

TAXATION DIVISION  
PO BOX 3666  
JEFFERSON CITY, MO 65105-3666



*Missouri*  
**DEPARTMENT OF REVENUE**

Telephone: 573-751-9268  
Fax: 573-522-1265  
E-mail: [taxclearance@dor.mo.gov](mailto:taxclearance@dor.mo.gov)

SUMMIT FLIGHT ACADEMY LLC  
887 KENDALL RD  
PECULIAR, MO 64078-9574

DATE: 11/21/2023  
VALID THROUGH: 02/20/2024  
LEE'S SUMMIT

### **CERTIFICATE OF NO TAX DUE**

MISSOURI ID: 27944549  
Notice Number 2043928597

To Whom It May Concern: The Department of Revenue, State of Missouri, certifies the above listed taxpayer has filed all required returns and paid all sales or withholding tax due, including penalties and interest, and does not owe any sales and withholding tax, as of November 20, 2023. This review does not include returns that are not required to be filed as of this date or that have been filed but not yet processed by the Department.

This statement only applies to sales and withholding tax due and is not to be construed as limiting the authority of the Director of Revenue to assess, or pursue collection of liabilities resulting from final litigation, default in payment of any installment agreement entered into with the Director of Revenue, any successor liability that may become due in the future, or audits or reviews of the taxpayer's records as provided by law.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE.

TAXATION DIVISION



Expiration date: 12/31/2023

## Business License Renewal

220 SE Green Street  
Lee's Summit, MO 64063  
Phone 816.969.1220 / Fax 816.969.1221 / [www.cityofls.net](http://www.cityofls.net)

Summit Flight Academy  
Licensing  
2525 NE DOUGLAS ST  
Lee's Summit, MO 64064-2225

### 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: 2525 NE DOUGLAS ST LEES SUMMIT, MO 64064  
Business E-Mail Address: [levi@midwestavionics.com](mailto:levi@midwestavionics.com)  
Legal Name of Business: (if different than DBA): Summit Flight Academy LLC  
Type of Organization: Other Services Not Pub Admin  
Please provide your NAIC Code: 611512

Renew on-line communications email address: [info@summit-flight.com](mailto:info@summit-flight.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
8162821500	6207190673 816 885 5703	

Contact Information :

Primary	Secondary	Emergency
Levi Self, Address: 2525 DOUGLAS ST NE, Phone: (816) 616-8676	Jeremy Davis, Address: 316 NW Rockwood CT, Phone: (816) 885-5703	Levi Self, Address: 2525 DOUGLAS ST NE, Phone: (816) 616-8676

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

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) -

\*For businesses physically located in Lee's Summit this section **MUST** be completed\*

Has your Physical Address changed over the last year? **Y or N** (If yes complete Zoning Approval Form)

Is business located in a Lee's Summit **Commercial area or Residential?** (circle)

Do you have an intrusion alarm? **Y or N** (circle)

Total Building Square Footage -

Employee Headcount for this location:

Full Time: 1 2

Part Time: 1

Temporary:

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) -

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at [www.cityofls.net](http://www.cityofls.net).

FEE CALCULATION (please check those that apply):

☒ \$50 Business License Fee (base fee)

☐ Penalty for delinquent license is 5% per month not to exceed 25% (is delinquent 60 days after expiration)

☐ 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.

X \_\_\_\_\_  
Signature of Owner(s) or Corporation Agent/Owner

X \_\_\_\_\_  
Title

\_\_\_\_/\_\_\_\_/\_\_\_\_  
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 # \_\_\_\_\_