	FOR	NG APP ALL BUSI HOME OC		IS	
DATÉ:	JUNE 20,2	2022			
APPLICANT:	DAVID DE	LIAFAN	E	······	
BUSINESS NAME:	NIMA PART	NERS	LIC	······	
ADDRESS:	1255 NE T	RICE 3	ROAP, SI	ITEC	
TYPE OF BUSINESS:	HEALTHALE J	the second s	For DE	TECTION OF	GLUTEN IN
TELEPHONE:	703 254 49		ZONING [P-2 d by the Planning Dept.)
NEW BUSINESS			8	CHANGE	OF ADDRESS
CHANGE OF OWNERSHIP					
If applicable, what type	of business previously	occupied ti	ne space? (In	clude name of	business if known)

courageous home care office

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

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:

David Della Fave

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

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FIRE DEPARTMENT