



City of Clayton
10 North Bemiston Avenue
Clayton, Missouri 63105
(314) 290-8453 FAX: (314) 863-0296

**APPLICATION FOR
TRANSFER OF/AMENDMENT TO
CONDITIONAL USE PERMIT (CUP)
(ADMINISTRATIVE REVIEW)**

(please type or print)

- ALL APPLICABLE SECTIONS OF APPLICATION MUST BE COMPLETE.
- \$100.00 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION

Location (Address) of Project: _____

Full Name of Restaurant (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 _____

PART C: AMENDMENT TO EXISTING CONDITIONAL USE PERMIT

Please indicate the category of amendment being requested:

_____ Hours of operation

_____ Days of operation

_____ Trade name (ownership and nature of business remains unchanged)

_____ Change in indoor/outdoor seating capacity

_____ Other - Explain:

Please describe the proposed amendment in detail: _____

Please describe why the proposed amendment is being sought: _____

PART D: 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:

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

Fully executed lease must accompany request for transfer

Total number of off-street parking spaces: _____

Total number of off-street parking spaces as required by existing Conditional Use Permit: _____

If off-street parking is required per current zoning regulations, please provide proof of off-street parking spaces must be submitted with this application

Please describe any changes to the operation (i.e. square footage, type and/or intensity of use, changes in either indoor or outdoor seating capacity/location, etc.):

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

Is outdoor seating/dining being requested? _____

Architectural Review may be required for any exterior renovation, awning or signage. If any of these items are part of the project, please contact the Planning Department at 290-8453.

PART E: ACCEPTANCE

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/amendment. NOTE: A revised Conditional Use Permit reflecting the transfer/amendment will be forwarded. This Conditional Use Permit must be signed by the "permittee" and returned to the City Clerk within thirty (30) days. If permit is not returned, said Conditional Use Permit becomes null and void.

PART F: SIGNATURES

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/amendment for

Business Name & Business Address

Approved Administratively:

Susan M. Istenes, Director of Planning and Development Services

Date

Referred to the Board of Aldermen for their approval:

Susan M. Istenes, Director of Planning and Development Services

Date

New Conditional Use Permit Required:

Susan M. Istenes, Director of Planning and Development Services

Date