

Business License Renewal

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

GALE HOMES II INC
 Licensing
 400 SW LONGVIEW BLVD, Unit 109
 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: 400 SW LONGVIEW BLVD 109 LEES SUMMIT, MO 64081

Business E-Mail Address:: MFAULKNER@GALECOMMUNITES.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:

tbutler@galectommunities.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
8167619292	8162157758	

Contact Information :

Primary	Secondary	Emergency
MATTHEW FAULKNER, Address:GALE HOMES II, Phone:(816) 215-7758	DAVE GALE, Address:400 SW LONGVIEW BLVD, UNIT 109, Phone:(816) 761-9292	

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

Residential Custom Homes

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 -

Employee Headcount for this location:

Full Time: 5

Part Time:

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.

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)

_____ Total fee

75.00

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]
Signature of Owner(s) or Corporation Agent/Owner

X

Owner
Title

Date

5/15/2021

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

MATTHEW FAULKNER

GALE HOMES II

For Attending

(2021) 03-30-21 2018 IBC Exterior Wall and Opening Protection (A, B, C, DW Code Credits)

AWARDED: 8.00 Hours of Continuing Education
March 30, 2021



JOHNSON COUNTY
KANSAS
Contractor Licensing

