

OK 10969 \$100.00

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: KEVINSTREE ? Landscaping of Michiana, Inc.

B. Business Address: 24055 State Rd 23

City: South Bend State: IN Zip: 46614

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: (574) 2471410

E. Business Fax Number: _____

F. E-Mail Address: kevinstreet@live.com

G. Number of Employees: 5

H. Number of Vehicle Plates Needed: 10

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

Spider lift, chipper, loader + misc pruners, chainsaws, blowers

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

If No, where is stock purchased: McKinley Terrace

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

Dan Berry Insurance 1 million - 2 million

none

L. Type of zoning at the business location: Industrial Light

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For Office Use Only

Application Filed JAN 20 2022 Parks Board Approval _____

Application Fee Paid JAN 20 2022 License Fee Paid JAN 20 2022

Sent to Dept. JAN 20 2022 License Number ARB2022-014

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Kevin L. Franklin
- B. Residential Address: 24055 State Rd 23
City: So. Bend State: IN Zip: 46614
- C. Residential Telephone Number: 574 876-3891
- D. Cellphone Number: _____
- E. Position with Business: owner / estimator

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Kevin Lynn Franklin
- B. Residential Address: 24055 State Rd 23
City: South Bend State: IN Zip: 46614
- C. Residential Telephone Number: (574) 876 3891
- D. Cellphone Number: _____
- E. Position with Business: owner

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: Tree Biology
Classes through TCIA Diagnosis of Disorders
Introduction to arborcare, plant healthcare

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

Explain Fully: Planting, transplanting, using artificial support, corrective trimming, tree cavity filling.

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

- 1: Bob + Sarah Connor Jackson Rd Mishawaka 12/22/21
- 2: Gus Buysse 1217 Mishawaka 12/28/21
- 3: Kay Easton 5122 Greenleaf Blvd SB 46609 12/15/21
- 4: Marie/S. Bend Reactors 1357 Northside Blvd SB 46615 12/7/21

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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
KEVINSTREE'S	Landscaping of Michigan		1993 - present
_____	_____	_____	_____
_____	_____	_____	_____

(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.

Kevin Tranchesi
Signature

11/9/2022
Date

