



Customer No.: _____	Application Date: _____	Approved: _____	on: _____
Payment			Card
Check/Card #: _____	Amount Pd: _____	Bill #: _____	Printed: _____

In the city of Sheboygan, Wisconsin, for the year ending December 31, 20____. The application/temporary License fee of \$_____ has been paid to the Building Inspection Division as shown by receipt # _____. The license/certificate fee of \$_____ is to be made upon application approval for each license/certificate.

DO NOT COMPLETE BLANKS ABOVE THIS LINE

Please type or print neatly and legibly in black or dark blue ink - pencil not acceptable. Incomplete applications will be rejected.

TO THE BOARD OF LICENSE EXAMINERS, CITY OF SHEBOYGAN, WISCONSIN

All license applications requiring Board of License Examiners approval must be submitted by Wednesday prior to the scheduled meeting.

The undersigned hereby applies for a (select those that apply):

Annual: _____ Temporary: _____

Temporary Job Location: _____

License		
	Board Meeting	Exam
<i>General Contractor</i> _____	YES	YES
<i>Carpenter</i> _____	YES	NO
<i>Carpenter-Accessory</i> _____	YES	NO

Note: Temporary does not attend Board Meeting

Certificate	
<i>Moving/Razing</i> _____	<i>Excavating</i> _____
<i>Concrete/Asphalt</i> _____	<i>Masonry</i> _____
<i>Steel Erecting</i> _____	<i>Tuckpointing</i> _____
<i>Roofing</i> _____	<i>Siding</i> _____
<i>Doors/Windows</i> _____	<i>Insulation</i> _____
<i>Drywall</i> _____	<i>Fences</i> _____
<i>Cabinets/Countertops</i> _____	<i>Waterproofing</i> _____

All of the following questions/blanks must be completed:

- 1 First Name _____ Middle Initial _____ Last Name _____
 Home Address _____ Cell #: () _____
 City _____ State _____ Zip(+4) _____ - _____
- 2 Preferred Email _____
- 3 Name of Current Employer: _____
 How long have you been employed: years: _____ months: _____. Number of employees: _____
 Business Address _____ Work #: () _____
 City _____ State _____ Zip(+4) _____ - _____
- 4 State Credentials: Dwelling Contractor #: _____ - DC Dwelling Qualifier: _____ - DCQ
- 5 Work Experience (**Do not list contract work**): For whom were you employed? How did you gain your construction experience?

For _____	Address _____
From Date _____ , _____	To Date _____ , _____
For _____	Address _____
From Date _____ , _____	To Date _____ , _____
For _____	Address _____
From Date _____ , _____	To Date _____ , _____
For _____	Address _____
From Date _____ , _____	To Date _____ , _____



6 State in detail type of construction work you have performed: _____

Type of construction work you expect to complete in the future: _____

7 Have you attended a trade school? _____. If yes, give date, name and address of school(s) attended:

8 Did you serve an apprenticeship period? _____, If so, state with whom, and dates:

9 Have you held a City Contractor related license/certification? _____ If YES, list type and dates: _____

Have you ever had a City contractor license/certification denied, refused, or revoked? _____

If YES, list date and reason: _____

10 Have you read the Ordinance and all amendments to date which were passed by the Common Council of the City of Sheboygan, Wisconsin, pertaining to the License/Certification you are applying for? _____. Are you familiar with the definition of, and can perform the work required under the City Ordinance? _____.

11 If you are granted a license/certification, will you comply with the Ordinance and its amendments, and with the orders of the Inspector? _____.

I, the applicant, mentioned in the foregoing application for a City of Sheboygan Contractor License/Certification, have read each of the foregoing questions from 1 to 11 inclusive; to which I have made answer, and said answers in each instance are true and correct. I understand false statements or willful omission of pertinent information will be grounds for denial or revocation of a license/certificate.

I, the applicant, further acknowledge:

- a) Receipt of City Ordinance Chapter 12 Division 12-II-3 - Contractors
- b) License/Certification applied for expires at end of current calendar year
- c) It is my responsibility to renew license prior to expiration until such time as not needed
- d) It is my responsibility to submit timely a valid Certificate of Insurance (COI)

APPLICANT SIGNATURE

DATE

Signature Witnessed by: _____

Print Witness Name: _____

Witness Address: _____

APPLICANT:

It is important to emphasize the process and procedures provided for in city and state codes for required inspections. Please read the "Required Building Inspections" handout carefully and adhere to the requirements. If a required inspection is not requested of an inspector, a penalty inspection fee of \$50 will be assessed. The inspection, at your own expense, is still required even if this means having to uncover, dismantle, or excavate the area.

BUILDING INSPECTION DIVISION

After you read the "Required Building Inspections" handout, please sign below. **This sheet must accompany your license/certification application and will be kept on file.**

Applicant *Signature*

Date of Signature

Applicant (*please print name*)

FOR SOLE PROPRIETORS, PARTNERSHIPS, OR LLCs WITH NO EMPLOYEES, PLEASE READ AND SIGN BELOW TO WAIVE WORKER'S COMPENSATION REQUIREMENT. (CORPORATIONS ARE *NOT* ELIGIBLE FOR THIS OPTION.)

Please be advised that _____ have/has no employees at this time. If in the future employees are hired, a certificate of insurance reflecting a policy of workman's compensation will be provided.

Signature: _____ **Date:** _____