Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☑ Original Application
☐ Renewal License
#_____

FEES ARE NON-REFUNDABLE

☒ Company License (CLLCMS) $207.00
☒ Addt'l Employee License (CLLCME) $57.00

Date Recv'd 07/09/26
Total $ 207.00
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	**City**	**State**	**Zip**
703 N Hickory Farm Ln	Appleton	WI	54914
Company Telephone Number	**Type of Sales:**		
(920) 690-9459	☑ Door to Door Solicitation		
Company Email Address	☐ 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]**
([redacted]) - [redacted] - [redacted]	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	**City**	**State**	**Zip**
11 N Mountain Vistas Rd	Kaysville	UT	84037

Date of Birth	Gender	Driver's License number	State Licensed in
[redacted]	Female	[redacted]	[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

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
07/10/2026				
POLICE			___/___/___	
CITY SEALER			___/___/___	

Denial Reasoning	Date Issued	Expiration Date	License Number
	___/___/___	09/30/2026	

Return completed form to: Office of the City Clerk, 100 N Appleton St, Appleton WI 54911-4799

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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2. Securing and administering company-provided or company-arranged housing.

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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): Taylor Leavitt

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
☑ Addt'l Employee License (CLLCME) $57.00

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

LICENSE PERIOD IS 6 MONTHS

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Company Email Address	☐ 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]**
[redacted]	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	**City**	**State**	**Zip**
1100 railroad st. Bishop GA	Bishop	GA	30621

Date of Birth	Gender	Driver's License number	State Licensed in
[redacted]	Female	[redacted]	[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

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
07/10/2026				
POLICE			___/___/___	
CITY SEALER			___/___/___	

Denial Reasoning	Date Issued	Expiration Date	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: Chiara Bono

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

Date of Birth: [redacted]

Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☑ Original Application
☐ Renewal License
#_____

FEES ARE NON-REFUNDABLE

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Total $ 57.00
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SECTION 1 – COMPANY INFORMATION – Answer all questions completely. Please PRINT clearly.

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Company Telephone Number	**Type of Sales:**		
(920) 690-9459	☑ Door to Door Solicitation		
Company Email Address	☐ 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]** [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	**City**	**State**	**Zip**
81 s 222 w	Burley	ID	83318
Date of Birth	**Gender**	**Driver's License number**	**State Licensed in**
[redacted]	Male	[redacted]	[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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Signature of Applicant: p.p Jacob Palmer Brandley

FOR OFFICE USE ONLY

Date Sent for Approvals	Approve	Deny	Date of Recommendation	Staff Member
07/10/2026				
POLICE			___/___/___	
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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: Aaron Bradshaw

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

Date of Birth: [redacted]

Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☑ Original Application
☐ Renewal License
#_____

FEES ARE NON-REFUNDABLE

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Company Telephone Number	**Type of Sales:**		
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Company Email Address	☐ 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]
[redacted]	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	**City**	**State**	**Zip**
2310 Ho Hum Hollow Rd	Monroe	GA	20655

Date of Birth	Gender	Driver's License number	State Licensed in
[redacted]	Male	[redacted]	[redacted]

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

Make of Vehicle	Year	Color	License Plate No.	State Licensed In
Hyundai	2015	Grey	[redacted]	GA

SECTION 4 – PENALTY NOTICE

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

FOR OFFICE USE ONLY

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07/10/2026				
POLICE			___/___/___	
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Date: 5/29/2026

Signature: DocuSigned by: Preston Carter

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

Date of Birth: [redacted]

Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☑ Original Application
☐ Renewal License
#_____

FEES ARE NON-REFUNDABLE

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

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

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Name of Employee (First, M, Last)			
Andersin Cy Carter			
Employee Home Street Address	**City**	**State**	**Zip**
11770 North Home Ave	Liberty	MO	64068

Date of Birth	Gender	Driver's License number	State Licensed in
[redacted]	Male	[redacted]	[redacted]

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

Make of Vehicle	Year	Color	License Plate No.	State Licensed In
Hyundai	2017	Grey	[redacted]	UT

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
07/10/2026				
POLICE			___/___/___	
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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: Andersin Carter

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

Date of Birth: [redacted]

Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☑ Original Application
☐ Renewal License
#_____

FEES ARE NON-REFUNDABLE

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Home Pest Control Service

Contact Phone Number while in the City of Appleton: **[REQUIRED]**	Main Employee Contact for Company: **[REQUIRED]**
[redacted]	Jacob Vaughan

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Name of Employee (First, M, Last)			
Taldge Nathan DeRose			
Employee Home Street Address	**City**	**State**	**Zip**
3091 N 2225 E	Layton	UT	84040

Date of Birth	Gender	Driver's License number	State Licensed in
[redacted]	Male	[redacted]	[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

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

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07/10/2026				
POLICE			___/___/___	
CITY SEALER			___/___/___	

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Date: 6/1/2026

Signature: Signed by: Taidge

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

Date of Birth: [redacted]

Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☑ Original Application
☐ Renewal License
#_____

