



NEW
1-1-23 to 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

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 1/12/2023
MM DD YY

New Business (Y/N) _____

In business since 2006

Common/Preferred Name of Business (DBA)

CAM Painting and Remodeling Inc.
Legal Name of Business (if different than DBA)

Physical Business Address:

4824 NE Jamestown Drive Lee's Summit Mo 64064
Address City State Zip
(8) 255-5348 (8) 255-5348 () info@camserviceskc.com
Business Address Phone # Cell # Fax # Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: Chris Moore ☐ DBA ☐ Legal Name ☒ Other S-Corp
Address City State Zip
() () ()
Mailing Address Phone # Cell # Fax # Email

Contacts:

■ Primary Contact: Chris Moore Owner/Corp Agent
Name Title (Owner/Corp. Agent/Applicant)
4824 NE Jamestown Drive Lee's Summit Mo 64064
Address City State Zip
() (8) 255-5348 () info@camserviceskc.com
Phone # Cell # Fax # Email
Date of Birth 12/17/1969 Mo E10-31-560 Mo
MM DD YY Driver's License # State Issued

■ Secondary Contact: Wendy Moore Owner/office management
Name Title (Owner/Corp. Agent/Applicant)
() (8) 778-6545 () Wendylee05389@yahoo.com
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? ☒ Y (if Y please complete an Alarm User Registration application)
Total Building Square Footage: Home Office 1500 Missouri State Sales Tax Number: N/A
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: 1 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.):

Painting Cabinets, wood-rot, Design Service, Small repairs, Handyman Services.

(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 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 checked="" 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: info@camserviceskc.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 Chris Moore Tel # (816) 255-5348 Alternate Tel # () _____
b. Name Wendy Moore Tel # (816) 778-6545 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 / Corp Agent Date 1/12/2023

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 # _____

HOME OCCUPATION ZONING APPROVAL

DATE: 1-8-2023
APPLICANT: Christopher Moore
BUSINESS NAME: CAM Painting and Remodeling
ADDRESS: 4824 NE James Town Drive Lees Summit 64064
TYPE OF BUSINESS: Painting and Remodeling

TELEPHONE: 816-255-5348

ZONING DISTRICT: R.1

(HOME OFFICE ☒ Y ☐ N)

(To be completed by the Planning Dept.)

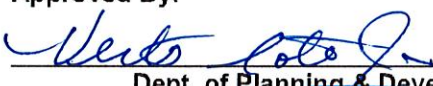
Legal operation of a home occupation from or within a residence requires strict adherence to the following regulations (Unified Development Ordinance, Article 8.100):

1. The home occupation must be clearly incidental and secondary to the primary residential use for the dwelling;
2. The home occupation must not change the outside appearance of the dwelling;
3. Exterior signage for a home occupation is prohibited;
4. The home occupation must not generate traffic, parking, sewerage or water use in excess of what is normal or customary in a residential neighborhood;
5. The home occupation shall not create a hazard to person or property, result in electrical interference, or become a nuisance in the neighborhood;
6. No outside storage of any kind related to the home occupation shall be permitted;
7. No persons other than self or family members residing on the premises, plus one additional person not residing on the premises, shall be employed or involved in any business activity related to the home occupation on the premises;
8. No more than 25% of the gross floor area of the dwelling unit shall be used for the operation of the home occupation. No accessory buildings shall be used in conjunction with a home occupation;
9. Deliveries of materials to and from the premises in conjunction with the home occupation shall not require the use of vehicles other than parcel post or similar parcel service vehicles;
10. Noise, vibration, smoke, odors, heat or glare as a result of a home occupation, which would exceed that normally produced by a single residence, shall not be permitted;
11. The home occupation shall not utilize more than one private commercial vehicle limited to 1 ton capacity. The vehicle shall be capable of being parked or stored inside the garage and shall be required to be kept in said garage with not in use for the home occupation;
12. Retail sales on the premises shall be secondary to the major operation of the home occupation;
13. The primary use of the building in which the home occupation is situated shall clearly be the dwelling used by the person as his/her private residence;
14. Home occupations shall maintain required licenses mandated by applicable local, state and/or federal laws;
15. Persons intending to operate a home occupation should notify the HOA, Homeowners Association, of their intent prior to beginning operations. Said notification is to provide the HOA with notice of intent only.

I have read and understand the above restrictions and agree to abide by them. I also understand that violation of any of the conditions listed herein could result in revocation of my home occupation approval and will place me in violation of the above listed ordinance.


Applicant's Signature

Approved By:


Dept. of Planning & Development


Codes Administration Dept.

Fire Department

Home Address
(Administrative Use)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/20/2022

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 Twin Lakes Insurance Agency PO Box 970 Lees Summit MO 64063 | | CONTACT NAME: PHONE (A/C, No, Ext): 816-525-2125 FAX (A/C, No): 816-525-4049 E-MAIL: info@twinlakesins.com ADDRESS: info@twinlakesins.com | |
| INSURED CAM Painting & Remodeling Inc 4824 NE Jamestown Dr Lees Summit MO 64064 | | INSURER(S) AFFORDING COVERAGE INSURER A: EMCASCO Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |
| CAMPAIGN-01 | | NAIC # 21407 | |

COVERAGES**CERTIFICATE NUMBER:** 1275013041**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 |
|----------|--|---|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | 6X3911823 | 11/1/2022 | 11/1/2023 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | N/A | 6X3911823 | 11/1/2022 | 11/1/2023 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

The Certificate Holder and all other parties required under a written contract are named as additional insureds with respects to Liability on a Primary & Non-Contributory basis. A Waiver of Subrogation is provided where allowed by law & required by a written contract.

CERTIFICATE HOLDER**CANCELLATION**

City of Lee's Summit
220 SE Green St
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

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