

OFFICE OF  
WASTEWATER MANAGEMENT  
AND THE ENVIRONMENT

Rev #2-17-16



TOWN OF CHARLESTOWN

4540 SO. COUNTY TRAIL  
CHARLESTOWN,  
RHODE ISLAND

Tel (401) 364-5030  
Fax (401) 364-1238

**TOWN OF CHARLESTOWN RECOMMENDED LANDSCAPER  
PROGRAM  
APPLICATION FOR ENROLMENT**

**1. LANDSCAPER INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**2. LANDSCAPER QUALIFICATIONS**

- REGISTERED AS A CHARLESTOWN BUSINESS WITH ACTIVE BUSINESS LICENSE (Mandatory)

CERTIFIED BY TOWN CLERK

\_\_\_\_\_  
Charlestown Licensed Business Name      License #      Expiration Date

\_\_\_\_\_  
Amy Weinreich,  
Charlestown Town Clerk      Date

➤ Does your company apply herbicides and pesticides?  Yes  No

- **IF YES:** ————— ➔ Check University of Rhode Island Approvals. Certificates for each training checked must be attached to this application:

URI CORE Training (Mandatory) \_\_\_\_\_ Date \_\_\_\_\_

Additional "Specialty Area" Pesticide Trainings and Certifications

Approved Private Certification # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Commercial Certification # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Commercial License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Integrated Pest Management Training # \_\_\_\_\_ Exp. Date \_\_\_\_\_

➤ Do you and your company commit and agree to utilize the procedures established in the attached Charlestown Recommended Landscaper Process?  Yes  No

**3. CERTIFICATION - SIGNED BY APPLICANT**

I \_\_\_\_\_ have completed the above application and I have read and commit to utilizing the procedures established in the Charlestown Recommended Landscaper Process while conducting all landscape activities within the Town of Charlestown. I understand that the vital surface and groundwater resources of the Town are currently stressed from activities related to land use and development and I will do my part to limit impacts to these sensitive resources.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

- Upon submittal you will 1.) Receive a Certificate and an image that you can use on your promotional materials, 2.) Your business will be highlighted on the Town of Charlestown Website and 3.) Your business name will be on a list of Recommended Landscapers made available to the public.
- Your Charlestown Recommended Landscaper Certificate will expire with your Charlestown Business License on December 1<sup>st</sup> of every calendar year.
- You must resubmit this application annually before December 1<sup>st</sup> to maintain your Status as a Charlestown Recommended Landscaper.

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**THIS SECTION TO BE COMPLETED BY TOWN OFFICIAL ONLY**

DATE APPLICATION RECEIVED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

TOWN LANDSCAPER NUMBER # \_\_\_\_\_ EXP DATE: \_\_\_\_\_

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**ATTACHMENT 1**

**CHARLESTOWN RECOMMENDED LANDSCAPER PROCESS**



TOWN OF CHARLESTOWN

## Charlestown Recommended Landscaper Process

Based on Best Management Practices the Town of Charlestown has learned, we recommend landscapers doing business in Charlestown utilize and agree to this process:

- Each company applying Herbicides / Pesticides must have employees that are RI DEM certified: <http://www.dem.ri.gov/programs/bnatres/agricult/pesticide.php>
- Each company must take RI DEM Sustainable Turf Management for Landscapers scoring system and strive to be awarded a Green Certification by RI DEM. RI DEM Self-certification Checklist for Landscapers: [www.dem.ri.gov/programs/benviron/assist/grncert/pdf/scapechk.pdf](http://www.dem.ri.gov/programs/benviron/assist/grncert/pdf/scapechk.pdf)
- Soil tests should be made to determine lime requirements prior to any other application. If the pH is acidic, pelletized lime can be spread to raise the pH to make a healthier lawn, and not utilize nitrogen fertilizer
- Charlestown strongly recommends you utilize a soil test for nutrients (UConn and UMass), but the application of nitrogen not to exceed 2 #'s / 1,000 sq. ft.
- Measure and document the lawn so that measurement can be used to only spread less than 2 pounds of nitrogen / 1,000 sq. feet annually. Use a non-water soluble or slow release nitrogen fertilizer. Speak to your professional supplier. The Town will work with local wholesalers and retailers to make slow release nitrogen fertilizers available
- No fertilizer application in buffer zones of ponds, roadways and driveways so runoff will not end up on our salt ponds. No fertilizing prior to rain or in rain
- Recommend maintaining a vegetative buffer between lawns and water bodies or salt ponds
- Good practice (organic) cultural methods that all landscapers should be following:
  - Lawns cut at 3", or the highest number on the lawn mower deck to reduce weeds, as higher grass means a cooler ground so weeds don't germinate. Not picking up the grass clippings is the equivalent of spreading one half pound of nitrogen fertilizer on the homeowner's lawn. Returning clippings will help with nutrient recycling and reduce fertilizer needs
  - Crisscross or diagonal mowing to not stress or compact the grass
  - Use a mulching mower and do not collect grass clippings. Sweep or leaf blow fertilizer and clippings back on lawn
  - Watering strategies that use only 1" of water per week (rain barrels or drip irrigation for crops and gardens, smart irrigation systems, and not hand watering or irrigation systems that pour unmeasured water on the lawn rain or shine). If your customer uses an automatic sprinkler system, water deeper no more than twice a week and have the customer use a rain gauge to stop watering during and immediately after rain. Recommend upgrading to an intelligent irrigation computerized system ensuring that watering of the lawn is infrequent. Properly adjust individual sprinkler heads to avoid watering paved surfaces and wasting water. Check with local homeowner's association about irrigation rules
  - Lawn aeration, coring, dethatching in the fall, slice seeding (over seeding) in the late summer or early fall. Over-seeding lawns thickens and creates a healthy lawn minimizing the use of chemical fertilizers, herbicides and pesticides
  - Plant drought and pest resistant grasses
- Educate the homeowner
  - What is a "Healthy Lawn" and what it takes to maintain a healthy lawn
  - There will be some change in color

