Investigation Fee - \$15.00	Receipt No. <u>CC 507</u> 3684				
Sellers Permit No	Date Paid <u>6-20-2</u> 2				
Name of Applicant: Philip Burn	5				
Address: 635 W. Seneca Dr					
City, State, Zip: Appleton, WI 549//	County of Residence: Outaspunie				
If less than two years at the above address, pleas	se list all addresses in the last two-year				
period: 22 Northbreeze Cir Ap	pleton, WI 34911				
Date of Birth (Month/Day/Year): 8-16-87	Place of Birth: Champaign 17				
Male Female Telephone Number: 9205744777					
Driver's License Number: Ble52 (a618 7296 06					
Type of Merchandise or Service: (Please state sp	pecific product(s) or actual service				
provided) TU, Internet, Home	Plone				
Will you be selling products delivered at sale? Ye	es_No				
Will you be getting orders for products/services to be delivered in the future? Yes No					
Location where selling in the City: All of Waukauna					
Home Company Name: 105					
Address: WG174 Appleton, WI 54914					
Officer or Director of Company: Ben Hatten Principal Place of Business (State): WI					
	RECEIVED				

CITY OF KAUKAUNA

144 W 2nd Street Kaukauna, WI 54130 920.766.6309.7 2022 www.cityofkaukauna.com

BY: TO

Refe	erence Name:-	Teric Hines		
	Address	3: W6174 Aprotect	Dr Applet	on.WI 549/4
	Telepho	one Number: 309 643	2999	
Do y	ou hold a similar	license in any other community	? Yes No	]
If ye	s, please state wh	nere. Kimberly + Li	Hle Chu	te
C				
Signa	ture of Applicant			
The a is the quest	bove signed appli applicant named	IN OUTAGAMIE COUNTY icant, being first duly sworn on in the foregoing application; the cation; that he/she had made co	at he/she has r	ead each of the
	N STATE	TARY  OF WISHING	20th da	sworn to before me this y of <u>June</u> , 20 <u>22</u> O. <u>Konney</u> y Clerk or Notary Public
FOR	OFFICE USE ON			
Polic	ce Department Re	ecommendation	Bond Required	- Yes No
Reco	ommend Approva	Recommend Denial	]	
Sign	ature: Qued	Sandyout		
Expl	ain, if denied:	•		
City	Council Action:	Date granted/denied:	License N	0.

Rec'd 6-29-22 Agenda 6-24 Council 7-5

# POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00	Receipt No.			
Sellers Permit No	Date Paid <u>6-39-33</u>			
Name of Applicant: Angela Carrel				
Address: 3298 Tranquil War	1			
City, State, Zip: Kuwaum, WI 54130	County of Residence: OUTAGAMIE			
If less than two years at the above address, pleas period:	se list all addresses in the last two-year			
Date of Birth (Month/Day/Year): 05/03/1962	Place of Birth: Nov-614, NE			
Male Female X	Telephone Number: (402) 416-6628			
Driver's License Number: CU40-0138-				
Type of Merchandise or Service: (Please state sp provided)	pecific product(s) or actual service			
Trash can cleaning	Ĩ			
Will you be selling products delivered at sale? Ye	NoN			
Will you be getting orders for products/services t	to be delivered in the future? Yes No			
Location where selling in the City:				
Home Company Name: Fox Valley Bin Cleaning				
Address: 3298 Tranquil Way,	Kaukauna, WI 94130			
Officer or Director of Company: Drincipal Place of Business (State): W				
Michalle V	vaney			

Reference	Name: Michalle Vaneu			
	Address: W5038 Birch wood Dr., Sherwood, WI 54			
	Telepho	one Number: (715)85	1-1-	319
Do you hold	a similar	license in any other commun	ity? Ye	es No X
If yes, please	state w	nere.		
Signature of A	LOC applicant	'alll'		
The above sig is the applicar	ned appl nt named aid appli	in the foregoing application;	that he comp	deposes and says that he/she e/she has read each of the plete true and correct answers to cribed and sworn to before me this day of free , 2022.
FOR OFFICE	USE ON	LY		
Police Depar	tment Re	ecommendation	Bon	d Required - Yes No
Recommend	Approva	Recommend Denial		
Signature:	Pose	Suranjas		
Explain, if der	nied:			
City Council	Action:	Date granted/denied:		License No.

