



9-1-19 to 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 9/23/19
MM DD YY

New Business (Y/N) Y

In business since _____

SEP 23 2019

City of Lee's Summit
Development Center

Common/Preferred Name of Business (DBA) Our Family Chiropractic

Legal Name of Business (if different than DBA) _____

Physical Business Address:

Address 1332 NE Windsor Dr. City Lee's Summit State MO Zip 64086
Business Address Phone # 816-272-3559 Cell # () Fax # 816-272-1594 Email info@ourfamilychiro.com

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: Zachary Jameson Title (Owner/Corp. Agent/Applicant) Owner
Address 2516 NE Angel Fish Pl City Lee's Summit State MO Zip 64086
Phone # 816-585-4976 Cell # 816-585-4976 Fax # () Email dr.zachary.jameson@gmail.com
Date of Birth 06/06/77 Driver's License # R112355038 State Issued MO

■ Secondary Contact: Adam Jameson Title (Owner/Corp. Agent/Applicant) Owner
Address 2600-0175 City () State () Zip ()
Phone # 816-260-0175 Cell # () Fax # () Email dr.adamjameson@gmail.com

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 2000 Missouri State Sales Tax Number NA
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 1 Part Time _____ Temporary _____

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

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 checked="" 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: _____ ☐ 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 Zachary Jameson Tel # 816 885-4976 Alternate Tel # () _____
 b. Name Adam Jameson Tel # 816 260-0175 Alternate Tel # () _____
 c. Name Olivia Elias Tel # 816 835-9480 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 of Owner(s) or Corporation Agent/Owner _____

Title Owner

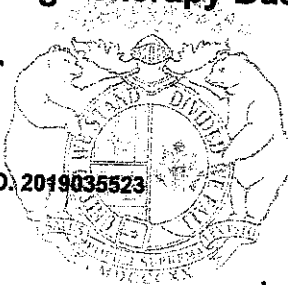
Date 9/23/19

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 # LC120094637

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Therapeutic Massage
Massage Therapy Business



VALID THROUGH JANUARY 31, 2021
ORIGINAL CERTIFICATE/LICENSE NO. 2019035523

OUR FAMILY CHIROPRACTIC
OUR FAMILY CHIROPRACTIC
JAMESON, ZACHARY
1332 NE WINDSOR DR
LEES SUMMIT MO 64086
USA

Glenn Lindsay
EXECUTIVE DIRECTOR

Sarah E. Sedgewood
DIVISION DIRECTOR

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 9-23-19
APPLICANT: Zachery Joneson
BUSINESS NAME: Our family Chiropractic
ADDRESS: 1332 NE Windsor Dr. Lee's Summit, mo 64086
TYPE OF BUSINESS: Massage
TELEPHONE: 916 272-3559 ZONING DISTRICT: CP-1
(To be completed by the Planning Dept.)

✓ NEW BUSINESS CHANGE OF ADDRESS
 CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)
Chiropractic Health Center, Our family Chiropractic

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.

none

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] 9-23-19
DEPT. OF PLANNING & DEV.

[Signature]
CODES ADMINISTRATION

NA
FIRE DEPARTMENT

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