

CK# 5840 \$93.00

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

I. APPLICATION TYPE Check One: New \_\_\_\_\_ Renewal X

II. BUSINESS DATA

A. Business Name: Miramontes Tree Service

B. Business Address: 51177 Pine Rd.

City: South Bend State: IN Zip: 46619

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. Business Telephone Number: 574-286-1428

E. Business Fax Number: N/A

F. E-Mail Address: gilberto.miramontes@att.net

G. Number of Employees: 2 - two

H. Number of Vehicle Plates Needed: 8 - eight

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

Hi-Range, chipper, stump grinder, hedge trimmer, skid loader

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

If No, where is stock purchased: Local Nursery

K. Insurance Carrier, Agency, and Amount of Liability Insurance: \_\_\_\_\_

Michigan Insurance - Liability Insurance -  
250-4707 - \$1,000,000.00 (one million)

L. Type of zoning at the business location: Residential

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 19-3302

Plate Number(s) \_\_\_\_\_

Not Approved \_\_\_\_\_

Reason \_\_\_\_\_

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Gilberto Miramontes  
B. Residential Address: 54177 Pine Rd.  
City: South Bend State: IN Zip: 44019  
C. Residential Telephone Number: 574-234-9728  
D. Cellphone Number: 574-280-1428  
E. Position with Business: Owner - CEO

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Gilberto Miramontes  
B. Residential Address: 54177 Pine Rd.  
City: South Bend State: IN Zip: 44019  
C. Residential Telephone Number: 574-234-9728  
D. Cellphone Number: 574-280-1428  
E. Position with Business: Owner - CEO

V. EXPERIENCE / REFERENCES

- A. Are you familiar with prevalent tree and shrub diseases and competent to prescribe and apply control measures?

Yes: \_\_\_\_\_ No: X Explain Fully: When asked by customers, we remove & dispense of any & all diseased shrubs or trees.

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

Explain Fully: On the job training for the last 33 years.

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

- Serena Howrey - 1013 E Jefferson - 312-523-8500 - 8/1/13
- Michael Spading - 1714 E Jefferson - LaSalle Ave - 234-5011 - 8/18/13
- Jerome McManon - 2011 E Jefferson - 233-2991 - 10/3/13
- Richard Cwik - 55400 Raintree Rd. - 674-9709 - 10/3/13

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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>self-employed</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

1-5-19  
\_\_\_\_\_  
Date

