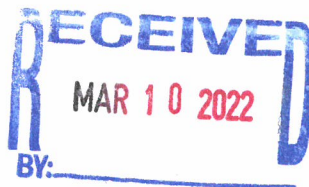


Call Matt  
When license is  
ready for prep.



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

Investigation Fee - **\$15.00**  
Sellers Permit No. \_\_\_\_\_

Receipt No. Card Rymt  
Date Paid 3-10-22

Name of Applicant: <b>Peter Yee</b>	
Address: <b>857 Jackson 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>08/14/1999</b>	Place of Birth: <b>Pittsfield, MA</b>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <b>9205094916</b>
Driver's License Number: <b>Y0006749929402</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>Adrew Edlund</b>	Principal Place of Business (State): <b>WI</b>

Reference	Name: <u>Matt Koch</u>
	Address:
	Telephone Number: <u>920-312-4585</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>Appleton, WI</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

\_\_\_\_\_ 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.