## Business Address

## **ZONING APPROVAL**

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

	2/(02) 1 110III2 00	700171110110	
DATE:	07/27		
APPLICANT:	Hondi Sun		
BUSINESS NAME:	<u>Chi spa</u>		
ADDRESS:	1205 NE Rice Roa	el, Lee's symmit, MO, 64086	
TYPE OF BUSINESS:	TYPE OF BUSINESS: Massage Thoapy		
TELEPHONE:	913-2713962		
X^	IEW BUSINESS	CHANGE OF ADDRESS	
C	CHANGE OF OWNERSHIP		
If applicable, what type of business previously occupied the space? (Include name of business if known)			
		The second secon	
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. $\frac{1}{160} = \frac{1}{160} = \frac{1}$			
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.			
Edd o Garrinia. New bac	The occording to physical location		
Hongli S	M	APPROVED BY:	
APPLICANT SI		DEPT. OF PLANNING & DEV.	
performing an	rmits are required prior to y framing, mechanical, umbing alterations or	CODES ADMINISTRATION  FIRE DEPARTMENT	



Missouri Department of Commerce and Insurance Division of Professional Registration Missouri Board of Therapeutic Massage Massage Therapy Business

VALID THROUGH JANUARY 31, 2025 ORIGINAL CERTIFICATE/LICENSE NO. 2023028559

MASSAGE CHI SPA HONGLI SUN 1205 NE RICE RD LEES SUMMIT MO 64086

EXECUTIVE DIRECTOR

DIVISION DIRECTOR