



9/1/22-8/31/23

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 09/12/22 New Business (Y/N) X In business since _____
MM DD YY
Common/Preferred Name of Business (DBA) Mr. Zhang LLC Legal Name of Business (if different than DBA) Tokyo Grill

Physical Business Address:

Address 3528 SW Market St City Lee's Summit State MO Zip 64082
Business Address Phone # 816 537 3170 Cell # _____ Fax # _____ Email _____

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: 3528 SW Market St DBA Legal Name Other _____
Address Lee's Summit City MO State 64082 Zip
Mailing Address Phone # 816 537 3170 Cell # _____ Fax # _____ Email _____

Contacts:

Primary Contact: Kang Zhang Title (Owner/Corp. Agent/Applicant) Owner
Name 3528 SW Market St City Lee's Summit State MO Zip 64082
Address 646 919 1805 Phone # _____ Cell # _____ Fax # _____ Email kangzhang12@gmail.com
Date of Birth 06/25/2025 Driver's License # E112304002 State Issued MO

Secondary Contact: Qi Tuan Zheng Title (Owner/Corp. Agent/Applicant) Manager
Name 678 488 8626 Phone # _____ Cell # _____ Fax # _____ Email zhengqituan@gmail.com

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 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 _____ Missouri State Sales Tax Number 03082089
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: _____ Full Time _____ Part Time _____ Temporary 27272583

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

Rest.

(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	<input checked="" type="checkbox"/> 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: _____ ☐ 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 _____ Tel # () _____ 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 _____ Title Owner Date 9/12/21

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 9/1/22 to 8/31/23 Fee Remitted \$500 License # LC72220647

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 09/12/22
APPLICANT: Kang Zhang
BUSINESS NAME: Tokyo Grill
ADDRESS: 3528 SW Market st Lee's Summit, Mo 64082
TYPE OF BUSINESS: Restaurant
TELEPHONE: 816 537 3170 ZONING DISTRICT: CP-2
(To be completed by the Planning Dept.)

☒ NEW BUSINESS ☐ CHANGE OF ADDRESS
☐ CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)

wireless service

If locating in a previously occupied space, are there any building structural, mechanical, plumbing or electrical alterations or additions proposed? If so, please describe the nature of the alterations or additions.

yes PERCOM 20 21 6110

AFTER THIS ZONING APPROVAL FORM HAS BEEN SIGNED, AN OCCUPANTIONAL/BUSINESS LICENSE APPLICATION AND FEE MAY BE ACCEPTED FOR FINAL PROCESSING IN THE FINANCE DEPARTMENT AT LEE'S SUMMIT, MISSOURI CITY HALL.

NOTE: This form is required prior to acceptance of an application for an occupational/business license and issuance of a temporary permit to operate if the business location is within the limits of the City of Lee's Summit. New businesses with no physical location within the city do not require this form.

[Signature]
APPLICANT SIGNATURE

APPROVED BY: [Signature] 9.12.22
DEPT. OF PLANNING & DEV.

☐ If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.

[Signature]
CODES ADMINISTRATION

NA
FIRE DEPARTMENT

TAXATION DIVISION
PO BOX 3666
JEFFERSON CITY, MO 65105-3666



Missouri
DEPARTMENT OF REVENUE

Telephone: (573) 751-9268
Fax: (573) 522-1265
E-mail: taxclearance@dor.mo.gov

MR ZHANG GRILL INC
702 TELFORD CT
LIBERTY, MO 64068-1289

SEARCH DATE: September 19, 2022
DATE CLEARED THROUGH: 10/21/2022
LEE'S SUMMIT

MISSOURI ID: 27272583
Notice Number: 2033227044

CERTIFICATE OF NO TAX DUE

The Department of Revenue, State of Missouri, certifies that this taxpayer/account has filed all required returns and paid all sales or withholding tax due, including penalties and interest, or does not owe any sales, use, and withholding tax, according to the records of the Missouri Department of Revenue. These records do not include returns that are not required to be filed as of this date for taxes previously collected or that have been filed but not yet processed by the Department.

This statement only applies to sales and withholding tax due and is not to be construed as limiting the authority of the Director of Revenue to assess, or pursue collection of liabilities resulting from final litigation, default in payment of any installment agreement entered into with the Director of Revenue, any successor liability that may become due in the future, or audits or reviews of the taxpayer's records as provided by law.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE

TAXATION DIVISION

