

new owners



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 02/11/20
MM DD YY

New Business (Y/N) Y

In business since _____

Clothes Mentor
Common/Preferred Name of Business (DBA)

Hanna Investments of KC
Legal Name of Business (if different than DBA)

Physical Business Address:

1178 NE Douglas St.
Address

Lee's Summit
City

MO 64086
State Zip

(816) 524-5389 (904) 708-0123
Business Address Phone # Cell #

()
Fax #

lynnchmyer@gmail.com
Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: Lynn Green
4 Marsh Haven Lane
Address

☐ DBA ☒ Legal Name ☐ Other

Savannah
City

GA 31411
State Zip

() (904) 708-0123
Mailing Address Phone # Cell #

()
Fax #

same as above
Email

Contacts:

■ Primary Contact: Lynn Green
Name

Owner
Title (Owner/Corp. Agent/Applicant)

4 Marsh Haven Lane
Address

Savannah
City

GA 31411
State Zip

() same as above
Phone # Cell #

()
Fax #

Email

Date of Birth 10/14/1969 066205176
MM DD YY Driver's License #

GA
State Issued

■ Secondary Contact: Guy Hanna
Name

Owner
Title (Owner/Corp. Agent/Applicant)

(262) 613-3227
Phone # Cell #

()
Fax #

ghanna@structureworks.com
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 2500 Missouri State Sales Tax Number 26027089

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: 2 Full Time 8 Part Time _____ Temporary

Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):

Buy and sell Womens clothing, shoes, accessories

(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	<input checked="" type="checkbox"/> 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: lynucnyax@gmail.com

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 Lynn Green Tel # 904-708-0123 Alternate Tel # () _____
b. Name Greg Henne Tel # 904-613-3027 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.

Lynn Green
Signature of Owner(s) or Corporation Agent/Owner

Owner
Title

2/11/20
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 2/12/20 to 1/31/21 Fee Remitted 50 License # LC700200095

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: Feb 11, 2020
APPLICANT: Lynn Green
BUSINESS NAME: Clothes Mentor
ADDRESS: 1178 NE Douglas St., Lee's Summit, MO 64086
TYPE OF BUSINESS: Women's Retail
TELEPHONE: store 816-524-5389 ZONING DISTRICT: CP-2
cell 904-708-0123 (To be completed by the Planning Dept.)

____ NEW BUSINESS
✓ CHANGE OF OWNERSHIP
____ CHANGE OF ADDRESS

If applicable, what type of business previously occupied the space? (Include name of business if known)

Same

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.

No

Business Address
(Administrative Use)

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.

[Signature]
APPLICANT SIGNATURE

APPROVED BY: [Signature] 2-12-2020
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

TAXATION DIVISION
PO BOX 3666
JEFFERSON CITY, MO 65105-3666



Missouri
DEPARTMENT OF REVENUE

Telephone: 573-751-9268
Fax: 573-522-1265
E-mail: taxclearance@dor.mo.gov

HANNA INVESTMENTS OF KC LLC
GUY C HANNA
4 MARSH HAVEN LN
SAVANNAH, GA 31411-2718

DATE: 02/11/2020
VALID THROUGH: 05/13/2020
LEE'S SUMMIT

CERTIFICATE OF NO TAX DUE

MISSOURI ID: 26027089
Notice Number 2011706841

To Whom It May Concern: The Department of Revenue, State of Missouri, certifies the above listed taxpayer has filed all required returns and paid all sales or withholding tax due, including penalties and interest, and does not owe any sales and withholding tax, as of February 10, 2020. This review does not include returns that are not required to be filed as of this date or that have been filed but not yet processed by the Department.

This statement only applies to sales and withholding tax due and is not to be construed as limiting the authority of the Director of Revenue to assess, or pursue collection of liabilities resulting from final litigation, default in payment of any installment agreement entered into with the Director of Revenue, any successor liability that may become due in the future, or audits or reviews of the taxpayer's records as provided by law.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE.

TAXATION DIVISION

