



Bill #
25
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Card
BUILDING INSPECTION DEPARTMENT
828 Center Avenue, Suite 208
Sheboygan, WI 53081-4442
Phone: (920) 459-3477
Fax: (920) 459-0210
buildinginspection@sheboyganwi.gov

Application No. 35126 Sheboygan, Wis., 20
Approved by: _____ on 1-26-20

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

The undersigned hereby applies for a Carpenter Apprentice LICENSE/REGISTRATION
to allow him/her to do work at: _____ or in the City of
Sheboygan, Wisconsin during the year ending December 31, 20____.

The Application fee of \$ 25 has been paid to the Building Inspection Department as shown by Receipt
Number _____ License/Registration Fee of \$ _____ is to be made upon issuance of the
License/Registration.

All of the following questions must be answered:

- 1 First Name Verlin Middle Initial C Last Name Wicker
Home Address 110 Rangeline Road Phone # (920) 377-1796
City Kohler State WI Zip(+4) 53044
- 2 Date of Birth 01/02/1968 Place of Birth New Castle Ind.
- 3 Are you employed? yes For Whom? RN Property Maintenance LLC
How long have you been employed by them 6 years 11 months.
email rnpropcare@yahoo.com
Work Address 110 Rangeline Road Phone # (920) 377-1796
City Kohler State WI Zip(+4) 53044
- 4 State Credentials: Dwelling Contractor: _____ Dwelling Qualifier: DCCQ-071500074
- 5 How long have you worked as a Contractor ? Answer: 20 years.
For whom did you work during this period? (List only the last 10 years)
For RN Property Maintenance LLC Address 110 Rangeline Road Kohler WI: 53044
From 4-1-2004 To 4-26-2022 RECENT
CRAFTED For MAINTENANCE / MAINTENANCE Address Random Lake Sheboygan
PLST:CS From 2012 To 2004
For Lakeside Foods / Maintenance Address Random Lake
From 2010 To 2012
- 6 State in detail the type of work you have been doing: Remodel Existing Cabinetry, Flooring
DIY Wall Repair, Concrete, Bo:IT / Framed Sided Roofed Sheds, Doors, Trim
and the type of work you expect to do in the future: Doors, Fences, Decks, Porch repair
Trim, Flooring, Windows, Painting, Board ups, Remodels,
MAINTENANCE

I do own Rental Properties, that require me to
Maintain.

7 Have you attended a trade school: NA. If yes, give name and address of school(s) attended:

Did you serve an apprenticeship period? NA, If so, state with whom, and give dates:

8 Have you ever applied for a City license? MILWAUKEE If so, give type, place, and date Contractor / April 2022

Was it granted? Waiting to get it in the mail Have you ever had a license denied, refused, or revoked? NO
If so, explain; giving place and date

9 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/Registration 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 _____ license/registration if required to do so by the BOARD of LICENSE EXAMINERS (License application only)? Yes.

10 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 License Examiners approval must be submitted by 3rd Wednesday prior to scheduled meeting.

I, the applicant, mentioned in the foregoing application for a _____ License/Registration, 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:

Print Name:

Address:

[Signature]
Gregory A. Miller
828 Center Ave

[Signature]
APPLICANT SIGNATURE

October 26, 2001

TO ALL BUILDING CONTRACTORS:

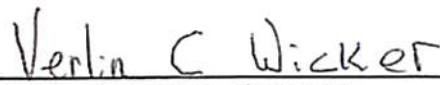
To better utilize available hours of Building Inspection Department personnel, it is important to reemphasize the process and procedures provided for in city and state codes for required inspections. Please read the attached carefully and adhere to the requirements. If a required inspection is not requested 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

4-26-2022
Date


Building Contractor - please print



www.sheboyganwi.gov

BUILDING INSPECTION DIVISION

828 Center Avenue, Suite 208

Sheboygan, WI 53081-4442

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Contractor License/Certification RENEWAL

WICKER, VERLIN C.
110 RANGELINE RD
KOHLER, WI 53044-1202

CUSTOMER #: 35126
BUSINESS ID.: C35126
LICENSE NO.: 35126

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): _____

TO THE BOARD OF EXAMINERS:

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

X Verlin C Wicker
Signature of License Holder (required)

rnpropcare@yahoo.com
Email Address

Residence Address, City State:

110 Rangeline Rd
Kohler WI 53044

Cell Phone: (920) 377-1796

Business Address, City State:

110 Rangeline Rd
Kohler WI 53044

Business Phone: (920) 377-1796

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

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

Date: 5/10/2023 Bill No.: 4305 Check/CC No: 135394472 Fee Pd: \$125 Card: 05/10/2023
May 3, 2023