



Expiration date: 06/30/2022

Business License Renewal

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

LYTLE CONSTRUCTION INC
Licensing
1100 SE HAMBLE RD
LEES SUMMIT, MO 64081

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: 1100 SE HAMBLE RD LEES SUMMIT, MO 64081
Business E-Mail Address:: ROB@LYTLECONST.COM
Legal Name of Business: (if different than DBA):
Type of Organization: Construction
Please provide your NAIC Code:

Renew on-line communications email address: ROB@LYTLECONST.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
8165247275	8168044949	8165246575

Contact Information :

Primary	Secondary	Emergency
ROB LYTLE, Address:1100 SE HAMBLE RD, Phone:(816) 804-4949	BRETT LYTLE, Address:1100 SE HAMBLE RD, Phone:(816) 872-6372	ROB LYTLE, Address:1100 SE HAMBLE RD, Phone:(816) 804-4949

(Continued on back page)

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

COMMERCIAL GENERAL CONTRACTOR

*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 - 13000

Employee Headcount for this location:

Full Time: 11

Part Time: 1

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.

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: ROB LYTLE Phone #: (916) 524-7275

Email: ROB.LYTLECONST.COM Cell #: (916) 804-4949



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)

\$75.00 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

Signature of Owner(s) or Corporation Agent/Owner

X

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 #



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER HUB International Mid-America 9200 Ward Parkway Suite 500 Kansas City MO 64114		CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 816-708-4600 FAX (A/C, No): 816-203-4425 E-MAIL ADDRESS: HUB-KC.Certificates@HUBInternational.com		
INSURED Lytle Construction, Inc. 1100 SE Hamblen Road Lee's Summit MO 64081		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Amerisure Partners Insurance Company		11050
		INSURER B : Amerisure Mutual Insurance Company		23396
		INSURER C : Midwest Builders' Casualty Mutual Co		13126
		INSURER D :		
		INSURER E :		
INSURER F :				

COVERAGES

CERTIFICATE NUMBER: 2028772415

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CPP20673251105	1/25/2022	1/25/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	Y		CA20673271105	1/25/2022	1/25/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y		CU20673281102	1/25/2022	1/25/2023	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WC10000008102022	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Lee's Summit is Additional Insured as respects the General, Auto and Umbrella Liability policies.

CERTIFICATE HOLDER

CANCELLATION

City of Lee's Summit
220 SE Green Street
Lee's Summit MO 64063

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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JOHNSON COUNTY, KANSAS
CONTRACTOR LICENSING

Certificate of Completion

ROBERT LYTLE

LYTLE CONSTRUCTION INC

For Attending

**(2021) 11-02-21 02-4A 2018 IBC Significant Changes (A, B, C, DE, DF, DM, DP, DR, DS,
DW Code Credit)**

AWARDED: 8.00 Hours of Continuing Education

November 02, 2021