



## 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)

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 07/23/2020  
MM DD YY

New Business ☒ Y ☐ N

In business since 08/04/2020

Overland Park Surgical Specialist Overland Park Orthopedics  
Common/Preferred Name of Business (DBA) and Sports Medicine Legal Name of Business (if different than DBA)

### Physical Business Address:

2000 SE Blue Parkway, suite 600 Lees Summit MO 64063  
Address City State Zip

913 541-5500 ( ) 913 541-7474  
Business Address Phone # Cell # Fax # Email

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

Contact Name for Mailing Address: Hailey Rasphongthong ☒ DBA ☐ Legal Name ☐ Other  
12200 W. 106th St, Suite 400 Overland Park KS 66215  
Address City State Zip

913 541-5500 ( ) 913 541-7474  
Mailing Address Phone # Cell # Fax # Email

### Contacts:

■ Primary Contact: Hailey Rasphongthong Manager  
Name Title (Owner/Corp. Agent/Applicant)

12200 W. 106th St, Suite 400 Overland Park KS 66215  
Address City State Zip

913 541-5500 ( ) 913 541-7474  
Phone # Cell # Fax # Email

Date of Birth 07/26/1989 K03-38-8007 KS  
MM DD YY Driver's License # State Issued

■ Secondary Contact: \_\_\_\_\_  
Name Title (Owner/Corp. Agent/Applicant)

( ) ( ) ( )  
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.):

Pediatric Orthopedic Office

(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 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 checked="" 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 Flaney Rasphangthong Tel # 913-541-5500 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%

\_\_\_\_\_ 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.

Flaney Rasphangthong  
Signature of Owner(s) or Corporation Agent/Owner

manager  
Title

07.28.2020  
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 # \_\_\_\_\_