

LEE'S SUMMIT
MISSOURI

Business License Application

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

RECEIVED

AUG 13 2019

City of Lee's Summit
Development Center

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 8/12/19
MM DD YY

New Business (Y/N) _____

In business since 1987

Edward D. Jones & Co., L.P. #01623

Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

Physical Business Address:

500 SW Market St. Ste E

Lee's Summit

MO

64063

Address

City

State

Zip

(816) 358-3868

(816) 694-0506

()

Kevin.Carpenter@edwardjones.com

Business Address Phone #

Cell #

Fax #

Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: Kevin T. Carpenter AAMS

☐ DBA ☐ Legal Name ☐ Other

Address

City

State

Zip

()

()

()

Mailing Address Phone #

Cell #

Fax #

Email

Contacts:

■ Primary Contact: Kevin T. Carpenter

Name

Financial Advisor

Title (Owner/Corp. Agent/Applicant)

509 NE Springbrook Ct.

Blue Springs

MO

64014

Address

City

State

Zip

()

(816) 694-0506

()

Kevin.Carpenter@edwardjones.com

Phone #

Cell #

Fax #

Email

Date of Birth 07/22/57

MM DD YY

S213226008

Driver's License #

MO

State Issued

■ Secondary Contact: Edward Jones

Name

Home office Support

Title (Owner/Corp. Agent/Applicant)

(800) 441-0100 Ext #

Phone #

53961

Cell #

Fax #

Email

Type of Organization (check one):

☐ Individual

☐ Partnership

☐ Corporation

☐ LLC

☒ Other L.P.

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: 2 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.):

Stockbroker / Dealer

(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 |
|--|------------|--|-------------|
| <input type="checkbox"/> Animal Services | 81 | <input type="checkbox"/> Massage Therapy Establishment | 81 |
| <input type="checkbox"/> Automobile Body/Repair Shop/Car Wash | 81 | <input type="checkbox"/> Motel/Hotel indicate # of rooms _____ | 72 |
| <input type="checkbox"/> Automobile Sales | 81 | <input type="checkbox"/> Nursery, Greenhouse | 44-45 |
| <input type="checkbox"/> Bail Bondsperson | 81 | <input type="checkbox"/> Pay Day/Title Loan | 52 |
| <input type="checkbox"/> Bank, Credit Union, Finance Company | 52 | <input type="checkbox"/> Precious Metal Dealer/Pawnbroker | 81 |
| <input type="checkbox"/> Contractor - Class A, B, C, or D | 23 | <input type="checkbox"/> Real Estate Rental and Leasing | 53 |
| <input type="checkbox"/> Contractor - Other | 23 | <input type="checkbox"/> Recreation Business - Indoor/Outdoor | 71 |
| <input type="checkbox"/> Day Care Provider - General (7-12) | 81 | <input type="checkbox"/> Rental and Leasing | 53 |
| <input type="checkbox"/> Day Care Provider - Limited (1-6) | 81 | <input type="checkbox"/> Restaurant and Food Service | 72 |
| <input type="checkbox"/> Drinking Establishment | 72 | <input type="checkbox"/> Retail | 44-45 |
| <input type="checkbox"/> Funeral Home | 81 | <input type="checkbox"/> School, for profit | 61 |
| <input type="checkbox"/> Gas Service Station & Convenience Store | 81 | <input type="checkbox"/> Service Provider | 81 |
| <input type="checkbox"/> Grocers | 44-45 | <input type="checkbox"/> Service Provider with Retail Sales | 44-45 or 81 |
| <input type="checkbox"/> Hospital, Nursing Home, Retirement Home, Health | 62 | <input type="checkbox"/> Special Event | 71 |
| <input type="checkbox"/> Insurance | 52 | <input type="checkbox"/> Telephone Call Center | 81 |
| <input type="checkbox"/> IT Services | 54 | <input type="checkbox"/> Tow Service Provider | 81 |
| <input type="checkbox"/> Landscaping-Mowing-Tree Trimmer | 81 | <input type="checkbox"/> Transportation - Bus/Taxi/Limo/Rental Car | 48-49 |
| <input type="checkbox"/> Liquor Store | 44-45 | <input type="checkbox"/> Vending Machine | 81 |
| <input type="checkbox"/> Manufacturing | 31-33 | <input type="checkbox"/> Waste Management and Recycling Services | 56 |
| <input type="checkbox"/> Massage Therapist (may/may not own business) | 81 | <input type="checkbox"/> 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: Kevin.Carpenter@edwardjones.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 _____ 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]
Signature of Owner(s) or Corporation Agent/Owner

Financial Advisor
Title

8/13/19
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

8/15/2020 to 7/31/2021

Fee Remitted

50

License #

LC80090323

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 8/12/19
APPLICANT: Edward Jones
BUSINESS NAME: Edward Jones
ADDRESS: 500 Market St. Ste A Lee's Summit, Mo 64063
TYPE OF BUSINESS: Stockbroker / Dealer
TELEPHONE: 816-358-3868 ZONING DISTRICT: TN2
(To be completed by the Planning Dept.)

_____ NEW BUSINESS _____ X _____ CHANGE OF ADDRESS
_____ CHANGE OF OWNERSHIP

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

N/A

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.

[Signature]
APPLICANT SIGNATURE

APPROVED BY:

[Signature] 8.13.19
DEPT. OF PLANNING & DEV.

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

PCOM 2019 1552

[Signature]
CODES ADMINISTRATION

NA
FIRE DEPARTMENT

Business Address
(Administrative Use)