Business Address Administrative Hea

ZONING APPROVAL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE: 11/12/21	
APPLICANT: Dori Tate	
BUSINESS NAME: Secured Title of	- Kansas Cit V
ADDRESS: 1201 NE WINDSOF	Dr. Lee's Summit, MO MAGE
TYPE OF BUSINESS: THE Insurance	
TELEPHONE: 816-471-1560	ZONING DISTRICT: CP-1
	(To be completed by the Planning Dept.)
NEW BUSINESS	CHANGE OF ADDRESS
CHANGE OF OWNERSHIP	
If applicable, what type of business previously occupied th	e space? (Include name of business if known)
If locating in a previously occupied space, are there an electrical alterations or additions proposed? If so, pleadditions.	y building structural, mechanical, plumbing or ase describe the nature of the alterations or
AFTER THIS ZONING APPROVAL FO OCCUPANTIONAL/BUSINESS LICENSE APPLICATION	· · · · · · · · · · · · · · · · · · ·
FOR FINAL PROCESSING IN THE FINANCE DEPA	
	Part Control Control
NOTE: This form is required prior to acceptance of an appand issuance of a temporary permit to operate if the businesses Summit. New businesses with no physical location values.	iness location is within the limits of the City of
Da tall	APPROVED BY:
APPLICANT SIGNATURE	DEPT. OF PLANNING & DEV.
	1
☐ If checked, permits are required prior to	CODES ADMINISTRATION
performing any framing, mechanical, electrical or plumbing alterations or	na
additions.	
	FIRE DEPARTMENT

SECURED TITLE OF KANSAS CITY LLC Licensing 4243 NE LAKEWOOD WAY LEES SUMMIT, MO 64064



BUSINESS LICENSE

Issuance No. LC53170448



License is Hereby Granted to: SECURED TITLE OF KANSAS CITY LLC
4243 NE LAKEWOOD WAY, LEES SUMMIT, MO 64064

Subject to the provisions of all Ordinances now in force and that may hereafter be passed by said City of Lee's Summit

THIS LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE AND IS NON-TRANSFERABLE