



**FOR CITY USE:**  
LL# \_\_\_\_\_  
EXPIRATION \_\_\_\_\_

City of Marco Island  
*Professional Lawn, Landscape Maintenance, & Fertilizer Applicator*  
Registration Form

Business Name: \_\_\_\_\_

Business Person Submitting Application: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone#: \_\_\_\_\_ Business fax: \_\_\_\_\_

Business Email: \_\_\_\_\_

Total Number of Supervisors \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Number of state-licensed vehicles owned \_\_\_\_\_ Or rented: \_\_\_\_\_

Total number of accounts or service properties on Marco Island: \_\_\_\_\_

Initial Registration (\$50.00)

Renewal (\$15.00)

*Does your business hold any of the following certifications or licenses?*

*(Attach a copy with application submission)*

- Certified Pest Control Operator Certificate
- Limited Certification Commercial Landscape Maintenance
- Ornamental Turf Certificate
- Green Industries Best Management Practices Certification (GI-BMP Certificate)
- Fertilizer License from FDACS

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

- Green Industries Best Management Practices Certification (GI-BMP)
- Business Tax Receipt from the County
- Fertilizer License from FDACS *(for fertilizer applicators only)*
- Occupational Zoning Certificate from City of Marco Island *(business offices located on Marco Island)*
- City of Marco Island Registration Application *(this form)*
- State of Florida Vehicle Registration (for each service vehicle)
- Registration or Renewal Fee
  - Non-refundable fee **(one decal is provided with registration)**
  - Each additional decal is \$5.00. **Total number of decals requested** \_\_\_\_\_
  - Online Invoice Requested **or**  Check Payable to **CITY OF MARCO ISLAND**

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.**

**Email completed application and documents to: [gmhelp@cityofmarcoisland.com](mailto:gmhelp@cityofmarcoisland.com)**