



**MARSHALL**  
CULTIVATING THE BEST IN US

**Temporary 3.2 % Intoxicating  
Liquor Application  
\$30/Day (3 Day Max)  
\$50/Month (6 Month Max)**

TO COMPLY WITH THE CITY CODE OF THE CITY OF MARSHALL, MINNESOTA, REGULATING 3.2 PERCENT MALT LIQUOR LICENSE

Name of Applicant: Russell Davin Sprue  
(First) (Middle) (Last)

Date of Birth: 4-25-1953 US Citizen  Yes  No

Home Address: 508 Bladholm Av  
(Street)

Marshall Mn 56258  
(City) (State) (Zip Code)

Phone Number: 507-537-1788 - 507-828-4647

Name of Club/  
Organization: Marshall A's Baseball Assn  
(Name)

Address: 508 Bladholm Av  
(Street)

Marshall Mn 56258  
(City) (State) (Zip Code)

Club/Organization Phone Number: 507-828-4641

LOCATION WHERE LICENSE WILL BE USED:

Legion Field - Marshall Minn

Russell Sprue  
Signature of Applicant

4/30/21  
Date

# CONSENT FOR THE RELEASE OF INFORMATION

Date: 09/30/20

The following named individual has made application with this agency for (license type)

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Last Name: SMITH

First Name: Russell

Middle: DAVID

Maiden, Alias or Former: \_\_\_\_\_

Date of Birth: 11-25-1953  
(MM/DD/YYYY)

Sex (M or F): ~~FF~~ M

Drivers License Number: C 693-046-232-7B

Drivers License State: MN

Phone Number: 507-828-4647

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I authorize the City of Marshall Police Department to disclose all applicable criminal history record information to the City of Marshall for the purpose of licensure (pursuant to Minn. Stat. § 299C.72 and/or Minn. Stat. § 340A.402).

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

  
\_\_\_\_\_  
Signature of Applicant                      Date

Pursuant to Minnesota Statute MS 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to Supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

LICENSE BEING APPLIED FOR OR RENEWED: Temporary 3.2 Lic

LICENSING AUTHORITY : CITY OF MARSHALL  
(name of city, county or state agency issuing license)

LICENSE RENEWAL DATE: 5/1/2021

**PERSONAL INFORMATION (if applicable):**

Applicant's Name:

Russell Sawan

Applicant's Address:

508 Marshall  
City

Min  
State

56258  
Zip Code

507-828-4647  
Phone Number

Social Security Number

470-56-1903

**BUSINESS INFORMATION (if applicable):**

Business Name:

Marshall's Baseball Assn

Business Address:

508 Balthelm Ave  
Street Address

Marshall  
City

Min  
State

Zip Code

Phone Number:

507-828-4647

Minnesota Tax Identification

2056727

Federal Tax Identification No.:

41-1593805

If a Minnesota Tax Identification Number is not required, please explain on the reverse side.

Russell Sawan  
Signature

Secretary/Commissioner  
Position (Officer, Partner, etc.)

Date

**Certificate of Compliance  
Minnesota Workers' Compensation Law**

PRINT IN INK or TYPE

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

**A valid workers' compensation policy must be kept in effect at all times by employers as required by law.**

BUSINESS NAME (Individual name only if no company name used)

LICENSE OR PERMIT NO (if applicable)

Marshall Buse Sull Association

DBA (doing business as name) (if applicable)

508 Bladholm Ave Marshall MN 52258

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.**

**You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)

SFM

WORKERS' COMPENSATION INSURANCE POLICY NO.

EFFECTIVE DATE

EXPIRATION DATE

**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

I have attached a copy of the permit to self insure.

**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

I am not required to have workers' compensation insurance coverage because:

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_

Other: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS PORTION:**

**I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.**

APPLICANT SIGNATURE (mandatory)

TITLE

DATE

Russell [Signature] Secretary/Cambium MN 4/30/2021

**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.**

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.