

Case no.

			Type of a	pplication					
✓ Standard	✓ Staff approval	Hearing Ex	xaminer	Plan Revisi	on Ar	mended	□R	eapplication	
Rezoning Preliminary [ Final Develo	Development Plan pment Plan	✓ Conditional Use Interim Use Perr ✓ Final Site and B	mit uilding Plan	Other	ensive Plan A		ent 🗆	Ordinance Amendmen Subdivision	
Property address		ation Additio	nal addresse	es on back l	Legal desci	THE REAL PROPERTY.	ttached		
150 W 94th St Business addres	es	rano orași de la constante de					· · · · · · · · · · · · · · · · · · ·		
PIN		T <sub>1</sub>	_ot	Block	Plat name		MARTINIA TENEDO DE ANTONO DE OTORONO DE LA CONTRACTORIO DE LA CONTRACT		
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Market Market San State of the San State		ON TO THE OWNER OF THE PROPERTY OF THE PROPERT	ackweiter on the contraction of						
	Complete	all applicable se	CONTRACTOR OF THE PARTY OF THE	March Street Street Street	E person as p	orimary	contact	55,658.0X.07.EU vi - 2.567.65	
Primary contact	Owner name per pro		ree prope	erty owner			E-mail tholtan@d	comcast.net	
√ Additional	Mailing address 1050 W. 94th St			City Bloomington	ì	1	State MN	Zip 55425	
owners on Back	Business address 1050 W. 94th St.			City Bloomginton			State MN	Zip 55425	
on Back	Daytime phone         Cell phone           952-884-4060         612-562-78			FAX					
	Tim Holtan								
	Туре	d/printed name	V 2002/2005	CONTRACTOR OF STREET	Signature			Title	
✓ Primary	Business name/nar Kwik Trip, Inc / Er		User/o	ccupant			E-mail ehelwig@	kwiktrip.com	
contact	Mailing address 1813 Kramer Street			City La Crosse			State WI	Zip 54602	
	Business address			City			State	Zip	
	Daytime phone Cell phone 608-791-7443			FAX					
	Emily Helwig	ed/printed name	-		elwie Signature		P	roject Manager  Title	
NOTE: Applic	ations only accepted		d support		Shaded are	as are	for office	ANNO SERVICE DE LA CONTRACTION DE LA C	
	documents. See li	nstructions.		Received:	Date		Зу		
00.5	Deadline for age			Reviewed:	Date			CC HE	
	120	Days		Fee paid:	Date Date		₿ ∃y		
Planner	DRC			approval:	☐ Comm. E		·	anning Div. Manager	
		ere er			Other				
Community	1	Planning and Econo 800 W. Old Shakor Bloomington MN 58	ee Road	FAX 952-5			anning@d comington	ci.bloomington.mn.us .mn.us web_52_001 pg1 of (07/09)	

Case no.

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

		Additiona	al parties				
Primary contact	Business name/name		E-mail				
	Mailing address	The same of the same to define an exercise and the same of the sam	City		State	Zip	
	Business address		City		State	Zip	
	Daytime phone	Cell phone	<u> </u>	FAX	L	alkanistinis anno series i remaining anno an air anno an air ann a	
		Annee and representation of the second			NAME OF THE PERSON OF THE PERS		
	Typed/printed name	Signature	Title				
	Additional fee	property	owners and addresse	es .			
	Business name/name hegina Zeddell Clo 100	Street WFW LLC					
	Maiting address 5425 Boone Ave N		New Hope		State M/V	Zip 55428	
	Business address 1000 W. 94th St.		City Bloomington		State MN	Zip 55425	
	Daytime phone (8/0) 588- 7968	Cell phone	588-7968	FAX	11111	33723	
	Regina Zeddell		New Zidder			uner	
	Typed/printed name Title						
	Business name/name				E-mail	THE RESERVE THE PARTY OF THE PA	
	Mailing address		City		State	Zip	
	Business address		City	State	Zip		
	Daytime phone Cell phon		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	1				
		and the last of th		- Second			
	Typed/printed name		Signature			Title	

Use additional sheets or copy form for additional properties



Case no. Type of application Standard Staff approval Hearing Examiner Amended Plan Revision 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 50 W 94th St Business address PIN Block Plat name Lot See attached survey Whitney Addition Full documentation must accompany application Kwik Trip is proposing the construction of a convenience store and fuel canopy. Kwik Trip has a purchase agreement contract with the current owners. Complete all applicable sections — Select only ONE person as primary contact Fee property owner Owner name per property title Primary TJH, LLC tholtan@comcast.net contact Mailing address State Zip 1050 W. 94th St Bloomington MN 55425 Additional Business address City State owners Zip 1050 W. 94th St. on Back Bloomginton MN 55425 Daytime phone Cell phone FAX 952-884-4060 612-562-7885 Tim Holtan OWNER Typed/printed name Signature User/occupant Business name/name E-mail ✓ Primary Kwik Trip, Inc / Emily Helwig ehelwig@kwiktrip.com contact City Mailing address State Zip 1813 Kramer Street La Crosse WI 54602 Business address City State Zip Daytime phone Cell phone FAX 608-791-7443 Emily Helwig Project Manager Typed/printed name Title NOTE: Applications only accepted with ALL required support Shaded areas are for office use only documents. See Instructions. Received: Date By **Deadline for agency action** Reviewed: Date By □PC □CC □HE Fee paid: Date \$ 120 Days Admin. Date By DRC approval: ☐ 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

952-563-8740

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

		Additiona	al parties						
rimary ontact	Business name/name		E-mail	E-mail					
	Mailing address	City		State	Zip				
	Business address		City		State	Zip			
	Daytime phone	Cell phone							
	Typed/printed nam		Signature owners and add		Title				
	Business name/name	rice property	owners and add	6866	E-mail	ddell@gmail.com			
	Mailing address		City		State	Zip			
	Business address 1000 W. 94th St.		City Bloomington	mington M		Zip 55425			
	Daytime phone	Cell phone	1	FAX		1 00 120			
	Regina Zeddell								
	Typed/printed nam	пе	Signature	9		Title			
	Business name/name			E-mail					
	Mailing address		City		State	Zip			
	Business address		City		State	Zip			
	Daytime phone	Daytime phone Cell phone		FAX					
	Typed/printed nam	Signature			Title				
	Business name/name				E-mail				
	Mailing address	City		State	Zip				
	Business address		City		State	Zip			
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Use additional sheets or copy form for additional properties