3 14

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

I. APPLICATION TYPE	Check One:	New	Renewal					
II. BUSINESS DATA								
	me: Mramon	US True S	ervice.					
	dress: SUITT F			= <u></u> -				
	South Bend	State: \	Zip:	46419				
C. Mailing Add	ress (If different from ab	ove): soume	150					
D. Business Tel	lephone Number: <u>57</u>	4-286-14	128					
	Number: N/A							
F. E-Mail Addre	ess: gilber to r	niramonte	S@att.ne	2+				
G. Number of E	Employees: 2 - +	wo						
H. Number of Vehicle Plates Needed: 8- もらいナ								
I. List Equipme Hi - Ran SKI 109	nt for planting, removin ge, いねかい, ger	g, trimming, spraying Stump grin	s, and care of trees	and shrubs:				
J. Do you propa	agate your own stock? \	/es:	No:X					
If No, v	where is stock purchased	: LOCAL NUI	sery					
K. Insurance Ca	arrier, Agency, and Amo	unt of Liability Insura	nce:					
Michiga	id insurance	2-19ability	1 INS V rang	ie				
25U - U	107 - \$1,00	0,000.00	tone mill	ion)				
L. Type of zonir	ng at the business location	on: <u>Reside</u> 1	ntial					
	For	Office Use Only						
Application Filed	JAN - 7 2019	D   D   A						
Application Flee Paid JA	AN - 7 2019	Parks Board Appro License Fee Paid		2019				
Sent to Dept	200 G TO AVAIL	License Number		ZUIJ				
VA.	. 20.0	Plate Number(s) _						
Not Approved Reason								

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

III. APPLICANT'S PERSONAL DATA
A. Applicant's Legal Name: 6916210 Miramontes
B. Residential Address: 54177 Pine Rd.
City: South Bend State: IN Zip: 4UU19
C. Residential Telephone Number: $574 - 234 - 9728$
D. Cellphone Number: 574 - 280 - 1428
E. Position with Business: <u>OWN-UP - CEO</u>
IV. OWNERS PERSONAL DATA
A. Owners Legal Name: G916-010 Miramonius
B. Residential Address: SUITT Pine Rd.
City: South Band State: 1N zip: 44419
C. Residential Telephone Number: 574 - 234 - 9728
D. Cellphone Number: 574 - 280 - 1428
E. Position with Business: OWD-LY - CEO
V. EXPERIENCE / REFERENCES
A. Are you familiar with prevalent tree and shrub diseases and competent to prescribe and apply control measures?
Yes:No:XExplain Fully: When asked by
customers, we room a dispense of any dall
diseased shrubs or trees.
B. What experience or training in tree surgery have you had?
Explain Fully: On the job training For the 198t
33 years.
C. List below, the names and addresses of not less than four (4) clients where you have
recently performed work (include dates):
1: Serena Howiey-1013 Edefferson-312-523-8504-8/1/13
2: Michael Spaiding-1714 Edefferson Lasalle Ave-234-5641-8/8
3: Jerome inchanon-2011 Esefferson-233-3991-10/3/13
4: Richard CWIK-SSALED Raintree Rd 474-9709-10/3/13

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

	D. Please list all previou	us employment for three (3)	) years prior to the date of	this application:
	Company	Address	City, State, ZIP	Dates
	self-employ	z <u>ud</u>		-
	(Attach additional shee	ts if necessary)	-:	T. :
	E. Do you have an Inter Yes:	national Society of Arboricu No: X	lture certification?	
	If yes, submit a cop	y of the certification with th	e application.	
VI. LISTE	INCLUDE CERTIFICATE OF D AS AN ADDITIONAL CER	FINSURANCE WITH APPLICA	ATION WITH THE CITY OF S	SOUTH BEND
VII.	INCLUDE \$5.00 PROCESS	ING FEE WITHAPPLICATION		
VIII.A	FFIRMATION			
	accurate to the best of mislead the City in this a inspection of my equipr	firm that all of the informat my knowledge. I further cer application by omitting fact nent by the Board of Park C ons of the Arborist license f	tify that I have in no way a s known to me. I agree to commissioners or their age	attempted to permit periodic ent. I have read and
10	gant 13	1	1-5	-19
	Signatu	re	7.0	Date

