



Business License Application

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

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 04/29/21
MM DD YY

New Business (Y/N) Y In business since _____

Country Club Bank
Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

Physical Business Address:

32 SE 3rd St. Lee's Summit MO 64063
Address City State Zip

(816) 360-8625 (816) 291-0068 (816) 859-7390 dcanseco@countryclubbank.com
Business Address Phone # Cell # Fax # 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: Dina Canseco AVP, Financial Center Mgr
Name Title (Owner/Corp. Agent/Applicant)

32 SE 3rd St. Lee's Summit MO 64063
Address City State Zip

(816) 360-8625 (816) 291-0068 (816) 859-7390 dcanseco@countryclubbank.com
Phone # Cell # Fax # Email

Date of Birth 10/05/69 G201328015 MO
MM DD YY Driver's License # State Issued

■ Secondary Contact: Kim Thornton VP, Regional FCM
Name Title (Owner/Corp. Agent/Applicant)

(816) 360-8611 (816) 519-6135 (816) 968-1587 Kthornton@country
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 ☒ (if Y please complete a Commercial Zoning Approval form)
Is business located in a Lee's Summit residence? ☒ (if Y please complete a Home Occupation Zoning Approval form)
Do you have an intrusion alarm? ☒ (if Y please complete an Alarm User Registration application)
Total Building Square Footage 2500 Missouri State Sales Tax Number 11984554
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: 5 Full Time 1 Part Time 0 Temporary

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

Banking Center

(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
<input checked="" type="checkbox"/> 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	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: dcanseco@countryclubbank.com

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 Dina Canseco
 b. Name Kim Thornton
 c. Name Bradley

Tel # 816-360-8625
 Tel # 816-360-8611
 Tel # 816-751-1485

Alternate Tel # 816-291-0068
 Alternate Tel # 816-519-6135
 Alternate Tel # 816-517-1299

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 or Corporation Agent/Owner Dina Canseco

Title AVP, FCM

Date 04-29-21

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 # _____

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 4-29-2021
APPLICANT: Dina Canseco
BUSINESS NAME: Country Club Bank
ADDRESS: 32 SE 3rd St. Lee's Summit MO 64063
TYPE OF BUSINESS: Banking
TELEPHONE: 816-360-8625 ZONING DISTRICT: _____

(To be completed by the Planning Dept.)

✓

NEW BUSINESS

CHANGE OF ADDRESS

CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)

Bike America

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.

NA

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.

APPROVED BY:

Dina Canseco

APPLICANT SIGNATURE

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

Business Address
(Administrative Use)