

LEE'S SUMMIT

Lakerood Self Storage 8-1-9 to 7-31-20

## **Business License Application**

220 SE Green Street Lee's Summit, MO 64063 Phone 816.969.1220 / Fax 816.969.1221 / www.cityofis.net

	PLEASE NOTIFY US	IF YOU D	ISCONTINU	E YOUR BUS	SINESS.			
Date 05/06/19	New Business (Y/N)	N	In busine	ss since 06/2	8/07			
Storage Mart			TKG	TKG III Various, L.L.C.				
Common/Preferred Name of Business (DBA)				Legal Name of Business (if different than DBA)				
Physical Business Address: 500 Northeast Jones Industrial Dr.			Lee's Summit MO 64064					
Address	madotrial Dr.	<u></u> Cit	·			State	Zip	
505 0500	573) 397-8815	1 )	•		s0173@sto		•	
	Cell #	Fax #			Email	iago mai		
Mailing Address: (if different l	from Physical Address)							
Contact Name for Mailing Addre	ess: <u>StorageMart #U01</u>			DBA 🗆 Legal I	Name 🗆 Other _			
215 N. Stadium Blvd., S	Suite #207	<u>C</u>	olumbia		<u>.                                      </u>	MO	65203	
Address		Cit	У			State	Zip	
(573) 449-0091	)	( )			invoices@	storage	-mart.com	
Mailing Address Phone # C	ell#	Fax#		. 1	Email			
Contacts:				1.				
■ Primary Contact: Michael (	G. Burnam			CEO, Own	er .		•	
Name			Ti	tle (Owner/Co	orp. Agent/Appl	icant)	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
215 N. Stadium Blvd., S	Suite #207	C	olumbia			MO	65203	
Address		Cit	у			State	Zip	
(573) 449-0091	<sub>573)</sub> <u>268-3934</u>	(573) 27	71-7494		mike.burnar	n@stora	age-mart.com	
	iell#	Fax#		[	Email			
Date of Birth 11 / 24 / 23	M211135023		<u>MO</u>					
MM DD YY	Driver's License #		State Is	ssued				
■ Secondary Contact: Jeans	nie Perry		A	pplicant				
Name		Title (Owner/Corp. Agent/Ap				icant)	<del>,                                      </del>	
(573) 449-0091	)	( )		<u> </u>	jeannie.pe	rry@sto	orage-mart.com	
Phone # C	cell #	Fax #			Email			
Type of Organization (check one	e): 🗆 Individual 🗆 Pai	rtnership	☐ Corpora	tion ☑ Ll	.C □ Other			
Please o	complete this section if y	our busi	ness is phy	sically loca	ted in Lee's	Summit.		
Check if applicable: This is a char					al business addr			
Is business located in a Lee's Sur	-				Zoning Approv			
Is business located in a Lee's Sur			-		pation Zoning A			
Do you have an intrusion alarm? N / Y Total Building Square Footage 35,879			(if Y please complete an <u>Alarm User Registration</u> application)  Missouri State Sales Tax Number <u>25596764</u>					
All applicants who make retail sa				·		h a date o	 f issuance not more	
than 90 days before date of busi								
Employee Headcount for this loc	cation: 1 Full Time	1	_ Part Time		Temporary			
Please provide a general descrip	tion or scope of work for your	business (i	.e. electrical	contractor, de	octor, retail stor	e, etc.):		
		<u> </u>						

1. Select Business License Category or NAICS code that best describes your business (choose one that applies) **NAICS Code NAICS Code** Category Massage Therapy Establishment 81 **Animal Services** 81 Automobile Body/Repair Shop/Car Wash 81 Motel/Hotel indicate # of rooms 72 44-45 81 Nursery, Greenhouse **Automobile Sales** 81 52 Pay Day/Title Loan Bail Bondsperson Bank, Credit Union, Finance Company 52 Precious Metal Dealer/Pawnbroker 81 Real Estate Rental and Leasing self-storage rental 53 Contractor - Class A, B, C, or D 23 Contractor - Other 23 Recreation Business - Indoor/Outdoor 71 Day Care Provider - General (7-12) 81 Rental and Leasing 53 72 81 Restaurant and Food Service Day Care Provider - Limited (1-6) **Drinking Establishment** 72 Retail 44-45 81 School, for profit 61 **Funeral Home** 81 Service Provider Gas Service Station & Convenience Store 81 44-45 Service Provider with Retail Sales 44-45 or 81 Grocers 62 Special Event 71 Hospital, Nursing Home, Retirement Home, Health Telephone Call Center 81 Insurance 52 81 54 Tow Service Provider IT Services 81 Transportation - Bus/Taxi/Limo/Rental Car 48-49 Landscaping-Mowing-Tree Trimmer Liquor Store 44-45 Vending Machine Waste Management and Recycling Services 31-33 56 Manufacturing 42 Massage Therapist (may/may not own business) 81 Wholesale Sales 2. The City may convert to e-billing in the future for some business types. Will you opt-in to the e-billing program? 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: Tel # (816) 525-9500 #2 Alternate Tel # ( b. Name James Ellis Tel # (573) 397-8815 Alternate Tel # ( c. Name Kevin Boggs Tel # (573) 489-1681 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 Phone # ( Please provide name of licensed representative (master) to be licensed Email 🗆 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

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 7/31/70 Fee Remitted 50 - License # 6 C 40 0 / 90 5 49

## Business Address Administrative Usa

## **ZONING APPROVAL**

FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

/ EXCEPT HOIVIE OCC	OPATIONS						
DATE: 8/21/2019							
APPLICANT:							
BUSINESS NAME: TKG Storage Mat	TKG Storage Mart						
ADDRESS: 500 NE Somes Indus	500 NE Junes Industrial						
TYPE OF BUSINESS: Self Storage							
TELEPHONE: 8/6-525-9500	ZONING DISTRICT:						
NEW BUSINESS	CHANGE OF ADDRESS						
CHANGE OF OWNERSHIP							
If applicable, what type of business previously occupied th	e space? (Include name of business if known)						
Self Storige							
If locating in a previously occupied space, are there an electrical alterations or additions proposed? If so, pleadditions.							
<i>\( \sigma \)</i>							
OCCUPANTIONAL/BUSINESS LICENSE APPLICATION FOR FINAL PROCESSING IN THE FINANCE DEPARATION HALL.  NOTE: This form is required prior to acceptance of an agand issuance of a temporary permit to operate if the business.	Poplication for an occupational/business license ness location is within the limits of the City of						
Lee's Summit. New businesses with no physical location v	·						
1, (1)	APPROVED BY:						
APPLICANT SIGNATURE	DEPT. OF PLANNING & DEV.						
☐ If checked, permits are required prior to performing any framing, mechanical,	CODES ADMINISTRATION						
electrical or plumbing alterations or additions.	n/A						
	FIRE DÉPARTMENT						