



Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☒ Original Application

☐ Renewal License

FEES ARE NON-REFUNDABLE

☒ Company License

(CLLCMS) \$207.00

Date Recv'd 07/09/26

Total \$ 207.00

☒ Addtl Employee License

(CLLCME) \$57.00

Receipt #: 10595-3

LICENSE PERIOD IS 6 MONTHS

April 1st - September 30th

October 1st - March 31st

Note: Please allow 7 business days for application processing

SECTION 1 – COMPANY INFORMATION – Answer all questions completely. Please PRINT clearly.

Name of Company Holding License

FDS - Appleton, WI LLC

Company Street Address

703 N Hickory Farm Ln

City

Appleton

State

WI

Zip

54914

Company Telephone Number

(920) 690-9459

Type of Sales:

☒ Door to Door Solicitation

☐ Specific Location in City _____

Company Email Address

Type of Merchandise of Services – List specific product(s) or actual services being provided:

Home Pest Control Service

Contact Phone Number while in the City of Appleton: **[REQUIRED]**

() - -

Main Employee Contact for Company: **[REQUIRED]**

Jacob Vaughan

SECTION 2 – EMPLOYEE INFORMATION – Every employee over 18 years of age is required to complete an application form.

If employees are minors, you must show proof of State Street Trade Permit pursuant to Wisconsin Act 113.

Name of Employee (First, M, Last)

Taylor Leavitt

Employee Home Street Address

11 N Mountain Vistas Rd

City

Kaysville

State

UT

Zip

84037

Date of Birth

Gender

Female

Driver's License number

State Licensed in

SECTION 3 – VEHICLE IDENTIFICATION – Vehicle to be used for solicitation purposes

Make of Vehicle

Year

Color

License Plate No.

State Licensed In

SECTION 4 – PENALTY NOTICE

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: p.p Jacob Palmer Brandley

FOR OFFICE USE ONLY

Date Sent for Approvals

07/10/2026

Approve

Deny

Date of Recommendation

Staff Member

POLICE

CITY SEALER

Denial Reasoning

Date Issued

Expiration Date

09/30/2026

License Number

AUTHORIZATION FOR BACKGROUND CHECKS AND LICENSING

I, the undersigned, hereby grant my explicit written consent and deliver a Limited Power of Attorney to **FM Services, LLC** (doing business as **Fox Pest Control**), its parent entity **FPC Holdings, LLC**, and any of its affiliates, officers, and employees (collectively referred to as "the Company").

By executing this document, I authorize the Company to act as my agent and sign background check release forms, disclosures, and authorizations **on my behalf** and in my name, strictly as they relate to my role as a 1099 Independent Contractor (Direct Seller).

These explicit permissions extend fully to any and all documentation, applications, and forms required for:

1. Acquiring state, county, or municipal solicitors' permits and peddler licenses.
2. Securing and administering company-provided or company-arranged housing.

I agree that a photocopy or electronic copy of this authorization shall be as valid as the original. I hereby release, indemnify, and hold harmless the Company from any and all liability, claims, or damages arising out of or resulting from the execution of these documents within the scope authorized herein.

This authorization remains valid for the duration of my contractual relationship with the Company unless revoked by me earlier via written notice delivered to the Company's compliance department.

Date: 6/1/2026

Signature:  _____

Printed Full Name (First, Middle, Last): Taylor Leavitt

Date of Birth:  _____



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Date Rec'd 07/09/2026

(CLLCMS) \$207.00

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(CLLCME) \$57.00

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State

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Zip

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Company Telephone Number

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Type of Sales:

☒ Door to Door Solicitation

☐ Specific Location in City _____

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Contact Phone Number while in the City of Appleton: **[REQUIRED]**

Main Employee Contact for Company: **[REQUIRED]**

Jacob Vaughan

SECTION 2 – EMPLOYEE INFORMATION – Every employee over 18 years of age is required to complete an application form.

If employees are minors, you must show proof of State Street Trade Permit pursuant to Wisconsin Act 113.

Name of Employee (First, M, Last)

Chiara Linnea Bono

Employee Home Street Address

1100 railroad st. Bishop GA

City

Bishop

State

GA

Zip

30621

Date of Birth

Gender

Female

Driver's License number

State Licensed in

SECTION 3 – VEHICLE IDENTIFICATION – Vehicle to be used for solicitation purposes

Make of Vehicle

Year

Color

License Plate No.

State Licensed In

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Staff Member

POLICE

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Denial Reasoning

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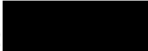
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Date: 6/1/2026

Signature:  _____

Printed Full Name (First, Middle, Last): Chiara Bono

Date of Birth:  _____



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(CLLCME) \$57.00

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☐ Specific Location in City _____

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Home Pest Control Service

Contact Phone Number while in the City of Appleton: **[REQUIRED]**

[REDACTED]

Main Employee Contact for Company: **[REQUIRED]**

Jacob Vaughan

SECTION 2 – EMPLOYEE INFORMATION – Every employee over 18 years of age is required to complete an application form. If employees are minors, you must show proof of State Street Trade Permit pursuant to Wisconsin Act 113.

