ZONING APPROVAL
FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE: 1/27/2026

APPLICANT: Jennifer Rucker

BUSINESS NAME: Revitalize Health Solutions

ADDRESS: 529 SE 2nd St. Lee's Summit, MO 64063 UNIT D

TYPE OF BUSINESS: Wellness & IV Hydration

TELEPHONE: 816.935.6072 **ZONING DISTRICT:** CP-1
(To be completed by the Planning Dept.)

X NEW BUSINESS _____ CHANGE OF ADDRESS

_____ CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)

N/A

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.

None

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.

Business Address (Administrative Use)

APPLICANT SIGNATURE

APPROVED BY:

Pierce Pulliam — Digitally signed by Pierce Pulliam DN: CN=Pierce Pulliam, OU=Development, OU=LS Users, DC=COLS, DC=LOC Date: 2026.01.28 12:55:32-06'00'

DEPT. OF PLANNING & DEV.

Brandon Kalwei — Digitally signed by Brandon Kalwei DN: CN=Brandon Kalwei, OU=Development, OU=LS Users, DC=COLS, DC=LOC Date: 2026.01.29 09:03:23-06'00'

CODES ADMINISTRATION

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

FIRE DEPARTMENT

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