



**Oregon Landscape Contractors Board**  
 2111 Front St NE; Ste 2-101  
 Salem, OR 97301  
 503-967-6291  
 503-967-6298 fax  
 www.oregon.gov/lcb  
 lcbinfo@lcb.state.or.us

## LANDSCAPE CONTRACTING BUSINESS LICENSE APPLICATION

Please allow up to 10 days processing time.

**Please be sure to submit the following with this application:**

- \$425 (\$150 application fee + \$275 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

- I have enclosed a check or money order. Please make payable to the Landscape Contractors Board.
- I am paying the application fee by credit card.

\_\_ Visa    \_\_ Mastercard    \_\_ Discover

\_\_\_\_\_ / \_\_\_\_\_  
 CREDIT CARD NUMBER

\_\_\_\_\_  
 EXP DATE

\_\_\_\_\_  
 CSC#

### 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. Social Security Numbers are required for Sole Proprietors and Partnerships.

NAME	ADDRESS	% OF OWNERSHIP
SOCIAL SECURITY NUMBER		

NAME	ADDRESS	% OF OWNERSHIP
SOCIAL SECURITY NUMBER		

NAME	ADDRESS	% OF OWNERSHIP
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NAME	ADDRESS	% OF OWNERSHIP
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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.

NAME	LICENSE #	PHASE OF LICENSE
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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
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**LIABILITY INSURANCE**

- A policy number has been issued and a certificate of liability insurance is included with this application. The minimum amount of liability insurance that is required by law as of 1-1-2016 is \$500,000. **The LCB must be named as the certificate holder on the Certificate of Insurance.**

**SURETY BOND, IRREVOCABLE LETTER OF CREDIT OR DEPOSIT**

The business is required to determine the estimated job charges for the license year and submit the corresponding bond. If during the year the job charges increase to a new bond level, the business must submit the new bond or bond rider to the LCB before continuing with the project. Mark only one box to reflect the estimated job charge. Job charge is the sum of all contracts (one or more) during a 12 month period at the same job site with the same owner.

<u>BOND AMOUNT</u>	<u>JOB CHARGE</u>
<input type="checkbox"/> \$3,000	\$0 up to and including \$10,000
<input type="checkbox"/> \$10,000	More than \$10,000 but less than \$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	More than \$25,000 but less than \$50,000 or Probationary All Phases licenses
<input type="checkbox"/> \$20,000	\$50,000 or greater

- 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/>
- State Business (State Tax ID) # : \_\_\_\_\_  
Call Oregon Department of Revenue 503-378-4988 for needed forms or the web: <http://www.oregon.gov/dor>
- Oregon registry # \_\_\_\_\_  
Call Secretary of State, Corporation Division 503-986-2200 or the web: <http://www.filinginoregon.com>

**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)

Does the business have more than 2 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. 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.

- The business employment status is non-exempt. A certificate of workers compensation insurance is included with this application.
- The business employment status is exempt. No certificate of workers compensation insurance is needed.

**CORPORATIONS AND LLCs ONLY:**

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(24 & 25) 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 \_\_\_\_\_

## 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 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.**

**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: \_\_\_\_\_  
\_\_\_\_\_

**I have read the following 4 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 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 (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**

\_\_\_\_\_  
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: **ORS 671.565(1)(b); OAR 808-002-0328; OAR 808-002-0340; OAR 808-002-0360; & OAR 808-003-0018.** \*

\_\_\_\_\_ 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; OAR 808-002-0623; OAR 808-002-0625; and OAR 808-003-0125(5).**\*

\*Current state statute and administrative rules referenced may be found on the board website [www.oregon.gov/lcb](http://www.oregon.gov/lcb) or may be requested from the board office.

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

employee or an owner of \_\_\_\_\_, license# pending and  
(Name of Business) (4 digit #)

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)

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE My Commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Statutes and Rules (Supervisory Responsibilities of LCP)

**ORS 671.565(1)(b): Landscape contracting business license requirements; fees; employees; filing of security; insurance; basis for independent contractor status.** (1) Each person applying for a landscape contracting business license must: (b) Have a landscape construction professional license or employ at least one person with a landscape construction professional license to supervise the landscaping operation of the business.

### **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 808-002-0340: Employ**

"Employ," as used in ORS 671.530(6), 671.565(1)(b) and 671.610(2)(e), means to hire an employee, as defined in OAR 808-002-0360, and thereafter be subject to ORS Chapters 654, 656, 657 and state and federal wage and hour laws.

### **OAR 808-002-0360: Employee**

"Employee" means any individual working for remuneration who does not meet the requirements of an independent contractor in ORS 670.600.

### **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.

(2) A landscape contracting business must:

(a) require a licensed landscape construction professional to directly supervise the unlicensed employees of the landscape contracting business who are performing work that corresponds to the landscape construction professional's phase of license; and

(b) Have the landscape construction professional who is responsible for supervision as required in subsection (a) of this section on the payroll each hour receiving at least minimum wage or meeting the salary test for salaried exempt employees during the time the landscape contracting business is engaged in landscaping work that corresponds to this landscape construction professional's phase of license except when the landscape construction professional is not considered a subject worker under ORS 656.027.

(c) Submit a Verification form when a new landscape construction professional becomes part or the complete basis of the landscape contracting business license.

(3) Upon application for a landscape contracting business license, and at any other time the board requests, a landscape contracting business must submit a completed, signed and notarized Verification form (provided by the board) for every licensed landscape construction professional for whom the landscape contracting business has not previously submitted this Verification form and who is supervising landscaping work for the landscape contracting business.

(4) The Verification form verifies that the licensed landscape construction professional:

(a) Is a paid employee of the landscape contracting business and is on the payroll each hour receiving at least minimum wage or meets the salary test for salaried, exempt employees or is an owner of the business as defined in OAR 808-002-0734 during the time the business is performing landscape work related to the landscape construction professional's phase of license;

(b) Will directly supervise work based on the landscape construction professional's phase of license;

(c) Will attend 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

(d) Understands the requirement to notify the board within ten calendar days after termination of employment from the landscape contracting business as required by OAR 808-003-0125(4).

## Statutes and Rules (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.

(2) If an applicant for a landscape contracting business license does not have at least one owner or managing employee who is licensed as a landscape construction professional under ORS 671.560, the applicant shall provide the board with proof that an owner or managing employee has completed required courses described in subsection (4) of this section and passed an examination on the subject of those courses.

### **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.

### **OAR 808-003-0125(5) Notification of Change of Address, Employment, Partners or Owners or Ownership Interest**

(5) A landscape contracting business subject to ORS 671.595 must:

(a) Within thirty (30) calendar days of the date a managing owner or managing employee ceases to act in the roles as defined in OAR 808-002-0625 or 808-002-0734(2) notify the agency in writing and provide:

(A) The effective date of the change; and

(B) The name of the managing owner or managing employee ceasing to act in this role.

(b) Within thirty (30) calendar days of a change of managing owner or managing employee, designate a new managing owner or managing employee and must have notified the agency in writing and provide:

(A) The effective date of the change; and

(B) The name of the new managing owner or managing employee performing this role.

### **As per OAR 808-005-0020(24& 25):**

24. 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.

25. Failure of the individual landscape construction professional to notify the board in writing of termination of employment or change in address within thirty (30) days will result in a penalty of \$200.