

CK#1911 \$79.00

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

I. APPLICATION TYPE Check One: New _____ Renewal

II. BUSINESS DATA

A. Business Name: TLC Tree Removal INC

B. Business Address: ~~701 W Chippewa~~

★ 701 W Chippewa City: South Bend State: IN Zip: 46614

C. Mailing Address (If different from above): P.O. Box 1332

City: South Bend State: IN Zip: 46624

D. Business Telephone Number: 574-291-0233

E. Business Fax Number: _____

F. E-Mail Address: MAN FIRE 2 @ AOL.COM

G. Number of Employees: _____

H. Number of Vehicle Plates Needed: 4

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs:

1 Pick up truck, 2 Dump trucks, 1 Bucket Truck.

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

If No, where is stock purchased: _____

K. Insurance Carrier, Agency, and Amount of Liability Insurance: Robert E Lee

INSURANCE, 1 million

L. Type of zoning at the business location: I rent some com. property.

For Office Use Only

Application Filed JAN 10 2019 Parks Board Approval _____

Application Fee Paid JAN 10 2019 License Fee Paid JAN 10 2019

Sent to Dept. JAN 10 2019 License Number 19-586

Plate Number(s) _____

Not Approved _____

Reason _____

★ I would rather that my Business Address not be known by the public. Due to the fact that I have equipment at that address, that I have to take people to court at times that may try to do something I could provide other locations if needed.

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III. APPLICANT'S PERSONAL DATA

A. Applicant's Legal Name: Tracey Allen Canady
B. Residential Address: 60859 Blue Oak Lane East
City: South Bend State: IN Zip: 466014
C. Residential Telephone Number: 574-291-0233
D. Cellphone Number: 574-276-3582
E. Position with Business: Owner

IV. OWNERS PERSONAL DATA

A. Owners Legal Name: Tracey Allen Canady
B. Residential Address: 60859 Blue Oak Lane East
City: South Bend State: IN Zip: 466014
C. Residential Telephone Number: 574-291-0233
D. Cellphone Number: 574-276-3582
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 do not treat trees yet. I do some pruning but mostly removal.

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

Explain Fully: None.

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

- ~~1-13-19~~ 1: Mita King - 1735 E Elmway - South Bend
 - 10-22-18. 2: Patricio Schlegel - ~~1000 N. Liberty~~ North Liberty
 - 11-15-18. 3: Linda Coppens 1010 Oakside South Bend IN
 - 1-2-19. 4: Miller Builders - 806 Green Pine Ct Mishawaka IN 46545.
- ↓ P.O Box 526 North Liberty IN = 10-22-18.

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

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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
TLC Tree Removal	P.O. Box 1332	South Bend	1997 - Present
South Bend Fire Dept	1222 S Michigan St	South Bend, IN	1997 - Present

(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 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

1-7-19
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/7/2018

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 be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
 Lee Insurance Group
 31 S. Eddy Street
 P.O. Box 1975
 South Bend IN 46617-1975

INSURED
 MC Tree Removal, Inc.
 P.O. Box 1332
 South Bend IN 46624

CONTACT NAME: Commercial Lines	
PHONE (A/C, No, Ext): (574) 234-7788	FAX (A/C, No): (574) 233-2522
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A: West Bend Mutual Ins. Co.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 18/19

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

R	TYPE OF INSURANCE	ADDITIONAL SUBROGATION		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSUR	WVD					
X	COMMERCIAL GENERAL LIABILITY			0669790 13	4/27/2018	4/27/2019	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							
X	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR						AGGREGATE	\$
	EXCESS LIAB							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER	
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		N/A			E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

(574) 235-9021

City of South Bend
 Michelle Adams
 227 W Jefferson Blvd
 Ste 1400 S
 South Bend, IN 46601

CANCELLATION

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

Patrick Kennedy

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