

CK 9680 \$72.00

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

I. APPLICATION TYPE Check One: New  Renewal

II. BUSINESS DATA

A. Business Name: Acorn Landscaping LLC

B. Business Address: 3680 W. Sample St.

City: South Bend State: IN Zip: 46619

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

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

D. Business Telephone Number: 574-288-6950

E. Business Fax Number: 574-289-1096

F. E-Mail Address: info@acornlandscapers.com

G. Number of Employees: 11

H. Number of Vehicle Plates Needed: 2

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs:  
tractors, skidsteer, excavator, watertank truck, chain saws, pruners, Bobcat, crimper, Hydroseeder, sod layer

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

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

K. Insurance Carrier, Agency, and Amount of liability Insurance: Westfield Insurance

John Maher Associates

1m/2m with 5m umbrella

L. Type of zoning at the business location: Commercial

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For Office Use Only

Application Filed 1-25-22 Parks Board Approval \_\_\_\_\_

Application Fee Paid 1-25-22 License Fee Paid 1-25-22

Sent to Dept. JAN 26 2022 License Number ARB2022-015

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

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

Reason \_\_\_\_\_

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III. APPLICANT'S PERSONAL DATA

A. Applicant's Legal Name: Jeffrey G Ritschard  
B. Residential Address: 24930 Kern Rd  
City: South Bend State: IN Zip: 46614  
C. Residential Telephone Number: 574-234-2630  
D. Cellphone Number: 574-292-6519  
E. Position with Business: Owner

IV. OWNERS PERSONAL DATA

A. Owners Legal Name: Jeffrey G Ritschard  
B. Residential Address: same as above  
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: Maintain trees and shrubs to INDOT standards and consult with specialists as needed

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

Explain Fully: Proper pruning, watering and fertilizing.

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

1: City of South Bend  
2: City of Mishawaka  
3: INDOT  
4: University of Notre Dame

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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>Acorn Landscaping</u>	<u>3680W Sample</u>	<u>South Bend, IN</u> <u>46619</u>	<u>2000-Present</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

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

Yes: \_\_\_\_\_ No:

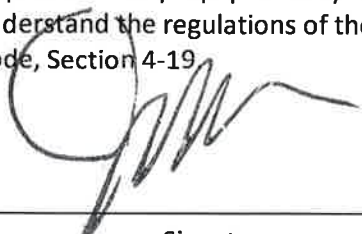
If yes, submit a copy of the certification with the application.

**VI. INCLUDE CERTIFICATE OF INSURANCE WITH APPLICATION WITH THE CITY OF SOUTH BEND LISTED AS AN ADDITIONAL 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

1/20/2022  
\_\_\_\_\_  
Date

