



Expiration date: 06/30/2021

## Business License Renewal

220 SE Green Street  
Lee's Summit, MO 64063  
Phone 816.969.1220 / Fax 816.969.1221 / [www.cityofls.net](http://www.cityofls.net)

JFE CONSTRUCTION INC  
Licensing  
1314 SW MARKET ST  
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 correct.

Physical Business Address: 1314 SW MARKET ST LEES SUMMIT, MO 64081  
Business E-Mail Address:: PERMITTING@JFECONSTRUCTION.COM  
Legal Name of Business: (if different than DBA):  
Type of Organization: Contractor A,B,C,D  
Please provide your NAIC Code:

Renew on-line communications email address: rhonda@jfeconstruction.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)

**\*\*IMPORTANT!** If you would like to RENEW your Business License online, please visit

<https://devservices.cityofls.net/renew-business-license.html> for instructions.

Business Phone Numbers :

Primary	Cell	Fax
8164700074	8167864008	<del>8162725366</del> None

Contact Information :

Primary	Secondary	Emergency
CHRIS JEFFRIES, Address:JFE CONSTRUCTION, Phone:(816) 786-4008	MELISSA JEFFRIES, Phone:(816) 918-3287	CHRIS JEFFRIES, Address:JFE CONSTRUCTION, Phone:(816) 786-4008

(Continued on back page)

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

residential home builder/general contractor

**\*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 - 3000

Employee Headcount for this location:

Full Time: X 6

Part Time: 1

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](http://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)

75

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.

X

Signature of Owner(s) or Corporation Agent/Owner

X

President  
Title

5 / 4 / 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

\_\_\_\_/\_\_\_\_/\_\_\_\_ to

\_\_\_\_/\_\_\_\_/\_\_\_\_

Fee Remitted \$

License #

\_\_\_\_\_

JOHNSON COUNTY, KANSAS  
CONTRACTOR LICENSING

# Certificate of Completion

**CHRIS JEFFRIES**

JFE CONSTRUCTION, INC.

For Attending

**(2020) 10-26-20 26-1A 2018 IRC Transition from the 2012 IRC (A, B, C, DE, DM, DP, DR,  
DW Code Credits)**

AWARDED: 8.00 Hours of Continuing Education

October 26, 2020



**JOHNSON COUNTY**  
KANSAS  
**Contractor Licensing**





JFECONS-01

LUTER1

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/19/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Yennie & Jones Insurance Services, Inc. PO Box 60 Pleasant Hill, MO 64080	<b>CONTACT NAME:</b> Erica Lutz, CISR <b>PHONE (A/C, No, Ext):</b> (816) 540-2114 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> erica@yenniejones.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  JFE Construction Inc 1314 SW Market Street Lees Summit, MO 64081	<b>INSURER A :</b> OWNERS INSURANCE COMPANY	
	<b>INSURER B :</b> ACUITY A MUTUAL INSURANCE COMPANY	
	<b>INSURER C :</b> TRAVELERS PROPERTY CASUALTY CO OF AME	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
<b>INSURER F :</b>		<b>NAIC #</b> 32700 14184 25674

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			75868593	9/20/2020	9/20/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			Z55436	9/8/2020	9/8/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	6JUB5R76007A21	3/2/2021	3/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
C	Worker's Compensatio			6JUB4N846489	3/1/2021	3/1/2022	1,000,000/1,000,000/ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

City of Lee's Summit  
 Codes  
 220 SE Green St  
 Lees Summit, MO 64063

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE