

LEE'S SUMMIT MISSOURI

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

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 06 / 14 / 22
 MM DD YY

New Business (Y/N) Y

In business since _____

PetSuites

PetSuites of America LLC

Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

Physical Business Address:

250 Northwest McNary Court

Lee's Summit

MO

64086

Address

City

State

Zip

() 816-875-4244

()

()

sommer.nelson@nva.com

Business Address Phone #

Cell #

Fax #

Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: Attn: Business Licensing

☐ DBA ☐ Legal Name ☐ Other

29229 Canwood St #100

Agoura Hills

CA

91301

Address

City

State

Zip

() 818-707-5215

()

()

sommer.nelson@nva.com

Mailing Address Phone #

Cell #

Fax #

Email

Contacts:

■ Primary Contact: Sommer Nelson

Business Licensing Specialist

Name

Title (Owner/Corp. Agent/Applicant)

29229 Canwood St #100

Agoura Hills

CA

91301

Address

City

State

Zip

() 818-707-5215

()

()

sommer.nelson@nva.com

Phone #

Cell #

Fax #

Email

Date of Birth ____ / ____ / ____
 MM DD YY

Driver's License #

State Issued

■ Secondary Contact:

Name

Title (Owner/Corp. Agent/Applicant)

()

()

()

Phone #

Cell #

Fax #

Email

Type of Organization (check one):

☐ Individual

☐ Partnership

☐ Corporation

☒ LC

☐ 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 (if Y please complete a **Commercial Zoning Approval form**)

Is business located in a Lee's Summit residence? N (if Y please complete a **Home Occupation Zoning Approval form**)

Do you have an intrusion alarm? N (if Y please complete an **Alarm User Registration** application)

Total Building Square Footage 14,100 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: 8 Full Time 6 Part Time 0 Temporary

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

Dog boarding, dog day care, dog training, dog grooming, cat boarding, cat day boarding and limited retail.

(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
<input checked="" type="checkbox"/> 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: sommer.nelson@nva.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 Erin Fischer Tel # () 859.991.5773 Alternate Tel # () _____
 b. Name Josh Trimble Tel # () 470.304.2877 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%

\$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 of Owner(s) or Corporation Agent/Owner

General Counsel

Title

6/14/22
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 # _____

No Tax Due

Please select a No Tax Due Request Type and enter a Missouri Identification Number (MOID) in order to obtain a certificate of No Tax Due. For additional information about the No Tax Due requirements see <http://dor.mo.gov/business/sales/notaxdue/> (<http://dor.mo.gov/business/sales/notaxdue/>).

This business is registered to make retail sales in Missouri but does not have a Retail Sales Tax License for a business location in the political subdivision for which a Certificate of No Tax Due is being requested. This business must contact the Department to obtain a Certificate of No Tax Due. For assistance, the business can contact the Taxation Division at 573-751-5860.

Taxpayer Name

PETSUITES OF AMERICA LLC

* No Tax Due Request Type:

No Tax Due - City/County Lit



* MOID

25767658

County if business outside city limits:



City if business within city limits:

LEE'S SUMMIT



Obtain No Tax Due

** Per agent, a statement of No Tax Due cannot be issued until the facility is operational.*