



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

Investigation Fee - \$15.00

Receipt No. CC 507 3684

Sellers Permit No. _____

Date Paid 6-20-22

Name of Applicant: <u>Phillip Burns</u>	
Address: <u>635 W. Seneca Dr</u>	
City, State, Zip: <u>Appleton, WI 54911</u>	County of Residence: <u>Outagamie</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>22 Northbreeze Cir Appleton, WI 54911</u>	
Date of Birth (Month/Day/Year): <u>8-16-87</u>	Place of Birth: <u>Champaign, IL</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>9205744777</u>
Driver's License Number: <u>B652 6618 7296 06</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>TV, Internet, HomePhone</u>	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>All of Kaukauna</u>	
Home Company Name: <u>TDS</u>	
Address: <u>W6174 Aerotech Dr Appleton, WI 54914</u>	
Officer or Director of Company: <u>Ben Halfen</u>	Principal Place of Business (State): <u>WI</u>

RECEIVED

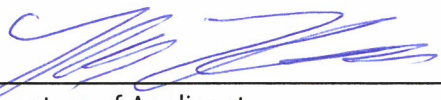
CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130

920.766.6300
www.cityofkaukauna.com

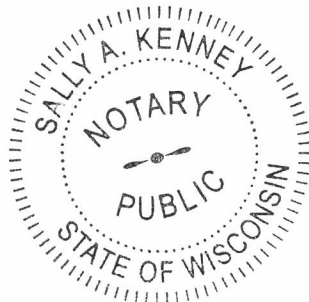
BY: tb

Reference	Name: <u>Teric Hines</u>
	Address: <u>W6174 Aero Tech Dr Appleton, WI 54914</u>
	Telephone Number: <u>309 643 2999</u>
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. <u>Kimberly + Little Chute</u>	


Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



Subscribed and sworn to before me this

20th day of June, 2022

Sally A. Kenney
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <u>Paul Sanford</u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.

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 6-29-22

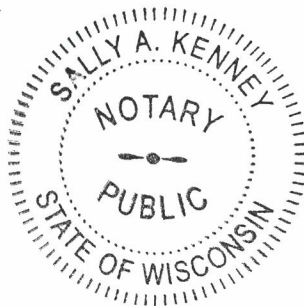
Name of Applicant: <u>Angela Carrel</u>	
Address: <u>3298 Tranquil Way</u>	
City, State, Zip: <u>Kaukauna, WI 54130</u>	County of Residence: <u>Outagamie</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>05/03/1982</u>	Place of Birth: <u>Norfolk, NE</u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Telephone Number: <u>(402) 416-6628</u>
Driver's License Number: <u>C640-0138-2663-09</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Trash can cleaning</u>	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>all over</u>	
Home Company Name: <u>Fox Valley Bin Cleaning</u>	
Address: <u>3298 Tranquil Way, Kaukauna, WI 54130</u>	
Officer or Director of Company: <u>Jake & Angela Carrel and Nick & Michelle Vraney</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Michelle Vraney</u>
	Address: <u>W5038 Birchwood Dr., Sherwood, WI 54169</u>
	Telephone Number: <u>(715) 851-1319</u>
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	

Angela Currel
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this

29th day of June, 2022

Sally A. Kenney
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <u><i>Paul Smauga</i></u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



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

Investigation Fee - \$15.00

Receipt No. CC 5073684

Sellers Permit No. _____

Date Paid 6-20-22

Name of Applicant: <u>Janet Johnson</u>	
Address: <u>727 Lawe St</u>	
City, State, Zip: <u>Kaukauna WI 54130</u>	County of Residence: <u>Outagamie</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>12/09/1961</u>	Place of Birth: <u>Madison, WI</u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Telephone Number: <u>608 206-7803</u>
Driver's License Number: <u>J525 4326 1949 05</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Telecommunications</u>	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Kaukauna</u>	
Home Company Name: <u>TBS</u>	
Address: <u>W 6174 Aerotech Dr Appleton, WI 54914</u>	
Officer or Director of Company:	Principal Place of Business (State): <u>WI</u>

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130


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www.cityofkaukauna.com

JUN 27 2022

BY: TB

Reference	Name: <u>THERESA WIDDER</u>
	Address: <u>727 1/2 LAWE ST Kaukauna, WI 54130</u>
	Telephone Number: <u>920 450 4151</u>
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	



Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY


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Subscribed and sworn to before me this
20 day of June, 2022


