



## Business License Application

220 SE Green Street / P.O. Box 1600

Lee's Summit, MO 64063

Phone 816.969.1220 / Fax 816.969.1221 / [www.cityofls.net](http://www.cityofls.net)

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYNew Business (Y/N) Y

In business since \_\_\_\_

WHATABURGER # 1207

WHATABURGER RESTAURANTS, LLC

Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

**Physical Business Address:**

1460 NE DOUGLAS STREET

LEE'S SUMMIT

MO

64086

Address

City

State

Zip

( ) \_\_\_\_\_  
Business Address Phone #( ) \_\_\_\_\_  
Cell #( ) \_\_\_\_\_  
Fax #

BLFOOD@CSCGLOBAL.COM

Email

**Mailing Address:** (if different from Physical Address)Contact Name for Mailing Address: ATTN: BUSINESS LICENSE☐ DBA ☐ Legal Name ☐ Other

251 LITTLE FALLS DRIVE

WILMINGTON

DE

19808

Address

City

State

Zip

(800) 927-9801  
Mailing Address Phone #( ) \_\_\_\_\_  
Cell #( ) \_\_\_\_\_  
Fax #

BLFOOD@CSCGLOBAL.COM

Email

**Contacts:**■ Primary Contact: Kathleen Robey

General Manager

Name

Title (Owner/Corp. Agent/Applicant)

1460 NE Douglas St

Lees Summit

MO

64086

Address

City

State

Zip

(816) 547-5238

Phone #

( ) \_\_\_\_\_  
Cell #( ) \_\_\_\_\_  
Fax #

Email

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Driver's License #

State Issued

■ Secondary Contact: Lee Hoechstetter

Area Manager

Name

Title (Owner/Corp. Agent/Applicant)

(913) 951-1621

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 addressIs 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 26447932All 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: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary **ESTIMATED - 175 EMPLOYEES**

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

FOOD SERVICE

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	<input checked="" type="checkbox"/> 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: BLFOOD@CSCGLOBAL.COM
☐ 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 LEE HOECHSTETTER Tel # (816) 951-1621 Alternate Tel # ( ) \_\_\_\_\_

b. Name KATHLEEN ROBEY Tel # (816) 547-5238 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

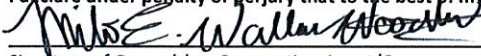
**FEE CALCULATION (please check those that apply):**

- ☒ **\$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 of Owner(s) or Corporation Agent/Owner

 Authorized Agent  
 Title

 09 / 07 / 21  
 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 50 License # 72210683



CSC - WILMINGTON  
251 Little Falls Drive  
Wilmington De 19808

800-927-9800

To: CITY OF LEE'S SUMMIT

From: David Rup Ext: 63603

Email: david.rup@cscglobal.com

Date: September 7, 2021

Order#: 902423/005

Re: WHATABURGER 1207

Enclosed please find:

XX Business License Application  
XX Check in the amount of \$50.00.

Please take the following action:

XX File in your office on a routine basis.  
XX Issue Proof of Filing.  
XX Return Regular Mail in the enclosed envelope.

Please forward the license to my attention using the enclosed self-addressed stamped envelope.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

TAXATION DIVISION  
PO BOX 3666  
JEFFERSON CITY, MO 65105-3666



*Missouri*  
**DEPARTMENT OF REVENUE**

Telephone: (573) 751-9268  
Fax: (573) 522-1265  
E-mail: [taxclearance@dor.mo.gov](mailto:taxclearance@dor.mo.gov)

WHATABURGER RESTAURANTS LLC  
TAX MANAGER  
300 CONCORD PLAZA DR  
SAN ANTONIO, TX 78216-6903

SEARCH DATE: 09/09/2021  
DATE CLEARED THROUGH: 12/08/2021  
LEE'S SUMMIT

09/09/2021

MISSOURI ID: 26447932  
Notice Number: 2023647672

### **CERTIFICATE OF NO TAX DUE**

The Department of Revenue, State of Missouri, certifies that this taxpayer/account has filed all required returns and paid all sales tax or withholding tax due, including penalties and interest, or does not owe any sales tax and withholding tax, according to the records of the Missouri Department of Revenue. These records do not include returns that are not required to be filed as of this date for taxes previously collected or that have been filed but not yet processed by the Department.

This statement only applies to sales and withholding tax due and does not limit the authority of the Director of Revenue to assess, and/or collect liabilities under appeal, in default of an installment agreement entered into with the Director of Revenue or that become known to the Missouri Department of Revenue as a result of audit, review or the taxpayer's records, or determination of successor liability.

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

**DATE:** 9/21/2021

**APPLICANT:** Whataburger Restaurants

**BUSINESS NAME:** Whataburger #1207

**ADDRESS:** 1460 NE Douglas Street, Lee's Summit, MO 64086

**TYPE OF BUSINESS:** Fast Food Restaurant

**TELEPHONE:** N/A yet      **ZONING DISTRICT:** PI  
(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)

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.

**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.

APPLICANT SIGNATURE



**If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.**      PRCOM20204900

**APPROVED BY:**

Victoria Nelson 

DEPT. OF PLANNING & DEV.

Joe Frogge 

CODES ADMINISTRATION

na

FIRE DEPARTMENT

Business Address  
(Administrative Use)