

*new*  
1-1-20 to 12-31-20

**Business License Application**

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

**RECEIVED**

**JAN 06 2019**

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 01/06/2020  
MM DD YY

New Business (Y/N) Y

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

Common/Preferred Name of Business (DBA) Burger IM

Legal Name of Business (if different than DBA) VK Foods  
City of Lee's Summit Development Center

**Physical Business Address:**

3680 NE AKINDR suite 136 Lee's Summit MO 64064  
Address City State Zip

913 710-5260 ( ) ( ) burgerim1ss@gmail.com  
Business Address Phone # Cell # Fax # Email

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

Contact Name for Mailing Address: Koushik Chava  DBA  Legal Name  Other  
3680 NE AKINDR suite 136 Lee's Summit MO 64064  
Address City State Zip

913 710-5260 ( ) ( )  
Mailing Address Phone # Cell # Fax # Email

**Contacts:**

■ Primary Contact: Vani Chava Owner  
Name Title (Owner/Corp. Agent/Applicant)  
6825 Highlands Creek Rd Lakeland FL 33813  
Address City State Zip

904 483-0804 ( ) ( ) Vach57253@gmail.com  
Phone # Cell # Fax # Email

Date of Birth 08/27/1969 FL-C100860698070 Florida  
MM DD YY Driver's License # State Issued

■ Secondary Contact: Koushik Chava Manager  
Name Title (Owner/Corp. Agent/Applicant)

( ) 863 667-6994 ( ) koushikch2@gmail.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? 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 1665 Missouri State Sales Tax Number 25973240  
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.):  
NO Restaurant

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	<input checked="" type="checkbox"/> 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: burgerim1ss@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 Kaushik Chava Tel # 863 667-6994 Alternate Tel # ( ) \_\_\_\_\_  
 b. Name Misty Tel # 816 522 5256 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.

Signature of Owner(s) or Corporation Agent/Owner Chris [Signature] Title 1/6/20 (Manager) Date 1/6/20

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 1/1/20 to 12/31/20 Fee Remitted 50 License # CC90200012