

APPLICATION FOR TRANSIENT MERCHANT LICENSE

CITY OF MARSHALL, MINNESOTA

July 2019 THROUGH August 2019

Due With Application: Minimum Bond Requirement: \$5,000 and License Fee: \$315 Receipt #

1) Name of Applicant RODMY VERNER REEDER / DEVID TSEPRASOV
 Address of Applicant 6024 ZANE AVEN MINNEAPOLIS MN 55429
Last First Middle Street City State Zip Code
 Phone Number: 612 - 670 - 8108 /
 Date of Birth of Applicant 06/19/98 - 08/30/98 Social Security Number _____
 Drivers License Number _____ State 2
Number State
 Name of Business (Trade Name) SOUTHWESTERN ADVANTAGE
 Address 2451 ATRIUM WAY NASHVILLE TN 37214
(Street) (City) (State) (Zip Code)
 Phone Number (615) 331 - 2747

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

a) Same as above
 Last First Middle Date of Birth Social Security No.
 Drivers License Number Street City State Zip Code

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

If additional employees, list on separate sheet of paper.

3) Description of Business EDUCATIONAL BOOKS

Methods of soliciting DOOR TO DOOR

Goods to be sold BOOKS

Dates of Soliciting 07/08 - 08/08

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

a) RESIDENTIAL AREAS

b) _____

c) _____

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

a) DWC 3659 MICHIGAN c) _____
 Number State Number State

b) 4PA 17 SD d) _____
 Number State Number State

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

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

 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) ST. CLOUD MN
 City State

b) ALBERTVILLE MN
 City State

c) NEW HOPE MN
 City State

COMMENTS: _____

Payment
 Due With
 Application

TITLE OF APPLICANT: RODNY VERNER REEDER

SIGNATURE OF APPLICANT: [Signature] [Signature]

Received by the City Clerk on this 8 day of July, 2019

Signature of the City Clerk [Signature]

REPORT OF DIRECTOR OF PUBLIC SAFETY: _____

DIRECTOR OF PUBLIC SAFETY