

CK# 30851 \$72.00

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: SERENESCAPES INC.

B. Business Address: 21181 JACKSON RD

City: SOUTH BEND State: IN Zip: 46614

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-231-1941

E. Business Fax Number: 574-231-1930

F. E-Mail Address: SERENESCAPES@SBLGLOBAL.NET

G. Number of Employees: 14

H. Number of Vehicle Plates Needed: 2

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs:
PRUNERS, SHEARS, VACS, BLOWERS AND MISL. HAND TOOLS

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

If No, where is stock purchased: MCKINLEY GARDEN CENTER

K. Insurance 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: _____

For Office Use Only

Application Filed JAN 14 2019 Parks Board Approval _____

Application Fee Paid JAN 14 2019 License Fee Paid JAN 14 2019

Sent to Dept. JAN 14 2019 License Number 19-4397

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: GREGORY N. MILLS
B. Residential Address: 11477 SPLIT OAK DR
City: GRANGER State: IN Zip: 46530
C. Residential Telephone Number: -
D. Cellphone Number: 574-360-6553
E. Position with Business: LANDSCAPE MAINTENANCE MANAGER

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: SCOTT R. CHAPLA
B. Residential Address: 21181 JACKSON ROAD
City: SOUTH BEND State: IN Zip: 46614
C. Residential Telephone Number: -
D. Cellphone Number: 574-532-9943
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: 20+ YEARS EXPERIENCE
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 DEGREEED LANDSCAPE
CONTRACTOR. LANDSCAPE BUSINESS OWNER FOR 10 YRS. CURRENTLY
MANAGING MAINTENANCE OPERATIONS FOR SCULPTURES.

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

- 1: COZY RES. 21710 RAVENNA, S.B. 3/2018 - 12/2018
- 2: MAGOL RES. 21425 KROFT, S.B. 3/2018 - 12/2018
- 3: COOK RES. 3352 TOPFIELD, S.B. 3/2018 - 12/2018
- 4: DOWNY RES. 55615 WHIPPOORWILL, S.B. 3/2018 - 12/2018

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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
<u>SERENESCAPES</u>	<u>2718 JACKSON RD</u>	<u>SOUTH BEND 46614</u>	<u>2/2011 - PRESENT</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.

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.


Signature

1-9-19
Date

