

Customer No.: 3478

Application Date: 04/18/2024 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 <input checked="" type="checkbox"/> _____	YES	NO
Carpenter-Accessory _____	YES	NO

Certificate		
Moving/Razing _____	Excavating _____	
Concrete/Asphalt _____	Masonry _____	
Steel Erecting _____	Tuckpointing _____	
Roofing _____	Siding <input checked="" type="checkbox"/>	
Doors/Windows <input checked="" type="checkbox"/>	Insulation <input checked="" type="checkbox"/>	
Drywall <input checked="" type="checkbox"/>	Fences <input checked="" type="checkbox"/>	
Cabinets/Countertops <input checked="" type="checkbox"/>	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 Division 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:


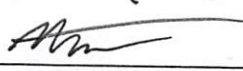
- First Name Monty Middle Initial M Last Name Mathis  
Home Address 1715 N 12th St Cell #: ( 920 ) 627-9770  
City Sheboygan State WI Zip(+4) 53081
- Email Ironwoodbrothers6@gmail.com
- State Credentials: Dwelling Contractor: \_\_\_\_\_ Dwelling Qualifier: \_\_\_\_\_
- Current Employer: Ironwood Carpentry, LLC  
How long have you been employed: 1 years \_\_\_\_\_ months. Number of employees: 4  
Work Address 1617 S 8th St Work #: ( 920 ) 627-8122  
City Sheboygan State WI Zip(+4) 53081
- Work Experience: For whom have you worked? How did you gain your construction experience?  
For Architectural Products of Wisconsin Address \_\_\_\_\_  
From Date Jan 2017 , To Date Sept. 2021 ,  
For Allterior Carpentry, LLC Address \_\_\_\_\_  
From Date Sept 2021 , To Date Feb 2023 ,  
For Ironwood Carpentry, LLC Address \_\_\_\_\_  
From Date Feb 2023 , To Date Feb 2024 ,  
For \_\_\_\_\_ Address \_\_\_\_\_  
From Date \_\_\_\_\_ , To Date \_\_\_\_\_ ,

- 6 State in detail the type of construction work you have been doing: My first four years did mainly exterior panel systems. In Milwaukee area as a union carpenter. The last two-three years I have done more residential work like decks, fences, and remodels and the type of construction work you expect to do in the future: Decks, fences, siding, and remodels from demo to rough framing to finish
- 7 Have you attended a trade school: Yes. If yes, give date, name and address of school(s) attended: Jan 2017-21, Carpenters Training Institute - Pewaukee
- 8 Did you serve an apprenticeship period? Yes. If so, state with whom, and dates: Architectural Products of Wausau, Jan 2017-21
- 9 Have you ever held a City Construction related license/certification? No If YES, list type and dates: \_\_\_\_\_
- Have you ever had a City construction related license/certification 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.

I, the applicant, further acknowledge:

- a) Receipt of City Ordinance Chapter 12 Division 12-II-3 - Contractors
- b) License applied for expires at end of current calendar year
- c) It is my responsibility to renew license prior to expiration
- d) It is my responsibility to submit timely a valid Certificate of Insurance

APPLICANT SIGNATURE

4/18/2024

DATE

Witnessed by: \_\_\_\_\_

Print Name: Monty Mathis

Address: 1715 N 12th St.



July 20, 2023

**TO ALL BUILDING APPLICANTS:**

It is important to emphasize 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 license/certification application and will be kept on file.**

   
\_\_\_\_\_  
Building Contractor - Signature

4/18/2024  
\_\_\_\_\_  
Date

Monty Mathis  
\_\_\_\_\_  
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 \_\_\_\_\_ 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: \_\_\_\_\_