



**LEE'S SUMMIT**  
MISSOURI

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](http://www.cityofls.net)

**PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.**

Date 09/30/19  
MM DD YY

New Business (Y/N) Y In business since \_\_\_\_\_

RECEIVED  
SEP 30 2019  
CITY OF LEE'S SUMMIT  
Development Center

Fount Atelier of Fine Art

Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

#### Physical Business Address:

656 SE Bayberry Lane, Ste 104 Lee's Summit MO 64063  
Address City State Zip

(816) 623-0400 (407) 802-5920 ( ) info@fountatelier.com  
Business Address Phone # Cell # Fax # 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: Cody Wheelock Owner  
Name Title (Owner/Corp. Agent/Applicant)

1007 W 1st St Lee's Summit MO 64063  
Address City State Zip

(407) 802-5920 ( ) ( ) cody@wheelockpaintings.com  
Phone # Cell # Fax # Email

Date of Birth 12/05/87 H12891355 NE (recently moved)  
MM DD YY Driver's License # State Issued

■ Secondary Contact: \_\_\_\_\_  
Name Title (Owner/Corp. Agent/Applicant)

( ) ( ) ( )  
Phone # Cell # Fax # 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 416 sq ft Missouri State Sales Tax Number 25816331

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: 1 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.):

Art Instruction Studio

(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 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	<input checked="" type="checkbox"/> 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: info@fountatelier.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 Cody Wheelock Tel # (408) 802-5126 Alternate Tel # ( )  
 b. Name Carl Huff Tel # (816) 524-1600 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

owner  
 Title

9/30/19  
 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 \$200 License # LC700190651

TAXATION DIVISION  
PO BOX 3000  
JEFFERSON CITY, MO 65105-3000



*Missouri*  
**DEPARTMENT OF REVENUE**

Telephone: 573-751-5860  
Fax: 573-522-1722  
E-mail: [businessstaxregister@dor.mo.gov](mailto:businessstaxregister@dor.mo.gov)

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FOUNT ATELIER OF FINE ART LLC  
1007 W 1ST ST  
LEES SUMMIT MO 64063-2123

August 14, 2019

**CERTIFICATE OF NO TAX DUE**

RE: Notice Number 2008061179  
MISSOURI ID: 25816331

To whom it may concern: The Department of Revenue, State of Missouri, certifies that the above listed taxpayer/account has filed all required returns and paid all SALES TAX due, including penalties and interest, or does not owe any SALES TAX, according to the records of the Missouri Department of Revenue, as of August 14, 2019. These records do not include returns that are not required to be filed as of this date for taxes previously collected or that have been filed but not yet processed by the Department.

This statement only applies to SALES TAX due and does not limit the authority of the Director of Revenue to assess, or collect liabilities under appeal, in default of an installment agreement entered into with the Director of Revenue or that become known to the Department as a result of an audit, a review of taxpayer's records, or a determination of successor liability.

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

TAXATION DIVISION

**ZONING APPROVAL**  
**FOR ALL BUSINESSES**  
**EXCEPT HOME OCCUPATIONS**

**DATE:** 9/30/19  
**APPLICANT:** Gody Wheelock  
**BUSINESS NAME:** Font Atelier of fine Art  
**ADDRESS:** 656 SE Bayberry Lane, Suite 104, Lee's Summit, MO 64063  
**TYPE OF BUSINESS:** Art Instruction Studio - Small classes  
**TELEPHONE:** 402-802-5926      **ZONING DISTRICT:** CP-1  
(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)

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.

No  
\_\_\_\_\_  
\_\_\_\_\_

**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:**

  
**DEPT. OF PLANNING & DEV.**

  
**CODES ADMINISTRATION**

N/A  
**FIRE DEPARTMENT**

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