

*New*  
4-12-21 to 3-31-22

**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)

RECEIVED

APR 14 2021

City of Lee's Summit  
Development Center

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 04/13/2021  
MM DD YY

New Business (Y/N) Y

In business since \_\_\_\_\_

Red Crab

Red Crab Inc

Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

**Physical Business Address:**

697 NW Blue Parkway

Address

Lee's Summit

City

MO

State

64068

Zip

( ) \_\_\_\_\_  
Business Address Phone #

( ) \_\_\_\_\_  
Cell #

( ) \_\_\_\_\_  
Fax #

RedCrab KC@gmail.com  
Email

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

Contact Name for Mailing Address: \_\_\_\_\_

☐ DBA ☐ Legal Name ☐ Other \_\_\_\_\_

Address

City

State

Zip

( ) \_\_\_\_\_  
Mailing Address Phone #

( ) \_\_\_\_\_  
Cell #

( ) \_\_\_\_\_  
Fax #

\_\_\_\_\_ Email

**Contacts:**

■ Primary Contact:

At Rong Di ZHENG  
Name

owner  
Title (Owner/Corp. Agent/Applicant)

12130 S us 71 Hwy  
Address

Grandview  
City

MO  
State

64030  
Zip

( ) \_\_\_\_\_  
Phone #

646 469-1088  
Cell #

( ) \_\_\_\_\_  
Fax #

\_\_\_\_\_ Email

Date of Birth 01/25/1975  
MM DD YY

K03-38-3190  
Driver's License #

KS  
State Issued

■ Secondary Contact:

Diana  
Name

\_\_\_\_\_  
Title (Owner/Corp. Agent/Applicant)

( ) \_\_\_\_\_  
Phone #

( ) \_\_\_\_\_  
Cell #

( ) \_\_\_\_\_  
Fax #

\_\_\_\_\_ 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 2000 Missouri State Sales Tax Number 26691256

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: \_\_\_\_\_ 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.):

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: \_\_\_\_\_ ☒ 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 Jian Guo Liu Tel # 646 469-1088 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 # ( ) \_\_\_\_\_  
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 \_\_\_\_\_ Title Owner \_\_\_\_\_ Date 11/1/11

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 # \_\_\_\_\_



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

RED CRAB INC  
699 NW BLUE PKWY  
LEES SUMMIT, MO 64086-5736

SEARCH DATE: 04/14/2021  
DATE CLEARED THROUGH: 07/13/2021  
LEE'S SUMMIT

04/14/2021

MISSOURI ID: 26691256  
Notice Number: 2020614458

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

The Department of Revenue, State of Missouri, certifies that this taxpayer/account has filed all required returns and paid all sales tax or withholding tax due, including penalties and interest, or does not owe any sales tax and withholding tax, according to the records of the Missouri Department of Revenue. These records do not include returns that are not required to be filed as of this date for taxes previously collected or that have been filed but not yet processed by the Department.

This statement only applies to sales and withholding tax due and does not limit the authority of the Director of Revenue to assess, and/or collect liabilities under appeal, in default of an installment agreement entered into with the Director of Revenue or that become known to the Missouri Department of Revenue as a result of audit, review or the taxpayer's records, or determination of successor liability.

Cash

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

DATE: 4/13/2021

APPLICANT: \_\_\_\_\_

BUSINESS NAME: Red Crab Inc

ADDRESS: 697 NW Blue Pkwy Lee's Summit MO 64083

TYPE OF BUSINESS: Restaurant

TELEPHONE: (646) 750-8356

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)

Restaurant Name: Tikka Twist Indian 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.

None

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.

[Signature]

APPLICANT SIGNATURE

APPROVED BY:

[Signature] 4-14-21  
DEPT. OF PLANNING & DEV.

[Signature]  
CODES ADMINISTRATION

NA  
FIRE DEPARTMENT

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