

Approved by: \_\_\_\_\_ on \_\_\_\_\_

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

The undersigned hereby applies for a \_\_\_\_\_ REGISTRATION / LICENSE to allow him/her to do work at: \_\_\_\_\_ or in the City of Sheboygan, Wisconsin during the year ending December 31, 20\_\_\_\_.

The Application fee of \$\_\_\_\_\_ has been paid to the Building Inspection Department as shown by their Receipt No.\_\_\_\_\_. Registration / License Fee of \$\_\_\_\_\_ is to be made upon issuance of the License/Registration.

**All of the following questions must be answered:**

1 First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip(+4) \_\_\_\_\_-

2 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

3 Are you employed? \_\_\_\_\_ For Whom? \_\_\_\_\_  
How long have you been employed by them \_\_\_\_\_ years \_\_\_\_\_ months.  
email \_\_\_\_\_

Work Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip(+4) \_\_\_\_\_-

4 State Credentials: Dwelling Contractor: \_\_\_\_\_ Dwelling Qualifier: \_\_\_\_\_

5 Did you serve an apprenticeship period?\_\_\_\_\_, If so, state with whom, and give dates:  
\_\_\_\_\_  
\_\_\_\_\_

6 How long have you worked as a \_\_\_\_\_? Answer: \_\_\_\_\_ years.  
For whom did you work during this period? (List only the last 10 years)  
For \_\_\_\_\_ Address \_\_\_\_\_  
From \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_  
For \_\_\_\_\_ Address \_\_\_\_\_  
From \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_  
For \_\_\_\_\_ Address \_\_\_\_\_  
From \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_

7 State in detail the type of work you have been doing; \_\_\_\_\_  
and the type of work you expect to do in the future: \_\_\_\_\_  
\_\_\_\_\_

8 What schools have you attended?: (Give grade, high school, and college, if any):  
\_\_\_\_\_  
\_\_\_\_\_  
Have you attended a trade school:\_\_\_\_\_. If yes, give name and address of school(s) attended:  
\_\_\_\_\_  
\_\_\_\_\_

9 Have you ever applied for a City license? \_\_\_\_\_ If so, give type, place, and date \_\_\_\_\_  
Was it granted?\_\_\_\_\_. Have you ever had a license denied, refused, or revoked? \_\_\_\_\_.  
If so, explain; giving place and date \_\_\_\_\_.

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 Registration/License you are applying for?\_\_\_\_\_. Are you familiar with the definition of, and can perform the work required under the Municipal Code?\_\_\_\_\_. Are you willing to take a written examination for a \_\_\_\_\_ license if required to do so by the BOARD OF EXAMINERS?\_\_\_\_\_ (License application only).

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

**All Applications requiring Board of License Examiners approval must be submitted by 3<sup>rd</sup> Wednesday prior to meeting.**

I, the applicant, mentioned in the foregoing application for a \_\_\_\_\_ Registration/License, have read each of the foregoing questions from 1 to 10 inclusive; to which I have made answer, and said answers in each instance are true and correct.

Witnessed: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**APPLICANT SIGNATURE**