Investigation Fee - \$15.00 Sellers Permit No	Receipt No. <u>CC9371241</u> Date Paid <u>2/19/25</u>
Name of Applicant: Javed He	
Address: 1834 Henry St	
City, State, Zip: Neugh WT5495	County of Residence: Winchage
If less than two years at the above address, plea period:	se list all addresses in the last two-year
Date of Birth (Month/Day/Year): 9-17-90	Place of Birth: Appleton
Male Female	Telephone Number: 926) 4142389
Driver's License Number: U340-437	9-0337-01
Type of Merchandise or Service: (Please state sported) Jawn Care	pecific product(s) or actual service
Will you be selling products delivered at sale? Ye	es No
Will you be getting orders for products/services	to be delivered in the future? Ye
Location where selling in the City:	auna Regiclentian
Home Company Name: Weedman	
Address: 3100 Enterprise Ave	
Officer or Director of Company:	Principal Place of Business (State): WI

Reference	Name:	Elilah		
	Address	3: 3100 Enterprise	A	ve #A
	Telepho	one Number: 208 39		3935
Do you hold	a similar	license in any other commun	ity? Ye	
If yes, please	e state wh	nere. Green B	a¥	
The above sig	IISCONS ined appli nt named said applic	in the foregoing application;	that he comp	lete true and correct answers to cribed and sworn to before me this
		OF WISCOULING		day of Flbruary 20 <u>35</u> Mistina (). Molacon City Clerk or Notary Public
FOR OFFICE	USE ON	LY		
Police Depar	tment Re	commendation	Bon	d Required - Yes No
Recommend	Approva	Recommend Denial		
Signature: 🤫	Sucal	Smary		
Explain, if de	nied:			
City Council	Action:	Date granted/denied:		License No.

Investigation Fee - \$15.00 Sellers Permit No	Receipt No. <u>CC9371</u> 241 Date Paid <u>2/19/25</u>				
Name of Applicant: BRYCE PIERCE					
Address: N 2755 PRYSE DR					
City, State, Zip: WAUPACA, W1, 54945	County of Residence: WAUPACA				
If less than two years at the above address, pleas period:	se list all addresses in the last two-year				
Date of Birth (Month/Day/Year): 03/28/1997	Place of Birth: WAUPACA				
Male X Female	Telephone Number: 715 - 281 - 9291				
Driver's License Number: P620-0789-7108-	-08				
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) FREE LAUNGRE QUOTE					
Will you be selling products delivered at sale? Ye	es No				
Will you be getting orders for products/services to be delivered in the future? Yes XNO					
Location where selling in the City: RESIDENTIAL					
Home Company Name: WEED MAN LAWN CARE					
Address: 3100 ENTERPRIZE Luc					
Officer or Director of Company:	Principal Place of Business (State): ( )				

Reference	Name:	ELIJAH HIA		
	Address	:3100 ENTERPRIZE		
	Telepho	ne Number: 20 8-350-3	,935	
Do you hold	a similar	icense in any other commur	ity? Ye	a No
If yes, pleas	e state wh	ere. Green	391	
Signature of A	Applicant	Mh		
The above signs the applica	gned appli int named said applic	in the foregoing application	that he	deposes and says that he/she e/she has read each of the lete true and correct answers to
	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	AOTARL S	Subso	day of February, 20 05  City Clerk or Notary Public
FOR OFFICE	USE ON	_Y		
Police Depa	rtment Re	commendation	Bond	d Required - Yes No
Recommend	d Approva	Recommend Denia		
Signature:	Sucar	Surgag		
Explain, if de	enied:			
City Counci	l Action:	Date granted/denied:		License No.

Receipt No. CC937/ZWI Investigation Fee - \$15.00 Date Paid 2/19/25 Sellers Permit No. \_\_ Name of Applicant: Address: City, State, Zip: 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): Place of Birth: DA Telephone Number: 701-490-6776 Female Driver's License Number: 523-1720-2175-08 Type of Merchandise or Service: (Please state specific product(s) or actual service provided) Lawn care Will you be selling products delivered at sale? Yes Location where selling in the City: Home Company Name: Kaukauna Address: Principal Place of Business (State): Mike Officer or Director of Company:

