

new

9/1/19 - 8/31/20



Business License Application

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

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 9/3/19
MM DD YY

New Business (Y/N) _____

In business since 2015

Terra Health + Wellness

Common/Preferred Name of Business (DBA)

Terra Health Market LLC

Legal Name of Business (if different than DBA)

Physical Business Address:

1134 NE Douglas St.

Address

Lee's Summit

City

MO

State

64086

Zip

816 550-4291

Business Address Phone #

Cell #

Fax #

brooketerra@outlook.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: Brooke Eason

Name

Marketing Manager

Title (Owner/Corp. Agent/Applicant)

801 NW Donovan Rd Apt 4410

Address

Lee's Summit

City

MO

State

64086

Zip

816 550-4291

Phone #

Cell #

Fax #

brooketerra@outlook.com

Email

Date of Birth 10/13/97
MM DD YY

4201289010

Driver's License #

MO

State Issued

■ Secondary Contact: Mike Perry

Name

Sales Manager

Title (Owner/Corp. Agent/Applicant)

816 674-5533

Phone #

Cell #

Fax #

mikepterra@outlook.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? ☐ 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.):

Supplements retail store with an organic smoothie + juice bar with snacks + baked goods.

(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 Bonds person	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: brooke.terra@outlook.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 Brooke Eason Tel # (816) 250-4291 Alternate Tel # ()
 b. Name Mike Perry Tel # (816) 674-5533 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.

Lon D. Perry
 Signature of Owner(s) or Corporation Agent/Owner

Owner
 Title

9/4/19
 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 9/1/19 to 8/31/20 Fee Remitted 50 - License # LC900190587

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 9/3/19
APPLICANT: Brooke Eason
BUSINESS NAME: Terra Health + Wellness
ADDRESS: 1134 NE Douglas St, Lee's Summit, MO 64086
TYPE OF BUSINESS: Supplements Retail Store + Smoothie/Juice Bar
TELEPHONE: 8165504291 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)

Subway Restaurant

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.

Minimal electric + plumbing additions.

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.

Brooke Eason

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.

Permit 20192490

[Signature]
CODES ADMINISTRATION

NA
FIRE DEPARTMENT

TAXATION DIVISION
PO BOX 3666
JEFFERSON CITY, MO 65105-3666



Missouri
DEPARTMENT OF REVENUE

Telephone: 573-751-9268
Fax: 573-522-1265
E-mail: taxclearance@dor.mo.gov

TERRA HEALTH MARKET, LLC
19800 E JACKSON DR
INDEPENDENCE, MO 64057-1593

DATE: 09/04/2019
VALID THROUGH: 12/05/2019
LEE'S SUMMIT

CERTIFICATE OF NO TAX DUE

MISSOURI ID: 22446257
Notice Number 2008210634

To Whom It May Concern: The Department of Revenue, State of Missouri, certifies the above listed taxpayer has filed all required returns and paid all sales or withholding tax due, including penalties and interest, and does not owe any sales and withholding tax, as of September 3, 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