

## **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 $\frac{1}{MM} \frac{108}{24}$ New Business (YN) $\frac{262}{2}$	In business since		
Pho Noodle Go Common/Preferred Name of Business (DBA)	Tadath, P, LL Legal Name of Business (if different tha	an DBA)	
Physical Business Address:			
1720 NW Chipman Rd	Lee's Summit	MO 64081 State Zip	
( )	) # Email		
Mailing Address: (if different from Physical Address)			
Contact Name for Mailing Address:	DBA 🗆 Legal Name 🗆 Other		
Address	City	State Zip	
( ) ( )	) # Email		
Contacts: Primary Contact: Pairat Kent Phologica	roen Phesident	and the state of t	
1720 NW Chipman Rd	City	MO GAGE 1  State Zip	
( ) \$16 878-3440( ); Phone # Cell # Fax #	) # Email		
Date of Birth O1 /19 / 75 T20133900 Driver's License #	71.0 (10) (10) (10) (10) (10) (10) (10) (10		
	State issued		
Secondary Contact:			
Name	Title (Owner/Corp. Agent/Appli	cant)	
( ) ( ) ( ) Phone # Cell # Fax #	) ‡	\$ "	
Type of Organization (check one): □ Individual □ Partnersh			
Please complete this section if your b	ousiness is physically located in Lee's S	Summit.	
	usiness ownership    physical business addre	Sec. 1 March 1933 March 1930 Marc	
// (%)	please complete a <b>Commercial Zoning Approv</b>	al form)	
	please complete a Home Occupation Zoning A		
The state of the s	please complete an <u>Alarm User Registration</u> a <sub>l</sub> ouri State Sales Tax Number	oplication)	
All applicants who make retail sales must submit a Missouri Departm		h a date of issuance not more	
than 90 days before date of business license application/renewal. M	DR can be reached at 573.751.9268.		
Employee Headcount for this location: Full Time3			
Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):			
		-	

## FOR ALL BUSINESSES **EXCEPT HOME OCCUPATIONS**

**ZONING APPROVAL** 

DATE: 11-07-2024	
APPLICANT: Pairat Kent Pholcharoen	
BUSINESS NAME: Pho Noodle Go	
ADDRESS: 1720 NW Chipman Road	
TYPE OF BUSINESS: Restaurant	
TELEPHONE: $816-878-3440$ zoning district: $CP-2$	- D (1)
(To be completed by the Planni	. ,
NEW BUSINESS CHANGE OF ADDRE	ESS
CHANGE OF OWNERSHIP	
If applicable, what type of business previously occupied the space? (Include name of business if Restaurant / Pepper Jack Grill	known)
If locating in a previously occupied space, are there any building structural, mechanical, plun electrical alterations or additions proposed? If so, please describe the nature of the altera additions.  AFTER THIS ZONING APPROVAL FORM HAS BEEN SIGNED,	ations or
OCCUPANTIONAL/BUSINESS LICENSE APPLICATION AND FEE MAY BE ACCEDED FOR FINAL PROCESSING IN THE FINANCE DEPARTMENT AT LEE'S SUMMIT, MIS CITY HALL.	EPTED
NOTE: This form is required prior to acceptance of an application for an occupational/business and issuance of a temporary permit to operate if the business location is within the limits of the Lee's Summit. New businesses with no physical location within the city do not require this form.	license City of
APPROVED BY:  APPLICANT SIGNATURE  DEPT. OF PLANNING & D	FV
If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions.	N

FIRE DEPARTMENT

TAXATION DIVISION PO BOX 3000 JEFFERSON CITY, MO 65105-3000



### Missouri DEPARTMENT OF REVENUE

Telephone: 573-751-5860 Fax: 573-522-1722

E-mail: businesstaxregister@dor.mo.gov

TADATHIP LLC TADATHIP LLC 4021 STERLING AVE KANSAS CITY, MO 64133-1309

11/12/2024

#### CERTIFICATE OF NO TAX DUE

RE: Notice Number 2050585417 MISSOURI ID: 29822955

To whom it may concern: The Department of Revenue, State of Missouri, certifies that the above listed taxpayer/account has filed all required returns and paid all SALES TAX due, including penalties and interest, or does not owe any SALES TAX, according to the records of the Missouri Department of Revenue, as of 11/12/2024. These records do not include returns that are not required to be filed as of this date for taxes previously collected or that have been filed but not yet processed by the Department.

This statement only applies to SALES TAX due and does not limit the authority of the Director of Revenue to assess, or collect liabilities under appeal, in default of an installment agreement entered into with the Director of Revenue or that become known to the Department as a result of an audit, a review of taxpayer's records, or a determination of successor liability.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE.

TAXATION DIVISION

# State of Missouri Missouri Retail Sales License

Licensee:

License Issued: 11/12/2024

PHO NOODLE GO 1720 NW CHIPMAN RD LEES SUMMIT, MO 64081-3936

TADATHIP LLC

MISSOURI ID: 29822955

The issuance of this license is contingent upon the licensee's compliance in all respects with the requirements in Chapter 144 RSMo, and the rules promulgated thereunder.

This license is valid until cancelled and surrendered by the licensee or revoked by the Director of Revenue.

This license must be prominently displayed in the place of business.

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Director of Revenue

MISSOURI DEPARTMENT OF REVENUE TAXATION DIVISION

This business is registered INSIDE the city limits of LEE'S SUMMIT in JACKSON COUNTY and you are liable to collect and remit all applicable state and local sales taxes.

This license is not assignable or transferable.

Notice Number: 2050585413