TRANSFER OF SPECIAL USE PERMIT

City of Manchester, 14318 Manchester Rd., Manchester, MO 63011 Ph: 636 227 1385, Ext. 107; Fax: 636 821 8099

CURRENT SPECIAL USE PERMIT HOLDER

PLEASE PRINT

Name of Special Use Business			
Address of Special Use			
City	Manchester	**Zip**	
Business Phone		**FAX**	
Name of HOLDER of Special Use Permit			
Title			
Home Address			
City		**Zip**	
Home Phone		**Email**	

By signature, I hereby transfer my Special Use Permit to the individual/company listed below.

_____ _____

Signature of Special Use Holder Date

ACCEPTANCE OF SPECIAL USE PERMIT TRANSFER

PLEASE PRINT

Name of Business			
Name of Transfer Holder			
Title			
Home Address			
City		**Zip**	
Phone		**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.

_____ _____

Signature of Special Use Recipient Date

PLANNING AND ZONING USE ONLY

Approved By_____Date_____

Director, Planning and Zoning and Economic Development

SUP Permit#_____ Ordinance#_____ SUPX Permit #_____