

## FIRE DEPARTMENT

54054				NOTIFIC	CATIONS/C	ONTA	CT INFORMA	TIO	N SECTION
PAGE 1									
☐ CHANGES									
BUSINESS NAME	RED DO	OR WO	ODFIRED GRILI	L					
ADDRESS	2061 N	2061 NW LOWENSTEIN DR, LEES SUMMIT, MO 64081							
OWNER/OPERATOR NA	AME CENT	CENTRIC SPECIAL OPS, LLC:					TELEPHON	Ε (	(816) 808-8166
ADDRESS	KANS/ Primar	AS CIT y: (816	ENNWAY ST Y , MO 6410 i) 808-8166 ELL PHONE>						
			EMERGENC	Y CONTA	CT INFOR	MATIO	N		
NAME	E TELEPHONE								
1.									
2. 3.									
4.									
			LOS	S REDUC	TION TYPE	<u> </u>			
☐ Occupancy ☐	Semi-Annua	ıl	☐ Annual	Life S	Safety		Sprinkler		Hazardous Material Permit
☐ Complaint ☐	Explosive St	orage	☐ UST	☐ Post-	Incident		Open Burning		Other
CLASS: A-2	Map#:		PFA#:	KNOX BO	DX:	KNO	X LOCATION:		PERMIT#
=	1		LOSS R	EDUCTIO	N NARRA	ΓΙVΕ			,
☐ NO VIOLATION	IS NOTED			I		OLATIC	NS RESOLV	ED	
Last Inspection	1st Inspec	ction	2nd	Inspection		3rd Inspe			4th Inspection
INSPECTION		INSP	ECTOR		OUTCOME		DATE		
Alarm Test	Ben		Hicks	Passed			Wednesday, March 23, 2022		
Sprinkler - Hydros	tatic Test	Crai	g Hill		Passed		Thursday	, Fe	bruary 17, 2022
Fire Line - Hydrostatic Test		Ronald Paynter			Passed		Monday, September 13, 2021		

DATE OF REPORT	HNSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
March 23, 2022	Ben Hicks	☐ Yes ☐ No	