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BY: _____



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

Investigation Fee - \$15.00

Receipt No. CS684

Sellers Permit No. _____

Date Paid \$15.⁰⁰

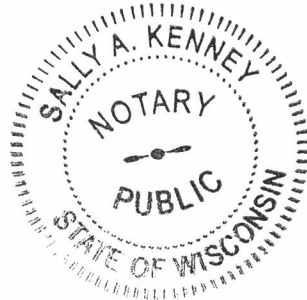
Name of Applicant: <u>Angella Krueger</u>	
Address: <u>330 W Wilson Ave</u>	
City, State, Zip: <u>Appleton WI 54915</u>	County of Residence: <u>Winnebago</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>09/01/1982</u>	Place of Birth: <u>Rhineland</u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Telephone Number: <u>920 810 0524</u>
Driver's License Number: <u>K626-0168-2821-01</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Kirby vacuums</u>	
Will you be selling products delivered at sale? Yes <input checked="" type="checkbox"/> No <input 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>residential</u>	
Home Company Name: <u>Knaus distributing</u>	
Address: <u>139 East 2nd Kaukauna WI</u>	
Officer or Director of Company: <u>Bob</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: Mitch Williams
	Address: Appleton WI
	Telephone Number: 920 915-1629
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. mensha	

angela knieser
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

7th day of August, 20 23

Sally A. Kenney
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>Bred Sandberg</u> 08/08/23		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.