Name of Employee (First, M, Last)

Aaron Jesse Bradshaw

Employee Home Street Address

81 s 222 w

City

Burley

State

ID

Zip

83318

Date of Birth

[REDACTED]

Gender

Male

Driver's License number

[REDACTED]

State Licensed in

[REDACTED]

SECTION 3 – VEHICLE IDENTIFICATION – Vehicle to be used for solicitation purposes

Make of Vehicle

Year

Color

License Plate No.

State Licensed In

SECTION 4 – PENALTY NOTICE

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Date of Recommendation

Staff Member

POLICE

CITY SEALER

Denial Reasoning

Date Issued

____/____/____

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Date: 6/1/2026

Signature: 

Printed Full Name (First, Middle, Last): Aaron Bradshaw

Date of Birth: 



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FEES ARE NON-REFUNDABLE

☐ Company License

(CLLCMS) \$207.00

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(CLLCME) \$57.00

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703 N Hickory Farm Ln

City

Appleton

State

WI

Zip

54914

Company Telephone Number

(920) 690-9459

Type of Sales:

☒ Door to Door Solicitation

☐ Specific Location in City _____

Company Email Address

Type of Merchandise of Services – List specific product(s) or actual services being provided:

Home Pest Control Service

Contact Phone Number while in the City of Appleton: **[REQUIRED]**

Main Employee Contact for Company: **[REQUIRED]**

Jacob Vaughan

SECTION 2 – EMPLOYEE INFORMATION – Every employee over 18 years of age is required to complete an application form.

If employees are minors, you must show proof of State Street Trade Permit pursuant to Wisconsin Act 113.

Name of Employee (First, M, Last)

Preston Nicolas Carter

Employee Home Street Address

2310 Ho Hum Hollow Rd

City

Monroe

State

GA

Zip

20655

Date of Birth

Gender

Male

Driver's License number

State Licensed in

SECTION 3 – VEHICLE IDENTIFICATION – Vehicle to be used for solicitation purposes

Make of Vehicle

Hyundai

Year

2015

Color

Grey

License Plate No.

State Licensed In

GA

SECTION 4 – PENALTY NOTICE

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: p.p Jacob Palmer Brandley

FOR OFFICE USE ONLY

Date Sent for Approvals

07/10/2026

Approve

Deny

Date of Recommendation

Staff Member

POLICE

CITY SEALER

Denial Reasoning

Date Issued

Expiration Date

09/30/2026

License Number

AUTHORIZATION FOR BACKGROUND CHECKS AND LICENSING

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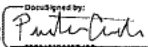
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This authorization remains valid for the duration of my contractual relationship with the Company unless revoked by me earlier via written notice delivered to the Company's compliance department.

Date: 5/29/2026

Signature: 

Printed Full Name (First, Middle, Last): Preston Carter

Date of Birth: 



Application for Commercial Solicitation License

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☒ Original Application
☐ Renewal License

FEES ARE NON-REFUNDABLE

☐ Company License
(CLLCMS) \$207.00

Date Recv'd 07/09/2026

☒ Addtl Employee License
(CLLCME) \$57.00

Total \$ 57.00

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Appleton

State

WI

Zip

54914

Company Telephone Number

(920) 690-9459

Type of Sales:

☒ Door to Door Solicitation

☐ Specific Location in City _____

Company Email Address

Type of Merchandise of Services – List specific product(s) or actual services being provided:

Home Pest Control Service

Contact Phone Number while in the City of Appleton: **[REQUIRED]**

[REDACTED]

Main Employee Contact for Company: **[REQUIRED]**

Jacob Vaughan

SECTION 2 – EMPLOYEE INFORMATION – Every employee over 18 years of age is required to complete an application form. If employees are minors, you must show proof of State Street Trade Permit pursuant to Wisconsin Act 113.

Name of Employee (First, M, Last)

Andersin Cy Carter

Employee Home Street Address

11770 North Home Ave

City

Liberty

State

MO

Zip

64068

Date of Birth

[REDACTED]

Gender

Male

Driver's License number

[REDACTED]

State Licensed in

[REDACTED]

SECTION 3 – VEHICLE IDENTIFICATION – Vehicle to be used for solicitation purposes

Make of Vehicle

Hyundai

Year

2017

Color

Grey

License Plate No.

