Please provide a general description or scope of work for your business:

Private practice providing diagnosis and treatment of mental disorders and issues, particularly OCD and anxiety. At this time via (telehealth) online video conferencing. In the future could include in-person sessions again.

Has your Physical Address changed over the last year? YorN (If yes complete Zoning Approval Form) Yes

IF DOING ANY RETAIL SALES (provide copy of current no sales tax due letter) -

Is business located in a Lee's Summit Commercial area or Residential? (circle)

For businesses physically located in Lee's Summit this section MUST be completed

Do you have an intrusion alarm? Y or N (circle) Total Building Square Footage - 1004 1057	No intrusion alarm 'sq ft I believe my unit may be	
	ere are 4 units of differing sizes pe	
IF DOING ANY RETAIL SALES (provide copy of current	no sales tax due letter) - N/A.	
IF PHYSICAL ADDRESS HAS CHANGED WITHIN LEE'S website at www.cityofls.net .	SUMMIT, PLEASE SUBMIT A NEW ZONING FORM. Zoning	forms located on
Total fee	e) per month not to exceed 25% (is delinquent 60 days afte ny knowledge and belief the statements made herein are	
x Thende luruel	x Owner / Clinical Psychologist	6 , 1 ,202
Signature of Owner(s) or Corporation Agent/Owner	Title	Date
	ess license neither confirms nor approves the use of land ct to all applicable federal, state and local laws and regulo k — make check payable to City of Lee's Summit.	
FOR OFFICE USE ONLY	/ / For Domitted C. Linners #	