

ZONING APPROVAL
FOR ALL BUSINESSES
EXCEPT HOME OCCUPATIONS

DATE: 8-10-23
APPLICANT: BD Health Retail 3, LLC
BUSINESS NAME: DBA: Flora Farms
ADDRESS: 510 SW 3rd St Lee's Summit, Mo 64063
TYPE OF BUSINESS: Retail Marijuana Dispensary
TELEPHONE: _____ ZONING DISTRICT: _____
(To be completed by the Planning Dept.)

_____ NEW BUSINESS _____ CHANGE OF ADDRESS
X _____ CHANGE OF OWNERSHIP

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

Retail Marijuana Dispensary : AN Enterprises of MO, LLC

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

Will the business sell, distribute, store or allow alcoholic beverages on the premises? Yes _____ No X

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 ILL.

(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.)

Julie Welch

APPLICANT SIGNATURE

APPROVED BY:

DEPT. OF PLANNING & DEV.

CODES ADMINISTRATION

FIRE DEPARTMENT

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