

**ZONING APPROVAL**  
**FOR ALL BUSINESSES**  
**EXCEPT HOME OCCUPATIONS**

**DATE:** 09/10/2024

**APPLICANT:** Randall Winton

**BUSINESS NAME:** KelRan, LLC DBA The Learning Experience

**ADDRESS:** 3640 SW Arboridge Dr, Lee's Summit, MO 64082

**TYPE OF BUSINESS:** Early Education Services/Daycare

**TELEPHONE:** 913-972-8042      **ZONING DISTRICT:** PMIX/CDO  
(To be completed by the Planning Dept.)

XXXX      NEW BUSINESS      CHANGE OF ADDRESS  
CHANGE OF OWNERSHIP

If applicable, what type of business previously occupied the space? (Include name of business if known)  
This is a new building that just received the CO.

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.

~~N/A~~      **PRCOM20233582**

Business Address  
(Administrative Use)

**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.

  
\_\_\_\_\_  
APPLICANT SIGNATURE

**APPROVED BY:**

\_\_\_\_\_  
DEPT. OF PLANNING & DEV.

\_\_\_\_\_  
CODES ADMINISTRATION

**na**

\_\_\_\_\_  
FIRE DEPARTMENT

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