Investigation Fee - \$15.00 Sellers Permit No	Receipt No. <u>(C, 56</u> ) 3689 Date Paid <u>6-20-22</u>				
Name of Applicant: Uanet Joh	nson				
Address: 727 Lawe 5	+				
City, State, Zip: Kaukauna WI 54130	County of Residence: Outganie				
If less than two years at the above address, pleas period:	se list all addresses in the last two-year				
Date of Birth (Month/Day/Year): 12091961	Place of Birth: Ladison, WI				
Male Female	Telephone Number: 206-7803				
Driver's License Number: U525 432	16 1949 85				
Type of Merchandise or Service: (Please state sp provided)	pecific product(s) or actual service				
Telecommuni cation	2				
Will you be selling products delivered at sale? Ye	es_NoX				
Will you be getting orders for products/services to be delivered in the future? Yes No					
Location where selling in the City:	ona				
Home Company Name: TS					
Address: W 174 Aerotech t	or Appleton, Wl 54914				
Officer or Director of Company:	Principal Place of Business (State): W				

CITY OF KAUKAUNA

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BY: 78

Reference	Name:	THERESA WILL	E2	
	Addres	5: 72712 LAWE	5	- Kaukanna, WI 54130
	Telepho	one Number: 970 L	150	4151
Do you hold	a similar	license in any other commun	ty? Ye	esNoX
If yes, please	e state wh	nere.		
Signature of A	Applicant	Johnson		
The above sig	ned appl nt named aid appli	in the foregoing application;	that h	n deposes and says that he/she e/she has read each of the elete true and correct answers to
	"ABHITIMITE	OF WISC	Subse	day of June, 2022  City Clerk or Notary Public
FOR OFFICE	USE ON	LY		
Police Depar	tment Re	ecommendation	Bon	d Required - Yes No
Recommend	Approva	I Kecommend Denial		
Signature:	Brod	Sandrefoot		
Explain, if de	nied:	•		
City Council	Action:	Date granted/denied:		License No.

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Investigation Fee - \$15.00	Receipt No. <u>C55</u> 13684			
Sellers Permit No	Date Paid 6-30-32			
Name of Applicant: BREAN NYLWND				
Address: 1224 Green Aca	LES LN			
City, State, Zip: S495C	County of Residence: with UNIO			
If less than two years at the above address, pleas period:				
Date of Birth (Month/Day/Year): 09-05-65	Place of Birth:			
Male Female Telephone Number: 920-313-6418				
Driver's License Number: N 453 - 0706 - 5325	-05			
Type of Merchandise or Service: (Please state specific product(s) or actual service provided)				
CLABLE ENTERNET, PHONE				
Will you be selling products delivered at sale? Ye	a_NoC			
Will you be getting orders for products/services to be delivered in the future? Yes No				
Location where selling in the City:				
Home Company Name: TD S				
Address: WLITY AEROTECH DOZ	Appleton we 54914			
Officer or Director of Company:	Principal Place of Business (State):			

CITY OF KAUKAUNA

144 W 2nd Street Kaukauna, WI 54130 920766.6300 IVED www.cityofkaukauna.com

JUN 27 2022

BY: TB

Reference	Name:	TEREC It	INES	
	Addres	S:		
	Telepho	one Number:		
Do you hold	a similar	license in any othe	er community? Ye	es No Appleion
If yes, please	state wh	nere. w I		777.50
Signature of A	Applicant	hny		
The above sig	ned appl nt named aid appli	in the foregoing a	uly sworn on oath pplication; that he had made comp	n deposes and says that he/she e/she has read each of the elete true and correct answers to cribed and sworn to before me this
- AN HARMANIA	THE ON	TARY BLIC WISCON	_ (	Solly a Kenney Oity Clerk or Notary Public
FOR OFFICE				
-		commendation		d Required - YesNo
Recommend	Approva	Recommo	end Denial	
Signature:	Buch	ogwond	72	
Explain, if de	nied:			
City Council	Action:	Date granted/der	nied:	License No.

