



CITY OF HIGHWOOD
 17 HIGHWOOD AVE
 HIGHWOOD, IL 60040
 Phone 847.432.1924 / Fax 847.432.0735
 www.cityofhighwood.org

Landscape Contractor Registration Application

Instructions:

1. Fully complete application making sure to date it and sign it.
2. Included **proof of insurance** with coverage types and amounts – please included the City of Highwood as an additional insured.
3. Delivery of a **surety bond** or other security in the amount of \$5,000.
4. **List of all vehicles**, please include a photograph of a vehicle operated by landscaper depicting company name, insignia, color scheme, and telephone number.
5. Include **\$100 application fee**. Make check payable to City of Highwood.

Business Information

Business Legal Name: _____

Doing Business As (DBA) Name (if applicable): _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Owner Information

Owner Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

1. Have you ever been convicted of any felony under the laws of any state or laws of the United States? Yes No

I/ We swear and affirm that all work performed pursuant to this Contractor Registration Application shall be in strict compliance with all provisions of the City of Highwood Municipal Code, Title 4, Chapter 16, and all other applicable statutes, laws, rules, regulations, and ordinances. I/We understand that in the event: (i) noted code violations are not corrected during the construction of a permitted improvement, (ii) there is a failure to obtain final inspections, (iii) permits are not obtained for work being done, or (iv) there are other violations of applicable regulations the City of Highwood reserves the right to revoke this registration.

Owner Signature: _____ Date: _____

(For office use only)

Payment Received Bond Received Proof of Insurance Received

Date Processed: _____

Date Mailed: _____

Sent by: _____