



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)

RECEIVED

SEP 23 2019

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

City of Lee's Summit  
Development Center

Date 9/18/19  
MM DD YY

New Business (Y/N) Y

In business since \_\_\_\_\_

Discount Dollar

Common/Preferred Name of Business (DBA)

Discount Dollar LLC

Legal Name of Business (if different than DBA)

### Physical Business Address:

869 SW Lemanos Ln Lee's Summit MO 64082  
Address City State Zip

( ) 913 5930204 ( ) discountdollarllc@gmail.com  
Business Address Phone # Cell # Fax # Email

### Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: Jacob W Kraus ☐ DBA ☒ Legal Name ☐ Other \_\_\_\_\_

Address City State Zip

( ) 913 5930204 ( ) \_\_\_\_\_  
Mailing Address Phone # Cell # Fax # Email

### Contacts:

■ Primary Contact: Jacob W Kraus CEO  
Name Title (Owner/Corp. Agent/Applicant)

208 SW Pinnell Dr Lee's Summit MO 64081  
Address City State Zip

913 5930204 816 824 1373 ( ) \_\_\_\_\_  
Phone # Cell # Fax # Email

Date of Birth 3/22/73 5213024046 MO  
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 1400 Missouri State Sales Tax Number 25 8033 95

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 2 Part Time \_\_\_\_\_ Temporary

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

Dollar Store

(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	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: digicountdollar11c@gmail.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 Jacob W Kraus Tel # 913 593 0204 Alternate Tel # ( )  
b. Name Tracy Harriett Tel # 816 824 1373 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 of Owner(s) or Corporation Agent/Owner [Signature] Title CEO Date 9/18/19

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 \$500 License # LC700190636



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

DISCOUNT DOLLAR LLC  
208 SW PINNELL DR  
LEES SUMMIT, MO 64081-1714

DATE: 09/18/2019  
VALID THROUGH: 12/19/2019  
LEE'S SUMMIT

### **CERTIFICATE OF NO TAX DUE**

MISSOURI ID: 25803395  
Notice Number 2008567396

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 17, 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:

9/23/19

APPLICANT:

Jacob W Kraus

BUSINESS NAME:

Discount Dollar LLC

ADDRESS:

869 SW Lemayes Ln

TYPE OF BUSINESS:

Dollar store

TELEPHONE:

9135930204

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)

None

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

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.

[Signature]  
APPLICANT SIGNATURE

APPROVED BY:

[Signature]  
DEPT. OF PLANNING & DEV.

[Signature]  
CODES ADMINISTRATION

[Signature]  
FIRE DEPARTMENT

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

