



2111 Front St. NE, Suite 2-101
Salem, OR 97301

Telephone: 503-378-5909
Fax: 503-378-5950
www.lcb.state.or.us

Landscape Contracting Business License Packet

This packet contains all the information you need to get the landscape contracting business license required by the **Landscape Contractors Board**.

Please read and follow the directions carefully

For information, forms and fees on starting and/or registering a new business in Oregon call the Corporation Division at (503) 986-2200 or go to their website at www.filinginoregon.com.

IMPORTANT!

Allow 10 working days for your application to be processed.

- Submit these items:
- Completed Application
 - Bond, Irrevocable Letter of Credit or Deposit
 - \$75 Application Fee
 - Insurance certificate
 - \$225 License Fee
 - W-4's and Employee Verification Form for employees or owners on which the phase of license is based
 - Copies of original and amended articles of incorporation (corporations), Organizational filings (LLC) or partnership agreement

Mail or Fax **ALL** required documentation to: Landscape Contractors Board
2111 Front St. NE, Suite 2-101
Salem OR 97301

-or-

Fax: 503-378-5950

Part 2: EMPLOYER ACCOUNT INFORMATION

1) Supply all three of the following numbers:

(a) Corporate registry (ABN) # _____ (Call 503-986-2200) or the web:
<http://www.filinginoregon.com/obg/toc.htm>

(b) State Business (State Tax ID) # : _____ (Call Or. Dept. Rev.:503-378-4988)
for needed forms) or the web: <http://www.dor.state.or.us>

(c) Federal EIN #: _____ (Call 1-800-829-1040), or write IRS,
Mail Stop 6271, P.O. Box 9941, Ogden, UT 84409) or the web: <http://www.irs.gov/>

2). Is the business an employer? (An employer has employees and directs and controls those employees.) Yes (nonexempt) No (exempt)

Does the business have 3 or more corporate officers/LLC members who are not immediate members of the same family? Yes (nonexempt) No (exempt)

Does the business have more than 2 corporate officers/LLC members who are all working corporate officers/LLC members? Yes (nonexempt) No (exempt)

If you answered "yes" to *one or more* of the above three questions, the business must provide Workers Compensation Insurance for employees or corporate officers/LLC members.

Name of carrier	policy #	policy dates	Call 503-947-7810 or 800-452-0288
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3) If three or more corporate officers or LLC members are all part of the same family, the business may be exempt from Workers Compensation insurance. Family members in ORS 656.027(23 & 24) are listed below. Please print or type all family members in the appropriate blanks below.

If you are unable to place a family member's name in a blank because that relationship is not listed below (cousins, aunts, uncles, etc.), then the business is nonexempt and Workers compensation must be provided.

*Spouse _____

*Daughter(s) _____

*Son(s) _____

*Parent(s) _____

*Sister(s) _____

*Brother(s) _____

*Daughter(s)-in-law _____

*Son(s)-in-law _____

*Grandchildren _____ / _____

Part 3: INDEPENDENT CONTRACTOR CERTIFICATION STATEMENT

Oregon law (ORS 671.525) requires all landscape contracting businesses (sole proprietorships, partnerships, joint ventures, corporations, and LLC's) to qualify as an independent contractor in order to be licensed with the LCB. This means you must demonstrate your business activities will be performed in compliance with Oregon's independent contractor law by checking boxes 1-4 and signing this form.

- 1. **Yes** **No** The applicant will be free from direction and control over the means and manner of providing the services, subject only to the right of the person for whom the services are provided to specify the desired results.
- 2. **Yes** **No** The applicant will be customarily engaged in an independently established business by: **(check three of the following five to qualify)**
 - a. Maintaining a business location that is separate from the business or work location for whom the services are provided; or that is in a portion of the applicant's residence and that portion is used primarily for the business.
 - b. Bearing the risk of loss related to the business or provision of services as shown by factors such as:
 - The applicant enters into fixed-price contracts.
 - The applicant is required to correct defective work.
 - The applicant warrants the services provided or the applicant negotiates indemnification agreements or purchases liability insurance performance bonds or errors and omissions insurance.
 - c. Providing contract services for two or more different persons within a 12-month period, or the applicant routinely engages in business advertising, solicitation or other marketing efforts reasonably calculated to obtain new contracts to provide similar services.
 - d. Making a significant investment in the business, through means such as:
 - Purchasing tools or equipment necessary to provide the services.
 - Paying for the premises of the facilities where the services are provided; or
 - Paying for the licenses, certificates, or specialized training required to provide the services.
 - e. Having the authority to hire other persons to provide or to assist in providing the services and has the authority to fire those person. *(Note: To hire employees the business must be licensed under the non-exempt class of independent contractor and carry proper workers compensation insurance to protect subject workers.)*
- 3. **Yes** **No** The applicant will maintain an active landscape contracting business license with the LCB in accordance with ORS Chapter 671 while performing landscape contracting services.
- 4. **Yes** **No** The applicant is responsible for obtaining other licenses or certificates necessary to provide the landscape contracting services.

