

CK# 2174 \$68.50

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

I. APPLICATION TYPE Check One: New _____ Renewal

II. BUSINESS DATA

A. Business Name: FUERBRINGER LANDSCAPING + DESIGN, INC.

B. Business Address: 22530 BRICK RD.

City: SOUTH BEND State: IN Zip: 46628

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-271-9714

E. Business Fax Number: 574-271-2861

F. E-Mail Address: CONTACTUS@FUERBRINGERLANDSCAPING.COM

G. Number of Employees: 30

H. Number of Vehicle Plates Needed: 1

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs:
TRUCKS, BOBCATS, KUBOTA TRACTOR, SOIL LAYER, EDGES, SHOVELS
RAKES, LAWN MOWERS, BLOWERS, POWER TRAC, TRIMMERS, COMPACTOR

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

If No, where is stock purchased: VARIOUS NURSERIES: NORTHLAND FARMS, RED HENTURE
TWIXWOOD NURSERIES, BLUEGRASS FARM FARMS

K. Insurance Carrier, Agency, and Amount of Liability Insurance: HASTINGS MUTUAL,
HEALY GROUP, EA. OCCURANCE \$1,000,000.00, pers. injury \$1,000,000.00
GEN. A.G. \$2,000,000.00, UMBRELLA \$5,000,000.00

L. Type of zoning at the business location: RESIDENTIAL WITH A VARIANCE

For Office Use Only

Application Filed JAN - 7 2019 Parks Board Approval _____
Application Fee Paid JAN - 7 2019 License Fee Paid JAN - 7 2019
Sent to Dept. JAN - 7 2019 License Number 19-659
Plate Number(s) _____

Not Approved _____
Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: DANIEL R. FUERBRINGER
- B. Residential Address: 22530 BRICK RD.
City: SOUTH BEND State: IN Zip: 46628
- C. Residential Telephone Number: 574-271-4714
- D. Cellphone Number: 574-532-5446
- E. Position with Business: OWNER / PRESIDENT

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: DANIEL R. FUERBRINGER
- B. Residential Address: 22241 RED ROCK WAY
City: SOUTH BEND State: IN Zip: 46628
- C. Residential Telephone Number: 574-532-5446
- D. Cellphone Number: "
- E. Position with Business: OWNER - PRESIDENT

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: OVER 30 YEARS OF
HORTICULTURE EXPERIENCE & CONSULTATION WITH
PURDUE UNIVERSITY OF HORTICULTURE

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

Explain Fully: NONE

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

- 1: CJE EXCAVATING - CR 9 ELKHART, IN
- 2: ANCON CONSTRUCTION - 2146 ELKHART RD, GOSHEN, IN
- 3: SELGE CONSTRUCTION - S. 11th ST. NILES, MI
- 4: HOLLADAY CONST. GROUP - 227 S. MAIN ST. SB

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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>OWNER OF FUERBRINGER LANDSCAPING SINCE 1996</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.



Signature
DAN FUERBRINGER

JANUARY 2, 2019
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/2/2019

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 Healy Group, Inc. 17535 Generations Drive South Bend, IN 46635
CONTACT NAME:
PHONE (A/C, No, Ext): (574) 271-6000 FAX (A/C, No): (574) 243-3214
INSURER(S) AFFORDING COVERAGE:
INSURER A: Hastings Mutual Ins. Co. NAIC #: 14176
INSURED: Fuerbringer Landscaping & Design, Inc. 22530 Brick Rd. South Bend, IN 46628
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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Arborist License

CERTIFICATE HOLDER: City of South Bend/St Joseph County 125 S Lafayette Blvd. 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: [Signature]

