

MW
2-1-20 to 1-31-21

Business License Application

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

RECEIVED
FEB 11 2020
City of Lee's Summit
Development Center

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date / / New Business (Y/N) Y In business since 2/10/2020
MM DD YY
Nancy Brewton Brewton Tax
Common/Preferred Name of Business (DBA) Legal Name of Business (if different than DBA)

Physical Business Address:
429 NE Emerald Dr Lee's Summit MO 64064
Address City State Zip
708845-7133 () () Brewton7@cox.net
Business Address Phone # Cell # Fax # Email

Mailing Address: (if different from Physical Address)
Contact Name for Mailing Address: Nancy Brewton DBA Legal Name Other

Address City State Zip
() () ()
Mailing Address Phone # Cell # Fax # Email

Contacts:
■ Primary Contact: Nancy Brewton Owner
Name Title (Owner/Corp. Agent/Applicant)
429 NE Emerald Dr Lee's Summit MO 64064
Address City State Zip
7088457133 () ()
Phone # Cell # Fax # Email
Date of Birth 7/29/65 D121100097 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? Y (if Y please complete a **Commercial Zoning Approval form**)
Is business located in a Lee's Summit residence? Y (if Y please complete a **Home Occupation Zoning Approval form**)
Do you have an intrusion alarm? Y (if Y please complete an **Alarm User Registration application**)
Total Building Square Footage 3000 est 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.):
Tax preparation, bookkeeping, Admin services



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: _____ 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 DAVID JONES Tel # 816 224 6523 Alternate Tel # () _____
 b. Name Nancy Brewton Tel # 782 845 7133 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 Nancy Brewton Title owner Date 2/08/2020

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 2/12/21 to 3/21 Fee Remitted 50 License # LC80020099



HOME OCCUPATION ZONING APPROVAL

DATE: 2/8/2020
APPLICANT: Nancy Brewton
BUSINESS NAME: Brewton Tax
ADDRESS: 429 NE Emerald Dr
TYPE OF BUSINESS: Tax Prep - Admin Services - APPOINTMENT ONLY
TELEPHONE: 702 845 7133 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.

Nancy Brewton
Applicant's Signature

Approved By: [Signature]
Dept. of Planning & Development

[Signature]
Codes Administration Dept.

[Signature]
Fire Department

Home Address
(Administrative Use)

