



## Business License Application

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

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.

Date 7/15/24 New Business ☒ In business since \_\_\_\_\_  
MM DD YY  
Common/Preferred Name of Business (DBA) Smoothie King Legal Name of Business (if different than DBA) Summit Smoothie LLC  
Physical Business Address: 1440 NE DOUGLAS ST. LEE'S Summit MO 64086  
Address City State Zip  
Business Address Phone # (816) 695-3609 Cell # ( ) N/A Fax # ( ) N/A Email GLOBALPRODUCE@KC.RR.COM

### Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: DANNY SPIRI ☐ DBA ☒ Legal Name ☐ Other \_\_\_\_\_  
969 NW SOUTH SHORE LAKE WAUKOMIS MO 64151  
Address City State Zip  
Mailing Address Phone # (816) 695-3609 Cell # ( ) N/A Fax # ( ) N/A Email GLOBALPRODUCE@KC.RR.COM

### Contacts:

■ Primary Contact: DANNY SPIRI OWNER  
Name Title (Owner/Corp. Agent/Applicant)  
969 NW SOUTH SHORE LAKE WAUKOMIS MO 64151  
Address City State Zip  
Phone # (816) 695-3609 Cell # ( ) N/A Fax # ( ) N/A Email GLOBALPRODUCE@KC.RR.COM  
Date of Birth 5/13/53 Driver's License # R203080014 State Issued MO  
MM DD YY

■ Secondary Contact: JOELLEN SPIRI  
Name Title (Owner/Corp. Agent/Applicant)  
(816) 695-3610 ( ) N/A ( ) N/A ( ) N/A  
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/A (if Y please complete a **Commercial Zoning Approval form**)  
Is business located in a Lee's Summit residence? N/A (if Y please complete a **Home Occupation Zoning Approval form**)  
Do you have an intrusion alarm? N/A (if Y please complete an **Alarm User Registration** application)  
Total Building Square Footage 1,100 sq feet Missouri State Sales Tax Number 27285740  
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 10 Part Time 0 Temporary

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

Smoothie shop.



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 checked="" 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 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: globalproducer@kc.rr.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 DANNY SPINI Tel # 816 695-3609 Alternate Tel # ( )         
b. Name JOE LEE SPINI Tel # 816 695-3610 Alternate Tel # ( )         
c. Name MARY JO SPINI Tel # 816 213-5307 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 Danny Spini

Title owner

Date 7/15/24

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 # \_\_\_\_\_

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 SMOOTHIE LLC  
969 NW SOUTH SHORE DR  
LAKE WAUKOMIS, MO 64151-1443

DATE: 07/22/2024  
VALID THROUGH: 10/21/2024  
LEE'S SUMMIT

### CERTIFICATE OF NO TAX DUE

MISSOURI ID: 27285740  
Notice Number 2048636564

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 July 21, 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.

TAXATION DIVISION

*Store # 1545*



**EXCEPT HOME OCCUPATIONS**

(To be completed by the Planning Dept.)

## CHANGE OF OWNERSHIP

NONE

NONE

**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.

**APPROVED BY:**

DEPT. OF PLANNING &amp; DEV.

## CODES ADMINISTRATION

FIRE DEPARTMENT

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

permits obtained RIV

**Business Address  
(Administrative Use)**