APPLICATION FOR TRANSIENT MERCHANT LICENSE CITY OF MARSHALL, MINNESOTA 47-19 THROUGH 9-27-19

License Fees:

Due with Application: Minimum Bond Requirement: \$5,000

\$30 – Month \$160 – 6 Months

\$315 - Annual

Receipt No.:_

Name of App	olicant Firme		Michael				
	Last Applicant 104 Knollwood Dri	ve	First Redwood Falls	Middle MN	Econo		
	Street ber: 507-637-0006 Cell 507-4		City	State	Zip Code		
Date of Birth	of Applicant		Social Security N	umber_			
Drivers License NumberNumbe		AUI.	MN				
			State				
Name of Bus	iness (Trade Name) Int	tegrity Insura	ance Services,	LLC			
Address 62	2 East Bridge Stre	et	Redwood F	Falls MN	56283		
	(Street)		(City)	(State)	(Zip Code		
Phone Numb	_{oer(} 507,630-0006						
Person(s) to l	be employed in municip	ality during the p	period for which ar	oplication is mad	e:		
_{a)} Firme	Michael	LaVerne	06-15-19	958			
Last	TITIONICO		Date of Birt		Social Security No.		
Drivers Licer	nse Number	Street	City	State	Zip Code		
Last	First	Middle	Date of Birtl	h Social Security No.			
Dulinous I I am	X	Cr	City	Ct-t-			
Drivers Licer	ise Number	Street	City	State	Zip Code		
	nse Number nployees, list on separate		City	State	Zip Code		
If additional em		sheet of paper.		State	Zip Code		
If additional em	ployees, list on separate	sheet of paper.		State	Zip Code		
If additional em	ployees, list on separate	sheet of paper. urance Com		State	Zip Code		
If additional em Description of I Methods of so	ployees, list on separate Business Allstate Ins	e sheet of paper. urance Com		State	Zip Code		
If additional em Description of I Methods of so Goods to be s	aployees, list on separate Business Allstate Ins	e sheet of paper. urance Com ting vices	pany	State	Zip Code		
Description of I Methods of so Goods to be s Dates of Solid Place or places	Business Allstate Institution Separate Allstate Institutions Door Knock Institutions Insurance Serviced	e sheet of paper. urance Com ting vices to 09-19-201	pany 9		Zip Code		
If additional em Description of I Methods of so Goods to be s Dates of Solic Place or places a) Residen	Allstate Install Door Knock Insurance Serveiting D8-49-2019 to in Marshall where applications are supported to the support of	e sheet of paper. urance Com ling vices to 09-19-201	pany 9		Zip Code		

_{a)} 304 KGE	MN	c)			
Number	State		Number	State	
b)		d)			
Number	State		Number	State	
eferences - including at leas	t one bank or lending ir	stitution:			
_{a)} MINNWEST BANK	,PEGGY BRUFL	AT	507-637-5731		
Name (If person give First, Middle and Last Name)			Telephone Number		
303 S WASHINGTO	N	REDV	VOOD FALLS	56283	
Street		City	State	Zip Code	
b)					
Name (If person give Firs	st, Middle and Last Nar	ne)	Tel	ephone Number	
Street		City	State	Zip Code	
c)					
Name (If person give First, Middle and Last Name)			Telephone Number		
Street		City	St	7' 6 1	
			State	Zip Code	
st 3 municipalities in which	applicant has conducted	d business	in the past 12 months:		
a) CITY OF REDWOO	DD FALLS		MN		
City			Stat	e	
b)					
City			Stat	e	
c)					
City			Stat	e	
DMMENTS:					
		Λ.			
Payment Due With	TITLE OF APPL	CANT: A	GENCY OWNER		
Application	SIGNATURE OF	APPLICA	NT.	30	
	1:7		11		
ived by the City Clerk on thi	is/	_day of _7	Higrest 20	19	
	Signature of the C	ity Clerk	71/2	2	
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ORT OF DIRECTOR OF PU	JBLIC SAFETY:				
	DIRECTO	OR OF PIT	BLIC SAFETY		
			COLLI LI LI		