

CK#14105 \$79.00

### LICENSE APPLICATION FOR - ARBORIST MUNICIPAL CODE SECTION - 4-19

I. APPLICATION TYPE Check One: New \_\_\_\_\_ Renewal  37 yrs

#### II. BUSINESS DATA

A. Business Name: MICHIANA TREE

B. Business Address: 2107 S 3rd ST

City: NILES State: MI Zip: 49120

C. Mailing Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. Business Telephone Number: 269-6848733

E. Business Fax Number:

F. E-Mail Address:

G. Number of Employees: 3

H. Number of Vehicle Plates Needed: 3

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs: \_\_\_\_\_

BUCKET-CHIPPER - BILCAT-LOADER TRACTOR 2-STUMP GRINDERS-3 DUMP TRUCKS

J. Do you propagate your own stock? Yes: \_\_\_\_\_ No:

If No, where is stock purchased: \_\_\_\_\_

K. Insurance Carrier, Agency, and Amount of Liability Insurance: \_\_\_\_\_

WEST BEND MUTUAL INS - T.C.U. AGENT 100,000,000 LIABILITY INS

L. Type of zoning at the business location: COMMERCIAL

#### For Office Use Only

Application Filed MAY 23 2018 Parks Board Approval \_\_\_\_\_

Application Fee Paid MAY 23 2018 License Fee Paid MAY 23 2018

Sent to Dept. MAY 23 2018 License Number 18-437

Plate Number(s) \_\_\_\_\_

Not Approved \_\_\_\_\_

Reason \_\_\_\_\_

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Robert E. PAWLAK
- B. Residential Address: 2107 53rd  
City: Niles State: Mi Zip: 49120
- C. Residential Telephone Number: SAME BUSINESS 269-684-8733
- D. Cellphone Number: 574-286-0095
- E. Position with Business: OWNER

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: SAME AS ABOVE
- B. Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- C. Residential Telephone Number: \_\_\_\_\_
- D. Cellphone Number: \_\_\_\_\_
- E. Position with Business: \_\_\_\_\_

V. EXPERIENCE / REFERENCES

- A. Are you familiar with prevalent tree and shrub diseases and competent to prescribe and apply control measures?  
Yes: \_\_\_\_\_ No:  Explain Fully: We are only in Trimming / Removal of Trees / Stumps
- B. What experience or training in tree surgery have you had?  
Explain Fully: 38 yrs IN BUSINESS
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
- 1: JOHN WITMUSS 1724 S 3rd ST NILES
  - 2: ROSEMARY SPAIN 2429 S 3rd ST NILES
  - 3: PAUL MOOREY 1020 JULET NILES
  - 4: NICK - PRIME TABLE RESTAURANT - 1915 S 11TH ST NILES

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D. Please list all previous employment for three (3) years prior to the date of this application:

Company	Address	City, State, ZIP	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

E. Do you have an International Society of Arboriculture certification?

Yes: \_\_\_\_\_ No:  \_\_\_\_\_

If yes, submit a copy of the certification with the application.

VI. INCLUDE CERTIFICATE OF INSURANCE WITH APPLICATION WITH THE CITY OF SOUTH BEND LISTED AS AN ADDITIONAL CERTIFICATE HOLDER

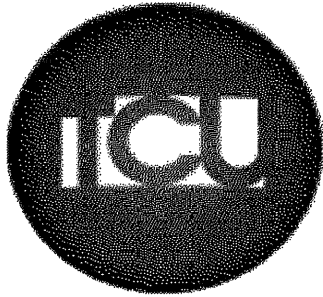
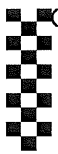
VII. INCLUDE \$5.00 PROCESSING FEE WITH APPLICATION

VIII. AFFIRMATION

I, hereby, certify and affirm that all of the information I have given in this application is true and accurate to the best of my knowledge. I further certify that I have in no way attempted to mislead the City in this application by omitting facts known to me. I agree to permit periodic inspection of my equipment by the Board of Park Commissioners or their agent. I have read and understand the regulations of the Arborist license found in the City of South Bend Municipal Code, Section 4-19.

Robert E Paulak  
Signature

May 14, 2018  
Date



# Insurance Agency

Niles  
1500 South 11th Street  
Niles, MI 49120  
574-256-6070

To: \_\_\_\_\_  
Fax Number: 5742359021  
Company: \_\_\_\_\_

Date: May 23, 2018  
Subject: Michiana Tree Service Certificate  
Total Pages: 2

From: Holt, Bridget  
Fax Number: 574-236-3538  
Memo:

TCU offers a full line of products and services for your financial and insurance needs....  
how can we help you today?

This fax and any attachments are for the exclusive and confidential use of the intended recipient. If you are not the intended recipient, please do not read, distribute or take action in reliance upon this message. If you have received this error, please notify me immediately by return fax/phone and promptly destroy this message and its attachments.



**Customer Number:** 0110180605  
**Policy Number:** 0695769 13

**Policy Period:** 12/13/2017 to 12/13/2018  
at 12:01 AM Standard Time at Your Mailing Address Shown Below

**Named Insured and Address:**

Robert Pawlak  
DBA Michiana Tree Service  
2107 S 3rd St  
Niles, MI 49120-4007

**Agency Name and Address:**

TCU INSURANCE  
For Service or Inquiry Call  
Customer Care at 1-866-926-4244

13913

Insured is a(n) Individual

**Limits of Insurance**

General Aggregate Limit (other than Products/Completed Operations)	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Each Occurrence Limit	\$1,000,000
Personal and Advertising Injury Liability Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$100,000
Medical Expense Limit, Any One Person	Excluded

See attached Forms Schedule for forms and endorsements applicable to this coverage.