Reference	Name:	Elijah Hira			
	Addres	s: 3100 Enterpsis	e		
	Telepho	one Number: 208-35	D - 3	3935	
Do you hold	a similar	license in any other communi			
If yes, please	e state wł	nere.			
Dav Signature of A	4 // Applicant	en Alain		Rem	
The above signs is the applica	ned appl nt named said appli	in the foregoing application;	that he	n deposes and says that he/she e/she has read each of the elete true and correct answers to	
	THIII HAWAY	OF WISCHIST	<u></u>	day of Felor was y 20 25  City Clerk or Notary Public	
FOR OFFICE	USE ON	LY			
Police Depai	tment Re	ecommendation	Bone	d Required - YesNo	
Recommend Approval X Recommend Denial					
Signature:	Everel	Surgant			
Explain, if de	nied:	4 .			
City Council	Action:	Date granted/denied:		License No.	

Investigation Fee - \$15.00

Date Paid 2/19/25 Sellers Permit No. Name of Applicant: Address: City, State, Zip: 05 County of Residence: 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): 0\ 26/2002 Place of Birth: Male Female Telephone Number: Driver's License Number: Type of Merchandise or Service: (Please state specific product(s) or actual service provided) Will you be selling products delivered at sale? Yes Will you be getting orders for products/services to be delivered in the future? Yes No Location where selling in the City: Home Company Name: awncare

Principal Place of Business (State): \\_\_\_\_\_\_

Receipt No. CC9371241

Officer or Director of Company:

Address:

Reference	Name:				
	Address	:			
	Telepho	ne Number:			
Do you hold	a similar l	icense in any other communi	ty? Ye	sNo	
If yes, please	e state wh	ere.		2	
Ballet Signature of A	Applicant	le Bell	m	Will	
The above sig	ned appli nt named said applic n.	in the foregoing application;	that he compl	deposes and says that he/she e/she has read each of the lete true and correct answers to cribed and sworn to before me this day of FLONOM 2075.	
		WSCONSINHIHAM		City Clerk or Notary Public	
FOR OFFICE	USE ON	.Υ			
Police Depar	rtment Re	commendation	Bond	d Required - YesNo	
Recommend	l Approva	Recommend Denial			
Signature:					
Explain, if de	nied:	dog			
City Council	Action:	Date granted/denied:		License No.	

Investigation Fee - \$15.00 Sellers Permit No	Receipt No. <u>CC937(24)</u> Date Paid <u>2/19/25</u>				
Name of Applicant: MATHEW 6. H	AUSNER				
Address: 1000 OVIAT S.					
City, State, Zip: KAUKAUNA, WI 54130	County of Residence: OUTAGALIE				
If less than two years at the above address, please period: 1216 GARFIELD AUE. BELOTTS					
Date of Birth (Month/Day/Year): 10-01-1982	Place of Birth: BURLINGTON, WI				
Male Female	Telephone Number: 262 - 492 - 6102				
Driver's License Number: H256-5478-	2361 -05				
Type of Merchandise or Service: (Please state specific product(s) or actual service provided)  FREE LAWN CARE QUOTES					
Will you be selling products delivered at sale? Ye	es No				
Will you be getting orders for products/services	to be delivered in the future? YesX No				
Location where selling in the City: Residual a	(				
Home Company Name: WEED MAN	LAWN CARE				
Address: 3100 E. ENTERPRISE	AVE. SUTE A.				

Principal Place of Business (State):

Officer or Director of Company:

	Reference	Name:					
		Address	s:				
ĺ		Telephone Number:					
Ì	Do you hold a similar license in any other community? YesNo						
	If yes, please	state wh	ere.				
9	Matthew Signature of A	G.	Massier CM	tallle	G. Elposnor		
i	The above sig s the applicar	ned appli nt named aid applic	in the foregoing application; cation; that he/she had made	that he comp	deposes and says that he/she e/she has read each of the lete true and correct answers to cribed and sworn to before me this day of FCDVAN 2015.  City Clerk or Notary Public		
•	FOR OFFICE						
	Police Depar	tment Re	commendation	Bone	d Required - YesNo		
	Recommend	Approva	Recommend Denial				
	Signature:	Quel	3 modes				
	Explain, if de	nied:					
	City Council	Action:	Date granted/denied:		License No.		

