

Business License Renewal

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

GREEN RIVER ROOFING & CONSTRUCTION
Licensing
1304 SW MARKET ST
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: 1304 SW MARKET ST LEES SUMMIT, MO 64081
Business E-Mail Address:: GREENRIVERROOFING@YAHOO.COM
Legal Name of Business: (if different than DBA):
Type of Organization: Construction
Please provide your NAIC Code:

Renew on-line communications email address: greenriverroofing@yahoo.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
8162464772	8162899412	8165247450

Contact Information :

Primary	Secondary	Emergency
DENNIS BRESSETTE, Address:202 NE DOUGLAS ST, Phone:(816) 246-4772	JASON SEURA, Phone:(816) 246-4772	DENNIS BRESSETTE, Address:202 NE DOUGLAS ST, Phone:(816) 246-4772

(Continued on back page)

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

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 - 250

Employee Headcount for this location:

Full Time: 2

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.

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 
Signature of Owner(s) or Corporation Agent/Owner

X President
Title

08 / 09 / 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 # _____



GREEN-1

OP ID: TC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/02/2022

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 Combined Insurance Services PO Box 557 Grain Valley, MO 64029 Jeff D Landes		CONTACT NAME: Jeff D Landes PHONE (A/C, No, Ext): 816-847-1911 FAX (A/C, No): 816-847-1912 E-MAIL ADDRESS: jlandes.combi06@insuremail.net	
INSURED Green River Roofing & Construction Inc 1304 SW Market St Lees Summit, MO 64081		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Columbia Insurance Group	
		INSURER B: American Interstate Insurance	
		INSURER C: Evanston Insurance Company	
		INSURER D: Liberty Mutual	
		INSURER E: The Burlington Insurance Co	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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
E	<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:	X		881BG04503	08/11/2021	08/11/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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 OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp \$1000 <input checked="" type="checkbox"/> Coll \$1000			CAPMO0000018571	01/14/2022	01/14/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XOBW9054321	08/11/2021	08/11/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	<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	N/A	AVWCLA3075152022	05/06/2022	05/06/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	<input checked="" type="checkbox"/> Inland Marine Leased & Rented			BMW58167429	11/18/2021 11/18/2021	11/18/2022 11/18/2022	Per Pol Limits LeaseRent 300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is additional insured.

CERTIFICATE HOLDER

CANCELLATION

CITYLEE City of Lees Summit 816-969-1138 fax 220 SE Green Lees 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 Jeff D Landes
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