



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>Menasha, 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 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 *[Signature]*

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.

[Signature]
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>AC. [Signature]</i>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.