

new

LEE'S SUMMIT MISSOURI

11-1-19 10/03/20

Business License Application

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

RECEIVED
NOV 01 2019
City of Lee's Summit

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 11/1/19
MM DD YY

New Business (Y/N) Y In business since _____

Heather's Custom Sewing, LLC
Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

Physical Business Address:

501 SE Douglas, Unit B Lee's Summit MO 64063
Address City State Zip

816 986-9530 () () h-greenhomegoods@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: Heather Harper Owner
Name Title (Owner/Corp. Agent/Applicant)

209 SW T Hwy Kingsville MO 64061
Address City State Zip

816 986-9530 () ()
Phone # Cell # Fax # Email

Date of Birth 02/11/84 T981464478 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 500 Missouri State Sales Tax Number 84-3536729
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: 1 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.):
Alterations / Sewing

1. Select Business License Category or NAICS code that best describes your business (choose one that applies)

Category	NAICS Code	Category	NAICS Code
<input type="checkbox"/> Animal Services	81	<input type="checkbox"/> Massage Therapy Establishment	81
<input type="checkbox"/> Automobile Body/Repair Shop/Car Wash	81	<input type="checkbox"/> Motel/Hotel indicate # of rooms _____	72
<input type="checkbox"/> Automobile Sales	81	<input type="checkbox"/> Nursery, Greenhouse	44-45
<input type="checkbox"/> Bail Bondsperson	81	<input type="checkbox"/> Pay Day/Title Loan	52
<input type="checkbox"/> Bank, Credit Union, Finance Company	52	<input type="checkbox"/> Precious Metal Dealer/Pawnbroker	81
<input type="checkbox"/> Contractor - Class A, B, C, or D	23	<input type="checkbox"/> Real Estate Rental and Leasing	53
<input type="checkbox"/> Contractor - Other	23	<input type="checkbox"/> Recreation Business - Indoor/Outdoor	71
<input type="checkbox"/> Day Care Provider - General (7-12)	81	<input type="checkbox"/> Rental and Leasing	53
<input type="checkbox"/> Day Care Provider - Limited (1-6)	81	<input type="checkbox"/> Restaurant and Food Service	72
<input type="checkbox"/> Drinking Establishment	72	<input type="checkbox"/> Retail	44-45
<input type="checkbox"/> Funeral Home	81	<input type="checkbox"/> School, for profit	61
<input type="checkbox"/> Gas Service Station & Convenience Store	81	<input checked="" type="checkbox"/> Service Provider	81
<input type="checkbox"/> Grocers	44-45	<input type="checkbox"/> Service Provider with Retail Sales	44-45 or 81
<input type="checkbox"/> Hospital, Nursing Home, Retirement Home, Health	62	<input type="checkbox"/> Special Event	71
<input type="checkbox"/> Insurance	52	<input type="checkbox"/> Telephone Call Center	81
<input type="checkbox"/> IT Services	54	<input type="checkbox"/> Tow Service Provider	81
<input type="checkbox"/> Landscaping-Mowing-Tree Trimmer	81	<input type="checkbox"/> Transportation - Bus/Taxi/Limo/Rental Car	48-49
<input type="checkbox"/> Liquor Store	44-45	<input type="checkbox"/> Vending Machine	81
<input type="checkbox"/> Manufacturing	31-33	<input type="checkbox"/> Waste Management and Recycling Services	56
<input type="checkbox"/> Massage Therapist (may/may not own business)	81	<input type="checkbox"/> 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: h.greenhomegoods@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 Heather Harper Tel # (816) 486-9530 Alternate Tel # () _____
 b. Name Nate Canova Tel # (816) 495-9431 Alternate Tel # (816) 531-0001
 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			
<input type="checkbox"/>	Class A - General Contractor: construct, remodel, demolish, repair any structure		
<input type="checkbox"/>	Class B - Building Contractor: construct, remodel, demolish, repair all structures not exceeding 3 stories in height		
<input type="checkbox"/>	Class C - Residential Contractor: construct, remodel, demolish, repair any single family, duplex or townhouse structure		
<input type="checkbox"/>	Class D - Mechanical Contractor: perform mechanical (HVAC) services		
<input type="checkbox"/>	Class D - Electrical Contractor: perform electrical services		
<input type="checkbox"/>	Class D - Plumbing Contractor: perform plumbing services		
<input type="checkbox"/>	Please provide name of licensed representative (master) to be licensed _____	Phone # () _____	
	Email _____	Cell # () _____	
<input type="checkbox"/>	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.

Heather Harper Signature of Owner(s) or Corporation Agent/Owner
Owner Title
11.1.19 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 11.1.19 to 10.31.20 Fee Remitted 50 License # LC86090720

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

DATE: 11/1/19
APPLICANT: Heather Harper
BUSINESS NAME: Heather's Custom Sewing, LLC
ADDRESS: 501 SE Douglas, Unit B
TYPE OF BUSINESS: Alterations / Sewing
TELEPHONE: (816) 986-9530 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)
Unknown - office space

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

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.

Heather Harper
APPLICANT SIGNATURE

APPROVED BY: [Signature]
DEPT. OF PLANNING & DEV.

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

[Signature]
CODES ADMINISTRATION

NA
FIRE DEPARTMENT

Business Address
(Administrative Use)

