

*All*  
3/20 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](http://www.cityofls.net)

RECEIVED  
MAR 03 2020  
City of Lee's Summit  
Development Center

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 03/02/20 New Business (Y/N) \_\_\_\_\_ In business since 2008  
MM DD YY

Interstate Construction Services (ICS)  
Common/Preferred Name of Business (DBA) Legal Name of Business (if different than DBA)

**Physical Business Address:**

1450 SE Broadway Address LS City MO State 64081 Zip  
(816) 524-9797 Business Address Phone # Cell # (816) 524-9798 Fax # offic@higdonbuilders.com 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: Kevin Higdon Name Mayor Title (Owner/Corp. Agent/Applicant)  
1450 SE Broadway Address LS City MO State 64081 Zip  
(816) 524-9797 Phone # Cell # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth 3/11/75 MM DD YY T 718715 Driver's License # MO State Issued

■ Secondary Contact: Roberto Palao Name Palao roberto @ go4oo.com Title (Owner/Corp. Agent/Applicant)  
(816) 739-7611 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 \_\_\_\_\_ 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: \_\_\_\_\_ 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.):  
Electrical Contractor - Licensed/State

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
<input checked="" type="checkbox"/> 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: office@higdonbuilders.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 Kevin Hill Tel # (816 524-9797) 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			
<input type="checkbox"/>	Class A – General Contractor: construct, remodel, demolish, repair any structure		
<input type="checkbox"/>	Class B – Building Contractor: construct, remodel, demolish, repair all structures not exceeding 3 stories in height		
<input type="checkbox"/>	Class C – Residential Contractor: construct, remodel, demolish, repair any single family, duplex or townhouse structure		
<input type="checkbox"/>	Class D – Mechanical Contractor: perform mechanical (HVAC) services		
<input checked="" type="checkbox"/>	Class D – Electrical Contractor: perform electrical services		
<input type="checkbox"/>	Class D – Plumbing Contractor: perform plumbing services		
<input type="checkbox"/>	Please provide name of licensed representative (master) to be licensed <u>Roberto Palao</u> Phone # <u>816-524-9797</u> <u>PalaoRoberto@yahoo.com</u> Email <u>816 735-7611</u> Phone # _____ Cell # ( ) _____		
<input type="checkbox"/>	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.

[Signature]  
Signature of Owner(s) or Corporation Agent/Owner

[Signature]  
Title

3/2/20  
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 3/1/2022 to 8/2/2022 Fee Remitted 50 License # LC10020014



## OFFICIAL RESULTS REPORT

**F16 - National Standard Master  
Electrician**



<b>Name:</b>	<b>Roberto Palao Sagastume</b>	<b>Candidate ID:</b>	<b>ICNON121332</b>
<b>Address:</b>	<b>1308 NW 67th Street</b>	<b>Date:</b>	<b>2/6/2020</b>
	<b>Kansas City</b>	<b>MO</b>	<b>64118</b>

### EXAMINATION RESULT: **PASS**

**Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. Please contact your participating jurisdiction if you wish to pursue licensing.**

**A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.**

**It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 888-422-7233 ext. 5524 with changes to your name and address.**

**ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.**

*The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at:  
[www.PearsonVUE.com/authenticate](http://www.PearsonVUE.com/authenticate)  
Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.*

**Registration Number: 367892943**

**Validation Number: 740638218**

# State of Missouri

Division of Professional Registration  
Electrical Contractor

VALID THROUGH SEPTEMBER 30, 2020  
ORIGINAL CERTIFICATE/LICENSE NO. 2020006352  
ROBERTO C PALAO  
1450 SE BROADWAY  
LEES SUMMIT MO 64081  
USA



ROBERTO C PALAO  
1450 SE BROADWAY  
LEES SUMMIT MO 64081  
USA

# State of Missouri

Missouri Department of Commerce and Insurance  
Division of Professional Registration  
Office of Statewide Electrical Contractors  
Electrical Contractor

VALID THROUGH SEPTEMBER 30, 2020  
ORIGINAL CERTIFICATE/LICENSE NO. 2020006352

ROBERTO C PALAO  
1450 SE BROADWAY  
LEES SUMMIT MO 64081  
USA



  
EXECUTIVE DIRECTOR

  
DIVISION DIRECTOR



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/3/2020

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 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).

<b>PRODUCER</b> Twin Lakes Insurance Agency 2641 NE McBaine Drive Lee's Summit MO 64064		<b>CONTACT NAME:</b> Sue Falter, CIC, CISR <b>PHONE (A/C, No, Ext):</b> (816) 525-2125 <b>E-MAIL ADDRESS:</b> suef@twinlakesins.com <b>FAX (A/C, No):</b> (816) 525-4049	
<b>INSURED</b> Interstate Construction Services LLC P.O. Box 847 Lee's Summit MO 64063		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Continental Western Group INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: CL19101812048

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	Y	ADV320130221	8/29/2019	8/29/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employ Rel Practices Liab (08/29/21) \$ 50,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CPA320139721	8/29/2019	8/29/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined single \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	N/A	WCA32030121	8/29/2019	8/29/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

The Certificate Holder and all other parties required under a written contract are named as additional insureds with respects to Liability. A Waiver of Subrogation is provided where allowed by law & required by a written contract.

**CERTIFICATE HOLDER**

(816) 969-1221 Tarah.Daugherty@cityofls.net  
 City of Lee's Summit  
 220 SE Green Street  
 Lee's 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

Mark Smith/SR

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

DATE: 3-2-20  
APPLICANT: Kevin Higdon  
BUSINESS NAME: Interstate Construction Services LLC  
ADDRESS: 1450 SE Broadway  
TYPE OF BUSINESS: Electrical Contractor  
TELEPHONE: 816-524-9797 ZONING DISTRICT: PI  
(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)

\_\_\_\_\_

\_\_\_\_\_

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.

KL  
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.

[Signature]  
CODES ADMINISTRATION  
NA  
FIRE DEPARTMENT