



LEE'S SUMMIT
MISSOURI

4/1/19 - 3/31/20

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 10/15/19
MM DD YY

New Business (Y/N) N

In business since 2006

ARISTOCRAT CUSTOM REMODELING
Common/Preferred Name of Business (DBA)

ARISTOCRAT CUSTOM REMODELING + CONSULTANTS LLC
Legal Name of Business (if different than DBA)

Physical Business Address:

6 SW 2ND STREET SUITE 107 LEE'S SUMMIT MO 64063
Address City State Zip
() 299-9864 () ADMIN@ARISTOCRATCR.COM
Business Address Phone # Cell # Fax # Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: ARISTOCRAT CUSTOM REMODELING DBA ☒ Legal Name ☐ Other
705 B MELODY LN SUITE F11 LEE'S SUMMIT MO 64063
Address City State Zip
() 299-9864 () ADMIN@ARISTOCRATCR.COM
Mailing Address Phone # Cell # Fax # Email

Contacts:

■ Primary Contact: DUSTIN BAXTER VICE PRESIDENT
Name Title (Owner/Corp. Agent/Applicant)
705 B MELODY LN SUITE F11 LEE'S SUMMIT MO 64063
Address City State Zip
() 299-9864 () DBAXTER@MLJHWINC.COM
Phone # Cell # Fax # Email
Date of Birth 10/03/90 S112054008
MM DD YY Driver's License # State Issued

■ Secondary Contact: SUE CORBETT EXECUTIVE ASSISTANT
Name Title (Owner/Corp. Agent/Applicant)
() 699-7314 () ADMIN@ARISTOCRATCR.COM
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? Y ☒ 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 1,500 SQ Missouri State Sales Tax Number 56-2589407

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.):

REMODELING COMPANY

(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: ADMON E. ARTISTOCRAT.C.R.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 SUITE CORBET Tel # (913) 659-7314 Alternate Tel # () _____
b. Name GIDE KIVEN WACE Tel # (913) 214-2037 Alternate Tel # () _____
c. Name DUSTIN BAXTER Tel # (913) 271-9811 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 JARRO STARK

Phone # () _____

Email JSTARK.E.ARTISTOCRAT.C.R.COM Cell # (913) 718-5551

- ☐ 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

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 4/1/19 to 3/31/20 Fee Remitted 9375 License # LC100190681



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

**AFFIDAVIT OF EXEMPTION FOR WORKERS' COMPENSATION INSURANCE
PURSUANT TO § 287.061, RSMo**

Before me, the undersigned authority, personally appeared

DUSTIN BAXTER

Name of Affiant

who, being duly sworn on this oath states as follows:

1. My name is DUSTIN BAXTER. I am of legal age and sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated. I understand that by submitting this affidavit to the city or county for an occupational or business license as a contractor in the construction industry, I am stating that my business is exempt from carrying workers' compensation insurance coverage.
2. I am the sole proprietor, owner or partner of ARISTOCRAT CUSTOM REMODELING + CONSULTING LLC
Name of Business
a business engaged in construction industry that is not required to purchase workers' compensation insurance coverage for the following reason:

(Check One)

- ☐ I am a sole proprietor and have no "employees" as defined under the law, see page 2.
- ☒ I am a partner in a partnership with no "employees" as defined under the law, see page 2.
- ☐ I have filed a Notice of Employer's Exemption with the Missouri Division of Workers' Compensation (Division) for ARISTOCRAT CUSTOM REMODELING + CONSULTING LLC to be withdrawn from
Name of Corporation

coverage because there are no more than two owners of the corporation who are also the only employees of the corporation. A copy of the acknowledgement letter from the Division dated 10/15/19 is enclosed.
Date

Further, I have not filed a notice to withdraw this exemption for my corporation with the Division and my corporation has no other workers' compensation insurance coverage.

3. I have read and reviewed the concept of "statutory employment" explained on pages 2-3. My business operation is not being carried out by persons who may be regarded as statutory employees.
4. I understand that providing fraudulent information on this affidavit is unlawful under §§287.128, 287.061(3), 570.090, 575.040, 575.050, and/or 575.060, RSMo, and may be either a misdemeanor or a felony, punishable by imprisonment and fine, as indicated on page 3.

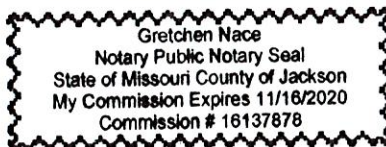
[Signature]
Affiant

10-15-19
Date

STATE OF MISSOURI)
COUNTY OF Jackson)

Subscribed and sworn to before me this 15 day of October, 20 19

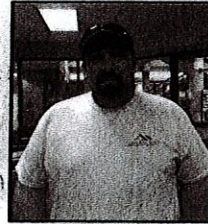
My Commission Expires: Nov 16 2020



(SEAL)

[Signature]
Notary Public

Johnson County Kansas Contractor Licensing



2019-1837

ARISTOCRAT CUSTOM
REMODELING, LLC

JARED STARK
Qualified Individual

EXPIRES 12/31/2019

CLASS CONTRACTOR NOTES

Class C OVERLAND PARK, KS ICC RESIDENTIAL
CONTRACTOR EXAM PASSED



* 4 1 4 3 3 *

Johnson County Contractor Licensing Office
Phone: 913.715.2233 Fax: 913.715.2232



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/6/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Selby-Granger Insurance LLC 114 W Main St Neosho MO 64850		CONTACT NAME: Chris Woody PHONE (A/C, No, Ext): (913) 341-4448 FAX (A/C, No): E-MAIL ADDRESS: cwoody@selbygranger.com	
INSURED Aristocrat Custom Remodeling 705 SE MELODY LN LEES SUMMIT MO 64063		INSURER(S) AFFORDING COVERAGE INSURER A: AUTO OWNERS INSURANCE CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	75339703	05/28/2019	05/28/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

In respects to the above coverage, the City of Lee's Summit, 3DC Associates and Third Axis Investments are listed as additional insureds.

CERTIFICATE HOLDER**CANCELLATION**

City of Lee's Summit

220 SE Green

Lee's Summit, MO 64063

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Chris Woody

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE:

10/15/19

APPLICANT:

BUSINESS NAME:

Aristocrat Custom Remodeling

ADDRESS:

6503 2nd St Ste 107 Lee's Summit mo

TYPE OF BUSINESS:

Remodeling

TELEPHONE:

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)

Executive lending

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.

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.

Debra Stark

APPLICANT SIGNATURE

APPROVED BY:

[Signature]

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.

Permit 2019-05-20

★ office use only

Business Address
(Administrative Use)