

New
11-17-19 to 10-31-20

Business License Application

220 SE Green Street
Lee's Summit, MO 64063
Phone 816.969.1220 / Fax 816.969.1221 / www.cityofls.net

RECEIVED
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of Lee's Summit

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 11/13/19 New Business (Y/N) _____ In business since _____
MM DD YY

Asterisk Inc _____
Common/Preferred Name of Business (DBA) Legal Name of Business (if different than DBA)

Physical Business Address:

1309 NE Deen Valley Dr _____ Lee's Summit MO 64086
Address City State Zip

() _____ (816-694-5700) _____ WINSOR.TOM@gmail.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: TOM WINSOR _____ Pres. _____
Name Title (Owner/Corp. Agent/Applicant)

Address _____ City _____ State _____ Zip _____

() _____ () _____ () _____
Phone # Cell # Fax # Email

Date of Birth 6/18/42 L6276669 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 _____ 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.):
Carpentry

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 |
| <u>7</u> _____ 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: _____ 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 _____ Tel # () _____ 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%

_____ 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 Pres Date 11/13/19

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 11/19 to 10/20 Fee Remitted 50 License # LC200190742

HOME OCCUPATION ZONING APPROVAL

DATE: 11-13-19
APPLICANT: Thomas R Winsor
BUSINESS NAME: Asterisk Inc.
ADDRESS: 1309 NE Deer Valley Dr.
TYPE OF BUSINESS: General Construction

TELEPHONE: 816-694-5700 ZONING DISTRICT: R-1
(HOME OFFICE Y N)
(To be completed by the Planning Dept.)

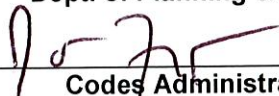
Legal operation of a home occupation from or within a residence requires strict adherence to the following regulations (Unified Development Ordinance, Article 8.100):

1. The home occupation must be clearly incidental and secondary to the primary residential use for the dwelling;
2. The home occupation must not change the outside appearance of the dwelling;
3. Exterior signage for a home occupation is prohibited;
4. The home occupation must not generate traffic, parking, sewerage or water use in excess of what is normal or customary in a residential neighborhood;
5. The home occupation shall not create a hazard to person or property, result in electrical interference, or become a nuisance in the neighborhood;
6. No outside storage of any kind related to the home occupation shall be permitted;
7. No persons other than self or family members residing on the premises, plus one additional person not residing on the premises, shall be employed or involved in any business activity related to the home occupation on the premises;
8. No more than 25% of the gross floor area of the dwelling unit shall be used for the operation of the home occupation. No accessory buildings shall be used in conjunction with a home occupation;
9. Deliveries of materials to and from the premises in conjunction with the home occupation shall not require the use of vehicles other than parcel post or similar parcel service vehicles;
10. Noise, vibration, smoke, odors, heat or glare as a result of a home occupation, which would exceed that normally produced by a single residence, shall not be permitted;
11. The home occupation shall not utilize more than one private commercial vehicle limited to 1 ton capacity. The vehicle shall be capable of being parked or stored inside the garage and shall be required to be kept in said garage with not in use for the home occupation;
12. Retail sales on the premises shall be secondary to the major operation of the home occupation;
13. The primary use of the building in which the home occupation is situated shall clearly be the dwelling used by the person as his/her private residence;
14. Home occupations shall maintain required licenses mandated by applicable local, state and/or federal laws;
15. Persons intending to operate a home occupation should notify the HOA, Homeowners Association, of their intent prior to beginning operations. Said notification is to provide the HOA with notice of intent only.

I have read and understand the above restrictions and agree to abide by them. I also understand that violation of any of the conditions listed herein could result in revocation of my home occupation approval and will place me in violation of the above listed ordinance.


Applicant's Signature

Approved By:  11-13-19
Dept. of Planning & Development


Codes Administration Dept.


Fire Department

Home Address
(Administrative Use)

