

Business License Application

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

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 (if Y please complete a Commercial Zoning Approval form) Is business located in a Lee's Summit residence? D/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 Le DD SF Missouri State Sales Tax Number 29745 (608) (pending) 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.	PLEASE NOTIFY US IF YOU DISC	CONTINUE YOUR BUSINESS.
Legal Name of Business (IBA) Legal Name of Business (IBA)	1, , ,	In business since 2001
Secondary Contact: Summit State St		
Address (City State Zip Mailing Address Phone # Cell # Fax # Email Mailing Address Phone # Cell # Fax # Email Contact Name for Mailing Address: DBA Legal Name Other	Physical Business Address:	
Business Address Phone # Cell # Fax # Email Mailing Address: (if different from Physical Address) Contact Name for Mailing Address: City		
Contacts Name for Mailing Address: City State Zip	· · · · · · · · · · · · · · · · · · ·	
Address Contacts: Primary Contact: Primary Contact: Primary Contact: Primary Contact: Name Sbo3 Dsage Rd. City State Zip Title (Owner/Corp. Agent/Applicant) State Zip Title (Owner/Corp. Agent/Applicant) State Zip Michelle Ireland Praketmail. Loss Email Date of Birth 03/17/1964 K03-39-0518 KS MM DD YY Date of Birth 03/17/1964 K03-39-0518 KS State Issued Secondary Contact: Name Title (Owner/Corp. Agent/Applicant) Kelly ireland Procketmail. com Kelly ireland Procketmail. com Secondary Contact: Name Secondary Contact: Name Secondary Contact: Name Secondary Contact: Name Title (Owner/Corp. Agent/Applicant) Name Title (Owner/Corp. Agent/Applican	Mailing Address: (if different from Physical Address)	
Mailing Address Phone # Cell # Fax # Email Contacts: Primary Contact: Michelle Treland Stop Deage Rd. Address Blip 242-2442 Cell # Fax # Email Dwher Title (Owner/Corp. Agent/Applicant) State Zip Phone # Cell # Fax # Email Date of Birth 03/17/1944 Date of Birth 03/17/1944 Secondary Contact: Helly Treland Driver's License # State Issued Secondary Contact: Helly Treland Dwher Title (Owner/Corp. Agent/Applicant) Fax # Email Dwher Title (Owner/Corp. Agent/Applicant) Email Dwher Title (Owner/Corp. Agent/Applicant) Cell # Fax # Email Complete In Individual Partnership Corporation Phone # Cell # Fax # Email Check if applicable: This is a change in business name Please complete this section if your business is physically located in Lee's Summit. Check if applicable: This is a change in business name Dusiness located in a Lee's Summit commercial area Now (if y please complete a Commercial Zoning Approval form) Is business located in a Lee's Summit residence? Now (if y please complete a Now (if y please complete a Home Occupation Zoning Approval form) Missouri State Sales Tax Number 27/14608 (pending) 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: 15 Full Time 15 Part Time Temporary Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):	Contact Name for Mailing Address: Same	□ DBA □ Legal Name □ Other
Mailing Address Phone # Cell # Fax # Email Contacts: Primary Contact: Michelle Treland Stop Deage Rd. Address Blip 242-2442 Cell # Fax # Email Dwher Title (Owner/Corp. Agent/Applicant) State Zip Phone # Cell # Fax # Email Date of Birth 03/17/1944 Date of Birth 03/17/1944 Secondary Contact: Helly Treland Driver's License # State Issued Secondary Contact: Helly Treland Dwher Title (Owner/Corp. Agent/Applicant) Fax # Email Dwher Title (Owner/Corp. Agent/Applicant) Email Dwher Title (Owner/Corp. Agent/Applicant) Cell # Fax # Email Complete In Individual Partnership Corporation Phone # Cell # Fax # Email Check if applicable: This is a change in business name Please complete this section if your business is physically located in Lee's Summit. Check if applicable: This is a change in business name Dusiness located in a Lee's Summit commercial area Now (if y please complete a Commercial Zoning Approval form) Is business located in a Lee's Summit residence? Now (if y please complete a Now (if y please complete a Home Occupation Zoning Approval form) Missouri State Sales Tax Number 27/14608 (pending) 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: 15 Full Time 15 Part Time Temporary Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):		
Contacts: Primary Contact: Michelle Ireland Dwher	Address	State Zip
Primary Contact: Michelle Treland Dwher	()()	
Primary Contact: Michelle Treland Name Sbod Osage Rd. City State Zip State Zip Michelle I reland City Fax # Email Date of Birth O3 / 17 / 1964 K O 2 - 39 - 65 / 8 Secondary Contact: Helly Treland City Name Secondary Contact: Helly Treland City Name Secondary Contact: Helly Treland City Name Title (Owner/Corp. Agent/Applicant) Kelly I reland Crocketmail com Fax # Email Type of Organization (check one): Individual Partnership Corporation City 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 Now (if y please complete a Rome Secure of Day (if y please complete a Rome Secure of Day (if y please complete a Rome Secure of Day (if y please complete a Rome Secure of Day (pending) Name Title (Owner/Corp. Agent/Applicant) KS State Issued State Issued Fax # Email Type of Organization (check one): Please complete of Comporation Color (pending) Nome Please complete this section if your business is physically located in Lee's Summit. Check if applicable: This is a change in business in the Summit commercial area Now (if y please complete a Rome Occupation Zoning Approval form) No you have an intrusion alarn? Now (if y please complete and Rome Doccupation Zoning Approval form) No you have an intrusion alarn? Missouri State Sales Tax Number 29745008 (pending) 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 (icense application) Missouri State Sales Tax Number 29745008 (pending) Missouri State Sales Tax Number 29745008 (pendi	Mailing Address Phone # Cell # Fax #	Email
Secondary Contact: Cell # Fax # Email	Primary Contact: Michelle Ireland	
Phone # Cell # Fax # Email Date of Birth 03 / 17 / 1964	5002 Osage Rd. Cu	mmings KS Lebolb
Phone # Cell # Fax # Email Date of Birth 03 / 17 / 1964	(8/4) 242 - 2442 ()	michelle-ireland@rocketmail.com
Secondary Contact:		Email
Title (Owner/Corp. Agent/Applicant) Silly 383 - 3333		
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Phone # Cell # Fax # Email Type of Organization (check one): Individual Partnership Corporation CLC 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? D/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 N/Y (if Y please complete an Alarm User Registration application) 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: S Full Time S Part Time Temporary Please provide a general description or scope of work for your business (i.e. electrical contractor, doctor, retail store, etc.):		
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		electrical contractor, doctor, retail store, etc.):

