

## FIRE DEPARTMENT

## NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1							
☐ CHANGES							
BUSINESS NAME	GRAINS & TAPS						
ADDRESS	310 SW BLUE	PKWY, LEE	S SUMMIT, MO 6406	3			
OWNER/OPERATOR NAME	VERITASI DE	SIGN + BUIL	.D:	TELEPHONE	Ξ (	(816) 838-0100	
ADDRESS	4 SW 3RD ST LEES SUMM Primary: (816 Cell: <no ce<="" th=""><th>IT, MO 6406 ) 838-0100</th><th>3</th><th></th><th></th><th></th></no>	IT, MO 6406 ) 838-0100	3				
		EMERGENC'	Y CONTACT INFORM	IATION			
NAME 1.			TE	ELEPHONE			
2.							
3.							
4.							
		LOSS	S REDUCTION TYPE				
☐ Occupancy ☐ Sen	ni-Annual	☐ Annual	☐ Life Safety	Sprinkler		Hazardous Material Permit	
<u> </u>	losive Storage	☐ UST	☐ Post-Incident	☐ Open Burning		Other	
CLASS: A-2	Мар#:	PFA#:	KNOX BOX:	KNOX LOCATION:		PERMIT#	
		LOSS RI	EDUCTION NARRATI	VE			
☐ NO VIOLATIONS N	IOTED		☐ ALL VIO	LATIONS RESOLVE	ED		
Last Inspection	1st Inspection	2nd	Inspection 3	rd Inspection	4	4th Inspection	
INSPECTION	INSPI	ECTOR	OUTCOME	DATE			
Occupancy Inspection - Fire Craig		g Hill Partial		Monday, J	Monday, January 10, 2022		
Corrective Action Requir  1 Address back Emergency e		ion for back d	loor				
Occupancy Inspection	- <b>Fire</b> Craiç	g Hill	Passed	Wednesda	ay,	May 18, 2022	

Corrective Action Require 1 All life safety w		ccupy with approval form codes.	
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
May 18, 2022	Craig Hill	☐ Yes ☐ No	