

TEMPORARY 3.2 PERCENT MALT LIQUOR APPLICATION
City of Marshall ~ 344 West Main Street ~ Marshall MN 56258
Phone (507) 537-6775 ~ Fax (507) 537-6830

LICENSE PERIOD FROM _____ TO _____

TO COMPLY WITH THE CITY CODE OF THE CITY OF MARSHALL, MINNESOTA, REGULATING 3.2
PERCENT MALT LIQUOR LICENSE

Name of Applicant: _____
(First) (Middle) (Last)

Date of Birth: _____ US Citizen _____ Yes _____ No

Home Address: _____
(Street)

(City) (State) (Zip Code)

Phone Number: (_____) _____ (_____) _____
(Home) (Work)

Name of Club or
Organization: _____
(Name)

Address: _____
(Street)

(City) (State) (Zip Code)

Phone Number: (_____) _____

LOCATION WHERE LICENSE WILL BE USED:

Signature of Applicant

Date

TEMPORARY LICENSE FEE:

\$30 per day up to 3 days

or

\$50.00 per month up to 6 month

CONSENT FOR THE RELEASE OF INFORMATION

Date: _____

The following named individual has made application with this agency for (license type)

Last Name: _____

First Name: _____

Middle: _____

Maiden, Alias or Former: _____

Date of Birth: _____
(MM/DD/YYYY)

Sex (M or F): _____

Drivers License Number: _____

Drivers License State: _____

Phone Number: _____

I authorize the City of Marshall Police Department to disclose all applicable criminal history record information to the City of Marshall for the purpose of licensure (pursuant to Minn. Stat. § 299C.72 and/or Minn. Stat. § 340A.402).

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Office of City Clerk
344 West Main Street - Marshall, MN 56258
(507) 537-6775
www.ci.marshall.mn.us

