

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

DAVIS SUPPLY INC
655 SW 2ND ST
LEES SUMMIT, MO 64063-2235

DATE: 04/08/2024
VALID THROUGH: 07/08/2024
LEES SUMMIT

04/08/2024

CERTIFICATE OF NO TAX DUE

MISSOURI TAX IDENTIFICATION NUMBER: 16018460

To Whom it May Concern: The Missouri Department of Revenue 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 or withholding tax, as of 04/08/2024. 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.

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DAVIS SAFETY SUPPLY INC
655 SW 2ND ST
LEES SUMMIT, MO 64063-2235

04/08/2024

RE: DAVIS SUPPLY INC
MISSOURI TAX IDENTIFICATION NUMBER: 16018460
Notice Number 2046803602

Dear Sir or Madam:

The Missouri Department of Revenue received your request for a Certificate of No Tax Due on the above referenced business.

Enclosed please find the requested certificate.

If you require additional information, contact the Taxation Division at the above address, telephone number, fax number, or e-mail.

TAXATION DIVISION

Enclosure

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 4-11-2024
APPLICANT: JAMES DAVIS
BUSINESS NAME: DAVIS Supply INC
ADDRESS: 655 SW 2ND ST
TYPE OF BUSINESS: SAFETY Supply
TELEPHONE: 816 600 2381 ZONING DISTRICT: CP-2
(To be completed by the Planning Dept.)

☒ NEW BUSINESS ☐ CHANGE OF ADDRESS
☐ CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)

NOT SURE

If locating in a previously occupied space, are there any building structural, mechanical, plumbing or electrical alterations or additions proposed? If so, please describe the nature of the alterations or additions.

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AFTER THIS ZONING APPROVAL FORM HAS BEEN SIGNED, AN OCCUPANTIONAL/BUSINESS LICENSE APPLICATION AND FEE MAY BE ACCEPTED FOR FINAL PROCESSING IN THE FINANCE DEPARTMENT AT LEE'S SUMMIT, MISSOURI CITY HALL.

NOTE: This form is required prior to acceptance of an application for an occupational/business license and issuance of a temporary permit to operate if the business location is within the limits of the City of Lee's Summit. New businesses with no physical location within the city do not require this form.

[Signature]
APPLICANT SIGNATURE

APPROVED BY:

[Signature]
DEPT. OF PLANNING & DEV.

[Signature] *
CODES ADMINISTRATION

NA
FIRE DEPARTMENT

☒ If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.

* Contingent upon completion of
change of tenant permit process

Business Address
(Administrative Use)