



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 05/31/24 New Business (Y/N) ☒ In business since 05/2024
MM DD YY

Academy Driving School LLC
Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

Physical Business Address:

622 SW 3rd St, Unit D Lee's Summit MO 64063
Address City State Zip

816 969-9456 () () info@academydriving.com
Business Address Phone # Cell # Fax # Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: _____ ☐ DBA ☐ Legal Name ☐ Other _____

Address City State Zip

() () ()
Mailing Address Phone # Cell # Fax # Email

Contacts:

■ Primary Contact: Linda England Owner
Name Title (Owner/Corp. Agent/Applicant)

622 SW 3rd St, Unit D Lee's Summit MO 64063
Address City State Zip

816 969-9456 () () info@academydriving.com
Phone # Cell # Fax # Email

11/10/1956 T981363049 MO
Date of Birth MM DD YY Driver's License # State Issued

■ Secondary Contact: John England Owner
Name Title (Owner/Corp. Agent/Applicant)

816 510-6035 () () info@academydriving.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 600 Missouri State Sales Tax Number _____

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: 2 Full Time 0 Part Time 0 Temporary

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

Driving Classes and lessons.

(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 type="checkbox"/> Retail | 44-45 |
| <input type="checkbox"/> Funeral Home | 81 | <input checked="" 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: info@academydrivingm.com

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 Linda England Tel # 816 969-9456 Alternate Tel # () _____
 b. Name John England Tel # 816 510-6035 Alternate Tel # () _____
 c. Name Steve Wheeler Tel # 816 509-7311 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.

Linda D. England Title Owner Date 05/31/24
 Signature of Owner(s) or Corporation Agent/Owner

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 # _____