



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 MM/DD/YY

New Business (Y/N) Y

In business since

Goodcents

Aditya Enterprises, LLC

Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

Physical Business Address:

705 SE Melody Lane (Suite A)

Lee's Summit

MO

64063

Address

City

State

Zip

Business Address Phone #

361-207-3638

Fax #

Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: Same

DBA Legal Name Other

Address

City

State

Zip

Mailing Address Phone #

Cell #

Fax #

Email

Contacts:

Primary Contact: Jay Patel

Member

Name

Title (Owner/Corp. Agent/Applicant)

3440 NE Akin Blvd

Lee's Summit

MO

64064

Address

City

State

Zip

Phone #

361-207-3638

Fax #

Email

Date of Birth 08/17/1986

018B213001

MO

State Issued

MM DD YY

Driver's License #

Secondary Contact: Ravindrakumar Patel

Member

Name

Title (Owner/Corp. Agent/Applicant)

Phone #

8066688577

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 Missouri State Sales Tax Number 28447735

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: 4 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.):

Restaurant

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	<u>X</u> _____ 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
_____ 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 Jay Patel Tel # (361-207-3638) Alternate Tel # ( ) \_\_\_\_\_  
 b. Name \_\_\_\_\_ Tel # ( ) \_\_\_\_\_ Alternate Tel # ( ) \_\_\_\_\_  
 c. Name Ravindrakumar Patel Tel # (8066688577) 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"/>	<b>Class A – General Contractor:</b> construct, remodel, demolish, repair any structure		
<input type="checkbox"/>	<b>Class B – Building Contractor:</b> construct, remodel, demolish, repair all structures not exceeding 3 stories in height		
<input type="checkbox"/>	<b>Class C – Residential Contractor:</b> construct, remodel, demolish, repair any single family, duplex or townhouse structure		
<input type="checkbox"/>	<b>Class D – Mechanical Contractor:</b> perform mechanical (HVAC) services		
<input type="checkbox"/>	<b>Class D – Electrical Contractor:</b> perform electrical services		
<input type="checkbox"/>	<b>Class D – Plumbing Contractor:</b> 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%

\_\_\_\_\_ 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

Agent  
 Title

08/01/23  
 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 # \_\_\_\_\_