	<b>ZONING APPF</b> FOR ALL BUSIN EXCEPT HOME OCC	ESSES	
DATE:	3-17-22		
APPLICANT:	CALEB SHOC	KLEY	
BUSINESS NAME:	BLACK Lotu	S Group LLC	
ADDRESS:	218 NW OLDH		Y .
TYPE OF BUSINESS:	RETAIL TRAC	3(	
TELEPHONE:	816-721-1767	ZONING DISTRICT: _ (To be compl	CP-2 eted by the Planning Dept.)
N	EW BUSINESS	CHAN	GE OF ADDRESS
c	HANGE OF OWNERSHIP		
If applicable, what type of business previously occupied the space? (Include name of business if known)			

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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.

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## 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:

DEPT. OF PLANNING & DEV.

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

CODES ADMINISTRATION

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FIRE DEPARTMENT