

Customer No.: 905 Application Date: 06/30/2025 Approved: _____ on: _____
Payment _____ Card _____
Check/Card #: _____ Amount Pd: \$375.00 Bill #: _____ Printed: _____
In the city of Sheboygan, Wisconsin, for the year ending December 31, 20 26. The application/~~temporary~~ license fee of
\$ 75.00 has been paid to the Building Inspection Division as shown by receipt # _____. The license/certificate
fee of \$ 300.00 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 <input checked="" type="checkbox"/>	YES	YES
Carpenter, _____	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:

- First Name Reese Middle Initial M Last Name Mersberger
Home Address 3029 Erik Ln Cell #: () 920-572-3551
City Sheboygan State WI Zip(+4) 53083-2514
- Preferred Email rmersberger@lindorff.com
- Name of Current Employer: JH Findorff & Son, Inc.
How long have you been employed: years: 10 months: 6 Number of employees: 1200
Business Address 300 S Bedford St Work #: () 608-257-5321
City Madison State WI Zip(+4) 53703-3622
- State Credentials: Dwelling Contractor #: _____ - DC Dwelling Qualifier: _____ - DCQ
- Work Experience (Do not list contract work): For whom were you employed? How did you gain your construction experience?

For Michels Corporation

Address 817 W Main St. Brownsville, WI

From Date 2012

To Date 2015

For JH Findorff & Son, Inc.

Address 300 S Bedford St. Madison, WI

From Date 2015

To Date Present

For _____

Address _____

From Date _____

To Date _____

For _____

Address _____

From Date _____

To Date _____

6 State in detail type of construction work you have performed: Commercial general contracting

Type of construction work you expect to complete in the future: Commercial general contracting

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? No If YES, list type and dates:

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

6/27/25

DATE

Signature Witnessed by: 

Print Witness Name: Mike Gibson

Witness Address: 2299 Shoshoni St.
Grafton, WI 53024

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

6/27/25
Date of Signature

Reese Mersberger

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: _____