

- LANDSCAPING
- SNOW
- BOTH

**CITY OF OAK PARK
LANDSCAPING/SNOW REMOVAL APPLICATION**

DATE _____

Business Name _____

Business Address (Street, City, Zip Code) _____

Owners Name _____

Home Address (Street, City, Zip Code) _____

Home Phone _____

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

NAME OF OFFICERS

HOME ADDRESS

TITLE

Is there an attached trailer? YES _____

NO _____

Number of additional vehicles _____

1st Vehicle - Make, Model & Year

2nd Vehicle – Make, Model & Year

VIN No. _____

VIN No. _____

Mich. Lic. Plate # _____

Mich. Lic. Plate # _____

Trailer Lic. Plate # _____

Trailer Lic. Plate # _____

1st Driver – Mich. Drivers Lic. # _____

2nd Driver – Mich. Drivers Lic. # _____

Name _____

Name _____

Soc. Sec. # _____

Soc. Sec. # _____

Date of Birth _____

Date of Birth _____

Signature of Person Making Application _____

LICENSE FEES:
\$25.00 Per Vehicle

Residence Address (Street, City, Zip Code) _____

_____ 20 _____		Public Safety
_____ 20 _____		Tech. & Planning
_____ 20 _____		Public Works

White: City Clerk	
Yellow: Tech & Planning	
Pink: Public Works	Public Safety Records Check Sign Off
Gold: Public Safety	