BUSINESS NAME: Glam Day Spa + Salon

ADDRESS: 519 SW 3rd St. Suite D

TYPE OF BUSINESS: Spa + Salon

TELEPHONE: 816-277-5424 **ZONING DISTRICT:** CP-2

(To be completed by the Planning Dept.)

✓ NEW BUSINESS _____ CHANGE OF ADDRESS

_____ CHANGE OF OWNERSHIP

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

Salon - Harry's

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.

No

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.

Am Jones

APPLICANT SIGNATURE

APPROVED BY:

Victoria Nelson Digitally signed by Victoria Nelson DN: CN=Victoria Nelson, OU=Development, OU=LS Users, DC=COLS, DC=LOC Reason: I am approving this document Date: 2022.06.06 08:09:40-05'00'

DEPT. OF PLANNING & DEV.

Joe Frogge Digitally signed by Joe Frogge DN: CN=Joe Frogge, OU=Development, OU=LS Users, DC=COLS, DC=LOC Date: 2022.06.06 09:08:20-05'00'

CODES ADMINISTRATION

fire - na

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