



Expiration date: 06/30/2019

Business License Renewal

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

GOODMAN DISTRIBUTION INC
Licensing
PO BOX 37133
HOUSTON, TX 772570133

BRAND NEW BILLING ADDRESS:
Goodman Distribution, Inc.
19001 Kermier Road
Waller, Texas 77484

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Please Update your Information. If there are changes to the information provided, please draw a line through and correct.

Physical Business Address: 2716 NE INDEPENDENCE AVE LEES SUMMIT, MO 64064
Legal Name of Business: (if different than DBA):
Type of Organization: Wholesale
Business Classification: 1000 Industrial Supplies
1000 Electrical/Plumbing Supply

E-Mail Address: DORA.GONZALES@GOODMANMFG.COM 713-346-6320

Business Phone Numbers:

MAIN:	816-525-7444	CELL:		FAX:	
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	Primary	Secondary
Contact Names	ALEX ELLEBRACKT	TROY BREWER
Address		
City, State, Zip		
Emergency Contacts (if different)		
Phone Number	816-525-7444	816-797-3682

For businesses physically located in Lee's Summit this section MUST be completed

Has your Physical Address changed over the last year? **Y or N** (If yes complete Zoning Approval Form)

Is business located in a Lee's Summit **Commercial area or Residential?** (circle)

Do you have an intrusion alarm? **Y or N** (circle)

Total Building Square Footage - 15000 **15,202**

Employee Headcount for this location:

Full Time: 4

Part Time: n/a

Temporary: n/a

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) - 18227074

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at www.cityofls.net.

(Continued on back page)

Please provide a general description or scope of work for your business:

HVAC WHOLESALE DISTRIBUTION

FEE CALCULATION (please check those that apply):

X \$50 Business License Fee (base fee)

 Penalty for delinquent license is 5% per month not to exceed 25% (is delinquent 60 days after expiration)

\$50.00 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.

X *Ara Gonzalez*
Signature of Owner(s) or Corporation Agent/Owner

X ADMINISTRATIVE ASSISTANT
Title

10 / 27 / 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 \$ License #