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

Investigation Fee - **\$15.00**


Sellers Permit No. \_\_\_\_\_

Receipt No. CCard Pymt.

Date Paid 3-10-22

Name of Applicant: <b>Dylan Zimmerman</b>	
Address: <b>1111 Wisconsin st</b>	
City, State, Zip: <b>Oshkosh, WI, 54901</b>	County of Residence: <b>Winnebago</b>
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): <b>07/30/1998</b>	Place of Birth: <b>Green Bay, WI</b>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <b>9206099906</b>
Driver's License Number: <b>Z565-1709-8270-06</b>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <b>Free Home Remodleing Estimates</b>	
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: <b>Kaukauna (Within City Limits)</b>	
Home Company Name: <b>Mad City Windows &amp; Baths Llc</b>	
Address: <b>2340 Holly Rd, Neenah, WI, 54956</b>	
Officer or Director of Company: <b>Andrew Edlund</b>	Principal Place of Business (State): <b>WI</b>

Reference	Name: Matthew Koch
	Address:
	Telephone Number: 920-312-4585
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Appleton, WI	

  
 \_\_\_\_\_  
 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

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
 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 type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature:		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.