



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

Investigation Fee - \$15.00
Sellers Permit No. _____

Receipt No. CC9371241
Date Paid 2/19/25

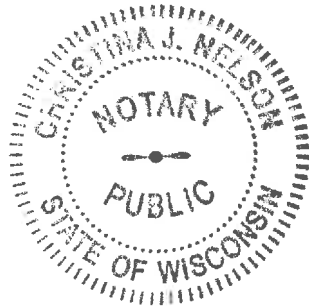
Name of Applicant: <u>Jared Utley</u>	
Address: <u>1834 Henry St</u>	
City, State, Zip: <u>Neenah WI 54956</u>	County of Residence: <u>Winnebago</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>9-17-90</u>	Place of Birth: <u>Appleton</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>(920) 414-2304</u>
Driver's License Number: <u>u340-4329-0337-01</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Lawn Care</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 Residential</u>	
Home Company Name: <u>Weedman Lawn Care</u>	
Address: <u>3100 Enterprise Ave</u>	
Officer or Director of Company: <u>Mike</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Elijah</u>
	Address: <u>3100 Enterprise Ave #A</u>
	Telephone Number: <u>208 350 3935</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>Green Bay</u>	

[Signature]
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

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



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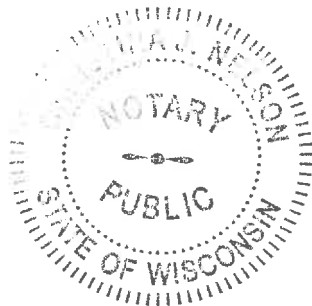
Name of Applicant: <u>BRYCE PIERCE</u>	
Address: <u>N 2755 PRYSE DR</u>	
City, State, Zip: <u>WAUPACA, WI, 54945</u>	County of Residence: <u>WAUPACA</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>03/28/1997</u>	Place of Birth: <u>WAUPACA</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>715-281-9291</u>
Driver's License Number: <u>P620-0789-7108-08</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>FREE LAWN CARE QUOTE.</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>WEED MAN LAWN CARE</u>	
Address: <u>3100 ENTERPRISE Ave Appleton WI</u>	
Officer or Director of Company: <u>Mike</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: ELIJAH HIA
	Address: 3100 ENTERPRISE
	Telephone Number: 208-350-3935
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>Greep Bay</u>	

[Signature]
Signature of Applicant

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



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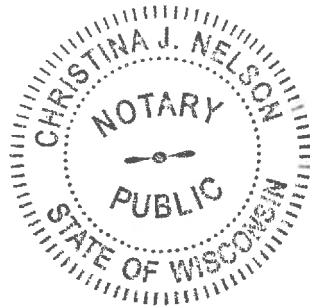
Name of Applicant: <u>Danjan Johnston</u>	
Address: <u>2030 Regency Ct #3</u>	
City, State, Zip: <u>Appleton, WI 54915</u>	County of Residence: <u>outagamie</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>05-15-02</u>	Place of Birth: <u>PA</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>701-490-6776</u>
Driver's License Number: <u>J523-1720-2175-08</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Lawn Care</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>Kaukauna</u>	
Address:	
Officer or Director of Company: <u>Mike B.</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Elijah Hira</u>
	Address: <u>3100 Enterprise</u>
	Telephone Number: <u>208-350-3935</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.	

Elijah Hira
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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



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Name of Applicant: <u>Brandon Kvatek</u>	
Address: <u>913 Rugby Street</u>	
City, State, Zip: <u>Oshkosh, WI, 54902</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>01/26/2002</u>	Place of Birth: <u>Stevens Point</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>(920) 290-8372</u>
Driver's License Number: <u>K132-0730-2026-00</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Free lawncare quotes</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>Weed Man lawncare</u>	
Address: <u>3100 E Enterprise Ave Appleton WI</u>	
Officer or Director of Company: <u>mike</u>	Principal Place of Business (State): <u>WI</u>

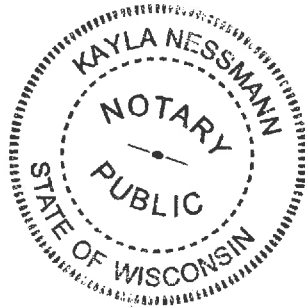
Reference	Name:
	Address:
	Telephone Number:
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where.	

