



LEE'S SUMMIT MISSOURI

7/1/20 - 6/30/21

Business License Application

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

RECEIVED

JUL 09 2020

City of Lee's Summit
Development Center

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 7/1/2020
MM DD YY

New Business (Y/N) X

In business since _____

Dream Nails
Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

Physical Business Address:

889 SW Lemans Lane
Address

Lee Summit
City

MO
State

64082
Zip

(816) 623-9980
Business Address Phone #

()
Cell #

()
Fax #

Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: Huan Dinh Nguyen
Same as above

☐ DBA ☐ Legal Name ☐ Other

Address

City

State

Zip

()
Mailing Address Phone #

()
Cell #

()
Fax #

Email

Contacts:

■ Primary Contact: _____
Name

Title (Owner/Corp. Agent/Applicant)

Address

City

State

Zip

()
Phone #

()
Cell #

()
Fax #

Email

Date of Birth ____/____/____
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.):

Nails Salon

(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
☐ 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
☐ 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: _____ ☐ 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%

_____ 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 _____ Title owner Date 7/7/2020

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 7/1/20 to 6/30/21 Fee Remitted 500 License # LC800200453