

Village of Dolton  
14014 Park Avenue  
Dolton, IL. 60419  
Phone (708) 201-3296  
Fax (708) 201-3235

## 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. (Village of Dolton named as the certificate holder). 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 sticker at all times.
6. License fee is \$100.00. Additional vehicle stickers are \$5.00 each (with proof of insurance).



# Village of Dolton

Ronnie C. Lewis, Mayor

## APPLICATION FOR LICENSE

### LANDSCAPE OR LAWN CARE SERVICE

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 30<sup>th</sup>. 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: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Type of License Requested: \_\_\_ Landscaper \_\_\_ Lawn Care Service

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**PARTNERSHIP** (Please attach additional sheets if necessary)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Attach additional pages if necessary

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

VILLAGE OF DOLTON  
14014 Park Avenue • Dolton • Cook County • Illinois 60419-1098  
Phone: 708-201-3296 Fax: 708-201-3235 •

VODOLTON.ORG