

new owners



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 08/27/19
MM DD YY

New Business (Y/N) Y

In business since _____

SEP 05 2019

Flatland Pharmacy
Common/Preferred Name of Business (DBA)

The Whiteville Drugstore, LLC
Legal Name of Business (if different than DBA)

Physical Business Address:

202 NW Oldham Parkway Lee's Summit MO 64081
Address City State Zip
844 870-1080 () 816 207-6030 FLPLicensing@gmail.com
Business Address Phone # Cell # Fax # Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: The Whiteville Drugstore, LLC ☐ DBA ☒ Legal Name ☐ Other
13035 Olive Blvd Ste 210 ST LOUIS MO 63141
Address City State Zip
844 896-2456 () 844 896-7466 FLPLicensing@gmail.com
Mailing Address Phone # Cell # Fax # Email

Contacts:

■ Primary Contact: Michael McCormac Owner
Name Title (Owner/Corp. Agent/Applicant)
13035 Olive Blvd ST LOUIS MO 63141
Address City State Zip
844 896 2456 () 844-896 7466 Michael.McCormac@gmail.com
Phone # Cell # Fax # Email
Date of Birth 09/12/67 MD
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 (if Y please complete an **Alarm User Registration** application)
Total Building Square Footage 1520 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.):

retail pharmacy

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 | <u>44</u> 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: _____ ☒ 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 Patrick Sten Tel # 816 271-3244 Alternate Tel # () _____
 b. Name Michael McLormac Tel # 314 323-5868 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%

50 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.

Michael McLormac
 Signature of Owner(s) or Corporation Agent/Owner

President - Owner
 Title

08/28/2019
 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 #

CC700190593

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 8/27/19
APPLICANT: The Whiteville Drug Store, LLC
BUSINESS NAME: Flatland Pharmacy
ADDRESS: 202 NW Oldham Parkway
TYPE OF BUSINESS: Retail Pharmacy
TELEPHONE: 844-870-1080 ZONING DISTRICT: CP-2
(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)

Flatland Pharmacy

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:  9-4-19
DEPT. OF PLANNING & DEV.

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


CODES ADMINISTRATION

NA
FIRE DEPARTMENT