

Customer No.: 2315 Application Date: 03/30/2026 Approved: CRICK on: 3  
 Payment Card  
 Check/Card #: 1377 Amount Pd: 50.00 Bill #: \_\_\_\_\_ Printed: \_\_\_\_\_  
 In the city of Sheboygan, Wisconsin, for the year ending December 31, 2026. The application/temporary License fee of \$ 50.00 has been paid to the Building Inspection Division as shown by receipt # 255633. The license/certificate fee of \$ \_\_\_\_\_ is to be made upon application approval for each license/certificate.

DO NOT COMPLETE BLANKS ABOVE THIS LINE

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

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

All license 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

Note: Temporary does not attend Board Meeting

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

All of the following questions/blanks must be completed:

1 First Name ROBERT Middle Initial R Last Name SCHEERER  
 Home Address N376 DOAN RD Cell #: (920) 948-2855  
 City ST. CLOUD State WI Zip(+4) 53069

2 Preferred Email AD MEN @ SS PAINTING AND RESTORATION . COM

3 Name of Current Employer: OWNER ST S PAINTING & RESTORATION  
 How long have you been employed: years: 10 months: 3 Number of employees: 72  
 Business Address N376 DOAN RD Work #: (920) 948-2855  
 City ST. CLOUD State WI Zip(+4) 53079

4 State Credentials: Dwelling Contractor #: 102301294 - DC Dwelling Qualifier: \_\_\_\_\_ - DCQ

5 Work Experience (Do not list contract work): For whom were you employed? How did you gain your construction experience?

*New Home*  
 For ERNOY H. SCHEERER GC Address 1950 W Hwy 33 SAUKVILLE WI  
 From Date 01-01-1979 To Date 09-01-1996 , 53080  
 For ~~CHARLES KONRAD~~ Address \_\_\_\_\_  
 From Date \_\_\_\_\_ To Date \_\_\_\_\_  
*OPERATIONS*  
 For LAKE COUNTY LIQUORS Address 18 N COUNTY ST / WAUKESHA  
 From Date 09-15-1989 To Date 05-01-2003 , 53085  
 For \_\_\_\_\_ Address \_\_\_\_\_  
 From Date \_\_\_\_\_ To Date \_\_\_\_\_

6 State in detail type of construction work you have performed: COMPLETE NEW HOME  
BUZZLOS - FATHER WAS GC CONTRACTOR

Type of construction work you expect to complete in the future: ROOFING, SIDING, GEN. CARPENTRY  
FURNACE, FLOORING, CABINETS, PAINTING, TILE  
BATH, SHOWER STALLS.

7 Have you attended a trade school? YES. If yes, give date, name and address of school(s) attended:  
2-YEARS MELWAUKSE AREA TECHNICAL COLLEGE

8 Did you serve an apprenticeship period? X, If so, state with whom, and dates:  
GENERAL MOTORS ASEF PROGRAM - 1984-86

9 Have you held a City Contractor related license/certification? YES If YES, list type and dates:  
ROOFING

Have you ever had a City contractor license/certification denied, refused, or revoked? NO  
If YES, list date 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 City Ordinance? 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/Certification applied for expires at end of current calendar year
- c) It is my responsibility to renew license prior to expiration until such time as not needed
- d) It is my responsibility to submit timely a valid Certificate of Insurance (COI)

R. John  
APPLICANT SIGNATURE  
03/30/2026  
DATE

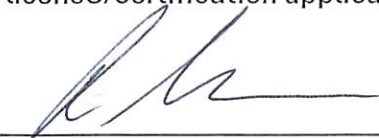
Signature Witnessed by: [Signature]  
Print Witness Name: \_\_\_\_\_  
Witness Address: \_\_\_\_\_

**APPLICANT:**

It is important to emphasize the process and procedures provided for in city and state codes for required inspections. Please read the "Required Building Inspections" handout carefully and adhere to the requirements. If a required inspection is not requested of an inspector, 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 DIVISION**

After you read the "Required Building Inspections" handout, please sign below. **This sheet must accompany your license/certification application and will be kept on file.**



Applicant Signature

3-30-26

Date of Signature

ROBERT SCHERER

Applicant (please print name)

**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: \_\_\_\_\_