



New Owners
3-1-24 to 2-28-25

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 12/01/2023

H&M

H&M FASHION USA INC.

Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

Physical Business Address:

840 NW Blue Parkway, Unit H Lee's Summit MO 64086
Address City State Zip
(816) 600 3720 () (201) 246-4207 dlfashiontaxus@hm.com
Business Address Phone # Cell # Fax # Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: H&M FASHION USA INC. ☒ DBA ☐ Legal Name ☐ Other H&M
251 LITTLE FALLS DR WILMINGTON DE 19808
Address City State Zip
(973) 979-8198 () (201) 246-4207 dlfashiontaxus@hm.com
Mailing Address Phone # Cell # Fax # Email

Contacts:

■ Primary Contact: JIGNASA GANDHI CORPORATE TAX SUPERVISOR
Name Title (Owner/Corp. Agent/Applicant)
300 Lighting Way, Suite 100 Secaucus NJ 07094
Address City State Zip
(973) 979-8198 () (201) 246-4207 dlfashiontaxus@hm.com
Phone # Cell # Fax # Email
Date of Birth 07/24/75 G0402 46182 57761 NJ
MM DD YY Driver's License # State Issued

■ Secondary Contact: Corporation Service Company Authorized Agent
Name Title (Owner/Corp. Agent/Applicant)
() () () blcompliance@cscglobal.com
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 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 20,000 Missouri State Sales Tax Number 28688619
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: 6 Full Time 12 Part Time _____ Temporary

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

RETAIL SALES OF CLOTHING AND ACCESSORIES

(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
<input type="checkbox"/> Animal Services	81	<input type="checkbox"/> Massage Therapy Establishment	81
<input type="checkbox"/> Automobile Body/Repair Shop/Car Wash	81	<input type="checkbox"/> Motel/Hotel indicate # of rooms _____	72
<input type="checkbox"/> Automobile Sales	81	<input type="checkbox"/> Nursery, Greenhouse	44-45
<input type="checkbox"/> Bail Bondsperson	81	<input type="checkbox"/> Pay Day/Title Loan	52
<input type="checkbox"/> Bank, Credit Union, Finance Company	52	<input type="checkbox"/> Precious Metal Dealer/Pawnbroker	81
<input type="checkbox"/> Contractor - Class A, B, C, or D	23	<input type="checkbox"/> Real Estate Rental and Leasing	53
<input type="checkbox"/> Contractor - Other	23	<input type="checkbox"/> Recreation Business - Indoor/Outdoor	71
<input type="checkbox"/> Day Care Provider - General (7-12)	81	<input type="checkbox"/> Rental and Leasing	53
<input type="checkbox"/> Day Care Provider - Limited (1-6)	81	<input type="checkbox"/> Restaurant and Food Service	72
<input type="checkbox"/> Drinking Establishment	72	<input checked="" type="checkbox"/> Retail	44-45
<input type="checkbox"/> Funeral Home	81	<input type="checkbox"/> School, for profit	61
<input type="checkbox"/> Gas Service Station & Convenience Store	81	<input type="checkbox"/> Service Provider	81
<input type="checkbox"/> Grocers	44-45	<input type="checkbox"/> Service Provider with Retail Sales	44-45 or 81
<input type="checkbox"/> Hospital, Nursing Home, Retirement Home, Health	62	<input type="checkbox"/> Special Event	71
<input type="checkbox"/> Insurance	52	<input type="checkbox"/> Telephone Call Center	81
<input type="checkbox"/> IT Services	54	<input type="checkbox"/> Tow Service Provider	81
<input type="checkbox"/> Landscaping-Mowing-Tree Trimmer	81	<input type="checkbox"/> Transportation - Bus/Taxi/Limo/Rental Car	48-49
<input type="checkbox"/> Liquor Store	44-45	<input type="checkbox"/> Vending Machine	81
<input type="checkbox"/> Manufacturing	31-33	<input type="checkbox"/> Waste Management and Recycling Services	56
<input type="checkbox"/> Massage Therapist (may/may not own business)	81	<input type="checkbox"/> 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: difashiontaxus@hm.com ☐ 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 JIGNASA GANDHI Tel # (973)- 979 - 8198 Alternate Tel # ()
 b. Name _____ Tel # () _____ Alternate Tel # ()
 c. Name _____ Tel # () _____ 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

Authorized Agent
Title

3 / 11 / 24
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 # _____



CSC
251 Little Falls Drive
Wilmington, DE 19808

To: City of Lees Summit
From: Business License Filing Team
Phone: 800-927-9801 ext. 66028
Email: BLFilingUpdates@cscglobal.com
Date: 3/11/2024
Order: 1419622-12
RE: Business License

TO WHOM IT MAY CONCERN:

Enclosed, please find:

- Business License Renewal/Application
- Check in the amount of \$50

Please take the following action:

- File the renewal/application in your office
- Confirm the filing is complete by returning the license certificate(s) to the mailing address listed and/or email a copy to the provided email address above

For any questions or concerns please reach out to CSC
at BLFilingUpdates@cscglobal.com or call 800-927-9801 ext. 66028

Thank you for your assistance .

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

H&M FASHION USA INC.
300 LIGHTING WAY STE 100
SECAUCUS, NJ 07094-3647

SEARCH DATE: March 13, 2024
DATE CLEARED THROUGH: 04/15/2024
LEE'S SUMMIT

MISSOURI ID: 28688619
Notice Number: 2046184451

CERTIFICATE OF NO TAX DUE

The Department of Revenue, State of Missouri, certifies that this taxpayer/account has filed all required returns and paid all sales or withholding tax due, including penalties and interest, or does not owe any sales, use, and withholding tax, according to the records of the Missouri Department of Revenue. These records do not include returns that are not required to be filed as of this date for taxes previously collected 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