



**City of O'Fallon Planning and Development Department**

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**E-mail:** tcoffman@ofallon.mo.us or **Fax:** (636) 240-5511

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**APPLICATION FOR  
TRANSFER OF OWNERSHIP OF A  
CONDITIONAL USE PERMIT (CUP)  
(ADMINISTRATIVE REVIEW)**

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*(Please type or print)*

- **ALL APPLICABLE SECTIONS OF APPLICATION MUST BE COMPLETE.**
  - **\$50.00 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION**
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Location (Address) of Project: \_\_\_\_\_

Full Name of Business (if applicable): \_\_\_\_\_

**PART A: PARTIES OF INTEREST**

**The full legal name to which the CUP will be issued to (partnership, incorporation, etc.) is required**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Interest in Property: \_\_\_\_\_

Name of Business Owner(s) - if different from above: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PART B: SITE DESCRIPTION**

Current Use of Site: \_\_\_\_\_

Proposed Use of Site: \_\_\_\_\_

Is the space being remodeled? \_\_\_\_\_ Yes/No. If so, describe changes in detail \_\_\_\_\_

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**PART C: TRANSFER OF AN EXISTING CONDITIONAL USE PERMIT**

The full legal name of the individual or entity to which the existing conditional use permit is currently issued:

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The full legal name of the individual or entity to which the conditional use permit is to be transferred:

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Fully executed lease must accompany request for transfer

Please describe any changes to the exterior of the building (i.e. new awnings, signage, façade renovation, etc.):

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**PART E: ACCEPTANCE & SIGNATURES**

I indicate that, by signing this application, I have read and understand, and will comply with, all provisions contained in the existing Conditional Use Permit that are not affected by this transfer.

Signature of Applicant (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Relation to the Business Owner: \_\_\_\_\_

Signature of Property Owner (Required): \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CITY USE**

The following action has been taken regarding the request for transfer of ownership for

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Business Name & Business Address

**Approved Administratively:**

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**David S. Woods, AICP, Director of Planning and Development**

Date: \_\_\_\_\_