

Sent back 8.20.24



Expiration date: 06/30/2024

Business License Renewal

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

RECEIVED
AUG 30 2024

LYTLE CONSTRUCTION INC
Licensing
1100 SE HAMBLEND RD
LEES SUMMIT, MO 64081

City of Lee's Summit
Development Center

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 Business Address: ~~1100 SE HAMBLEND RD, LEES SUMMIT, MO 64081~~ 18505 E 163rd Street
Business E-Mail Address: ROB@LYTLECONST.COM Lake Winnebago, MO 64034
Legal Name of Business: (if different than DBA):
Type of Organization: Construction
Please provide your NAIC Code:

Renew on-line communications email address: _____

(If you would like to renew on-line, you must provide an email above. This email address could be different than the Business Email Address. This email address is the person that is responsible for Business Licenses/Renewals at your place of business)

****IMPORTANT!** If you would like to RENEW your Business License online, please visit

<https://devservices.cityofls.net/renew-business-license.html> for instructions.

Business Phone Numbers :

Primary	Cell	Fax
8165247275	8168044949	8165246575

Contact Information :

Primary	Secondary	Emergency
ROB LYTLE, Address: 1100 SE HAMBLEND RD , Phone: (816) 804-4949 18505 E 163rd Street Lake Winnebago, MO	BRETT LYTLE, Address: 1100 SE HAMBLEND RD , Phone: (816) 872-6372 18505 E 163rd Street Lake Winnebago, MO	ROB LYTLE, Address: 1100 SE HAMBLEND RD , Phone: (816) 804-4949 18505 E 163rd St Lake Winnebago, MO

(Continued on back page)

Please provide a general description or scope of work for your business:

General Contractor - Commercial

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 - 13000

Employee Headcount for this location:

Full Time: 14

Part Time:

Temporary:

IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning forms located on website at www.cityofs.net.

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 (base 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% (is delinquent 60 days after expiration)

\$50

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.

X

Signature of Owner(s) or Corporation Agent/Owner

X

Title

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

7/1/24 to

6/30/25

Fee Remitted \$ 15⁰⁰

License # LC23142739



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/13/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Hub International Mid-America
9200 Ward Pkwy
Suite 500
Kansas City MO 64114

CONTACT NAME: Certificate Department

PHONE (A/C, No, Ext): 816-708-4600

FAX (A/C, No): 816-203-4425

E-MAIL ADDRESS: HUB-KC.Certificates@HUBInternational.com

INSURER(S) AFFORDING COVERAGE**NAIC #**

INSURER A: Valley Forge Insurance Company 20508

INSURER B: Continental Insurance Company of New Jersey 42625

INSURER C: National Fire Insurance Company of Hartford 20478

INSURER D: Midwest Builders' Casualty Mutual Co 13126

INSURER E:

INSURER F:

INSURED
Lytle Construction, Inc.
18505 E 163rd Street
Lake Winnebago MO 64034

COVERAGES**CERTIFICATE NUMBER:** 1902801492**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	7036265513	1/25/2024	1/25/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	BUA7036265527	1/25/2024	1/25/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	CUE7036265530	1/25/2024	1/25/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC10000008102024	1/1/2024	1/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Lee's Summit is Additional Insured as respects the General, Auto and Umbrella Liability policies.

CERTIFICATE HOLDER**CANCELLATION**

City of Lee's Summit
220 SE Green Street
Lee's Summit MO 64063

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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JOHNSON COUNTY
KANSAS
Contractor Licensing

2024-0000901
LYTLE CONSTRUCTION INC
1100 SE HAMBLER RD
LEES SUMMIT, MO 64081

JOHNSON COUNTY, KANSAS
CONTRACTOR LICENSING PROGRAM

Hereby grants the following:

Class A - General Contractor
2024 CONTRACTOR LICENSE
TO

LYTLE CONSTRUCTION INC

ISSUED BY:
Contractor Licensing Program
Johnson County, KS
111 South Cherry Street, #1000
Olathe, KS 66061

LICENSE EXPIRES DECEMBER 31, 2024