

Rec 783132 \$86.40

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

I. APPLICATION TYPE Check One: New _____ Renewal X

II. BUSINESS DATA

A. Business Name: New Image Tree Service LLC.

B. Business Address: 1714 main Street

City: South Bend State: IN Zip: 46617

C. Mailing Address (If different from above): 933 W Weber Sq

City: South Bend State: IN Zip: 46617

D. Business Telephone Number: 574-485-7713

E. Business Fax Number: _____

F. E-Mail Address: Rick-Lopez@hotmail.com

G. Number of Employees: 1

H. Number of Vehicle Plates Needed: 4

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs: _____
Chainsaws, Ropes, Shears, Gas & oil

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

If No, where is stock purchased: Ginger Valley

K. Insurance Carrier, Agency, and Amount of Liability Insurance: Pascal Burke
1 million / 2 million

L. Type of zoning at the business location: Light Industrial

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For Office Use Only.

Application Filed APR 07 2022 Parks Board Approval _____

Application Fee Paid APR 07 2022 License Fee Paid APR 07 2022

Sent to Dept. APR 07 2022 License Number ARBA022-037

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Rickey N Lopez
- B. Residential Address: 933 West Weber Square
City: South Bend State: IN Zip: 46617
- C. Residential Telephone Number: Same
- D. Cellphone Number: X same
- E. Position with Business: owner

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Same
- 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: No: _____ Explain Fully: We Remove Ash trees with ash Borer & Treat other trees with trunk sprays as needed
- B. What experience or training in tree surgery have you had?
Explain Fully: This will be my 19th Season Doing Trimmings & Removals.
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
- 1: South Bend Airport 11/21 → Present
 - 2: Mattias Ware House Grape Rd Mishawaka 10/1/21
 - 3: Maxi Blast Olive Rd South Bend 6/21 → 6/21
 - 4: Robert 70167 Winding Pines Niles 2/1/22 → 2/4/22

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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
<u>New Image Tree</u>	<u>1714 main st</u>	<u>South Bend IN</u>	<u>Since 2010</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 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

2/4/22

Date

