



# Application for Commercial Solicitation License

**CASH OR CHECK ONLY!**

Original Application  
 Renewal License  
 # 44-CS-25

**FEES ARE NON-REFUNDABLE**

Company License Date Rec'd 4/23/26  
 (CLLCMS) \$207.00 Total \$ 207

Add'l Employee License  
 (CLLCME) \$57.00 Receipt #: 10230-2

**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  
Renewal by Andersen

Company Street Address  
1300 S Lynndale Dr City Appleton State WI Zip 54914

Company Telephone Number  
920-557-4066 Type of Sales:  
 Door to Door Solicitation  
 Specific Location in City \_\_\_\_\_

Company Email Address  
joem@teamrba.com

Type of Merchandise of Services - List specific product(s) or actual services being provided:  
Appointments for Windows and Doors

Contact Phone Number while in the City of Appleton: **[REQUIRED]** Main Employee Contact for Company: **[REQUIRED]**  
 \_\_\_\_\_ Joe Mitchell - Manager

**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)  
Jaclyn J Lozier

Employee Home Street Address  
31 Anne St City Clintonville State WI Zip 54929

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 Chrysler Year 2022 Color Branded License Plate No. APD-8228 State Licensed in WI

**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: [Signature]

**FOR OFFICE USE ONLY**

Date Sent for Approval <u>04/23/26</u>	Approve	Deny	Date of Recommendation	Staff Member
POLICE			____/____/____	
CITY SEALER			____/____/____	
Denial Reasoning	Date Issued		Expiration Date	License Number
	____/____/____		<u>09/30/2026</u>	