



new
7-1-22 to 6-30-23

Business License Application

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

RECEIVED

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

JUL 26 2022

Date 07/07/2022
MM DD YY

New Business (Y/N) N

In business since 2000

Nuway Credentials, Inc.

Common/Preferred Name of Business (DBA)

Skelly Credentialing Services, Inc.

Legal Name of Business (if different than DBA)

Physical Business Address:

3630 3730 SW Hollywood Dr., Suite 201
Address

Lee's Summit
City

MO
State

64082
Zip

(816) 229-8100

Business Address Phone #

(913) 219-3546

Cell #

(816) 272-0607

Fax #

stehven@nuwaycredentials.com

Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: _____

☐ DBA ☐ Legal Name ☐ Other _____

Address

City

State

Zip

() _____
Mailing Address Phone #

() _____
Cell #

() _____
Fax #

Email

Contacts:

■ Primary Contact: Shelly Tehven
Name

Owner

Title (Owner/Corp. Agent/Applicant)

9530 Falcon Ridge Drive

Address

Lenexa
City

KS
State

66220
Zip

(913) 219-3546

Phone #

(913) 219-3546

Cell #

() _____

Fax #

stehven@nuwaycredentials.com

Email

Date of Birth 04/02/1968
MM DD YY

K00082752

Driver's License #

KS

State Issued

■ Secondary Contact: Kelle Boyer
Name

Owner

Title (Owner/Corp. Agent/Applicant)

(816) 716-4203

Phone #

(816) 716-4203

Cell #

(816) 272-0607

Fax #

kboyer@nuwaycredentials.com

Email

Type of Organization (check one): ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☒ Other S Corp.

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 1,200 Sq. Ft.

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 2 Part Time _____ Temporary

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

Healthcare Credentialing Services

(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
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: stehven@nuwaycredentials.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 Terry Boyer Tel # (816) 716-4204 Alternate Tel # () _____
b. Name Sarah Schlobohm Tel # (816) 716-0378 Alternate Tel # () _____
c. Name Austen Boyer Tel # (816) 288-2174 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%

\$ 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.

[Signature]
Signature of Owner(s) or Corporation Agent/Owner

Owner
Title

7/13/2022
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 # _____

HOME OCCUPATION ZONING APPROVAL

DATE: 7/13/2022
APPLICANT: Shelly Tehven
BUSINESS NAME: Nuway Credentials, Inc.
ADDRESS: 3530 ~~3730~~ SW Hollywood Dr., Suite 201, Lee's Summit, MO 64082
TYPE OF BUSINESS: Healthcare Credentialing Service Provider

TELEPHONE: 816-229-8100

ZONING DISTRICT: PMIX

(HOME OFFICE ☒ Y ☐ N)

(To be completed by the Planning Dept.)

Legal operation of a home occupation from or within a residence requires strict adherence to the following regulations (Unified Development Ordinance, Article 8.100):

1. The home occupation must be clearly incidental and secondary to the primary residential use for the dwelling;
2. The home occupation must not change the outside appearance of the dwelling;
3. Exterior signage for a home occupation is prohibited;
4. The home occupation must not generate traffic, parking, sewerage or water use in excess of what is normal or customary in a residential neighborhood;
5. The home occupation shall not create a hazard to person or property, result in electrical interference, or become a nuisance in the neighborhood;
6. No outside storage of any kind related to the home occupation shall be permitted;
7. No persons other than self or family members residing on the premises, plus one additional person not residing on the premises, shall be employed or involved in any business activity related to the home occupation on the premises;
8. No more than 25% of the gross floor area of the dwelling unit shall be used for the operation of the home occupation. No accessory buildings shall be used in conjunction with a home occupation;
9. Deliveries of materials to and from the premises in conjunction with the home occupation shall not require the use of vehicles other than parcel post or similar parcel service vehicles;
10. Noise, vibration, smoke, odors, heat or glare as a result of a home occupation, which would exceed that normally produced by a single residence, shall not be permitted;
11. The home occupation shall not utilize more than one private commercial vehicle limited to 1 ton capacity. The vehicle shall be capable of being parked or stored inside the garage and shall be required to be kept in said garage with not in use for the home occupation;
12. Retail sales on the premises shall be secondary to the major operation of the home occupation;
13. The primary use of the building in which the home occupation is situated shall clearly be the dwelling used by the person as his/her private residence;
14. Home occupations shall maintain required licenses mandated by applicable local, state and/or federal laws;
15. Persons intending to operate a home occupation should notify the HOA, Homeowners Association, of their intent prior to beginning operations. Said notification is to provide the HOA with notice of intent only.

I have read and understand the above restrictions and agree to abide by them. I also understand that violation of any of the conditions listed herein could result in revocation of my home occupation approval and will place me in violation of the above listed ordinance.

Home Address
(Administrative Use)


Applicant's Signature

Approved By:


Dept. of Planning & Development


Codes Administration Dept.


Fire Department