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DATE (MM/DD/YYYY)

## CERTIFICATE OF LIABILITY INSURANCE

08/08/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

t	his certificate does not confer rights t	o the	cert	ificate holder in lieu of su	uch end	orsement(s)	).				
PRO	DOUCER				CONTAC NAME:	Nikole M	cCarthy				
Michiana Insurance				PHONE (A/C, No. Ext). (574)256-6707 (A/C, No.): (574)256-6895							
1117 Lincolnway East					E-MAIL ADDRESS: Nikole@dacinsurance.com						
	,				MARKES	- ACCOUNT OF THE OWNER				1	
Mishawaka IN 46544					INSURER(S) AFFORDING COVERAGE INSURER A : Scottadale insurance Co.					NAIC #	
IN 4044					The same of the sa					41297	
	Miramontes Tree Service				The second section of the second seco						38784
56177 Pine Rd.					INSURER C:						
	SOFF TREAM.				INSURE						
	Cardh Danid			Ibi anna	INSURER E:						
00	South Bend	mimi	~ ^ ***	IN 46619	INSURE	3 F :					
				NUMBER:		NI IDOLLED DE		REVISION NUM	BER:		
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	₽ER1 PER1	REME TAIN, CIÉS.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	DED BY BEEN R	/ CONTRACT THE POLICIE EDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	PATON INVENIT MATE	1 000000	ጥፐ ፕሮ	MALECUL TURO
INSR LTR		INSD	SUBR	POLICY NUMBER	- 1	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	1	
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ 1,00		s 1,00	0,000
	CLAIMS-MADE X OCCUR				1			DAMAGE TO RENTE PREMISES (Ea occur	(ance)	s 100,	000
		1	İ		1			The state of the s		\$ 5,00	)
Α		N	N	CPS3063248	1	05/06/2018	05/06/2019	PERSONAL & ADV INJURY S 1.00		s 1.00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				1			GENERAL AGGREGA	ATE	\$ 2,00	000,0
	POLICY PRO- LOC							PRODUCTS - COMP/	OP AGG	s 2,00	0,000
	OTHER:									\$	***************************************
	AUTOMOBILE LIABILITY	307000000						COMBINED SINGLE ( (Ea accident)	LIMIT	5	***************************************
	OTUA YAA							BODILY INJURY (Per person) 5 25,0		00	
В	X OWNED SCHEDULED AUTOS		N	03271183-8	10/21/2017	10/21/2017	10/21/2018	The state of the s			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	A STATE OF THE PARTY OF THE PAR	\$ 25,00	
								"ft-et-stytidein"		S	-
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		Ś	***************************************
	EXCESS LIAB CLAIMS-MADE									***************************************	
	DED RETENTIONS							AGGREGATE		5	
	WORKERS COMPENSATION				- 1			PER	OTH-	5	
AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					-				E	_	
		N/A						E.L. EACH ACCIDENT		<u> </u>	
	If yes, describe under DESCRIPTION OF OPERATIONS below				1			EL DISEASE - EA EN			***********
	DESCRIPTION OF CITETIONS DODGE							EL. DISEASE - POLIC	PYLIMIT	5	
									i		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (4	CORD	103 Additional Countries Section	144 11144 150	oftenhad d	3 40060 10	- A			
				1417 ANIMANNI HARMANA BOLLOW	ne, may no	attacined it into	e chace is reduil	edi			
Тгее	Servicing										
000	TIEICATE HOLDED										
CER	RTIFICATE HOLDER		_		CANC	ELLATION					
City of South Send 227 W. Jefferson Blvd.					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF. NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
				Misee Durcoonly							
South Bend IN 46601						•					1

ACORD 25 (2016/03)

Email:

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