FEES ARE NON-REFUNDABLE

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

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

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Name of Employee (First, M, Last)			
Alonzo Joel Garcia			
Employee Home Street Address	**City**	**State**	**Zip**
3184 S Mapleton Heights Dr	Mapleton	UT	84664

Date of Birth	Gender	Driver's License number	State Licensed in
[redacted]	Male	[redacted]	[redacted]

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

Make of Vehicle	Year	Color	License Plate No.	State Licensed In
Honda	2007	Black	[redacted]	UT

SECTION 4 – PENALTY NOTICE

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Signature of Applicant: p.p Jacob Palmer Brandley

FOR OFFICE USE ONLY

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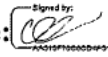
Date: 5/29/2026

Signature: 

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

Date of Birth: [redacted]

Application for Commercial Solicitation License

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[redacted]	Jacob Vaughan

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Name of Employee (First, M, Last)			
Joshua Ammon Kuhni			
Employee Home Street Address	**City**	**State**	**Zip**
103 E Polaris Drive	Saratoga Springs	UT	84045

Date of Birth	Gender	Driver's License number	State Licensed in
[redacted]	Male	[redacted]	[redacted]

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

Make of Vehicle	Year	Color	License Plate No.	State Licensed In
Ford	2014	Silver	[redacted]	VA

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Signature of Applicant: p.p Jacob Palmer Brandley

FOR OFFICE USE ONLY

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Denial Reasoning	Date Issued	Expiration Date	License Number
	___/___/___	09/30/2026	

Return completed form to: Office of the City Clerk, 100 N Appleton St, Appleton WI 54911-4799

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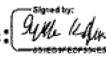
1. Acquiring state, county, or municipal solicitors' permits and peddler licenses.
2. Securing and administering company-provided or company-arranged housing.

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): Josh Kuhni

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
☑ Addt'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	**City**	**State**	**Zip**
703 N Hickory Farm Ln	Appleton	WI	54914
Company Telephone Number	**Type of Sales:**		
(920) 690-9459	☑ Door to Door Solicitation		
Company Email Address	☐ 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]**
[redacted]	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	**City**	**State**	**Zip**
1724 Canal Run Drive	Point of Rocks	MD	21777

Date of Birth	Gender	Driver's License number	State Licensed in
[redacted]	Male	[redacted]	[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

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
07/10/2026				
POLICE			___/___/___	
CITY SEALER			___/___/___	

Denial Reasoning	Date Issued	Expiration Date	License Number
	___/___/___	09/30/2026	

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Date: 6/1/2026

Signature: 

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

Date of Birth: [redacted]

Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☑ Original Application
☐ Renewal License
#_____

FEES ARE NON-REFUNDABLE

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

Name of Company Holding License			
FDS - Appleton, WI LLC			
Company Street Address	**City**	**State**	**Zip**
703 N Hickory Farm Ln	Appleton	WI	54914
Company Telephone Number	**Type of Sales:**		
(920) 690-9459	☑ Door to Door Solicitation		
Company Email Address	☐ 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]
[redacted]	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	**City**	**State**	**Zip**
701 Old Oregon Rd	Soda Springs	ID	83276

Date of Birth	Gender	Driver's License number	State Licensed in
[redacted]	Male	[redacted]	[redacted]

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	[redacted]	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	Approve	Deny	Date of Recommendation	Staff Member
07/10/2026				
POLICE			___/___/___	
CITY SEALER			___/___/___	

Denial Reasoning	Date Issued	Expiration Date	License Number
	___/___/___	09/30/2026	

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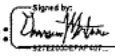
Date: 6/1/2026

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

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703 N Hickory Farm Ln	Appleton	WI	54914
Company Telephone Number	**Type of Sales:**		
(920) 690-9459	☑ Door to Door Solicitation		
Company Email Address	☐ 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]**
[redacted]	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	**City**	**State**	**Zip**
2629 Burton Ave.	Burley	ID	83318

Date of Birth	Gender	Driver's License number	State Licensed in
[redacted]	Female	[redacted]	[redacted]

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

Make of Vehicle	Year	Color	License Plate No.	State Licensed In
Honda	2016	White	[redacted]	ID

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
07/10/2026				
POLICE			___/___/___	
CITY SEALER			___/___/___	

Denial Reasoning	Date Issued	Expiration Date	License Number
	___/___/___	09/30/2026	

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Date: 6/1/2026

Signature: Signed by: Kamie Mower

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

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
☑ Addt'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	**City**	**State**	**Zip**
703 N Hickory Farm Ln	Appleton	WI	54914
Company Telephone Number	**Type of Sales:**		
(920) 690-9459	☑ Door to Door Solicitation		
Company Email Address	☐ 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]**
[redacted]	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	**City**	**State**	**Zip**
3737 Ranchers Ridge	Krum	TX	76249

Date of Birth	Gender	Driver's License number	State Licensed in
[redacted]	Male	[redacted]	[redacted]