****An applicant that cannot check "Yes" in all 4 of the above statements cannot obtain a business license from the LCB**

Part 4: FEE

- I have enclosed a check or money order for \$300.00 (application and license fee) **or**
 - MasterCard # _____ Exp: _____
 - Visa # _____ Exp: _____
- Signature _____

Part 5: GENERAL LIABILITY INSURANCE

- A policy number *has been issued* and a Certificate of Insurance is included that was prepared by the agent. **The LCB is named as the certificate holder on the Certificate of Insurance.**
OR
- A policy number *has not been issued* but an insurance binder is included. If the insurance is written through an unlicensed company (surplus line), the certificate must list the Oregon authorized agent and signatory.

Part 6: SURETY BOND, IRREVOCABLE LETTER OF CREDIT OR DEPOSIT

The business is required to determine the estimated job charge for the license year at the time of application and renewal of license and submit or already have on file the corresponding bond. If during the year the job charge increases to a new bond level, the business must submit the new bond before continuing with the project. Mark only one box to reflect the estimated job charges**.

- | BOND AMOUNT | JOB CHARGE** |
|-----------------------------------|--|
| <input type="checkbox"/> \$3,000 | \$0 up to and including \$10,000 |
| <input type="checkbox"/> \$10,000 | More than \$10,000 up to and including \$25,000. Also if you are installing walkways, driveways, patios, decks, fences, arbors, retaining walls NOT in conjunction with a landscape job. |
| <input type="checkbox"/> \$15,000 | Greater than \$25,000 |

** Job Charge is the sum of all contracts (one or more) during a 12 month period at the same job site with same owner.

I hereby certify that to the best of my knowledge I have marked the appropriate estimated job charges for the upcoming license year.

 (Signature of individual proprietor, partner, corporate officer or LLC member) ** (Date)

Part 7: LICENSING AND LITIGATION HISTORY

Are you terminating another landscape contracting business license upon receipt of this landscape contracting business license?

- No Yes, business name and number _____ / _____

Have you ever been an owner or manager in a landscaping business in any other state?

- No Yes, name of business and state: _____

Do you or any person in this business, such as an owner, partner, officer or member have any outstanding or unpaid civil penalties, fines, penalty orders or judgments from Oregon or any other state?

- No Yes, explain: _____

Part 8: CRIMINAL BACKGROUND

Have you ever been convicted of any of the following felonies: No Yes

If yes, check the appropriate box(es) and fill in the information below. You must provide a detailed explanation of the crime on a separate piece of paper. Include copies of police reports, court reports and other pertinent documentation.

	Date	State	County		Date	State	County
<input type="checkbox"/> Murder	_____	_____	_____	<input type="checkbox"/> Robbery I	_____	_____	_____
<input type="checkbox"/> Assault I	_____	_____	_____	<input type="checkbox"/> Theft I	_____	_____	_____
<input type="checkbox"/> Kidnapping	_____	_____	_____	<input type="checkbox"/> Arson I	_____	_____	_____
<input type="checkbox"/> Sexual abuse	_____	_____	_____	<input type="checkbox"/> Theft by extortion	_____	_____	_____
<input type="checkbox"/> Rape, sodomy or unlawful sexual penetration	_____	_____	_____	If you are on parole or under court supervision, provide the name and contact information of your parole officer or supervisor:			

Providing incomplete or inaccurate information may cause a refusal to process the application. The LCB has a right to check on the criminal records of applicants.

Part 8: SIGNATURE- REQUIRED BEFORE PROCESSING OF APPLICATION CAN BE COMPLETED

I have read the following 6 statements. I am certifying they are all true with my signature and the date below.

1. I hereby certify that to the best of my knowledge the information on this application is complete and correct.
2. I hereby certify that effective this date and for as long as this license is in effect, I have and will continue to carry the required liability insurance.
3. I hereby certify that the business will operate as an independent contractor as stated in Part 3.
4. I understand that the business must conform to the information provided on this application and to the requirements of the license. I further understand that the business can receive a civil penalty of \$2,000 per offense and that the license can be suspended or revoked for failure to do so.
5. I understand that this license requires that a licensed landscape construction professional be employed with the landscape contracting business at all times, and that the business may perform only those phases of landscape for which the individual landscape construction professional is licensed.
6. Unless I hold a current nursery license issued by the Oregon Dept. of Agriculture, as required by ORS 671.045, by signing this form I certify that the business will not grow plants or store plants except as provided by the Oregon Department of Agriculture rule (cannot store for more than one year). Furthermore, I certify the business will acquire all plants from nurseries licensed by the Oregon Department of Agriculture.

(Signature of individual proprietor, partner, corporate officer or LLC member) **

(Date)

***Note: The Landscape Contractors Board has the authority to check all applicants' criminal history.*



OREGON LANDSCAPE CONTRACTORS BOARD

VERIFICATION FORM FOR SUPERVISORY RESPONSIBILITY AND REQUEST FOR CURRENT PAY STUB

NOTE: THIS FORM MUST BE COMPLETED if you are an employee or owner of a landscape contracting business and any part or all of the phase of licensure of the business is based upon the phase of your individual landscape construction professional license. This form must be notarized or it will be returned. **A copy of the landscape construction professional's most current pay stub issued by the landscape contracting business with the social security number and dollar amounts blackened out must accompany this form.**

I _____ certify with my signature that I am employed by or an owner of _____ License# _____ Hire date ____/____/____
(Name of Business) (4 digit #)

and understand the phase of this business license is at least partially, if not all, based on the phase of my individual landscape construction professional's license. I understand:

As per OAR 808-003-0018 and OAR 808-002-0328:

I am responsible for supervising the landscaping work performed by this business in the area of my license which means:

1. I will review and initial the landscape plan and written contract for each job.
2. I will instruct the unlicensed person(s) that I supervise and be reasonably available at all times to the person(s) I am supervising.
3. I will attend all on-site meetings and appear at any hearings that are a consequence of any claims filed against the landscape contracting business for work based on my phase of licensure.
4. I understand I am to be on the payroll each hour or meet the salary test for salaried, exempt employees during the time the business is performing landscape work related to my license.

As per OAR 808-003-0045:

I am required to notify the Landscape Contractors Board **in writing** within ten (10) days of termination of employment with any landscape contracting business including one that I own.

As per OAR 808-005-0020(20-22):

1. Failure of the business to submit this form with the application will result in the license not being issued until the form is submitted.
2. Failure of the individual landscape construction professional to perform the supervisory requirements outlined above will result in a penalty of \$200 for the first offense; \$500 for the second offense; and \$1000 plus 6 month suspension of the individual license for the third offense.
3. Failure of the individual landscape construction professional to notify the board in writing of termination of employment or change in address within ten (10) days will result in a penalty of \$200.

Signature: _____
(Must be signed in front of Notary Public)

License # _____ Date: _____
(5 digit #)

(For Notary Use Only)

State of _____

County of _____

Signed or attested before me on _____
(Date)

NOTARY PUBLIC SIGNATURE My Commission expires: ____/____/____

INSTRUCTIONS FOR VERIFICATION FORM

This form **and** a copy of your W-4 or the most current pay stub issued by the landscape contracting business with the social security number and dollar amounts blackened out for **all** licensed landscape construction professionals who are the basis of the landscape contracting business license must accompany your business renewal before the landscape contracting business license will be renewed. **If the licensed landscape construction professional is the owner of a sole proprietorship a pay stub is not required.**

Oregon Administrative Rule 808-003-0018 states:

Employment:

A landscape contracting business must employ at least one licensed landscape construction professional who must hold a license covering each phase of the landscape license that the landscape contracting business offers. Upon application for a landscape contracting business license, and at any other time the agency requests, a landscape construction professional employed by the landscape contracting business whose phase of license is the basis for the landscape contracting business license must:

1. Sign and have notarized a Verification Form (provided by the agency) that verifies the landscape construction professional:
 - Is a paid employee of the landscape contracting business and not working as an independent contractor for the business;
 - Will comply with all of the current obligations for supervising the work based on the individual landscape construction professional's phase of their license; and
 - Will attend all on-site meetings and appear at any hearings that are a consequence of any claims based on the landscape construction professional's phase of license filed against the landscape contracting business.
2. Submit a copy of the landscape construction professional's most current pay stub issued by the landscape contracting business with the social security number and dollar amounts blackened out; and
3. Notify the agency in writing within ten (10) days of termination of employment with any landscape contracting business. (OAR 808-003-0045)

Supervisory responsibilities:

1. Review and initial the landscape plan and written contract for each job.
2. Instruct and supervise the unlicensed person(s) and be reasonably available at all times to the person(s) being supervised.
3. Attend all on-site meetings and appear at any hearings that are a consequence of any claims filed against the landscape contracting business.

Oregon Revised Statute 671.540(15) states:

An unlicensed employee of a licensed landscape contracting business must be under the direct supervision of a licensed landscape construction professional.

OAR 808-002-0328 states:

Direct supervision means the unlicensed person must work under the instruction of the licensed landscape construction professional and the licensed landscape construction professional must be reasonably available to the unlicensed person such that, even if not physically on the job site, the licensed landscape construction professional can be contacted and is available for consultation and able to provide direction during the time the landscaping work is being performed by such other person.

If you have any questions, please call Shannon at the LCB office at (503) 378-5909.

Note: We have two Notary Public Officers on staff at the LCB office for your convenience. (There is no charge for their service on this form)