

**Business License Renewal**

220 SE Green Street  
Lee's Summit, MO 64063  
Phone 816.969.1220 / Fax 816.969.1221 / [www.cityofls.net](http://www.cityofls.net)

LYTLE CONSTRUCTION INC  
Licensing  
1100 SE HAMBLER RD  
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: 1100 SE HAMBLER RD LEES SUMMIT, MO 64081  
Business E-Mail Address:: ROB@LYTLECONST.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:** ROB@LYTLECONST.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
8165247275	8168044949	8165246575

Contact Information :

Primary	Secondary	Emergency
ROB LYTLE, Address:1100 SE HAMBLER RD, Phone:(816) 524-7275 <u>816-804-4949</u> <u>816-524-7275</u>	<u>BRETT LYTLE</u> CRAIG BRANDON, Address:1100 SE HAMBLER RD, Phone:(816) 524-7275 <u>816-872-6372</u>	ROB LYTLE, Address:1100 SE HAMBLER RD, Phone:(816) 524-7275 <u>816-804-4949</u>

(Continued on back page)

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

COMMERCIAL GENERAL CONTRACTOR

\*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 - 13000

Employee Headcount for this location:

Full Time: 14

Part Time:

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](http://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



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: ROB LYTLE Phone #: (816) 524-7275

Email: ROB@LYTLECONST.COM Cell #: (816) 804-4949

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 (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)

\*75

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

X

PRESIDENT  
Title

4/29/2020  
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 # \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/14/2020

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).

<b>PRODUCER</b> TRUSS 9200 Ward Parkway Suite 500 Kansas City MO 64114	<b>CONTACT NAME:</b> Certificate Department <b>PHONE (A/C, No, Ext):</b> 816-708-4600 <b>FAX (A/C, No):</b> 816-708-4600 <b>E-MAIL ADDRESS:</b> Certificates@TrussAdvantage.com
<b>INSURED</b> Lytle Construction, Inc. 1100 SE Hamblen Road Lee's Summit MO 64081	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Midwest Builders' Cas Mutual <b>INSURER B:</b> Amerisure Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES** **CERTIFICATE NUMBER:** 1334114041 **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
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP20673250	1/25/2020	1/25/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA20673270	1/25/2020	1/25/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ -0-			CJ20673280	1/25/2020	1/25/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC10000008102020A	1/1/2020	1/1/2021	<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

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  
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

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JOHNSON COUNTY, KANSAS  
CONTRACTOR LICENSING

# Certificate of Completion

**ROBERT LYTLE**

LYTLE CONSTRUCTION INC

For Attending

**(2019) 10-04-19 04-2A Looking Beyond Codes and Regulations: What's Working in  
Accessible Design (A, B, C Code Credit)**

AWARDED: 8.00 Hours of Continuing Education  
October 04, 2019