Expiration date: 06/30/2023



## **Business License Renewal**

220 SE Green Street Lee's Summit, MO 64063 Phone 816.969.1220 / Fax 816.969.1221 / www.cityofls.net

HUFF HOMES INC Licensing 656 SE BAYBERRY LN, Unit 101 LEES SUMMIT, MO 64063

## PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Please Update your Information. If there are changes to the information provided, please draw a line through and correct.

Physical Business Address:	656 SE BAYBERRY LN 101 LEES SUMMIT, MO 64063
Business E-Mail Address:: BAYBERRYBU	JSINESSCENTER@GMAIL.COM
Legal Name of Business: (if different t	han DBA):
Type of Organization:	Construction
Please provide your NAIC Code:	
mpliels the sector	and the same of th
Renew on-line communications email add	ress: bayberry business center@gmail.com

(If you would like to renew on-line, you must provide an email above. This email address could be different than the Business Email Address. This email address is the person that is responsible for Business Licenses/Renewals at your place of business)

\*\*IMPORTANT! If you would like to RENEW your Business License online, please visit

https://devservices.cityofls.net/renew-business-license.html for instructions.

Business Phone Numbers:

Primary	Cell	Fax
8165241600	the call ad a function	rangerators are made in all and swear
8162105542	Light S	

Contact Information:

Primary	Secondary	Emergency
524-1600		feel ased procedures income to the self- 25 (in white income Fragicial for established 230 Committee (so in high self-consideration of se
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		and test
Continue mode bricks are how and carrect.		teet wit on mail yearing threatening related and

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businesses physically located in Lee 5 cum	nmit this section <u>MUST</u> be comple	eted*
as your Physical Address changed over the las	it year? <b>Y or N</b> ) (If yes complete Zor	ning Approval Form)
business located in a Lee's Summit Commerc		
o you have an intrusion alarm? Y or N (circle)		
otal Building Square Footage - 1200		
mployee Headcount for this location: ull Time:		
art Time: 1		
emporary:		
PHYSICAL ADDRESS HAS CHANGED WITHIN LEE's rebsite at www.cityofls.net.	S SUMMIT, PLEASE SUBMIT A NEW ZO	DNING FORM. Zoning forms located on
CONTRACTOR LICENSING INFORM	1ATION ***Contractors – please co	mplete this section***
Please select type of contractor	license requested - \$25.00 annual contra	
Class B – Building Contractor: construct, remodel, d Class C – Residential Contractor: construct, remodel Class D – Mechanical Contractor: perform mechanic Class D – Electrical Contractor: perform electrical so Class D – Plumbing Contractor: perform plumbing so Please provide name of licensed representative (r  If renewal – provide 8 hours of CEU (please provide classification  E CALCULATION (please check those that apply): \$50 Business License Fee (base fee) \$25 Contractor License Fee (\$25 for each license \$100 Contractor fee in lieu of completion of 8 hours of co	I, demolish, repair any single family, dure cal (HVAC) services ervices ervices  ervices  naster) to be licensed: Carl EH  Email: Daybory Dusil documentation of completion) or includes eclassification ie: Mechanical & Plumb	Phone #: (81 b 210 554 ones to the control of the c
Penalty for delinquent license is 5% per mor	oth not to exceed 25% (is delinquent 60	O days after expiration)
leclare under penalty of perjury that to the best of		ents made herein are true and correct.
	Title	Date
gnature of Owner(s) or Corporation Agent/Owner	보통하는 어린 사람이 하면 하는 사람들이 되었다. 그 사람들이 내려가 하는 이렇게 하는데 하는데 하는데 하다.	Date

Please provide a general description or scope of work for your business: