

11/1/23 - 12/31/23

**Business License Application**

220 SE Green Street  
Lee's Summit, MO 64063  
Phone 816.969.1220 / Fax 816.969.1221 / [www.cityofls.net](http://www.cityofls.net)

RECEIVED

1014

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 01 / 06 / 23 New Business (Y/N) Y In business since \_\_\_\_\_  
MM DD YY

RADIANT WAXING ZM RADIANT LLC  
Common/Preferred Name of Business (DBA) Legal Name of Business (if different than DBA)

Physical Business Address:  
880 NW BLUE PARKWAY UNIT # LEES SUMMIT MO 64086  
Address City State Zip

(816) 478 4844 (816) 674 5197 ( ) NA dpression@radiantwaxing.com  
Business Address Phone # Cell # Fax # Email

Mailing Address: (if different from Physical Address)  
Contact Name for Mailing Address: DON M. PRESSON  DBA  Legal Name  Other ZM RADIANT LLC  
4152 W. 128th TERR LEAWOOD KS 66209  
Address City State Zip

( ) (816) 674-5197 ( ) dpression@radiantwaxing.com  
Mailing Address Phone # Cell # Fax # Email

Contacts:  
■ Primary Contact: DON PRESSON OWNER  
Name Title (Owner/Corp. Agent/Applicant)

4152 W. 128th TERR LEAWOOD KS 66209  
Address City State Zip

( ) (816) 674 5197 ( ) dpression@radiantwaxing.com  
Phone # Cell # Fax # Email

Date of Birth 06 / 26 / 71 K05-00-9063 KS  
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 N  (if Y please complete a **Commercial Zoning Approval form**)  
Is business located in a Lee's Summit residence?  / Y (if Y please complete a **Home Occupation Zoning Approval form**)  
Do you have an intrusion alarm?  / Y (if Y please complete an **Alarm User Registration application**)  
Total Building Square Footage 1598 sqft Missouri State Sales Tax Number 27802027  
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: 2 Full Time 3 Part Time \_\_\_\_\_ Temporary

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

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	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	<input checked="" type="checkbox"/> 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: dpresson@radiantwaxing.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 DON PLESSON Tel # ( 816 ) 674-5197 Alternate Tel # ( ) \_\_\_\_\_  
 b. Name Mallory McCutchan Tel # ( 816 ) 810-8700 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: [Signature] Title: OWNER Date: 1/6/23

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 1/1/23 to 12/31/23 Fee Remitted 50.00 License # LC81230010



TAXATION DIVISION  
PO BOX 3000  
JEFFERSON CITY, MO 65105-3000



*Missouri*  
DEPARTMENT OF REVENUE

Telephone: 573-751-5860  
Fax: 573-522-1722  
E-mail: [businessstaxregister@dor.mo.gov](mailto:businessstaxregister@dor.mo.gov)

2M RADIANT LLC  
DON PRESSON  
4152 W 128TH TER  
LEAWOOD, KS 66209-3329

01/04/2023

### CERTIFICATE OF NO TAX DUE

RE: Notice Number 2035448625  
MISSOURI ID: 27802027

To whom it may concern: The Department of Revenue, State of Missouri, certifies that the above listed taxpayer/account has filed all required returns and paid all SALES TAX due, including penalties and interest, or does not owe any SALES TAX, according to the records of the Missouri Department of Revenue, as of 01/04/2023. 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 TAX due and does not limit the authority of the Director of Revenue to assess, or collect liabilities under appeal, in default of an installment agreement entered into with the Director of Revenue or that become known to the Department as a result of an audit, a review of taxpayer's records, or a determination of successor liability.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE.

TAXATION DIVISION

**ZONING APPROVAL**  
FOR ALL BUSINESSES  
EXCEPT HOME OCCUPATIONS

DATE: 1/6/2023  
APPLICANT: Don M. Presson  
BUSINESS NAME: 2M Radiant, LLC dba Radiant Waxing  
ADDRESS: 880 NW Blue Parkway Unit H, Lees Summit, MO 64086  
TYPE OF BUSINESS: Waxing  
TELEPHONE: (816)674-5197 ZONING DISTRICT: CP2  
(To be completed by the Planning Dept.)

YES NEW BUSINESS \_\_\_\_\_ CHANGE OF ADDRESS  
\_\_\_\_\_ CHANGE OF OWNERSHIP

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


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, adding 5 room suites, break room and front reception area. Please see building permit

**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.

Business Address  
(Administrative Use)

  
\_\_\_\_\_  
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. PERM 2022 4202

  
\_\_\_\_\_  
CODES ADMINISTRATION  
NA  
\_\_\_\_\_  
FIRE DEPARTMENT