

7. Partnership *If applicable, complete this question for general and limited partners, then proceed to Section 2. A Part II Personal History form is required from each general partner.*

Full name _____
Last First Full middle

Residence address _____ Phone (_____) _____
Street City State Zip

Business address _____ Phone (_____) _____
Street City State Zip

Full name _____
Last First Full middle

Residence address _____ Phone (_____) _____
Street City State Zip

Business address _____ Phone (_____) _____
Street City State Zip

Attach a copy of the partnership agreement.

8a. Corporation/other organization *If applicable, complete questions 9a, 9b and 9c, then proceed to Section 2.*

Name _____ State of incorporation/association _____
Last First Full middle

Bloomington address _____ Phone (_____) _____
Street City State Zip

Home office address _____ Phone (_____) _____
Street City State Zip

8b. Officers of corporation/other organization *A Part II Personal History form is required from each officer.*

President

Full name _____
Last First Full middle

Residence address _____ Phone (_____) _____
Street City State Zip

Vice President

Full name _____
Last First Full middle

Residence address _____ Phone (_____) _____
Street City State Zip

Secretary

Full name _____
Last First Full middle

Residence address _____ Phone (_____) _____
Street City State Zip

Treasurer

Full name _____
Last First Full middle

Residence address _____ Phone (_____) _____
Street City State Zip

8c. All persons who singly or together with their spouse and parents, brothers, sisters or children, own or control an interest in said corporation/other organization in excess of five(5) percent. *A Part II Personal History form is required from each individual.*

Full name _____ %
Last First Full middle

Residence address _____ Phone (_____) _____
Street City State Zip

Full name _____ %
Last First Full middle

Residence address _____ Phone (_____) _____
Street City State Zip

Attach a copy of the Certificate of Incorporation; or if a foreign corporation, attach a copy of Certificate of Authority, as required by Minnesota Statutes, Section 303.03.

Section 2: Persons in charge of licensed premises

All applicants complete this section.

The Part II Personal History must be completed and filed with this application by each person in this section.

9. General manager, proprietor, managing partner or other individual in charge of the licensed premises.

Full name _____ <small style="display: block; text-align: center;">Last First Full middle</small>	Position _____
Residence address _____ <small style="display: block; text-align: center;">Street City State Zip</small>	Phone (_____) _____
Full name _____ <small style="display: block; text-align: center;">Last First Full middle</small>	Position _____
Residence address _____ <small style="display: block; text-align: center;">Street City State Zip</small>	Phone (_____) _____
Full name _____ <small style="display: block; text-align: center;">Last First Full middle</small>	Position _____
Residence address _____ <small style="display: block; text-align: center;">Street City State Zip</small>	Phone (_____) _____

Section 3: Building ownership

All applicants complete this section.

10a. Is building where licensed business will be located owned by applicant (individual, partnership, corporation or other organization)?

Yes, complete question 10a-e.
 No, proceed to question 11.

Date purchased _____ Purchase price \$ _____ Down payment \$ _____

Name of person purchased from _____
Last First Full middle

Address of above _____
Street City State Zip

10b. Is there a mortgage? Yes No Amount \$ _____

Mortgage holder _____

Address _____
Street City State Zip

Term of mortgage _____ Rate of interest _____

10c. Is there a contract for deed (C.D.)? Yes No Amount \$ _____

C.D. holder _____

Address _____
Street City State Zip

Term of C.D. _____ Rate of interest _____

10d. Amount of the monthly payment at which mortgage and/or C.D. is being liquidated. \$ _____

10e. Are the payments on the mortgage and/or C.D. up-to-date? Yes No

11. Is building where licensed business will be located owned by someone other than the applicant?

- Yes, complete question 11.
- No, proceed to question 12.

Full name _____
Last First Full middle

Residence address _____
Street City State Zip

Phone (_____) _____

Business address _____
Street City State Zip

Phone (_____) _____

Attach a copy of the lease agreement.

12. List all persons other than the applicant, who have any ownership, in whole or in part, in the business, buildings, premises, fixtures, furniture or stock in trade. This shall include, but not be limited to, any lessees, lessors, mortgagees, mortgagors, lenders, lien holders, trustees, trustors and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.

