Business Address Aministrative ((se)

ZONING APPROVAL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE: <u>6-18-2023</u>	
APPLICANT: Andrea Dors	sett
BUSINESS NAME: Be Still, LLC	<u> </u>
ADDRESS: 410 SE 3rd S	+, Suite 109-C
TYPE OF BUSINESS: Massage Therapy Business	
, , , , , , , , , , , , , , , , , , ,	ZONING DISTRICT: PO (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) Massage Therapy / In Harmony Therapeutic Massage	
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.	
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.	
1. loss Donath	APPROVED BY:
APPLICANT SIGNATURE	DEPT. OF PLANNING & DEV.
☐ If checked, permits are required prior to	CODES ADMINISTRATION
performing any framing, mechanical, electrical or plumbing alterations or	na
additions.	FIRE DEPARTMENT