[REDACTED]

State Licensed In

UT

SECTION 4 – PENALTY NOTICE

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Signature of Applicant: p.p Jacob Palmer Brandley

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07/10/2026

Approve

Deny

Date of Recommendation

Staff Member

POLICE

____/____/____

CITY SEALER

____/____/____

Denial Reasoning

Date Issued

____/____/____

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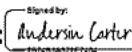
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Date: 6/1/2026

Signature:  _____

Printed Full Name (First, Middle, Last): Andersin Carter _____

Date of Birth:  _____



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☐ Company License
(CLLCMS) \$207.00

Date Recv'd 07/09/2016

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(CLLCME) \$57.00

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☐ Specific Location in City _____

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Main Employee Contact for Company: **[REQUIRED]**

Jacob Vaughan

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Name of Employee (First, M, Last)
Taldge Nathan DeRose

Employee Home Street Address
3091 N 2225 E

City
Layton

State
UT

Zip
84040

Date of Birth

Gender
Male

Driver's License number

State Licensed in

SECTION 3 - VEHICLE IDENTIFICATION - Vehicle to be used for solicitation purposes

Make of Vehicle

Year

Color

License Plate No.

State Licensed In

SECTION 4 - PENALTY NOTICE

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Signature of Applicant: p.p Jacob Palmer Brandley

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Date Sent for Approvals

07/10/2016

Approve

Deny

Date of Recommendation

Staff Member

POLICE

CITY SEALER

Denial Reasoning

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09/30/2016

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Date: 6/1/2026

Signature: 

Printed Full Name (First, Middle, Last): Taidge DeRose

Date of Birth: 



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Jacob Vaughan

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Name of Employee (First, M, Last)

Alonzo Joel Garcia

Employee Home Street Address

3184 S Mapleton Heights Dr

City

Mapleton

State

UT

Zip

84664

Date of Birth

Gender

Male

Driver's License number

State Licensed in

SECTION 3 – VEHICLE IDENTIFICATION – Vehicle to be used for solicitation purposes

Make of Vehicle

Honda

Year

2007

Color

Black

License Plate No.

State Licensed In

UT

SECTION 4 – PENALTY NOTICE

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Signature of Applicant: p.p Jacob Palmer Brandley

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Date: 5/29/2026

Signature: 

Printed Full Name (First, Middle, Last): Alonzo Garcia

Date of Birth: 



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☐ Specific Location in City _____

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Jacob Vaughan

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Name of Employee (First, M, Last)
Joshua Ammon Kuhni

Employee Home Street Address
103 E Polaris Drive

City
Saratoga Springs

State
UT

Zip
84045

Date of Birth

Gender

Driver's License number

State Licensed in

Male

SECTION 3 – VEHICLE IDENTIFICATION – Vehicle to be used for solicitation purposes

Make of Vehicle
Ford

Year
2014

Color
Silver

License Plate No.
[REDACTED]

State Licensed In
VA

SECTION 4 – PENALTY NOTICE

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Signature of Applicant: p.p Jacob Palmer Brandley

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Approve

Deny

Date of Recommendation

Staff Member

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CITY SEALER

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Date: 6/1/2026

Signature:  _____

Printed Full Name (First, Middle, Last): Josh Kuhn _____

Date of Birth:  _____



Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☒ Original Application
☐ Renewal License

FEES ARE NON-REFUNDABLE

☐ Company License
(CLLCMS) \$207.00

Date Recv'd 07/09/2026

☒ Addtl Employee License
(CLLCME) \$57.00

Total \$ 57.00

Receipt #: 10595-3

LICENSE PERIOD IS 6 MONTHS

April 1st - September 30th
October 1st - March 31st

Note: Please allow 7 business days for application processing

SECTION 1 – COMPANY INFORMATION – Answer all questions completely. Please PRINT clearly.

Name of Company Holding License
FDS - Appleton, WI LLC

Company Street Address
703 N Hickory Farm Ln

City
Appleton

State
WI

Zip
54914

Company Telephone Number
(920) 690-9459

Type of Sales:

☒ Door to Door Solicitation

☐ Specific Location in City _____

Company Email Address _____

Type of Merchandise or Services – List specific product(s) or actual services being provided:

Home Pest Control Service

Contact Phone Number while in the City of Appleton: [REQUIRED]

Main Employee Contact for Company: [REQUIRED]

Jacob Vaughan

SECTION 2 – EMPLOYEE INFORMATION – Every employee over 18 years of age is required to complete an application form. If employees are minors, you must show proof of State Street Trade Permit pursuant to Wisconsin Act 113.

Name of Employee (First, M, Last)
Nathaniel Allen Markham

Employee Home Street Address
1724 Canal Run Drive

City
Point of Rocks

State
MD

Zip
21777

Date of Birth

Gender
Male

Driver's License number

State Licensed in

SECTION 3 – VEHICLE IDENTIFICATION – Vehicle to be used for solicitation purposes

Make of Vehicle

Year

Color

License Plate No.

State Licensed In

SECTION 4 – PENALTY NOTICE

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: p.p Jacob Palmer Brandley

FOR OFFICE USE ONLY

Date Sent for Approvals

07/10/2024

Approve

Deny

Date of Recommendation

Staff Member

POLICE

CITY SEALER

Denial Reasoning

Date Issued

Expiration Date

09/30/2026

License Number

AUTHORIZATION FOR BACKGROUND CHECKS AND LICENSING

I, the undersigned, hereby grant my explicit written consent and deliver a Limited Power of Attorney to **FM Services, LLC** (doing business as **Fox Pest Control**), its parent entity **FPC Holdings, LLC**, and any of its affiliates, officers, and employees (collectively referred to as "the Company").

