



# Village of Downers Grove

## TREE REMOVAL LICENSE APPLICATION

Date: \_\_\_\_\_

Application is hereby made to the Village of Downers Grove for issuance of a Tree Removal license, pursuant to the ordinances of the Village and laws of the State of Illinois.

### 1. GENERAL INFORMATION

#### 1.1. Applicant

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

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

Phone: \_\_\_\_\_

#### 1.2. Status

Individual(s) or Sole Proprietorship

Corporation

Limited Liability Company

Partnership

Other (explain) \_\_\_\_\_

#### 1.3. Manager

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

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

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number (Last Four): \_\_\_\_\_

1.4. Type of work:

Please provide a description of the particular type of work contemplated by the applicant: \_\_\_\_\_

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

2. PREMISES

2.1. Doing Business As: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

3. CORPORATION/LIMITED LIABILITY COMPANY

This section must be completed by authorized agent of any corporate or limited liability company Applicant. If Applicant is a partnership, skip section 3 and go to section 4. If Applicant is neither a corporation, limited liability company nor a partnership, skip sections 3 and 4 and go to section 5.

3.1. Applicant was incorporated or organized under the laws of the State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, A.D., \_\_\_\_\_.

3.2. If Applicant was not incorporated or organized under the laws of the State of Illinois, is authorized to transact business in the State of Illinois?  Yes  No

3.3. Registered Agent:

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

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

Phone: \_\_\_\_\_

3.4. Corporate Applicants and limited liability company Applicants must complete and attach Officers and Directors, and Ownership Interests forms.

#### 4. PARTNERSHIP

This section must be completed by authorized agent of any partnership Applicant. If Applicant is not a partnership, skip to Section 5.

4.1. Applicant was formed under the laws of the State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, A.D., \_\_\_\_\_.

4.2. Is Applicant a limited partnership pursuant to the Illinois Revised Uniform Limited Partnership?  Yes  No

4.3. If Applicant was not formed under the laws of the State of Illinois, is Applicant a foreign partnership qualified under the Illinois Uniform

Partnership Act or the Illinois Uniform Limited Partnership Act, as now or hereafter amended, to transact business in the State of Illinois?

Yes       No

4.4. Registered Agent:       Not Applicable

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

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

Phone: \_\_\_\_\_

4.5. General Partner:       Not Applicable

Note: if there is more than one general partner, include that general partner who is to be primarily responsible for operation of the licensed premises.

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

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

Phone: \_\_\_\_\_

4.6. Managing Partner:       Not Applicable

Note: if there is more than one managing partner, include that managing partner who is to be primarily responsible for operation of the licensed premises.

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

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

Phone: \_\_\_\_\_

4.7. Partnership Applicants must complete and attach the Partnership form.

5. SOLE PROPRIETORSHIP

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

Skip to Section 6.

6. QUALIFICATIONS

6.1. Has any license issued to the applicant, the manager or any person or entity listed on Officers and Directors, Ownership Interests, or Partnership forms ever been fined, revoked or suspended?

No

Yes, please identify the following:

a. Jurisdiction revoking or suspending license: \_\_\_\_\_

b. Date of revocation or suspension: \_\_\_\_\_

c. Reason given by revoking jurisdiction for revocation or suspension:

\_\_\_\_\_

d. Additional explanatory information, if desired: \_\_\_\_\_

\_\_\_\_\_

6.2. Has Applicant, the manager, or any person or entity listed on Officers and Directors, Ownership Interests, or Partnership forms, ever been convicted of a felony under Federal or State law?

No

Yes, please identify the following:

a. Jurisdiction revoking or suspending license: \_\_\_\_\_

b. Date of revocation or suspension: \_\_\_\_\_

c. Reason given by revoking jurisdiction for revocation or suspension:

\_\_\_\_\_

d. Additional explanatory information, if desired: \_\_\_\_\_

\_\_\_\_\_

6.3. Is applicant a resident of Downers Grove?

Yes     No     Not Applicable – Corporation / LLC / Partnership

## 7. CERTIFICATE OF INSURANCE

### 7.1. Certificate of Insurance

Insurance Carrier (Required): \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Dates: \_\_\_\_\_

### 7.2. Self-Insured – please complete the following

I, undersigned, hereby state that I am not covered by public liability insurance. Any claims for personal injury or property damage

resulting from any work I may perform in the Village of Downers Grove should be sent to the following address:

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

Company: \_\_\_\_\_

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

Signature: \_\_\_\_\_

## 8. DISCLOSURE

8.1. Applicant understands and agrees that additional information and material may be required during the processing of this application related to applicant's qualifications, the information provided herein, including attachments. Applicant agrees to provide such additional information and material and that failure to do so may delay the processing of this application or result in its denial.

8.2. In the event Applicant is made aware that any information or document submitted as part of this application process is inaccurate or incomplete, Applicant agrees to immediately notify the Village and provide appropriate corrections. Applicant understands and agrees to provide such additional information and material, and that failure to do so may delay the processing of this application or result in its denial.

**THE UNDERSIGNED, BEING DULY SWORN, DOES STATE AS FOLLOWS:**

**A. THAT THE UNDERSIGNED IS EMPOWERED TO PREPARE AND SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT.**

**B. THAT THE UNDERSIGNED HAS REVIEWED THIS APPLICATION, AND ALL ATTACHMENTS AND SUBMITTALS, AND THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE.**

Name of Corporation/Limited Liability Company/ Partnership /Sole

Proprietorship: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_