



New
6/20 to 5-31-21

Business License Application

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

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 06/08/2020
MM DD YY

New Business (Y/N) yes

In business since _____

RECEIVED
JUN 18 2020
City of Lee's Summit
Development Center

McKeever's Market and Eatery

Common/Preferred Name of Business (DBA)

McKeever Enterprises, Inc

Legal Name of Business (if different than DBA)

Physical Business Address:

840 NE Pryor

Address

Lee's Summit

City

MO

State

64081

Zip

() not assigned

Business Address Phone #

() 816-215-6834

Cell #

() not assigned

Fax #

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 #

JT. Hilberbrand

Email

mckeeve@com

Contacts:

■ Primary Contact: Jeff Blobaum

Name

CFO
Title (Owner/Corp. Agent/Applicant)

1706 NW 6th St

Address

Blue Springs

City

MO

State

64055

Zip

() 816-759-3724

Phone #

() 816-215-6834

Cell #

() _____

Fax #

Jeff.Blobaum@mckeeve.com

Email

Date of Birth 07/26/1958
MM DD YY

5226278027
Driver's License #

Missouri
State Issued

■ Secondary Contact: James Hilberbrand

Name

Human Resources
Title (Owner/Corp. Agent/Applicant)

() 816-759-3717

Phone #

() 816-529-1903

Cell #

() _____

Fax #

JT. Hilberbrand

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 63,530

Missouri State Sales Tax Number 12164488

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: 30 Full Time 50 Part Time _____ Temporary

Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):

Retail Grocery store

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 | <input checked="" type="checkbox"/> Retail | 44-45 |
| Funeral Home | 81 | School, for profit | 61 |
| Gas Service Station & Convenience Store | 81 | Service Provider | 81 |
| <input checked="" type="checkbox"/> 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 Tacey Hugunin Tel # (816-215-0673) Alternate Tel # ()
b. Name Alan McKeever Tel # (816-215-4181) Alternate Tel # ()
c. Name Alan Johnson Tel # (816-564-7614) 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.

Alan McKeever
Signature of Owner(s) or Corporation Agent/Owner

owner
Title

06/09/2020
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 50 License # LC900200399

TAXATION DIVISION
PO BOX 3666
JEFFERSON CITY, MO 65105-3666



Missouri
DEPARTMENT OF REVENUE

Telephone: 573-751-9268
Fax: 573-522-1265
E-mail: taxclearance@dor.mo.gov

PRICE CHOPPER
4216 S HOCKER DR
INDEPENDENCE, MO 64055-4754

DATE: 05/06/2020
VALID THROUGH: 08/06/2020

CERTIFICATE OF NO TAX DUE

MISSOURI ID: 12164488
Notice Number 2013773532

To Supervisor of Liquor Control: The Department of Revenue, State of Missouri, certifies the above listed taxpayer has filed all required returns and paid all sales, use, or withholding tax due, including penalties and interest, and does not owe any sales, use, and withholding tax, as of May 5, 2020. This review does not include returns that are not required to be filed as of this date or that have been filed but not yet processed by the Department.

This certificate is only for the purpose of obtaining a liquor license and is not pursuant to Section 144.150, RSMo.

This statement only applies to sales, use, and withholding tax due and is not to be construed as limiting the authority of the Director of Revenue to assess, or pursue collection of liabilities resulting from final litigation, default in payment of any installment agreement entered into with the Director of Revenue, any successor liability that may become due in the future, or audits or reviews of the taxpayer's records as provided by law.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE.

TAXATION DIVISION

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 06/18/2020
APPLICANT: McKeever Enterprises
BUSINESS NAME: McKeever's Market and Eatery
ADDRESS: 840 NE Pryor Rd, Lee's Summit, MO 64081
TYPE OF BUSINESS: Retail Grocery Store
TELEPHONE: 816-758-3717 ZONING DISTRICT: PMIX
(To be completed by the Planning Dept.)

yes 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.

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.

Alan McKeever

APPLICANT SIGNATURE

APPROVED BY:

Jennifer Thompson
DEPT. OF PLANNING & DEV.

Joe Frogge
Digitally signed by Joe Frogge
DN: CN=Joe Frogge, OU=Development,
OU=Users, DC=COLS, DC=LOC
Reason: release for construction
Date: 2020.06.18 16:03:12-0500

CODES ADMINISTRATION

na

FIRE DEPARTMENT

- ☐ If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.