



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 12/26/2024
MM DD YY

New Business (Y/N) y

In business since 1/1/2025

LP MART HAMBLEM

LION PETROLEUM INC

Common/Preferred Name of Business (DBA)

Legal Name of Business (if different than DBA)

Physical Business Address:

1021 SE HAMBLEM

LEE'S SUMMIT

MO

64081

Address

City

State

Zip

(314) 652 1113
Business Address Phone #

(314) 686 3911
Cell #

(314) 652 7935
Fax #

MEVLIDA@LIONPETRO.COM
Email

Mailing Address: (if different from Physical Address)

Contact Name for Mailing Address: MEVLIDA MUMINOVIC

DBA Legal Name Other

OFFICE MANAGER

4251 LINDELL BLVD,

ST LOUIS

MO

63108

Address

City

State

Zip

() AS ABOVE
Mailing Address Phone #

()
Cell #

()
Fax #

Email

Contacts:

Primary Contact: SEE ATTACHED DOCUMENTS

Name

Title (Owner/Corp. Agent/Applicant)

Address

City

State

Zip

()
Phone #

()
Cell #

()
Fax #

Email

Date of Birth MM/DD/YY

Driver's License #

State Issued

Secondary Contact: SEE ATTACHED DOCUMENTS

Name

Title (Owner/Corp. Agent/Applicant)

()
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 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 Missouri State Sales Tax Number 16315588

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 2 Part Time Temporary

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

C STORE WITH PACKAGED FOOD, LIQUOR, TOBACCO, GASOLINE

1. Select Business License Category or NAICS code that best describes your business (choose one that applies)

Category	NAICS Code	Category	NAICS Code
_____ 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
<u>XX</u> Gas Service Station & Convenience Store	81	_____ Service Provider	81
_____ Grocers	44-45	_____ Service Provider with Retail Sales	44-45 or 81
_____ Hospital, Nursing Home, Retirement Home, Health	62	_____ Special Event	71
_____ Insurance	52	_____ Telephone Call Center	81
_____ IT Services	54	_____ Tow Service Provider	81
_____ Landscaping-Mowing-Tree Trimmer	81	_____ Transportation - Bus/Taxi/Limo/Rental Car	48-49
_____ Liquor Store	44-45	_____ Vending Machine	81
_____ Manufacturing	31-33	_____ Waste Management and Recycling Services	56
_____ Massage Therapist (may/may not own business)	81	_____ 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: MEVLIDA@LIONPETRO.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 NONE EMPLOYED YET Tel # () _____ Alternate Tel # () _____
 b. Name _____ Tel # () _____ 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):

- XX \$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%

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.

Richard T Bryant ATTORNEY 816-221-9000 12/26/2024
 Signature of Owner(s) or Corporation Agent/Owner 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 12/1/24 to 11/30/25 Fee Remitted 55 License # LC44240873

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

LION PETROLEUM INC
4251 LINDELL BLVD
SAINT LOUIS, MO 63108-2915

DATE: 11/26/2024
VALID THROUGH: 02/24/2025

CERTIFICATE OF NO TAX DUE

MISSOURI ID: 16315588
Notice Number 2050934092

To Supervisor of Liquor Control: The Department of Revenue, State of Missouri, certifies the above listed taxpayer has filed all required returns and paid all sales, use, or withholding tax due, including penalties and interest, and does not owe any sales, use, and withholding tax, as of November 25, 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 certificate is only for the purpose of obtaining a liquor license and is not pursuant to Section 144.150, RSMo.

This statement only applies to sales, use, 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

State of Missouri Missouri Retail Sales License

Licensee:

