Investigation Fee - \$15.00	Receipt No. <u>C 9047339</u>				
Sellers Permit No	Date Paid 11-11-24				
Name of Applicant: Steve Hei	in brack				
Address: E8508 IS/9nd	Rd.				
City, State, Zip: Wighand, WI 54940	County of Residence: Waypacq				
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): /U/25/73	Place of Birth: New London				
Male Female	Telephone Number: 920 538-3069				
Driver's License Number: H5/6 796	7 3385 05				
Type of Merchandise or Service: (Please state specific product(s) or actual service provided)					
Will you be selling products delivered at sale? Ye	es No X				
Will you be getting orders for products/services	to be delivered in the future? Yes No				
Location where selling in the City: $\int \langle \alpha \alpha   \langle \alpha \alpha \alpha \rangle \rangle$					
Home Company Name: 155 tele	Com				
Address: W6174 Herotech	Drue Appleton WI				
Officer or Director of Company: Dan Maken	Principal Place of Business (State):				
	-				

Reference	Name:	Dan	Madse	54
	Address:	5687	C+4 1	2d. C Vespen V
	Telephone	Number:	\$ 715	514-7871
Do you hold	a similar lic	ense in any other	community? Y	ea No
If yes, please	e state wher	e. Sugan	1760	
Signature of A	Applicant	Mimbre	us	
The above sig	ned applica nt named in aid applicat	the foregoing ap	y sworn on oat plication; that had made com	h deposes and says that he/she he/she has read each of the plete true and correct answers to scribed and sworn to before me this day of
FOR OFFICE	USE ONLY			
Police Depar	tment Reco	mmendation	Bor	nd Required - Yes No
Recommend	Approval _	A Recommer	nd Denial	
Signature:	Sound	Surger		
Explain, if de		1		
City Council	Action: D	ate granted/deni	ed:	License No.

Investigation Fee - \$15.00

Sellers Permit No Date Paid					
Name of Applicant: Parker Ourada					
Address: 205 Darboy Rd.	Combined Locks, WI 54113				
City, State, Zip: Combined Locks, WI, S4113	County of Residence: Odasamie				
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): 09/25/1997	Place of Birth: Rockford, \$1				
Male Female	Telephone Number: 920-429-5129				
Driver's License Number: 0630 - 6709 -	-7345-05				
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 No					
Location where selling in the City: all or er					
Home Company Name: TOS					
Address: W 6174 Aerotack Dr.					
Officer or Director of Company: Dan Madsen Principal Place of Business (State):					

Receipt No. <u>CC 904</u> 7339

Reference	Name:	Partie Van Me	adse	en	
	Addres		D.	d. C. Vesper, LI	54489
	Telepho	one Number: 715-514			
Do you hold	a similar	license in any other communi	ty? Ye	esNd_ <del>`</del> X_	
If yes, please	e state wl	nere.			
Rm. Signature of A	ICC Applicant	in			_
The above sig	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 lete true and correct answers to cribed and sworn to before me this day of, 2021	
		WISCONSTITUTE WISCONSTITUTE		City Clerk or Notary Public	90 1
FOR OFFICE	USE ON	LY			1
Police Depar	tment Re	ecommendation	Bon	d Required - Yes No	
Recommend	Approva	Recommend Denial			
Signature:	loved	Surger			
Explain, if de	nied:				
City Council	Action:	Date granted/denied:		License No.	

Investigation Fee - \$15.00	Receipt No. <u>CC90</u> 47339			
Sellers Permit No	Date Paid 11-11-24			
Name of Applicant: Donald Erdmo	unn			
City, State, Zip: New London Sygul	County of Residence: Wawyacce			
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): $1 + \sqrt{29} / 7 = \sqrt{10}$	Place of Birth: 1840			
Male Female	Telephone Number: 715-460-4010			
Driver's License Number: E635 - 1877 - 4469 - 06				
Type of Merchandise or Service: (Please state specific product(s) or actual service provided)				
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:				
Home Company Name: 705				
Address: Wal74 Aeroteh Dr	,			
Officer or Director of Company:	Principal Place of Business (State): الما			

