

City of Manchester
 14318 Manchester Road
 Manchester, MO 63011
 P: (636) 227-1385 ex. 118
 F: (636) 821-8099
 pandz@manchestermo.gov



Transfer of Special Use Permit Application

Name of Special Use Business: _____
 Address: _____ Phone: _____
 City, State, Zip: _____ Email: _____

- REQUIREMENTS:**
- Completed Special Use Transfer Application
 - \$200.00 Application Fee

CURRENT SPECIAL USE PERMIT HOLDER

Holder of Special Use Permit: _____
 Address: _____ Phone: _____
 City, State, Zip: _____ Email: _____

By signature, I hereby transfer my Special Use Permit to the individual/company listed below.
 Holder's Signature: _____ Date: _____
 Holder's Name Printed: _____

ACCEPTANCE OF SPECIAL USE PERMIT TRANSFER

Name of Business: _____
 Name of Transfer Holder: _____
 Address: _____ Phone: _____
 City, State, Zip: _____ Email: _____

By signature, I hereby acknowledge and accept transfer of the Special Use Permit issued to the above, by Ordinance No. so stated, relating to the property located at above address.
 Recipient's Signature: _____ Date: _____
 Recipient's Name Printed: _____

OFFICE USE ONLY

SUP Permit #: _____ Ordinance: _____ SUPX Permit #: _____
 Approved by: _____ Date: _____
Director, Planning, Zoning and Economic Development

Zoning Fees Fee paid on: _____ Amount: _____