

Business License Renewal

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

COLONIAL IRRIGATION SERVICES

Licensing
319 SE DOUGLAS ST, Unit 102
LEES SUMMIT, MO 64063

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: 319 SE DOUGLAS ST 102 LEES SUMMIT, MO 64063
Business E-Mail Address:: COLONIALIRRIGATIONSERVICES@GMAIL.COM
Legal Name of Business: (if different than DBA):COLONIAL IRRIGATION SERVICES LLC
Type of Organization: Contractor Other
Business Classification: 200 Lawn Irrigation

Renew on-line communications email address: brentsirrigrationservices@gmail.com
(If you would like to renew on-line, you must provide an email above. This email address could be different than the Business Email Address. This email address is the person that is responsible for Business Licenses/Renewals at your place of business- Further Instructions included)

Business Phone Numbers :

Primary	Cell	Fax
8168131094		

Contact Information :

Primary	Secondary	Emergency
BRENT BAUGHER, Address:319 SE DOUGLAS ST UNIT 102, Phone:(816) 813-1094		

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

install & service irrigation systems
backflow testing

*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 -

Employee Headcount for this location:

Full Time: 1

Part Time:

Temporary:

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

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 (base 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% (is delinquent 60 days after expiration)

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.

* Burt B...
Signature of Owner(s) or Corporation Agent/Owner

X OWNER
Title

1/19/21
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 # _____