

CK19271 \$83.25

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

I. APPLICATION TYPE Check One: New Renewal XX

Last licensed in 2017

II. BUSINESS DATA

A. Business Name: American Tree Care

B. Business Address: 35 Sycamore Street

City: Niles State: MI Zip: 49120

C. Mailing Address (If different from above): PO Box 1583

City: South Bend State: IN Zip: 46601

D. Business Telephone Number: 574-287-8800

E. Business Fax Number: 269-683-7765

F. E-Mail Address: bz.americantree@gmail.com

G. Number of Employees: 6

H. Number of Vehicle Plates Needed: 5

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs: Morbark chipper, Vermeer chipper, Rayco stump grinder, Vermeer stump grinder, International Bucket truck, Bobcat skid steer, dump & chip trucks, etc.

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

If No, where is stock purchased: Various local nurseries

K. Insurance Carrier, Agency, and Amount of Liability Insurance: West Bend Insurance, Lapeer Insurance, Aggregate Liability - \$2,000,000

L. Type of zoning at the business location: Commercial

For Office Use Only

Application Filed MAR 15 2022 Parks Board Approval _____

Application Fee Paid MAR 15 2022 License Fee Paid MAR 15 2022

Sent to Dept. MAR 15 2022 License Number ARB2022-035

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: William Zimmerman
- B. Residential Address: 50810 Trails North
City: Granger State: IN Zip: 46530
- C. Residential Telephone Number: 269-683-9382
- D. Cellphone Number: 54-876-1091
- 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: XX No: _____ Explain Fully: Have been in the business for over 30 years, have taken classes and exams through Purdue University and Michigan State University, use them both as resources along with local nurseries.
- B. What experience or training in tree surgery have you had?
Explain Fully: Have installed over 800 cables to support V-faults in trees, irrigated over 500 trees to eliminate harboring moisture and rot; have performed hundreds of core samples (8" and 11")
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
- 1: Penn-Harris-Madison Schools, 12/28 thru 12/30/21 (several sites)
 - 2: Modway Homes, 715 N. 7th Street, Goshen, IN 3/7 & 3/8/2022
 - 3: Oliver Farm Estates, Dragoon Trail, Mishawaka, Don Riggs 1/5/2022
 - 4: Chris Neal, 51880 Lilac Road, South Bend, IN 2/15/2022

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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 been Owner of American Tree Care for over 30 years			

(Attach additional sheets if necessary)

E. Do you have an International Society of Arboriculture certification?

Yes: _____ No: **XX**

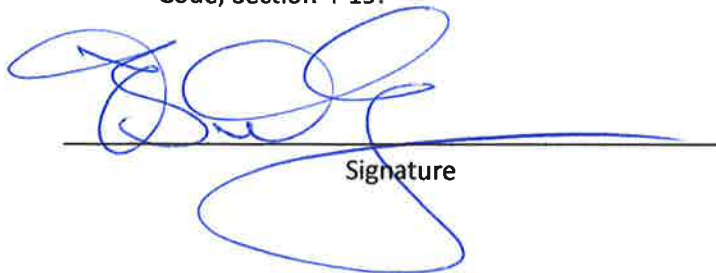
If yes, submit a copy of the certification with the application.

VI. INCLUDE CERTIFICATE OF INSURANCE WITH APPLICATION WITH THE CITY OF SOUTH BEND LISTED AS AN ADDITIONAL CERTIFICATE HOLDER

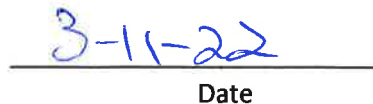
VII. INCLUDE \$5.00 PROCESSING FEE WITH APPLICATION

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



Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/09/2022

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.

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.

PRODUCER: The Lapeer Agency, Inc. 145 E. Nepessing Street Lapeer, MI 48446-2331 Tim Roodvoets
INSURED: American Tree & Lawn Care LLC Bill Zimmerman 35 Sycamore St Niles, MI 49210
CONTACT NAME: Pam Little
PHONE: 810-664-2966
INSURER(S) AFFORDING COVERAGE: INSURER A: West Bend Mutual Ins. Co. INSURER B: Travelers Indemnity Company

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Landscape Services
City of South Bend is an additional insured with respect to the General Liability policy.

CERTIFICATE HOLDER: City of South Bend, 227 W. Jefferson Blvd, Suite 1400, 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: Tim Roodvoets