CITY OF WAUSAU LICENSE APPLICATION - Electrical Contractor

407 GRANT STREET, WAUSAU WI 54403, PH # (715) 261-6620

Date of Application: _____ Licensing Year: _____

Name of Business: _____ Ownership Type: _____

Business Address: _____ Business Phone: _____

Name of Business Owner or Agent: _____ Date of Birth: _____

Owner/Agent Address: _____ Telephone #: _____

Owner/Agent Drivers License # _____ DL Issuing State _____

CERTIFIED MASTER ELECTRICIAN

Name of Person Certified _____ Certification Date _____

_____ Certification # _____

Answer the Following Questions Completely		No / NA	Yes	Date Rec'd
1.	Have you provided the City Clerk with proof that you or at least one full-time employee of your business is certified by the State of Wisconsin as a master electrician?			
2.	Have you read Title 18 of the Wausau Municipal Code to familiarize yourself with the electrical regulations in the City of Wausau?			

I hereby certify the foregoing answers are true and correct. I agree, in consideration of the granting of this license, to comply with the laws of the State of Wisconsin, the Municipal Code and the rules and regulations of the various regulatory agencies and commissions the City of Wausau pertaining to the supervision of activities permitted under the license for which this application is made. I understand this license may be revoked by the issuing authority according to the law. Section 111.321, 111.322, 111.325 & 111.335, Wisconsin Statutes, limits the information a licensing agency may ask regarding the arrest and conviction record of an applicant. If you have been arrested and the charges are still pending and this license requires you to qualify for a fidelity bond, or if the pending charges substantially relate to the activity for which you seek the license, you must provide such arrest information on this application. **If you have been convicted of a felony, misdemeanor or other offense which substantially relates to the circumstances of the licensed activity or if you must qualify for and post bond, you shall enter such information on this application. Take notice, the state law provides the City may suspend or revoke a license issued upon his application if the applicant fails to provide this information.** If you have doubts as to what you must enter see your own lawyer, or the Wisconsin Department of Industry, Labor and Human Relations. City employees shall not advise you on this matter.

Enter applicable arrest and conviction information here: _____

_____

_____ Subscribed and sworn to me this ____ day of _____ 20____.

(Applicant Signature)

BY (Print Name) : _____ _____

(Signature of Clerk or Notary Public)

TITLE: _____ My Commission (is Permanent) or Expires: _____

LICENSE FEE ENCLOSED: $ _____

Submit the completed application along with the license fee to the City Clerk at 407 Grant Street, Wausau, WI 54403