



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

**AFFIDAVIT OF EXEMPTION FOR WORKERS' COMPENSATION INSURANCE
PURSUANT TO § 287.061, RSMo**

Before me, the undersigned authority, personally appeared Scott Swenehart
Name of Affiant

who, being duly sworn on this oath states as follows:

1. My name is Scott Swenehart. I am of legal age and sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated. I understand that by submitting this affidavit to the city or county for an occupational or business license as a contractor in the construction industry, I am stating that my business is exempt from carrying workers' compensation insurance coverage.

2. I am the sole proprietor, owner or partner of Precision Pro,
Name of Business

a business engaged in construction industry that is not required to purchase workers' compensation insurance coverage for the following reason:

(Check One)

- I am a sole proprietor and have no "employees" as defined under the law, see page 2.
- I am a partner in a partnership with no "employees" as defined under the law, see page 2.
- I have filed a Notice of Employer's Exemption with the Missouri Division of Workers' Compensation (Division) for _____ to be withdrawn from

Name of Corporation

coverage because there are no more than two owners of the corporation who are also the only employees of the corporation. A copy of the acknowledgement letter from the Division dated _____ is enclosed.

Date

Further, I have not filed a notice to withdraw this exemption for my corporation with the Division and my corporation has no other workers' compensation insurance coverage.

- 3. I have read and reviewed the concept of "statutory employment" explained on pages 2-3. My business operation is not being carried out by persons who may be regarded as statutory employees.
- 4. **I understand that providing fraudulent information on this affidavit is unlawful under §§287.128, 287.061(3), 570.090, 575.040, 575.050, and/or 575.060, RSMo, and may be either a misdemeanor or a felony, punishable by imprisonment and fine, as indicated on page 3.**

Scott L. Swenehart
Affiant

06/14/2021
Date

STATE OF MISSOURI)

COUNTY OF Jackson)

Subscribed and sworn to before me this 8/4th day of June, 2021

My Commission Expires: 4-8-25
Angela M. Wertenberger
Notary Public

ANGELA M. WERTENBERGER
Notary Public - Notary Seal
State of Missouri
Commissioned for Jackson County
My Commission Expires: April 08, 2025
Commission Number: 13468766

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 06/14/2021
APPLICANT: Scott Swenehart
BUSINESS NAME: Precision Pro
ADDRESS: 200 NE Missouri Road
TYPE OF BUSINESS: Handy Man
TELEPHONE: 816-251-4550 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)
unknown

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.

Scott R. Swenehart
APPLICANT SIGNATURE

APPROVED BY: [Signature]
DEPT. OF PLANNING & DEV.

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

[Signature]
CODES ADMINISTRATION

[Signature]
FIRE DEPARTMENT