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

Make of Vehicle	Year	Color	License Plate No.	State Licensed In
Honda	2017	Black	[redacted]	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	Approve	Deny	Date of Recommendation	Staff Member
07/10/2026				
POLICE			___/___/___	
CITY SEALER			___/___/___	

Denial Reasoning	Date Issued	Expiration Date	License Number
	___/___/___	09/30/2026	

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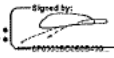
Date: 5/29/2026

Signature: 

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

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
☑ Addt'l Employee License (CLLCME) $57.00

Date Recv'd 07/09/2026
Total $57.00
Receipt #: 105995-3

LICENSE PERIOD IS 6 MONTHS

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

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

Name of Company Holding License			
FDS - Appleton, WI LLC			
Company Street Address	**City**	**State**	**Zip**
703 N Hickory Farm Ln	Appleton	WI	54914
Company Telephone Number	**Type of Sales:**		
(920) 690-9459	☑ Door to Door Solicitation		
Company Email Address	☐ 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]**
[redacted]	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	**City**	**State**	**Zip**
6958 Newman St	Arvada	CO	80004

Date of Birth	Gender	Driver's License number	State Licensed in
[redacted]	Male	[redacted]	[redacted]

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

Make of Vehicle	Year	Color	License Plate No.	State Licensed In
Toyota	2015	White	[redacted]	CO

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
07/10/2026				
POLICE			___/___/___	
CITY SEALER			___/___/___	

Denial Reasoning	Date Issued	Expiration Date	License Number
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Date: 6/1/2026

Signature: 

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

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
☑ Addt'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	**City**	**State**	**Zip**
703 N Hickory Farm Ln	Appleton	WI	54914
Company Telephone Number	**Type of Sales:**		
(920) 690-9459	☑ Door to Door Solicitation		
Company Email Address	☐ 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]**
[redacted]	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	**City**	**State**	**Zip**
9998 w pettit ct	Star	Id	83669

Date of Birth	Gender	Driver's License number	State Licensed in
[redacted]	Male	[redacted]	[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

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
07/10/2026				
POLICE			___/___/___	
CITY SEALER			___/___/___	

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Date: 5/29/2026

Signature: 

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

Date of Birth: [redacted]

Application for Commercial Solicitation License

CASH OR CHECK ONLY!

☑ Original Application
☐ Renewal License
#_____

FEES ARE NON-REFUNDABLE

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Company Telephone Number	**Type of Sales:**		
(920) 690-9459	☑ Door to Door Solicitation		
Company Email Address	☐ 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]**		
[redacted]	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	**City**	**State**	**Zip**
496e 180s	Kanab	UT	84741
Date of Birth	**Gender**	**Driver's License number**	**State Licensed in**
[redacted]	Male	[redacted]	[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

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
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POLICE			___/___/___	
CITY SEALER			___/___/___	

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Date: 5/31/2026

Signature: 

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

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
☑ Addt'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	**City**	**State**	**Zip**
703 N Hickory Farm Ln	Appleton	WI	54914
Company Telephone Number	**Type of Sales:**		
(920) 690-9459	☑ Door to Door Solicitation		
Company Email Address	☐ 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]**
[redacted]	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	**City**	**State**	**Zip**
55 W 400 N	Smithfield	UT	84335

Date of Birth	Gender	Driver's License number	State Licensed in
[redacted]	Male	[redacted]	[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

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
07/10/2026				
POLICE			___/___/___	
CITY SEALER			___/___/___	

Denial Reasoning	Date Issued	Expiration Date	License Number
	___/___/___	09/30/2026	

Return completed form to: Office of the City Clerk, 100 N Appleton St, Appleton WI 54911-4799

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: 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

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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	**City**	**State**	**Zip**
203 Galyn Dr	Brunswick	MD	21758

Date of Birth	Gender	Driver's License number	State Licensed in
[redacted]	Male	[redacted]	[redacted]

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

Make of Vehicle	Year	Color	License Plate No.	State Licensed In
Jeep	2016	Blue	[redacted]	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			____/____/____	

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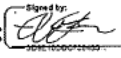
Date: 7/8/2026

Signature: 

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

Date of Birth: [redacted]

Application for Commercial Solicitation License

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☐ Renewal License
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[redacted]	Jacob Vaughan

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Name of Employee (First, M, Last)			
Josh David Rausch			
Employee Home Street Address	**City**	**State**	**Zip**
6873 Esperanza Dr	Castle Pines	CO	80108

Date of Birth	Gender	Driver's License number	State Licensed in
[redacted]	Male	[redacted]	[redacted]

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Date: 7/8/2026

Signature: Signed by: [redacted]

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

Date of Birth: [redacted]

Application for Commercial Solicitation License

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☐ Renewal License
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Jacob Vaughan

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Name of Employee (First, M, Last)			
John Thomas Richards			
Employee Home Street Address	**City**	**State**	**Zip**
1355 N 800 E	Logan	UT	84341

Date of Birth	Gender	Driver's License number	State Licensed in
[redacted]	Male	[redacted]	[redacted]

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Date: 7/8/2026

Signature: 

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

Date of Birth: [redacted]