Investigation Fee - \$15.00 Sellers Permit No	Receipt No. <u>CC9371241</u> Date Paid <u>2/19/25</u>
Name of Applicant: Michael J. Bo	Jehlko
Address: N 9108 NOE Rd, A	polition. Wi.
City, State, Zip: Appleton, wi. 54915	County of Residence: Calumet
If less than two years at the above address, plea period:	
Date of Birth (Month/Day/Year): 01/21/74	Place of Birth: Vilas/Eage Rive
Male Female	Place of Birth: VILAS/Eage Rive Telephone Number: 920,217-0392
Driver's License Number: B4 30~55 07-	4021-02
Type of Merchandise or Service: (Please state sprovided)	pecific product(s) or actual service
Lawn care Products	and sel
Will you be selling products delivered at sale? Ye	es No
Will you be getting orders for products/services	to be delivered in the future? Yes No
Location where selling in the City: ドロルドマロ	ma, Wi.
Home Company Name: Weed man	
Address: 3/00 E Enterpris	e Ave, Suite A
Officer or Director of Company:	Principal Place of Business (State):

Reference	Name:	Elijah		
	Addres	s: 3/00 E En;	le 1	Prise Ane
	Telepho	one Number: 920) 217-	- 0	392
Do you hold	a similar	license in any other communit	ty? Ye	es No
If yes, please	e state wh	nere. Areen	R	×
Mesol Signature of A	Applicant	Boh	2	ruchal Ba
each question			·	cribed and sworn to before me t
		NOTARL COMMENTS	Subso 	day of Felorus 20
		OF WISCOUTER	-	City Clerk or Notary Pu
FOR OFFICE Police Depar		LY ecommendation	Bon	d Required - Yes No
Recommend	Approva	Recommend Denial		
Signature:	Pres			
Explain, if de		1 Saufort		
City Council	Action:	Date granted/denied:		License No.

lovestination For \$15.00	Receipt No. CC9371241  Date Paid 2/19/25				
Investigation Fee - \$15.00	2 /19/25				
Sellers Permit No	Date Paid Alt Ties				
Name of Applicant: PHIII P GOV	VOV				
Address: 427 maple LV.					
City, State, Zip: NEENAH, WI, 549	County of Residence: Winne bago				
If less than two years at the above address, ple period:	ase list all addresses in the last two-year				
Date of Birth (Month/Day/Year):	Place of Birth: Neenly				
Male Female	Telephone Number: 920-376-6434				
Driver's License Number: 6308-672	9-4215-02				
Type of Merchandise or Service: (Please state provided) Lawn Carl Probuc					
Will you be selling products delivered at sale?	Yes No No				
Will you be getting orders for products/services to be delivered in the future? Ye					
Location where selling in the City:	Mral				
Home Company Name: Well Me					
Address: 3100 E ENTERDIS	e AVE, Suite A				
Officer or Director of Company:	Principal Place of Business (State):				

Reference	Name:	Elijak Hirn		
	Addres	s: 3100 Enterpr	ice	AVE
	Telepho	one Number: 208-35		3935
Do you hold	a similar	license in any other commun	ity? Ye	Palace
The above sig s the applica	Applicant //SCONS gned appli nt named said appli	SIN OUTAGAMIE COUNTY icant, being first duly sworn of in the foregoing application;	n oath	deposes and says that he/she e/she has read each of the elete true and correct answers to
FOR OFFICE	IISE ON	OF VIOLEN		City Clerk or Notary Public
		ecommendation	Bone	d Required - Yes No
Recommend	Approva	Recommend Denial		
Signature: Explain, if de	Rue nied:	2 Sanford		
City Council	Action:	Date granted/denied:		License No.

Investigation Fee - \$15.00	Receipt No. <u>CC9371741</u> Date Paid <u>2/19/25</u>			
Sellers Permit No.	Date Paid 27. 4103			
Name of Applicant: Dylon Hols	ten			
Address: 332 - 5 Nash	ST			
City, State, Zip: 54964	County of Residence:			
If less than two years at the above address, pleas period:	se list all addresses in the last two-year			
Date of Birth (Month/Day/Year): 0 17/07	Place of Birth:			
Male Female	Telephone Number: 106776			
Driver's License Number: H423 - 16	30-2217-03			
Type of Merchandise or Service: (Please state sp provided)	pecific product(s) or actual service			
Weedman	Lawn Cale			
Will you be selling products delivered at sale? Ye	es No.			
Will you be getting orders for products/services to be delivered in the future? Yes No.				
Location where selling in the City: Residula 1				
Home Company Name: We so Man				
Address: 3100 F FMM	Prise HVQ			
Officer or Director of Company:	Principal Place of Business (State):			