Animal Services	NAICS Code	Category	NAICS Cod
Animal Services	81	Massage Therapy Establishment	81
Automobile Body/Repair Shop/Car Wash	81	Motel/Hotel indicate # of rooms	72
Automobile Sales	81	Nursery, Greenhouse	44-45
Bail Bondsperson	81	Pay Day/Title Loan	52
Bank, Credit Union, Finance Company	52	Precious Metal Dealer/Pawnbroker	81
Contractor - Class A, B, C, or D	23	Real Estate Rental and Leasing	53
Contractor - Other	23	Recreation Business - Indoor/Outdoor	71
Day Care Provider - General (7-12)	81	Rental and Leasing	53
Day Care Provider - Limited (1-6)	81	Restaurant and Food Service	72
Drinking Establishment	72	Retail	44-45
Funeral Home	81	School, for profit	61
Gas Service Station & Convenience Store	81	Service Provider	81
Grocers	44-45	Service Provider with Retail Sales	44-45 or 8
Hospital, Nursing Home, Retirement Home, Health	62	Special Event	71
Insurance	52		
IT Services	54	Telephone Call Center Tow Service Provider	81
	81		81
		Transportation - Bus/Taxi/Limo/Rental Car	48-49
Liquor Store Manufacturing	44-45	Vending Machine	81
Massage Therapist (may/may not own business)	31-33 81	Waste Management and Recycling Services Wholesale Sales	56
	1#(979 <u>388-37</u>	Alternate Tel # ()	
Name Cascy Treland Te	1# (913) 424-58	828 Alternate Tel # ()	
Name Cascy Treland Te Name CONTRACTOR LICENSING INFORM Please select type of contractor	# (9 <u>13 </u>	Alternate Tel # () Alternate Tel # () *Contractors — please complete this section*** 5.00 annual contractor license fee for each Class	k
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FOR OFFICE USE ONLY - License Effective from 11, 1, 24 to 10, 31, 25 Fee Remitted 50. License # 72, 43929