

9-20 to 83121

## Business License Application

220 SE Green Street  
 Lee's Summit, MO 64063  
 Phone 816.969.1220 / Fax 816.969.1221 / [www.cityofls.net](http://www.cityofls.net)

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SEP 24 2020

City of Lee's Summit  
 Development Center

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 9/24/2020  
 MM DD YY

New Business (Y/N) Y

In business since 1941

Butler Supply

Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

### Physical Business Address:

600 NW Libby Lane  
 Address

Lee's Summit  
 City

MO  
 State

64063  
 Zip

(816) 853-3832  
 Business Address Phone #

( )  
 Cell #

( )  
 Fax #

tdickerson@ButlerSupply.com  
 Email

### Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: Cathy Sanson

☐ DBA ☐ Legal Name ☐ Other

965 Horan Drive  
 Address

Fenton  
 City

MO  
 State

63026  
 Zip

(816) 680-1121  
 Mailing Address Phone #

( )  
 Cell #

( )  
 Fax #

csanson@butlersupply.com  
 Email

### Contacts:

#### Primary Contact:

Travis Dickerson  
 Name

General Manager  
 Title (Owner/Corp. Agent/Applicant)

3532 SW OANA Ave.  
 Address

Lee's Summit  
 City

MO  
 State

64082  
 Zip

(816) 853-3832  
 Phone #

( )  
 Cell #

( )  
 Fax #

tdickerson@butlersupply.com  
 Email

Date of Birth 04/09/1979  
 MM DD YY

T112149015  
 Driver's License #

MO  
 State Issued

#### Secondary Contact:

George Cummings  
 Name

Vice President  
 Title (Owner/Corp. Agent/Applicant)

(513) 819-4400  
 Phone #

( )  
 Cell #

( )  
 Fax #

gcummings@butlersupply.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

Is business located in a Lee's Summit commercial area ☒ N/Y

☐ business ownership ☐ physical business address

Is business located in a Lee's Summit residence? ☒ N/Y

(if Y please complete a **Commercial Zoning Approval form**)

Do you have an intrusion alarm? ☒ N/Y

(if Y please complete a **Home Occupation Zoning Approval form**)

Total Building Square Footage 16000

(if Y please complete an **Alarm User Registration** application)

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: 8 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.):

electrical & plumbing supplies

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
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	<input checked="" type="checkbox"/> 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 # ( ) \_\_\_\_\_  
 Cell # ( ) \_\_\_\_\_

Email \_\_\_\_\_

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%

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.

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 9/20/2020 to 8/21/21 Fee Remitted 50 License # 16700200690