



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

Investigation Fee - \$15.00
Sellers Permit No. _____

Receipt No. CC 9047339
Date Paid 11-11-24

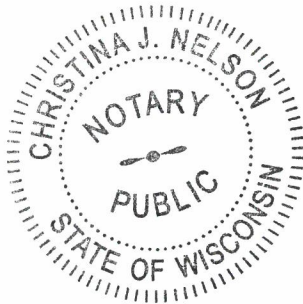
| | |
|---|--|
| Name of Applicant: <u>Steve Heimbrugh</u> | |
| Address: <u>E 8508 Island Rd.</u> | |
| City, State, Zip: <u>Manawa, WI 54449</u> | County of Residence: <u>Kaupunga</u> |
| If less than two years at the above address, please list all addresses in the last two-year period: | |
| Date of Birth (Month/Day/Year): <u>10/25/73</u> | Place of Birth: <u>New London</u> |
| Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> | Telephone Number: <u>920 538-3069</u> |
| Driver's License Number: <u>H516 7967 3385 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>TDS telecom</u> | |
| Address: <u>W 6174 Hewtech Drive Appleton WI</u> | |
| Officer or Director of Company: <u>Dan Madsen</u> | Principal Place of Business (State): <u>Madison WI</u> |

| | |
|---|-----------------------------------|
| Reference | Name: Dan Madson |
| | Address: 5687 Cty Rd. C Vespen WI |
| | Telephone Number: 715 514-7871 |
| Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| If yes, please state where. Sugmico | |

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

11 day of 11, 2024

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: <i>Brian Sawyer</i> | | |
| 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

Sellers Permit No. _____

Receipt No. CC 904-7339

Date Paid 11-11-24

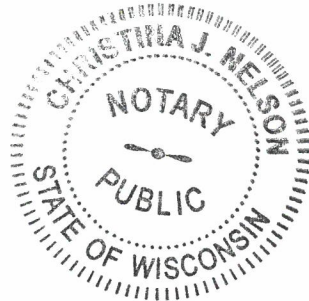
| | |
|---|--|
| Name of Applicant: <u>Parker Ourada</u> | |
| Address: <u>205 Darby Rd. Combined Lakes, WI 54113</u> | |
| City, State, Zip: <u>Combined Lakes, WI, 54113</u> | County of Residence: <u>Outagamie</u> |
| If less than two years at the above address, please list all addresses in the last two-year period: | |
| Date of Birth (Month/Day/Year): <u>09/25/1997</u> | Place of Birth: <u>Rockford, IL</u> |
| Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> | Telephone Number: <u>920-429-5129</u> |
| Driver's License Number: <u>0630-6709-7345-05</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: <u>all over</u> | |
| Home Company Name: <u>TDS</u> | |
| Address: <u>W 6174 AeroTech Dr.</u> | |
| Officer or Director of Company: <u>Dan Madison</u> | Principal Place of Business (State): <u>WI</u> |

| | |
|---|---|
| Reference | Name: <u>Parker Dan Madsen</u> |
| | Address: <u>5867 County Rd. C. Vesper, WI 54989</u> |
| | Telephone Number: <u>715-514-7871</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

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

11 day of 11, 2024


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. CC9047339

Sellers Permit No. _____

Date Paid 11-11-24

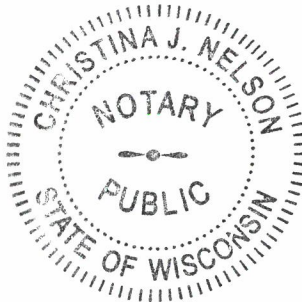
| | |
|---|--|
| Name of Applicant: <u>Donald Erdmann</u> | |
| Address: <u>1838 Pershing Rd</u> | |
| City, State, Zip: <u>New London ^{WI} 54901</u> | County of Residence: <u>Waupaca</u> |
| If less than two years at the above address, please list all addresses in the last two-year period: | |
| Date of Birth (Month/Day/Year): <u>12/29/74</u> | Place of Birth: <u>Texas</u> |
| Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> | Telephone Number: <u>715-460-4010</u> |
| Driver's License Number: <u>E635-1877-4469-06</u> | |
| Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Telecom Fiber</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</u> | |
| Home Company Name: <u>TOS</u> | |
| Address: <u>W6174 Aero tek Dr.</u> | |
| Officer or Director of Company: | Principal Place of Business (State): <u>WI</u> |

| | |
|---|---|
| Reference | Name: <u>Dan</u> |
| | Address: <u>5687 Co Rd C Vesper, WI</u> |
| | Telephone Number: <u>715-574-7871</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>Hobart</u> | |

[Signature]
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this
11 day of 11, 2024

[Signature]
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>[Signature]</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**

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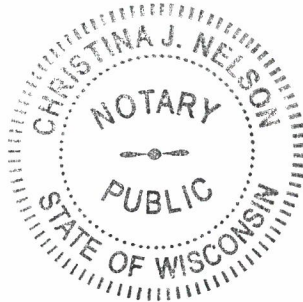
| | |
|---|--|
| Name of Applicant: <u>Casey Kowalski</u> | |
| Address: <u>211360 Sandy Ln</u> | |
| City, State, Zip: <u>Mosinee, WI, 54455</u> | County of Residence: <u>Marathon</u> |
| If less than two years at the above address, please list all addresses in the last two-year period: | |
| Date of Birth (Month/Day/Year): <u>08/10/2000</u> | Place of Birth: <u>Mosinee</u> |
| Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> | Telephone Number: 726 <u>920-882-0866</u> |
| Driver's License Number: <u>K420-1180-0290-07</u> | |
| Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Telecom Services</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>Residential Kaukauna</u> | |
| Home Company Name: <u>TDS</u> | |
| Address: <u>W6174 Aerotech Dr Appleton</u> | |
| Officer or Director of Company: | Principal Place of Business (State): <u>WI</u> |

| | |
|---|--|
| Reference | Name: <u>Dan Madsen</u> |
| | Address: <u>5687 County Rd C Vesper WI</u> |
| | Telephone Number: <u>715-514-7871</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. | |

