



CITY OF OAK PARK LANDSCAPING/SNOW REMOVAL APPLICATION

(Applications must be filed with the City Clerk not less than 14 days prior to the time a license is desired)

Date: _____

Landscape Snow Both

BUSINESS INFORMATION:

Business Name: _____ Phone: _____

Business Address: _____

Website: _____ Email: _____

OWNER INFORMATION:

Owners Name: _____ Phone: _____

Owner Address: _____

Owner Email: _____ Partnership Corporation

If Partnership, give names and addresses of each partner. If Firm or Corporation, give

NAME OF OFFICERS	HOME ADDRESS	TITLE
_____	_____	_____
_____	_____	_____

VEHICLE INFORMATION:

Number of Vehicles: _____ Is there an attached Trailer? Yes No

Vehicle # 1

Year: _____ Make: _____
Model _____
VIN No: _____
License Plate No: _____
Trailer Plate: _____

Vehicle # 2

Year: _____ Make: _____
Model _____
VIN No: _____
License Plate No: _____
Trailer Plate: _____

DRIVER INFORMATION:

Driver # 1

Name: _____
Date of Birth: _____
Social Security #: _____
Driver's License # _____
State of Issuance: _____

Driver # 2

Name: _____
Date of Birth: _____
Social Security #: _____
Driver's License # _____
State of Issuance: _____

