

Resent 2-19-2020 (handwritten)



31-20 to 2-28-20 (handwritten)

Business License Application

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

RECEIVED

MAR 26 2020

City of Lee's Summit Development Center

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 01/31/20 New Business (Y/N) Y In business since Sept. 2019

Constant Concrete LLC
Common/Preferred Name of Business (DBA)
Legal Name of Business (if different than DBA)

Physical Business Address:

523 SW Market St. Lees Summit MO 64063
Address City State Zip
(816) 596-3801 MichelleC@constantconcretellc.com
Business Address Phone # Cell # Fax # Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address:
Address City State Zip
Mailing Address Phone # Cell # Fax # Email

Contacts:

Primary Contact: Michelle Corpora Office Manager/Applicant
Name Title (Owner/Corp. Agent/Applicant)
17900 Sunset Drive Weston MO 64098
Address City State Zip
(816) 596-3801 MichelleC@constantconcretellc.com
Phone # Cell # Fax # Email
Date of Birth 07/03/1982 MO
MM DD YY Driver's License # State Issued

Secondary Contact: Gina Leo Owner
Name Title (Owner/Corp. Agent/Applicant)
(816) 548-6922 GinaL@constantconcretellc.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 NY (if Y please complete a Commercial Zoning Approval form)
Is business located in a Lee's Summit residence? NY (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: 5 Full Time 1 Part Time Temporary

Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):
Concrete Contractor / multi family homes concrete flatwork

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 checked="" 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 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%

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 _____ Office Manager _____ Date 01/31/20
 Title _____

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 # LC 20200207



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/15/2020

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 The Reilly Company LLC 608 Delaware St. P.O. Box 9 Leavenworth KS 66048-0009 | | CONTACT NAME: Jane Hanson PHONE (A/C, No, Ext): (913) 682-1234 E-MAIL ADDRESS: jane.hanson@reillyinsurance.com FAX (A/C, No): (913) 682-8136 | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------|--|--|-------------------------------|--|--------|-------------|--------|-------|-------------|---------------|-------|-------------|--|--|-------------|--|--|-------------|--|--|-------------|--|--|
| INSURED Constant Concrete, LLC 523 SW Market St. Lee's Summit MO 64063 | | <table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td>ACUITY</td> <td>14184</td> </tr> <tr> <td>INSURER B :</td> <td>Accident Fund</td> <td>10166</td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table> | | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A : | ACUITY | 14184 | INSURER B : | Accident Fund | 10166 | INSURER C : | | | INSURER D : | | | INSURER E : | | | INSURER F : | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | | | |
| INSURER A : | ACUITY | 14184 | | | | | | | | | | | | | | | | | | | | | | |
| INSURER B : | Accident Fund | 10166 | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C : | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | | | | | | | | | | |

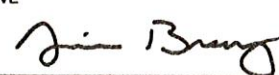
COVERAGES**CERTIFICATE NUMBER:** Master 2019**REVISION NUMBER:**

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 | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket Additional Insured <input checked="" type="checkbox"/> Waiver of Subrogation GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | ZE0160 | 09/24/2019 | 09/24/2020 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY | | | ZE0160 | 09/24/2019 | 09/24/2020 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000 |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 0 | | | ZE0160 | 09/24/2019 | 09/24/2020 | COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N N/A | | | WCV 6196711 | 09/24/2019 | 09/24/2020 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | Leased & Rented Equipment | | | ZE0160 | 09/24/2019 | 09/24/2020 | Limit: \$25,000 Ded: \$1,000 |

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

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| City of Lee's Summit, MO 220 SE Green Street Lee's Summit MO 64063 | 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  |
|--|--|

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

DATE: 1/31/20
APPLICANT: Michelle Corpora
BUSINESS NAME: Constant Concrete LLC
ADDRESS: 523 SW Market Street Lees Summit, MO 64063
TYPE OF BUSINESS: Concrete Contractor / multi family homes concrete flatwork
TELEPHONE: 816-596-3801 ZONING DISTRICT: TN2
(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)
Currently occupied by Stucker Construction- sharing office space

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.
None

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.



APPLICANT SIGNATURE

APPROVED BY: 

DEPT. OF PLANNING & DEV.

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



CODES ADMINISTRATION
NA

FIRE DEPARTMENT