

LICENSE APPLICATION FOR - ARBORIST
MUNICIPAL CODE SECTION - 4-19 Rec. No. 783187 \$87.00

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: WALT TEMPLE TREE SERVICE

B. Business Address: 1801 LONGLEY AVE.

City: SOUTH BEND State: IN Zip: 46628

C. Mailing Address (If different from above): 71166 INDIANA LAKE DR.

City: UNION State: MI Zip: 49130

D. Business Telephone Number: 574-287-4387

E. Business Fax Number: _____

F. E-Mail Address: TEMPLE.WALT@YAHOO.COM

G. Number of Employees: 6

H. Number of Vehicle Plates Needed: 6

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs: _____
HI RANGER, BUCKET TRUCKS, CHIPPER MACHINES, RAKES, STUP GRINDERS, BOBCAT, PICKUP TRUCKS, &
CHAINSAWS

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

If No, where is stock purchased: _____

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

DODD INS. / 1,000,000

L. Type of zoning at the business location: _____

CONTINUE TO NEXT PAGE

For Office Use Only

Application Filed JUNE 13, 2022 Parks Board Approval _____

Application Fee Paid JUNE 13, 2022 License Fee Paid JUNE 13, 2022

Sent to Dept. JUNE 13, 2022 License Number ARB2022-039

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: WALTER TEMPLE
- B. Residential Address: 71166 INDIANA LAKE DR.
City: UNION State: MI Zip: 49130
- C. Residential Telephone Number: 574-876-2627
- D. Cellphone Number: _____
- E. Position with Business: OWNER

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: _____
- 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: _____
40 + YEARS EXPERIENCE WORKING IN TREE & MAINTENANCE

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

Explain Fully: _____
40 + YEARS EXPERIENCE WORKING IN TREE & MAINTENANCE

- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):

- 1: STUDEBAKER MUSEUM 201 CHAPIN ST
- 2: KENNY 1715 STERLING
- 3: CENTRAL MANAGEMENT 1226 E MADISON
- 4: FARMINGTON SQUARE ASSOC. 51760 VILLANGER PKWY.

CONTINUE TO NEXT PAGE

Michelle Adams

From: Walter Temple <temple.walt@yahoo.com>
Sent: Monday, June 13, 2022 10:23 AM
To: Michelle Adams
Subject: Re: Arborist License Application

1. sister of holy cross joe 574-532-1109
 2. lasalle park homes 102 s falcon 574-233-5119
 3. nursing home 609 tanglewood 574-277-2500
 4. diamond bedenfield 1805 huey 574-413-0031
- all this year 2022

On Monday, June 13, 2022, 10:02:47 AM EDT, Michelle Adams <madams@southbendin.gov> wrote:

Good Morning Walt,

RE: Walt Temple Tree Arborist License Application

I need a list of 4 clients where you have recently performed tree service work. Please include names, addresses, and the date you performed the work.

Thank You,



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

IMPORTANT NOTICE! This E-Mail transmission and any accompanying attachments may contain confidential

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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
N/A			

(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.



Signature

JUN 13 2022

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/13/2022

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).

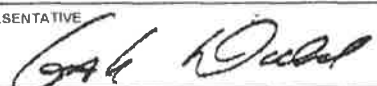
PRODUCER DODD INSURANCE AGENCY 2812 E Jefferson Blvd South Bend, IN 46615	CONTACT NAME: PHONE (A/C, No, Ext): (574)289-5178 FAX (A/C, No): (574)289-1448 E-MAIL ADDRESS: gdodd1945@gmail.com
	INSURER(S) AFFORDING COVERAGE: Scottsdale Insurance Company NAIC #
INSURED Walt Temple DBA Temple Tree Service 71166 Indian Lake Dr. Union, MI 49130	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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. INSD. WVD.	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		CPS 7103129	04/23/2022	04/23/2023	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
A	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 1,000,000
						\$
	AUTOMOBILE LIABILITY <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 <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$
						AGGREGATE \$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N / A				PER STATUTE OTHER
						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 Pruning, Dusting, Spraying, Repairing, Trimming or Fumigating, Removal, Stump Grinding, Lawn Care Services
1801 Longley Ave, South Bend, IN 46628

CERTIFICATE HOLDER City of South Bend Business License Administrator 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 
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