

CK2111 \$86.00

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: Alex's TAKE DOWN Tree Service

B. Business Address: 56352 Peppermint

City: South Bend State: IN Zip: 46619

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-876-3224

E. Business Fax Number: _____

F. E-Mail Address: Alex@takeDowntreeService.com

G. Number of Employees: 1

H. Number of Vehicle Plates Needed: 6 plates

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

Bucket truck, chipper truck, chipper, Stump grinder, Skid loader
Trailer

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

If No, where is stock purchased: _____

K. Insurance Carrier, Agency, and Amount of Liability Insurance: Dan Barry Inc

L. Type of zoning at the business location: _____

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For Office Use Only

Application Filed FEB 01 2022 Parks Board Approval _____
Application Fee Paid FEB 01 2022 License Fee Paid FEB 01 2022
Sent to Dept. FEB 01 2022 License Number ARB2022-022
Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Alejandro Garcilazo
- B. Residential Address: 56352 Peppermint RD
City: South Bend State: IN Zip: 46619
- C. Residential Telephone Number: -
- D. Cellphone Number: 574 876-3224
- E. Position with Business: owner

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: /
- B. Residential Address: _____
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: We only trim and remove trees

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

Explain Fully: We had been in business since 2004, we attend Vermeer training seminars.

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

- 1: Ryan Whittaker 25268 Dana Dr 46619
- 2: Patrick Dave 56330 Peppermint RD 46619
- 3: Tom 1940 Creeksedge PR
- 4: Linda Raymond 1515 East Jefferson RD

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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
Alex's TAKE DOWN tree service	56357 refermitt RD	South Bend	2004-present
_____	_____	_____	_____
_____	_____	_____	_____

(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

Jan 24, 2022
Date