Reference	Name:	Dan			
	Address: 5687 Co Rol C Vesper, wit				
	Telepho	one Number: 715-574			
Do you hold	a similar	license in any other commun	ty? Yo	es No	
If yes, please	state w	nere. Itobart			
Signature of A	Ge Applicant	olmann			
The above sig is the applicar	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 blete true and correct answers to	
	THE WALL	OF WISCOMMING	Subse	cribed and sworn to before me this  day of 11, 2024  City Clerk or Notary Public	
FOR OFFICE			Τ		
Police Depar	tment Re	ecommendation	Bon	d Required - Yes No	
Recommend	Approva	Recommend Denial			
Signature:	breek	Sambefeer			
Explain, if der	nied:	1			
City Council	Action:	Date granted/denied:		License No.	

Investigation Fee - \$15.00	Receipt No. De 10 1 1 33 1			
Sellers Permit No	Date Paid 11-11-24			
Name of Applicant: Casey Kowalski				
Address: 211360 Sandy Ln				
City, State, Zip: Mosinee, WI, 54455	County of Residence: Masathon			
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): 08/10/2000	Place of Birth: Mosinee			
Male Female	Telephone Number: 7 920 - 882-08			
Driver's License Number: K420 ~ 1180 ~ 020	90-07			
Type of Merchandise or Service: (Please state specific product(s) or actual service provided)  Telecom Services				
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 No				
Location where selling in the City: Residential Kaukauna				
Home Company Name: T.DS				
Address: W6174 Aerotech Dr Appleton				
Officer or Director of Company: Principal Place of Business (State):				

MGD47276

Reference	Name:	Dan / Massen			
	Address: 5687 County Rd C Vesper WI				
		ne Number: 715-514			
Do you hold	a similar	license in any other commun	ty? Ye	es No	
If yes, please	e state wh	nere.			
Casay Signature of A		ualsi!			
The above signs the applica	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 plete true and correct answers to	
	A STATE OF THE STA	OF WISCOMM	Subse	cribed and sworn to before me this  day of	
FOR OFFICE	USE ON	Y AMMIN'			
Police Depar	tment Re	commendation	Bon	d Required - Yes No	
Recommend	Recommend Approval Recommend Denial				
Signature:	Buch	Sandyard			
Explain, if de	nied:	4			
City Council	Action:	Date granted/denied:		License No.	

. . . . .

Investigation Fee - \$15.00 Receipt No.				
Sellers Permit No	Date Paid <u>リーリーン</u> 人			
Name of Applicant: Bo William Die	tz			
Address: 5025 N Providence Aug				
City, State, Zip: Appleton WI 54913	County of Residence: Outgrant C			
If less than two years at the above address, plear period:  3530 (humyvale Ave Apt 93)	se list all addresses in the last two-year  Appleton WI 54917  Appleton WI 54917  Appleton WI 5493			
Date of Birth (Month/Day/Year): 5/33/9나	Place of Birth: Marinette, WI			
Male Female	Telephone Number: 420-205-5563			
Driver's License Number: D320 -0799 - 4183 -01				
Type of Merchandise or Service: (Please state specific product(s) or actual service				
Telecommunications				
Will you be selling products delivered at sale? Yes No				
Will you be getting orders for products/services t	to be delivered in the future? Yes No			
Location where selling in the City: Kaukauna, WI				
Home Company Name: TDS				
Address: W6174 Acrotect Dr Appleto	TW r			
Officer or Director of Company: Dan Madson	Principal Place of Business (State): WI			

Reference	Name:	5				
- Treference	ence Name. Dan Mad-sen					
	Address: 5687 County Rd ( Vesper WI SYM89					
	Telepho	one Number: 715 - 514	- 78	71		
Do you hold	a similar	license in any other communi	ty? Y	esNa		
If yes, please	e state wl	here.				
AzSignature of A	Applicant					
The above sig	ned appl nt named aid appli	in the foregoing application;	that h comp	cribed and sworn to before me this  day of		
FOR OFFICE			Ι_			
Police Depar	tment Re	ecommendation	Bon	d Required - YesNo		
Recommend	Approva	Recommend Denial				
Signature:	Bred	San year				
Explain, if der						
City Council	Action:	Date granted/denied:		License No.		

