



**City of Marco Island
Professional Lawn & Landscape Registration –Application Form**

Business Name: _____

Name of Person Submitting Application: _____

Business Address: _____

Business Phone(s) # _____

Business Email: _____

Business Fax #: _____

Total Number of Supervisors _____ **Number of Employees:** _____

Number of state-licensed vehicles owned _____ **or rented:** _____

Total number of accounts or service properties: _____

Number of service properties in the City of Marco Island: _____

To which of the following organizations does your business belong:

- Florida Nursery, Growers and Landscape Association (FNGLA)
- Florida Turf Grass Association
- International Society of Arboriculture
- Landscape Maintenance Association
- Marco Island Chamber of Commerce
- Collier Chamber of Commerce
- Other (please list): _____

Does your business hold any of the following certifications?

- Certified Pest Control Operator Certificate
- Limited Certification Commercial Landscape Maintenance
- Ornamental Turf Certificate
- Other (please list): _____

Items to be submitted to the City of Marco Island with the application:

_____ A non-refundable fee of \$50.00. Each additional sticker is \$5.00. Payment in cash or checks made payable to the City of Marco Island.

_____ List of employees that have completed state-certified Best Management Practices training with copy of proof of successful completion of the course (A certificate or other state-issued form).

I hereby affirm that the information supplied on this application is true and correct to the best of my knowledge.

Applicant's Signature

Date

**THIS CERTIFICATION DOES NOT LICENSE THE APPLICATION OF PESTICIDES OR
HERBICIDES, NOR DOES IT PROVIDE ARBORIST CERTIFICATION.**