

Application No. ALB 171

Sheboygan, Wis.,

4-13 2016

Approved by: _____ on _____

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

The undersigned hereby applies for a Contractor Carpenter REGISTRATION / LICENSE
to allow him/her to do work at: _____ or in the City of
Sheboygan, Wisconsin during the year ending December 31, 2016.

The Application fee of \$ 20- Dollars (\$ 0) has been paid to the Building Inspection
Department as shown by their Receipt No. _____ Registration / License Fee of \$ 150-
is to be made upon issuance of License/Registration.

All of the following questions must be answered:

- Name Ryan Rezek Work telephone # (920) 323-7023
Address 3123 S. Rockway St. Home telephone # Same
City Wausau State WI Zip 54228
- Date of Birth 4/26/78 Place of Birth Two Rivers WI
- Are you employed? yes For Whom? (Self) Rezek Construction 323 S. Rockway
How long have you been employed by them 9 years _____ months. Wausau WI 54228
918.
- Did you serve an apprenticeship period? NO, If so, state with whom, and give dates: _____
- How long have you worked as a Carpenter? Answer 20 years.
For whom did you work during this period? Not more than the last 10 years need be given.
For Bartow Builders Address Albert Dr. Manitowish WI 54220
From 2004 to 2008
For _____ Address _____
From _____ to _____
- State in detail the type of work you have been doing: Building/remodeling and
the type of work you expect to do in the future: same
- What schools have you attended? (Give grade, high school, and college, if any):
OH Schulz Elementary
Wausau High School
Have you attended a trade school: NO, If yes, give name and address of school(s) attended: _____
- Have you ever applied for a license? NO 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 _____
- 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? yes Are you familiar with the definition of, and can perform the work required under the
Municipal Code? yes Are you willing to take a written examination for a contractors
license if required to do so by the BOARD OF EXAMINERS? yes (License application only).
- If you are granted a registration/license, will you comply with the Ordinance and its amendments,
and with the orders of the Inspector? yes

All Applications requiring Board of examiners approval must be submitted by the 3rd Tuesday of each month.

I, the applicant mentioned in the foregoing application for a Contractor 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:
Address: _____

Rf APPLICANT

PLANT ELECTRICIANS ONLY

Applicant
This is to certify that _____ is hereby approved as a plant electrician
at _____ Address: _____
Signed _____ Title _____



www.sheboyganwi.gov

BUILDING INSPECTION DIVISION

828 Center Avenue, Suite 208

Sheboygan, WI 53081-4442

Phone: (920) 459-3477

Fax: (920) 459-0210

buildinginspection@sheboyganwi.gov

Contractor License/Certification RENEWAL

REZEK, RYAN T.
323 S ROCKWAY ST
MISHICOT, WI 54228-9783

CUSTOMER #: 24713
BUSINESS ID.: C24713
LICENSE NO.: 24713

LICENSE RENEWAL	FEES
BUILDING COMPONENT INSTALLER	\$100.00

Masonry holders circle the type of work you perform – Concrete, Masonry or Waterproofing.

Building Component Installer holders circle the type of work you perform – Fencing, Steel Erecting, Windows/Doors, or Cabinets.

TO THE LICENSE/CERTIFICATION HOLDER:

No work may be performed under present license/certification beyond 12/31/2022.

This application must be properly signed and returned before 12/31/2022. The required fee is \$100.00. Renewals received after 12/31/2022 also require an application fee of \$25 for each license/certification listed and renewed.

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- Renewal Application including Licensee signature; (return this entire form)
- Required Fee (**include** \$25 application fee for each license/certification if returned after 12/31/2022)
- Supporting Documentation
 - Worker's Compensation requirements. If you are unsure whether worker's compensation is required for the business, contact the Department of Workforce Development – Worker's Compensation Division online at <http://dwd.wisconsin.gov/we> or call 608-266-1340.
 - Statement certifying federal and/or state unemployment insurance contributions (if required to pay) are paid up to date.
 - Proof of Financial Responsibility:
 - Liability Insurance policies (Certificate of Insurance). **Attach** a copy of your current (not expired) Insurance Certificate.
- Is name on all credentials the same? If not, list former/maiden name(s): yes

TO THE BOARD OF EXAMINERS:

The undersigned hereby makes application for renewal of City license/certification as described above expiring 12/31/2022.

X [Signature]
Signature of License Holder (required)

rezekconstruction@aol.com
Email Address

Residence Address, City State:

323 S. Rockway St.
Mishicot WI 54228

Business Address, City State:

Same

Cell Phone: (920) 323-7023

Business Phone: () Same

To confirm the license status, you may contact us at: BuildingInspection@sheboyganwi.gov

----- DO NOT WRITE IN SPACE BELOW -----

Date: _____ Bill No.: _____ Check/CC No: _____ Fee Pd: _____ Card: _____

November 22, 2022