



Expiration date: 06/30/2016

Business License Renewal

220 SE Green Street / P.O. Box 1600
Lee's Summit, MO 64063
Phone 816.969.1220 / Fax 816.969.1221 / www.cityofls.net

KELLY, SYMONDS & REED LLC
DAVID KELLY
114 SW 3RD ST
LEES SUMMIT, MO 64063

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: 114 SW 3RD ST LEES SUMMIT, MO 64063
Legal Name of Business: (if different than DBA):
Type of Organization: Service
Business Classification: 800 Law Firm

E-Mail Address: DAVE@MOKANLEGAL.COM

Business Phone Numbers: 816 347-1818 (MAIN) 816 347-1854 (CELL) (FAX)

Contact Name	(1st) <u>David A. Kelly</u>	(2nd) <u>Casey Symonds</u>
Address	<u>114 Sw 3rd St</u>	<u>114 Sw 3rd St</u>
City - State	<u>Lee's Summit, MO</u>	<u>Lee's Summit, MO</u>
Phone Number	<u>64063</u>	<u>64063</u>

Emergency Contacts:	(1st) <u>David Kelly</u>	(2nd) <u>Casey Symonds</u>	(3rd) <u>John Reed</u>
Phone number	(1st) <u>816-804-1271</u>	(2nd) <u>816 805-7470</u>	(3rd) <u>816 674-5684</u>

*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 - 1250

Employee Headcount for this location:

Full Time: 5

Part Time:

Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) -

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT NEW ZONING FORM. Zoning forms located on website at www.cityofls.net

(Continued on back page)

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

Law Firm

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 type="checkbox"/>	Class D – Electrical Contractor: perform electrical services
<input type="checkbox"/>	Class D – Plumbing Contractor: perform plumbing services
Please provide name of licensed representative (master) to be licensed: _____ Phone #: () _____	
Email: _____ Cell #: () _____	
<input type="checkbox"/>	If renewal – provide 8 hours of CEU (please provide documentation of completion) <u>or</u> 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)

\$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.

X DAK
Signature of Owner(s) or Corporation Agent/Owner

X Partner
Title

8/14/20
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 ____/____/____ to ____/____/____ Fee Remitted _____
License # _____