

# 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)

- |                                                       |                                                            |                                                       |
|-------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Preliminary Development Plan | <input checked="" type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Comprehensive Plan Amendment |
| <input type="checkbox"/> Final Development Plan       | <input type="checkbox"/> Interim Use Permit                | <input type="checkbox"/> Ordinance Amendment          |
| <input type="checkbox"/> Final Site and Building Plan | <input type="checkbox"/> Preliminary Plat                  | <input type="checkbox"/> Rezoning                     |
| <input type="checkbox"/> Variance                     | <input type="checkbox"/> Final Plat                        | <input type="checkbox"/> 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'

11/7/2025

**Property Owner Signature**

**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**

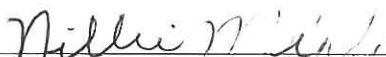
55420

**Email Address**

nikkii\_snedes@yahoo.com

**Phone**

952-649-2823



11/9/2025

**Occupant/Tenant Signature**

**Date**