

APPLICATION FOR TRANSIENT MERCHANT LICENSE  
CITY OF MARSHALL, MINNESOTA  
THROUGH

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

1) Name of Applicant Warner Libbey Anne  
Last First Middle  
Address of Applicant 23891 Cord 6 Revere Mn 56166  
Street City State Zip Code  
Phone Number: 612-718-7248  
Date of Birth of Applicant 7/28/97 Social Security Number \_\_\_\_\_  
Drivers License Number \_\_\_\_\_ Minnesota  
Number State  
Name of Business (Trade Name) Sweet Kettle Madness LLC  
Address Same as above  
(Street) (City) (State) (Zip Code)  
Phone Number(\_\_\_\_) \_\_\_\_\_

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

a) all volunteers  
Last First Middle Date of Birth Social Security No.  
Drivers License Number Street City State Zip Code

b) \_\_\_\_\_  
Last First Middle Date of Birth Social Security No.  
Drivers License Number Street City State Zip Code

If additional employees, list on separate sheet of paper.

3) Description of Business Kettle corn Fresh lemonade + limeade  
soft pretzels water in a mobile concession  
Methods of soliciting Facebook  
Goods to be sold Kettle corn lemonade limeade water + soft pretzels  
Dates of Soliciting June 1, 2019

4) Place or places in Marshall where applicant will be engaging in their business.

a) Runnings parking lot  
b) \_\_\_\_\_  
c) \_\_\_\_\_

Number \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_

b) Number \_\_\_\_\_ State \_\_\_\_\_ d) Number \_\_\_\_\_ State \_\_\_\_\_

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

a) Jayme Warner \_\_\_\_\_ 612-710-7248 \_\_\_\_\_  
Name (If person give First, Middle and Last Name) Telephone Number

23891 Co Rd 6 \_\_\_\_\_ Revere mn 56166 \_\_\_\_\_  
Street City State Zip Code

b) Wanda State Bank \_\_\_\_\_ 507 550-1678 \_\_\_\_\_  
Name (If person give First, Middle and Last Name) Telephone Number

121 Main St. \_\_\_\_\_ Wanda mn 56294 \_\_\_\_\_  
Street City State Zip Code

c) \_\_\_\_\_ \_\_\_\_\_  
Name (If person give First, Middle and Last Name) Telephone Number

\_\_\_\_\_ \_\_\_\_\_  
Street City State Zip Code

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

a) Brookings \_\_\_\_\_ SD \_\_\_\_\_  
City State

b) Redwood Falls \_\_\_\_\_ Mn \_\_\_\_\_  
City State

c) Tracy \_\_\_\_\_ Mn \_\_\_\_\_  
City State

COMMENTS: \_\_\_\_\_

Payment  
Due With  
Application

TITLE OF APPLICANT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

Received by the City Clerk on this 24 day of May, 20 19

Signature of the City Clerk [Signature]

REPORT OF DIRECTOR OF PUBLIC SAFETY: \_\_\_\_\_