



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

Investigation Fee - \$15.00

Receipt No. CS9005

Sellers Permit No. \_\_\_\_\_

Date Paid 1/26/26

Name of Applicant: <u>Giffen Cartwright</u>	
Address: [REDACTED]	
City, State, Zip: <u>Merrimac, WI 54952</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>1/16/99</u>	Place of Birth: <u>Appleton WI</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: [REDACTED]
Driver's License Number: [REDACTED]	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>internet, TV, Home phone, cell 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: <u>Residential</u>	
Home Company Name: <u>Spectrum</u>	
Address: <u>3520 E destination dr Appleton</u>	
Officer or Director of Company: <u>Conner</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: Connor Christman
	Address: 3520 E destination dr
	Telephone Number: [REDACTED]
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Appleton, menasha	

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

26 day of January, 2026.

Christian 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>AC</u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.