Brian Kelly *Brian Kelly*

Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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19th day of February 2025

Kayla Nessmann
City Clerk or Notary Public

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



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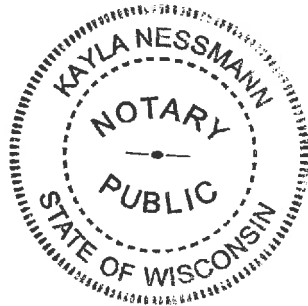
Name of Applicant: <u>MATTHEW G. HAUSNER</u>	
Address: <u>1000 OVIATT ST.</u>	
City, State, Zip: <u>KAUKAUNA, WI 54130</u>	County of Residence: <u>OUTAGAMIE</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>1216 GARFIELD AVE. BELLEVILLE, WI ROCK COUNTY</u>	
Date of Birth (Month/Day/Year): <u>10-01-1982</u>	Place of Birth: <u>BURLINGTON, WI</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>262-492-6102</u>
Driver's License Number: <u>H256-5478-2361-05</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>FREE LAWN CARE QUOTES</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>WEED MAN LAWN CARE</u>	
Address: <u>3100 E. ENTERPRISE AVE. SUITE A.</u>	
Officer or Director of Company: <u>Mike</u>	Principal Place of Business (State): <u>WI</u>

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

Matthew G. Harsner *Matthew G. Harsner*
 Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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19th day of February 2025

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



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Name of Applicant: <u>Michael J. Boehlke</u>	
Address: <u>N 9108 Noe Rd, Appleton, WI.</u>	
City, State, Zip: <u>Appleton, WI. 54915</u>	County of Residence: <u>Calumet</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>01/21/74</u>	Place of Birth: <u>Vilas/Eage River</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920/217-0392</u>
Driver's License Number: <u>B426-5507-4021-02</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Lawn care Products and ser</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>Weed man</u>	
Address: <u>3100 E Enterprise Ave, Suite A</u>	
Officer or Director of Company: <u>Mike</u>	Principal Place of Business (State): <u>WI</u>

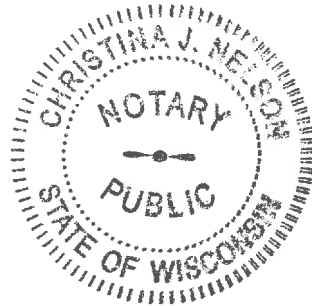
Reference	Name: <u>Elijah</u>
	Address: <u>3100 E Enterprise Ave.</u>
	Telephone Number: <u>920) 217-0392</u>
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where. <u>Green Bay</u>	

Michael Bohner Michael Bohner

Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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19 day of February 20 25

Christina J. Nelson
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>and Sheriff</u>	
Explain, if denied:	
City Council Action:	Date granted/denied: License No.



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Name of Applicant: <u>Phillip Gouby</u>	
Address: <u>427 Maple Ln.</u>	
City, State, Zip: <u>NEENAH, WI, 54956</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>06-15-1994</u>	Place of Birth: <u>Neenah</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-376-6434</u>
Driver's License Number: <u>G308-6729-4215-02</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Lawn care products & 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</u>	
Home Company Name: <u>Weedmae</u>	
Address: <u>3100 E Enterprise Ave, Suite A</u>	
Officer or Director of Company: <u>Mike</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Elijah Hirn</u>
	Address: <u>3100 Enterprise Ave</u>
	Telephone Number: <u>208-350-3935</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>Green Bay</u>	

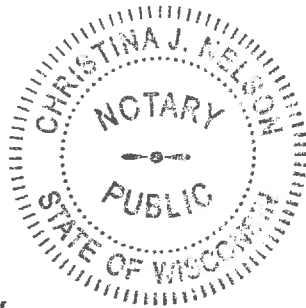
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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19th day of February 2025



