



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 10/10/22
MM DD YY

New Business (Y/N) Y

In business since 2020

Chef Aristo's Eatery
Common/Preferred Name of Business (DBA)

Chef Aristo's Curbside Catering
Legal Name of Business (if different than DBA)

Physical Business Address:

862 SW Blue Pkwy
Address

Lee's Summit MO 64063
City State Zip

816 200 1225 913 927 1371
Business Address Phone # Cell #

() aristo@cheftaristo.com
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: ARISTO CAMBUEAKO
Name

Owner/Chief
Title (Owner/Corp. Agent/Applicant)

225 NE Dreamweaver Ave
Address

Lee's Summit MO 64086
City State Zip

816 200 1225 913 927 1371
Phone # Cell #

() aristo@cheftaristo.com
Fax # Email

Date of Birth 10/14/70
MM DD YY

Driver's License # _____

State Issued _____

■ Secondary Contact: MARCY CAMBUEAKO
Name

Owner
Title (Owner/Corp. Agent/Applicant)

816 200 1225 913 238 5502
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 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 1632 sq. ft. Missouri State Sales Tax Number 26330342

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 1-3 Part Time _____ Temporary _____

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

Fast Casual eatery/restaurant. Hours of operation 11am - 4pm

(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 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 checked="" type="checkbox"/> Restaurant and Food Service	72
<input type="checkbox"/> Drinking Establishment	72	<input 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 type="checkbox"/> Service Provider	81
<input type="checkbox"/> Grocers	44-45	<input 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: aristo@chefaristo.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 ARISTO Cambuwalu Tel # 816 200 1225 Alternate Tel # 913 927 1371
b. Name MARC CAMBUWALU Tel # 816 200 1225 Alternate Tel # 913 238 5502
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			
<input type="checkbox"/>	Class A - General Contractor: construct, remodel, demolish, repair any structure		
<input type="checkbox"/>	Class B - Building Contractor: construct, remodel, demolish, repair all structures not exceeding 3 stories in height		
<input type="checkbox"/>	Class C - Residential Contractor: construct, remodel, demolish, repair any single family, duplex or townhouse structure		
<input type="checkbox"/>	Class D - Mechanical Contractor: perform mechanical (HVAC) services		
<input type="checkbox"/>	Class D - Electrical Contractor: perform electrical services		
<input type="checkbox"/>	Class D - Plumbing Contractor: perform plumbing services		
<input type="checkbox"/>	Please provide name of licensed representative (master) to be licensed _____	Phone # () _____	
	Email _____	Cell # () _____	
<input type="checkbox"/>	If renewal - provide 8 hours of CEU (please provide documentation of completion) <u>or</u> 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

Title

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 # _____

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 10/10/22
APPLICANT: ARISTO Camburalo
BUSINESS NAME: Chef ARISTO's Eatery
ADDRESS: 842 SW. Blue Pkwy, LSMD 64063
TYPE OF BUSINESS: Food Service - Eatery
TELEPHONE: 816 200 1225 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)

SKETCH BAKERY

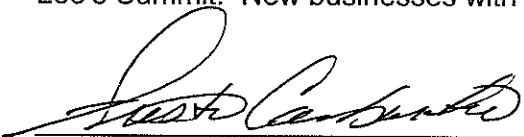
If locating in a previously occupied space, are there any building structural, mechanical, plumbing or electrical alterations or additions proposed? If so, please describe the nature of the alterations or additions.

No - No changes to existing space

Business Address
(Administrative Use)

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.



APPLICANT SIGNATURE

APPROVED BY:

DEPT. OF PLANNING & DEV.

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

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

CHEF ARISTOS CURBSIDE & CATERING LLC
225 NE DREAMWEAVER AVE
LEES SUMMIT, MO 64086-5852

DATE: 09/14/2022
VALID THROUGH: 12/12/2022

CERTIFICATE OF NO TAX DUE

MISSOURI ID: 26330342
Notice Number 2033099026

To Whom It May Concern: The Department of Revenue, State of Missouri, certifies the above listed taxpayer has filed all required returns and paid all sales or withholding tax due, including penalties and interest, and does not owe any sales and withholding tax, as of September 13, 2022. This review does not include returns that are not required to be filed as of this date 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