Investigation Fee - \$15.00					
Sellers Permit No	mit No Date Paid 11-11-24				
Name of Applicant: JANET JOH	uson				
Address: 727 LAWE ST					
City, State, Zip: KAUKAUNA, WI	County of Residence: OUTAGAME				
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): 12 4 4	Place of Birth: HADISON, WI				
Male Female 🔀	Telephone Number: 204-7803				
Driver's License Number: 1525-4328-1949					
Type of Merchandise or Service: (Please state sp provided)	pecific product(s) or actual service				
INTERNET PHONE TV					
Will you be selling products delivered at sale? Ye	e No X				
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: T 5					
Address: W 6174 AERDTECH	DR APPLETON, WI				
Officer or Director of Company:	Principal Place of Business (State): W l				

	T				
Reference	Name:	DIANE ALIVE	= V	ERBATE	J
	Addres	s: LIP LINCO	LN	Ave	KAUKAUNA
	Telepho	one Number: 920	450	2-903	3
Do you hold	a similar	license in any other commun	ity? Y	esNo <mark>}</mark>	
If yes, please	state w	nere.			
Signature of A	Applicant	Johnson			
The above sig	ned appl nt named aid appli	in OUTAGAMIE COUNTY icant, being first duly sworn of in the foregoing application; cation; that he/she had made	that h	e/she has rea	nd each of the
	O CHAIR	AUBLIC SOLLAND	t	day o	orn to before me this of 11, 2024.  Clerk or Notary Public
OR OFFICE	USE ON	LY		***************************************	
Police Depar	tment Re	ecommendation	Bon	d Required - Y	esNo
Recommend	Approva	Recommend Denial			
Signature: <sub>&amp;</sub>	arcel "	Sandy			
Explain, if de	nied:				
City Council	Action:	Date granted/denied:		License No.	

Investigation Fee - \$15.00	Receipt No. <u>C90</u> 47339				
Sellers Permit No	Date Paid 11-11-24				
Name of Applicant: Keshaun Bra	x ton				
Address: 508 E. Tatt. A	ve.				
City, State, Zip: Appleton, wit 54915	County of Residence: Ovtagamie				
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):   / / / / / / / / / / / / / / / / / /	Place of Birth: Mad ison, wil				
Date of Birth (Month/Day/Year):   / /   /   /   /     /     /     /     /     /     /     /	Telephone Number: 930) 701-0738				
Driver's License Number: \$623-5019 - 5451 - 04					
Type of Merchandise or Service: (Please state sp provided)					
Intervet					
Will you be selling products delivered at sale? Yes No					
Will you be getting orders for products/services t	o be delivered in the future? Yes No				
Location where selling in the City:					
Home Company Name:					
Address: W6174 Acrotech	Dr.				
Officer or Director of Company: Danje   Made	Principal Place of Business (State):				

CITY OF KAUKAUNA

144 W 2nd Street Kaukauna, WI 54130



Reference	Name:	Dave	made	en	
	Address	:5687 (	Made	Rd.	( Vesper, WI 5448
	Telephor	ne Number:	5514	78-	71/
Do you hold	a similar li	icense in any other o	community	/? Yes	No
If yes, please	e state who	ere.			
Signature of A	Applicant			_	
each questior	1.	WALL TIMA J. N.	111,		
OR OFFICE	IISE ONI	NOTARY OF WISCO	SON MOUL	Subscrib	day of, 20
FOR OFFICE Police Depar		OF WISCO	SON MOUL		day of 11 , 20
	rtment Red	Y commendation	ON MISH		day of
Police Depar	rtment Red	commendation  Recommen	ON MISH		day of
Police Depar	Approval	Y commendation	ON MISH		day of

Want or a