Full name _____
Last First Full middle

Residence address _____
Street City State Zip

Phone (_____) _____

Nature and amount of ownership, terms for payment or reimbursement. _____

Full name _____
Last First Full middle

Residence address _____
Street City State Zip

Phone (_____) _____

Nature and amount of ownership, terms for payment or reimbursement. _____

Section 4: Business assets

All applicants complete this section.

Total cost of assets acquired to start business, including the business premises (if purchased), fixtures, furniture, equipment, merchandise for resale, cash for working capital, prepaid insurance and any other assets. Complete the uses and sources of funds schedule for the planned opening investment of the proposed business by the person(s) investing in this business. *Loans or extensions of credit provided to fund opening investment require submission of credit approval documentation. If acquiring an existing business, attach copy of purchase agreement. Round balances to the nearest hundred dollars.*

13a. Uses of funds

Operating capital for daily needs \$ _____
Opening checking account balance, cash register balances, funds to carry average accounts receivable and prepaids; i.e. insurance, rent.

Merchandise/inventory for resale \$ _____

Business property:

(a) Land and buildings \$ _____
Enter zero, if rented.

(b) Equipment and furnishings \$ _____

Other uses of funds, if any
Describe each below.

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

13b. Sources of funds

Indebtedness owed to seller \$ _____
Seller provides portion of financing to acquire existing business after the closing date.

Loans from financial institutions \$ _____

Loans from relatives \$ _____

Loans from other individuals \$ _____

Other outside sources, if any
Describe each below.

_____ \$ _____
 _____ \$ _____

Opening investment by owners:

(a) Individual
Sole Proprietorship \$ _____

(b) Two Or More Individuals
Partnership \$ _____

(c) Stockholders *For issuance of stock and for capital contributed, if any.* \$ _____

TOTAL REQUIREMENTS \$ _____

Must equal total of column "13b"

TOTAL SOURCES AND INVESTMENT \$ _____

Must equal total of column "13a"

Ownership by only one individual (Sole Proprietorship) requires submission of personal financial statement, including annual income details, and most recently submitted federal income tax return.

Ownership by two or more individuals (Partnership) requires each individual submit personal financial statement, including annual income details, most recently submitted federal income tax return, and partnership financial statement, including income statement.

Ownership by a corporation requires submission of most recent annual report and/or corporate audited financial statements, plus most recently completed corporate tax return. (If no audit is completed, include unaudited financial statements.)

Section 5: Premises

All applicants complete this section.

If the premises is planned, under construction or undergoing substantial alteration, the application shall be accompanied by a set of preliminary plans showing the proposed design. If the plans are on file with the Building and Inspection and/or Environmental Health Division of the Department of Community Development, no additional plans need be filed.

14. **Legal description of premises to be licensed.** Submit survey showing dimensions, building locations, street access, parking facilities and location.

15. **State the floor number, general area and all rooms where body art will be performed.**
Attach a floor plan showing dimensions and indicating number of technicians and body art procedures to be performed.

16. **How is the premises zoned under the Bloomington Zoning Ordinance?** _____

17. **Are any real estate taxes, personal property taxes, special assessments or other financial claims of the state, county, School District or City of Bloomington delinquent or unpaid for the premises to be licensed?** If yes, give years and unpaid amounts. Yes No

Notice: In the event a suit has commenced under Minnesota Statutes, Sections 278.01 - 278.13, which questions the amount or validity of taxes, the City Council may waive strict compliance with the requirement that all taxes and assessments be paid, but no waiver may be granted on taxes which remain unpaid for a period exceeding one year after becoming due.

Notice and notarized signature

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I have received from the City of Bloomington a copy of *Bloomington City Code, Chapter 14* (Body Art Establishments) and will familiarize myself with the provisions contained within them.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Bloomington to investigate and make whatever inquiries that are necessary to verify the information provided.

X _____
Applicant signature

Subscribed and sworn to before me, a Notary Public, on this _____ day of _____ 20 _____.
Commission expires on _____.

Notary signature