Casay Kowalski
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this

11 day of 11, 2024

Christine 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><i>Rachel Savelle</i></u> | | |
| Explain, if denied: | | |
| City Council Action: | Date granted/denied: | License No. |



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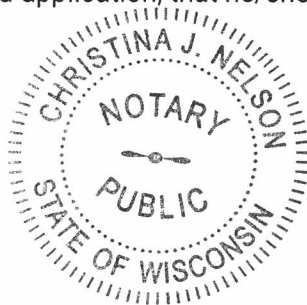
| | |
|--|--|
| Name of Applicant: <u>Bo William Dietz</u> | |
| Address: <u>5025 N Providence Ave</u> | |
| City, State, Zip: <u>Appleton WI 54913</u> | County of Residence: <u>Outagamie</u> |
| If less than two years at the above address, please list all addresses in the last two-year period: <u>3530 Cherryvale Ave Apt 93 Appleton WI 54913 / 3768 E Rubyred Dr Appleton WI 54913</u> | |
| Date of Birth (Month/Day/Year): <u>5/23/94</u> | Place of Birth: <u>Marinette, WI</u> |
| Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> | Telephone Number: <u>920-205-5563</u> |
| Driver's License Number: <u>D320-0799-4183-01</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, WI</u> | |
| Home Company Name: <u>TDS</u> | |
| Address: <u>W6174 Aerotech Dr Appleton WI 54913</u> | |
| Officer or Director of Company: <u>Dan Madsen</u> | Principal Place of Business (State): <u>WI</u> |

| | |
|---|--|
| Reference | Name: Dan Matheson |
| | Address: 5687 County Rd C Vespa WI 54489 |
| | Telephone Number: 715-514-7871 |
| Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| If yes, please state where. | |

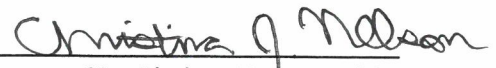

Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY


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Subscribed and sworn to before me this
11 day of 11, 2024


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:  | | |
| Explain, if denied: | | |
| City Council Action: | Date granted/denied: | License No. |



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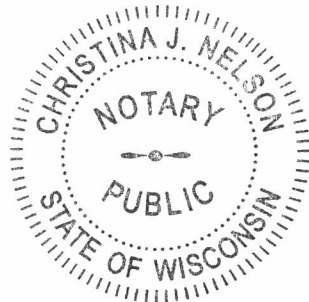
| | |
|---|--|
| Name of Applicant: <u>JANET JOHNSON</u> | |
| Address: <u>727 LAWE ST</u> | |
| City, State, Zip: <u>KAUKAUNA, WI 54130</u> | County of Residence: <u>OUTAGAMIE</u> |
| If less than two years at the above address, please list all addresses in the last two-year period: | |
| Date of Birth (Month/Day/Year): <u>12/9/61</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</u> | |
| Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>INTERNET PHONE TV</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>TDS</u> | |
| Address: <u>W 6174 AEROTECH DR APPLETON, WI</u> | |
| Officer or Director of Company: <u>DAV LADSEN</u> | Principal Place of Business (State): <u>WI</u> |

| | |
|---|---------------------------------------|
| Reference | Name: DIANE ALICE VERBATEN |
| | Address: 616 LINCOLN AVE KAUKAUNA |
| | Telephone Number: 920 450-9033 |
| 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

11 day of 11, 2024.


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:  | | |
| Explain, if denied: | | |
| City Council Action: | Date granted/denied: | License No. |



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Investigation Fee - **\$15.00**

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Sellers Permit No. _____

Date Paid 11-11-24

| | |
|---|--|
| Name of Applicant: <u>Keshawn Braxton</u> | |
| Address: <u>508 E. Tatt. Ave.</u> | |
| City, State, Zip: <u>Appleton, WI 54915</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>12/11/1995</u> | Place of Birth: <u>Madison, WI</u> |
| Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> | Telephone Number: <u>(920) 701-0738</u> |
| Driver's License Number: <u>B623-5019-5451-04</u> | |
| Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Internet</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.</u> | |
| Officer or Director of Company: <u>Daniel Maden</u> | Principal Place of Business (State): <u>WI</u> |

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130

RECEIVED


920.766.6300

www.cityofkaukauna.com

NOV 11 2024

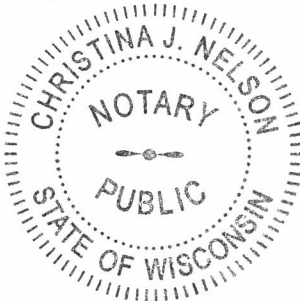
BY: TB

| | |
|---|---|
| Reference | Name: <u>Dave Madson</u> |
| | Address: <u>5687 County Rd. C Vespa, WI 54489</u> |
| | Telephone Number: <u>7155147871</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

11 day of 11, 2011.


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. |