



"meeting community needs
.....enhancing quality of life"

FEES ARE NON-REFUNDABLE		Date Recv'd	4/11/17
<input type="checkbox"/>	Company License	\$200.00	Acct. 11030.4317
<input checked="" type="checkbox"/>	Additional Employee License	\$ 50.00	Acct. 11030.4317
<input checked="" type="checkbox"/>	Investigation fee	\$ 7.00	Acct. 108.7559
Total fee paid \$		57	Receipt 4619157
<input checked="" type="checkbox"/>		Original Application	
<input type="checkbox"/>		Renewal - License # _____	

LICENSE APPLICATION for COMMERCIAL SOLICITATION LICENSE

6 MONTH LICENSE: APRIL 1 TO SEPTEMBER 30 & OCTOBER 1 TO MARCH 31

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

Name of Company Holding License: T & J FRAGRANCE BODY OILS

Company Street Address: 733 E. CALUMET st | City: Appleton | State: WI | Zip: 54915

Company Telephone Number: _____ Type of Sales: Door to Door Solicitation Specific Location in City: walking around city streets

Type of Merchandise of Services - list specific product(s) or actual services being provided: COLONGES, T-SHIRTS, SOCKS, SHOES

Contact Phone Number while in the City of Appleton: _____ **THIS INFORMATION MUST BE PROVIDED**

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 (Last, First, MI): PICKENS, DEMETRIUS. Are you the main employee contact for this company? Yes No

Employee Home Street Address: 733 E. CALUMET st | City: Appleton | State: WI | Zip: 54915

Driver's License Number: _____ State licensed in: WI | Date of Birth: _____ Sex: M

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

Make of Vehicle: CHEVY MONTE CARLO | Year: 2007 | Color: Plum | License Plate No.: 986-VFH | 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: *Demetrius Pickens*

FOR OFFICE USE ONLY

Dept	Approve	Deny	By	Reason
POLICE		X	Miller	
CITY SEALER	X		Maggio	

Date sent for approvals: 4/11/17 | Date Issued: _____ | Expiration Date: _____ | License Number: _____

10-01-09

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799