

m/0 19-349537575 \$86.00

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

I. APPLICATION TYPE Check One: New  Renewal

### II. BUSINESS DATA

A. Business Name: Carrillo Landscaping Services

B. Business Address: 433 S Carlisle St

City: South Bend State: IN Zip: 46619

C. Mailing Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. Business Telephone Number: 574-315-1228

E. Business Fax Number: \_\_\_\_\_

F. E-Mail Address: bernardocalvarez214@gmail.com

G. Number of Employees: 0

H. Number of Vehicle Plates Needed: 6

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

Lawnmowers, weed eaters, Trimmers, Chainsaws, blower s

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

If No, where is stock purchased: Ace Hardware

K. Insurance Carrier, Agency, and Amount of Liability Insurance: \_\_\_\_\_

State Farm Insurance, \$1,000,000

L. Type of zoning at the business location: Residential

CONTINUE TO NEXT PAGE

### For Office Use Only

Application Filed FEB 10 2022 Parks Board Approval \_\_\_\_\_

Application Fee Paid FEB 10 2022 License Fee Paid FEB 10 2022

Sent to Dept. FEB 10 2022 License Number ARB2022-030

Plate Number(s) \_\_\_\_\_

Not Approved \_\_\_\_\_

Reason \_\_\_\_\_

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

### III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Bernardo Carrillo Del Real  
B. Residential Address: 433 S Carlisle St  
City: South Bend State: IN Zip: 46619  
C. Residential Telephone Number: 574-315-1228  
D. Cellphone Number: 574-315-1228  
E. Position with Business: Owner

### IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Bernardo Carrillo Del Real  
B. Residential Address: 433 S Carlisle St  
City: South Bend State: IN Zip: 46619  
C. Residential Telephone Number: 574-315-1228  
D. Cellphone Number: 574-315-1228  
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: Notice signs of virus if shrub experiences color changes in its leaves, remove the infected shrub to prevent the spread of disease.
- B. What experience or training in tree surgery have you had?  
Explain Fully: removal of broken or diseased branches cutting back limbs that interfere with traffic, impede power and telephone lines.
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
- 1: Edgar Gomez 1340 Fairfax Dr South Bend IN 46614
  - 2: Gerardo Coria 434 Carlisle St South Bend IN 46619
  - 3: Fernando Delgado 735 Walnut St South Bend IN 46619
  - 4: Michelle Lyman 25640 Cleveland Rd South Bend IN 46628

CONTINUE TO NEXT PAGE

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

D. Please list all previous employment for three (3) years prior to the date of this application:

Company	Address	City, State, ZIP	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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

1-11-22

Date




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/09/2022

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. 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).

<b>PRODUCER</b> <b>State Farm</b>  Dyttha Gallagher Ins Agcy Inc 13251 State Road 23 Granger, IN 46530	<b>CONTACT NAME:</b> Jeffrey W Zilke <b>PHONE (A/C, No, Ext):</b> 574 855 3494 <b>E-MAIL ADDRESS:</b> Jeffrey.W.Zilke.YJBT@StateFarm.com	<b>FAX (A/C, No):</b> 574 855 3166	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b>  CARRILLO'S LANDSCAPING 433 S CARLISLE ST SOUTH BEND, IN 46619	<b>INSURER A:</b> State Farm Fire and Casualty Company		25143
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			94-ED-C547-6	03/28/2022	03/28/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

<b>CERTIFICATE HOLDER</b>  City of South Bend 227 W. Jefferson Blvd. Suite 1400 S. South Bend, IN 46601	<b>CANCELLATION</b>  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 
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