Expiration date: 06/30/2020

LEE'S SUMMIT
MISSOURI

Business License Renewal

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

JFE CONSTRUCTION INC
Licensing
1314 SW MARKET ST
LEES SUMMIT, MO 64081

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Please Update your Information. If there are changes to the information provided, please draw a line through and correct.

Physical Business Address: 1314 SW MARKET ST LEES SUMMIT, MO 64081
Business E-Mail Address:: PERMITTING@JFECONSTRUCTION.COM
Legal Name of Business: (if different than DBA):
Type of Organization: Contractor A,B,C,D
Business Classification: 100 General Contractor (A)

Renew on-line communications email address: accounting@jfeconstruction.com
(If you would like to renew on-line, you must provide an email above. This email address could be different than the Business Email Address. This email address is the person that is responsible for Business Licenses/Renewals at your place of business- Further Instructions included)

Business Phone Numbers :

Primary	Cell	Fax
8164700074	8167864008	~~8162725366~~ None

Contact Information :

Primary	Secondary	Emergency
CHRIS JEFFRIES, Address:JFE CONSTRUCTION, Phone:(816) 786-4008	MELISSA JEFFRIES, Phone:(816) 918-3287	CHRIS JEFFRIES, Address:JFE CONSTRUCTION, Phone:(816) 786-4008

(Continued on back page)

Please provide a general description or scope of work for your business:

general contractor - new homes

For businesses physically located in Lee's Summit this section MUST be completed

Has your Physical Address changed over the last year? **Y or (N)** (If yes complete Zoning Approval Form)
Is business located in a Lee's Summit **(Commercial) area or Residential?** (circle)
Do you have an intrusion alarm? **(Y) or N** (circle)
Total Building Square Footage - 3000

Employee Headcount for this location:
Full Time: X 8
Part Time: 1
Temporary:

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at www.cityofls.net.

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
- [X] **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: Chris Jeffries Phone #: (816) 786-4008
Email: chris@jfconstruction.com Cell #: ( )

- [X] **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):

- [x] **$50 Business License Fee (base 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% (is delinquent 60 days after expiration)**

50.00 **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.

X _____ **Signature of Owner(s) or Corporation Agent/Owner**

X Vice President **Title**

4/23/2020 **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 ____/____/__ to ____/____/____ Fee Remitted $____ License #_____

JOHNSON COUNTY, KANSAS
CONTRACTOR LICENSING

Certificate of Completion

CHRIS JEFFRIES

JFE CONSTRUCTION, INC.

For Attending

(2019) 10-02-19 02-2A 2018 IRC Essentials (A, B, C Code Credit)

AWARDED: 8.00 Hours of Continuing Education
October 02, 2019

ICC INTERNATIONAL CODE COUNCIL PREFERRED PROVIDER

JOHNSON COUNTY KANSAS
Contractor Licensing

KS

JFECONS-01 LUTER1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/24/2020

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(ies) 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).

PRODUCER	CONTACT NAME: Erica Lutz, CISR
Yennie & Jones Insurance Services, Inc. PO Box 60 Pleasant Hill, MO 64080	PHONE (A/C, No, Ext): (816) 540-2114 FAX (A/C, No): E-MAIL ADDRESS: erica@yenniejones.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : OWNERS INSURANCE COMPANY	32700
INSURER B : ACUITY A MUTUAL INSURANCE COMPANY	14184
INSURER C : TRAVELERS PROPERTY CASUALTY CO OF AME	25674
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

JFE Construction Inc
1314 SW Market Street
Lees Summit, MO 64081

COVERAGES **CERTIFICATE NUMBER:** **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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$	1,000,000
	CLAIMS-MADE X OCCUR			75868593	9/20/2019	9/20/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	$	50,000
							MED EXP (Any one person)	$	5,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	2,000,000
	OTHER:							$	
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS			Z55436	9/8/2019	9/8/2020	BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A		6JUB4N829837	3/1/2020	3/1/2021	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
C	Work Comp			6JUB4N846489	3/1/2020	3/1/2021	1,000,000/1,000,000/		1,000,000

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

CERTIFICATE HOLDER

City of Lee's Summit
Codes
220 SE Green St
Lees Summit, MO 64063

CANCELLATION

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

Erica L Lutz