ZONING APPROVAL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:	09/22/2022							
APPLICANT:	NRC Alliance							
BUSINESS NAME:	Daily Thread							
ADDRESS:	930-V NW Blue Pkwy, space N-101 Lee's Summit, MO 64086							
TYPE OF BUSINESS:	Retail clothing and accessories							
TELEPHONE:	636-577-7474	ZONING DISTRICT:						
NE	EW BUSINESS	CHANGE OF ADDRESS						
X CH	HANGE OF OWNERSHIP							
If applicable, what type o	f business previously occupied th	ne space? (Include name of business if known)						
ADDRESS: TYPE OF BUSINESS: Retail clothing and accessories TELEPHONE: 636-577-7474 ZONING DISTRICT: (To be completed by the Planning Dept.) NEW BUSINESS CHANGE OF OWNERSHIP If applicable, what type of business previously occupied the space? (Include name of business if known) retail 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.								
		APPROVED BY:						
performing any electrical or plu	framing, mechanical,	NA (



Business License Application-Non-Profit / Exempt Organization

220 SE Green Street / P.O. Box 1600 Lee's Summit, MO 64063 Phone 816.969.1220 / Fax 816.969.1221 / www.cityofls.net

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR ORGANIZATION.

Date/ New Organization (Y/N) MM DD YY Common Name of Organization (DBA)			In operation since				
			Legal Name of Organization (if different than DBA)				
Type of Organization		8)	Exempt Occupation	***************************************			
Physical Organization Address:							
Address		City		-	- State	Zip	
,					State	zip	
() () Organization Address Phone # Cell #		()					
		Fax#		Email			
Mailing Address: (if different from Physical Ad	200,000						
Contact Name for Mailing Address:			DBA 🗆 Le	gal Name 🗆 Oth	ner		
Address		City		®	State	Zip	
()		1 1			(2)		
Mailing Address Phone # Cell #		Fax #	· · · · · · · · · · · · · · · · · · ·	Email			
Contacts:							
■ Primary Contact:			Title (Owner	/Corp. Agent/App	olicant)		
*			, in a familia	, co.p., .ge.rg, .pp	, mounty		
Address		City	O DO TO COLUMNO STREET SEE EASTER OF SEE		State	Zip	
()		()	37				
Phone # Cell #		Fax#	(E) (E)	Email			
Secondary Contact:							
Name	***		Title (Owner,	/Corp. Agent/App	licant)		
()	1	/ \					
Phone # Cell #		(/ Fax#		Email			
mergency Access Contacts: Who would be able to pr	ovide access to	your building f	or City Emergency pers				
· ·	Tol # /	· v	Altanata Tal	#/ \			
a. Name)	92 32	10 20	2		
b. Name c. Name	Tel#(Tel#(1	Alternate Tel	* *			
			Alternate Tel			2	
Please complete this s					.ee's Summ	iit.	
theck if applicable: This is a change in uporgal organization located in a Lee's Summit commercial	nizational name area? N / Y		ysical organization addr complete a <u>Commercia</u>		form)		
organization located in a Lee's Summit residence?	N/Y		complete a <u>Commercia</u>				
o you have a fire/intrusion alarm?	N/Y		complete an Alarm Use				
I have attached a copy of my IRS tax exempt status			te Tax Exempt Number		-		
	Time	Part Time		porary	***************************************		
declare under penalty of perjury that to the best of	my knowledge	and belief the	statements made here	in are true and co	orrect.		
						/	
ignature of Owner(s) or Corporation Agent/Ow	ner Tit	le		400	Date		

The filing of this application or the granting of a business license neither confirms nor approves the use of land as regulated under the provisions of the zoning code, and is further subject to all applicable federal, state and local laws and regulations which apply to specific occupations and organizations.