



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

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

Receipt No. \_\_\_\_\_  
Date Paid \_\_\_\_\_

Name of Applicant:	
Address:	
City, State, Zip:	County of Residence:
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):	Place of Birth:
Male _____ Female _____	Telephone Number:
Driver's License Number:	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided)	
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:	
Address:	
Officer or Director of Company:	Principal Place of Business (State):

Reference	Name:
	Address:
	Telephone Number:
Do you hold a similar license in any other community? Yes___ No___	
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

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

\_\_\_\_\_  
City Clerk or Notary Public

**FOR OFFICE USE ONLY**

<b>Police Department Recommendation</b>	Bond Required - Yes___ No___	
Recommend Approval _____ Recommend Denial _____		
Signature:		
Explain, if denied:		
<b>City Council Action:</b>	Date granted/denied:	License No.

