

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

Investigation Fee - \$15.00

Receipt No. _____

Sellers Permit No. _____

Date Paid 10-8-24

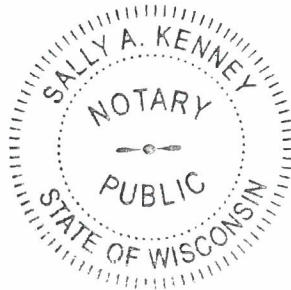
Name of Applicant: <u>Melissa M. Hartzheim</u>	
Address: <u>1320 Kay Dr</u>	
City, State, Zip: <u>Kaukauna, WI 54130</u>	County of Residence: <u>Outagamie</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>06/14/1988</u>	Place of Birth: <u>Appleton, WI</u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Telephone Number: <u>920-427-7717</u>
Driver's License Number: <u>H632-5538-8714-09</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Financial 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 + Businesses</u>	
Home Company Name: <u>Edward Jones</u>	
Address: <u>141 W Wisconsin Ave, Suite 2, Kaukauna, WI 54130</u>	
Officer or Director of Company: <u>Penny Pennington</u>	Principal Place of Business (State): <u>MO</u>

Reference	Name: Gabriel Koch
	Address: 141 W. Wisconsin Ave, Suite 2, Kaukauna
	Telephone Number: 920-766-9425
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	

Melissa Hartzheim Melissa Hartzheim
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

8th day of Oct., 2024

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

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BY: _____



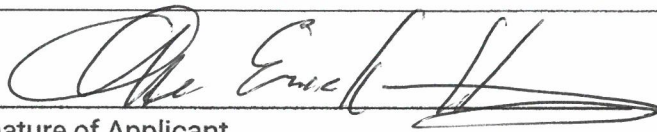
POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00
Sellers Permit No. 456-1026832168-02

Receipt No. CS4856
Date Paid 10/15/2024 10.17.24

Name of Applicant: Otto Erich Krueger	
Address: 1574 Crystal Springs Avenue	
City, State, Zip: Oshkosh, WI 54902	County of Residence: Winnebago
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): 01/27/1951	Place of Birth: Oshkosh, WI
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: 920-410-5430
Driver's License Number: K626-6455-1027-04	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) Christmas balloons and light-up items	
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: Along Kaukauna holiday parade	
Home Company Name: Midwest LLC	
Address: 1574 Crystal Springs Avenue, Oshkosh, WI 54902	
Officer or Director of Company: Otto Krueger	Principal Place of Business (State): WI

Reference	Name: Sandra Basel
	Address: 137 W. 22nd Avenue, Oshkosh, WI 54902
	Telephone Number: 920-231-3434
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Stevens Point, La Crosse, Menasha	



Signature of Applicant

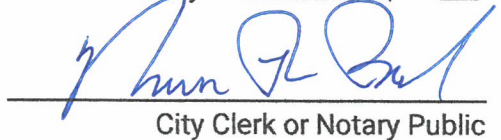
STATE OF WISCONSIN OUTAGAMIE COUNTY

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

15th day of October, 2024.



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:  10-21-24	
Explain, if denied:	
City Council Action:	Date granted/denied: License No.

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OCT 18 2024



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

Investigation Fee - \$15.00
Sellers Permit No. 456-1026832168-02

Receipt No. _____
Date Paid 10/15/2024

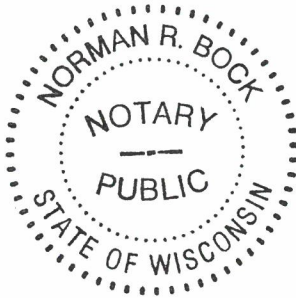
Name of Applicant: Patricia Lynn Krueger	
Address: 1574 Crystal Springs Avenue	
City, State, Zip: Oshkosh, WI 54902	County of Residence: Winnebago
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): 01/27/1951	Place of Birth: Oshkosh, WI
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Telephone Number: 920-235-0868
Driver's License Number: K626-6925-2516-02	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) Christmas balloons and light-up items	
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: Along Kaukauna holiday parade	
Home Company Name: Midwest LLC	
Address: 1574 Crystal Springs Avenue, Oshkosh, WI 54902	
Officer or Director of Company: Otto Krueger	Principal Place of Business (State): WI

Reference	Name: Sandra Basel
	Address: 137 W. 22nd Avenue, Oshkosh, WI 54902
	Telephone Number: 920-231-3434
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Stevens Point, La Crosse	

Patricia L. Kueger
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.



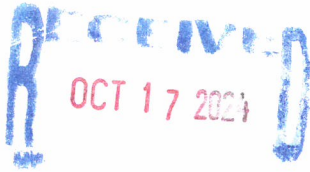
Subscribed and sworn to before me this

15th day of October, 2024.

[Signature]
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>Brod Sandfort</u> <u>10-21-24</u>	
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 - **\$15.00**
Sellers Permit No. _____

Receipt No. CS4857
Date Paid 10.17.24

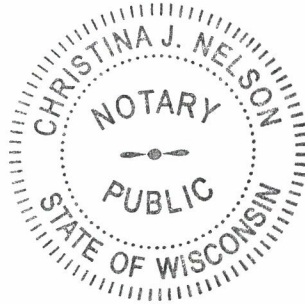
Name of Applicant: Ryan Pomerening	
Address: 723 S. Timmers Ln.	
City, State, Zip: Appleton, WI	County of Residence: Outagamie
If less than two years at the above address, please list all addresses in the last two-year period: 622 S. 1st St. Guttenberg, IA 52052	
Date of Birth (Month/Day/Year): 10/18/1988	Place of Birth: Boscobel, WI
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: 608-412-3888
Driver's License Number: P565-7308-8378-03	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) Financial Services (Not really "selling" so much as introducing myself and getting to know people)	
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: 141 W. Wisconsin Ave. Suite 2 Kaukauna, WI 54130	
Home Company Name: Edward Jones	
Address: 12555 Manchester Rd. St. Louis, MO 63131 (Corporate address. My office will be in Kaukauna)	
Officer or Director of Company: Penny Pennington	Principal Place of Business (State): WI

Reference	Name: Jeff Koch
	Address: 141 W. Wisconsin Ave. Suite 2 Kaukauna, WI 54130
	Telephone Number: 920-759-9610
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	

Jeff Koch
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

17 day of October, 2024.

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>Paul Siefert</i></u> <u>10-21-24</u>	
Explain, if denied:	
City Council Action:	Date granted/denied: License No.