## Business Address (Administrative Use

## **ZONING APPROVAL**

## FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:		
APPLICANT:		
BUSINESS NAME:		
ADDRESS:		
TYPE OF BUSINES	SS:	
TELEPHONE:		ZONING DISTRICT:  (To be completed by the Planning Dept.)
	NEW BUSINESS	CHANGE OF ADDRESS
	CHANGE OF OWNERSHIP	
If applicable, what ty	/pe of business previously occupied	the space? (Include name of business if known)
FOR FINAL PROC CITY HALL. NOTE: This form is	L/BUSINESS LICENSE APPLICESSING IN THE FINANCE DEF	ORM HAS BEEN SIGNED, AN CATION AND FEE MAY BE ACCEPTED PARTMENT AT LEE'S SUMMIT, MISSOURI application for an occupational/business license uninees location is within the limits of the City of
		usiness location is within the limits of the City of in within the city do not require this form.
		APPROVED BY:
Keri-Ann Ke	mner	
APPLICAN <sup>-</sup>	T SIGNATURE	DEPT. OF PLANNING & DEV.
performing	, permits are required prior to g any framing, mechanical, or plumbing alterations or	CODES ADMINISTRATION
		FIRE DEPARTMENT