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:** CP-2
(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.

APPLICANT SIGNATURE

APPROVED BY: Digitally signed by Shannon McGuire Date: 2020.10.06 12:57:13-05'00'

DEPT. OF PLANNING & DEV.

Joe Frogge Digitally signed by Joe Frogge DN: CN=Joe Frogge, OU=Development, OU=LS Users, DC=COLS, DC=LOC Reason: release for construction Date: 2020.10.06 13:51:04-05'00'

CODES ADMINISTRATION

NA

FIRE DEPARTMENT

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

LEE'S SUMMIT MISSOURI

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 (MM/DD/YY) New Business (Y/N) Yes In business since _____

Stroud's Express — Common/Preferred Name of Business (DBA)

EATMORE CHICKEN LLC — Legal Name of Business (if different than DBA)

Physical Business Address: 1736 NW Chipman Rd — Address

Lee's Summit — City | MO — State | 64081 — Zip

(816) 600-0820 — 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 — Address

Overland Park — City | KS — State | 66207 — Zip

(913) 322-2440 — Mailing Address Phone # | ( ) _____ Cell # | ( ) _____ Fax # | accountspayable@KChopps.com Email

Contacts:

■ Primary Contact: Ed Nelson — Name

CEO — Title (Owner/Corp. Agent/Applicant)

9401 Reeds Rd — Address

Overland Park — City | KS — State | 66207 — Zip

(816) 213-7181 — Phone # | ( ) _____ Cell # | ( ) _____ Fax # | Ednelson@KChopps.com Email

Date of Birth 12/15/65 (MM/DD/YY) | K02-03-6683 Driver's License # | KS State Issued

■ Secondary Contact: Kevin Doyle — Name

Managing Partner — Title (Owner/Corp. Agent/Applicant)

(816) 914-8998 — Phone # | ( ) _____ Cell # | ( ) _____ Fax # | Kdoyle@stroudsrestaurant.com 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 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

(continued on next page)

1. Select Business License Category or NAICS code that best describes your business (choose one that applies)

	Category	NAICS Code
____	Animal Services	81
____	Automobile Body/Repair Shop/Car Wash	81
____	Automobile Sales	81
____	Bail Bondsperson	81
____	Bank, Credit Union, Finance Company	52
____	Contractor - Class A, B, C, or D	23
____	Contractor - Other	23
____	Day Care Provider - General (7-12)	81
____	Day Care Provider - Limited (1-6)	81
____	Drinking Establishment	72
____	Funeral Home	81
____	Gas Service Station & Convenience Store	81
____	Grocers	44-45
____	Hospital, Nursing Home, Retirement Home, Health	62
____	Insurance	52
____	IT Services	54
____	Landscaping-Mowing-Tree Trimmer	81
____	Liquor Store	44-45
____	Manufacturing	31-33
____	Massage Therapist (may/may not own business)	81

	Category	NAICS Code
____	Massage Therapy Establishment	81
____	Motel/Hotel indicate # of rooms ____	72
____	Nursery, Greenhouse	44-45
____	Pay Day/Title Loan	52
____	Precious Metal Dealer/Pawnbroker	81
____	Real Estate Rental and Leasing	53
____	Recreation Business - Indoor/Outdoor	71
____	Rental and Leasing	53
X	Restaurant and Food Service	72
____	Retail	44-45
____	School, for profit	61
____	Service Provider	81
____	Service Provider with Retail Sales	44-45 or 81
____	Special Event	71
____	Telephone Call Center	81
____	Tow Service Provider	81
____	Transportation - Bus/Taxi/Limo/Rental Car	48-49
____	Vending Machine	81
____	Waste Management and Recycling Services	56
____	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 Manager _____ Date 9/30/20

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: businesstaxregister@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