## MUNICIPAL CODE SECTION - 4-19 LICENSE APPLICATION FOR - ARBORIST (K2320) \$79,00

I. APPLICATION TYPE Check One: NewRenewal
II. BUSINESS DATA  A. Business Name: Dave Talboom Lawncare Inc.
B. Business Address: 26981 Kline Trail
City: South Bend State: 1N Zip: 4161614
C. Mailing Address (If different from above):
City:State:Zip:
D. Business Telephone Number: <u>574 - 234 - 4883</u>
E. Business Fax Number: <u>574 - 289 - 303</u> 0
F. E-Mail Address: dave talkoom @ yahoo.com
G. Number of Employees:
H. Number of Vehicle Plates Needed:4
I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs:  Sprayers, hand pruners, chain saw, loppers, shovel, spade, rake, edger, water tank, blover, petchfort, shears, handsaw
J. Do you propagate your own stock? Yes:No:
If No, where is stock purchased: Twikwood, Mckinley Terrace, Roschad Garden
K. Insurance Carrier, Agency, and Amount of Liability Insurance:  The Heary Group, \$ 1,000,000.00
L. Type of zoning at the business location: Agricultural
CONTINUE TO NEXT PAGE
For Office Use Only
Application Filed 1-25-2022 Parks Board Approval  Application Fee Paid 1-25-2022 License Fee Paid 1-25-2023  Sent to Dept. JAN 2 6 2022 License Number ARB2022-016  Plate Number(s)
Not Approved Reason

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

III. AP		ANT'S PERSONAL DATA	
	A. <i>A</i>	Applicant's Legal Name: Pamela J. Morris	
	B. F	Residential Address: 54860 Bittersweet Rd	
		City: Mishawaka State: 1N zip: 46545	
	C. F	Residential Telephone Number: 574 - 286 - 2958	
		Callabara Niverbary	
	E. P	Position with Business: President	
IV. O\		S PERSONAL DATA	
	Α. (	Owners Legal Name: <u>Same as above</u>	
		Residential Address:	
	Б. 1	City:State:Zip:	
	C F	Residential Telephone Number:	
		Cellphone Number:	
		Position with Business:	
	L. 1	Osition with business.	
V. EX	PERIE	ENCE / REFERENCES	
	A.	Are you familiar with prevalent tree and shrub diseases and competent to prescribe and apply control measures?	
		Yes:No:Explain Fully:	
	В.	What experience or training in tree surgery have you had?	
		Explain Fully: V/A	
	C.	List below, the names and addresses of not less than four (4) clients where you have	
		recently performed work (include dates):	4.
		1: Sable Ridge Homeowners Association 202	<u></u>
		2: Weigel Broadcasting / ABC News 57 - 2021	
		3: 1st Source Bank - 2021	
		4: Creekwood Homeownes Association -2021	

**CONTINUE TO NEXT PAGE** 

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

	D. Please list all previous emplo	yment for three (3) yea	rs prior to the date of t	his application:
	Company	Address	City, State, ZIP	Dates
9	Dave Talboom Launcare	26981 Kline TH	SB 11 40614	27 yrs
(	Attach additional sheets if nece	essary)		
E	E. Do you have an International Yes:No:			
	If yes, submit a copy of the o	certification with the ap	pplication.	
	CLUDE CERTIFICATE OF INSURA S AN ADDITIONAL CERTIFICATE		N WITH THE CITY OF SO	UTH BEND
VII. IN	CLUDE \$5.00 PROCESSING FEE	WITHAPPLICATION		
VIII.AFFIF	RMATION			
a n ir u	hereby, certify and affirm that occurate to the best of my known islead the City in this applications pection of my equipment by the inderstand the regulations of the code, Section 4-19.	rledge. I further certify to on by omitting facts kno the Board of Park Comn	that I have in no way att own to me. I agree to pe nissioners or their agent	tempted to ermit periodic t. I have read and
<u>-</u>	Pamela Marris		/-/	7-22
	Signature			Date



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 11/1/2021

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.

South	Generations Drive Bend, IN 46635			this certificate does not confer rights to the certificate holder in lieu of s PRODUCER The Healy Group, Inc.				CONTACT NAME: PHONE (A/C, No, Ext): (574) 271-6000 FAX (A/C, No.): (574) 243-3214				
INSURE	,				E-MAIL ADDRESS:	4, 211-0000	[A/C, No]:	(314) 243-3	Z 14			
INSURE					ADDRESS.	INSURER(S) AFE	ORDING COVERAGE	N	IAIC#			
INSURE					INSURER A : Frankenmuth Ins. Co.				6			
	INSURED					INSURER B:						
	Dave Talboom Lawncare in	c and	Dixi	e Meadow Farms LLC	INSURER C :							
	26981 Kline Trl				INSURER D :							
South Bend, IN 46614-9300					INSURER E :							
					INSURER F :							
COVE	RAGES CER	RTIFIC	CATE	NUMBER:			REVISION NUMBER:					
CER EXCI	IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	PER POLIC	REMI TAIN, CIES,	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	ON OF ANY CONT RDED BY THE PO	FRACT OR OTHI	ER DOCUMENT WITH RESPI	ECT TO WHICH	H THIS			
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY E	FF POLICY EXP	LIMIT	TS				
AX	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	§ 1,	,000,00			
	CLAIMS-MADE X OCCUR			6605571	9/10/20	21 9/10/2022	DAMAGE TO DENTED		500,00			
							MED EXP (Any one person)	S	5,00			
							PERSONAL & ADV INJURY	3	,000,00			
GI	EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,	,000,00			
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	s 2,	,000,00			
	OTHER: General Aggregate							\$				
	JTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s 1,	,000,00			
X			6605570		9/10/2021	21 9/10/2022	BODILY INJURY (Per person)	S				
	AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$				
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$				
A V								\$				
AX				6605571	0/40/0004	21 9/10/2022	EACH OCCURRENCE	2	,000,00			
	EXCESS LIAB CLAIMS-MADE DED X RETENTIONS 10,000			0003371	9/10/20	21 9/10/2022	AGGREGATE	\$ 7,	,000,00			
A wo			_			_	V PER OTH	\$				
ANI	ORKERS COMPENSATION D EMPLOYERS' LIABILITY Y/N			6605569	9/10/20	21 9/10/2022	X PER STATUTE OTH-		000.00			
OF.	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A		000000	3/10/20	9/10/2022	E.L. EACH ACCIDENT	D.	,000,000 ,000,000			
If ve	es, describe under						E.L. DISEASE - EA EMPLOYEE	3	,000,000			
DES	SCRIPTION OF OPERATIONS below					_	E.L. DISEASE - POLICY LIMIT	s 1,	,000,00			
	TIOU OF OREDATIONS											
DESCRIP RE: Arb	TION OF OPERATIONS / LOCATIONS / VEHICL orist Business Licensing, 5888ARB	ES (A	CORD	101, Additional Remarks Schede	ule, may be attached it	more space is requ	lired)					

ACORD 25 (2016/03)

South Bend, IN 46601

© 1988-2015 ACORD CORPORATION. All rights reserved.

ally