



November 16, 2015

Dear Lawn Care Professional:

Effective July 20, 2015, the following Amendment to **Section 110.215 of the City Code, Landscape and Lawn Care Professionals**, was approved by City Council:

*CHANGE LANDSCAPE LICENSE YEAR FROM:  
(March 1 through February 28 to **January 1 through December 31**)*

Your current landscape license will still remain in effect until February 28, 2016.

Please complete and submit the enclosed application, along with the requirements outlined in the Application Checklist; prior to March 1, 2016, to stay in compliance with the City Code for the 2016 Landscape Season.

**COMPLETED APPLICATIONS** will be accepted by *MAIL* or *IN PERSON* at:

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

Additional information along with downloadable forms may be obtained on our web site at [www.cityoflakeforest.com](http://www.cityoflakeforest.com). Select I Want To, Apply For, Landscaping License.

Sincerely,

Kim McCann  
*Administrative Assistant*  
847-810-3675



# LANDSCAPER LICENSE

## APPLICATION CHECKLIST 2016

- 
- Complete and Signed 2016 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
    - Must list the City of Lake Forest as Certificate Holder
  - SIGNED WAIVER (3 or LESS employees)
  - COLOR PHOTOGRAPH** of one vehicle displaying the trade name and phone number
  - APPLICATION FEE
    - \$100 if submitted on or before May 31, 2016
    - \$125 if submitted on or after June 1, 2016
  - OTHER
- 

**\* NO SURETY BOND IS REQUIRED \***

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



## LANDSCAPER LICENSE APPLICATION

January 1, 2016 – December 31, 2016

Please print all information clearly.

### Section 1 - Applicant Information

Name of Company: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Location of office and/or garage (if different from the address stated above)

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

### Section 2 – Business Type (please select one of the following):

- Individual Ownership
- Limited Liability Company (LLC): Provide the information for each owner in **Section 3**
- Partnership: Provide the information for each partner in **Section 3**.
- 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 3**.

**Section 3 – Business Information**

(Provide the name of each Owner, Shareholder, Partner, Director, Agent, Manager, if applicable)

<b>Name</b>	<b>Address</b>	<b>Title</b>	<b>% Interest</b>

\*Attach additional pages if necessary

**Section 4 – Vehicle Information**

List each vehicle owned or controlled by the applicant.

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>License # or V.I.N. if license applied for</b>

\*Attach additional pages if necessary

**Section 5 – Photograph Requirement**

Attach a **COLOR** Photograph below which clearly shows the trade name and telephone number located upon all vehicles.

**Section 6 –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"/> <b>GENERAL LIABILITY:</b>	<ul style="list-style-type: none"> <li>• \$500,000 for injuries, including accidental death, per occurrence</li> <li>• \$500,000 for property damage on account of any single accident</li> <li>• <b>\$1,000,000 for General Aggregate</b></li> </ul>
<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>	<p>Applicant must comply with <i>All Current Illinois State Requirements:</i></p> <ul style="list-style-type: none"> <li>• \$25,000 - injury or death of one person in an accident</li> <li>• \$50,000 - injury or death of more than one person in an accident</li> <li>• \$20,000 - damage to property of another person</li> </ul> <p><b><u>An insurance card is not an acceptable form of proof of insurance.</u></b></p>
<input type="checkbox"/> <b>WORKER’S COMPENSATION</b>	<p>Applicant must comply with Illinois State Statute (820 ILCS 305/) Workers' Compensation Act.</p>
<input type="checkbox"/> <b>SIGNED WAIVER</b>	<p>3 or Less Employees</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 7 –Payment**

Application fee of \$100 if submitted on or before May 31, 2016, or \$125 if submitted on or after June 1, 2016. The application fee may be paid by cash, check or credit card.

**Section 8 – 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**

*\*Please note: This form is for Lawn Care Professionals who have no more than three (3) employees and therefore do not carry Workers' Compensation.*

The undersigned hereby certifies that he or she is the authorized applicant of \_\_\_\_\_, ("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 employs no more than three employees, including the undersigned.

In consideration of The City of Lake Forest ("City") granting the Landscape Professional a Landscape and Lawn Care Professional License and waiving certain insurance requirements contained in the City Code, 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**



# 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

# EXAMPLE

PRODUCER

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

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