

2/1/20 - 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](http://www.cityofls.net)

**RECEIVED**  
FEB 24 2020

City of Lee's Summit  
Development Center

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 02 / 24 / 2020  
MM DD YY

New Business (Y/N) N In business since 2016

Lakewood Local

Red Carpet Lounge LLC

Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

**Physical Business Address:**

811 NE Lakewood Blvd Lee's Summit MO 64064  
Address City State Zip  
( 816 ) 381-7165 ( 816 ) 213-5865 ( ) harry@harrysinger.com  
Business Address Phone # Cell # Fax # Email

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

Contact Name for Mailing Address: Harry Singer ☐ DBA ☐ Legal Name ☐ Other  
4120 NE Port Drive Lees Summit MO 64064  
Address City State Zip  
( 816 ) 876-2223 ( ) ( )  
Mailing Address Phone # Cell # Fax # Email

**Contacts:**

■ Primary Contact: Harry Singer Owner  
Name Title (Owner/Corp. Agent/Applicant)  
27005 NE COLBERN ROAD Lee's Summit MO 64086  
Address City State Zip  
( ) ( 816 ) 213-5865 ( ) harry@harrysinger.com  
Phone # Cell # Fax # Email  
Date of Birth 07 / 24 / 60 T980710529 MO  
MM DD YY Driver's License # State Issued

■ Secondary Contact: Chris Smith Consultant  
Name Title (Owner/Corp. Agent/Applicant)  
( ) ( 816 ) 419-7433 ( ) chrissmith.insurance@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 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.):

Bar & Food

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 checked="" type="checkbox"/> Restaurant and Food Service	72
<input checked="" 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 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 \_\_\_\_\_ 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 \_\_\_\_\_

Date 02/24/2020

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 2/1/20 to 1/31/21 Fee Remitted 500 License # LC900200120



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

RED CARPET LOUNGE LLC  
4120 NE PORT DR  
LEES SUMMIT, MO 64064-1670

DATE: 12/18/2019  
VALID THROUGH: 03/19/2020

### **CERTIFICATE OF NO TAX DUE**

MISSOURI ID: 25620886  
Notice Number 2010729138

To Supervisor of Liquor Control: The Department of Revenue, State of Missouri, certifies the above listed taxpayer has filed all required returns and paid all sales, use, or withholding tax due, including penalties and interest, and does not owe any sales, use, and withholding tax, as of December 17, 2019. 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 certificate is only for the purpose of obtaining a liquor license and is not pursuant to Section 144.150, RSMo.

This statement only applies to sales, use, 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

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

DATE: 2-24-2020  
APPLICANT: Harry Singer  
BUSINESS NAME: Red Carpet Lounge LLC DBA Lakewood Local  
ADDRESS: 811 NE Lakewood Blvd LS MO 64064  
TYPE OF BUSINESS: Bar Restaurant  
TELEPHONE: 816-381-7165 ZONING DISTRICT: CP-2  
(To be completed by the Planning Dept.)

\_\_\_\_\_ NEW BUSINESS \_\_\_\_\_ CHANGE OF ADDRESS  
X \_\_\_\_\_ CHANGE OF OWNERSHIP

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

  
APPLICANT SIGNATURE

APPROVED BY:

 2-24-2020  
DEPT. OF PLANNING & DEV.

  
CODES ADMINISTRATION

NA  
FIRE DEPARTMENT

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