alternate Tel # ( ) \_\_\_\_\_  
 b. Name Kyle Underwood Tel # (816) 529-9739 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.

Chad Underwood owner 7/29/19  
 Signature of Owner(s) or Corporation Agent/Owner Title 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 8/1/19 to 7/31/20 Fee Remitted 50.00 License # LC900910490



TAXATION DIVISION  
PO BOX 3000  
JEFFERSON CITY, MO 65105-3000



*Missouri*  
**DEPARTMENT OF REVENUE**

Telephone: 573-751-5860  
Fax: 573-522-1722  
E-mail: [businesstaxregister@dor.mo.gov](mailto:businesstaxregister@dor.mo.gov)

CHEERS221 LLC  
221 SE 291 HWY  
LEES SUMMIT, MO 64063-2939

July 31, 2019  
.

### **CERTIFICATE OF NO TAX DUE**

RE: Notice Number 2007892092  
MISSOURI ID: 25791834

To whom it may concern: The Department of Revenue, State of Missouri, certifies that the above listed taxpayer/account 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 July 31, 2019. These records do not include returns that are not required to be filed as of this date 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 does not limit the authority of the Director of Revenue to assess, or collect liabilities under appeal, in default of an installment agreement entered into with the Director of Revenue or that become known to the Department as a result of an audit, a review of taxpayer's records, or a determination of successor liability.

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

TAXATION DIVISION

**ZONING APPROVAL**  
FOR ALL BUSINESSES  
EXCEPT HOME OCCUPATIONS

DATE: 7-29-19  
APPLICANT: Chelsea Underwood  
BUSINESS NAME: Westside grill and bar  
ADDRESS: 221 S 291 Hwy Lees Summit, mo 64063  
TYPE OF BUSINESS: Restaurant  
TELEPHONE: 816-194-3305 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.

Business Address  
(Administrative Use)

Chelsea Underwood  
APPLICANT SIGNATURE

APPROVED BY: [Signature]  
DEPT. OF PLANNING & DEV.

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

[Signature]  
CODES ADMINISTRATION  
RTD W/A  
FIRE DEPARTMENT