

2/1/20 - 1/31/20

Business License Application

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

RECEIVED
FEB 04 2020
City of Lee's Summit
Development Center

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 02/04/20 New Business (Y/N) Y In business since 2
MM DD YY
Royal Nutrition Hennon Nutrition LLC
Common/Preferred Name of Business (DBA) Legal Name of Business (if different than DBA)

Physical Business Address:
867 SW Lemans Ln Lees Summit MO 64062
Address City State Zip
(816) 577-7044 (816) 430-9794 healthywithhennon@gmail.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: Rylee Hennon owner
Name Title (Owner/Corp. Agent/Applicant)
114 SW Manor Lake Dr Lees Summit MO 64062
Address City State Zip
() () ()
Phone # (816) 430-9794 Cell # healthywithhennon@gmail.com Fax # Email
Date of Birth 10/11/90 MD
MM DD YY Driver's License # State Issued

■ Secondary Contact: Loreen Foster partner
Name Title (Owner/Corp. Agent/Applicant)
(816) 878-1191 kingnutrition24@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 77400 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: 2 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.):

LLC-Shake/smoothie shop

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
<input checked="" type="checkbox"/> 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: healthywithhennon@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 Jordan Hennon Tel # (816) 896-2332 Alternate Tel # () _____
b. Name Mason King Tel # (816) 714-6600 Alternate Tel # () _____
c. Name Shelly King Tel # (816) 718-8393 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.

Jordan Hennon
Signature of Owner(s) or Corporation Agent/Owner

owner
Title

2/4/20
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 2/1/20 to 3/31/21 Fee Remitted 50.00 License # LC9100200076

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 02-04-2020
APPLICANT: Kylee Hannon
BUSINESS NAME: Royal Nutrition
ADDRESS: 857 SW Lemans LN Lees Summit MO 64082
TYPE OF BUSINESS: Health & Nutrition Counseling with sample bar
TELEPHONE: 816 537 3044 ZONING DISTRICT: CP-2
(To be completed by the Planning Dept.)

✓ NEW BUSINESS CHANGE OF ADDRESS
 CHANGE OF OWNERSHIP

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

animal hospital

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.

Kylee Hannon
APPLICANT SIGNATURE

APPROVED BY:

[Signature]
DEPT. OF PLANNING & DEV.

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

perm 20192898

[Signature]
CODES ADMINISTRATION

[Signature]
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

HENNON NUTRITION LLC
RYLEE HENNON
857 SW LEMANS LN
LEES SUMMIT, MO 64082-4618

DATE: 02/04/2020
VALID THROUGH: 05/06/2020
LEE'S SUMMIT

CERTIFICATE OF NO TAX DUE

MISSOURI ID: 26017911
Notice Number 2011538096

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 3, 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