

# LEE'S SUMMIT MISSOURI

*MLL*

10-179 to 9-30-20

## 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

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

OCT 07 2019

Date 9/24/19  
MM DD YY

New Business (Y/N) Y

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

City of Lee's Summit  
Development Center

Beacon Surgery Center  
Common/Preferred Name of Business (DBA)

Lee Summit ASC KC LLC  
Legal Name of Business (if different than DBA)

**Physical Business Address:**

2861 NE Independence Ave Lee's Summit Mo 64064  
Address State Zip

( ) 262-902-2116 ( ) jrausch@partners  
Business Address Phone # Cell # Fax # Email Surgical.com

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

Contact Name for Mailing Address: Julie Rausch - Partners Surgical, LLC Management  
 DBA  Legal Name  Other  
510 Bering Dr Ste 650 Houston TX 77057  
Address City State Zip

713-574-1015 262-902-2116 ( ) jrausch@partners  
Mailing Address Phone # Cell # Fax # Email Surgical.com

**Contacts:**

■ Primary Contact: Julie Rausch RVP, Operations  
Name Title (Owner/Corp. Agent/Applicant)  
510 Bering Dr. Ste 650 Houston TX 77057  
Address City State Zip

713-574-1015 262-902-2116 ( ) jrausch@partners  
Phone # Cell # Fax # Email Surgical.com  
Date of Birth 03/10/74 R200-4207-4590- WI  
MM DD YY Driver's License # State Issued

■ Secondary Contact: Eric Fournier CFO  
Name Title (Owner/Corp. Agent/Applicant)  
713-574-1015 281-705-0342 ( ) ericf@partners  
Phone # Cell # Fax # Email Surgical.com

Type of Organization (check one):  Individual  Partnership  Corporation  LLC  Other COM

**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 ASC space 15,405 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 To be hired late 2019,

Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.): Early 2020  
Ambulatory Surgery Center - (5) operating room, (16) Prep  
PACU Bays.

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
<input checked="" type="checkbox"/> 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: ap@partnersurgical.com

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 Julie Rausch Tel # 262.902.2116 Alternate Tel # ( ) \_\_\_\_\_  
 b. Name \_\_\_\_\_ Tel # ( ) \_\_\_\_\_ 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.

Julie Rausch Signature of Owner(s) or Corporation Agent/Owner      BVP, Operations Title      9/24/19 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 10/1/19 to 9/30/20 Fee Remitted 50 License # LC36090660

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

DATE: 9/24/2019  
APPLICANT: Julie Rausch  
BUSINESS NAME: Beacon Surgery Center (legal name: Lee Summit ASK KC LLC)  
ADDRESS: 2861 NE Independence Ave Ste 101  
TYPE OF BUSINESS: Ambulatory Surgery Center Lee's Summit, MO  
TELEPHONE: 262.902.2116 ZONING DISTRICT: PMEX 64004  
(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)  
New build

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.

N/A

**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.

Julie Rausch  
APPLICANT SIGNATURE

APPROVED BY: [Signature] 10-2-19  
DEPT. OF PLANNING & DEV.

If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.  
PR 10/2019 1770

[Signature]  
CODES ADMINISTRATION  
NA  
FIRE DEPARTMENT

Business Address  
(Administrative Use)