

Rec No. 460169 \$7550

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: New Image Tree Service LLC

B. Business Address: 1714 S Main St

City: South Bend State: In Zip: 46613

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

City: N/A State: N/A Zip: N/A

D. Business Telephone Number: 574.485.7713

E. Business Fax Number: N/A

F. E-Mail Address: rick_lopez@hotmail.com

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:
Chainsaws, pole pruner, ropes

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

If No, where is stock purchased: _____

K. Insurance Carrier, Agency, and Amount of Liability Insurance: _____

Holland Insurance; 4 Million

L. Type of zoning at the business location: LI

For Office Use Only

Application Filed <u>JAN - 4 2019</u>	Parks Board Approval _____
Application Fee Paid <u>JAN - 4 2019</u>	License Fee Paid <u>JAN - 4 2019</u>
Sent to Dept. <u>JAN - 4 2019</u>	License Number <u>19-7126</u>
	Plate Number(s) _____

Not Approved _____
Reason _____

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III. APPLICANT'S PERSONAL DATA

A. Applicant's Legal Name: Rickey Lopez
B. Residential Address: 933 W Weber Sq
City: South Bend State: In Zip: 46617
C. Residential Telephone Number: 574.485.7713
D. Cellphone Number: 574.485.7713
E. Position with Business: OWNER

IV. OWNERS PERSONAL DATA

A. Owners Legal Name: Rickey Lopez
B. Residential Address: 933 W Weber Sq
City: South Bend State: In Zip: 46617
C. Residential Telephone Number: 574.485.7713
D. Cellphone Number: 574.485.7713
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: X No: _____ Explain Fully: If a tree or shrub needs fertilizer I apply fertilizer spikes as needed, we do not apply any sprays, if tree

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

Explain Fully: 18 years of tree experience, trimmings, shapings, and removals.

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

1: Iris Hodge 11.16.18 Michigan City, IN
2: Irish Reality 12.27.18 Francis St SB, IN
3: Jim Collins 12.10.18 Niles, MI
4: Jarrod Collins 11.02.18 Mishawaka, IN

tree is dead we will cut it down safely.

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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
New Image Tree Service			Past 7 years

(Attach additional sheets if necessary)

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

Yes: _____ No:

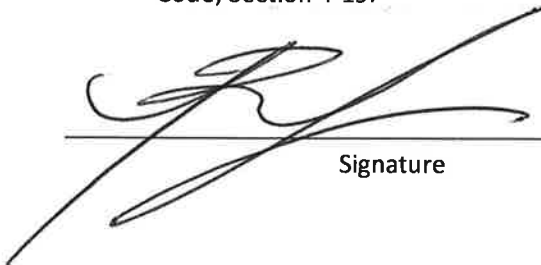
If yes, submit a copy of the certification with the application.

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

VII. INCLUDE \$5.00 PROCESSING FEE WITHAPPLICATION

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.



Signature

1.2.2019

Date

