

Customer No.: 36892 Application Date: 1/11/22 Approved on: 1/11/22

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			Certificate	
	Board Meeting	Exam	Moving/Razing	Excavating
General Contractor	YES	YES	Concrete/Asphalt	Masonry
Carpenter <input checked="" type="checkbox"/>	YES	NO	Steel Erecting	Tuckpointing
			Roofing	Siding
Carpenter-Accessory	YES	NO	Doors/Windows	Insulation
			Drywall	Fences
			Cabinets/Countertops	<input checked="" type="checkbox"/>

(do not complete this section) in the city of Sheboygan, Wisconsin for the year ending December 31, 20 24. The application fee of \$ 25 has been paid to the Building Inspection Department as shown by Receipt Number 197172. 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 Marcos Middle Initial D Last Name Moreno
Home Address 1121 Huron Ave Cell #: (920) 287 5531
City Sheboygan State WI Zip(+4) 53081 - 3345
- Email moreno.senc.11c 77@gmail.com
- State Credentials: Dwelling Contractor: _____ Dwelling Qualifier: _____
- Current Employer Self employer Moreno's Roofing & Concrete
How long have you been employed: 9 years _____ months. Number of employees: _____
Work Address _____ Work #: (920) 287 5531
City Sheboygan State WI Zip(+4) 53081
- Work Experience: For whom have you worked? How did you gain your contracting experience?
For Drywall Address Noel's Drywall &
From Date 2015 To Date 2022
For Cabinets installation Address Robert Binder Construction & Moreno's Roofing & Concrete
From Date 9/1/2019 To Date 2022
For 2022 Address _____
From Date _____ To Date _____
For _____ Address _____
From Date _____ To Date _____

- 6 State in detail the type of work you have been doing: Demo Kitchen plaster, put
new drywall ceiling and walls, install kitchen cabinets and
laminated counter tops, install window, replace window & doors building sheds
and the type of work you expect to do in the future: sun room additions, garages, detached garages, building walls, framing work with wood
drywall and install new cabinets, put new windows, doors,
build sheds and detached garages, sun room addition remodel restaurants.
- 7 Have you attended a trade school: No. If yes, give date, name and address of school(s) attended: Framing - build decks
and fences.
- 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. Roofing Siding & concrete in Sheboygan WI.
- Have you ever had a construction related license denied, refused, or revoked? Yes If YES, list date, place and reason:
cabaret license for not enough experience. of two years minimum
- 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

11/09/2022

DATE

Witnessed by:

Print Name:

Address:

Linna Wiers
828 Center Ave
Sheboygan

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

11/09/2022
Date

Marcos De Jesus Moreno Casas
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: _____