

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: _____

APPLICANT: Ed Nelson

BUSINESS NAME: Stroud's Express

ADDRESS: 1736 NW Chipman Rd Lees Summit 64081

TYPE OF BUSINESS: Restaurant

TELEPHONE: 816-600-0820 ZONING DISTRICT: _____
(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)
Dickey's BBQ Pit

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.
NO

Business Address
(Administrative Use)

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.

[Signature]
APPLICANT SIGNATURE

APPROVED BY: _____
DEPT. OF PLANNING & DEV.

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

CODES ADMINISTRATION

FIRE DEPARTMENT



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 9/28/20 New Business (Y/N) Yes In business since

Stroud's Express EATMORE CHICKEN LLC
Common/Preferred Name of Business (DBA) Legal Name of Business (if different than DBA)

Physical Business Address: 1736 NW CHIPMAN Rd Lee's Summit MO 64081
Address City State Zip

Business Address Phone # Cell # Fax # Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: KC HOPPS DBA Legal Name Other
9401 Reeds Rd Overland Park KS 66207
Address City State Zip

Mailing Address Phone # Cell # Fax # Email
accounts payable @ Kchopps.com

Contacts:

Primary Contact: Ed Nelson CEO
9401 Reeds Rd Overland Park KS 66207
Name Title (Owner/Corp. Agent/Applicant)
Address City State Zip

Phone # Cell # Fax # Email
Ednelson@kchopps.com

Date of Birth 12/15/65 Driver's License # K02-03-6683 KS State Issued

Secondary Contact: Kevin Doyle Managing Partner
816 914 8998
Name Title (Owner/Corp. Agent/Applicant)

Phone # Cell # Fax # Email
kdoyle@stroudsrestaurant.com

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? (if Y please complete a Commercial Zoning Approval form)
Is business located in a Lee's Summit residence? (if Y please complete a Home Occupation Zoning Approval form)
Do you have an intrusion alarm? (if Y please complete an Alarm User Registration application)
Total Building Square Footage 2092 sq ft Missouri State Sales Tax Number 85-2731651
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: 5 Full Time 10 Part Time Temporary

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

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	<input checked="" type="checkbox"/> 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 Brad Schneider Tel # () 816-679-9372 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

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 # _____

TAXATION DIVISION
PO BOX 3000
JEFFERSON CITY, MO 65105-3000



Missouri
DEPARTMENT OF REVENUE

Telephone: 573-751-5860
Fax: 573-522-1722
E-mail: businessstaxregister@dor.mo.gov

EATMORECHICKEN, LLC
9401 REEDS RD
OVERLAND PARK, KS 66207-2519

10/05/2020

CERTIFICATE OF NO TAX DUE

RE: Notice Number 2016848040
MISSOURI ID: 26309769

To whom it may concern: The Department of Revenue, State of Missouri, certifies that the above listed taxpayer/account has filed all required returns and paid all SALES TAX due, including penalties and interest, or does not owe any SALES TAX, according to the records of the Missouri Department of Revenue, as of 10/05/2020. These records do not include returns that are not required to be filed as of this date for taxes previously collected or that have been filed but not yet processed by the Department.

This statement only applies to SALES TAX due and does not limit the authority of the Director of Revenue to assess, or collect liabilities under appeal, in default of an installment agreement entered into with the Director of Revenue or that become known to the Department as a result of an audit, a review of taxpayer's records, or a determination of successor liability.

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

TAXATION DIVISION