

7-1-21 to 6-30-22

**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

JUL 14 2021

City of Lee's Summit  
Development Center

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 7/12/2021  
MM DD YY

New Business (Y/N) \_\_\_\_\_

In business since 2015

CUSTOM OUTDOOR SOLUTIONS

BLBM LLC

Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

**Physical Business Address:**

1304 SW Market Street

LEE'S SUMMIT

MO

64081

Address

816

985-9855

City

Ben

State

Zip

( ) \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

ben@kansascityoutdoorliving.com

Business Address Phone #

Cell #

Fax #

Email

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

Contact Name for Mailing Address: BEN SIMPSON

☐ DBA ☐ Legal Name ☐ Other \_\_\_\_\_

Address

City

State

Zip

( ) \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

Mailing Address Phone #

Cell #

Fax #

Email

**Contacts:**

■ Primary Contact:

BEN SIMPSON

OWNER

Name

Title (Owner/Corp. Agent/Applicant)

5120 SW Kingfisher Dr.

LEE'S SUMMIT

MO

64082

Address

816

985-9855

City

State

Zip

( ) \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

Phone #

Cell #

Fax #

Email

Date of Birth 09/18/65

7981301790

MO

MM DD YY

Driver's License #

State Issued

■ Secondary Contact:

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 \_\_\_\_\_ Missouri State Sales Tax Number N.A.

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: 1 Full Time 0 Part Time 0 Temporary

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

DESIGN & INSTALL PATIOS & LANDSCAPING.

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	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
<input checked="" type="checkbox"/> 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 DEW SIMPSON Tel # ( ) \_\_\_\_\_ 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]  
 Signature of Owner(s) or Corporation Agent/Owner

OWNER  
 Title

7/12/2021  
 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 # \_\_\_\_\_





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

Ben Simpson

*Name of Affiant*

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

1. My name is Ben Simpson. 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 BCBM LLC DBA Custom Outdoor Solutions

*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.

[Signature]

*Affiant*

7-17-2021

*Date*

STATE OF MISSOURI )

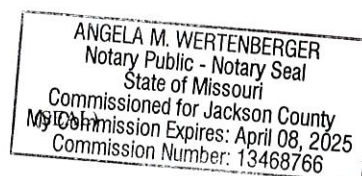
COUNTY OF Jackson )

Subscribed and sworn to before me this 14th day of July, 20 21

My Commission Expires: 4-8-25

Notary Public

Angela M. Wertenberger



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

DATE: 7-14-2021  
APPLICANT: BEN SIMPSON - CUSTOM OUTDOOR SOLUTIONS  
BUSINESS NAME: \_\_\_\_\_  
ADDRESS: 1304 SW Market Street Lee's Summit MO  
TYPE OF BUSINESS: Landscaping & Lawn 64082  
TELEPHONE: 816-985-9855 ZONING DISTRICT: PMIX  
(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)

Landscaping business (Tracy Deister)

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.

?

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]  
DEPT. OF PLANNING & DEV. 7-14-21

[Signature]  
CODES ADMINISTRATION

[Signature]  
FIRE DEPARTMENT

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