CITY OF BLOOMINGTON MINNESOTA

DEVELOPMENT APPLICATION

Property Information

Property Address *(if multiple addresses, list all on this form or include separate attachments)*
396 & 400 American Blvd. E, Bloomington, MN 55420

Business Occupant Address *(if different from property address)*

Project Name
"Angels Among Us" Childcare Center and Pickle "O"

**Please note that a copy of the property legal description may be required to be uploaded into the permit portal.*

Type of Application *(select all that apply)*

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

Property Owner

Owner Name Steve Schoeben, Pickle O, LLC		☐ **Primary Contact** *(only select one primary)*	
Mailing Address 3674 Towndale Dr	**City** Bloomington	**State** MN	**Zip** 55431
Business Address *(if different from mailing address)* 400 American Blvd E	**City** Bloomington	**State** MN	**Zip** 55420
Email Address steve@headwerks.com	**Phone** 612-759-4992		

Digitally signed by Steve Schoeben
Date: 2025.11.07 11:06:49 -06'00'

Property Owner Signature

11/7/2025
Date

Business Occupant/Tenant *(if different from property owner)*

Occupant Name Nicole Minke		☐ **Primary Contact** *(only select one primary)*	
Mailing Address 8124 Clinton Ave S.	**City** Bloomington	**State** MN	**Zip** 55420
Business Address *(if different from mailing address)* 396 American Blvd E	**City** Bloomington	**State** MN	**Zip** 55420
Email Address nikkii_sneds@yahoo.com	**Phone** 952-649-2823		

Nikki Minke

Occupant/Tenant Signature

11/9/2025
Date