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DEC 2 2 2022

BY:

Council 1-3-23 POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00	Receipt No. CC 6122619
Sellers Permit No	Date Paid <u>12-22-2</u> 2
Name of Applicant:	
Address: 888 E chody La	
City, State, Zip: neerah, wij 549	County of Residence:
If less than two years at the above address, period:	please list all addresses in the last two-year
Date of Birth (Month/Day/Year): (02/11/2	Place of Birth:
Male Female	Telephone Number: 9204604894
Driver's License Number: $\Re$ 320–5366–2	051-01
Type of Merchandise or Service: (Please star provided)	te specific product(s) or actual service
Will you be selling products delivered at sale	? Yes No
Will you be getting orders for products/servi	ces to be delivered in the future? Yes No
Location where selling in the City:	
Home Company Name: Greed Mon	
Address: 3100 E Eater	prise Ave
Officer or Director of Company: Pete	Principal Place of Business (State):
RECEIV	/ED
CITY OF KAUKAUNA DEC 2 2 20	)22 144 W 2nd Street 920.766.6300 Kaukauna, WI 54130 www.cityofkaukauna.con

BY: TB

Reference	Name: Refer Matrio	
	Address: 820 Melisse St. Menastre	
	Telephone Number: 920 809 9913	
Do you hold a similar license in any other community? Yes No		
If yes, please state where. Aowerd		

### 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

<u>aand</u> day of <u>Dec</u>, 20 <u>22</u>

enneu Dw00n Oity Clerk or Notary Public

commendation	Bond Required - Yes No			
Recommend Approval 🔀 Recommend Denial				
Signature:				
Explain, if denied:				
Date granted/denied:	License No.			
	Recommend Denial			



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

Investigation Fee - \$15.00	Receipt No. <u>CC 612</u> 2619
Sellers Permit No	Date Paid
Name of Applicant: Trey Anduson	
Address: 462 mention Rd	
City, State, Zip: Oshkosh, WI 54901	County of Residence: Outugamin
If less than two years at the above address, plea period:	ase list all addresses in the last two-year
Date of Birth (Month/Day/Year): 12/03/ 1999	Place of Birth:
Male Female	Telephone Number(920) 944-5517
Driver's License Number: A 5 36 - 81 79-94	143-05
Type of Merchandise or Service: (Please state s provided)	pecific product(s) or actual service
Free Laws Care Rote	
Will you be selling products delivered at sale? Y	es_NoX
Will you be getting orders for products/services	to be delivered in the future? Yes No
Location where selling in the City: $\mathcal{D}_{ovr}$ is $\mathcal{D}_{c}$	10v
Home Company Name: Werdman L	awnCan
Address: 3100 E. Enterprise Ave	
Officer or Director of Company: Peter Mattie RECEIVE	Principal Place of Business (State): (
DEC 22 2022	

CITY OF KAUKAUNA

144 W 2nd Street Kaukauna, WI 54130

B

BY:

920.766.6300 www.cityofkaukauna.com

Reference	Name: Neter Matter	
	Address: 820 Melizsa St. Menastra	
	Telephone Number: \$20 8099913	
Do you hold a similar license in any other community? Yes No		
If yes, please state where. Howard		

### 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

adrd day of December, 20 22

City Clerk or Notary Public

Police Department Re	ecommendation	Bond Required - Yes No		
Recommend Approval Recommend Denial				
Signature: Brevel Sametyperf				
Explain, if denied:				
City Council Action:	Date granted/denied:	License No.		



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

BY:

Investigation Fee - \$15.00	Receipt No. <u>CC 6 12</u> 2619
Sellers Permit No	Date Paid <u>12-22-22</u>
Name of Applicant: Edvardo Ayula	
Address: 388 E Shady LA	# 108
City, State, Zip: Neenah, Wi, 54956	County of Residence: Out Ogam it
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):	Place of Birth: Neerah, Wi
Male Female	Telephone Number: (17038) -856)
Driver's License Number: A400-3030-7	2145-08
Type of Merchandise or Service: (Please state sp provided) Free Lawn Cuse CLADTC	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? Yes No
Location where selling in the City: $0000 - 000$	7<
Home Company Name: Weedman	
Address: 3100 E enterprise av	ie
Officer or Director of Company: Ryan Dietrid	
RECEIVE	
CITY OF KAUKAUNA DEC 2 2 2022	144 W 2nd Street 920.766.6300 Kaukauna, WI 54130 <b>www.cityofkaukauna.com</b>

BY:

		0		1		
Reference	Name:	Neter	ha	170.		
		-1-1-			-	
	Address:	820	Ull i	35a	St.	Menashn
			0.1	10.0	0 /0	
	Telephone	e Number:	920	809	99/3	
Do you hold a similar license in any other community? Yes No						
10						
If yes, please state where. Ato ward						

## 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

aand day of December, 20 22

City Clerk or Notary Public

# Police Department Recommendation Bond Required - Yes No Recommend Approval \_\_\_\_\_\_ Recommend Denial \_\_\_\_\_ Signature: Signature: Signature: Signature: Date granted/denied: License No.





