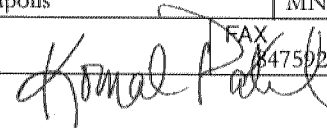


Development Application

Case no. _____

Complete all applicable sections — Select only ONE person as primary contact

Additional parties

<input checked="" type="checkbox"/> Primary contact	Business name/name VH- Minneapolis South Inc. DBA: Double Tree Bloomington Minneapolis South			E-mail komal.patel@vhllc.net	
	Mailing address 860 Remington Road		City Schaumburg	State IL	Zip 60173
	Business address 7800 Normandale Blvd		City Minneapolis	State MN	Zip 55439
	Daytime phone 8475926016	Cell phone 3129337010	FAX 8475926040		
	Komalbala M Patel				ShareHolder
	<i>Typed/printed name</i>		<i>Signature</i>		<i>Title</i>

Additional fee property owners and addresses

Business name/name			E-mail	
Mailing address		City	State	Zip
Business address		City	State	Zip
Daytime phone	Cell phone	FAX 8475926040		
<i>Typed/printed name</i>		<i>Signature</i>		<i>Title</i>
Business name/name			E-mail	
Mailing address		City	State	Zip
Business address		City	State	Zip
Daytime phone	Cell phone	FAX		
<i>Typed/printed name</i>		<i>Signature</i>		<i>Title</i>
Business name/name			E-mail	
Mailing address		City	State	Zip
Business address		City	State	Zip
Daytime phone	Cell phone	FAX		
<i>Typed/printed name</i>		<i>Signature</i>		<i>Title</i>

Use additional sheets or copy form for additional properties