

LICENSE APPLICATION FOR - ARBORIST CK23202 \$79.00
MUNICIPAL CODE SECTION - 4-19

I. APPLICATION TYPE Check One: New _____ Renewal

II. BUSINESS DATA

A. Business Name: Dave Talboom Lawncare Inc.

B. Business Address: 26981 Kline Trail

City: South Bend State: IN Zip: 46614

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-234-4883

E. Business Fax Number: 574-289-3030

F. E-Mail Address: dave.talboom@yahoo.com

G. Number of Employees: 19

H. Number of Vehicle Plates Needed: 4

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

sprayers, hand pruners, chainsaw, loppers, shovel, spade, rake, edger, water tank, blower, pitchfork, shears, handsaw

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

If No, where is stock purchased: Twikwood, McKinley Terrace, Roseland Garden

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

The Healy Group, \$1,000,000.00

L. Type of zoning at the business location: Agricultural

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For Office Use Only

Application Filed 1-25-2022 Parks Board Approval _____

Application Fee Paid 1-25-2022 License Fee Paid 1-25-2022

Sent to Dept. JAN 26 2022 License Number ARB2022-016

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Pamela J. Morris
B. Residential Address: 54860 Bittersweet Rd
City: Mishawaka State: IN Zip: 46545
C. Residential Telephone Number: 574-286-2958
D. Cellphone Number: _____
E. Position with Business: President

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: same as above
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: _____

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

Explain Fully: N/A

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

- 1: Sable Ridge Homeowners Association 2021
2: Weigel Broadcasting / ABC News 57 - 2021
3: 1st Source Bank - 2021
4: Creekwood Homeowners Association 2021

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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
Dave Talbroom Landcare	26981 Kline Tr	SB IN 46614	27 yrs
_____	_____	_____	_____
_____	_____	_____	_____

(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.

Pamela Morris

Signature

1-17-22

Date

