

CK# 8878 \$100.00

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

I. APPLICATION TYPE Check One: New ~~Renewal~~

II. BUSINESS DATA

A. Business Name: Kevin's Tree & Landscaping of Michiana INC.

B. Business Address: 24055 State Road 23

City: South Bend State: IN Zip: 46614

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574 247-1410

E. Business Fax Number: 574 247-1414

F. E-Mail Address: Kevin.stice@live.com

G. Number of Employees: 4

H. Number of Vehicle Plates Needed: 10

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

72' spider lift, Bucket Truck, Chipper/Trucks, Tree spade, crane
Saws, Shovels

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

If No, where is stock purchased: McKinley Terrace Garden Center

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

Dan Berry ins. West Bend ins. 1,000,000.

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

For Office Use Only

Application Filed JAN 28 2019 Parks Board Approval _____

Application Fee Paid JAN 28 2019 License Fee Paid JAN 28 2019

Sent to Dept. JAN 28 2019 License Number 19-1656

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Kevin Lynn Franklin
- B. Residential Address: 24055 State Road 23
City: South Bend State: IN Zip: 46614
- C. Residential Telephone Number: 574-210-6192
- D. Cellphone Number: 574-876-3891
- E. Position with Business: owner

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Kevin Lynn Franklin
- B. Residential Address: 24055 State Road 23
City: South Bend State: IN Zip: 46614
- C. Residential Telephone Number: 574-210-6192
- D. Cellphone Number: 574-876-3891
- 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: X No: _____ Explain Fully: Classes thru

TCIA & ISA Risk Assessment, soil & water Tree Biology
Plant Health Care, tree Maintenance, Diagnosis & Disorder

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

Explain Fully: Transplanting / planting Pruning / thinning
Artificial Support / cabling Rope rigging for trim & removal
Cavity Filling - root pruning

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

- 1: Bob Jones 10373 Ashby Meadows
- 2: Arthur 1916 Miniature Rose Ln.
- 3: Gene Myer 10366 Brick Rd.
- 4: Mrs. Zubler 2206 Arrowhead Dr.

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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>Kevin's Tree & Landscape</u>	_____	_____	<u>1-1992 - 2019</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

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

Yes: _____ No: X

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.

Kevin Frankel
Signature

1-10-2019
Date



AGENCY CUSTOMER ID: KEVITRE-01

KELLY

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Dan Berry Insurance Agency Inc.		NAMED INSURED Kevin's Tree & Landscaping Of Michiana Inc 21850 Belkay Dr South Bend, IN 46628	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

**Description of Operations/Locations/Vehicles:
Bryn Mawr Equipment Finance, Inc
ISAOA
PO Box 692
Bryn Mawr, PA 19010**