

TOBACCO LICENSE APPLICATION FORM

City of Marshall ~ 344 West Main Street ~ Marshall MN 56258
Phone (507) 537-6763 ~ Fax (507) 537-6830

LICENSE PERIOD FROM March 2019 TO Dec 2019

ANNUAL FEE: \$75.00/Per Facility – Due with Application Receipt # _____

TO COMPLY WITH THE CITY CODE OF MARSHALL, MINNESOTA
REGULATING THE SALE OF TOBACCO.

NAME OF APPLICANT: Muwafak Rizek
(First) (Middle) (Last)

HOME ADDRESS: 7924 Keystone Rd
(R.R., Box or Street)

Orland Park, IL 60462
(Town, State and Zip Code)

MAILING ADDRESS: Same as Home
(R.R., Box or Street)

(Town, State and Zip Code)

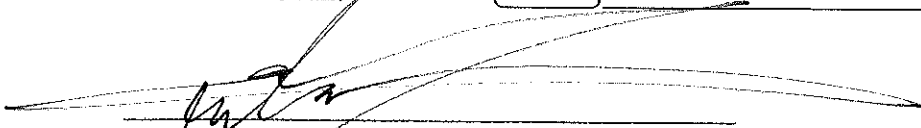
NAME AND ADDRESS
OF LICENSED FACILITY: I Mart Stores LLC
(Name)

14489 John Humphrey Dr, Ste 200
(Street)

Orland Park, IL 60462
(Town, State and Zip Code)

BUSINESS PHONE: (716) 417-1144

HOME PHONE: ()


Signature of Applicant

03-15-2019
Date