City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <u></u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



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

Investigation Fee - \$15.00

Receipt No. CC5073684

Sellers Permit No. _____

Date Paid 6-30-22

Name of Applicant: <u>BRENN NYLAND</u>	
Address: <u>1224 GREEN ACRES LN</u>	
City, State, Zip: <u>NEENAH WI 54956</u>	County of Residence: <u>WINNEBAGO</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>09-05-65</u>	Place of Birth: <u>HERBING MN</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-313-6468</u>
Driver's License Number: <u>N453-0706-5325-05</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>CABLE INTERNET, PHONE</u>	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City:	
Home Company Name: <u>TDS</u>	
Address: <u>W6174 AEROTECH DR Appleton WI 54914</u>	
Officer or Director of Company:	Principal Place of Business (State):

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130

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JUN 27 2022

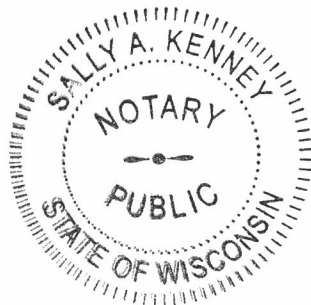
BY: TB

Reference	Name: <u>TEREC HENES</u>
	Address:
	Telephone Number:
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Application</u>	
If yes, please state where. <u>WI</u>	

B- [Signature]
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this

20th day of June, 2022.

Sally A. Kenney
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <u>[Signature]</u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



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

Investigation Fee - \$15.00

Receipt No. CL5073684

Sellers Permit No. _____

Date Paid 6-20-22

Name of Applicant: <u>Juan Santos Hernandez</u>	
Address: <u>1316 Bismarck Ave</u>	
City, State, Zip: <u>Oshkosh, WI, 54902</u>	County of Residence: <u>Winnebago</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>144 N. Western Ave, Neenah, WI</u>	
Date of Birth (Month/Day/Year): <u>05/21/1985</u>	Place of Birth: <u>Honduras (US citizen)</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-637-8696</u>
Driver's License Number: <u>5532-4268-5181-02</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Internet, T.V. and phone.</u>	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Kau City of Kaukauna</u>	
Home Company Name: <u>T.D.S. Telecom</u>	
Address: <u>W6174 Aerotech Dr.</u>	
Officer or Director of Company:	Principal Place of Business (State): <u>WI</u>

CITY OF KAUKAUNA

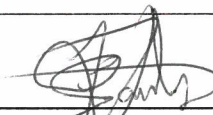
144 W 2nd Street
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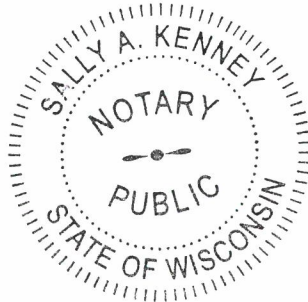
BY: TB

Reference	Name: <u>Teric Hines</u>
	Address:
	Telephone Number: <u>309-643-2999</u>
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	


Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this

20th day of June, 2022

Sally A. Kenney
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/>	Recommend Denial <input type="checkbox"/>	
Signature: <u>Brian Scharf</u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



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Receipt No. CC 5073684

Sellers Permit No. _____

Date Paid 6-20-22

Name of Applicant: <u>Harrie Schuh</u>	
Address: <u>130 Woodhaven Ln / Wld 74 Aerotech Dr</u> ^{Home address} <u>Appleton WI 54914</u> ^{work address}	
City, State, Zip: <u>Deenah WI 54956</u>	County of Residence: <u>Winnebago</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>07/03/1989</u>	Place of Birth:
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Telephone Number: <u>920-585-3327</u>
Driver's License Number: <u>5000-5048-9743-02</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Telecom T.V. Internet Home phone.</u>	
Will you be selling products delivered at sale? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Kaukauna</u>	
Home Company Name: <u>TDS</u>	
Address: <u>Wld 74 Aerotech Dr Appleton WI</u>	
Officer or Director of Company:	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Harvie D. Schuh</u>
<u>Teric</u>	Address: <u>130 Woodhaven Ln Neenah WI 54956</u>
	Telephone Number: <u>920-585-3327</u>
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. <u>Little Chute</u>	

Harvie D. Schuh
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



Subscribed and sworn to before me this

20 day of June, 2022

Christina J. Nelson
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <u>[Signature]</u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.