

Is the building (where licensed business will be located) owned by applicant? Yes No, fill in below

Owner Name _____ Phone (____) _____ - _____

Address _____ City _____ State _____ Zip _____

Attach a copy of the lease agreement.

Legal description of premises to be licensed. Submit survey showing dimensions, building locations, street access, parking facilities and outdoor animal exercise area.

Attach a floor plan showing dimensions and indicating number of animals to be kept.

How is the premises zoned under the Bloomington Zoning Ordinance? _____

Are any real estate taxes, personal property taxes, special assessments or other financial claims of the state, county, School District or City of Bloomington delinquent or unpaid for the premises to be licensed? If yes, give years and unpaid amounts. Yes No

Notice: In the event a suit has commenced under Minnesota Statutes, Sections 278.01 - 278.13, which questions the amount or validity of taxes, the City Council may waive strict compliance with the requirement that all taxes and assessments be paid, but no waiver may be granted on taxes which remain unpaid for a period exceeding one year after becoming due.

Attach a certificate of liability insurance of at least \$1,000,000 per occurrence for bodily injury.

The data on this form will be used to approve your license. Some requested data may be private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

The Bloomington City Code, Licenses and Permits, Chapter 14, is available online at BloomingtonMN.gov.

It is important to become familiar with the City Code.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Bloomington to investigate and make whatever inquiries that are necessary to verify the information provided.

Applicant Signature: _____ Date Signed ____/____/_____