	ZONING APPROVAL FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS DATE: 3.29.2021
	APPLICANT: JAMIE RUSSELL & SHANNON BRINKER
	BUSINESS NAME: ELSEWHERE APOTHECAPY AND BOOKSTORE LLI
	ADDRESS: BOG SHI OLDHAM PKWY. LEE'S SUMMIT, MO
1	TYPE OF BUSINESS: RETAIL 6402
	TELEPHONE: 8/6.726.0079 ZONING DISTRICT: CP-2. (To be completed by the Planning Dept.)
	NEW BUSINESS CHANGE OF ADDRESS
	CHANGE OF OWNERSHIP
	If applicable, what type of business previously occupied the space? (Include name of business if known) TNT Dog Prooming
	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. \underline{NO}
ees Address (strathve Use)	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.
Bueln (Adm <u>in</u>	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.
1	APPROVED BY: APPLICANT SIGNATURE APPLICANT SIGNATURE
-	C ATTEICANT SIGNATORE C DEPT. OF PLANNING & DEV.
	If checked, permits are required prior to performing any framing, mechanical, electrical or plumbing alterations or additions. CODES ADMINISTRATION Na
	FIRE DEPARTMENT
	**Contingent upon approval of change of use permit. Ms. Russell has been made aware of this process and the license tax.