

CK 2257 \$5.00

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: Cut Rite Services

B. Business Address: 2604 State Rd. 331

City: Bremen State: Incl. Zip: 46506

C. Mailing Address (If different from above): P.O. Box 230

City: Bremen State: IN Zip: 46506

D. Business Telephone Number: 574 784 - 8889

E. Business Fax Number: 574-546-0319

F. E-Mail Address: Krista@cutritetreeservices.com

G. Number of Employees: 8

H. Number of Vehicle Plates Needed: 8

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

Aerial Lift, Knuckle boom, crane,

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

If No, where is stock purchased: _____

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

L. Type of zoning at the business location: AG

CONTINUE TO NEXT PAGE

Bal - \$88.00

For Office Use Only

Application Filed JAN 18 2022 Parks Board Approval _____

Application Fee Paid JAN 18 2022 License Fee Paid _____

Sent to Dept. JAN 18 2022 License Number ARB2022-012

Plate Number(s) _____

Not Approved _____

Reason _____

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

III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Aden Hochstetler
- B. Residential Address: 13871 N. 1050W
City: Nappanee State: IN Zip: 46550
- C. Residential Telephone Number: 574-773-2107
- D. Cellphone Number: 574-767-0088
- E. Position with Business: Sales, scheduling

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Homer Hochstetler
- B. Residential Address: 2604 SR 331
City: Bremen State: IN Zip: 46506
- C. Residential Telephone Number: 574-546-5686
- D. Cellphone Number: 574-248-5006
- E. Position with Business: President, Sales, laborer

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: _____

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

Explain Fully: None

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

- 1: Kevin Anthony 614 E. Ireland Rd, South Bend 12/23/21
- 2: Ken Ranney 7190 Jarrak Rd, Plymouth IN 46563 10/28/21
- 3: Jeff Swank 404 E Raymond St. Bremen IN 46506 12/24/21
- 4: Town of Bremen, Trend Weldby Director of Ops 111 S Center St Bremen IN 46506 10/30/21

CONTINUE TO NEXT PAGE

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

D. Please list all previous employment for three (3) years prior to the date of this application:

Company	Address	City, State, ZIP	Dates
<u>Cut Rite</u>	<u>2604</u>	<u>St Rd 331 Bremen</u>	<u>JAN. 1-2021- Dec.31-21</u>
<u>Cut-Rite</u>	<u>2604</u>	<u>St Rd 331 Bremen</u>	<u>Jan 1-2020- Dec.31-2020</u>
<u>Cut-Rite</u>	<u>13871 N. 1050W</u>	<u>Napp. In. 46550</u>	<u>Jan 1-2019-8-29-2019</u>

(Attach additional sheets if necessary) 2604 St Rd 331 8-28-2019-12-31-2019

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

1-3-22

Date

