

Carlos Ortiz will need to take the arborist test.

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

Brent said Carlos passed the arborist test.

REC073926 \$85.⁰⁰

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: Verg Cruz Tree

B. Business Address: 24265 Fillmore Rd

City: South Bend State: IN Zip: 46619

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: (574) 288-6543

E. Business Fax Number: (574) 288-5920

F. E-Mail Address: verg.cruz.24265@gmail

G. Number of Employees: 5

H. Number of Vehicle Plates Needed: 5

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

Chipper Truck, Dump truck, Hi Ranger, pickup & wood 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: ~~Acceptance Insurance~~

Acceptance Insurance

L. Type of zoning at the business location: Commercial

CONTINUE TO NEXT PAGE

For Office Use Only

Application Filed FEB 25 2022 Parks Board Approval _____

Application Fee Paid FEB 25 2022 License Fee Paid FEB 25 2022

Sent to Dept. FEB 25 2022 License Number ARB2022-032

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: Carlos I Ortiz
- B. Residential Address: 4341 Irish hills Dr 1A
City: South Bend State: IN Zip: 46614
- C. Residential Telephone Number: _____
- D. Cellphone Number: (574) 440-5221
- E. Position with Business: Groundsman & so Estim

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Lucy Cruz
- B. Residential Address: 24265 Fillmore Rd
City: South Bend State: IN Zip: 46619
- C. Residential Telephone Number: (574) 288-6543
- D. Cellphone Number: (574) 208-7485
- 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: _____

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

Explain Fully: Don't perform 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: Rieth - Riley
- 2: Habitat for humanity
- 3: patricia 19141 Farmington Ln
- 4: Annette Ortiz 132 N Gladstone Ave

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
<u>Verde Cruz Tree</u>	<u>24265 F. Illmore</u>	<u>S. B. In. 46619</u>	<u>3/1/2015</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 CERTIFICATEHOLDER

VII. INCLUDE \$5.00 PROCESSING FEE WITHAPPLICATION

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.

Carlos Ortiz
Signature

2/29/22
Date

INDIANA
OPERATOR LICENSE



Carlos Ortiz

DLN 7350-23-8299
Exp 05/03/2019
1 HERNANDEZ ORTIZ
2 CARLOS ISAIAS
3 235 N GLADSTONE AVE
4 SOUTH BEND, IN 46708
5 DD 09031939200033

Class
End NONE
Res B
DOB 11/05/1988
DD 09031939200033



Sex M
Hgt 5-08
Wgt 170
Eye BRN
Hair BRN



DOB 11/05/1988

1400 S. COUNTY-CITY BUILDING
227 W. JEFFERSON BOULEVARD
SOUTH BEND, INDIANA 46601-1830



PHONE 574.235.5912
FAX 574.235.9021
TDD 574.235.5567

CITY OF SOUTH BEND JAMES MUELLER, MAYOR

DEPARTMENT OF COMMUNITY INVESTMENT

MICHELLE ADAMS
BUSINESS LICENSE ADMINISTRATOR
MADAMS@SOUTHBENDIN.GOV

February 17, 2022

Vera Cruz Tree Service
24265 Fillmore Rd.
South Bend, IN 46619

Dear Tony Cruz,

It has recently come to my attention that Erica Cruz Porter no longer works for Vera Cruz Tree Service. Being that Erica was the individual that took the arborist test and no longer works for the company, you will need to have a new employee of Vera Cruz Tree Service take the arborist test.

The arborist test will need to be taken before the arborist license application can be reviewed by Brent Thompson, Parks Forester, and the Parks Board of Commissioners.

Please contact me at (574) 235-5912 or madams@southbendin.gov, if you have any further questions.

Thank You,

A handwritten signature in cursive script that reads "Michelle Adams".

Michelle Adams
Business License Administrator

Michelle Adams

From: Michelle Adams
Sent: Thursday, February 17, 2022 11:10 AM
To: tonycruzandson1951@yahoo.com
Cc: Brent Thompson
Subject: Vera Cruz Tree Service

Good Morning Mr. Cruz,

RE: Vera Cruz Tree Service Arborist License

It has recently come to my attention that Erica Cruz Porter no longer works for Vera Cruz Tree Service. Being that Erica was the individual that took the arborist test & no longer works for the company, you will need to have a new employee of Vera Cruz Tree Service take the arborist test. This will need to be done before the arborist application can be reviewed by Brent Thompson and the Parks Board of Commissioners.

I have cc'd Brent Thompson on this email.

Please let me know if you have any questions.

Best,



Michelle Adams
City of South Bend
Business License Administrator
Department of Community Investment
227 W. Jefferson Blvd., Suite 1400 S.
South Bend, IN 46601
(574)235-5912



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/23/2022

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).

PRODUCER	ACCEPTANCE INSURANCE 4714 W. WESTERN AVE. SOUTH BEND, IN 46619	CONTACT NAME: MARIAM TRUJILLO	PHONE (A/C, No, Ext): 574-232-3221	FAX (A/C, No): 574-232-2186
		E-MAIL ADDRESS: MTRUJILLO@ACCEPTANCE.COM		
INSURED	VERA- CRUZ TREE SERVICE 24265 FLIMORE RD. SOUTH BEND, IN 46619	INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: ACCEPTANCE INSURANCE	0000	
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		

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 SUBR (NSD, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		BAK-76369-2	02/23/2022	02/23/2023	EACH OCCURRENCE \$ 1,000,000 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 - COM/OP AGO \$ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)
TREE SERVICE

CERTIFICATE HOLDER CITY OF SOUTH BEND DEPARTMENT OF COMMUNITY INVESTMENT 227 W JEFFERSON BLVD SUITE 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 