

INVESTIGATION REPORT AND APPLICATION FOR
ASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE
IN THE CITY OF KAUKAUNA

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:

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. _____		

