



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

Investigation Fee - \$15.00  
Sellers Permit No. 24-4

Receipt No. \_\_\_\_\_  
Date Paid Pd.

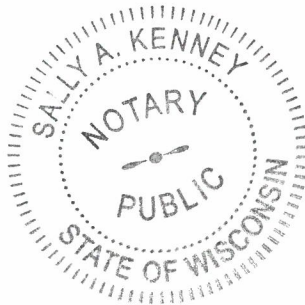
Name of Applicant: <u>Benjamin Agustin</u>	
Address: <u>511 1/2 E main st</u>	
City, State, Zip: <u>Little Chute, WI, 54140</u>	County of Residence: <u>Ottawa</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>06/20/03</u>	Place of Birth: <u>Baldwin, WI</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>(920) 851-0191</u>
Driver's License Number: <u>A223-0640-3220-03</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Offering home improvement estimates.</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 type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City:	
Home Company Name: <u>Mad City Windows and baths</u>	
Address: <u>2340 Holly rd, Neenah, WI</u>	
Officer or Director of Company:	Principal Place of Business (State):

Reference	Name: <i>Eric Smith</i>
	Address: <i>W 8508 School Rd Hortonville WI</i>
	Telephone Number: <i>920 850-9831</i>
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where.	

*Eric Smith*  
 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 Feb, 2024

*Sally A. Kenney*  
 City Clerk or Notary Public

**FOR OFFICE USE ONLY**

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

RECEIVED *AD*

FEB 23 2024

RECEIVED  
FEB 20 2024

BY: *SAP*




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

Investigation Fee - \$15.00  
Sellers Permit No. 24-2

Receipt No. \_\_\_\_\_  
Date Paid FD.

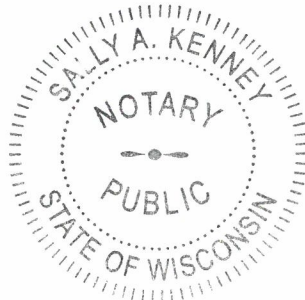
Name of Applicant: <i>Santiago Flores-Espinosa</i>	
Address: <i>1835 W Pershing St</i>	
City, State, Zip: <i>Appleton, WI, 54914</i>	County of Residence: <i>Outagamie</i>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <i>11-30-2000</i>	Place of Birth:
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <i>920 515 3721</i>
Driver's License Number: <i>F462-7800-0430-05</i>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <i>Home Improvement</i>	
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 type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City: <i>Neenah</i>	
Home Company Name: <i>Mad City</i>	
Address: <i>2340 Holly Rd Neenah, WI 54956</i>	
Officer or Director of Company: <i>Eric</i>	Principal Place of Business (State): <i>WI</i>

Reference	Name: <u>Eric Smith</u>
	Address: <u>W 8508 School Rd Hartonville WI 54944</u>
	Telephone Number: <u>920 850-9831</u>
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where.	

  
 \_\_\_\_\_  
 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

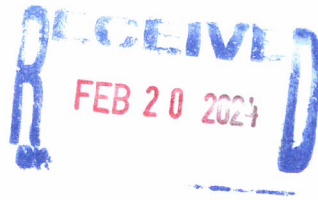
20th day of Feb, 2024

Sally A. Kenney  
 \_\_\_\_\_  
 City Clerk or Notary Public

**FOR OFFICE USE ONLY**

<b>Police Department Recommendation</b>	Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>	
Recommend Approval <input checked="" type="checkbox"/>	Recommend Denial <input type="checkbox"/>	
Signature: <u>[Handwritten Signature]</u>		
Explain, if denied:		
<b>City Council Action:</b>	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. 24-3

Receipt No. Ad.  
Date Paid Ad.

Name of Applicant: <u>Seth G Taylor</u>	
Address: <u>471 High Ave</u>	
City, State, Zip: <u>OSHKOSH, WI, 54901</u>	County of Residence:
If less than two years at the above address, please list all addresses in the last two-year period: <u>6103 Downing St, Greendale, WI, 53219</u>	
Date of Birth (Month/Day/Year): <u>06/15/2002</u>	Place of Birth: <u>Milwaukee</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>414-426-7100</u>
Driver's License Number: <u>T460-7870-2215-06</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided)	
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>MAD CITY WINDOWS and Bathrooms</u>	
Address: <u>2340 Holly Rd, Neenah, WI 54956</u>	
Officer or Director of Company: <u>Eric Smith</u>	Principal Place of Business (State): <u>WI</u>

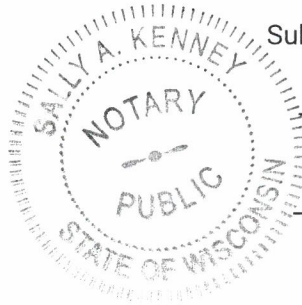
Reference	Name: <u>Eric Smith</u>
	Address: <u>W 8508 School Rd Hoytville</u>
	Telephone Number: <u>(920) 850-9831</u>
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where.	

Seth G. Zuber

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.

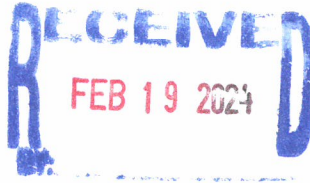


Subscribed and sworn to before me this 20th day of Feb, 2024.

Sally A. Kenney  
City Clerk or Notary Public

**FOR OFFICE USE ONLY**

<b>Police Department Recommendation</b>	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:	
<b>City Council Action:</b>	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

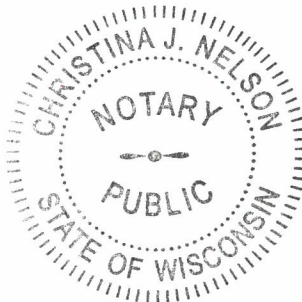
Name of Applicant: <u>John Wetter</u>	
Address: <u>26 Thistle Down Ct</u>	
City, State, Zip: <u>Appleton, WI, 54915</u>	County of Residence: <u>Calumet</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>2/16/84</u>	Place of Birth: <u>San Diego</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920 851-5684</u>
Driver's License Number: <u>W360 4678 4056 09</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Construction</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>Door to Door</u>	
Home Company Name: <u>Kingdom Roofing</u>	
Address: <u>2323 E Capital Dr Suite 123 Appleton</u>	
Officer or Director of Company: <u>John Wetter</u>	Principal Place of Business (State): <u>WI 54911</u>

Reference	Name: <u>Deborah Wette</u>
	Address: <u>800 E Woodcrest Dr Apt 101</u>
	Telephone Number: <u>920 830 3056</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]  
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 19 day of February, 2024

Christina J. Nelson  
City Clerk or Notary Public

**FOR OFFICE USE ONLY**

<b>Police Department Recommendation</b>	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:	
<b>City Council Action:</b>	Date granted/denied: License No.