



Minnesota Department of Public Safety  
 Alcohol and Gambling Enforcement Division (AGED)  
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101-5133  
 Telephone 651-201-7525 Fax 651-297-5259 TTY 651-282-6555

**Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License**

**Cities and Counties:** You are required by law to complete and sign this form to certify the issuance of the following liquor license types: 1) City issued on sale intoxicating and Sunday liquor licenses  
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License Marshall, City License Period From: 5-1-22 To: 8-31-22

Circle One: New License License Transfer \_\_\_\_\_ Suspension Revocation Cancel \_\_\_\_\_  
(former licensee name) (Give dates)

License type: (check all that apply)  On Sale Intoxicating  Sunday Liquor  3.2% On sale  3.2% Off Sale

Fee(s): On Sale License fee: \$ \_\_\_\_\_ Sunday License fee: \$ \_\_\_\_\_ 3.2% On Sale fee: \$200 3.2% Off Sale fee: \$ \_\_\_\_\_

Licensee Name: Russell Russell SANW DOB [redacted] Social Security # [redacted]  
(corporation, partnership, LLC, or Individual)

Zip Code 56254 County Lyon Business Phone 507-828-4647 Home Phone 507-828-4647

Business Trade Name Marshall's Baseball Assn. Business Address 508 Buhlholm City Marshall

Licensee's Federal Tax ID # [redacted]  
(To apply call IRS 800-829-4933)

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ Licensee's MN Tax ID [redacted]

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Yes  No During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: YM Special Comp Fund/SEM Policy # [redacted]

I certify that this license(s) has been approved in an official meeting by the governing <sup>Municipal</sup> body of the city or county.

City Clerk or County Auditor Signature [Signature] Date \_\_\_\_\_  
(title)

**ON SALE INTOXICATING LIQUOR LICENSEES ONLY, must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7507, or visit our website at www.dps.mn.gov.**



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 DAVID SANOW  
(First) (Middle) (Last)

Date of Birth: [REDACTED] US Citizen  Yes  No

Home Address: 508 Bladholm Ave  
(Street)

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

Phone Number: 507-828-4647

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

Address: 508 Bladholm Ave  
(Street)

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

Club/Organization Phone Number: 507-828-4647

LOCATION WHERE LICENSE WILL BE USED:

Legion Field Marshall MN 56258

Russell Sanow  
Signature of Applicant

3-29-2022  
Date