Business Address (Administrative Heat

ZONING APPROVAL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:		_
APPLICANT:		
BUSINESS NAM	E:	
ADDRESS:		
TYPE OF BUSIN	ESS:	
TELEPHONE:		ZONING DISTRICT: CP-2 (To be completed by the Planning Dept.)
	NEW BUSINESS	CHANGE OF ADDRESS
	_ CHANGE OF OWNERSHIP	
If applicable, wha	t type of business previously occupied	d the space? (Include name of business if known)
		any building structural, mechanical, plumbing or please describe the nature of the alterations or
FOR FINAL PROCITY HALL. NOTE: This form and issuance of a	IAL/BUSINESS LICENSE APPL OCESSING IN THE FINANCE DE is required prior to acceptance of a a temporary permit to operate if the l	FORM HAS BEEN SIGNED, AN ICATION AND FEE MAY BE ACCEPTED PARTMENT AT LEE'S SUMMIT, MISSOURING Application for an occupational/business license business location is within the limits of the City of the city do not require this form.
		APPROVED BY:
APPLICA	NT SIGNATURE	DEPT. OF PLANNING & DEV.
performi	ed, permits are required prior to ng any framing, mechanical, l or plumbing alterations or	CODES ADMINISTRATION
additions	BBCOM20252400	FIRE DEPARTMENT