



# REPORT TO CITY COUNCIL

## *HOME OCCUPATION*

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**TO:** The Mayor and Members of the City Council

**FROM:** Nathan Mai-Lombardo

**DATE:** March 6, 2023

**SUBJECT:** Home Occupation – 8914 Trefore Avenue, Berkeley, MO 63134 – Ward 5

We have investigated the Subject item, above, and present the following as our findings:

### **BACKGROUND**

Applicant Kenice Benford business owner of *Simplei Sunshine Cleaning LLC*, is requesting a home occupation license for a cleaning business.

### **SUPPORTING DOCUMENTS**

- Application
- LLC Documents

### **ZONING**

8914 Trefore Avenue is zoned “R-1” Single Family Residence.  
No employees or customers at home.

### **RECOMMENDATION**

Staff recommends granting a Home Occupation License.

Respectfully Submitted,

Nathan Mai-Lombardo  
City Manager



**PUBLIC WORKS DEPARTMENT**

Mail to: 8425 Airport Road, Berkeley, Missouri 63134-2098 | (314) 524-3313

# HOME OCCUPATION LICENSE APPLICATION

All Home Occupation Licenses are APPROVED by the City Council. The annual fee is \$150.00

**FEE: 150.00** (Section 605.090)

Business Name: Simple Sunshine Cleaning LLC

Address of Home Occupation: 8914 Trefore Ave, Saint Louis, MO 63134

Property Owner Name: Cassandra Benford

St. Louis County Locator No: 13K520070

**\*\*\* Failure to complete all fields will delay issuance of your Home Occupation License. \*\*\***

If you mark YES to any of the first two questions, you will need to contact the Fire/Police Department for signatures below. Please print this document. Once you have the appropriate signatures, please send to the Public Works Department, ATTN: Building Commissioner.

1. Do you intend to use or store any flammable or combustible fluids or hazardous materials? ☐ Yes ☒ No

Fire Department Representative Name: \_\_\_\_\_  
Fire Department Representative Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Will your business involve the sale of firearms, etc.? ☐ Yes ☒ No

Police Department Representative Name: \_\_\_\_\_  
Police Department Representative Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Do you own the home where the Home Occupation will be conducted? ☐ Yes ☐ No  
If no, please check one of the following:  
☒ YES, the owner has authorized the use of this property for this business.  
☐ NO, the owner has not authorized the use of this property for this business.

2. Is there any other Home Occupation at this property? ☐ Yes ☒ No  
If yes, please describe the business: \_\_\_\_\_

3. How many people living in this home will be involved in this Home Occupation? 1

4. Will your business involve students, clients, patients, or visitors coming to your home? ☐ Yes ☒ No  
If yes, complete the following: (Only applies to No. 6 on the other side of this form, allowable uses)  
How many clients will attend at any one time? (Maximum 2 at a time allowed) \_\_\_\_\_  
What is the maximum number of clients at the home in any one day? (Maximum 2 per day allowed) \_\_\_\_\_  
What days and times will clients generally visit the home? (Allowable hours: M-F 7AM-10PM, SAT-SUN 8AM-6PM)  
☐ MON: \_\_\_\_\_ ☐ THURS: \_\_\_\_\_ ☐ SAT: \_\_\_\_\_  
☐ TUES: \_\_\_\_\_ ☐ FRI: \_\_\_\_\_ ☐ SUN: \_\_\_\_\_  
☐ WED: \_\_\_\_\_

5. Will there be product(s) sold on the internet? ☐ Yes ☒ No  
If yes, please describe the product(s): \_\_\_\_\_

6. Will there be food products prepared or packaged for sale? ☐ Yes ☒ No  
If yes, please provide your St. Louis County Health Certification Number: \_\_\_\_\_



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7. Will you be using more than 25% of the residence floor space for office/storage for this business (and any other business run out of this home)? (Note: No more than 25% total is allowed) ☐ Yes ☒ No  
Provide square footage of office space: 100  
Provide square footage of the building: 1565
8. List any other County, State, or Federal regulations with which the proposed business is required to comply, and show how the business is complying with these regulations (i.e. Bureau of Firearms, State of Missouri, etc.)  
N/a

**SIGNS ADVERTISING THE HOME OCCUPATION SHALL BE NO LARGER THAN A NAME PLATE.**

*I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge, and further agree to uphold the regulations for Home Occupations relating to the operation of business.*

Applicant's Name: Kenice Benford  
Signature: *Kenice Benford*  
Date: 01 / 31 / 2023  
Email: kenice.benford@gmail.com  
Phone Number: (314) 210 - 0840

Bus. Partner's Name (if applicable): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: 01 / 31 / 23

**DO NOT WRITE BELOW THIS LINE****Items for City Council Review:**

1. Completed Application with Business Information	Staff received (initials):	<u>JKC</u>
2. Staff Report	Staff received (initials):	<u>JKC</u>
3. Current Occupancy Certificate	Staff received (initials):	<u>JKC</u>
4. Landlord Written permission for Home Occupation	Staff received (initials):	<u>N/A</u>

City Council review - Meeting Date: 03 / 06 / 2023

If approved, fee to be paid and license issued by Public Works.

