



LEE'S SUMMIT
MISSOURI

8/1/19 - 7/31/20

Business License Application

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

RECEIVED

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

AUG 21 2019

Date 08/15/2019
MM DD YY

New Business (Y/N) _____

In business since 2010

the RESTO MOD STORE

Common/Preferred Name of Business (DBA)

the RESTO MOD STORE, LLC

Legal Name of Business (if different than DBA)

Physical Business Address:

1510 SE KINGSPOINT DR

Address

LEE'S SUMMIT

City

MO 64081

State

Zip

816 291-4979

Business Address Phone #

() _____

Cell #

() _____

Fax #

mike@restomodstore.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:

MIKE MCLIN

Name

OWNER

Title (Owner/Corp. Agent/Applicant)

29812 E MAJOR RD

Address

GRAIN VALLEY

City

MO

State

64029

Zip

() _____

Phone #

816 813-9884

Cell #

() _____

Fax #

mike@restomodstore.com

Email

Date of Birth 03/17/65

MM DD YY

Driver's License # _____

MO

State Issued

■ Secondary Contact:

KAREN ETHRIDGE

Name

OFFICE MANAGER

Title (Owner/Corp. Agent/Applicant)

() _____

Phone #

816 805-2745

Cell #

() _____

Fax #

karen.restomod@gmail.com

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? ☒ Y (if Y please complete a **Home Occupation Zoning Approval form**)

Do you have an intrusion alarm? ☒ Y (if Y please complete an **Alarm User Registration** application)

Total Building Square Footage 12,000

Missouri State Sales Tax Number 22561013

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: 2 Full Time _____ Part Time _____ Temporary + 3 owners

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

auto motive restoration

(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
<input checked="" type="checkbox"/> 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	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: mike @ restomod store.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 Mike McLin Tel # 816 813-9884 Alternate Tel # () _____
 b. Name Michael McLin Tel # 816 678-9065 Alternate Tel # () _____
 c. Name Chris McLin Tel # 816 813-9885 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.

Karen E. Edwards
 Signature of Owner(s) or Corporation Agent/Owner

office manager
 Title

08/15/2019
 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 \$200 License # LC700190548

TAXATION DIVISION
PO BOX 357
JEFFERSON CITY, MO 65105-0357



Missouri
DEPARTMENT OF REVENUE

Telephone: 573-751-5860
Fax: 573-522-1722
E-mail: businesstaxregister@dor.mo.gov

THE RESTOMOD STORE LLC
1510 SE KINGSPPOINT DRIVE
LEE'S SUMMIT, MO 64081

DATE: August 14, 2019
VALID THROUGH: 11/14/2019
LEE'S SUMMIT

August 14, 2019

CERTIFICATE OF NO TAX DUE

MISSOURI TAX IDENTIFICATION NUMBER: 22561013

To Whom it May Concern: The Missouri Department of Revenue certifies the above listed taxpayer has filed all required returns and paid all SALES TAX due, including penalties and interest, and does not owe any SALES TAX, as of August 14, 2019. This review does not include returns that are not required to be filed as of this date or that have been filed but not yet processed by the Department.

This statement only applies to sales and withholding tax due and is not to be construed as limiting the authority of the Director of Revenue to assess, or pursue collection of liabilities resulting from final litigation, default in payment of any installment agreement entered into with the Director of Revenue, any successor liability that may become due in the future, or audits or reviews of the taxpayer's records as provided by law.

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

TAXATION DIVISION

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 16 AUG 19
APPLICANT: MIKE MC LIN
BUSINESS NAME: the RESTOMOD STORE, LLC
ADDRESS: 1510 SE KINGSPONT DR 64081
TYPE OF BUSINESS: AUTOMOTIVE RESTORATION
TELEPHONE: 816-291-4979 ZONING DISTRICT: PI
(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)

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.


APPLICANT SIGNATURE

APPROVED BY:  8-21-19
DEPT. OF PLANNING & DEV.


CODES ADMINISTRATION


FIRE DEPARTMENT

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

PCLOM 2019 1807