Reference	Name:	Elian We	0/	ma		
Address: 1,702-350 2935						
	Telepho	ne Number: 3100 E	E	Merante Aup		
Do you hold a	a similar	license in any other communi	iy? Ye	es No M		
If yes, please	state wh	ere. Gre	en	Boy		
Mo	~	/	7			
Signature of A		IN OUTAGAMIE COUNTY				
is the applican	t named aid applic	in the foregoing application; t	hat he	lete true and correct answers to		
		NOTARL CO	Subso	cribed and sworn to before me this day of February 20		
		OF WISCOMMIN	_(	City Clerk or Notary Public		
FOR OFFICE USE ONLY						
Police Department Recommendation				Bond Required - YesNo		
Recommend	Approva	Recommend Denial				
Signature:	Bac	a Sampfort				
Explain, if der						
City Council	Action:	Date granted/denied:		License No.		

Investigation Fee - \$15.00	Receipt No. Ca377241			
Sellers Permit No	Date Paid 2/19/25			
Name of Applicant: Colin Torne				
Address: 725 w 4th on	e			
City, State, Zip: Och Koch Wi 549	County of Residence: winnebage			
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): \2/24/2002	Place of Birth: OShlock rui			
Male Female	Telephone Number: 970 420 1427			
Driver's License Number: てんしいして	464 06			
Type of Merchandise or Service: (Please state sporovided)	pecific product(s) or actual service			
Will you be selling products delivered at sale? Ye	es_NoX			
Will you be getting orders for products/services	to be delivered in the future? Yes No			
Location where selling in the City:	Residential			
Home Company Name: weed man	aun Care			
Home Company Name: week man [ Address: 300 = entenprise 000	e site A			
Officer or Director of Company:	Principal Place of Business (State):			

Reference I	Name: Elisah	Him			
Address: 3100 E enterprise are suite A					
	Telephone Number:				
Do you hold a	similar license in any	other community? `	Yes No		
If yes, please s	state where.	oen bary			
Cla	W	Cen VI	'N		
Signature of Ap	plicant				
questions in sai	id application; that he		scribed and sworn to before me this  day of February, 20 25.  City Clerk or Notary Public		
FOR OFFICE U	SE ONLY	in.			
	nent Recommendation	on Bo	nd Required - Yes No		
Recommend A	Approval Reco	mmend Denial	_		
Signature: ,	Pavel Sand	-\ w.85			
Explain, if deni		1			

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Investigation Fee - \$15.00 Sellers Permit No	Receipt No. <u>CC9371241</u> Date Paid <u>2/19/25</u>
Name of Applicant: Mga Krav Sc	- -
Address: 2975 W Lawrence	: 5+
City, State, Zip: Appleton, WI 5491	County of Residence: Outagamic
If less than two years at the above address, plea period:	
Date of Birth (Month/Day/Year): $12/28/200$	Place of Birth: Green Bay
Male Female	Telephone Number (9 29) 600 -1213
Driver's License Number: $ \%620^{-5539} $	-4968-06
Type of Merchandise or Service: (Please state sp provided) Free Lawn Care Quotes	
Will you be selling products delivered at sale? Ye	es No
Will you be getting orders for products/services	to be delivered in the future? Yes Vo
Location where selling in the City:	L'a I
	awn Care
Address: 3100 E Enterprise A	
Officer or Director of Company:	Principal Place of Business (State):

Reference	Name:	Todd	Schi	ロイス			
	Address	: 3100	E	ENter	Plise	AVe	Appleton in
	Telepho	ne Number					•
Do you hold							
If yes, please	state wh	ere.		GE			
 Signature of A	Applicant	mm		S 57V	<del></del> -		
is the applicar	ned appli nt named aid applic	cant, being	ı first du going a	ıly swo <mark>rn</mark> o pplication;	that he/s	she has read e	ays that he/she each of the rrect answers to
		10,	LARY	000	Subscri		n to before me this
		PU	BLIC	WO III	(		rk or Notary Public
FOR OFFICE	USE ON	LY					
Police Department Recommendation				Bond i	Required - Yes	No	
Recommend	Approva	I Re	ecomme	end Denia			
Signature:	Buch	So	ekm	2/00			
Explain, if de	nied:			1 -			
City Council	Action:	Date gran	ited/der	nied:	l	icense No.	

. . . . . .