Expiration date: 10/31/2023



### **Business License Renewal**

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

Hoffman Heating and Cooling LLC Licensing 417 se onyx dr 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:

528 SW Third St. LECS SUMMIT, MO 64063

Business E-Mail Address:: dustin.hoffman@yahoo.com

Legal Name of Business: (if different than DBA):Hoffman Heating and Cooling

Type of Organization:

Construction

Please provide your NAIC Code:

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

Business Phone Numbers :

Primary	Cell	Fax
606243309 BILL 6BI 5457	440.624.3309	

#### Contact Information:

Primary	Secondary	Emergency
dustin hoffman, Address:417 se onyx dr, Phone:(660) 624-3309		dustin hoffman, Address:417 se onyx dr, Phone:(660) 624-3309
*528 SW Third St. Leus Summit, mo 64063.		
*816.681.5457.		

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Physical Business Address:

Business E-Mail Address:: dustin.hoffman@yahoo.com

Legal Name of Business: (if different than DBA):Hoffman Heating and Cooling

Type of Organization:

Construction

Please provide your NAIC Code:

Renew on-line communications email address: (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
816.681.5457	440.624.3309	

#### Contact Information:

Primary	Secondary	Emergency
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*528 SW Third St. Less Summit, mo 64063.		
*816.681.5457.		

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— HVAC		
*For businesses physically located in Lee's Sumn	nit this section MUST he completed	*
Has your Physical Address changed over the last		Approval Form)
Is business located in a Lee's Summit Commercia	l area o Residential? (circle)	
Do you have an intrusion alarm? Y or (1) (circle)		
Total Building Square Footage - 200 Co.		
Employee Headcount for this location:		
Full Time: 3-4		
Part Time: \\ Temporary: \( \)		
Temporary.		
IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S Swebsite at <a href="https://www.cityofls.net">www.cityofls.net</a> .	SUMMIT, PLEASE SUBMIT A NEW ZONIN	IG FORM. Zoning forms located on
CONTRACTOR LICENSING INFORMA		
Please select type of contractor lic	ense requested - \$25.00 annual contractor	license fee for each Class
Class A - General Contractor: construct, remodel, der	nolish, repair any structure	
Class B – Building Contractor: construct, remodel, den		3 stories in height
Class C – Residential Contractor: construct, remodel, or		or townhouse structure
Class D – Mechanical Contractor: perform mechanical		
Class D – Electrical Contractor: perform electrical serv		
		0116050
Please provide name of licensed representative (ma		
If renewal – provide 8 hours of CEU (please provide do	Email: Dustinhoffman @	1 Cell #: (400 · 627 · 3301
classification	ocumentation of completion) <u>or</u> include ob	tional in lieu of CEU lee of \$100.00 per license
FEE CALCULATION (please check those that apply):		
ree CALCOLATION (please check those that apply):		
x \$50 Business License Fee (base fee)		
\$25 Contractor License Fee (\$25 for each license c	lassification ie: Mechanical & Plumbing	= \$50)
\$100 Contractor fee in lieu of completion of 8 hour	rs of annual continuing education (CEU)	for each license classification
Penalty for delinquent license is 5% per month	not to overed 25% (is delinewent 50 de	and the second second
17	not to exceed 25% (is definduent 60 day	ys after expiration)
Total fee		
I declare under penalty of perjury that to the best of m	have already as a suit bull-flat.	
X Signature of Owner(S) or Corporation Agent/Owner	x Owner	10/23/23
Signature of Owner(s) or Corporation Agent/Owner	Title	Date
The filing of this application or the granting of a busine the provisions of the zoning code, and is further subject specific occupations and businesses. Payment by Check	t to all applicable federal, state and loca	l laws and regulations which apply to
FOR OFFICE USE ONLY		
License Effective from/ to		License #

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