

APPLICATION FOR TRANSIENT MERCHANT LICENSE
 CITY OF MARSHALL, MINNESOTA
 THROUGH 12-31-19

Due With Application: Minimum Bond Requirement: \$5,000 and License Fee: \$315 Receipt # _____

1) Name of Applicant Ciriaco Valentin
Last First Middle
 Address of Applicant 801 Augusta Ave SE
Street City State Zip Code
 Phone Number: 320-212-7425 Willmar MN 56201
 Date of Birth of Applicant 10-3-56 Social Security Number _____
 Drivers License Number _____ MN
Number State

Name of Business (Trade Name) TACQUERIA EL Guerrerito
 Address 1605 1st St S STE B-7 Willmar MN 56201
(Street) (City) (State) (Zip Code)
 Phone Number (320) 2955026

2) Person(s) to be employed in municipality during the period for which application is made:

a) MARIS Felipe Armando 11-16-84
Last First Middle Date of Birth Social Security No.
MN Willmar 56201
Drivers License Number Street City State Zip Code

b) Ciriaco Valentin 10-3-56
Last First Middle Date of Birth Social Security No.
Willmar MN 56201
Drivers License Number Street City State Zip Code

If additional employees, list on separate sheet of paper.

3) Description of Business Food truck that will have
Authentic Mexican Food, and will be parked
 Methods of soliciting Authentic Mex Food, ~~steak~~ steak, pork, chicken
 Goods to be sold TACOS, Mex sandwich, Quesadillas, Burritos
 Dates of Soliciting MAY 2019 through OCT 2019

4) Place or places in Marshall where applicant will be engaging in their business.
 a) BP FREEDOM GAS STATION
 b) _____
 c) _____

5) License number or numbers of vehicles transporting applicants and their goods:

- a) _____ MN _____ c) _____
 Number State Number State
- b) _____ d) _____
 Number State Number State

6) References - including at least one bank or lending institution:

a) Javier - Bremer bank 320-231-8157
 Name (If person give First, Middle and Last Name) Telephone Number
Willmar MN

Street City State Zip Code
 b) Chris Denn _____ 1-800-328-8514
 Name (If person give First, Middle and Last Name) Telephone Number

625 division st Rice MN
 Street City State Zip Code

c) Rick _____ 320-309354
 Name (If person give First, Middle and Last Name) Telephone Number

St Cloud MN
 Street City State Zip Code

7) List 3 municipalities in which applicant has conducted business in the past 12 months:

a) St Paul - Restaurant depo _____ MN
 City State

b) St Louis, MO - Performance Food Meats Service _____ MN
 City State

c) MNS - Swanson meats _____ MN
 City State

COMMENTS: _____

Payment
 Due With
 Application

TITLE OF APPLICANT: owner

SIGNATURE OF APPLICANT: Valentin Cipraro

Received by the City Clerk on this 17 day of April, 2019

Signature of the City Clerk [Signature]

REPORT OF DIRECTOR OF PUBLIC SAFETY: _____

[Signature]
 DIRECTOR OF PUBLIC SAFETY