Original: 03/15/2010 Revised: 04/03/2017, 08/31/2022



**State of Missouri**  
**John R. Ashcroft, Secretary of State**  
Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

**LC001557038**  
**Date Filed: 9/25/2017**  
**John R. Ashcroft**  
**Missouri Secretary of State**

### Articles of Organization

(Submit with filing fee of \$105.00)

1. The name of the limited liability company is  
Simplei Sunshine Cleaning LLC  
(Must include "Limited Liability Company," "Limited Company," "LC," "L.C.," "LLC," or "LLC")
2. The purpose(s) for which the limited liability company is organized:  
To provide cleaning services for small and medium size offices.
3. The name and address of the limited liability company's registered agent in Missouri is:  

<u>Kenice Benford</u>	<u>8914 Trefore Ave</u>	<u>St. Louis MO 63134</u>
<small>Name</small>	<small>Street Address: May not use PO Box unless street address also provided</small>	<small>City/State/Zip</small>
4. The management of the limited liability company is vested in: ☐ managers ☒ members (check one)
5. The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual: Perpetual  
(The answer to this question could cause possible tax consequences, you may wish to consult with your attorney or accountant)
6. The name(s) and street address(es) of each organizer (PO box may only be used in addition to a physical street address):  
(Organizer(s) are not required to be member(s), manager(s) or owner(s))

<small>Name</small>	<small>Address</small>	<small>City/State/Zip</small>
<u>Benford, Kenice</u>	<u>8914 Trefore Ave</u>	<u>Saint Louis MO 63134</u>
7. ☐ Series LLC (OPTIONAL) Pursuant to Section 347.186, the limited liability company may establish a designated series in its operating agreement. The names of the series must include the full name of the limited liability company and are the following:  
  
New Series:  
☐ The limited liability company gives notice that the series has limited liability.  
  
New Series:  
☐ The limited liability company gives notice that the series has limited liability.  
  
New Series:  
☐ The limited liability company gives notice that the series has limited liability.  
  
(Each separate series must also file an Attachment Form LLC 1A.)

Name and address to return filed document:

Name: Kenice Benford

Address: Email: kenice.benford@gmail.com

City, State, and Zip Code: \_\_\_\_\_

LLC-1 (08/2013)

8. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: \_\_\_\_\_

(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

**All organizers must sign:**

Kenice Benford  
Organizer Signature

KENICE BENFORD  
Printed Name

09/25/2017  
Date of Signature



6134 Madison Avenue Berkeley, MO 63134  
(314) 524-3313 Fax (314) 264-2074

## Amended Occupancy Permit - Residential AOR-2011-47

**Address:** 8914 Trefore Ave.

**Head of Household** Cassandra Benford **DOB** [REDACTED]  
**DOB**                     

**Names, Birthdays and Relationship of others who will occupy unit**

<u>Occupant- Madisyn Benford</u>	<u>DOB [REDACTED]</u>	<u>Relationship Granddaughter</u>
<u>Occupant- Kenice Benford</u>	<u>DOB [REDACTED]</u>	<u>Relationship Daughter</u>
<u>Occupant-</u>	<u>DOB</u>	<u>Relationship</u>
<u>Occupant-</u>	<u>DOB</u>	<u>Relationship</u>
<u>Occupant-</u>	<u>DOB</u>	<u>Relationship</u>
<u>Occupant-</u>	<u>DOB</u>	<u>Relationship</u>
<u>Occupant-</u>	<u>DOB</u>	<u>Relationship</u>
<u>Occupant-</u>	<u>DOB</u>	<u>Relationship</u>

### Total Number Of Occupants Permitted By This Permit \* 3 \*

**Owners Name** Ms. Cassandra Benford

**Address** 8914 Trefore Ave.

Berkeley, MO 63134

**Condition of Occupancy** none

Anyone occupying the premises for which this permit is issued must be named above. Any person over the age of one (1) year, not named above, who moves into these premises after the Occupancy Permit is issued is in violation of the provisions of Article V, Sec.400.440 of the Municipal Code. Unless such additional occupancy is authorized by the owner, his agent or manager. The Occupancy Permit is amended and approved by the Department of Public Works. No moving is allowed from one one-half hour after sunset, until one-half hour before sunrise unless a permit is first obtained from the Chief of Police.

Issued this day of August 10, 2011

Debbie Irvin  
Building Commissioner