TOWN OF CHARLESTOWN- TOWN CLERK'S OFFICE  
4540 South County Trail  
Charlestown, RI 02813

RECEIVED

**BUSINESS LICENSE APPLICATION**

FAILURE TO COMPLETE THIS FORM PROPERLY MAY RESULT IN DELAYS IN THE ISSUANCE OF YOUR LICENSE.

    **NEW**                          **RENEWAL**                          **TRANSFER**

**PLEASE CHECK APPLICABLE LICENSES**

<u>   </u> Business Registration	\$10.00	<u>   </u> Mechanical Amusement and/or pool tables	\$20/machine up to 3, \$10 each addl.
<u>   </u> Gift/Antique/Seconds	\$25.00	<u>   </u> Tourist Accommodation	\$25 for 1-5 rooms; \$50 for 6-26 rooms, \$75 for 26+ rooms
<u>   </u> Holiday	\$50.00	<u>   </u> Flea Market	\$500 for 200 sites, \$10 ea addl.
<u>   </u> Victualing	\$25.00	<u>   </u> Mobile Home Park	\$25.00 per site
<u>   </u> Hawker <u>   </u> Peddler	\$50.00	<u>   </u> Entertainment - Special Outdoor	\$100 per event
<u>   </u> Kennel	\$25.00		
<u>   </u> Firearm	\$5.00		
<u>   </u> Private Detective	\$50.00		
<u>   </u> Entertainment-General	\$50.00		

**You must attach copies of State approvals and or permits that are required for your business. Please fill in all blanks.**

Name of Business \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Owner of Property \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Business Website \_\_\_\_\_

Description of Business \_\_\_\_\_

Hours of Operation \_\_\_\_\_ Seating Capacity \_\_\_\_\_

Zoning Designation \_\_\_\_\_ PLAT \_\_\_\_\_ LOT \_\_\_\_\_ # of Parking Spaces Available \_\_\_\_\_

Fire District \_\_\_\_\_ Date Business Started \_\_\_\_\_

If **Flea Market**, state maximum number of vendors, days of operation \_\_\_\_\_

If **Tourist Accommodation**, do you have a bed and breakfast OR motel? Number of Rooms Available \_\_\_\_\_

If **Entertainment** what type of license are you requesting? \_\_\_ General \_\_\_ Indoor \_\_\_ Outdoor

Type of entertainment to be provided \_\_\_\_\_

Hours of entertainment \_\_\_\_\_ Admittance Fee \_\_\_\_\_

If **Mobile Home**, location \_\_\_\_\_

If **Mobile Home park**, number of sites \_\_\_\_\_

If **Mechanical Amusement**, number of devices \_\_\_\_\_

If **Kennel**, (RIGL Title 4, Ch 4-13-10 Kennel Licenses and Town Ordinances)

Kennel – any establishment engaged in breeding, buying, selling, trading or boarding animals.

Number of dogs to be kept \_\_\_\_\_

If **Hawker or Peddler**, Type of Operation

- ( ) The sale of perishable foodstuffs and soft beverages
- ( ) The sale of items made by your own hand
- ( ) The sale of other articles of general merchandise or manufacture, including balloons, flowers, etc.
- ( ) The sale of items to be sold from a vehicle such as, \_\_\_\_\_

Persons dispensing food are required to have an inspection by the State of Rhode Island, Department of Health.

*I hereby certify that the information contained herein is complete, accurate and truthful to the best of my knowledge.*

\_\_\_\_\_  
Signature of Applicant

Pursuant to section 23-27.3-113.1 of the RIGL, a building permit shall be required for the construction, enlargement, alteration or removal of any building or equipment and of the change of use or occupancy of any building. All proposed signs must comply with Article XI of the Charlestown Zoning Ordinance.

**THIS OFFICE CANNOT ISSUE ANY LICENSE UNLESS TAXES ARE CURRENT.**

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**FOR OFFICE USE ONLY**

_____ Building Official Approval	_____ Tax Collector Approval
_____ Fire Inspector Approval	_____ Town Council Approval
_____ Police Approval	_____ Town Clerk Approval
_____ Permit to Make Sales	_____ Dept. of Health Approval

Date Paid \_\_\_\_\_ Check Number \_\_\_\_\_

License Number \_\_\_\_\_ Date Issued \_\_\_\_\_