

Case no. \_\_\_\_\_

### 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: 9304 Lyndale Ave S., Bloomington, MN 55420    Common name: Existing Dairy Queen Restaurant

Business address: 9304 Lyndale Ave S., Bloomington, MN 55420

PIN: 0902724440064    Lot: 1    Block: 1    Plat name: Lyndale & 94th Commerce Center

### Proposal Full documentation must accompany application

Propose to reuse the site and existing building shell for Starbucks Coffee. There will be typical interior renovations to the building to reconfigure per the Starbucks operation, as well as exterior finish updates to reflect Starbucks brand standards. The site configuration is essentially unchanged.

### Complete all applicable sections – Select only ONE person as primary contact

#### Fee property owner

**Primary contact**


Owner name per property title: Falcon Development, LLC c/o Jon Riley, Condor Corporation    E-mail: jonriley@condormgt.com

**Additional owners on Back**

Mailing address: 2320 Lexington Avenue S    City: Mendota Heights    State: MN    Zip: 55120

Business address: 2320 Lexington Avenue S    City: Mendota Heights    State: MN    Zip: 55120

Daytime phone: 651-452-2627    Cell phone: \_\_\_\_\_    FAX: \_\_\_\_\_

Jon Riley        President

Typed/printed name    Signature    Title

#### User/occupant

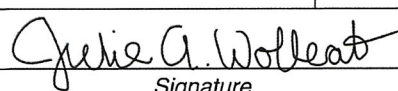
**Primary contact**

Business name/name: Starbucks Corporation, Attn: Financial Lease Administration MS-RE3, Store #85274    E-mail: jwolleet@starbucks.com

Mailing address: 2401 Utah Avenue South, Suite 800    City: Seattle    State: WA    Zip: 98134

Business address: 2401 Utah Avenue South, Suite 800    City: Seattle    State: WA    Zip: 98134

Daytime phone: 312-561-0122    Cell phone: \_\_\_\_\_    FAX: \_\_\_\_\_

Julie Wolleet        Sr. Store Dev. Mgr.

Typed/printed name    Signature    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 \_\_\_\_\_

**Community Development**    Planning and Economic Dev.    PH 952-563-8920    E-MAIL planning@ci.bloomington.mn.us  
1800 W. Old Shakopee Road    FAX 952-563-8949    www.ci.bloomington.mn.us  
Bloomington MN 55431-3027    TTY 952-563-8740

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

### Additional parties

<input checked="" type="checkbox"/> <b>Primary contact</b>	Business name/name Venture Pass Partners, LLC			E-mail dcarland@venturepass.net	
	Mailing address 19620 Waterford Court		City Shorewood	State MN	Zip 55331
	Business address 19620 Waterford Court		City Shorewood	State MN	Zip 55331
	Daytime phone 952-473-1210	Cell phone 612-963-9107	FAX		
	_____ <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		
_____ <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**