

CK13481-\$8250

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

I. APPLICATION TYPE Check One: New _____ Renewal X

II. BUSINESS DATA

A. Business Name: Conner Properties Investments LLC DBA ISAAC Property Services

B. Business Address: 2344 Yankee St.
City: Niles State: Mi. Zip: 49120

C. Mailing Address (If different from above): P.O. Box 262
City: Niles State: Mi. Zip: 49120

D. Business Telephone Number: 269-687-8845

E. Business Fax Number: 269-340-5918

F. E-Mail Address: mark@macps.com

G. Number of Employees: 40

H. Number of Vehicle Plates Needed: 5

I. List Equipment for planting, removing, trimming, spraying, and care of trees and shrubs:
Skidsteers, Gator with 100 gal Spray tank, Hand pruners, Pruning shears
F-550 Set up with 100 gal tank + 300 gal tank

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

If No, where is stock purchased: Mckenley Terrace or Great Lakes Landscape Supply

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

Travelers

Agent Holland Ins Group

L. Type of zoning at the business location: Commercial

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For Office Use Only

Application Filed JAN 14 2022 Parks Board Approval _____

Application Fee Paid JAN 14 2022 License Fee Paid JAN 14 2022

Sent to Dept. JAN 14 2022 License Number ARB2022-010

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

A. Applicant's Legal Name: Mark A. Schlott
B. Residential Address: 101 Hummingbird Ln.
City: Niles State: Mi. Zip: 49120
C. Residential Telephone Number: 574-993-1216
D. Cellphone Number: 574-993-1216
E. Position with Business: Owner

IV. OWNERS PERSONAL DATA

A. Owners Legal Name: Mark A. Schlott
B. Residential Address: 101 Hummingbird Ln.
City: Niles State: Mi. Zip: 49120
C. Residential Telephone Number: 574-993-1216
D. Cellphone Number: 574-993-1216
E. Position with Business: Owner / CEO / member

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 - we do not offer that service

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

1:	<u>Crossy + Everett Real Estate</u>	<u>332 N. Ironwood</u>	<u>8-2021</u>
2:	<u>Eddy St. Commons</u>	<u>1234 Eddy St.</u>	<u>9-2021</u>
3:	<u>Embassy Suites</u>	<u>1140 E. Angela Blvd</u>	<u>9-2021</u>
4:	<u>Champions Way HOA</u>	<u>1234 Dvey St</u>	<u>8-2021</u>

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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>No Changes</i>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

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

Yes: _____ No: _____

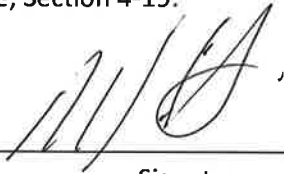
If yes, submit a copy of the certification with the application.

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.



Signature

1-11-22

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/12/2022

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: HOLLAND INSURANCE GROUP, 54081 N. Ironwood Rd., P.O. Box 6458, South Bend, IN 46660-6458. S. Lynn Chiu, CIC, CSRM, CAWC. CONTACT NAME: S. Lynn Chiu, CIC, CSRM, CAWC. PHONE: 574-277-0234. FAX: 574-277-0286. E-MAIL ADDRESS: lynn@hollandinsurancegroup.com.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation and Employers' Liability, and Leased/Rented Equipment.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Arborist Licensing - The City of South Bend is an additional insured for General Liability as required by written contract.

CERTIFICATE HOLDER CANCELLATION

City of South Bend, 227 West Jefferson Blvd., Ste. 1400, South Bend, IN 46601

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: S. Lynn Chiu, CIC, CSRM, CAWC