ZONING APPROVAL

FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

DATE:	03/05/2024		
APPLICANT:	Alec Bray Insurance and Final	lec Bray Insurance and Financial Services INC	
BUSINESS NAME:	SINESS NAME: Alec Bray Insurance and Financial Services (State Farm)		
ADDRESS:	873 SW Lemans Ln, Lees Summit, MO 64082		
TYPE OF BUSINESS: Insurance			
TELEPHONE:	816-925-0653	ZONING DISTRICT: CP-2 (To be completed by the Planning Dept.)	
X NEW BUSINESS CHANGE OF ADD		CHANGE OF ADDRESS	
C	HANGE OF OWNERSHIP		
If applicable, what type Mark Royalty State Fa	, , ,	e space? (Include name of business if known)	
NO NO	daitions proposed? If so, please de	escribe the nature of the alterations or additions.	
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 CCUPANTIONAL/BUSINESS LICENSE APPLICATION AND FEE MAY BE ACCEPTED FOR FINAL PROCESSING IN THE FINANCE DEPARTMENT AT LEE'S SUMMIT, MISSOURI CITY OTE: 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:		APPROVED BY:	
A. B.A. APPLICANT SIG	GMATURE	DEPT. OF PLANNING & DEV.	
performing an	rmits are required prior to y framing, mechanical, lumbing alterations or	CODES ADMINISTRATION na	
		FIRE DEPARTMENT	