

CK 55112 \$5.00  
55113 \$60.00  
55114 \$35.10

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

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

II. BUSINESS DATA

A. Business Name: Custom Moore Tree Reports Inc.

B. Business Address: 12945 SR 23

City: Granger State: IN Zip: 46530

C. Mailing Address (If different from above): \_\_\_\_\_

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

D. Business Telephone Number: 574-272-1900

E. Business Fax Number: \_\_\_\_\_

F. E-Mail Address: tree@custommoore.com

G. Number of Employees: 4-8

H. Number of Vehicle Plates Needed: 9

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

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

If No, where is stock purchased: Grower IN OUR ZONE

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

PeKin see Cert. 1 mil. +

L. Type of zoning at the business location: Com. Agg. Res.

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For Office Use Only

Application Filed FEB 07 2022 Parks Board Approval \_\_\_\_\_

Application Fee Paid FEB 07 2022 License Fee Paid FEB 07 2022

Sent to Dept. FEB 07 2022 License Number ARB2022-024

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

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

Reason \_\_\_\_\_

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III. APPLICANT'S PERSONAL DATA

A. Applicant's Legal Name: DAVID A DUNCAN  
B. Residential Address: SAME  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
C. Residential Telephone Number: 574-532-7643  
D. Cellphone Number: B  
E. Position with Business: President

IV. OWNERS PERSONAL DATA

A. Owners Legal Name: Custom / Moore Tree Experts Inc  
B. Residential Address: SAME  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
C. Residential Telephone Number: \_\_\_\_\_  
D. Cellphone Number: 574-272-1900  
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: \_\_\_\_\_  
50 years Personally

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

Explain Fully: \_\_\_\_\_  
90+ Company

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

1: Donald Trump  
2: Jeff Bezos } LOL, Smile Life is Good.  
3: BILL GATES  
4: Pope Francis

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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
<i>only 1 Job, Cfm 1972 vs. Pres</i>			

(Attach additional sheets if necessary)

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

Yes: DID No: BY PIRAL 1992-2019

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

*I was a ginning pig that help write the test*

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

*was already mailed to you or will be by agent.*

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

*1-21-22*

Date





## Michelle Adams

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**From:** Michelle Adams  
**Sent:** Tuesday, February 1, 2022 11:06 AM  
**To:** tree@custommoore.com  
**Subject:** Arborist Application  
**Attachments:** 3143\_001.pdf

Good Morning Mr. Duncan,

RE: Arborist Application for Custom & Moore Tree Experts Inc.

Before I can send the arborist application to the Parks Board of Commissioners for their recommendation on the license, I need the phone number and addresses of the references you put on the application (see attached). If you do not have this information, please provide 4 new clients you have provided services to in the past year.

Greatly Appreciated,



*Michelle Adams*

City of South Bend  
Business License Administrator  
Department of Community Investment  
227 W. Jefferson Blvd., Suite 1400 S.  
South Bend, IN 46601  
(574)235-5912