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2/20/20 - Y31/21

City of Lee's Summit  
Development Center

## Business License Application

220 SE Green Street  
Lee's Summit, MO 64063  
Phone 816.969.1220 / Fax 816.969.1221 / [www.cityofls.net](http://www.cityofls.net)

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 02 / 16 / 20  
MM DD YY

New Business (Y/N) N

In business since 2015

Great Plains Painting

Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

### Physical Business Address:

3370 SW Sensation Dr #1123

Lee's Summit

MO

64081

Address

City

State

Zip

(816) 799-3033

(816) 799-3033

( )

ryan@gppkc.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: Ryan Keller

Owner

Name

Title (Owner/Corp. Agent/Applicant)

3370 SW Sensation Dr #1123

Lee's Summit

MO

64081

Address

City

State

Zip

(816) 799-3033

( )

( )

ryan@gppkc.com

Phone #

Cell #

Fax #

Email

Date of Birth 04 / 08 / 86  
MM DD YY

K213286809

MO

Driver's License #

State Issued

■ Secondary Contact: Stetson Ramey

General Manager

Name

Title (Owner/Corp. Agent/Applicant)

(307) 214-5159

( )

( )

stetson@gppkc.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 \_\_\_\_\_ 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.):

Residential painting contractor

(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
<input checked="" type="checkbox"/> 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: hello@gppkc.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 \_\_\_\_\_ 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 General Manager

Date 02 / 16 / 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 2/1/20 to 1/31/21 Fee Remitted 50- License # LC200200114



## HOME OCCUPATION ZONING APPROVAL

DATE: 02/16/2020  
APPLICANT: Ryan Keller  
BUSINESS NAME: Great Plains Painting  
ADDRESS: 3370 SW Sensation Dr #1123, Lee's Summit, MO 64081  
TYPE OF BUSINESS: Residential Painting Contractor

TELEPHONE: 816-799-3033

ZONING DISTRICT: PMIX  
(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.

Home Address  
(Administrative Use)

  
Applicant's Signature

Approved By:

  
Dept. of Planning & Development

  
Codes Administration Dept.

Fire Department





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/20/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hays Companies Inc. 1200 Main Street, Suite #2310  Kansas City MO 64105		<b>CONTACT NAME:</b> Terri Bonner <b>PHONE (A/C, No, Ext):</b> (816) 474-3535 <b>FAX (A/C, No):</b> <b>E-MAIL:</b> tbonner@hayscompanies.com <b>ADDRESS:</b>	
<b>INSURED</b>  Great Plains Painting KC 2550 Swift St #104  North Kansas City MO 64116		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Ohio Security Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 24082	

**COVERAGES****CERTIFICATE NUMBER:** CL2022092743**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BLS57845254	05/09/2019	05/09/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAS57845254	05/09/2019	05/09/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired/Non-Owned Auto \$ 1,000,000
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	XWS57845254	05/09/2019	05/09/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

City of Lee's Summit 220 Se Green St  Lee's Summit MO 64063	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>Carolyn Shafer</i>
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