

CK 5655 \$136.95

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

I. APPLICATION TYPE Check One: New _____ Renewal X

II. BUSINESS DATA

A. Business Name: KAR Tree Service LLC

B. Business Address: 1724 S. Grant St.

City: South Bend State: IN Zip: 46613

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-220-4437

E. Business Fax Number: _____

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

G. Number of Employees: 5-10

H. Number of Vehicle Plates Needed: 17

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

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

If No, where is stock purchased: _____

K. Insurance Carrier, Agency, and Amount of Liability Insurance: _____

Dan Berry Insurance Agency \$5,000,000.

L. Type of zoning at the business location: _____

CONTINUE TO NEXT PAGE

For Office Use Only

Application Filed MAR 10 2022 Parks Board Approval _____

Application Fee Paid MAR 10 2022 License Fee Paid MAR 10 2022

Sent to Dept. MAR 10 2022 License Number ARB2022-034

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: Kevin J. Kenney
B. Residential Address: 1724 S. Grant St.
City: South Bend State: IN Zip: 46613
C. Residential Telephone Number: _____
D. Cellphone Number: 574-220-4437
E. Position with Business: owner

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Same As Above.
B. Residential Address: _____
City: _____ State: _____ Zip: _____
C. Residential Telephone Number: _____
D. Cellphone Number: _____
E. Position with Business: _____

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: Proper Pruning in winter months ongoing studies via Internet, Books, Tree Care magazines,
- B. What experience or training in tree surgery have you had?
Explain Fully: Reading Books and ongoing studies. Plus experience by trimming trees
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
- | | | |
|----|--|------------------|
| 1: | <u>Ron Wilson, 6230 Crown Pt. SB, IN 46614</u> | <u>2-28-2022</u> |
| 2: | <u>Irish Custom Homes 607 Corby Blvd, SB, IN</u> | <u>1-13-2022</u> |
| 3: | <u>Savant Properties 28203 Pennsylvania Ave, Elkhart</u> | <u>1-6-2022</u> |
| 4: | <u>Rural Services, 60918 W 315, SB, IN</u> | <u>1-3-2022</u> |

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
self			

(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

3-6-2022

Date

