

**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)

 COLONIAL IRRIGATION SERVICES  
 Licensing  
 319 SE DOUGLAS ST, Unit 102  
 LEES SUMMIT, MO 64063

**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: 319 SE DOUGLAS ST 102 LEES SUMMIT, MO 64063  
 Business E-Mail Address: ~~COLONIALIRRIGATIONSERVICES@GMAIL.COM~~  
 Legal Name of Business: (if different than DBA): COLONIAL IRRIGATION SERVICES LLC  
 Type of Organization: Contractor Other  
 Please provide your NAIC Code:

 Renew on-line communications email address: *brents@irrigationservices@gmail.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
8168131094		

Contact Information :

Primary	Secondary	Emergency
BRENT BAUGHER, Address: 319 SE DOUGLAS ST UNIT 102, Phone: (816) 813-1094		

(Continued on back page)

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

irrigation service and backflow testing

**\*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: 1

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](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)

50 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 Brian B. [Signature]  
Signature of Owner(s) or Corporation Agent/Owner

X owner  
Title

2/23/22  
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 Brent Baugher  
*Name of Affiant*

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

1. My name is Brent Baugher. 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 Colonial Irrigation Services LLC  
*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.**

Brent Baugher 2/22/22  
*Affiant* *Date*

STATE OF MISSOURI )  
COUNTY OF JACKSON )

Subscribed and sworn to before me this 22nd day of February, 20 22

My Commission Expires: OCT 3, 2024

Cody [Signature]  
Notary Public

(SEAL)