



MARSHALL
CULTIVATING THE BEST IN US

Intoxicating Liquor License Application

Type of License (Select all that apply)	Fee
<input checked="" type="checkbox"/> On-Sale Liquor	\$3000
<input checked="" type="checkbox"/> On-Sale Sunday	\$200
<input type="checkbox"/> 3.2% On-Sale Malt Liquor	\$250
<input type="checkbox"/> 3.2% Off-Sale Malt Liquor	\$90
<input type="checkbox"/> Brewer Taproom/Growler	\$500
<input type="checkbox"/> Wine	\$600
<input type="checkbox"/> Club	\$275

Minnesota Tax ID: _____
 Federal Employer ID: _____
 Social Security/ITIN: _____
(if an individual)
 Date of Birth if applying as an Individual: _____

Legal Name
Sazon Catracho, LLC

Business Name (dba)
Sazon Catracho

Business Address
1404 E. College Dr.

Mailing Address (if different than business address)

Phone

Email

Proof of Worker's Compensation Insurance Coverage

Insurance Company: _____
 Dates of coverage: _____
 Policy Number: _____

I am not required to have workers' compensation liability coverage because:
 I have no employees covered by the law
 Other (specify on an attached document)

*All applicants must attach or email a certificate of liability insurance with **liquor liability coverage** that corresponds with the license period (January 1 - December 31). If the period covered does not match, a comment that "liquor liability is continuous until canceled" must be noted. Certificates can be emailed to steven.anderson@ci.marshall.mn.us

Section 2: Employees

General manager, proprietor, food/beverage manager, managing partner, or any individual in charge of the licensed premise.

Name: Swany yesenia Ramos Castillo
 Address: 1003 W 4th St Marshall MN 56258
 Phone: _____
 Position/Title: Presidenta

Name: Yany Reyes Milla
 Address: 309 Homan Ave Monticello
 Phone: _____
 Position/Title: vice

Is alcohol awareness training provided for staff on alcohol service techniques? Yes No
 if yes, how often is the training provided: once per year

Section 3: Corporations

If the licensee is a corporation, partnership or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	SSN #	Home Address
<i>Swany yesenia Ramos-Castillo</i>	[REDACTED]	[REDACTED]	<i>1003 North St Marshall MN</i>
<i>Yony Reyes Milla</i>	[REDACTED]	[REDACTED]	<i>309 Homa Ave Montevideo</i>
Partner/Officer Name (First Middle Last)	DOB	SSN #	Home Address
Partner/Officer Name (First Middle Last)	DOB	SSN #	Home Address
Partner/Officer Name (First Middle Last)	DOB	SSN #	Home Address

If more than five partner's or officers please attach as a list.

Scan the QR code to view the City of Marshall Ordinance pertaining to Alcoholic Beverages

