



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

Investigation Fee - \$15.00

Sellers Permit No. _____

Receipt No. CC9133273

Date Paid 12/9/24

Name of Applicant: <u>Bradley Teal</u>	
Address: <u>1211 Elmwood Ave</u>	
City, State, Zip: <u>OSHKOSH, WI, 54901</u>	County of Residence: <u>United States</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>03/10/1995</u>	Place of Birth: <u>Green Bay</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-672-2174</u>
Driver's License Number: <u>1400-0709-5090-04</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Windows, Bathrooms, Kitchen and patio door remodeling</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 checked="" type="checkbox"/>	
Location where selling in the City: <u>Kaukauna</u>	
Home Company Name: <u>Mad City Windows</u>	
Address: <u>2340 Holly Rd. Neenah WI</u>	
Officer or Director of Company: <u>Eric Smith</u>	Principal Place of Business (State):

Reference	Name: <u>Seth Taylor</u>
	Address: <u>471 High Ave Apt. 26 Oshkosh, WI,</u>
	Telephone Number: <u>414-426-7100</u>
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where. <u>Appleton</u>	

Seth Taylor *Christina J. Nelson*
 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

10 day of January, 2025

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: <u><i>Bruce Sweeney</i></u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



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Name of Applicant: <u>Michael Vogl</u>	
Address: <u>1053 Rockledge Ln</u>	
City, State, Zip: <u>Neenah WI 54956</u>	County of Residence: <u>Win</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>08/08/1993</u>	Place of Birth: <u>Appleton</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-268-5445</u>
Driver's License Number: <u>V240-5448-3288-04</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>free estimates</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 type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City:	
Home Company Name: <u>Mad City Windows and Bath LLC</u>	
Address: <u>2340 Holly Rd Neenah</u>	
Officer or Director of Company: <u>Andy</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Eric Smith</u>
	Address: <u>2346 Holly Rd</u>
	Telephone Number: <u>1920 850-9831</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

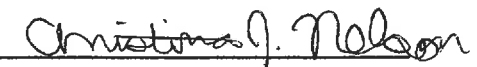
STATE OF WISCONSIN OUTAGAMIE COUNTY

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6 day of January 20 25


City Clerk or Notary Public

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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.



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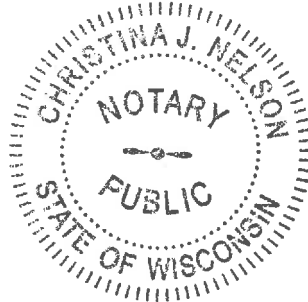
Name of Applicant: <u>Alexander M Voster</u>	
Address: <u>940 Ida</u>	
City, State, Zip: <u>Menasha, WI, 54952</u>	County of Residence: <u>Win</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>06/20/43</u>	Place of Birth: <u>Appleton</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920 659 1187</u>
Driver's License Number: <u>V236-0139-3220-07</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>fr estimates</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 type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City: _____	
Home Company Name: <u>Mad City Windows and bath LLC</u>	
Address: <u>2340 Holly Rd, Menasha,</u>	
Officer or Director of Company: <u>Andy</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Eric Smith</u>
	Address: <u>2340 Holly RD</u>
	Telephone Number: <u>1 (920) 850-9831</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 [Signature]

STATE OF WISCONSIN OUTAGAMIE COUNTY

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