

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

Investigation Fee - \$15.00

| Sellers Permit No. <u>24-4</u> | Date PaidPd | | | |
|---|--|--|--|--|
| Name of Applicant: Benjamin | fgustin | | | |
| Address: 511 1/2 E main st | O | | | |
| City, State, Zip: Little Chute, WI, 54140 | County of Residence: องชี่ขุนพาน | | | |
| If less than two years at the above address, plea period: | se list all addresses in the last two-year | | | |
| Date of Birth (Month/Day/Year): 06/20/03 | Place of Birth: Baldwin, W ! | | | |
| Male Female | Telephone Number:(420) 851-0141 | | | |
| Driver's License Number: A273 - 0640 - | -3220-03 | | | |
| Type of Merchandise or Service: (Please state sp provided) () Ffering home improvement | pecific product(s) or actual service | | | |
| 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 NoX | | | |
| Location where selling in the City: | | | | |
| Home Company Name: Mad City Windows and haths Address: 2340 Holly rd Neenah, WI | | | | |
| Address: 2340 Holly rd Neen | iah, W (| | | |
| Officer or Director of Company: | Principal Place of Business (State): | | | |

Receipt No.

| Reference | Name: | Fic Smith | | |
|----------------|-------------------------------------|---------------------------------------|---|--|
| | Address | 5: W 8508 School Forme Number: 920 85 | 59 | Hostorville WI |
| | Telepho | ne Number: 920 85 | 6-9 | 7831 |
| Do you hold | a similar | license in any other communi | ty? Ye | esNo |
| If yes, please | state wh | iere. | | |
| Signature of A | Applicant | Oya br | _ | |
| The above sig | ned appli nt named aid applic | in the foregoing application; t | that he | deposes and says that he/she e/she has read each of the lete true and correct answers to |
| | | NINA KENNELL | Subsc | cribed and sworn to before me this |
| | | PUBLIC STATE OF WISCOME | | Oth day of Feb , 20 24. Salvy a Kenney City Clerk or Notary Public |
| FOR OFFICE | USE ON | Y | | |
| Police Depar | tment Re | commendation | Bond | d Required - Yes No |
| Recommend | Approva | Recommend Denial | | |
| Signature: | Bood | Source | *************************************** | |
| Explain, if de | | | | |
| City Council | Action: | Date granted/denied: | | License No. |





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BY: 502

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

| Investigation Fee - \$15.00 | Receipt No. |
|-----------------------------|-------------|
| Sellers Permit No. 24-2 | Date Paid |

| | Date Faid | | | |
|---|--|--|--|--|
| Name of Applicant: Santiago Flores- | Espinosa | | | |
| Address: 1835 w pershing St | • | | | |
| City, State, Zip: Appleton ,WI, 54914 | County of Residence: Outagam ie | | | |
| 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): 11-30-2000 | Place of Birth: | | | |
| Male Female | Telephone Number: 920 SIS 3721 | | | |
| Driver's License Number: F462 - 7800 - | 0430-05 | | | |
| Type of Merchandise or Service: (Please state specific product(s) or actual service provided) Home Improvement | | | | |
| Will you be selling products delivered at sale? Ye | s_NoX | | | |
| Will you be getting orders for products/services to be delivered in the future? Yes No | | | | |
| Location where selling in the City: Neenan | | | | |
| Home Company Name: Mad City | | | | |
| Address: 2340 Holly Rd New | enah, Wi 54956 | | | |
| Officer or Director of Company: Eric | Principal Place of Business (State): W | | | |

| Reference | Name: | Eric Smith | | |
|--|----------------------------------|--|---------------|--|
| | Addres | s: W8508 School Ro | \mathcal{H} | atonville wi 54944 |
| | Telepho | one Number: 920 | 850 | -9831 |
| Do you hold a | a similar | license in any other communi | ty? Ye | es No |
| If yes, please | state wl | nere. | | |
| Signature of A | pplicant | | | |
| The above sign is the applican questions in sa each question. | ned appl t named aid appli | in the foregoing application; that he/she had made that he/she had made the she had made th | that he comp | deposes and says that he/she e/she has read each of the cribed and sworn to before me this loth day of Feb., 2024. City Clerk or Notary Public |
| FOR OFFICE U | | commendation | Bone | d Required - Yes No |
| | | Recommend Denial | | |
| Signature: | محدو | 2 Janes & | | |
| Explain, if den | ied: | after 1 | | |
| City Council A | Action: | Date granted/denied: | | License No. |

