new

LEE'S SUMMIT MISSOURI 4-1-22 to 3-31-23

Business License Application

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

RECEIVED
APR 07 2022
City of Lee's Summit
Development Center

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 04 / 08 / 22 (MM DD YY) New Business (Y/N) ✓ In business since _____

Shelter Insurance
Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

Physical Business Address:

946 SW Blue Parkway | Lee's Summit | MO | 64063
Address | City | State | Zip

(816) 246-5900 | ( ) _____ | ( ) _____ | jkey@shelterinsurance.com
Business Address Phone # | Cell # | Fax # | Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: _____ ☐ DBA ☐ Legal Name ☐ Other _____

Address | City | State | Zip

( ) _____ | ( ) _____ | ( ) _____ | Email
Mailing Address Phone # | Cell # | Fax # |

Contacts:

■ Primary Contact: Jason Key | agent
Name | Title (Owner/Corp. Agent/Applicant)

946 SW Blue Parkway | Lee's Summit | MO | 64063
Address | City | State | Zip

(816) 246-5900 | ( ) _____ | ( ) _____ | jkey@shelterinsurance.com
Phone # | Cell # | Fax # | Email

Date of Birth ___/___/___ (MM DD YY) | Driver's License # | State Issued

■ Secondary Contact: _____ | _____
Name | Title (Owner/Corp. Agent/Applicant)

( ) _____ | ( ) _____ | ( ) _____ | Email
Phone # | Cell # | Fax #

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 670? Missouri State Sales Tax Number _____

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 _____ Part Time 1 Temporary

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

insurance

(continued on next page)

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
X	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: _____ □ 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 _____ 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):

- X **$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 Title 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 #_____

ZONING APPROVAL

FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 4/8/22

APPLICANT: Jason Key

BUSINESS NAME: Shelter Insurance

ADDRESS: 846 SW Blue Parkway, Lee's Summit, MO 64063

TYPE OF BUSINESS: insurance

TELEPHONE: 816-246-5900 **ZONING DISTRICT:** CP-2
(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)

don't Know

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.

don't Know

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.

Jason Key
APPLICANT SIGNATURE

APPROVED BY:

DEPT. OF PLANNING & DEV.

CODES ADMINISTRATION

NA
FIRE DEPARTMENT

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

Business Address (Administrative Use)