

Customer No.: 34933

Application Date: 12/1/2025

Approved: _____

on: _____

Card

Payment

Check/Card #: _____

Amount Pd: _____

Bill #: _____

Printed: _____

In the city of Sheboygan, Wisconsin, for the year ending December 31, 20 _____. The application/temporary license fee of \$ _____ has been paid to the Building Inspection Division as shown by receipt # _____. 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	YES	NO
Carpenter-Accessory	YES	NO

Note: Temporary does not attend Board Meeting

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

All of the following questions/blanks must be completed:

1 First Name Brian Middle Initial L Last Name VanWagenen
 Home Address 386 Niagara St Cell #: (920) 377 0027
 City Kiel State WI Zip(+4) 53042

2 Preferred Email b1probuilders@gmail.com

3 Name of Current Employer: Seis
 How long have you been employed: years: 8 months: _____ Number of employees: 0
 Business Address 386 Niagara St Work #: (920) 377 0027
 City Kiel State WI Zip(+4) 53042

4 State Credentials: Dwelling Contractor #: _____ - DC Dwelling Qualifier: 112201249 - DCQ

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

For BPK Glass Pro LLC
 From Date April, 2017
 For _____
 From Date _____, _____
 For _____
 From Date _____, _____
 For _____
 From Date _____, _____

Address 3325 Behrens Pkwy Sheboygan
 To Date Present, _____
 Address _____
 To Date _____, _____
 Address _____
 To Date _____, _____
 Address _____
 To Date _____, _____

6 State in detail type of construction work you have performed: Framing new windows & doors, drywall, windows & doors, Tcoosing, siding, framing interior walls, insulation

Type of construction work you expect to complete in the future: General carpentry, windows, doors, framing, drywall, remodeling

7 Have you attended a trade school? No. If yes, give date, name and address of school(s) attended:

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

9 Have you held a City Contractor related license/certification? Yes If YES, list type and dates: Windows/Doors
2017 - present

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)



APPLICANT SIGNATURE
12/1/25

DATE

Signature Witnessed by: 
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

12/1/05
Date of Signature

Brian Van Wagenen
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: _____