

Commercial Animal Establishment License Application

If applicant is an individual, it shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

1. Applicant _____ Phone (_____) _____
Last First Full middle Maiden
 Address _____
Street City State Zip

4. Business name _____ Phone (_____) _____
 Address _____
Street City State Zip

If business is to be conducted under a designation, name or style other than the name of the applicant, **attach** a certified copy of the Certificate of Assumed Name as required by Minnesota Statute, Section 333.02.

5. Minnesota Business Tax ID Number _____ Applicant's Social Security Number _____
 (Per Minnesota Statute 270C.72)
 Federal Business Tax ID Number _____

6. Is building where licensed business will be located owned by applicant? Yes. No, fill in below.
 Owners name _____
Last First Full middle
 Address _____ Phone (_____) _____
Street City State Zip
Attach a copy of the lease agreement.

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

8. State the floor number and general area where animals will be kept.
Attach a floor plan showing dimensions and indicating number of animals to be kept.

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

10. 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.

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Notice and notarized signature

The data on this form will be used to approve your license. Some requested data is 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.

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.

X _____
Applicant signature