



VILLAGE OF DOLTON

14122 Chicago Road Dolton, IL. 60419
Phone (708) 201-3296 Fax (708) 201-3233

Mayor

Riley H. Rogers

LANDSCAPE AND LAWN CARE PROFESSIONAL REQUIREMENTS

- 1) A completed application. (Only completed applications will be processed.)
- 2) Proof of insurance for personal injury not less than \$100,000.00 and property damage not less than \$50,000.00. The Village of Dolton must be named as the certificate holder. (Note: ***It is your responsibility to provide updates.***)
- 3) A \$5,000.00 surety bond (Village of Dolton as obligee).
- 4) Proof of vehicle insurance for all vehicles used in the business. One vehicle sticker is issued at the time a license is granted.
- 5) Each vehicle operated by the licensee shall display a sticker at ***ALL*** times.
- 6) License fee is \$100.00. Only 1 sticker is issued with license. Any additional vehicle stickers are \$5.00 each (***with proof of insurance***).



VILLAGE OF DOLTON

LANDSCAPE AND LAWN CARE SERVICE APPLICATION

For Office Use Only
License Number Issued:

DATE: _____

The undersigned hereby makes application for a license as a landscaper or lawn care service provider in the Village of Dolton, from date of this application to expire April 30th. Please complete this Application for License and return it with the \$100.00 non-refundable application fee.

YOU ARE REQUIRED TO SUBMIT CERTIFICATES OF INSURANCE WITH THIS APPLICATION. (General Liability, Worker's Compensation and Automobile.)

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone #: () _____ Fax: () _____ Email: _____

Type of License Requested: __ Landscaper Lawn Care Service: __

SOLE PROPRIETOR (*Please attach additional sheets if necessary*)

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone #: () _____ Fax: () _____ Email: _____

PARTNERSHIP (*Please attach additional sheets if necessary*)

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone #: () _____ Fax: () _____ Email: _____

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone #: () _____ Fax: () _____ Email: _____

CORPORATION (*Please attach additional sheets if necessary*)

Name of Registered Agent: _____

Name of Directors (*with 5% or more ownership*):

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone #: () _____ Fax: () _____ Email: _____

Attach additional pages if necessary



VILLAGE OF DOLTON

The landscape and lawn care professionals' vehicle sticker issued by the Village at the time a license is granted pursuant to Title 3, Chapter 27, Landscaping and Lawn Care Professionals, which vehicle sticker shall be placed in the front driver's side window of the vehicle. Remove all yard waste from the premises at the conclusion of each work day; or bag all yard waste in brown paper yard waste bags and place said waste bags in rear of premises. Under no circumstances shall yard waste be left on the premises in plastic garbage or plastic waste bags.

Number of Vehicles Owned and Controlled by Applicant: _____

Type of Vehicles:

Make: _____ Model: _____ Year: _____ VIN#: _____

Make: _____ Model: _____ Year: _____ VIN#: _____

Location of Office or Garage (*If different from Corporate Office*):

Address: _____ City: _____ State: ____ Zip: _____

INSURANCE (*Proof of insurance must be attached for each one.*)

Name of General Liability Insurance Carrier: _____

Contact Person: _____ Phone#: () _____

Name of Worker's Compensation Insurance Carrier: _____

Contact Person: _____ Phone#: () _____

Name of Automobile Insurance Carrier: _____

Contact Person: _____ Phone#: () _____

The applicant agrees if license is granted to abide by the building and zoning codes and comply with all required inspections of the Village of Dolton and all Ordinances or regulations governing all work in connection with operations under said license.

By signing this application, the applicant acknowledges that they have received copies, reviewed and understand the applicable Ordinance of the Village of Dolton and will promulgate same and educate employees thereof. Copies of the ordinance are available upon request.

Applicant: _____	_____
Print Name	Signature
_____	_____
Title	Date

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