Expiration date: 01/31/2021

Business License Renewal

S LEE'S SUMMIT

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

GREAT PLAINS PAINTING Licensing

3370 SW SENSATION DR, Unit 1123 LEES SUMMIT, MO 64081

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

Physical Business Address: 3370 SW SENSATION DR 1123 LEES SUMMIT, MO 64081 Business E-Mail Address:: RYAN@GPPKC.COM Legal Name of Business: (if different than DBA): Type of Organization: Contractor Other Business Classification: 200 Non-Structural 200 Painting

Renew on-line communications email address: Ryane GPPKC, 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

Business Phone Numbers :

Primary 8167993033	Cell	Chies D Hr. whing contractions
010/993033		Fax
		international state and a second state of the

Contact Information :

Primary	Secondary	1800 Street Streets Streets Martin Librar
	- stondary	Emergency
RYAN KELLER, Address:3370 SW	Charles in a subscription of the second	(and uses) as a standal hazamanti mas
ensation Dr. #1123, Phone:(816) /99-3033	fainain si achadha dhaagardaan dha fa anna na faanne fa maala a c	
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	states states	

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

r businesses physically located in Lee's Summit this	section MUSI be completed
las your Physical Address changed over the last year? Y	or N (If yes complete Zoning Approval Form)
s business located in a Lee's Summit Commercial area o	r Residential? (circle)
s business located in a Lee's Summer Connervation	GREAT PLAINS PAINTING
bo you have an intrusion alarm? Y or N (circle)	Burneau -
otal Building Square Footage -	2320 SW 2605A71634.0 R (Anto 1223) 1285 SUUMMIT AND SACON
Employee Headcount for this location:	TELMS ANALYSING ANALYSING
	REAST NOTICE REAST NOTICE US & VOL
	Please Update your intermation. If more are example of the
Tompora D/:	338763
IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMI	IT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on
website at <u>www.cityofls.net</u> .	A REAL PROPERTY OF A REAL PROPER
	Type of Crestal action (Charles in the Charles in t
	Contractors – please complete this section
CONTRACTOR LICENSING INFORMATION	equested - \$25.00 annual contractor license fee for each Class
Please select type of contractor license in	equested +
at a Concept Contractor: construct, remodel, demolish	, repair any structure
Class B - Building Contractor: construct, remodel, demol	ish, repair any single family, duplex or townhouse structure
Class D – Mechanical Contractor: perform mechanical (HVAC	C) services
Class D – Mechanical Contractor, perform electrical services	
Class D – Electrical Contractor: perform electrical services	
Class D – Plumbing Contractor: perform plumbing services	Phone #: ()
Please provide name of licensed representative (master)	to be licensed: Phone #: () Email: Cell #: ()
If renewal – provide 8 hours of CEU (please provide docume	entation of completion) or include optional in lieu of CEU fee of \$100.00 per license
classification	
FEE CALCULATION (please check those that apply):	
FEE CALCOLATION (picuse oneon and a first of the	
x \$50 Business License Fee (base fee)	
	fication ie: Mechanical & Plumbing = \$50)
\$100 Contractor fee in lieu of completion of 8 hours of	annual continuing education (CEU) for each license classification
	to any (in the line want 60 days after expiration)
Penalty for delinquent license is 5% per month not	t to exceed 25% (is delinquent 60 days after expiration)
770	
Total fee	
I otal tee	nowledge and belief the statements made herein are true and correct.
I declare under penalty of perjury that to the best of my ki	nowledge and belief the statements made herein are true and correct.
I declare under penalty of perjury that to the best of my ki	nowledge and belief the statements made herein are true and correct.
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I declare under penalty of perjury that to the best of my king X	Title Date
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I declare under penalty of perjury that to the best of my kn XX Signature of Owner(s) or Corporation Agent/Owner	Title Date Date Dicense neither confirms nor approves the use of land as regulated under any confirms nor approves the use of land as regulated under approves the use of land as r
I declare under penalty of perjury that to the best of my kn X Signature of Owner(s) or Corporation Agent/Owner The filing of this application or the granting of a business the provisions of the zoning code, and is further subject to specific occupations and businesses. Payment by Check –	Title Date Date Dicense neither confirms nor approves the use of land as regulated under all applicable federal, state and local laws and regulations which apply to

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