

CK#35511 \$5.00

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

I. APPLICATION TYPE Check One: New _____ Renewal X

II. BUSINESS DATA

A. Business Name: Integrity Tree Services, LLC

B. Business Address: 2300 Sanford Ave SW

City: Grandville State: MI Zip: 49418

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 616-301-1300 x 180

E. Business Fax Number: 616-301-9900

F. E-Mail Address: davek@integritytree.com

G. Number of Employees: 154

H. Number of Vehicle Plates Needed: 12

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs: pick-up trucks, utvs, tracked feller buncher, wheeled and tracked skidder, tracked and wheeled whole tree chippers, brush chipper, bucket trucks, TimberPro forwarder, wheeled + tracked skidder, chip trucks

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

If No, where is stock purchased: ITS is an authorized contractor for American Electric Power and Duke Energy and does not plant trees

K. Insurance Carrier, Agency, and Amount of Liability Insurance: Ottawa-Kent Insurance Agency, Inc. \$5,000,000

L. Type of zoning at the business location: Commercial

Bal-102.00

For Office Use Only	
Application Filed <u>JAN 23 2019</u>	Parks Board Approval _____
Application Fee Paid <u>JAN 23 2019</u>	License Fee Paid _____
Sent to Dept. <u>JAN 23 2019</u>	License Number <u>19-7085</u>
	Plate Number(s) _____
Not Approved _____	
Reason _____	

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: David Ross Karsten
- B. Residential Address: 14300 Heffron Rd NE
City: Belding State: MI Zip: 48809
- C. Residential Telephone Number: N/A
- D. Cellphone Number: 616-826-3732
- E. Position with Business: Project Manager

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Shane Herrama
- B. Residential Address: 5284 Baldwin St
City: Hudsonville State: MI Zip: 49426
- C. Residential Telephone Number: NA
- D. Cellphone Number: 616-291-1889
- 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: I was head of the tree care program for 2 years at ProCare Tree Service and am a certified Arborist & Certified Arborist Utility Specialist with the International Society of Arboriculture
- B. What experience or training in tree surgery have you had?
Explain Fully: I ran a crew of tree care workers for 3 years, became a certified line clearance arborist through ACRT, became a certified arborist & certified arborist utility specialist through ISA & am now project manager for 4 crews covering 4 states.
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
- 1: Buras, Mr. Donnell, Jackson Rd-Marshall, South Bend, IN Nov-2017-Nov-2018
 - 2: American Electric Power, Tulip Rd, South Bend, IN Oct 2017-Present
 - 3: American Electric Power, Linden Rd, ~~WV~~ Looneyville, WV Mar 2018-Present
 - 4: Rockstad Power, Boone Area Improvement Projects Charleston, WV Jan 2019-Present

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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
<u>Integrity Tree Services</u>	<u>2300 Sanford Ave SW</u>	<u>Grandville, MI 49418</u>	<u>9/2012 - present</u>
<u>ProCare Tree Services</u>	<u>675 Clyde Ct SW</u>	<u>Byron Center, MI 49315</u>	<u>9/2007 - 9/2012</u>

(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.

MI-4159A

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

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.

Deane Karsten

Signature

1/8/19

Date

