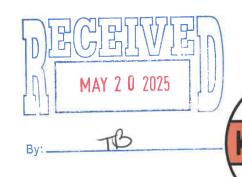
POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

A DE LAGRA	Receipt No. <u>CS6415</u>			
Investigation Fee - \$15.00	Date Paid 4/3/2025			
Sellers Permit No				
Name of Applicant: Chase Vandenbe	rg			
Address: W400 County Road KK				
City, State, Zip: Koukowa, Washing	County of Residence: Outagainte			
If less than two years at the above address, pleas	se list all addresses in the last two-year			
period: 619 Roland St. Combined Locks, WI 54113				
Date of Birth (Month/Day/Year): 09/27/2006	Place of Birth: St Elizabeth Hospital			
Male Female	Telephone Number: (920) - 422-5788			
Driver's License Number: $\sqrt{535-1130}$	6347-03			
Type of Merchandise or Service: (Please state sp	pecific product(s) or actual service			
provided)	ments / Horne Improvement			
Window and feel Replace.	Consultations			
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:				
Home Company Name: Renewal by Anderson				
Address: 1300 S Lynndale Dr., Appleten, WI 54914				
Officer or Director of Company:	Principal Place of Business (State):			

Reference	Name: Joe Mitchell				
	Address: 1300 S Lymbale Dr. Appleton				
	Telephone Number: 920 -20	9-720	19		
Do you hold	a similar license in any other comm	unity? Ye	es No		
If yes, please	e state where. Neenah				
Signature of A	Applicant .				
	nt named in the foregoing application in the said application; that he/she had mand.				
	AUBLIC STITLE OF WISCHILL		cribed and sworn to before me the day of May , 20 and 20 a		
OR OFFICE Police Depar	tment Recommendation	Bon	d Required - Yes No		
Recommend	Approval Recommend Den		· Land Land		
Signature:	Pool 2 sould				
Explain, if de	nied:				



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

Investigation Fee - \$15.00

Sellers Permit No	Date Paid 4/3/2025			
Name of Applicant: Loverze Diameda				
Name of Applicant: Lovenze Diamedo	fre			
City, State, Zip: OShloSh w 1 6490/	County of Residence: 💋 🖟			
If less than two years at the above address, please period:	se list all addresses in the last two-year			
Date of Birth (Month/Day/Year): 0/13/2007	Place of Birth: Nethan			
Male Female	Telephone Number: 420 1092594			
Driver's License Number: 17 5 30 5210 601	Driver's License Number: 7 530 万210 万013 0 0			
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) girldning window + dow www.				
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:	docr			
Home Company Name: Renewal By	Andersen			
Address: 1300 & Lynodale Dr				
Officer or Director of Company: Joe Mitchell	Principal Place of Business (State): W			

Reference	Name:			
	Address:			
	Telephor	ne Number:		
Do you hold	a similar li	cense in any other community	/? Yes	No_
If yes, pleas	e state who	ere.		
Signature of	Applicant	WMN James	EN P	
The above si	gned appliont named said applic	in the foregoing application; that he/she had made	hat he compl	deposes and says that he/she /she has read each of the ete true and correct answers to ribed and sworn to before me this Address of Address of Address of Address of Address of Address of Public City Clerk or Notary Public
FOR OFFICE	E USE ONI	_Y		
Police Department Recommendation			Bond Required - Yes No	
Recommen	d Approva	Recommend Denial		
Signature: Buch Samplet				
Explain, if d	enied:			
City Counc	il Action:	Date granted/denied:		License No.

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

Investigation Fee - \$15.00 Sellers Permit No	Receipt No. <u>C 5 6717</u> Date Paid <u>5/6/2025</u>		
Name of Applicant: Cabriel Wesley	Boothe		
Address: 215 W North Water St			
City, State, Zip: Neench, UI, 54956	County of Residence: Winnebago		
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):	Place of Birth: FreePort, IL		
Male Female	Telephone Number: 815-973-4554		
Driver's License Number: B300 - 2990 -	2011-04		
Type of Merchandise or Service: (Please state sp provided) Free quotes set up do window r door replacement	xor-to-door for		
Will you be selling products delivered at sale? Ye			
Will you be getting orders for products/services to	to be delivered in the future? Yes No		
Location where selling in the City: Door - to - door			
Home Company Name: Renewal by	Andersen		
Address: 1300 5 Lynnock Dr.			
Officer or Director of Company: Joe	Principal Place of Business (State): UI		

Reference	Name: Joe Mitchell			
	Address: 1300 & Lynnolde Dr. Appleton			
		ne Number: 970-209		
Do you hold		license in any other communit		
If yes, please	e state wh	iere. Neenah		
Dale Book Hale Books Signature of Applicant				-
The above sig	gned appli nt named said applic	in the foregoing application; to cation; that he/she had made to cation; the foregoing application; the cation; the ca	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, 20 City Clerk or Notary Public
Police Depar	rtment Re	commendation	Bone	d Required - Yes No
Recommend	l Approva	Recommend Denial		
Signature: Sand Sand				
Explain, if de	nied:	4		
City Council	Action:	Date granted/denied:		License No.