



3/1/21-2/28/22

## 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)

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date    /    /     
MM DD YY

New Business (Y/N) Y

In business since 2/15/2021

THE SHARK BREAKFAST & LUNCH

Common/Preferred Name of Business (DBA)

WEBCHACKING 12 - LEE'S SUMMIT, LLC

Legal Name of Business (if different than DBA)

### Physical Business Address:

860 NW BLUE PARKWAY

Address

LEE'S SUMMIT

City

MO

State

64086

Zip

( )

Business Address Phone #

(314) 608-1675

Cell #

( ) NA

Fax #

joneoghstl.com

Email

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

Contact Name for Mailing Address: OGHG

☐ DBA ☒ Legal Name ☐ Other

2951 DOUGHERTY FERRY # 107

Address

ST LOUIS

City

MO

State

63122

Zip

636 529-8511

Mailing Address Phone #

( )

Cell #

( ) NA

Fax #

( )

Email

### Contacts:

■ Primary Contact: JON FOGARTY

Name

MANAGER / MANAGING OFFICER

Title (Owner/Corp. Agent/Applicant)

14860 Wild Horse Farms Ct

Address

Wildwood

City

MO

State

63038

Zip

( )

Phone #

(314) 608-1675

Cell #

( ) NA

Fax #

JONeoghstl.com

Email

Date of Birth 12/16/1972

MM DD YY

T980999989

Driver's License #

MO

State Issued

■ Secondary Contact: BLANT BALDANZA

Name

MANAGER

Title (Owner/Corp. Agent/Applicant)

( )

Phone #

(314) 397-4271

Cell #

( ) NA

Fax #

BLANTeoghstl.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 6493 Missouri State Sales Tax Number           

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: 15 Full Time 25 Part Time 0 Temporary

Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):

RESTAURANT

(continued on next page)

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	<input checked="" type="checkbox"/> Restaurant and Food Service	72
Drinking Establishment	72	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	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: m.mckenzie@oghs1.com

☐ 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 Scott JABLONSKY Tel # (314) 401-1575 Alternate Tel # ( )  
b. Name DANIEL PYNARD Tel # (913) 547-3229 Alternate Tel # ( )  
c. Name JON FOARTEY Tel # (314) 608-1675 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

MANAGER  
Title

3/22/2021  
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 3/1/21 to 2/25/22 Fee Remitted 5000 License # LC72210202

TAXATION DIVISION  
PO BOX 3666  
JEFFERSON CITY, MO 65105-3666



*Missouri*  
**DEPARTMENT OF REVENUE**

Telephone: 573-751-9268  
Fax: 573-522-1265  
E-mail: taxclearance@dor.mo.gov

WEBSHACKING12-LEE'S SUMMIT LLC  
2951 DOUGHERTY FERRY RD STE 107  
SAINT LOUIS, MO 63122-3373

DATE: 03/24/2021  
VALID THROUGH: 06/22/2021

### **CERTIFICATE OF NO TAX DUE**

MISSOURI ID: 26634708  
Notice Number 2020155816

To Whom It May Concern: The Department of Revenue, State of Missouri, certifies the above listed taxpayer has filed all required returns and paid all sales or withholding tax due, including penalties and interest, and does not owe any sales and withholding tax, as of March 23, 2021. This review does not include returns that are not required to be filed as of this date or that have been filed but not yet processed by the Department.

This statement only applies to sales and withholding tax due and is not to be construed as limiting the authority of the Director of Revenue to assess, or pursue collection of liabilities resulting from final litigation, default in payment of any installment agreement entered into with the Director of Revenue, any successor liability that may become due in the future, or audits or reviews of the taxpayer's records as provided by law.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE.

TAXATION DIVISION

**ZONING APPROVAL**  
FOR ALL BUSINESSES  
EXCEPT HOME OCCUPATIONS

DATE: 3/22/2021  
APPLICANT: THE SHACK BREAKFAST AND LUNCH  
BUSINESS NAME: WEBSHACKING12-LEES SUMMIT LLC  
ADDRESS: 860 NW BLUE PARKWAY, LEE'S SUMMIT, MO 64086  
TYPE OF BUSINESS: RESTAURANT  
TELEPHONE: 314-608-1675 ZONING DISTRICT: CP-2  
(To be completed by the Planning Dept.)

X NEW BUSINESS                      CHANGE OF ADDRESS  
                     CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)  
BIG WHISKEY - A RESTAURANT

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: 

DEPT. OF PLANNING & DEV.

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

  
CODES ADMINISTRATION

  
FIRE DEPARTMENT