

CK# 42953 \$75.50

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

I. APPLICATION TYPE Check One: New _____ Renewal

II. BUSINESS DATA

A. Business Name: Landmark Solitiday Landscaping

B. Business Address: 10882 McKinley Hwy.

City: Osceola State: IN Zip: 46561

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-674-8196

E. Business Fax Number: 574-674-6332

F. E-Mail Address: Landmark Landscaping 88@gmail.com

G. Number of Employees: 10

H. Number of Vehicle Plates Needed: 3

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

TRUCKS, Bobcats, tank sprayers, etc.

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

If No, where is stock purchased: Indiana, Michigan, Ohio, Illinois

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

Federated Insurance (carrier + agency), See attached COI

L. Type of zoning at the business location: Commercial - light industrial

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 19-1661

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: ~~Kette Solliday~~ Steven Solliday
B. Residential Address: 14776 wheaton Dr.
City: Granger State: IN Zip: 46530
C. Residential Telephone Number: N/A
D. Cellphone Number: 574-674-8196
E. Position with Business: Owner

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Steven Solliday
B. Residential Address: 14776 wheaton Dr.
City: Granger State: IN Zip: 46530
C. Residential Telephone Number: N/A
D. Cellphone Number: 574-674-8196
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: No: Explain Fully: Pesticide Applicator License Holder, 3a/3b Licenses, Nursery Dealer License

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

Explain Fully: Local residential + commercial care and maintenance

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

- EIKhart Retail Outlot, CR6 West, EIKhart June 2018 - Sept 2018
- Qidoba, 5310 N main St, Mishawaka Jan - march 2018
- Starbucks, 105 Pine Lake Ave, La Porte March - Oct 2018
- Ameriplex, 5545 Chet Waggoner Ct, South Bend, Fall 2018 - present

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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>Landmark Landscaping</u>	<u>10882 McKinley Hwy.</u>	<u>OSCEOLA, IN 46561</u>	<u>1994-present</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.

Steve Salliday
Signature

1-3-19
Date

POLICY NUMBER: 6068475

COMMERCIAL GENERAL LIABILITY
CG 20 12 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - STATE OR GOVERNMENTAL
AGENCY OR SUBDIVISION OR POLITICAL
SUBDIVISION - PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

CITY OF SOUTH BEND
125 S LAFAYETTE SUITE 100
SOUTH BEND IN 46601

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II - Who Is An Insured** is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:
1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.
However:
 - a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
 - b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
 2. This insurance does not apply to:
 - a. "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
 - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:**
- If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.
- This endorsement shall not increase the applicable limits of insurance shown in the Declarations.

PROCARE SERVICES INC
10882 MCKINLEY HWY
OSCEOLA IN 46561