

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 August 1, 2019 TO December 31, 2019

ANNUAL FEE: \$150.00/Per Facility – Due with Application Receipt # _____

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

NAME OF APPLICANT: Donald Eugene Culligan
(First) (Middle) (Last)

HOME ADDRESS: 515 E Main St.
(R.R., Box or Street)
Marshall, MN 56258
(Town, State and Zip Code)

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

(Town, State and Zip Code)

NAME AND ADDRESS OF LICENSED FACILITY: Ag Plus Cooperative - Ampride Main
(Name)
1100 E Main St.
(Street)
Marshall, MN 56258
(Town, State and Zip Code)

BUSINESS PHONE: (507) 532-9686

HOME PHONE: (507) /

Donald E Culligan
Signature of Applicant

7-19-19
Date

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Marshall, MN 56258
(Town, State and Zip Code)

MAILING ADDRESS: same as above
(R.R., Box or Street)

(Town, State and Zip Code)

NAME AND ADDRESS OF LICENSED FACILITY: Az Plus Cooperative - Ampride West
(Name)

401 Country Club Dr.
(Street)

Marshall, MN 56258
(Town, State and Zip Code)

BUSINESS PHONE: (507) 532-3110

HOME PHONE: (507) _____

X Donald E. Culligan
Signature of Applicant

7-19-19
Date