



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

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 11/11/22
MM DD YY

New Business (Y/N) _____

In business since 1989

ZAK CHIROPRACTIC

Common/Preferred Name of Business (DBA)

ZAK CHIROPRACTIC, LLC

Legal Name of Business (if different than DBA)

Physical Business Address:

208 SE 3rd ST

Address

LEE'S SUMMIT MO 64063

City

State

Zip

(816) 525-9900

Business Address Phone #

(816) 820-7228

Cell #

(816) 525-9

Fax #

ZAK@ZAKCHIROPRACTIC.COM

Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: Same as above

☐ DBA ☒ Legal Name ☐ Other

Address

City

State

Zip

() _____
Mailing Address Phone #

() _____
Cell #

() _____
Fax #

Email

Contacts:

■ Primary Contact: DAVID ZAK

Name

MEMBER

Title (Owner/Corp. Agent/Applicant)

501 SE COUNTRY LN.

Address

LEE'S SUMMIT

City

MO

State

64063

Zip

(816) 246-0218

Phone #

(816) 820-7228

Cell #

() _____

Fax #

Email

Date of Birth 07/18/59
MM DD YY

Driver's License #

MO

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 ☒ (if Y please complete a **Commercial Zoning Approval form**)

Is business located in a Lee's Summit residence? ☒ (if Y please complete a **Home Occupation Zoning Approval form**)

Do you have an intrusion alarm? ☒ (if Y please complete an **Alarm User Registration** application)

Total Building Square Footage 800

Missouri State Sales Tax Number 19103484

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 3 Part Time _____ Temporary _____

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

CHIROPRACTIC CARE

(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	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
<input checked="" type="checkbox"/> 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 DAVID ZAK Tel # (816) 820-7228 Alternate Tel # (816) 246-0218
b. Name CHAROLYN ZAK Tel # (816) 591-6848 Alternate Tel # () _____
c. Name CHANELLE ZAK Tel # (816) 591-4862 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 MEMBER Date 11/11/22

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 11/23 to 12/31/23 Fee Remitted 500 License # LC62230012