

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 06/20/21
APPLICANT: Mackenzie Burnett
BUSINESS NAME: Loving Cup LLC dba Scooter's Coffee
ADDRESS: 707 NE Rice Rd, Lee's Summit, MO 64086
TYPE OF BUSINESS: Drive Thru Coffee
TELEPHONE: 816-510-4739 ZONING DISTRICT: _____

(To be completed by the Planning Dept.)

Yes NEW BUSINESS NO CHANGE OF ADDRESS
No CHANGE OF OWNERSHIP

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

Long John Silvers

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.

Complete demo + rebuild of site

Business Address
(Administrative 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.

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.

[Signature]

APPLICANT SIGNATURE

APPROVED BY:

DEPT. OF PLANNING & DEV.

CODES ADMINISTRATION

FIRE DEPARTMENT

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



LEE'S SUMMIT MISSOURI



POLICE DEPARTMENT

RESIDENTIAL/BUSINESS ALARM SUBSCRIBER:

Enclosed is information needed to register your alarm system with the Lee's Summit Police Department, as required by City ordinance. Please review the ordinance (Lee's Summit Code of Ordinances Article IV. Sec. 22-77.A.), complete and return the attached Alarm Identification Number Application. There is a \$25 fee to register your alarm system. There are instructions for payment at the bottom of the application.

Information on your completed application will be entered into a database at the police department and can be made available to aid officers in answering alarm calls at your location. **Additionally, you will be billed an annual application renewal fee, in the amount of \$10, at the beginning of next calendar year. Please do not pre-pay the renewal fee or your application will be returned to you.**

Upon receipt of the application fee, and approval of your Alarm Identification Number Application, you will receive an alarm identification number, and alarm identification sticker (to be displayed on a window or door) which indicates that your system is registered with the Lee's Summit Police Department.

If you have any questions, call the Alarm Coordinator, at 816-969-1729, Monday through Friday 7:00 a.m. to 4:00 p.m.

Sincerely,

Elyane Lynch
Alarm Coordinator

LEE'S SUMMIT POLICE DEPARTMENT ALARM SUBSCRIBER PERMIT

Date Of Application: 06/20/21

Date Alarm Placed In Service: _____

Please check one of the following:

Business Residential Transfer Update Only

BUSINESS OR RESIDENT NAME:

Loving Cup LLC dba Scooter's Coffee
 Last Name First Name Middle Initial

ADDRESS (Location of Alarm):

707 NE Rice Rd n/a 64086
 Street Number Street Name Suite/Apartment Zip Code

PROPERTY OWNER NAME AND BILLING ADDRESS (If Different From Above)

Grave Enterprises
 Name Address Suite/Apartment City Zip Code

PHONE NUMBER: 816-916-5772 ALTERNATE: 816-510-4739

EMERGENCY CONTACT	ADDRESS	Phone Number
<u>Mackenzie Burnett</u>	<u>10560 Barkley St Suite 350 Overland Park KS, 66212</u>	<u>816-916-5772</u>

TYPE OF ALARM: (Check all applicable)	Intrusion <input checked="" type="checkbox"/>	Hold-Up <input type="checkbox"/>	Outside Audible* <input type="checkbox"/>
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*If Outside Audible is checked, will this system cease to emit and audible sound after 15 minutes of activation?
 YES NO

Name and address of firm installing (or who has already installed) the system:

Name Street Address City State Zip Code

IS ALARM MONITORED BY AN ALARM SERVICE: Yes No If yes, by whom?

Name Street Address City State Zip Code

Signature of Subscriber:** [Signature] Date: 06/20/21

Return this completed permit and your remittance of \$25 to: Email Mburnette@lovingcupllc.com

Lee's Summit Police Department 10 NE Tudor Lee's Summit, MO 64086 Attn: Records Unit

Checks should be made payable to "City of Lee's Summit"

You may remit in person at the Records Unit, Monday-Friday, from 7:00 a.m. to 4:00 p.m.

YOU MUST BRING THIS COMPLETED PERMIT WITH YOU.

If you are utilizing your credit card and paying by mail, you must complete the permit and the portion below and return the entire permit to the address above. If ANY credit card information is omitted, or is not legible, payment will not be processed. If you have any questions contact the Alarm Coordinator at 816.969.1715. Credit card payments will be assessed 2.25% per transaction fee.

<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
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Card #:	Expiration Date: <u>1</u> (2 digit month/2 digit yr)	CVV: _____	Card Holder's Signature:
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**Undersigned applicant agrees that the City of Lee's Summit shall have no responsibility in rendering or not rendering any service or in termination of service in connection with any alarm or alarm system, any service being voluntary and solely for the benefit of applicant and at no expense to applicant.