



STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION  
 Telephone: (860) 713-6135 Website: [www.ct.gov/dcp](http://www.ct.gov/dcp)  
 Email: [dcp.occupationalprofessional@ct.gov](mailto:dcp.occupationalprofessional@ct.gov)

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**APPLICATION FOR LICENSE FOR CORPORATE PRACTICE OF LANDSCAPE ARCHITECTURE**

**INSTRUCTIONS:**

All spaces must be completed - please print or type. This application **must be accompanied by a check or money order for \$80.00**, made payable to "Treasurer, State of Connecticut." Application fees are non-refundable. You must be registered with the Secretary of State in Connecticut as a domestic or foreign corporation at the time of this application.

**→ Return your completed application and fee to:**

*Department of Consumer Protection, License Services Division, 450 Columbus Blvd, Ste 801, Hartford, CT 06103*

**PRIMARY EMAIL ADDRESS**

Please list the primary email address to be used for all communication regarding this document, such as approval, rejection, and renewal notification:

Name of Corporation or Limited Liability Company			
Street Address	City	State	Zip Code
Telephone Number (with area code)	FEIN		
Mailing Address (if different from above)			
Street Address	City	State	Zip Code
Indicate Organizational Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Professional Corporation (PC) <input type="checkbox"/> Limited Liability Company (LLC)			
State of Incorporation	Business ID# issue by the Connecticut Secretary of State		
Name of person completing application	Title of person completing application		
Has the applicant or any of the directors, officers, members or managers been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete and attach the "Review of Criminal Conviction" form available on our web site at: <a href="http://www.ct.gov/dcp/conviction">www.ct.gov/dcp/conviction</a>			

STATE THE NAME OR NAMES OF AN INDIVIDUAL OR INDIVIDUALS LICENSED TO PRACTICE ARCHITECTURE IN THIS STATE WHO SHALL BE IN CHARGE OF ARCHITECTURAL WORK BY SAID CORPORATION IN CONNECTICUT:

*(Any change in such designation must be reported within thirty (30) days after such change becomes effective.)*

Name of Chief Executive Officer	Residence Address	CT LIC NO. (if applicable)
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**List the names, addresses, titles and Landscape Architect License Number (if applicable) of all directors, officers, managers or members**

Name	Address	Title	CT License Number
Name	Address	Title	CT License Number
Name	Address	Title	CT License Number
Name	Address	Title	CT License Number

**HOLDERS OF VOTING STOCK OR VOTING INTEREST**

Name	Address	Voting Shares	CT License Number
Name	Address	Voting Shares	CT License Number
Name	Address	Voting Shares	CT License Number
Name	Address	Voting Shares	CT License Number

**TOTAL VOTING SHARES ISSUED** \_\_\_\_\_

**LIST ALL PERSONNEL IN RESPONSIBLE CHARGE WHO ACT ON BEHALF OF THE CORPORATION OR LLC AS A LANDSCAPE ARCHITECT WHO HOLD CONNECTICUT LICENSES.**

Name	Address	CT License Number
Name	Address	CT License Number
Name	Address	CT License Number
Name	Address	CT License Number

**PERSONAL AFFIDAVIT**

The undersigned being duly sworn, upon his oath deposes and says that all information contained in this application to the best of his/her knowledge and belief are true and made in good faith.

Signature of Applicant	Signature - Notary Public
Date	Date