



3-1-20 to 2-28-21

Business License Application

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

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 3/5/20
MM DD YY

New Business (Y/N) N

In business since _____

SOUTHPORT Business Center, LLC

Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

Physical Business Address:

1485 SW Market

Address 816-260-8604/816-260-8604

Business Address Phone # _____ Cell # _____

Lee's Summit

City

MO 64081

State Zip

BRICE NG ZIMMER, CO

Email BRICE@NGZIMMER.COM

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: SOUTHPORT BUS. Center, LLC

P.O. Box 213

Address Same

Mailing Address Phone # _____ Cell # _____

Lee's Summit

City

MO 64063

State Zip

Email _____

Contacts:

Primary Contact: Bernell Rice

Name P.O. Box 213

Address 816-260-8604

Phone # _____ Cell # _____

Lee's Summit

City

MO 64063

State Zip

Email _____

Date of Birth 9/13/50 516-219-581

MM DD YY

Driver's License #

NM

State Issued

Secondary Contact: Dan Little

Name 816-213-3622

Phone # _____ Cell # _____

Prop. Mgr

Title (Owner/Corp. Agent/Applicant)

D.WHIE2042@SBCglobal.net

Email D.LITTLE2042@SBCGLOBAL.NET

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? ☒ (if Y please complete a Commercial Zoning Approval form)

Is business located in a Lee's Summit residence? ☒ (if Y please complete a Home Occupation Zoning Approval form)

Do you have an intrusion alarm? ☒ (if Y please complete an Alarm User Registration application)

Total Building Square Footage 31,000 Missouri State Sales Tax Number NONE NEEDED

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.):

OWN & LEASE OUT THE PROPERTY

(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
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: BRICE@NGZIMMER.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 DAN LITTLE Tel # 816-213-3622 Alternate Tel # () _____
 b. Name BERNELL RICE Tel # 816-260-8604 Alternate Tel # () _____
 c. Name MIKE VANBUSKIRK Tel # 816-679-4954 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%

50 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 Brian Title MEMBER/OWNER Date 3.15.20

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 31.2022 to 31.2023 Fee Remitted 50 License # LC406200149

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 3/5/2020
APPLICANT: Dan Little on BEHALF of Bernell Rice
BUSINESS NAME: SOUTH PORT BUS. CENTER
ADDRESS: 1485 SW MARKET, L.S. MO
TYPE OF BUSINESS: Own & Lease Property
TELEPHONE: 816-260-8604 ZONING DISTRICT: CP-2
(To be completed by the Planning Dept.)
X NEW BUSINESS _____ CHANGE OF ADDRESS
_____ 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.

Business Address
(Administrative Use)

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:

APPLICANT SIGNATURE

[Signature]
DEPT. OF PLANNING & DEV.

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

[Signature]
CODES ADMINISTRATION

NA
FIRE DEPARTMENT