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

Investigation Fee - \$15.00

Sellers Permit No. _____

Receipt No. 8172 5359 cc

Date Paid 4-1-22

Name of Applicant: Matthew Koch	
Address: 720 E. New York Ave.	
City, State, Zip: Oshkosh, WI, 54901	County of Residence: Winnebago
If less than two years at the above address, please list all addresses in the last two-year period: 816 Stillwell Ave., Oshkosh, WI, 54901	
Date of Birth (Month/Day/Year): 02/27/83	Place of Birth: Oshkosh, WI
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: 920-312-4585
Driver's License Number: K200-5598-3067-05	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) Free Home Remodeling Estimates	
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: Kaukauna (Within City Limits)	
Home Company Name: Mad City Windows & Baths Llc	
Address: 2340 Holly Rd., Neenah, WI, 54956	
Officer or Director of Company: Andrew Edlund	Principal Place of Business (State): WI

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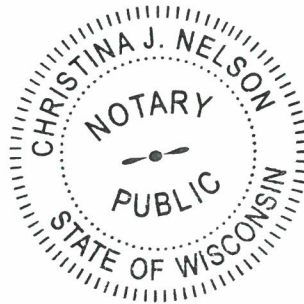
Reference	Name:
	Address:
	Telephone Number:
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Shawano, WI, Appleton, WI, Sheboygan, WI	



 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

1st day of April, 2022



 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 type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature:		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.