LEE'S SUMMIT
MISSOURI

# 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 9/2/20 (MM/DD/YY) New Business (Y/N) _____ In business since 1996

A Perfect Lawn LLC
Common/Preferred Name of Business (DBA)

A Perfect Lawn LLC
Legal Name of Business (if different than DBA)

**Physical Business Address:**
11804 E 203rd Street — Address
Raymore — City
MO — State
64083 — Zip

~~816~~ 913-208-7246 — Business Address Phone #
( ) _____ — Cell #
( ) _____ — Fax #
aperfectlawnol@aol.com — Email

**Mailing Address:** (if different from Physical Address)
Contact Name for Mailing Address: A Perfect Lawn ☐ DBA ☐ Legal Name ☐ Other
P.O. Box 480214 — Address
Kansas City — City
MO — State
64148 — Zip
( ) Same — Mailing Address Phone #
( ) _____ — Cell #
( ) _____ — Fax #
same — Email

**Contacts:**
■ Primary Contact: Shawn Mercier (Name) Owner (Title (Owner/Corp. Agent/Applicant))
11804 E 203rd St — Address
Raymore — City
MO — State
64083 — Zip
913 208-7246 — Phone #
( ) _____ — Cell #
( ) _____ — Fax #
same as business — Email
Date of Birth 03/13/1971 (MM/DD/YY) _____ — Driver's License #
MO — State Issued

■ Secondary Contact: Joey Mercier (Name) Owner (Title (Owner/Corp. Agent/Applicant))
816 365-4487 — Phone #
( ) _____ — Cell #
( ) _____ — Fax #
same as business — 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 ☐ 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 _____ 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: _____ Full Time _____ Part Time _____ Temporary

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

_____

_____

(continued on next page)

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

| | Category | NAICS Code |
|---|---|---|
| | Animal Services | 81 |
| | Automobile Body/Repair Shop/Car Wash | 81 |
| | Automobile Sales | 81 |
| | Bail Bondsperson | 81 |
| | Bank, Credit Union, Finance Company | 52 |
| X | Contractor - Class A, B, C, or D | 23 |
| | Contractor - Other | 23 |
| | Day Care Provider - General (7-12) | 81 |
| | Day Care Provider - Limited (1-6) | 81 |
| | Drinking Establishment | 72 |
| | Funeral Home | 81 |
| | Gas Service Station & Convenience Store | 81 |
| | Grocers | 44-45 |
| | Hospital, Nursing Home, Retirement Home, Health | 62 |
| | Insurance | 52 |
| | IT Services | 54 |
| | Landscaping-Mowing-Tree Trimmer | 81 |
| | Liquor Store | 44-45 |
| | Manufacturing | 31-33 |
| | Massage Therapist (may/may not own business) | 81 |

| | Category | NAICS Code |
|---|---|---|
| | Massage Therapy Establishment | 81 |
| | Motel/Hotel indicate # of rooms _____ | 72 |
| | Nursery, Greenhouse | 44-45 |
| | Pay Day/Title Loan | 52 |
| | Precious Metal Dealer/Pawnbroker | 81 |
| | Real Estate Rental and Leasing | 53 |
| | Recreation Business - Indoor/Outdoor | 71 |
| | Rental and Leasing | 53 |
| | Restaurant and Food Service | 72 |
| | Retail | 44-45 |
| | School, for profit | 61 |
| | Service Provider | 81 |
| | Service Provider with Retail Sales | 44-45 or 81 |
| | Special Event | 71 |
| | Telephone Call Center | 81 |
| | Tow Service Provider | 81 |
| | Transportation - Bus/Taxi/Limo/Rental Car | 48-49 |
| | Vending Machine | 81 |
| | Waste Management and Recycling Services | 56 |
| | 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?
X Yes – Business/Billing Email Address: aperfectlawnoleaol.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 _____ 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
- X **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)**
- X **$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.**

_____ owner 9/2/20
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 ___/___/___to___/___/___Fee Remitted_____ License #_____

**LEE'S SUMMIT**
MISSOURI

# RELEASE FOR LAWN SPRINKLER SYSTEM IN CITY OF LEE'S SUMMIT RIGHT OF WAY (RESIDENTIAL)

In consideration for the City of Lee's Summit's permission to extend a Lawn Irrigation System into the City's right of way at (legal description of the property):

Lot No. 72 Plat Title _____ Address: 1229 NE Goshen Street

County: Jackson State: Missouri

I, Shawn Mercier, the undersigned, successors, and assigns do hereby release and forever discharge the City of Lee's Summit, its employees and/or agents from and against any and all liability, claims and demands for any use arising out of, relating to, or being in any way connected with work or service by the City, its employees or agents within the City's right of way for any purpose whatsoever.

NOW THEREFORE, the Undersigned hereby declares that said property described above shall be held, sold and conveyed subject to the release herein and said release shall run with the real property and be binding on all parties having any part thereof, their heirs, successors and assigns.

IN WITNESS WHEREOF, this release has been read, signed and sealed this 4th day of September, 2020

By: _____

Shawn Mercier
Printed or Typed Name

## INDIVIDUAL ACKNOWLEDGMENT

STATE OF MISSOURI
COUNTY OF JACKSON

ON THIS, The 4th day of September, 2020 before me, a Notary Public, personally appeared: Shawn Mercier

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) subscribed to the within instrument, and acknowledged that he he/she/they executed the same for the purposes stated therein and no other.

WITNESS my hand and official seal in the County and State aforesaid, the day and year first above written.

BRIDGET A. BELL
Notary Public - Notary Seal
Jackson County - State of Missouri
Commission Number 15119665
My Commission Expires Jul 12, 2023

/s/ Bridget A Bell
Notary Public Signature

Bridget A. Bell
Printed or Typed Name

(Seal)

My Commission Expires:
7/12/2023