

Customer No.: 0909 Application Date: 5/27/26 Approved: \_\_\_\_\_ on: \_\_\_\_\_  
 Payment \_\_\_\_\_ Card \_\_\_\_\_  
 Check/Card #: \_\_\_\_\_ Amount Pd: \_\_\_\_\_ Bill #: \_\_\_\_\_ Printed: \_\_\_\_\_  
 In the city of Sheboygan, Wisconsin, for the year ending December 31, 2026. The application/temporary License fee of \$ 50 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 <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 <input checked="" type="checkbox"/> _____	
Doors/Windows <input checked="" type="checkbox"/> _____	Insulation _____	
Drywall _____	Fences <input checked="" type="checkbox"/> _____	
Cabinets/Countertops <input checked="" type="checkbox"/> _____	Waterproofing _____	

All of the following questions/blanks must be completed:

1 First Name Travis Middle Initial J Last Name Kissel  
 Home Address 327 Riverview Lane Cell #: ( ) (920)918-0792  
 City Sheboygan State WI Zip(+4) 53081-8244

2 Preferred Email KisselconstructionLLC@gmail.com

3 Name of Current Employer: Kissel Construction LLC  
 How long have you been employed: years: 0 months: 9 Number of employees: 2  
 Business Address 327 Riverview Lane Work #: ( ) (920)918-0792  
 City Sheboygan State WI Zip(+4) 53081-8244

4 State Credentials: Dwelling Contractor #: \_\_\_\_\_ - DC Dwelling Qualifier: 4510 - DCQ

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

For <u>Steve Kissel Construction</u>	Address <u>4410 Wilson Lima Rd, Oostburg WI 53070</u>
From Date <u>June, 2003</u> ,	To Date <u>December 31, 2025</u> ,
For _____	Address _____
From Date _____ ,	To Date _____ ,
For _____	Address _____
From Date _____ ,	To Date _____ ,
For _____	Address _____
From Date _____ ,	To Date _____ ,



6 State in detail type of construction work you have performed: New construction, decks, additions, remodeling, window installation, roofing, fence installation, siding.

Type of construction work you expect to complete in the future: New construction, decks, additions, remodeling, window installation, fence installation, siding.

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

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

9 Have you held a City Contractor related license/certification? No If YES, list type and dates: N/A

Have you ever had a City contractor license/certification denied, refused, or revoked? No  
If YES, list date and reason: N/A

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**

5/20/26

DATE

Signature Witnessed by: 

Print Witness Name: Macie L Kissel

Witness Address: 327 Riverview Lane

Sheboygan, WI 53081

DATE

City of Detroit, MI 48201

ADDRESS

Michigan Address: 351 RiverView Lane

APPLICANT SIGNATURE

Print Name: Nicole L. Kissel

Signature of Applicant:

- a) It is my responsibility to sponsor and pay a valid certificate of insurance (COI)
- b) It is my responsibility to renew the COI prior to expiration and ensure it is not needed
- c) I possess a Michigan license for all vehicles at end of contract, including lost
- d) Receipt of City Ordinance Chapter 15-11-3 - COI and COI

I am attaching the following documents:

Application for permit or relocation of a license plate

copy instance and this and correct I understand that a valid license of vehicle and a valid COI are required for the work to be performed and that I will be responsible for the cost of the license and COI.

I am applying for a license plate relocation for a City of Detroit Contract License Certificate

to the property Yes

If you are granted a license certificate, will you comply with the Ordinance and its amendments and with the city's

definition of and any portion of the work required by the City Ordinance? Yes

Standard License Application to the license certificate you are applying for? Yes

Have you read the Ordinance and all amendments to it which were passed by the Common Council of the City of

Michigan and the reason: AM

Have you ever had a City contract license certificate denied, refused, or revoked? No

Have you had a City contract license certificate denied, refused, or revoked? No

AM

Do you agree to be held responsible for the cost of the license and COI?

AM

Have you attended a pre-construction meeting with the City of Detroit?

Window installation, fence installation, siding

Type of construction work you expect to complete in the next 12 months: New construction, decks, additions, remodeling

Roofing, fence installation, siding

State in detail the type of construction work you have been or intend to perform in the next 12 months: Window installation, new construction, decks, additions, remodeling

303 State Street, 3rd Floor  
 Detroit, MI 48201  
 Phone: (313) 242-2222  
 Fax: (313) 242-2222  
 City of Detroit  
 Building Inspection Division

**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



\_\_\_\_\_  
Date of Signature

**Travis J Kissel**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The public employees are provided a certificate of insurance covering a policy of workers' compensation which is provided. Please be advised that \_\_\_\_\_ provides no employees at this time. If in

**WORKERS COMPENSATION BENEFITS ARE (CORPORATIONS ARE NOT ELIGIBLE FOR THIS OPTION) FOR SOME PROPRIETORS' BUSINESSES' OR FIRMS WITH NO EMPLOYEES, PLEASE READ AND SIGN BELOW TO WAIVE**

Applicant (please print name)

Travis J. Kessler

Applicant signature

Date of signature

license/correction application and will be kept on file.

After you read the "Required Building Inspection" pamphlet, please sign below. **This sheet must accompany you.**

**BUILDING INSPECTION DIVISION**

required (and if the fees are paid to recover, claimant not to execute the area.

requested of an inspector, a penalty inspection fee of \$100 will be assessed. The inspection at your own expense is still

read the "Required Building Inspection" pamphlet carefully and adhere to the requirements. If a required inspection is not

It is important to emphasize the process and procedure as provided for in city and state codes for required inspections. Please

**APPLICANT:**

808 Center Avenue, Suite 208  
 2244-1802 W. Main  
 Phone: (202) 424-0229  
 Fax: (202) 424-0230  
**BUILDING INSPECTION DIVISION**