

Customer No.: 7728

Application Date: 06/23/2023

Approved: _____ on: _____

----- DO NOT COMPLETE BLANKS ABOVE THIS LINE -----

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

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

All 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
General Contractor _____	YES	YES
Carpenter _____	YES	NO
Carpenter-Accessory <u>X</u>	YES	NO

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

(do not complete this section) in the city of Sheboygan, Wisconsin for the year ending December 31, 20____. The application fee of \$ _____ has been paid to the Building Inspection Department as shown by Receipt Number _____. License/Certificate Fee of \$ _____ is to be made upon application approval for License/Certificate.

All of the following questions/blanks must be completed:

- First Name Ken Middle Initial J Last Name Schultz
Home Address 3639 Koehler Dr. Cell #: (920) 946-7664
City Sheboygan State WI Zip(+4) 53083
- Email SchultzLandscape@gmail.com
- State Credentials: Dwelling Contractor: _____ Dwelling Qualifier: _____
- Current Employer Self, Schultz Landscape
How long have you been employed: 9 years 8 months. Number of employees: 6-8
Work Address 3639 Koehler Dr (off. u) Work #: (920) 946-7664
City Sheboygan State WI Zip(+4) 53083
- Work Experience: For whom have you worked? How did you gain your contracting experience?
For GreenScape Address _____
From Date 1998 To Date 2002
For Self, Schultz Exterior Address _____
From Date 2002 To Date 2004 (under 2 years)
For Endless Summer Landscaping Address _____
From Date 2004/2005 To Date 2010/11 (5-6 years)
For LTC Greenhouse/Student Address _____
From Date 2011 To Date 2013

GreenScape 2012 - 2014 (8 years total)
Self, Schultz Landscape 2014 - current (9+ years)

6 State in detail the type of work you have been doing: Fence installations, low decks/patios
Hardscapes - Walls, Paver patio, cement patios, fire pits etc. Railings/custom
fencing - Assisting Contractors during winter month light framing, drywall, renovations, etc.
and the type of work you expect to do in the future: Decking, smaller sheds, Arbors Pergolas

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

LTC, Degree in Horticulture - Sustainable Landscaping

8 Did you serve an apprenticeship period? No. If so, state with whom, and dates:

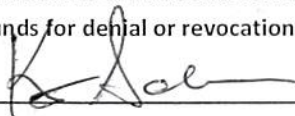
9 Have you ever held a Construction related license? Yes If YES, list type, date and jurisdiction. 2003/2004 Exterior
Components (Fencing) 2014 to current Exterior Components - Sheboygan

Have you ever had a construction related license denied, refused, or revoked? No If YES, list date, place 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? Yes. Are you familiar with the definition of, and can perform the work required under the Municipal Code? Yes.

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

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.



APPLICANT SIGNATURE

6/23/2023

DATE

Witnessed by:

Print Name:

Address:

Applicant acknowledges:

- a) Receipt of City Ordinance Chapter 26 Division 3 - Contractors
- b) License expires at end of calendar year
- c) It is my responsibility to renew license prior to expiration.
- d) It is my responsibility to submit timely Certificate of Insurance to keep file current

October 26, 2001

TO ALL BUILDING CONTRACTORS:

To better utilize available hours of Building Inspection Department personnel, it is important to reemphasize the process and procedures provided for in city and state codes for required inspections. Please read the attached carefully and adhere to the requirements. If a required inspection is not requested of our department, 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 DEPARTMENT

After you read the attached required inspections, please sign below. **This sheet must accompany your annual license renewal and will be kept on file.**



Building Contractor - Signature

6/23/2023

Date



Building Contractor - please print

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 _____ has/have 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: _____