



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

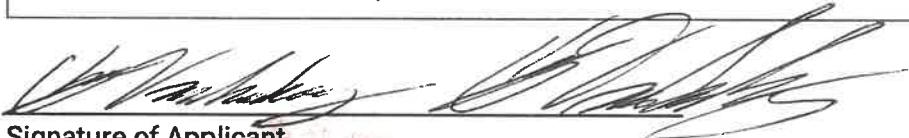
Investigation Fee - \$15.00

Sellers Permit No. _____

Receipt No. CS6415
Date Paid 4/3/2025

Name of Applicant: <u>Chase Vandenberg</u>	
Address: <u>W400 County Road KK</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: <u>619 Roland St, Combined Locks, WI 54113</u>	
Date of Birth (Month/Day/Year): <u>09/27/2006</u>	Place of Birth: <u>St Elizabeth Hospital, Appleton</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>(920)-422-5788</u>
Driver's License Number: <u>V535-1130-6347-03</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Window and Door Replacements / Home Improvement Consultations</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:	
Home Company Name: <u>Renewal by Andersen</u>	
Address: <u>1300 S Lynndale Dr, Appleton, WI 54914</u>	
Officer or Director of Company:	Principal Place of Business (State):

Reference	Name: Joe Mitchell
	Address: 1300 S Lyndale Dr, Appleton
	Telephone Number: 920-209-7299
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Neenah	


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

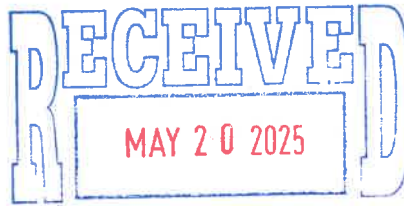
19 day of May, 2025



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



By: _____

TB



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

Investigation Fee - **\$15.00**

Sellers Permit No. _____

Receipt No. CS6415Date Paid 4/3/2025

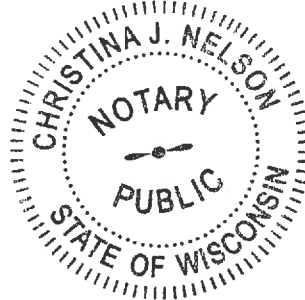
Name of Applicant: <u>Lorenzo Diomedea</u>	
Address: <u>205 W New York Ave</u>	
City, State, Zip: <u>Oshkosh WI 54901</u>	County of Residence: <u>USA</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>01/13/2005</u>	Place of Birth: <u>Neenah</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920 592 394</u>
Driver's License Number: <u>D5305210 601300</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Scheduling window + door notes</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 to door</u>	
Home Company Name: <u>Renewal By Andersen</u>	
Address: <u>1300 S Lyndale Dr</u>	
Officer or Director of Company: <u>Joe Mitchell</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name:
	Address:
	Telephone Number:
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where.	


 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
27th day of May, 2025


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



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

Investigation Fee - \$15.00

Receipt No. C56717

Sellers Permit No. _____

Date Paid 5/6/2025

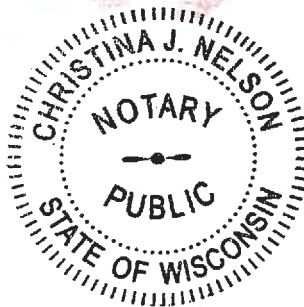
Name of Applicant: <u>Gabriel Wesley Boothe</u>	
Address: <u>215 W North Water St</u>	
City, State, Zip: <u>Neenah, WI, 54956</u>	County of Residence: <u>Winnebago</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>01/11/2002</u>	Place of Birth: <u>Freeport, IL</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>815-973-4554</u>
Driver's License Number: <u>B300-2990-2011-04</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Free quotes set up door-to-door for window & door replacements</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-to-door</u>	
Home Company Name: <u>Renewal by Andersen</u>	
Address: <u>1300 S Lynndale Dr, Appleton WI</u>	
Officer or Director of Company: <u>Joe Mitchell</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Joe Mitchell</u>
	Address: <u>1300 S Lynndale Dr, Appleton</u>
	Telephone Number: <u>920-209-7299</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</u>	

Joe Mitchell
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

19 day of May, 2025

Christina J. Nelson

City Clerk or Notary Public

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