



SPECIAL USE TRANSFER

Department of Planning & Zoning
200 E. Wood Street · Palatine, IL · 60067-5339
Telephone: (847) 359-9047 · Fax (847) 963-6247

CONTACT INFORMATION WORKSHEET

PETITIONER(S)		Business Name (If applicable)	
Address		City/State/Zip Code	
Telephone	Fax		
Email			
Subject Property Address			
AUTHORIZED AGENT (if applicable)		Business Name (if applicable)	
Address		City/State/Zip Code	
Telephone	Fax		
Email			



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Required Materials

- Application Form
- Business Plan (including but not limited to nature of business, hours or operation, number of employees, floor plan, menu, and any proposed changes to the business)

Business Owner(s):

Subject Property Address:

The owner(s) listed above are requesting that Special Use Ordinance # _____ be transferred from _____ to individuals(s) and/or company listed above. I have read the ordinance(s) and agree to comply with all applicable ordinance(s) and any conditions contained therein. As the new business owner(s), the following changes (if any) are proposed to the business operation and/or floor plan:

I understand that if the Village determines the nature or characteristics of the business will substantially change, a new Special Use may be required.

Signature Page

I affirm that the information contained on page 1 herein and in any accompanying documents is accurate to the best of my knowledge.

Name

Date

Signature