ZONING APPROVAL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE: APPLICANT: BUSINESS NAME: MCATHY BEISS ADDRESS: ADDRESS: TYPE OF BUSINESS: AUGMATURE Salus TELEPHONE: 8163651787 Z	Frc, Milley Barnhar- nummit Chrysley Dolg Eup Ro Pkyy, Leis Summe Mo to + Denixe 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)	
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.	
Will the business sell, distribute, store or allow alcoholic beverages on the premises? Yes No	
AFTER THIS ZONING APPROVAL FORM HAS BEEN SIGNED, AN CCUPANTIONAL/BUSINESS LICENSE APPLICATION AND FEE MAY BE ACCEPTED FOR SINAL PROCESSING IN THE FINANCE DEPARTMENT AT LEE'S SUMMIT, MISSOURI CITY HISLL. HOTE: 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 na FIRE DEPARTMENT