By executing this document, I authorize the Company to act as my agent and sign background check release forms, disclosures, and authorizations **on my behalf** and in my name, strictly as they relate to my role as a 1099 Independent Contractor (Direct Seller).

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1. Acquiring state, county, or municipal solicitors' permits and peddler licenses.
2. Securing and administering company-provided or company-arranged housing.

I agree that a photocopy or electronic copy of this authorization shall be as valid as the original. I hereby release, indemnify, and hold harmless the Company from any and all liability, claims, or damages arising out of or resulting from the execution of these documents within the scope authorized herein.

This authorization remains valid for the duration of my contractual relationship with the Company unless revoked by me earlier via written notice delivered to the Company's compliance department.

Date: 6/1/2026

Signature: 

Printed Full Name (First, Middle, Last): Nate Markham

Date of Birth: 



Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☒ Original Application
☐ Renewal License

FEES ARE NON-REFUNDABLE

☐ Company License Date Recv'd 07/09/2026
(CLLCMS) \$207.00 Total \$ 57.00
☒ Addtl Employee License
(CLLCME) \$57.00 Receipt #: 10595-3

LICENSE PERIOD IS 6 MONTHS

April 1st - September 30th
October 1st - March 31st

Note: Please allow 7 business days for application processing

SECTION 1 – COMPANY INFORMATION – Answer all questions completely. Please PRINT clearly.

Name of Company Holding License
FDS - Appleton, WI LLC

Company Street Address
703 N Hickory Farm Ln

City
Appleton

State
WI

Zip
54914

Company Telephone Number
(920) 690-9459

Type of Sales:

☒ Door to Door Solicitation

☐ Specific Location in City _____

Type of Merchandise of Services – List specific product(s) or actual services being provided:

Home Pest Control Service

Contact Phone Number while in the City of Appleton: **[REQUIRED]**

Main Employee Contact for Company: **[REQUIRED]**

Jacob Vaughan

SECTION 2 – EMPLOYEE INFORMATION – Every employee over 18 years of age is required to complete an application form. If employees are minors, you must show proof of State Street Trade Permit pursuant to Wisconsin Act 113.

Name of Employee (First, M, Last)
Dawson Reid Martinsen

Employee Home Street Address
701 Old Oregon Rd

City
Soda Springs

State
ID

Zip
83276

Date of Birth

Gender

Driver's License number

State Licensed in

Male

SECTION 3 – VEHICLE IDENTIFICATION – Vehicle to be used for solicitation purposes

Make of Vehicle

Year

Color

License Plate No.

State Licensed In

Chevrolet

2003

Tan

ID

SECTION 4 – PENALTY NOTICE

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: p.p Jacob Palmer Brandley

FOR OFFICE USE ONLY

Date Sent for Approvals

07/10/2026

Approve

Deny

Date of Recommendation

Staff Member

POLICE

CITY SEALER

Denial Reasoning

Date Issued

Expiration Date

License Number

____/____/____

09/30/2026

AUTHORIZATION FOR BACKGROUND CHECKS AND LICENSING

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This authorization remains valid for the duration of my contractual relationship with the Company unless revoked by me earlier via written notice delivered to the Company's compliance department.

Date: 6/1/2026

Signature:



Printed Full Name (First, Middle, Last): Dawson Martinsen

Date of Birth: [REDACTED]



Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☒ Original Application
☐ Renewal License

FEES ARE NON-REFUNDABLE

☐ Company License
(CLLCMS) \$207.00

Date Recv'd 07/09/2024

☒ Add'l Employee License
(CLLCME) \$57.00

Total \$ 57.00

Receipt #: 10595-3

LICENSE PERIOD IS 6 MONTHS

April 1st - September 30th
October 1st - March 31st

Note: Please allow 7 business days for application processing

SECTION 1 – COMPANY INFORMATION – Answer all questions completely. Please PRINT clearly.

Name of Company Holding License
FDS - Appleton, WI LLC

Company Street Address
703 N Hickory Farm Ln

City
Appleton

State
WI

Zip
54914

Company Telephone Number
(920) 690-9459

Type of Sales:

☒ Door to Door Solicitation

☐ Specific Location in City _____

Company Email Address

Type of Merchandise of Services – List specific product(s) or actual services being provided:

Home Pest Control Service

Contact Phone Number while in the City of Appleton: **[REQUIRED]**

Main Employee Contact for Company: **[REQUIRED]**

Jacob Vaughan

SECTION 2 – EMPLOYEE INFORMATION – Every employee over 18 years of age is required to complete an application form. If employees are minors, you must show proof of State Street Trade Permit pursuant to Wisconsin Act 113.

Name of Employee (First, M, Last)
Kamie Jordan Mower

Employee Home Street Address
2629 Burton Ave.

