Expiration date: 03/31/2024



Business License Renewal

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

SHELTER INSURANCE/DARRYL COVINSKY Licensing 209 SW JEFFERSON ST 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	Busi	ness	Add	ress:

209 SW JEFFERSON ST LEES SUMMIT, MO 64063

Business E-Mail Address:: DCOVINSKY@SHELTERINSURANCE.COM

Legal Name of Business: (if different than DBA):

Type of Organization:

Finance and Insurance

Please provide your NAIC Code:

Renew on-line communications email address:	
	n email above. This email address could be different than the Business Email
Address. This email address is the person that is respon	nsible for Business Licenses/Renewals at your place of business)
**IMPORTANT! If you would like to RENEW your Bu	
https://devservices.cityofls.net/renew-business-li	
Business Phone Numbers :	

Primary	Cell	Fax
8165247700	8165247194	
	1	

Contact Information:

Primary	Secondary	Emergency
DARRYL COVINSKY, Address:1005 SW BLAZING STAR DR, Phone:(816) 209-8993		

(Continued on back page)

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:	
Part Time:	
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	l on
website at www.cityofls.net.	
FEE CALCULATION (please check those that apply):	
X\$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 corre	ct.
x Test x Prentito	,24
Signature of Owner(s) or Corporation Agent/Owner Title Date	J <u></u> -
The filing of this application or the granting of a business license neither confirms nor approves the use of land as regulated u the provisions of the zoning code, and is further subject to all applicable federal, state and local laws and regulations which appears occupations and businesses. Payment by Check – make check payable to City of Lee's Summit.	nder pply to
FOR OFFICE USE ONLY License Effective from/ to Fee Remitted \$ License #	