## ess Address

## **ZONING APPROVAL**

## FOR ALL BUSINESSES EXCEPT HOME OCCUPATIONS

| DATE:                                                                                             | *                                                                                                   |                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APPLICANT:                                                                                        | BIRIANI Holto.                                                                                      |                                                                                                                                                                   |
| BUSINESS NAME:                                                                                    | LIGHT Sleenen                                                                                       |                                                                                                                                                                   |
| ADDRESS:                                                                                          | 1211 NE RICE                                                                                        | FRO LOW'SUMME MULYOS                                                                                                                                              |
| TYPE OF BUSINESS:                                                                                 | TATTOO PARLOVA                                                                                      |                                                                                                                                                                   |
| TELEPHONE:                                                                                        | 816-256-1885                                                                                        | ZONING DISTRICT:(To be completed by the Planning Dept.)                                                                                                           |
| NEW BUSINESS CHANGE OF ADDRESS                                                                    |                                                                                                     |                                                                                                                                                                   |
| CHANGE OF OWNERSHIP                                                                               |                                                                                                     |                                                                                                                                                                   |
| If applicable, what type of                                                                       |                                                                                                     | e space? (Include name of business if known)                                                                                                                      |
| electrical alterations or additions.                                                              |                                                                                                     | y building structural, mechanical, plumbing or ase describe the nature of the alterations or home by                                                              |
| OCCUPANTIONAL/BUFOR FINAL PROCESS CITY HALL.  NOTE: This form is requand issuance of a temporary. | sing in the finance departured prior to acceptance of an apprary permit to operate if the business. | ATION AND FEE MAY BE ACCEPTED ARTMENT AT LEE'S SUMMIT, MISSOURI Oplication for an occupational/business license ness location is within the limits of the City of |
| Lee's Summit. New busi                                                                            | nesses with no physical location t                                                                  | within the city do not require this form.                                                                                                                         |
| APPLICANT SIG                                                                                     | BNATURE                                                                                             | APPROVED BY:  DEPT. OF PLANNING & DEV.                                                                                                                            |
| performing any                                                                                    | mits are required prior to<br>r framing, mechanical,<br>umbing alterations or                       | CODES ADMINISTRATION  Ale was law                                                                                                                                 |