City
Burley

State
ID

Zip
83318

Date of Birth

Gender
Female

Driver's License number

State Licensed in

SECTION 3 – VEHICLE IDENTIFICATION – Vehicle to be used for solicitation purposes

Make of Vehicle
Honda

Year
2016

Color
White

License Plate No.
[REDACTED]

State Licensed In
ID

SECTION 4 – PENALTY NOTICE

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: p.p Jacob Palmer Brandley

FOR OFFICE USE ONLY

Date Sent for Approvals

07/10/2024

Approve

Deny

Date of Recommendation

Staff Member

POLICE

CITY SEALER

Denial Reasoning

Date Issued

Expiration Date

09/30/2024

License Number

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This authorization remains valid for the duration of my contractual relationship with the Company unless revoked by me earlier via written notice delivered to the Company's compliance department.

Date: 6/1/2026

Signature: Signed by: Kamie Mower

Printed Full Name (First, Middle, Last): Kamie Mower

Date of Birth:



Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☒ Original Application
☐ Renewal License

FEES ARE NON-REFUNDABLE

☐ Company License
(CLLCMS) \$207.00

Date Recv'd 07/09/2026

☒ Addtl Employee License
(CLLCME) \$57.00

Total \$ 57.00

Receipt #: 10595-3

LICENSE PERIOD IS 6 MONTHS

April 1st - September 30th
October 1st - March 31st

Note: Please allow 7 business days for application processing

SECTION 1 - COMPANY INFORMATION - Answer all questions completely. Please PRINT clearly.

Name of Company Holding License
FDS - Appleton, WI LLC

Company Street Address
703 N Hickory Farm Ln

City
Appleton

State
WI

Zip
54914

Company Telephone Number
(920) 690-9459

Type of Sales:

☒ Door to Door Solicitation

☐ Specific Location in City _____

Company Email Address

Type of Merchandise of Services - List specific product(s) or actual services being provided:

Home Pest Control Service

Contact Phone Number while in the City of Appleton: **[REQUIRED]**

Main Employee Contact for Company: **[REQUIRED]**

Jacob Vaughan

SECTION 2 - EMPLOYEE INFORMATION - Every employee over 18 years of age is required to complete an application form. If employees are minors, you must show proof of State Street Trade Permit pursuant to Wisconsin Act 113.

Name of Employee (First, M, Last)
Steven Landon Petersen

Employee Home Street Address
3737 Ranchers Ridge

City
Krum

State
TX

Zip
76249

Date of Birth

Gender
Male

Driver's License number

State Licensed in

SECTION 3 - VEHICLE IDENTIFICATION - Vehicle to be used for solicitation purposes

Make of Vehicle
Honda

Year
2017

Color
Black

License Plate No.

State Licensed In
TX

SECTION 4 - PENALTY NOTICE

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: p.p Jacob Palmer Brandley

FOR OFFICE USE ONLY

Date Sent for Approvals
07/10/2026

Approve

Deny

Date of Recommendation

Staff Member

POLICE

CITY SEALER

Denial Reasoning

Date Issued

Expiration Date

License Number

09/30/2026

AUTHORIZATION FOR BACKGROUND CHECKS AND LICENSING

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This authorization remains valid for the duration of my contractual relationship with the Company unless revoked by me earlier via written notice delivered to the Company's compliance department.

Date: 5/29/2026

Signature: 

Printed Full Name (First, Middle, Last): Landon Petersen

Date of Birth: 



Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☒ Original Application

☐ Renewal License

FEES ARE NON-REFUNDABLE

☐ Company License

Date Rec'd 07/09/2026

(CLLCMS) \$207.00

Total \$ 57.00

☒ Addtl Employee License

(CLLCME) \$57.00

Receipt #: 10595-3

LICENSE PERIOD IS 6 MONTHS

April 1st - September 30th

October 1st - March 31st

Note: Please allow 7 business days for application processing

SECTION 1 - COMPANY INFORMATION - Answer all questions completely. Please PRINT clearly.

Name of Company Holding License

FDS - Appleton, WI LLC

Company Street Address

703 N Hickory Farm Ln

City

Appleton

State

WI

Zip

54914

Company Telephone Number

(920) 690-9459

Type of Sales:

☒ Door to Door Solicitation

☐ Specific Location in City _____

Company Email Address

Type of Merchandise of Services - List specific product(s) or actual services being provided:

Home Pest Control Service

Contact Phone Number while in the City of Appleton: [REQUIRED]

Main Employee Contact for Company: [REQUIRED]

Jacob Vaughan

SECTION 2 - EMPLOYEE INFORMATION - Every employee over 18 years of age is required to complete an application form.

If employees are minors, you must show proof of State Street Trade Permit pursuant to Wisconsin Act 113.

Name of Employee (First, M, Last)

Kyle Joshua Phipps

Employee Home Street Address

6958 Newman St

City

Arvada

State

CO

Zip

80004

Date of Birth

Gender

Driver's License number

State Licensed in

Male

SECTION 3 - VEHICLE IDENTIFICATION - Vehicle to be used for solicitation purposes

Make of Vehicle

Toyota

Year

2015

Color

White

License Plate No.

