## CITY OF BLOOMINGTON MINNESOTA

## **Commercial Animal Establishment** License Application

Commercial Animal Establishment, Annual	Application Number: LCB20
Commercial Animal Establishment, Temporary Date(s) Times Location Name of Event	Annual License are in operation 30 consecutive days or more. Temporary License are in operation less than 30 consecutive days.

If applicant is an individual, it shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

Applicant	al	Name		Phone (	)		
	Individual	First	Last				
	Indi	Address	City		_ State	Zip	
		E-mail address					
		Business Name		_ Phone (	)		
	ess	Address	City		_State	Zip	
	Business	E-mail address					
	ы	If business is to be conducted under a des	ignation, name or style oth	er than the r	name of the	applicant, attach	
		a certified copy of the Certificate of Assume	ed Name as required by M	linnesota Sta	tue, Section	333.02.	
	Identification	Minnesota Business Tax ID Number Federal Business Tax ID Number Applicant's Social Security Number	or,	(Per Minr		te 270C.72)	
		Name of Event					
		Number and types of animals					
	Event						
	Temporary						
	odu						
	Ter	Attach a floor plan showing dimensions and	indicating number of anim	als to be ker	ot		
		Attach a certificate of liability insurance of a	-	-			
	Attach a copy of applicable rabies, distemper and infectious hepatitis vaccination information.						

(Office Use Only)				
Date Application received	Payment entered (4 digits)			
Copy to EH	Approval Date mailed			

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Business Licensing 1800 W. Old Shakopee Road Bloomington MN 55431-3027 PH 952-563-8728 BloomingtonMN.gov MN RELAY 711 53\_117 Animal Establishment License App pg1 of 2 (05/19) businesslicensing@bloomingtonmn.gov

		Is the building (where licensed bu	isiness will be located) owned by applicant? $\Box$ Ye	es 🗆 No, fi	ill in below					
		Owner Name Phone ()								
			City Sta							
		Attach a copy of the lease agreem			•					
1	bit	Legal description of premises to	<b>be licensed.</b> Submit survey showing dimensions, b	building loc	ations, street					
	Establishment	access, parking facilities and outdoor animal exercise area.								
	sta									
-										
	Annual Commercial Animal	Attach a floor plan showing dimen	sions and indicating number of animals to be kept.							
		How is the premises zoned unde	er the Bloomington Zoning Ordinance?							
	O Are any real estate taxes, personal property taxes, special assessments or other financial claims of									
	the state, county, School District of Clty of Bloomington delinquent or unpaid for the premises to be									
	An	licensed? If yes, give years and u	npaid amounts. 🗆 Yes 🗆 No							
			under Minnesota Statutes, Sections 278.01 - 278.13							
			may waive strict compliance with the requirement th							
sessments be paid, but no waiver may be granted on taxes which remain unpaid for a period exceeding one year after										
		ng due.	at least \$1,000,000 per accurrence for hedily inium.							
Allac	<mark>n</mark> a	a certificate of hability insurance of a	at least \$1,000,000 per occurrence for bodily injury.							
The c	lata	a on this form will be used to approv	e your license. Some requested data may be private	. Private da	ata is available					
			this information to perform their duties, but is not ava		•					
are n	ot le	egally required to provide this data,	but the City may not be able to approve your license	if you do n	ot provide it.					
The F	Sloc	omington City Code Licenses and F	Permits Chapter 14 is available online at <b>Blooming</b>	tonMN aov	4					
The Bloomington City Code, Licenses and Permits, Chapter 14, is available online at <b>BloomingtonMN.gov</b> . It is important to become familiar with the City Code.										
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.										
Appli	can	nt Signature:	Date Signed	//						