

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 12-22-22

Name of Applicant: <u>Lone A</u>	
Address: <u>888 E shady Ln</u>	
City, State, Zip: <u>Neenah, WI, 54956</u>	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): <u>02/11/2002</u>	Place of Birth:
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>9204604894</u>
Driver's License Number: <u>R 320-5360-2051-01</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>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:	
Home Company Name: <u>Weed man</u>	
Address: <u>3100 E Enterprise Ave</u>	
Officer or Director of Company: <u>Pete</u>	Principal Place of Business (State):

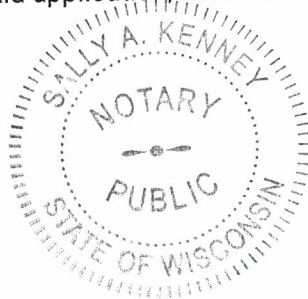
RECEIVED

Reference	Name: <u>Peter Mataro</u>
	Address: <u>820 Melissa St. Menasha</u>
	Telephone Number: <u>920 809 9913</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>Aoward</u>	

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.



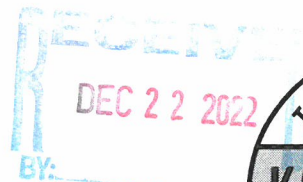
Subscribed and sworn to before me this

22nd day of Dec, 20 22

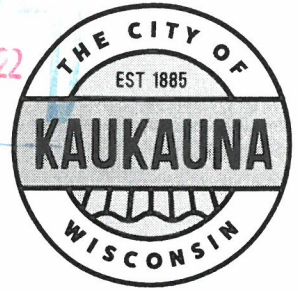
Sally A. Kenney
City Clerk or Notary Public

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



Council 1-3-23



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Sellers Permit No. _____

Date Paid 12-22-22

Name of Applicant: <u>Trey Anderson</u>	
Address: <u>452 Marion Rd</u>	
City, State, Zip: <u>Oshkosh, WI 54901</u>	County of Residence: <u>Douglas</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>12/03/1999</u>	Place of Birth:
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number <u>(920) 944-5517</u>
Driver's License Number: <u>A536-8179-9443-DS</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 type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Door to Door</u>	
Home Company Name: <u>Weedman LawnCare</u>	
Address: <u>3100 E. Enterprise Ave</u>	
Officer or Director of Company: <u>Peter Mattia</u>	Principal Place of Business (State): <u>WI</u>

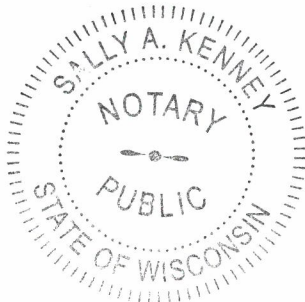
RECEIVED

Reference	Name: <u>Peter Mallo</u>
	Address: <u>820 Melissa St, Menasha</u>
	Telephone Number: <u>920 8099913</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>Howard</u>	

Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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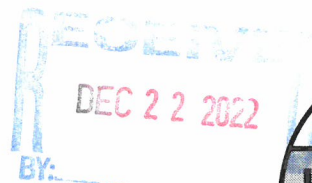
Subscribed and sworn to before me this

22nd day of December, 20 22

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



Council 1-3-23



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Sellers Permit No. _____

Date Paid 12-22-22

Name of Applicant: <u>Edvardo Ayala</u>	
Address: <u>888 E Shady Ln #108</u>	
City, State, Zip: <u>Neenah, WI, 54956</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>04/25/2008</u>	Place of Birth: <u>Neenah, WI</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920381-8561</u>
Driver's License Number: <u>A400-2020-2145-08</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>Door - Door</u>	
Home Company Name: <u>Weedman</u>	
Address: <u>300 E enterprise ave</u>	
Officer or Director of Company: <u>Ryan Dietrich</u>	Principal Place of Business (State):

RECEIVED

Reference	Name: <u>Peter Mutho.</u>
	Address: <u>820 Melissa St. Menasha</u>
	Telephone Number: <u>920 809 9913</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>Howard</u>	

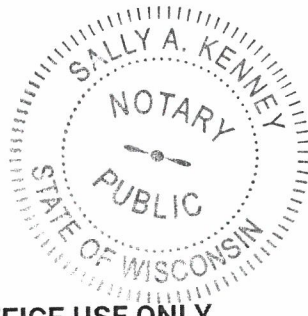
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this

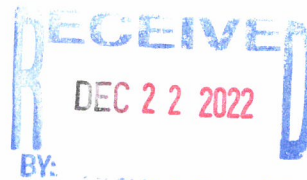
22nd day of December, 20 22



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



BY: Council 1-3-23



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Sellers Permit No. _____


Receipt No. CC 6122619

Date Paid 12-22-22

Name of Applicant: <u>Matthew Budzynski</u>	
Address: <u>1621 Schaefer Circle</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: <u>525 South 56th Ave Wausau WI 54401</u> <u>316 Vincent St Stevenspoint WI 54481</u>	
Date of Birth (Month/Day/Year): <u>09/16/1998</u>	Place of Birth: <u>Wausau WI</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>715-551-9946</u>
Driver's License Number: <u>B325-5589-8336-00</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 type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City: <u>Door to Door</u>	
Home Company Name: <u>Weedman Lawn care</u>	
Address: <u>3160 E Enterprise Ave</u>	
Officer or Director of Company: <u>Peter Mattio</u>	Principal Place of Business (State): <u>WI</u>