State Licensed In

CO

SECTION 4 - PENALTY NOTICE

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: p.p Jacob Palmer Brandley

FOR OFFICE USE ONLY

Date Sent for Approvals

07/10/2026

Approve

Deny

Date of Recommendation

Staff Member

POLICE

CITY SEALER

Denial Reasoning

Date Issued

Expiration Date

09/30/2026

License Number

AUTHORIZATION FOR BACKGROUND CHECKS AND LICENSING

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This authorization remains valid for the duration of my contractual relationship with the Company unless revoked by me earlier via written notice delivered to the Company's compliance department.

Date: 6/1/2026

Signature:



Printed Full Name (First, Middle, Last): Kyle Phipps

Date of Birth:





Application for Commercial Solicitation License

CASH OR CHECK ONLY!

- ☒ Original Application
☐ Renewal License

FEES ARE NON-REFUNDABLE

- ☐ Company License
(CLLCMS) \$207.00
☒ Addtl Employee License
(CLLCME) \$57.00

Date Rec'd 07/09/2026
Total \$ \$7.00
Receipt #: 10595-3

LICENSE PERIOD IS 6 MONTHS

April 1st - September 30th
October 1st - March 31st

Note: Please allow 7 business days for application processing

SECTION 1 – COMPANY INFORMATION – Answer all questions completely. Please PRINT clearly.

Name of Company Holding License
FDS - Appleton, WI LLC

Company Street Address
703 N Hickory Farm Ln

City
Appleton

State
WI

Zip
54914

Company Telephone Number
(920) 690-9459

Type of Sales:

- ☒ Door to Door Solicitation
☐ Specific Location in City _____

Company Email Address

Type of Merchandise of Services – List specific product(s) or actual services being provided:
Home Pest Control Service

Contact Phone Number while in the City of Appleton: **[REQUIRED]**

Main Employee Contact for Company: **[REQUIRED]**

Jacob Vaughan

SECTION 2 – EMPLOYEE INFORMATION – Every employee over 18 years of age is required to complete an application form. If employees are minors, you must show proof of State Street Trade Permit pursuant to Wisconsin Act 113.

Name of Employee (First, M, Last)
Brig Hyrum Pugmire

Employee Home Street Address
9998 w pettit ct

City
Star

State
Id

Zip
83669

Date of Birth

Gender
Male

Driver's License number

State Licensed in

SECTION 3 – VEHICLE IDENTIFICATION – Vehicle to be used for solicitation purposes

Make of Vehicle

Year

Color

License Plate No.

State Licensed In

SECTION 4 – PENALTY NOTICE

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: p.p Jacob Palmer Brandley

FOR OFFICE USE ONLY

Date Sent for Approvals

07/10/2024

Approve

Deny

Date of Recommendation

Staff Member

POLICE

CITY SEALER

Denial Reasoning

Date Issued

Expiration Date

09/30/2026

License Number

AUTHORIZATION FOR BACKGROUND CHECKS AND LICENSING

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Date: 5/29/2026

Signature:



Printed Full Name (First, Middle, Last): Brig Pugmire

Date of Birth:





Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☒ Original Application
☐ Renewal License

FEES ARE NON-REFUNDABLE

☐ Company License
(CLLCMS) \$207.00
☒ Add'l Employee License
(CLLCME) \$57.00

Date Recv'd 07/09/2026
Total \$ 57.00
Receipt #: 10595-3

LICENSE PERIOD IS 6 MONTHS

April 1st - September 30th
October 1st - March 31st

Note: Please allow 7 business days for application processing

SECTION 1 – COMPANY INFORMATION – Answer all questions completely. Please PRINT clearly.

Name of Company Holding License
FDS - Appleton, WI LLC

Company Street Address
703 N Hickory Farm Ln

City
Appleton

State
WI

Zip
54914

Company Telephone Number
(920) 690-9459

Type of Sales:

☒ Door to Door Solicitation

☐ Specific Location in City _____

Company Email Address

Type of Merchandise or Services – List specific product(s) or actual services being provided:

Home Pest Control Service

Contact Phone Number while in the City of Appleton: [REQUIRED]

Main Employee Contact for Company: [REQUIRED]

Jacob Vaughan

SECTION 2 – EMPLOYEE INFORMATION – Every employee over 18 years of age is required to complete an application form. If employees are minors, you must show proof of State Street Trade Permit pursuant to Wisconsin Act 113.

Name of Employee (First, M, Last)
Samuel Andrew Ray

Employee Home Street Address
496e 180s

City
Kanab

State
UT

Zip
84741

Date of Birth

Gender
Male

Driver's License number

State Licensed in

SECTION 3 – VEHICLE IDENTIFICATION – Vehicle to be used for solicitation purposes

Make of Vehicle

Year

Color

License Plate No.

