



**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**

<b>PETITIONER(S)</b>		<b>Business Name (If applicable)</b>	
Address		City/State/Zip Code	
Telephone	Fax		
Email			
Subject Property Address			
<b>AUTHORIZED AGENT (if applicable)</b>		<b>Business Name (if applicable)</b>	
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)
- Proof of Ownership

Business Owner(s):

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Subject Property Address:

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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:

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

**Petitioner's Signature**

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

**Signature of Consent from Landlord, Property Owner(s), or Former Operator**

I consent to the Special Use Transfer of the above mentioned property and that the information contained on page 1 herein and in any accompanying documents is accurate to the best of my knowledge.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature