Oregon Landscape Contractors Board
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Salem, OR 97301
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Web: www.oregon.gov/lcb
Email: lcb.info@lcb.oregon.gov

LANDSCAPE CONTRACTING BUSINESS LICENSE APPLICATION

Please allow up to 10 days' processing time.

Please be sure to submit the following with this application:

- ☐ $660 ($285 application fee + $375 license fee)
- ☐ Bond or Certificate of Deposit
- ☐ Certificate of Liability Insurance
- ☐ Certificate of Workers Compensation (if applicable)
- ☐ Articles of Incorporation (if corporation), organizational filings (LLC) or partnership agreement (if applicable)

PAYMENT INFORMATION (Application fees are non-refundable)

☐ Pay by Check (Make payable to OLCB)

☐ ACH or Credit Card payment. An invoice will be sent to you by email.

Your email address: _____

☐ Pay by Phone (Credit Card Only)

Your phone number: _____

BUSINESS INFORMATION

☐ **SOLE PROPRIETOR** ☐ **LLC** ☐ **PARTNERSHIP** ☐ **CORPORATION**

BUSINESS NAME (IF SOLE PROPRIETOR – NAME OF INDIVIDUAL)

ASSUMED BUSINESS NAME (ABN)

MAILING ADDRESS

CITY STATE ZIP COUNTY

PHYSICAL ADDRESS (IF DIFFERENT)

CITY STATE ZIP COUNTY

( ) PHONE NUMBER

( ) FAX NUMBER

( ) CELL NUMBER

EMAIL ADDRESS

OWNERS, MEMBERS, CORPORATE OFFICERS OR PARTNERS

Copies of articles of incorporation, organizational filings or partnership agreement are required to be submitted with this application.

Sole Proprietors and Partnerships only: As part of your application, you are required to provide your social security number to the LCB. The authority for this requirement is ORS 305.385 and ORS 25.785. Failure to provide your social security number will be a basis to refuse to issue the license you seek. Although a number other than your social security number appears on the face of the license issued by the LCB, your social security number will remain on file with the LCB. This record of your social security number will be used for child support enforcement, collection and tax administration purposes only, unless you authorize other uses of the number. The LCB will not give out nor sell nor otherwise make your social security number available to the public. The LCB follows the Oregon Consumer Identity Theft Protection Act (ORS 646A.600-646A.628).

Note: Submitting a fraudulent social security number is grounds for refusing to issue, suspension or revocation of the Landscape Contracting Business license.

NAME ADDRESS % OF OWNERSHIP

SOCIAL SECURITY NUMBER OR ITIN

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LANDSCAPE CONSTRUCTION PROFESSIONAL (LCP)

A notarized verification of employment (page 7 of application) form must be filled out for each LCP responsible for supervising the unlicensed employees performing landscaping work. For the modified phase, the owner must also be the LCP.

NAME LICENSE # PHASE OF LICENSE

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MANAGING INDIVIDUAL (required)

Every business must list one managing individual. If not a licensed landscape construction professional, must show proof of taking course and passing examination for the owner/managing employee.

NAME ADDRESS

LIABILITY INSURANCE

A certificate of liability insurance must be included with this application. The minimum amount of liability insurance that is required by law is $500,000. Business name must be listed as the insured. If Sole Proprietor, **you** must be listed as insured. **The LCB must be named as the certificate holder on the Certificate of Insurance.**

SURETY BOND OR CERTIFICATE OF DEPOSIT

A Bond must be included with this application. All Businesses must carry a $20,000 bond except Probationary Licensees which require a $15,000 bond. Bonds must have the same business name as the application. If you are a Sole Proprietor you must include your DBA name on the bond.

IDENTIFICATION NUMBERS

- 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/-**If Sole Proprietor, this maybe your SS# or ITIN**

- State Business (State Tax ID) # _____
  Call Oregon Department of Revenue 503-378-4988 for needed forms
  or the web: http://www.oregon.gov/dor -**If Applicable**

- Oregon Registry #_____
  Call Secretary of State, Corporation Division 503-986-2200 or the web:
  http://www.filinginoregon.com -**If Applicable**

WORKERS COMPENSATION

Do you have 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)

Family members in ORS 656.027(24 & 25) include: spouse, son(s), son(s)-in law, daughter(s), daughter(s)-in law, sister(s), brother(s), grandchildren, and parent(s).

If you answered YES to either of the above questions, the business is non-exempt and must provide workers compensation insurance for employees or corporate officers/LLC members. You must provide a certificate of workers compensation insurance with this application. Please call Workers Compensation Division at 503-947-7810 or 800-452-0288 if you have questions.

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: _____

_____

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

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 persons. *(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.

SIGNATURE

1. I hereby certify that to the best of my knowledge the information on this application is complete and correct.

2. 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.

3. I understand that any and all information regarding the applicant's license may be shared with the licensing agencies of this and other states.

4. Unless I hold a current nursery license issued by the Oregon Department of Agriculture, as required by ORS 571.045, 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. Furthermore, I certify the business will acquire all plants from nurseries licensed by the Oregon Department of Agriculture.

5. For applicants who hold a modified license: I certify that I do not hold a residential or commercial general construction contractors license issued by the Oregon Construction Contractors Board and if I obtain this license with the Oregon CCB that my LCB license may be suspended, revoked, or otherwise not renewed until I obtain another phase of license with the LCB or no longer hold a residential or commercial general construction contractors license with the Oregon CCB.

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

Signature of individual proprietor, partner, corporate officer or LLC member

Date

OREGON LANDSCAPE CONTRACTORS BOARD

2111 FRONT ST NE, STE 2-101, SALEM, OR 97301-0738
LANDSCAPE CONSTRUCTION PROFESSIONAL (LCP) & MANAGING EMPLOYEE

VERIFICATION FORM

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 LCP license **AND/OR** if you are assuming the role of a managing employee for the landscape contracting business. This form must be notarized.

Misrepresentation of the employment relationship between a landscape contracting business and LCP is dishonest and will result in the suspension of your license. Random checks will be made with Oregon Employment Department to verify this employment.

If your employment or ownership changes you must notify the Landscape Contractors Board in writing within ten (10) days of the change.

Please initial below all that pertain to you and your relationship to the landscape contracting business:

_____ My LCP license is all or part of the phase of licensure of the landscape contracting business listed below and by signing below I accept the responsibilities of: **OAR 808-002-0328 & OAR 808-003-0018(1)(a)-(c)**. *

_____ I am the managing owner or managing employee of the landscape contracting business listed below and by signing below I understand and accept the responsibilities of: **ORS 671.595(1); OAR 808-002-0623 & OAR 808-002-0625**.*

*Current state statute and administrative rules referenced may be found on the board website www.oregon.gov/lcb.

I, _____, certify with my signature below that I am an
(please print name)

employee or an owner of _____ , license#_____pending_____and
Name of Business/ If Sole Proprietor, owner name)

understand my responsibilities as listed in current state statute and administrative rule.

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

LCP License # _____
(5 digit #, if applicable)

County of _____ State of _____

Signed or attested before me on _____
(Date)

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

Supervisory Responsibilities of LCP

OAR 808-002-0328 Direct Supervision

"Direct supervision" as used in ORS 671.540(1)(q) and (r), means that a licensed landscape construction professional supervises any unlicensed employee who performs landscaping work such that the employee:
(1) has had instruction on the project from the landscape construction professional, verbally or in writing;
(2) knows the landscape construction professional by name;
(3) knows how to contact the landscape construction professional; and
(4) can communicate with the landscape construction professional within an hour, and, if unavailable, that landscape construction professional will return the call by end of day to the employee.

OAR 808-003-0018: Employment, Change of License Phase, Supervisory Responsibilities

(1) The licensed landscape construction professional who holds part or the complete phase basis of the landscape contracting business license must perform the following supervisory services:

(a) Review and initial the landscape plan and written contract for each job;

(b) Attend all on-site meetings and appear at any hearings that are a consequence of any claims filed against the landscape contracting business that relate to the landscape construction professional's phase of license; and

(c) Directly supervise all non-licensed employees employed by the landscape contracting business as defined in OAR 808-002-0328. For the purpose of verification of direct supervision of an unlicensed employee as required by ORS 671.540(1)(q) or (r), the communication requirement of direct supervision will be considered met if the licensed landscape construction professional communicates with the Landscape Contractors Board investigator who requested the unlicensed employee to contact the supervising landscape construction professional before midnight of the same day of the request.

OAR 808-005-0020(10)(b)

Civil Penalties

(10)(b) Failure of a landscape construction professional to comply with the supervisory responsibilities as required in OAR 808-003-0018(1): $1,000 for the first offense; $2,000 for the second offense; and $2000 plus 6- month suspension of the license for the third offense.

Owner/Managing Employee

ORS 671.595(1)(2): Coursework and examination requirements for noncontractor owners and managing employees; notice of duty changes; rules. (1) As used in this section:

(a) “Managing employee” means a person who, at the time of an application for the issuance or renewal of a landscape contracting business license:

(A) Is employed in landscaping work only by the applicant; and

(B) Manages or shares in the management of the applicant, as defined by the State Landscape Contractors Board by rule.

(b) “Owner” means a person who at the time of an application for the issuance or renewal of a landscape contracting business license:

(A) Has an ownership interest in the applicant; and

(B) Manages or shares in the management of the applicant, as defined by the board by rule.

808-002-0623

Manages or shares in the management

“Manages or shares in the management” means to have a position in the business that is accountable for exercising delegated authority over the human and financial resources to accomplish the objectives of the business which may include, but is not limited to, the performance of the planning, directing, implement, organizing, evaluation, supervising or administering the operations of the business and includes the preparation or administration of contracts for landscaping work performed by the business.

808-002-0625

Managing Employee

The term “Managing Employee” is defined as any individual, including a general manager, business manager, or administrator employed by a landscape contracting business who exercises operational or managerial control over the business activities of the landscape contracting business. An individual can only be a managing employee of one landscaping business at a time.