State Licensed In

SECTION 4 – PENALTY NOTICE

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: p.p Jacob Palmer Brandley

FOR OFFICE USE ONLY

Date Sent for Approvals
07/10/2026

Approve

Deny

Date of Recommendation

Staff Member

POLICE

CITY SEALER

Denial Reasoning

Date Issued

Expiration Date

License Number

09/30/2026

AUTHORIZATION FOR BACKGROUND CHECKS AND LICENSING

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Date: 5/31/2026

Signature:  _____
PERSON/PERSONNEL

Printed Full Name (First, Middle, Last): Sam Ray _____

Date of Birth:  _____



Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☒ Original Application

☐ Renewal License

FEES ARE NON-REFUNDABLE

☐ Company License

(CLLCMS) \$207.00

☒ Addtl Employee License

(CLLCME) \$57.00

Date Rec'd

07/09/2024

Total \$

57.00

Receipt #:

10595-3

LICENSE PERIOD IS 6 MONTHS

April 1st - September 30th

October 1st - March 31st

Note: Please allow 7 business days for application processing

SECTION 1 - COMPANY INFORMATION - Answer all questions completely. Please PRINT clearly.

Name of Company Holding License

FDS - Appleton, WI LLC

Company Street Address

703 N Hickory Farm Ln

City

Appleton

State

WI

Zip

54914

Company Telephone Number

(920) 690-9459

Type of Sales:



Door to Door Solicitation



Specific Location in City _____

Company Email Address

Type of Merchandise of Services - List specific product(s) or actual services being provided:

Home Pest Control Service

Contact Phone Number while in the City of Appleton: **[REQUIRED]**

Main Employee Contact for Company: **[REQUIRED]**

Jacob Vaughan

SECTION 2 - EMPLOYEE INFORMATION - Every employee over 18 years of age is required to complete an application form.

If employees are minors, you must show proof of State Street Trade Permit pursuant to Wisconsin Act 113.

Name of Employee (First, M, Last)

Jacob James Vaughan

Employee Home Street Address

55 W 400 N

City

Smithfield

State

UT

Zip

84335

Date of Birth

Gender

Driver's License number

State Licensed in

Male

SECTION 3 - VEHICLE IDENTIFICATION - Vehicle to be used for solicitation purposes

Make of Vehicle

Year

Color

License Plate No.

State Licensed In

SECTION 4 - PENALTY NOTICE

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: p.p Jacob Palmer Brandley

FOR OFFICE USE ONLY

Date Sent for Approvals

07/10/2024

Approve

Deny

Date of Recommendation

Staff Member

POLICE

CITY SEALER

Denial Reasoning

Date Issued

Expiration Date

License Number

09/30/2024

AUTHORIZATION FOR BACKGROUND CHECKS AND LICENSING

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Date: 5/29/2026

Signature: DocuSigned by: Jake Vaughan

Printed Full Name (First, Middle, Last): Jake Vaughan

Date of Birth: [REDACTED]



Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☒ Original Application

☐ Renewal License

FEES ARE NON-REFUNDABLE

☐ Company License

Date Rec'd 07/14/2026

(CLLCMS) \$207.00

Total \$ 57.00

☒ Addtl Employee License

(CLLCME) \$57.00

Receipt #: 10595-3

LICENSE PERIOD IS 6 MONTHS

April 1st - September 30th

October 1st - March 31st

Note: Please allow 7 business days for application processing

SECTION 1 – COMPANY INFORMATION – Answer all questions completely. Please PRINT clearly.

Name of Company Holding License

FDS - Appleton, WI LLC

Company Street Address

703 N Hickory Farm Ln

City

Appleton

State

WI

Zip

54914

Company Telephone Number

(920) 690-9459

Type of Sales:

☒ Door to Door Solicitation

☐ Specific Location in City _____

Company Email Address

Type of Merchandise of Services – List specific product(s) or actual services being provided:

Home Pest Control Service

Contact Phone Number while in the City of Appleton: **[REQUIRED]**

Main Employee Contact for Company: **[REQUIRED]**

Jacob Vaughan

SECTION 2 – EMPLOYEE INFORMATION – Every employee over 18 years of age is required to complete an application form. If employees are minors, you must show proof of State Street Trade Permit pursuant to Wisconsin Act 113.

Name of Employee (First, M, Last)

John Peyton Hrabar

Employee Home Street Address

203 Galyn Dr

City

Brunswick

State

MD

Zip

21758

Date of Birth

Gender

Driver's License number

State Licensed in

Male

SECTION 3 – VEHICLE IDENTIFICATION – Vehicle to be used for solicitation purposes

Make of Vehicle

Jeep

Year

2016

Color

Blue

License Plate No.

State Licensed In

VA

SECTION 4 – PENALTY NOTICE

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: p.p Jacob Palmer Brandley

FOR OFFICE USE ONLY

Date Sent for Approvals

Approve

Deny

Date of Recommendation

Staff Member

POLICE

CITY SEALER

Denial Reasoning

Date Issued

Expiration Date

License Number

AUTHORIZATION FOR BACKGROUND CHECKS AND LICENSING

I, the undersigned, hereby grant my explicit written consent and deliver a Limited Power of Attorney to **FM Services, LLC** (doing business as **Fox Pest Control**), its parent entity **FPC Holdings, LLC**, and any of its affiliates, officers, and employees (collectively referred to as "the Company").