# Council 1-3-23 POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00	Receipt No. <u>CC 6122</u> 619	
Sellers Permit No	Date Paid <u>12-22-22</u>	
Name of Applicant: Matthew Budzynski		
Address: 1621 Schaefer Circle		
City, State, Zip: Appleton, WE, 54915	County of Residence: Outagamic	
If less than two years at the above address, plea period: 525 South SCH Ave Walson WI Blo Vicent St Stevenspoint WI	se list all addresses in the last two-year ૬૫૫૦	
Date of Birth (Month/Day/Year): 09/16/1998	Place of Birth: Wassau WE	
Male Female	Telephone Number: 715-551-994Le	
Driver's License Number: \$325-5589-8336-0	50	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) Free lawncare guote		
Will you be selling products delivered at sale? Ye		
Will you be getting orders for products/services	to be delivered in the future? Yes No	
Location where selling in the City: Door to D	bor	
Home Company Name: Wccdman Law years		
Address: 3100 E Enterprise Aug		
Officer or Director of Company: Peter Mattio	Principal Place of Business (State): wr	
RECEIVED		
CITY OF KAUKAUNA DEC 22 2022	144 W 2nd Street 920.766.6300	

Kaukauna, WI 54130

www.cityofkaukauna.com

BY: TB

Reference	Name: Peter Mattio	
	Address: 800 Melizsa St. Menasha	
	Telephone Number: 920 809 9913	
Do you hold a similar license in any other community? Yes No		
If yes, please state where.		
111	1/ 0	

### STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this

aand day of December, 20 22

Sally a Kenney City Clerk or Notary Public

Police Department Re	ecommendation	Bond Required - Yes No		
Recommend Approval Recommend Denial				
Signature: Brook Smoly out				
Explain, if denied:				
City Council Action:	Date granted/denied:	License No.		



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

BY:

Investigation Fee - \$15.00	Receipt No. <u>CC 61</u> 22619			
Sellers Permit No	Date Paid			
Name of Applicant: Gavin Bessette				
Address: W1963 Vandenberg Stree	24			
City, State, Zip: Freedom, WI, 54130	County of Residence: Outogomie			
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): 0/03/2001	Place of Birth: WI			
Male Female	Telephone Number: 920 - 284 - 2729			
Driver's License Number: 3230 - 2830	-1363-08			
Type of Merchandise or Service: (Please state specific product(s) or actual service provided)				
Will you be selling products delivered at sale? Yes No				
Will you be getting orders for products/services to be delivered in the future? Yes No				
Location where selling in the City: $DOOT - DOOT$				
Home Company Name: BM WCCZ Man				
Address: 3100 E Enterprise dr				
Officer or Director of Company: Ryon Director	Principal Place of Business (State):			
RECEIVID				

**CITY OF KAUKAUNA** 

DEC 2 2 2022

BY: B

144 W 2nd Street Kaukauna, WI 54130 920.766.6300 www.cityofkaukauna.com

Reference	eference Name: Reter Mattio			
	Address: 820 Mulissen St. Menusty h			
	Telephone Number: 920 809 9913			
Do you hold a similar license in any other community? Yes No				
If yes, please state where.				

### STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this

22nd day of December, 20 22

Ocity Clerk or Notary Public

Police Department Re	ecommendation	Bond Required - Yes No		
Recommend Approval Recommend Denial				
Signature: Brook Smart and				
Explain, if denied:				
City Council Action:	Date granted/denied:	License No.		



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BY

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

Investigation Fee - \$15.0	0 Receipt No. <u>CC 612</u> 2619				
Sellers Permit No	Date Paid2				
Name of Applicant: What Zierler					
Address: 112 Frances St.					
City, State, Zip: Kaukauna WI 54130 County of Residence: Outagamie					
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): 1	A-07-07-00 Place of Birth: Appleton				
Male Female	Telephone Number: 9 20-777-3357				
Driver's License Number: 7646	-8920-0297-04				
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) Free lawncure grotes					
Will you be selling products delive	Will you be selling products delivered at sale? Yes No				
Will you be getting orders for products/services to be delivered in the future? Yes No					
Location where selling in the City: Everywhere					
Home Company Name: Weedman Lawncarc					
Address: 3/00 E Enterprise Ave, Appleton WI 54/915					
Officer or Director of Company: $\mathbb{R} + e_{\mathcal{A}} \mathbb{M}_{\mathcal{A}} + \mathbb{C}_{\mathcal{A}} \mathbb{P}$ Principal Place of Business (State): $\mathbb{W} = \mathbb{V}$					
RECEIVED					
CITY OF KAUKAUNA DE	2         2         2022         144 W 2nd Street         920.766.6300         920.766.6				

BY: B

Reference	Name:	Peter	Vatho		
	Address:	820	Metasa	S7,	Vhenezh
	Telephone Number: $920 = 8099913$				
Do you hold a similar license in any other community? Yes No					
If yes, please state where. Howard, Negrah					

Signature of Applicant

### STATE OF WISCONSIN OUTAGAMIE COUNTY

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<u>aand</u> day of <u>December</u> 20 <u>2</u>

Salley a Kenney City Clerk or Notary Public

Police Department Re	ecommendation	Bond Required - Yes No			
Recommend Approval Recommend Denial					
Signature: Brood Smary out					
Explain, if denied:					
City Council Action:	Date granted/denied:	License No.			