

BR-184



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 10/21/24
MM DD YY

New Business (Y/N) N

In business since 1992

IN Business Since

NEW BRANCH LOCATION

ACADEMY BANK, NA

Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

Physical Business Address:

2070 NW Lowenstein Dr, Ste A

Lee's Summit

MO

64081

Address

City

State

Zip

(816) 927-3714

()

()

Business Address Phone #

Cell #

Fax #

Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: DYLAN ROBINSON

☐ DBA ☐ Legal Name ☐ Other

1201 WALNUT ST. Ste 1100

KANSAS CITY

MO

64106

Address

City

State

Zip

(816) 412-0537

()

()

Mailing Address Phone #

Cell #

Fax #

Email

d robinson@academybank.com

Contacts:

Primary Contact: Adel Dgheim

Bus. Development Mgr.

Name

Title (Owner/Corp. Agent/Applicant)

2070 NW Lowenstein Dr, Ste A

Lee's Summit

MO

64081

Address

City

State

Zip

(913) 764-2265

()

()

Phone #

Cell #

Fax #

Email

adgheim@academybank.com

Date of Birth 1/1/
MM DD YY

Driver's License #

State Issued

Secondary Contact: Shelley Heidrich

Regl. Sales Executive

Name

Title (Owner/Corp. Agent/Applicant)

(913) 387-0361

()

()

Phone #

Cell #

Fax #

Email

Sheidrich@academybank.com

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 1,851

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: 3 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.):

BANKING / FINANCE

(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 checked="" 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 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: _____ ☐ 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 Adel Dyheim Tel # (913) 764-2265 Alternate Tel # () _____
b. Name Shelley Heidrich Tel # (913) 387-0361 Alternate Tel # () _____
c. Name _____ Tel # () _____ 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.

Adel Dyheim
Signature of Owner(s) or Corporation Agent/Owner

VP/ Assistant Controller + Tax Manager
Title

10/21/24
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 10/1/24 to 9/30/2025 Fee Remitted 50.00 License # 52240743

**ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS**

DATE: 10/30/2024
APPLICANT: Adel Dgheim
BUSINESS NAME: Academy Bank
ADDRESS: 2707-NW LowenStein Dr Suite A
TYPE OF BUSINESS: Bank ²⁰⁷⁰
TELEPHONE: 816-927-3713 ZONING DISTRICT: PMIX (SOWP)
(To be completed by the Planning Dept.)

New Branch NEW BUSINESS CHANGE OF ADDRESS
CHANGE OF OWNERSHIP

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

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.

N/A PRCOM20243061

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.


APPLICANT SIGNATURE

APPROVED BY:


DEPT. OF PLANNING & DEV.


CODES ADMINISTRATION

NA
FIRE DEPARTMENT

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