



### Business License Application

220 SE Green Street / P.O. Box 1600

Lee's Summit, MO 64063

Phone 816.969.1220 / Fax 816.969.1221 / [www.cityofls.net](http://www.cityofls.net)

**PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS.**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

New Business (Y/N) \_\_\_\_\_

In business since \_\_\_\_\_

Common/Preferred Name of Business (DBA) \_\_\_\_\_

Legal Name of Business (if different than DBA) \_\_\_\_\_

**Physical Business Address:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Business Address Phone # Cell # Fax # Email \_\_\_\_\_

**Mailing Address:** (if different from Physical Address)

Contact Name for Mailing Address: \_\_\_\_\_  DBA  Legal Name  Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Mailing Address Phone # Cell # Fax # Email \_\_\_\_\_

**Contacts:**

■ Primary Contact: \_\_\_\_\_  
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: \_\_\_\_\_  
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  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.):

\_\_\_\_\_  
\_\_\_\_\_

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
_____ 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: \_\_\_\_\_  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  
 **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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 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 # \_\_\_\_\_