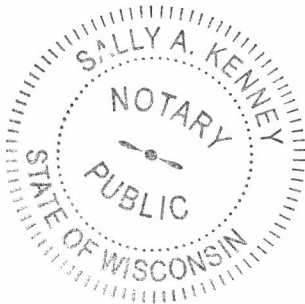
RECEIVED

Reference	Name: <u>Peter Mattio</u>
	Address: <u>810 Melissa St. Menasha</u>
	Telephone Number: <u>920 809 9913</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>Neenah, Grand Chute, Greenwaite</u>	


Signature of Applicant

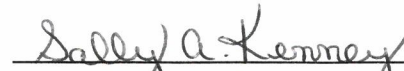
STATE OF WISCONSIN OUTAGAMIE COUNTY

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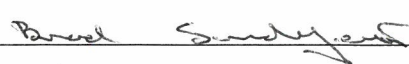


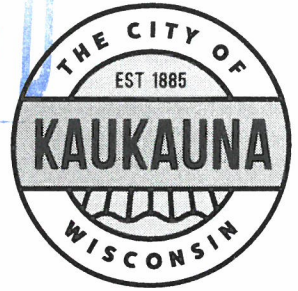
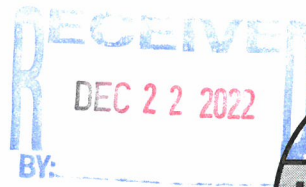
Subscribed and sworn to before me this

22nd day of December, 2022


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



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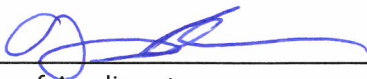
Sellers Permit No. _____

Date Paid 12-22-22

Name of Applicant: <u>Gavin Bessette</u>	
Address: <u>W1963 Vandenberg Street</u>	
City, State, Zip: <u>Freedom, WI, 54130</u>	County of Residence: <u>Ooutagamie</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>10/03/2001</u>	Place of Birth: <u>WI</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-284-2729</u>
Driver's License Number: <u>B230-2830-1363-08</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided)	
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>Door-Door</u>	
Home Company Name: <u>BA Wood man</u>	
Address: <u>3100 E Enterprise dr</u>	
Officer or Director of Company: <u>Ryan Dietz</u>	Principal Place of Business (State):

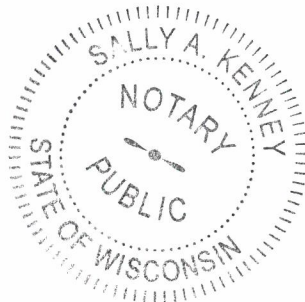
RECEIVED

Reference	Name: <u>Peter Mathis</u>
	Address: <u>820 Mulissen St. New York</u>
	Telephone Number: <u>920 809 9913</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>Howard</u>	


Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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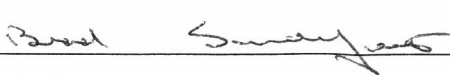


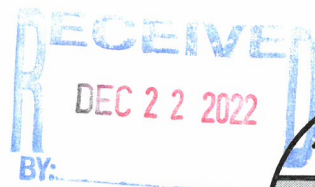
Subscribed and sworn to before me this

22nd day of December, 20 22

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



By: Council 1-3-23



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Sellers Permit No. _____

Date Paid 12-22-22

Name of Applicant: <u>Wyatt Zierler</u>	
Address: <u>142 Frances 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:	
Date of Birth (Month/Day/Year): <u>11-07-07-00</u>	Place of Birth: <u>Appleton</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-777-3357</u>
Driver's License Number: <u>Z646-8920-0247-04</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 type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City: <u>Everywhere</u>	
Home Company Name: <u>Weedman Lawn care</u>	
Address: <u>3100 E Enterprise Ave, Appleton WI 54915</u>	
Officer or Director of Company: <u>Peter Mathis</u>	Principal Place of Business (State): <u>WI</u>

RECEIVED

CITY OF KAUKAUNA

DEC 22 2022

144 W 2nd Street
Kaukauna, WI 54130

920.766.6300
www.cityofkaukauna.com

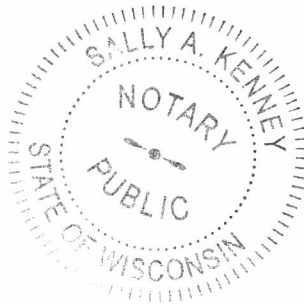
BY: JB

Reference	Name: Peter Matho
	Address: 820 Udetosa St. Menasha
	Telephone Number: 920 8099913
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Howard, Neenah	

Peter Matho
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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