

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: \_\_\_\_\_