

Customer No.: 5564 Application Date: _____ 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: X Temporary: _____

Temporary Job Location: _____

License		
	Board Meeting	Exam
General Contractor <u>X</u>	YES	YES
Carpenter _____	YES	NO
Carpenter-Accessory _____	YES	NO

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

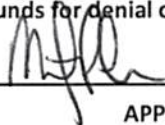
(do not complete this section) in the city of Sheboygan, Wisconsin for the year ending December 31, 20____. The application fee of \$ _____ has been paid to the Building Inspection Department as shown by Receipt Number _____. License/Certificate Fee of \$ _____ is to be made upon application approval for License/Certificate.

All of the following questions/blanks must be completed:

- First Name MATTHEW Middle Initial D Last Name PAULUS
Home Address 1630 S. Ponderosa Drive Cell #: (715) 295-3430
City Stevens Point State WI Zip(+4) 54482 - 8632
- Email MATT.PAULUS@BOLDT.COM
- State Credentials: Dwelling Contractor: DC-092100975 Dwelling Qualifier: DCQ-092201109
- Current Employer THE BOLDT COMPANY
How long have you been employed: 13 years 6 months. Number of employees: _____
Work Address 2525 N. ROEMER RD Work #: (920) 739-6321
City APPLETON State WI Zip(+4) 54911 - 8623
- Work Experience: For whom have you worked? How did you gain your contracting experience?
For The Boldt Company Address 2525 N. Roemer Road, Appleton, WI 54911
From Date May 2009 , To Date Present ,
For _____ Address _____
From Date _____ , To Date _____ ,
For _____ Address _____
From Date _____ , To Date _____ ,
For _____ Address _____
From Date _____ , To Date _____ ,

- 6 State in detail the type of work you have been doing: Project management and business management of general construction and construction management of projects, including industrial, power, municipal, commercial, K-12, healthcare and development
- and the type of work you expect to do in the future: Same as above.
- 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 ever held a Construction related license? No If YES, list type, date and jurisdiction.
- Have you ever had a construction related license 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.

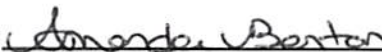


APPLICANT SIGNATURE

11/28/2022

DATE

Witnessed by:



Print Name: Amanda Benton

Address: 2525 N. Roemer Road
Appleton, WI 54911

Applicant acknowledges:

- a) Receipt of City Ordinance Chapter 26 Division 3 - Contractors
- b) License expires at end of calendar year
- c) It is my responsibility to renew license prior to expiration.
- d) It is my responsibility to submit timely Certificate of Insurance to keep file current


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

11/29/2022

Date

Matthew Paulus

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 _____ has/have 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: _____



The Boldt Company
2525 N. Roemer Road
Appleton, WI 54911

800.992.6538
920.739.6321
boldt.com

November 28, 2022

VIA UPS

City of Sheboygan
828 Center Avenue, Suite 208
Sheboygan, WI 53081-4442

RE: The Boldt Company – City of Sheboygan – General Contractor License
Application

To Whom It May Concern:

Enclosed please find the completed Board of License Examiners of the City of Sheboygan, Wisconsin application for a General Contractor License. The applicant is Matthew Paulus. We are requesting the application be reviewed at the upcoming board meeting in December. Also enclosed is the \$25.00 application fee.

Please let me know if you have any questions or if you require further information.

Sincerely,

A handwritten signature in black ink that reads "Amanda Benton".

Amanda Benton
Risk Management Coordinator
Direct Line: 920-225-6127
Email: Amanda.Benton@boldt.com
Enclosures