For all municipal business license questions, contact: City of South Bend • Department of Community Investment 227 West Jefferson Blvd • Suite 1400 S • South Bend, Indiana 46601 • 574.235.5912 • F: 574.235.9021

CK# 308.51 \$72.00

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

I. APPLICATION TYPE Check One: NewRenewal
II. BUSINESS DATA
A. Business Name: SERENESCAPES INC.
B. Business Address: 21181 Jackson 20
City: SOUTH BEND State: IN Zip: 46614
C. Mailing Address (If different from above):
City:State: Zip:
D. Business Telephone Number: 674 - 231 - 1941
E. Business Fax Number:
F. E-Mail Address: SERENESCAPES @ SBLGLOBAL.NET
G. Number of Employees:
H. Number of Vehicle Plates Needed:
J. Do you propagate your own stock? Yes: If No, where is stock purchased: M. Kinsurance Carrier, Agency, and Amount of Liability Insurance:
HASTINGS MUTUAL (THE HEALY GROUP). \$ 2,000,000 AGGREGATE
1,000,000 PER OCCURENCE.
L. Type of zoning at the business location:
the Marine of the State of the
For Office Use Only
Application Filed JAN 1 4 2019 Parks Board Approval
Application Fee Paid IAN 1 4 2019 License Fee Paid JAN 1 4 2019
Sent to Dept. JAN 1 1 2019 License Number /9- 4397 Plate Number(s)
Flate Nulliber(s)
Not Approved
Reason

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

III. APPLICANT'S PERSONAL DATA
A. Applicant's Legal Name: Lange Gard N. MILLS
B. Residential Address: 11477 SRIT OM DZ
City: Grances State: IN Zip: 46530
C. Residential Telephone Number:
D. Cellphone Number:
E. Position with Business: LANDSCAPE MAINTENANCE MANAGED
IV. OWNERS PERSONAL DATA
A. Owners Legal Name: SCOTT R. CHAPLA
B. Residential Address: 21181 JACKSON ROAD
City: Sov7H BEND State: IN Zip: 46614
C. Residential Telephone Number:
D. Cellphone Number: 574-532-9943
E. Position with Business: DWNEZ
The state of the s
N. EVOCALENCE (DECEMBER
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: 20+ YEARS EXPENSIONE
IN THE LANDSCAPE INDUSTRY, LICENSED ARBORIST
SINCE 2002.
B. What experience or training in tree surgery have you had?
Explain Fully: 6 YEARS TRAINING UNDER DEGREED LAWDSCAPE
CONTRACTOR. LANDSCAPE BUSINESS DWIER FOR ID YES. CURLENTY
MANAGING MAINTENANCE DPERATIONS FOR SENENESCAPES,
C. List below, the names and addresses of not less than four (4) clients where you have
recently performed work (include dates):
1: (DZ) 4ES. 21710 KAVENNA, S.B. 3/2018 - 12/2018
2: MAGORRES, 21425 KEOFT, S.B. 3/2018 - 12/2018
3: COOK RES. 3352 TOBFIELD, S.B. 3/2018 - 12/2018
4: DOWNEY RES. 55615 WHIPPOORWILL, S.B. 3/2018 - 12/2018

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

	vious employment for three (3)		his application:
Company	Address	City, State, ZIP	Dates
SORENES CAPES	SINOSYDACTONISO	Samber D46614	2001- 7200
		·	
7		×	
(Attach additional sh	neets if necessary)		
	ternational Society of Arboricu	lture certification?	
Yes:			
If yes, submit a c	copy of the certification with th	e application.	
VI. INCLUDE CERTIFICATE	OF INSURANCE WITH APPLICA	TION WITH THE CITY OF SO	LITH REND
LISTED AS AN ADDITIONAL C	ERTIFICATE HOLDER	ment with the city of 50	OTTIBLIND
VII. INCLUDE \$5.00 PROCE	ESSING FEE WITHAPPLICATION		
VIII.AFFIRMATION			
I, hereby, certify and accurate to the best	affirm that all of the informati of my knowledge. I further cert	on I have given in this appli tify that I have in no way att	cation is true and
mislead the City in th	nis application by omitting facts	known to me. I agree to pe	ermit periodic
inspection of my equ	ipment by the Board of Park Co	ommissioners or their agent	t. I have read and
Code, Section 4-19.	lations of the Arborist license for	ound in the City of South Be	end Municipal
360			
\s			
Bug Wills		1-9-	19
Signa	ature		Date

in the state of th



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/10/2019

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.

th	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su	ich end	lorsement(s)	policies may	require an endorsemen	it. A Si	atement on
	DUCER				CONTA NAME:	СТ				
	Healy Group, Inc. 35 Generations Drive				PHONE (A/C, No, Ext): (574) 271-6000 FAX (A/C, No): (574) 243-3214					243-3214
	th Bend, IN 46635				E-MAIL ADDRE	SS:		1,		
						INS	SURER(S) AFFO	RDING COVERAGE		NAIC#
				INSURER A : Hastings Mutual Ins. Co.				14176		
INSURED			INSURER B:							
Serenescapes, Inc.				INSURER C :						
	21181 Jackson Rd South Bend, IN 46614-4014				INSURER D:					
	30uii Beliu, IN 46614-4014				INSURER E :					
	1000 St. Andrew St. A.				INSURE	RF:				
				NUMBER:				REVISION NUMBER:		
CI	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	PFR	TAIN	THE INSURANCE AFFOR	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE	-OT TO	MARILOLL TLUO
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	DELINI	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)			
A	X COMMERCIAL GENERAL LIABILITY	טפאוו	77.70	. STIGHT HOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000
	CLAIMS-MADE X OCCUR	x		CPP9861702		5/4/2018	5/4/2019	DAMAGE TO RENTED	\$	100,000
		^		CHAIR SANGETT		J. 112010	0,4,2013	PREMISES (Ea occurrence)	\$	10,000
								MED EXP (Any one person)	s	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	-	2,000,000
	POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	2,000,000
	OTHER:						3	PRODUCTS - COMP/OP AGG	\$	_,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
2	X ANY AUTO			ACV9861703		5/4/2018	5/4/2019	BODILY INJURY (Per person)	s	,,,,,,,,,,
	OWNED SCHEDULED AUTOS ONLY AUTOS						J. 1. 2010	BODILY INJURY (Per person) BODILY INJURY (Per accident)	s	
	HIRED NON-OWNED AUTOS ONLY						1	PROPERTY DAMAGE (Per accident)	5	
							1	(Per accident)	s	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	s	1,000,000
- [EXCESS LIAB CLAIMS-MADE			ULC9861706		5/4/2018	5/4/2019	AGGREGATE	s	1,000,000
	DED RETENTION \$			1				HOUNEONIE	\$	
Α	ORKERS COMPENSATION ID EMPLOYERS' LIABILITY	N/A	WC 9861704				X PER OTH-	Y		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N				5/4/2018	5/4/2019	E.L. EACH ACCIDENT	s	500,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	s	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						1	E.L. DISEASE - POLICY LIMIT	s	500,000
A	Equipment Floater			CPP9861702		5/4/2018	5/4/2019	Rented/Leased Equip	-	80,000
DESC ity o	RIPTION OF OPERATIONS / LOCATIONS / VEHICL of South Bend is listed as Additional In:	ES (A	icord	101, Additional Remarks Schedu	le, may be	attached if mor	e space is requir	ed)		
CER	TIFICATE HOLDER				CANC	ELLATION				
City of South Bend Arborist Business Licensing, 1400 S. 227 W Jefferson Blvd South Bend, IN 46601				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE						