

CK #3628 \$68.50

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: B and B Floral Adventures

B. Business Address: 26160 LAKE LANE

City: South Bend State: IN Zip: 46619

C. Mailing Address (If different from above): SAME

City: _____ State: _____ Zip: _____

D. Business Telephone Number: (574) 289-2017

E. Business Fax Number: N/A

F. E-Mail Address: N/A

G. Number of Employees: only self

H. Number of Vehicle Plates Needed: 1 (one)

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs: I only use hand tools, by-pass pruners & loppers, rake, shovel; I don't trim trees

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

If No, where is stock purchased: Roseland Garden Ctr, Mathys Garden Milling

K. Insurance Carrier, Agency, and Amount of Liability Insurance: Westfield Insurance, Source Ins Inc. Box 1602, South Bend, IN 46634-1602 (Gen Aggregate \$1,000,000 Personal Injury \$1,000,000 Each Occurrence - \$1,000,000 * see enclosed copy *

L. Type of zoning at the business location: I do not have a business location, I use my home address but landscape at customers locations (residential)

For Office Use Only

Application Filed FEB 04 2019 Parks Board Approval _____
Application Fee Paid FEB 04 2019 License Fee Paid FEB 04 2019
Sent to Dept. FEB 04 2019 License Number 19-587
Plate Number(s) _____

Not Approved _____
Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Bette J. Roe
- B. Residential Address: 21660 LAKE LANE
City: South Bend State: IN Zip: 46619
- C. Residential Telephone Number: (574) 289-2017-use also for business
- D. Cellphone Number: seldom use (574) 850-6588
- E. Position with Business: owner

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Bette J. Roe
- B. Residential Address: same as above
City: _____ State: _____ Zip: _____
- C. Residential Telephone Number: (574) 289-2017
- D. Cellphone Number: same as above
- E. Position with Business: owner

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: familiar with diseases but do not treat tree diseases - use natural products - Safers Soap, dormant oil on shrubs

- B. What experience or training in tree surgery have you had?

Explain Fully: do not perform tree surgery

- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):

- 1: Peter Ruttigieg - Spring-Fall maintenance, 107 W. Northshore, S. Bend, IN 46617
- 2: James Linder, 1336 E. Wayne North, S. Bend, IN, 46615 - Spring-Fall 2018
- 3: Ed Levy - Freeman Spicer Services - 316 S. Eddie St., S. Bend, IN, 46624 - Spring-Fall 2018
- 4: Alan Feldbaum, 1465 E. Washington, S. Bend, IN, 46617 - Spring-Fall 2018

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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
have owned my business for 24-25 years			

(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.

Bettee Roe
Signature

01-28-19
Date



COMPANY PROVIDING COVERAGE		WESTFIELD INSURANCE COMPANY		
NAMED INSURED AND MAILING ADDRESS		AGENCY	13-08148	PROD.
BETTY ROE DBA B & B FLORAL ADVENTURES 26160 LAKE LN SOUTH BEND IN 46619		1ST SOURCE INSURANCE INC PO BOX 1602 SOUTH BEND IN 46634-1602 TELEPHONE 800-510-4102		000
Policy Number: CWP 3 723 980		WIC Account Number: 1301916808		
Policy Period	From To	01/01/19 01/01/20	at 12:01 A.M. Standard Time at your mailing address shown above.	

LIMITS OF INSURANCE -

General Aggregate Limit (Other Than Products/Completed Operations)	\$1,000,000
Products/Completed Operations Aggregate Limit	\$1,000,000
Personal & Advertising Injury Limit (Per Person Or Organization)	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit (Any One Premises)	\$100,000
Medical Expense Limit (Any One Person)	\$5,000

TOTAL ADVANCE ANNUAL GENERAL LIABILITY PREMIUM

Deductible Liability Insurance Applies

Forms And Endorsements Applicable To This Coverage Part:
 CG0300A 0196 , CG2167 1204 , CG0001 0413 , IL0021 0908 , CG7000 1298 ,
 CG2503 0509 , CG2504A 0509 , CG2147 1207 , CG0123 0397 , CG7017 1298 ,
 CG2106 0514 , IL7013 1206* , CG2170 0115 , IL0272 0907 , IL0158 0908 ,
 IL0117 1210 , CG2426 0413 , CG2279 0413 , CG7023 0715 , CG7022 0392 .