

new

7/13/22 - 6/30/23

LEE'S SUMMIT MISSOURI

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 7/13/22 New Business (Y/N) X In business since _____
MM DD YY

Divine Goddess Beauty LLC
Common/Preferred Name of Business (DBA) Legal Name of Business (if different than DBA)

Physical Business Address:

805 NW Donovan Rd. Unit 3203 Lee's Summit MO 64086
Address City State Zip

(816) 349-2765 () " () divinegoddessbeautyllc@gmail.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 _____

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

Contacts:

■ Primary Contact: Natalie Daugherty Owner
Name Title (Owner/Corp. Agent/Applicant)

805 NW Donovan Rd Unit 3203 Lee's Summit MO 64086
Address City State Zip

() _____ (816) 349-2765 () _____ natalie.jon57@gmail.com
Phone # Cell # Fax # Email

Date of Birth 12/25/88 R213216037 MO
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 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 Y (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 1,017 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: 0 Full Time _____ Part Time _____ Temporary _____

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

1. Select Business License Category or NAICS code that best describes your business (choose one that applies)

| Category | NAICS Code | Category | NAICS Code |
|--|------------|--|-------------|
| <input type="checkbox"/> Animal Services | 81 | <input type="checkbox"/> Massage Therapy Establishment | 81 |
| <input type="checkbox"/> Automobile Body/Repair Shop/Car Wash | 81 | <input type="checkbox"/> Motel/Hotel indicate # of rooms _____ | 72 |
| <input type="checkbox"/> Automobile Sales | 81 | <input type="checkbox"/> Nursery, Greenhouse | 44-45 |
| <input type="checkbox"/> Bail Bondsperson | 81 | <input type="checkbox"/> Pay Day/Title Loan | 52 |
| <input type="checkbox"/> Bank, Credit Union, Finance Company | 52 | <input type="checkbox"/> Precious Metal Dealer/Pawnbroker | 81 |
| <input type="checkbox"/> Contractor - Class A, B, C, or D | 23 | <input type="checkbox"/> Real Estate Rental and Leasing | 53 |
| <input type="checkbox"/> Contractor - Other | 23 | <input type="checkbox"/> Recreation Business - Indoor/Outdoor | 71 |
| <input type="checkbox"/> Day Care Provider - General (7-12) | 81 | <input type="checkbox"/> Rental and Leasing | 53 |
| <input type="checkbox"/> Day Care Provider - Limited (1-6) | 81 | <input type="checkbox"/> Restaurant and Food Service | 72 |
| <input type="checkbox"/> Drinking Establishment | 72 | <input checked="" type="checkbox"/> Retail | 44-45 |
| <input type="checkbox"/> Funeral Home | 81 | <input type="checkbox"/> School, for profit | 61 |
| <input type="checkbox"/> Gas Service Station & Convenience Store | 81 | <input checked="" type="checkbox"/> Service Provider | 81 |
| <input type="checkbox"/> Grocers | 44-45 | <input checked="" type="checkbox"/> Service Provider with Retail Sales | 44-45 or 81 |
| <input type="checkbox"/> Hospital, Nursing Home, Retirement Home, Health | 62 | <input type="checkbox"/> Special Event | 71 |
| <input type="checkbox"/> Insurance | 52 | <input type="checkbox"/> Telephone Call Center | 81 |
| <input type="checkbox"/> IT Services | 54 | <input type="checkbox"/> Tow Service Provider | 81 |
| <input type="checkbox"/> Landscaping-Mowing-Tree Trimmer | 81 | <input type="checkbox"/> Transportation - Bus/Taxi/Limo/Rental Car | 48-49 |
| <input type="checkbox"/> Liquor Store | 44-45 | <input type="checkbox"/> Vending Machine | 81 |
| <input type="checkbox"/> Manufacturing | 31-33 | <input type="checkbox"/> Waste Management and Recycling Services | 56 |
| <input type="checkbox"/> Massage Therapist (may/may not own business) | 81 | <input type="checkbox"/> 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 Pam (Summit Square apts) Tel # (816) 256-5522 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):

- \$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 [Signature] Title Owner Date 7/13/22

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 7/1/22 to 6/30/23 Fee Remitted 50- License # LC44220487