By executing this document, I authorize the Company to act as my agent and sign background check release forms, disclosures, and authorizations **on my behalf** and in my name, strictly as they relate to my role as a 1099 Independent Contractor (Direct Seller).

These explicit permissions extend fully to any and all documentation, applications, and forms required for:

1. Acquiring state, county, or municipal solicitors' permits and peddler licenses.
2. Securing and administering company-provided or company-arranged housing.

I agree that a photocopy or electronic copy of this authorization shall be as valid as the original. I hereby release, indemnify, and hold harmless the Company from any and all liability, claims, or damages arising out of or resulting from the execution of these documents within the scope authorized herein.

This authorization remains valid for the duration of my contractual relationship with the Company unless revoked by me earlier via written notice delivered to the Company's compliance department.

Date: 7/8/2026

Signature:



Printed Full Name (First, Middle, Last): John Peyton Hrabar

Date of Birth:





Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☒ Original Application
☐ Renewal License

FEES ARE NON-REFUNDABLE

☐ Company License
(CLLCMS) \$207.00
☒ Addtl Employee License
(CLLCME) \$57.00

Date Recv'd 07/14/2024
Total \$ 57.00
Receipt #: 10595-3

LICENSE PERIOD IS 6 MONTHS

April 1st - September 30th
October 1st - March 31st

Note: Please allow 7 business days for application processing

SECTION 1 – COMPANY INFORMATION – Answer all questions completely. Please PRINT clearly.

Name of Company Holding License
FDS - Appleton, WI LLC

Company Street Address
703 N Hickory Farm Ln

City
Appleton

State
WI

Zip
54914

Company Telephone Number
(920) 690-9459

Type of Sales:

☒ Door to Door Solicitation

☐ Specific Location in City _____

Company Email Address

Type of Merchandise of Services – List specific product(s) or actual services being provided:

Home Pest Control Service

Contact Phone Number while in the City of Appleton: **[REQUIRED]**

Main Employee Contact for Company: **[REQUIRED]**

Jacob Vaughan

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Name of Employee (First, M, Last)
Josh David Rausch

Employee Home Street Address
6873 Esperanza Dr

City
Castle Pines

State
CO

Zip
80108

Date of Birth

Gender

Driver's License number

State Licensed in

Male

SECTION 3 – VEHICLE IDENTIFICATION – Vehicle to be used for solicitation purposes

Make of Vehicle

Year

Color

License Plate No.

State Licensed In

SECTION 4 – PENALTY NOTICE

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Signature of Applicant: p.p Jacob Palmer Brandley

FOR OFFICE USE ONLY

Date Sent for Approvals

Approve

Deny

Date of Recommendation

Staff Member

POLICE

CITY SEALER

Denial Reasoning

Date Issued

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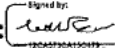
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This authorization remains valid for the duration of my contractual relationship with the Company unless revoked by me earlier via written notice delivered to the Company's compliance department.

Date: 7/8/2026

Signature:  _____

Printed Full Name (First, Middle, Last): Josh Rausch _____

Date of Birth:  _____



Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☒ Original Application

☐ Renewal License

FEES ARE NON-REFUNDABLE

☐ Company License

(CLLCMS) \$207.00

Date Recv'd

07/14/2020

Total \$

57.00

☒ Addtl Employee License

(CLLCME) \$57.00

Receipt #:

10595-3

LICENSE PERIOD IS 6 MONTHS

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State

WI

Zip

54914

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(920) 690-9459

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Door to Door Solicitation



Specific Location in City _____

Company Email Address

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Jacob Vaughan

SECTION 2 – EMPLOYEE INFORMATION – Every employee over 18 years of age is required to complete an application form. If employees are minors, you must show proof of State Street Trade Permit pursuant to Wisconsin Act 113.

Name of Employee (First, M, Last)

John Thomas Richards

Employee Home Street Address

1355 N 800 E

City

Logan

State

UT

Zip

84341

Date of Birth

Gender

Male

Driver's License number

State Licensed in

SECTION 3 – VEHICLE IDENTIFICATION – Vehicle to be used for solicitation purposes

Make of Vehicle

Year

Color

License Plate No.

State Licensed In

SECTION 4 – PENALTY NOTICE

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: *p.p Jacob Palmer Brandley*

FOR OFFICE USE ONLY

Date Sent for Approvals

Approve

Deny

Date of Recommendation

Staff Member

POLICE

CITY SEALER

Denial Reasoning

Date Issued

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This authorization remains valid for the duration of my contractual relationship with the Company unless revoked by me earlier via written notice delivered to the Company's compliance department.

Date: 7/8/2026

Signature: 

Printed Full Name (First, Middle, Last): John Thomas Richards

Date of Birth: 