

APPLICATION FOR TRANSIENT MERCHANT LICENSE
CITY OF MARSHALL, MINNESOTA

8-27-19 THROUGH 9-27-19

License Fees: Due with Application: Minimum Bond Requirement: \$5,000
\$30 – Month
\$160 – 6 Months
\$315 – Annual

Receipt No.: _____

1) Name of Applicant Firme Michael

Address of Applicant	<u>104 Knollwood Drive</u>	<u>Redwood Falls</u>	<u>MN</u>	<u>56283</u>
	Street	City	State	Zip Code

Phone Number: 507-637-0006 Cell 507-430-6081

Date of Birth of Applicant _____ Social Security Number _____

Drivers License Number _____ MN
Number _____ State _____

Name of Business (Trade Name) Integrity Insurance Services, LLC

Address	<u>622 East Bridge Street</u>	<u>Redwood Falls</u>	<u>MN</u>	<u>56283</u>
	(Street)	(City)	(State)	(Zip Code)

Phone Number(507)630-0006

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

a) Firme Michael LaVerne 06-15-1958

Last	First	Middle	Date of Birth	Social Security No.
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Drivers License Number _____ Street _____ City _____ State _____ Zip Code _____

b)

Last	First	Middle	Date of Birth	Social Security No.
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Drivers License Number _____ Street _____ City _____ State _____ Zip Code _____

If additional employees, list on separate sheet of paper.

3) Description of Business Allstate Insurance Company

Methods of soliciting Door Knocking

Goods to be sold Insurance Services

Dates of Soliciting 08-27-2019 to 09-27-2019

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

a) Residential and Businesses

b) Redwood Falls, Mn. 56283

c) _____

5) License number or numbers of vehicles transporting applicants and their goods:

a) 304 KGE MN c) _____
 Number State Number State

b) _____ d) _____
 Number State Number State

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

a) MINNWEST BANK , PEGGY BRUFLAT 507-637-5731
 Name (If person give First, Middle and Last Name) Telephone Number

303 S WASHINGTON REDWOOD FALLS 56283
 Street City State Zip Code

b) _____
 Name (If person give First, Middle and Last Name) Telephone Number

 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) CITY OF REDWOOD FALLS MN
 City State

b) _____
 City State

c) _____
 City State

COMMENTS: _____

Payment
 Due With
 Application

TITLE OF APPLICANT: AGENCY OWNER

SIGNATURE OF APPLICANT: 

Received by the City Clerk on this 14 day of August, 20 19

Signature of the City Clerk: 

REPORT OF DIRECTOR OF PUBLIC SAFETY: _____

 DIRECTOR OF PUBLIC SAFETY