License Issued: 12/26/2024

LP MART HAMBLÉN
1021 SE HAMBLÉN RD
LEES SUMMIT, MO 64081-2937

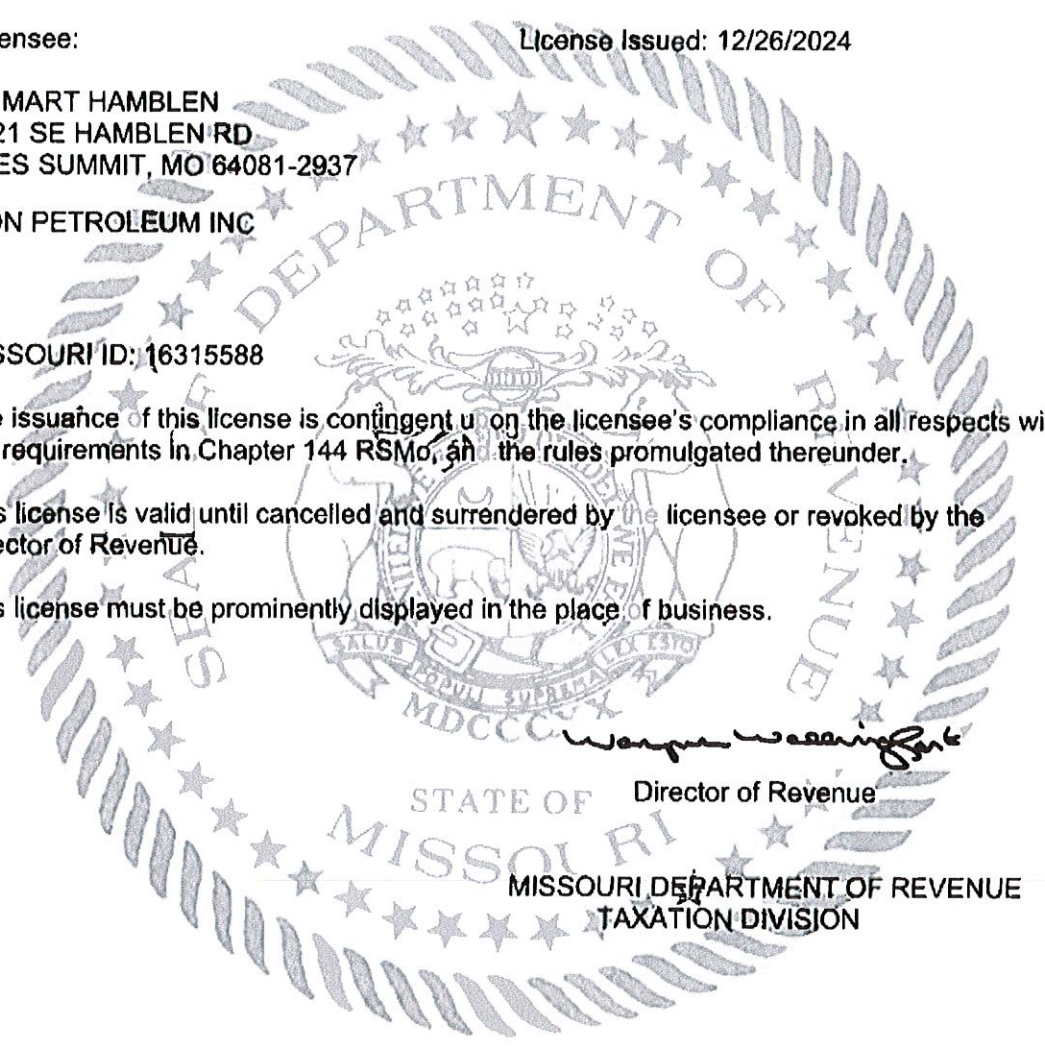
LION PETROLEUM INC

MISSOURI ID: 16315588

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.



The seal of the Missouri Department of Revenue is a large, circular emblem. It features a central shield with a plow, a sheaf of wheat, and a scale of justice. Above the shield is a banner with the motto 'SALUS POPULI SUPREMA LEX ESTO'. The shield is surrounded by a wreath of olive and oak branches. The outer ring of the seal contains the text 'DEPARTMENT OF REVENUE' at the top and 'STATE OF MISSOURI' at the bottom, separated by stars. The year 'MDCCCXX' (1820) is also visible at the bottom of the seal.

Wesley Weaving
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.

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 12/26/2024
APPLICANT: LION PETROLEUM INC
BUSINESS NAME: LP MART HAMBLEN
ADDRESS: 1021 SE HAMBLEN, LEES SUMMIT
TYPE OF BUSINESS: C STORE WITH GAS, FOOD, TOBACCO, LIQUOR
TELEPHONE: 314-652-1113 ZONING DISTRICT: PM11
(To be completed by the Planning Dept.)

XX _____ NEW BUSINESS _____ CHANGE OF ADDRESS
_____ CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)
NEW CONSTRUCTION
PRCOM 2023 0994

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.
NEW CONSTRUCTION

Business Address
(Administrative Use)

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.

[Signature]
APPLICANT SIGNATURE

APPROVED BY:
[Signature]
DEPT. OF PLANNING & DEV.

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

[Signature]
CODES ADMINISTRATION

NA
FIRE DEPARTMENT

Schedule P – Personal Data

(To be completed by the Managing Officer or Designated Agent and anyone who has 10% or more interest in the business.)

PLEASE PRINT OR TYPE - Attach additional paper if necessary

Name: Zarar Lodhi Maiden Name: _____
 Home Address: 99 Shady Valley Dr. Chesterfield MO 63017
Street City State Zip
 Home Phone Number: _____ Cell Phone Number: 314-369-4225
 E-mail Address: bobby@lionpetro.com
 Business Name: Lion Petroleum Inc. Business Phone: 314-652-1113
 Business Address: 4251 Lindell Blvd. St. Louis MO 63108
Street City State Zip
 SSN: 638-20-8383 Birth Place: Pakistan Birth Date: 6/27/59
 Spouse's Name: Yasmeen Lodhi Spouses Maiden: _____
 Address (if different from above): _____

- Are you a U.S. citizen? Yes [] No Date and place of naturalization (if applicable): St. Louis, MO - 8/24/2001
- Have you ever been arrested, indicted, or convicted for the violation of any federal or state law? [] Yes No
 If yes, provide additional documentation and list all details.
- List employers for the past five (5) years. If self-employed, state nature of business and location.

