



new  
3/1/20 - 3/24/21

## 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  
MAR 09 2020

City of Lee's Summit  
Development Center

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 03/09/20  
MM DD YY

New Business ☒ Y

In business since 01/01/20

Studio VII Hair and Style  
Common/Preferred Name of Business (DBA)

Studio VII Hair and Style LLC  
Legal Name of Business (if different than DBA)

### Physical Business Address:

858 SW Blue Parkway Lee's Summit MO 64063  
Address City State Zip  
( ) (816) 588-5710 ( ) StudioVIIHns@gmail.com  
Business Address Phone # Cell # Fax # Email

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

Contact Name for Mailing Address: Thomas Hawkins ☐ DBA ☐ Legal Name ☐ Other  
933 McGee St Apt 1011 Kansas MO 64106  
Address City State Zip  
( ) (816) 588-5710 ( ) hawkinsathomas@gmail.com  
Mailing Address Phone # Cell # Fax # Email

### Contacts:

■ Primary Contact: Thomas Hawkins Applicant  
Name Title (Owner/Corp. Agent/Applicant)  
933 McGee St Kansas MO 64106  
Address City State Zip  
( ) (816) 588-5710 ( ) hawkinsathomas@gmail.com  
Phone # Cell # Fax # Email  
Date of Birth 10/11/95 X112195002 MO  
MM DD YY Driver's License # State Issued

■ Secondary Contact: Gina Hayes owner  
Name Title (Owner/Corp. Agent/Applicant)  
( ) (816) 210-8858 ( ) elony636@yahoo.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 863 Missouri State Sales Tax Number 26066777  
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: 4 Full Time 4 Part Time Temporary

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

Retail beauty supply store

(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
<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 type="checkbox"/> Restaurant and Food Service	72
<input type="checkbox"/> Drinking Establishment	72	<input checked="" 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: hawkinsathomas@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 Thomas Hawkins Tel # (816) 588-5710 Alternate Tel # ( ) \_\_\_\_\_  
b. Name Sierra Hawkins Tel # (816) 304-2361 Alternate Tel # ( ) \_\_\_\_\_  
c. Name Anthony Eldridge Tel # (816) 916-3889 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.

Sierra Hawkins Owner 03/03/20  
Signature of Owner(s) or Corporation Agent/Owner Title 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 3/1/20 to 2/28/21 Fee Remitted 50 License # LC700200162



TAXATION DIVISION  
PO BOX 3000  
JEFFERSON CITY, MO 65105-3000



*Missouri*  
**DEPARTMENT OF REVENUE**

Telephone: 573-751-5860  
Fax: 573-522-1722  
E-mail: [businesstaxregister@dor.mo.gov](mailto:businesstaxregister@dor.mo.gov)

STUDIOVII HAIR AND STYLE LLC  
THOMAS HAWKINS  
933 MCGEE ST UNIT 1011  
KANSAS CITY, MO 64106-2221

March 11, 2020

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

RE: Notice Number 2012650102  
MISSOURI ID: 26066777

To whom it may concern: The Department of Revenue, State of Missouri, certifies that the above listed taxpayer/account has filed all required returns and paid all SALES TAX due, including penalties and interest, or does not owe any SALES TAX, according to the records of the Missouri Department of Revenue, as of March 11, 2020. These records do not include returns that are not required to be filed as of this date for taxes previously collected or that have been filed but not yet processed by the Department.

This statement only applies to SALES TAX due and does not limit the authority of the Director of Revenue to assess, or collect liabilities under appeal, in default of an installment agreement entered into with the Director of Revenue or that become known to the Department as a result of an audit, a review of taxpayer's records, or a determination of successor liability.

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

TAXATION DIVISION

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

DATE: 3- -20

APPLICANT: Thomas Hawkins

BUSINESS NAME: Studio VII Hair and Style

ADDRESS: 858 SW Blue Parkway Lee's Summit MO 64063

TYPE OF BUSINESS: Retail Beauty supply store

TELEPHONE: 816-588-5719 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)

Barber Shop

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**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.

APPROVED BY:

Thomas Hawkins  
APPLICANT SIGNATURE

[Signature]  
DEPT. OF PLANNING & DEV.

[Signature]  
CODES ADMINISTRATION

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

change from "B" to "m"  
no work being done.

n/a  
FIRE DEPARTMENT