

Zoning Form & Change of Use Review

All In-Town Businesses (Except Home Businesses)

Regulated Industries Division 111 E. Maple Avenue Independence, MO 64050 (816) 325-7079 blicenses@indepmo.org

After you have completed this form, please return to planning staff for review. This can be done by visiting Community Development at City Hall, 111 E. Maple Ave. or by email blicenses@indepmo.org.

Business & Applicant Information								
New	Business	Change of Address	Change of Ownership					
Busines	s Name			Date				
Busines	ss Type/Descrip	tion						
Applicant Name			E-mail	Phone				
Busines	ss Address				Zonii	ng District	i.	
1.	Will the busir	ness have any vehicles store	ed at the location overnight? Ye	s No				
	If yes, locatio	n on property:			Number o	f vehicles:	:	
	What is the p	urpose of the vehicle(s)?						
2.		•	es No					
	• •	dumpster existing? Yes	No Is there an existing du	mpster e	nclosure?	Yes	No	
3.		•	age of equipment or merchandise?	Yes	No			
4.		ntion have existing handicar		0				
	If yes, how m	any spaces? Do	the spaces have existing signage?	Yes	No			
5.	Does the pro	perty have any existing scre	eening (fencing, landscaping, etc.)?	Yes	No			
	If yes, provide	e a description and location	of the screening:					
6.	Is any portion	of the property being used	d for residential purposes? Yes	No				
	If yes, provide	e a description:						
7.	Are there any	plans for interior or exteri	or improvements? Yes No					
	If yes, provide	e a description of the impro	ovements:					

ONLY BUSINESS LICENSE APPLICATIONS THAT INCLUDE ALL THE FOLLOWING WILL BE ACCEPTED BY THE REGULATED INDUSTRIES DIVISION FOR FINAL PROCESSING:

- COMPLETED ZONING FORM *
- BUSINESS LICENSE APPLICATION (INCLUDING REAL OR ESTIMATED GROSS RECEIPTS)
- BUSINESS LICENSE FEE
- CERTIFICATE OF INSURANCE
- CHANGE OF USE REVIEW **

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^{*} This form MUST be reviewed and approved by planning and building inspection staff before you apply for a regular or temporary business license. Businesses with no physical location in the city are not required to complete this form.

^{**} If a Change of Use permit is required, the applicant must complete it by contacting the Building Inspections Division at 816-325-7401 or at bpermits@indpemo.org.



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Business Name	Applicant Name		Date				
Zoning Review (Staff Use Only)							
Is business allowed at this location? ☐ Yes or ☐ N	0						
		Zoning Approved	Date				
Notes:							
Change of Use Review (Staff Use Only)							
Does this location require a change of use permit?	□ Yes or □ No						
		Change of Use Reviewed	Date				

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