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



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Receipt No. CC9371241
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Name of Applicant: <u>Dylon Holsten</u>	
Address: <u>332 S Nash St</u>	
City, State, Zip: <u>54944</u>	County of Residence: <u>Oconto</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>06/17/02</u>	Place of Birth: <u>Appleton</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>706-226-4529</u>
Driver's License Number: <u>H423-1630-2217-03</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Weedman Lawn Care</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: <u>Appleton Residential</u>	
Home Company Name: <u>Weedman</u>	
Address: <u>3100 E Enterprise Ave</u>	
Officer or Director of Company: <u>Mike</u>	Principal Place of Business (State): <u>WI</u>

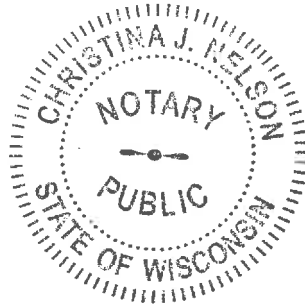
Reference	Name: <u>ELIAN WOODMAN</u>
<u>C</u>	Address: <u>1,208-350 393A</u>
	Telephone Number: <u>3100 E Enterprise Ave</u>
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where. <u>Green Bay</u>	

[Signature]

Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this

19 day of February 2021

Christina J. Nelson
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>[Signature]</u>		
Explain, if denied:		
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Receipt No. CC937241
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Name of Applicant: <u>Colin Turner</u>	
Address: <u>728 w 4th ave</u>	
City, State, Zip: <u>Oshkosh WI 54902</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: <u>625 A w 10th ave</u>	
Date of Birth (Month/Day/Year): <u>12/24/2002</u>	Place of Birth: <u>Oshkosh, WI</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920 420 1427</u>
Driver's License Number: <u>T656 1040 2464 06</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Lawn Care</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>In Residential</u>	
Home Company Name: <u>Weed man Lawn Care</u>	
Address: <u>300 E enterprise drive suite A</u>	
Officer or Director of Company: <u>Mike</u>	Principal Place of Business (State): <u>WI</u>

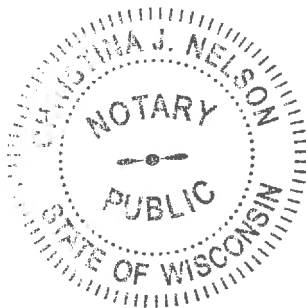
Reference	Name: <u>Elijah Him</u>
	Address: <u>3100 E Enterprise ave Suite A</u>
	Telephone Number: <u>208-350-3935</u>
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. <u>green bay</u>	

Elijah Him *City Clerk*

Signature of Applicant

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



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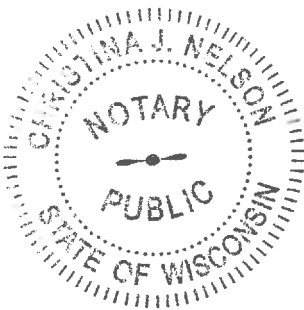
Name of Applicant: <u>Mya Krause</u>	
Address: <u>2975 W Lawrence St</u>	
City, State, Zip: <u>Appleton, WI, 54914</u>	County of Residence: <u>Outagamie</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>12/28/2004</u>	Place of Birth: <u>Green Bay</u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Telephone Number: <u>(920) 690-1213</u>
Driver's License Number: <u>W620-5530-4968-06</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Free lawn care quotes</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>Weed Man lawn care</u>	
Address: <u>3100 E Enterprise Ave</u>	
Officer or Director of Company: <u>Mike</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Todd Schultz</u>
	Address: <u>3100 E Enterprise Ave Appleton WI</u>
	Telephone Number: <u>920-931-0218</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>Gr</u>	

Maja Krum
 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 19 day of February 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>Rene Sander</i></u>	
Explain, if denied:	
City Council Action:	Date granted/denied: License No.