

APPLICATION FOR TRANSIENT MERCHANT LICENSE
CITY OF MARSHALL, MINNESOTA
THROUGH 12/31/19

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

1) Name of Applicant Kisner Sarah E
Last First Middle
Address of Applicant 2614 State Hwy 23 Marshall MN 56258
Street City State Zip Code
Phone Number: 563-357-4098
Date of Birth of Applicant 1-78 Social Security Number _____
Drivers License Number _____ MN
Number State
Name of Business (Trade Name) Frankie's Hot Dogs, L.L.C.
Address 2614 State Hwy 23 Marshall MN 56258
(Street) (City) (State) (Zip Code)
Phone Number (563) 357-4098

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

a) Kisner Sarah E
Last First Middle Date of Birth Social Security No.
2614 State Hwy 23 Marshall MN 56258
Drivers License Number Street City State Zip Code
b) Kisner Chad M
Last First Middle Date of Birth Social Security No.
2614 State Hwy 23 Marshall MN 56258
Drivers License Number Street City State Zip Code

If additional employees, list on separate sheet of paper.

3) Description of Business Mobile Food Cart Vendor selling hot dogs, variety of condiments, chips, soda/water - as approved by Health Dept.
Methods of soliciting mobile food cart, trailered by a vehicle
Goods to be sold hot dogs and above mentioned foods; vendor merch (t-shirts-hats)
Dates of Soliciting Monday - Sunday; Spring - Fall

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

- various businesses
- private property to include local business as permission is granted
- public streets as permitted

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

a) _____ MN _____ c) _____
 Number State Number State

b) _____ MN _____ d) _____
 Number State Number State

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

a) MinnWest Bank _____ 507/929-6012 _____
 Name (If person give First, Middle and Last Name) Telephone Number

301 Baseline Rd _____ Marshall MN 56258 _____
 Street City State Zip Code

b) Pastor Doug Wing _____ 605/212-2810 _____
 Name (If person give First, Middle and Last Name) Telephone Number

2259 CR25 _____ Lynd MN 56157 _____
 Street City State Zip Code

c) Regina Clare Meulebroeck _____ 507/828-9569 _____
 Name (If person give First, Middle and Last Name) Telephone Number

417 N 3rd Street _____ Marshall MN 56258 _____
 Street City State Zip Code

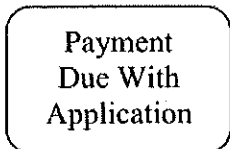
7) List 3 municipalities in which applicant has conducted business in the past 12 months:

a) n/a _____
 City State

b) _____
 City State

c) _____
 City State

COMMENTS: _____



TITLE OF APPLICANT: Owner/Operator
 SIGNATURE OF APPLICANT: [Signature]

Received by the City Clerk on this 5 day of April, 20 19

Signature of the City Clerk [Signature]

REPORT OF DIRECTOR OF PUBLIC SAFETY: _____

DIRECTOR OF PUBLIC SAFETY