## Business Address Administrative Use

## **ZONING APPROVAL**

## FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE: APPLICANT: BUSINESS NAME: ADDRESS: TYPE OF BUSINESS:		01/27/2021		
		Rebecca Collins		
		Lee Luxe, LLC d/b/a MassageLuXe		
		940 NW Pryor Rd. Suite TBD (Retail #5) Lee's Summit MO		
		Day Spa		
TELEPHON	E:	618-978-1393	ZONING DISTRICT:	PMIX
			(To be con	npleted by the Planning Dept.)
X	N	EW BUSINESS	CHA	ANGE 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.  N/A				
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.  APPROVED BY:				
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perfo elect	orming an	rmits are required prior to y framing, mechanical, umbing alterations or	n	ADMINISTRATION  a  DEPARTMENT
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\*\* - Contingent upon approval of tenant finish which has yet to be submitted. Per previous phone call, tenant is aware that drawings need to be submitted.