NAME	ADDRESS	PHONE	DATES

- What percentage of the business do you own? 51 %
- Have you ever made application for a liquor license that was denied or have you held a liquor permit that was suspended or revoked?
 [] Yes No If yes, provide and/or list additional information: _____
- Do you or any member of your immediate family have a direct or indirect interest in any other active liquor license?
 Yes [] No If yes, please provide additional information: Multiple locations

I, Zarar Lodhi, being of lawful age and duly sworn upon my oath, declare that I have read this application and fully understand same and that I know the contents thereof and answers and statements contained therein and the same are true.

[Signature] SIGNATURE OF APPLICANT 12/17/24 DATE

Schedule P – Personal Data

(To be completed by the Managing Officer or Designated Agent and anyone who has 10% or more interest in the business.)

PLEASE PRINT OR TYPE - Attach additional paper if necessary

Name: Imran Lodhi Maiden Name: _____
 Home Address: 18016 Bonhomme Bend Ct., Chesterfield, MO 63005
Street City State Zip
 Home Phone Number: _____ Cell Phone Number: 314-614-0802
 E-mail Address: imran@lionpetro.com
 Business Name: Lion Petroleum Inc. Business Phone: 314-652-1113
 Business Address: 451 Lindell Blvd. St. Louis MO 63108
Street City State Zip
 SSN: 642-20-9116 Birth Place: Pakistan Birth Date: 11/9/63
 Spouse's Name: Roxana Lodhi Spouses Maiden: _____

Address (if different from above): _____

- Are you a U.S. citizen? Yes [] No Date and place of naturalization (if applicable): St. Louis, MO - 3/23/2000
- Have you ever been arrested, indicted, or convicted for the violation of any federal or state law? [] Yes No
If yes, provide additional documentation and list all details.
- List employers for the past five (5) years. If self-employed, state nature of business and location.

NAME	ADDRESS	PHONE	DATES

- What percentage of the business do you own? 26 %
- Have you ever made application for a liquor license that was denied or have you held a liquor permit that was suspended or revoked?
[] Yes No If yes, provide and/or list additional information: _____
- Do you or any member of your immediate family have a direct or indirect interest in any other active liquor license?
 Yes [] No If yes, please provide additional information: multiple locations

I, Imran Lodhi, being of lawful age and duly sworn upon my oath, declare that I have read this application and fully understand same and that I know the contents thereof and answers and statements contained therein and the same are true.

Imran Lodhi
SIGNATURE OF APPLICANT

12/17/24
DATE

Schedule P – Personal Data

(To be completed by the Managing Officer or Designated Agent and anyone who has 10% or more interest in the business.)

PLEASE PRINT OR TYPE - Attach additional paper if necessary

Name: Zubair Lodhi Maiden Name: _____
 Home Address: 99 Shady Valley Dr., Chesterfield MO 63017
Street City State Zip
 Home Phone Number: _____ Cell Phone Number: 314-369-4230
 E-mail Address: Zubair@licnpetro.com
 Business Name: Lion Petroleum Inc. Business Phone: 314-652-1113
 Business Address: 4251 Lindell Blvd. St. Louis MO 63108
Street City State Zip
 SSN: 486-19-2310 Birth Place: Pakistan Birth Date: 12/28/62
 Spouse's Name: Shazia Lodhi Spouses Maiden: _____

Address (if different from above): _____

- Are you a U.S. citizen? Yes [] No Date and place of naturalization (if applicable): St. Louis, MO - 1/27/2017
- Have you ever been arrested, indicted, or convicted for the violation of any federal or state law? [] Yes No
 If yes, provide additional documentation and list all details.
- List employers for the past five (5) years. If self-employed, state nature of business and location.

NAME	ADDRESS	PHONE	DATES

- What percentage of the business do you own? 23 %
- Have you ever made application for a liquor license that was denied or have you held a liquor permit that was suspended or revoked?
 [] Yes No If yes, provide and/or list additional information: _____
- Do you or any member of your immediate family have a direct or indirect interest in any other active liquor license?
 Yes [] No If yes, please provide additional information: multiple locations

I, Zubair Lodhi, being of lawful age and duly sworn upon my oath, declare that I have read this application and fully understand same and that I know the contents thereof and answers and statements contained therein and the same are true.

 SIGNATURE OF APPLICANT

12/17/24
 DATE

MSU LIDA MUMINOU, C

@ 314 652 1113

F 314 652 7935

C 314-686-3511

msu.lida@lionpro.net, com

FIN-76-0500577