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Investigation Fee - \$15.00	Receipt No. <u>CC507</u> 3 684			
Sellers Permit No Date Paid 620-22				
Name of Applicant: Juan Sando	s Hernandez			
Address: 1316 Bismarck A	lve			
City, State, Zip: Osh Kosh, WI, SY90	County of Residence:			
If less than two years at the above address, pleas	se list all addresses in the last two-year			
period: 144 N. Western Ave	Neenah, WI			
Date of Birth (Month/Day/Year):	Place of Birth: Hondwas (US citizen			
Male Female Telephone Number: 920-637-8/9/				
Driver's License Number: (532 - 42/8	-5181-02			
Type of Merchandise or Service: (Please state sp	pecific product(s) or actual service			
Internet, T.V. and ph	one.			
Will you be selling products delivered at sale? Ye	es No			
Will you be getting orders for products/services to be delivered in the future? Yes No				
Location where selling in the City: City of Kaykayna				
Home Company Name: T. D. S. Tele com				
Address: W6174 Aerotect Dr.				
Officer or Director of Company:	Principal Place of Business (State):			

CITY OF KAUKAUNA

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BY: Tb

Reference	Name:	Texic Hines		
	Address			
	Telepho	one Number:	29	-643-2999
Do you hold	a similar	license in any other communi	ty? Ye	es No
If yes, please	state wh	nere.		
Signature of A				
The above sig is the applicar	ned appl nt named aid appli	in the foregoing application; cation; that he/she had made	comp	deposes and says that he/she e/she has read each of the lete true and correct answers to cribed and sworn to before me this loth day of fune, 20 22 correct answers to day Clerk or Notary Public
FOR OFFICE	USE ON	LY		
Police Department Recommendation Bond Required - Yes No				
Recommend Approval Recommend Denial				
Signature:	Brook	Sandyour		
Explain, if de	nied:			
City Council	Action:	Date granted/denied:		License No.

Investigation Fee - \$15.00	Receipt No. <u>CC 50</u> 13684			
Sellers Permit No	Date Paid <u>6-20-22</u>			
Name of Applicant: Harrie Schul Address: 130 Woodhewen L	h world address Appleton u m/wld74 Revotech Dc 34914			
City, State, Zip: Deenah WI 5495Le	County of Residence: Wings ball			
If less than two years at the above address, pleas period:	se list all addresses in the last two-year			
Date of Birth (Month/Day/Year): 07/03/1989	Place of Birth:			
Male Female	Telephone Number: 90-585-333			
Driver's License Number: 500-5048	-9743-02			
Type of Merchandise or Service: (Please state specific product(s) or actual service provided)				
Telecom TV. Internet the	onge phone.			
Will you be selling products delivered at sale? Ye	No			
Will you be getting orders for products/services to be delivered in the future? Yes				
Location where selling in the City: Lew Lawn a				
Home Company Name: WHTY Resolich Dr Ameton WI				
Address:				
Officer or Director of Company:  Principal Place of Business (State):				

Reference	Name:	Harrie D.	Schu	eh	
TUIS	Addres	s: 130 Woodha	ven L	n Weenah	W1 5495
(1.0	Telepho	one Number: 000-	585-3	327	
Do you hold	a similar	license in any other cor	nmunity? Y	es No	
If yes, please	state wl	nere. Little	Chul	R	
Signature of A	Applicant	Schul			
The above sig	ned appl nt named aid appli	in Outagamie Cou icant, being first duly so in the foregoing applic cation; that he/she had	worn on oat ation; that h	ne/she has read ea	ch of the
		MA J. NEW	Subs	scribed and sworn	to before me this
		STARY		$\geq 0$ day of $\leq$	Sure, 2022
		PUBLIC &		<u>Inistinas</u> City Clerk	or Notary Public
FOR OFFICE	USE ON	LY			
Police Depar	tment Re	ecommendation	Bor	nd Required - Yes	No
Recommend	Approva	Recommend [	Denial		
Signature:	Buce	Sandyout			
Explain, if de					
City Council	Action:	Date granted/denied:		License No.	