

**ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS**

DATE:

2-15-22

APPLICANT:

Shynel Krause / Shynel LLC

BUSINESS NAME:

The DRIP Bar

ADDRESS:

930 M NW Blue Pkwy Lees Summit CO 64086

TYPE OF BUSINESS:

Health & Wellness IV Infusion Clinic

TELEPHONE:

~~618~~ 816 838 2330 ZONING DISTRICT: _____

(To be completed by the Planning Dept.)

X

NEW BUSINESS

CHANGE OF ADDRESS

CHANGE OF OWNERSHIP

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

Yankee Candle

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.

3 rooms will be added, including plumbing & electrical. BOP

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.

APPROVED BY:



APPLICANT SIGNATURE

DEPT. OF PLANNING & DEV.

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

CODES ADMINISTRATION

FIRE DEPARTMENT