CITY OF BLOOMINGTON MINNESOTA

Development Application

Case no. PL202400013 PL2024-13

Type of application

☑ Standard ☐ Staff approval ☐ Hearing Examiner ☐ Plan Revision ☐ Amended ☐ Reapplication

☐ Rezoning ☐ Conditional Use Permit ☐ Variance ☐ Ordinance Amendment
☐ Preliminary Development Plan ☐ Interim Use Permit ☐ Comprehensive Plan Amendment ☐ Subdivision
☐ Final Development Plan ☐ Final Site and Building Plan ☐ Other _____

Site location ☐ Additional addresses on back ☐ Legal description attached

Property address	Common name
9555 James Ave. S. #290, Bloomington MN 55437	Nine Mile Brewing

Business address: 9555 James Ave. S. #290, Bloomington MN 55437

PIN	Lot	Block	Plat name

Proposal *Full documentation must accompany application*

See attached proposal

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

Fee property owner

☑ ***Primary contact***

☐ ***Additional owners on Back***

Owner name per property title			E-mail
South Tech REalty II (managed by Lake States Management)			david.reller@lakestatesmn.com
Mailing address	**City**	**State**	**Zip**
9855 W 78th St #100	Eden Prairie	MN	55344
Business address	**City**	**State**	**Zip**
Daytime phone	**Cell phone**	**FAX**	
(612) 760-7655	612-760-7655		

David Reller *Typed/printed name* | David S. Reller *Signature* | Managing Director *Title*

User/occupant

☑ ***Primary contact***

Business name/name			E-mail
Nine Mile Brewing			countryman@9milebrewing.com
Mailing address	**City**	**State**	**Zip**
9555 James Ave. S. #290, Bloomington MN 55437	Bloomington	MN	55431
Business address	**City**	**State**	**Zip**
9555 James Ave. S. #290, Bloomington MN 55437	Bloomington	MN	55431
Daytime phone	**Cell phone**	**FAX**	
612-2475675	612-247-5675		

Bob Countryman *Typed/printed name* | *Signature* | Pres/CEO *Title*

NOTE: Applications only accepted with ALL required support documents. See Instructions.

Deadline for agency action

60 Days: _____ 120 Days _____

Planner _____ DRC _____

Shaded areas are for office use only

Received:	Date	By
Reviewed:	Date	By ☐ PC ☐ CC ☐ HE
Fee paid:	Date	$
☐ **Admin. approval:**	Date	By
☐ Comm. Dev't Dir. ☐ Planning Div. Manager		
☐ Other _____		

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Additional parties

☑ ***Primary contact***

Business name/name			E-mail	
Nine Mile Brewing			countryman@9milebrewing.com	
Mailing address	City		State	Zip
9555 James Ave. S. #1290	Bloomington		MN	55431
Business address	City		State	Zip
Daytime phone	Cell phone	FAX		
612-247-5675	612-247-5675			

Typed/printed name *Signature* *Title*

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		

Typed/printed name *Signature* *Title*

Business name/name			E-mail	
Mailing address	City		State	Zip
Business address	City		State	Zip
Daytime phone	Cell phone	FAX		

Typed/printed name *Signature* *Title*

Business name/name			E-mail	
Mailing address	City		State	Zip
Business address	City		State	Zip
Daytime phone	Cell phone	FAX		

Typed/printed name *Signature* *Title*

Use additional sheets or copy form for additional properties