



LANDSCAPER LICENSE

APPLICATION CHECKLIST

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- ☐ Complete and Signed **LANDSCAPER LICENSE APPLICATION**
 - ☐ **CERTIFICATE OF INSURANCE FOR GENERAL LIABILITY**
 - General Aggregate Amount of \$1,000,000
 - Must List The City of Lake Forest as:
(Certificate Holder AND as Additional Insured)
 - ☐ **CERTIFICATE OF INSURANCE FOR AUTOMOBILE LIABILITY**
 - Must List The City of Lake Forest as **Certificate Holder**
(Insurance Cards not acceptable)
 - ☐ **CERTIFICATE OF INSURANCE FOR WORKER'S COMPENSATION**
 - If State Law requires the Landscape Professional to maintain or carry Workers' Compensation insurance coverage, the certificate must list the City of Lake Forest as a **Certificate Holder**
 - ☐ **SIGNED WAIVER**
 - Signed Waiver (Page 7) must be submitted with your Application
 - ☐ **COLOR PHOTOGRAPH** of One Vehicle Displaying the Trade Name and Telephone Number
 - ☐ **APPLICATION FEE**
 - \$100 if Submitted On or Before May 31st
 - \$125 if Submitted On or After June 1st
 - ☐ **OTHER**
-

*** NO SURETY BOND IS REQUIRED ***

**Please Review All Documentation Carefully Prior To Submitting.
Incomplete Applications Will Be Returned.**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate terms and conditions of the certificate holder in lieu of su

ON IS WAIVED, subject to the does not confer rights to the

PRODUCER

EXAMPLE

FAX
(A/C, No):

NAIC #

INSURED

BUSINESS NAME
ADDRESS
CITY, STATE, ZIP CODE

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 500,000
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$ 1,000,000
							PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ Applicant must
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$ comply with
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$ Illinois State
							PROPERTY DAMAGE (Per accident) \$ requirements
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
							\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)						WC STATUTORY LIMITS OTH-ER Applicant must
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ comply with
							E.L. DISEASE - EA EMPLOYEE \$ Illinois State
							E.L. DISEASE - POLICY LIMIT \$ requirements

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of Lake Forest is Listed as Additionally Insured with Respects to General Liability

CERTIFICATE HOLDER

CANCELLATION

The CITY OF LAKE FOREST
220 E DEERPATH
LAKE FOREST, IL 60045

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



LANDSCAPER LICENSE APPLICATION

January 1 – December 31

Section 1 – Business Address Information

Business Name: _____

Additional Name / DBA: _____

Care of (Business Owner / Manager): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Ext. _____ Fax Number: _____

Other / Garage Location (If different from the address stated above):

Address: _____

City: _____ State: _____ Zip Code: _____

Section 2 – Billing / Mailing Address Information

Care of (Billing / Mailing Contact): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Ext. _____ Fax Number: _____

Section 3 – **Business Contact Information**

Business Contact 1

- Name: _____
- Phone Number: _____ Mobile Number: _____
- Email: _____

Business Contact 2

- Name: _____
- Phone Number: _____ Mobile Number: _____
- Email: _____

Section 4 – **Business Type** (Please Select One of the Following):

- ☐ Individual Ownership
- ☐ Limited Liability Company (LLC): Provide the Information for Each Owner in **Section 5**.
- ☐ Partnership: Provide the Information for Each Partner in **Section 5**.
- ☐ Corporation: Provide the Information for Each Manager, Director or Shareholder (owning at least a 5% interest in the entity or any class of its corporate shares) in **Section 5**.

Section 5 – **Business Owner Information** (Provide the Name of Each Owner, Shareholder, Partner, Director, Agent, Manager, if applicable):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Title: _____ Percent Interest: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Title: _____ Percent Interest: _____

*Attach Additional Pages if Necessary

Section 6 – Vehicle Information

List Each Vehicle Owned or Controlled by the Applicant:

Year	Make	Model	License # or V.I.N. if license applied for

*Attach Additional Pages if Necessary

Section 7 – Photograph Requirement

Provide a **Color Photograph of (1) Vehicle** Clearly Displaying the Business Name and Telephone Number.

Section 8 –Certificates of Insurance

Certificates of Insurance are Required for Both General Liability and Automobile Liability; Listing the City of Lake Forest as “Certificate Holder”. (“**General Liability Insurance Must Also List The City of Lake Forest as Additional Insured**”). Failure to maintain the required insurance may result in the suspension or revocation of the license.

Insurance	Requirements
<input type="checkbox"/> GENERAL LIABILITY:	<ul style="list-style-type: none">• \$500,000 for injuries, including accidental death, per occurrence• \$500,000 for property damage on account of any single accident• \$1,000,000 for General Aggregate
<input type="checkbox"/> AUTOMOBILE LIABILITY	<p>Applicant Must Comply with <i>All Current Illinois State Requirements</i>:</p> <ul style="list-style-type: none">• \$25,000 - injury or death of one person in an accident• \$50,000 - injury or death of more than one person in an accident• \$20,000 - damage to property of another person <p><u><i>An insurance card is not an acceptable form of proof of insurance.</i></u></p>
<input type="checkbox"/> WORKER’S COMPENSATION	<p>Applicant Must Comply with Illinois State Statute (820 ILCS 305/) Workers' Compensation Act.</p>

All insurance coverage shall extend to The City of Lake Forest to indemnify, save harmless and defend The City of Lake Forest, its officers, officials, agents, employees, attorneys, and representatives from any loss or damage arising from any incident or accident by the permittee, his agents, employees, or subcontractors.

Section 9 –Payment

Application fee of \$100 if submitted on or before May 31, or \$125 if submitted on or after June 1.
The application fee may be paid by cash, check or credit card.

Section 10 – Signature & Acknowledgement

The undersigned applicant for a Landscape and Lawn Care Professional’s License acknowledges hereby that he/she understands applicable ordinances and the guide to ravines/bluffs of the City of Lake Forest and that he/she will disseminate said ordinances and educate his/her employees as to the contents thereof. In making the application for this license, I have completed all sections to the best of my knowledge and ability.

Signature of Applicant

Date



LANDSCAPE AND LAWN CARE PROFESSIONAL CERTIFICATE AND WAIVER AND RELEASE OF ALL CLAIMS

The undersigned hereby certifies that he or she is the authorized applicant of
(Please Insert Business Name) _____,
("Landscape Professional") which is a Landscape and Lawn Care Professional as defined in
The City of Lake Forest Code. The undersigned further certifies, under penalties of perjury,
that the Landscape Professional:

☐ **Is not required by state law to** maintain or carry Workers' Compensation insurance
coverage.

-OR-

☐ **Maintains or carries** Workers' Compensation insurance coverage in compliance with
Illinois State requirements.

In consideration of The City of Lake Forest ("City") granting the Landscape Professional a
Landscape and Lawn Care Professional License, the Landscape Professional shall and does
hereby, agree to indemnify, hold harmless, and defend the City, and all City officers, agents,
servants, employees, attorneys, and officials from and against any and all claims of every kind,
known and unknown, present and future, arising out of, connected with, or in any way related
to the City's issuance of a Landscape and Lawn Care Professional License to the Landscape
Professional.

The undersigned has read and fully understands the above Landscape and Lawn Care
Professional Certificate and Waiver and Release of All Claims and executes it of his or her own
free will and without any reservation whatsoever.

Signature of Applicant

Date