CK2111 \$ 86.00

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

I. APPLICATION TYPE	Check One:	New	Renewal				
B. Business Add	ne: <u>Alex'S</u> ress: <u>56.35</u> South Bend	2 Pepper	DOUN TIER SERVICE mint eD zip: 46619				
	~	om above):	,				
	•		e:Zip:				
D. Business Tele	ephone Number:	574-876	7				
E. Business Fax							
F. E-Mail Addres	ss: alex @	take Downto	ee Service & com				
G. Number of E			Y				
H. Number of V	ehicle Plates Need	led: 6 Plates					
Bucket tra	ck ichipper tr	uck, Chipper, S	praying, and care of trees and shrubs:				
	J. Do you propagate your own stock? Yes:No:No:						
	rhere is stock purc		Insurance: Pan Barry Inc				
L. Type of zonin	-						
			CONTINUE TO NEXT PAGE				
		For Office Use Onl	ly				
Application Filed	FEB 0 1 2022 EB 0 1 2022 B 0 1 2022	Parks Board / License Fee P	Approval				
Not Approved Reason							

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

III. APPLICANT'S PERSONAL DATA								
A. Applicant's Legal Name: Aliandro Garciazo								
B. Residential Address: 56352 Pepper man + ED								
City: So 4hBand State: IN Zip: 46619	2							
C. Residential Telephone Number:								
D. Cellphone Number: 574876 - 3224								
E. Position with Business: _ Bw Alk	_							
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:Explain Fully: We only timad								
Remove trees								
B. What experience or training in tree surgery have you had?								
Explain Fully: We had been in business Beace	_							
	_							
good we attend thermeel training Semenais.	_							
good, we attend thermeel training Semenars.	_							
C. List below, the names and addresses of not less than four (4) clients where you have	_ _ _							
C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):	_							
C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates): 1: Jun Whitaker JSJ68 Pana De 46669								
C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates): 1:								
C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates): 1: Jun Whitaker JSJ68 Pana De 46669								

CONTINUE TO NEXT PAGE

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	D. Please list all previous	employment for three (3	3) years prior to the date	of this application:
	Company	Address	City, State, ZIP	46619 Dates
	Alex'S TAKE DOWN FRE	e south Referen	(PD)	20021- France
	(Attach additional sheets	if necessary)		
	E. Do you have an Interna	ational Society of Arboric	ulture certification?	
	If yes, submit a copy	of the certification with t	he application.	*
VI.	INCLUDE CERTIFICATE OF I		ATION WITH THE CITY O	F SOUTH BEND
VII.	INCLUDE \$5.00 PROCESSIN	IG FEE WITHAPPLICATIO	N	
VIII.A	FFIRMATION			
	I, hereby, certify and affir accurate to the best of m	y knowledge. I further ce	ertify that I have in no wa	y attempted to
	mislead the City in this ag inspection of my equipme		_	-
	understand the regulatio Code, Section 4-19.	ns of the Arborist license	found in the City of Sou	th Bend Municipal
11				
X	Mulmk		≺.	24.2022
-4	Mary WHAM		- Som	Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/2/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Dan Berry Insurance Agency Inc. 54101 Ironwood Road South Bend, IN 46637		NOV 0 4 2021		CONTACT NAME: PHONE (A/C, No, Ext): (574) 255-6222 FAX (A/C, No, Ext): (574) 254-2630 E-MAIL: BDDRESS: business@dbimail.com					
		246	4 2021		INS	SURER(S) AFFOI	RDING COVERAGE		NAIC#
			- 1	INSUR	ERA: West B	end Mutual	Insurance Co		15350
INSURED				INSUR	ER B :				
	Alex Garcilazo Dba Take Do	wn Tree	Service	INSURER C:					
	56352 Peppermint Road South Bend, IN 46619			INSURER D:					
	30dtil Belld, 114 400 19			INSUR	ERE:				
				INSUR	ERF;				
	F-201100014224-81002	the state of the s	E NUMBER:				REVISION NUMBER:		
IND	S IS TO CERTIFY THAT THE POLICI ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	REQUIREM PERTAIN	ENT, TERM OR CONDIT THE INSURANCE AFFO	TON OF A	ANY CONTRAC Y THE POLICE	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESP SED HEREIN IS SUBJECT	ECT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBF			POLICY EFF (MM/DDYYYYY)		LIMI	TS	
	X COMMERCIAL GENERAL LIABILITY	111.0			Dromosa () / ()	Unmicedition	EACH OCCURRENCE	5	1,000,000
	CLAIMS-MADE X OCCUR		1027875		12/2/2021	12/2/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	s	5,000
		l i					PERSONAL & ADV INJURY	\$	1,000,000
C	SEN'L AGGREGATE LIMIT APPLIES PER:	1 1					GENERAL AGGREGATE	\$	2,000,000
)	POLICY PRO- OTHER:				-		PRODUCTS - COMP/OP AGG		2,000,000
Д	UTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$	
	ANY AUTO	i i					(Ea accident) BODILY INJURY (Per person)	s	
	OWNED SCHEDULED AUTOS ONLY				i		BODILY INJURY (Per accident)		
	HIRED NON-QWIED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	3	
	AUTOS ONET						(CB) double()	3	
T.	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	s	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
W	ORKERS COMPENSATION ID EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
							E.L. EACH ACCIDENT	s	
	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? andatory in NH)	N/A					E I. DISEASE - EA EMPLOYER	5	
DE	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
		i						Ì	
DESCRI	PTION OF OPERATIONS / LOCATIONS / VEHICI	ES (ACORE	o 101, Additional Remarks Sch	edule, may t	e attached if mor	o space is requi	red)		
CERTI	FICATE HOLDER			CANO	ELLATION				
	City of South Bend 227 W. Jefferson Blvd., Ste 1 South Bend, IN 46601	400 S		SHC THE ACC	OULD ANY OF T	N DATE TH	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.		

ACORD 25 (2016/03)

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