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

| Investigation Fee - \$15.00 Sellers Permit No. <u>24-3</u> | Receipt No. Pd. | | | |
|--|---------------------------|--|--|--|
| Name of Applicant: Seth G Taylor | | | | |
| Address: 471 High Ave | | | | |
| City, State, Zip: OShkosh, WT, 54901 | County of Residence: | | | |
| If less than two years at the above address, please list all addresses in the last two-year period: 6103 Downing St., Greendale, WI, 53219 | | | | |
| | Place of Birth: Milwaukee | | | |

| If less than two years at the above address, please list all addresses in the last two-year period: 6103 Downing St., Greendale, WI, 53219 | | | | |
|--|--------------------------------------|--|--|--|
| Date of Birth (Month/Day/Year): 06/15/2002 Place of Birth: Willwaukee | | | | |
| Male Female Telephone Number: 414-426 | | | | |
| Driver's License Number: T460 - 7870 - 2 | 215-06 | | | |
| Type of Merchandise or Service: (Please state specific product(s) or actual service provided) | | | | |
| Will you be selling products delivered at sale? Yes No | | | | |
| Will you be getting orders for products/services to be delivered in the future? Yes Vo | | | | |
| Location where selling in the City: | | | | |
| Home Company Name: MAD CITY WINDOWS and Bathrooms | | | | |
| Address: 2340 Holly Rd, Weenah, WI 54956 | | | | |
| Officer or Director of Company: Eric Smith | Principal Place of Business (State): | | | |

| Reference | Name: | Eric Smith | | | | | |
|--|-------------------------------------|---|-------------|---|--|--|--|
| | Address | E W8508 School | o/ \$ | 2d Hytomille | | | |
| | Telephone Number: (920) 850 - 9831 | | | | | | |
| Do you hold a | | license in any other communit | | | | | |
| If yes, please | state wh | nere. | | | | | |
| Signature of A | pplicant | | _ | | | | |
| The above sig is the applicar | ned appli nt named aid applic | in the foregoing application; to cation; that he/she had made | hat he comp | lete true and correct answers to cribed and sworn to before me this | | | |
| TARY and day of Feb , 20 34. Solly a Kenney City Clerk or Notary Public | | | | | | | |
| | | commendation | Bono | d Required - Yes No | | | |
| Recommend Approval Recommend Denial | | | | | | | |
| Signature: | Brech | Sanda | | | | | |
| Explain, if der | | A second | | | | | |
| 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 Sellers Permit No. 24-1 Receipt No. CS 2560 Date Paid 2-19-24

| Name of Applicant: | |
|--|--|
| Address: 24 Thistle Do | wr C+ |
| City, State, Zip: APPleton; WI, 54915 | County of Residence: Cal Um e + |
| 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): 2/11/94 | Place of Birth: San Ditgo |
| Male Female | Telephone Number: 920 851-5684 |
| Driver's License Number: W360 467 | 8 4056 09 |
| Type of Merchandise or Service: (Please state sp provided) Construction | ecific product(s) or actual service |
| Will you be selling products delivered at sale? Ye | s No No |
| Will you be getting orders for products/services t | o be delivered in the future? Yes |
| Location where selling in the City: | to Door |
| Home Company Name: hing dom | oofiny |
| Address: 2323 E Carita | 1 Do Svite 123 ATTHE |
| Officer or Director of Company:) | |

| Reference | Name: | E Deborah | W. | ette | |
|-----------------|-----------------------------------|--|--------------------|---------------------------------------|----------------------|
| | Addres | s: 800 E Woo | dere | est Dr | APTIL to |
| | Telepho | one Number: 920 83 | 0 3. | 056 | |
| Do you hold | a similar | license in any other communi | ity? Ye | s Nd 📈 | |
| If yes, please | e state w | here. | | | |
| Signature of A | Applicant | > 1 | | 7 | |
| The above sig | ned appl nt named aid appli | cant, being first duly sworn of in the foregoing application; cation; that he/she had made | that he, comple | ribed and sworn to be day of February | of the answers to |
| FOR OFFICE | USE ON | LY | | | |
| Police Depar | tment Re | ecommendation | Bond | Required - Yes N | o |
| Recommend | Approva | Recommend Denial | | | |
| Signature: | Bred | Survey | | | |
| Explain, if der | nied: | | | | |
| City Council | Action: | Date granted/denied: | | License No. | |

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