

CK 3880 \$68.50

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: Band B Floral Adventures

B. Business Address: same as home address, (mailing address)
City: South Bend State: IN. Zip: 46619

C. Mailing Address (If different from above): 26160 Lake Lane
City: South Bend State: IN. Zip: 46619

D. Business Telephone Number: (574) 289-2017

E. Business Fax Number: N/A

F. E-Mail Address: Betteflowerlady@G-mail.com

G. Number of Employees: only self

H. Number of Vehicle Plates Needed: 1

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs: only use hand tools - pruners, loppers, shovel, rake.

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

If No, where is stock purchased: usually Matthys Milling & Roseland Garden Ctr
McKinley Terrace Garden Ctr

K. Insurance Carrier, Agency, and Amount of Liability Insurance: Westfield (Old Guard Ins. Co.)
ISI Source Insurance Inc. P.O. Box 1402, S. Bend, IN. 46634-1402
Occurance Limit, Gen Aggregate, Products, Operation \$1,000,000 (see attached copy)

L. Type of zoning at the business location: I work at customers businesses + homes

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For Office Use Only

Application Filed FEB 01 2022 Parks Board Approval _____
Application Fee Paid FEB 01 2022 License Fee Paid FEB 01 2022
Sent to Dept. FEB 01 2022 License Number ARB 2022-023
Plate Number(s) _____

Not Approved _____
Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Bette J. Roe
- B. Residential Address: 2660 Lake Lane
City: South Bend State: IN. Zip: 46619
- C. Residential Telephone Number: (574) 289-2017
- D. Cellphone Number: (574) 850-6588
- E. Position with Business: Owner

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: same as above
- B. Residential Address: same as above
City: _____ State: _____ Zip: _____
- C. Residential Telephone Number: same as above
- D. Cellphone Number: u u u
- 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 only use organic products - ie. dormant oil, Safer's soap, aromatherapy oils usually only treat bushes

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

Explain Fully: I don't do tree surgery

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

- 1: Erin Linder - 125 S. Esther, S. Bend, IN, June - Aug. 2021
- 2: John Bennett - 25525 Country Club Dr. S. Bend, IN. June - Sept 2021
- 3: Alan Feldbaum - 1405 E. Washington, S. Bend, IN. 4/6/17 Spring - Fall 2021
- 4: Ron Bryan - 1251 N. Eddy St. S. Bend, IN, 4/6/17 June - Dec. 2021
Arboreal maintenance

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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
* have owned own business for last 26-27 yrs.			

(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.

Bette J. Roe
Signature

01-30-22
Date



Westfield

One Park Circle, P.O. Box 5001
Westfield Center, OH 44251
800-243-0210
WestfieldInsurance.com

**Commercial General Liability
Declarations
Renewal**

Company Providing Coverage: Old Guard Insurance Company

Named Insured and Mailing Address:

Agency: 138148

BETTY ROE DBA B & B FLORAL ADVENTURES
26160 Lake Ln
South Bend, IN 46619-4509

1st Source Insurance Inc
Po Box 1602
SOUTH BEND, IN 46634-1602
Telephone: 800-510-4102

Policy Number: 3723980

Billing Account Number:
6000012932

Payment Plan: Quarterly
(Paper Invoices)

Policy Period: From: 01/01/2022 To: 01/01/2023

At 12:01 A.M. standard time at your mailing
address shown above

Limits of Insurance

Each Occurrence Limit	\$1,000,000
General Aggregate Limit (Other than products/completed-operations)	\$1,000,000
Products/Completed-Operations Aggregate Limit	\$1,000,000
Personal & Advertising Injury Limit	\$1,000,000
Damage to Premises Rented to You Limit (Any one premises)	\$100,000
Medical Expense Limit (Any one person)	\$5,000

Total Premises/Operations Premium

Total Products/Completed Operations Premium

Total Additional Coverages and Endorsements Premium

Total Terrorism Premium

Total Advance Annual General Liability Premium

Forms And Endorsements Applicable To This Coverage Part:

Refer to Schedule of Forms and Endorsements - IL DS 73