CK34517 \$77,00

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

I. APPLICATION TYPE	Check One:	New_		Ren	ewal	χ
II. BUSINESS DATA A. Business Name	e: <u>Serenest</u>	HES	INC.			th grant and a second
B. Business Addre	ess: <u>21181</u> J	ACKSON	20			
City:	SOUTH BEND		_State:	IN	Zip:	46614
C. Mailing Addres	ss (If different from a	sbove): 🚞		- Internal I		Alexander and a second
City:			_State:		Zip:	
D. Business Telep	hone Number:	574- a	31-1941			
E. Business Fax N	umber:	5)4 - 2	3) - 193	0		
F. E-Mail Address	SERENESO	APES (SBLC	SLOBAL	.NET	
G. Number of Em	ployees:1	4			_	INCOME THE PARTY OF THE PARTY O
H. Number of Vel	hicle Plates Needed:	_ 2				
	for planting, removi SHEARS, VACS					
J. Do you propaga	ate your own stock?	Yes:		No:		X
	ere is stock purchase					T=2
	ier, Agency, and Amo					
HASTINGS M	NTUBL (THE H	EALY GR	OUP).	2,000	000	AGGRE GATE
	PER OCCULE					
	at the business locat					
4 (For	r Office Us	e Only		SN ²⁵	
	5-00					
Application Filed 1 - 2 Application Fee Paid 1 - 2			loard Appro	1-25-a	33	·
Sent to Dept. JAN 2				ARBA		018
		Plate N	lumber(s)_			****
Not Approved Reason			1		596	

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

II	I. APPLIC	ANT'S PERSONAL DATA							
	A.	Applicant's Legal Name: Constant N. MILLS							
	В.	Residential Address: 11477 SPUT ONE DR							
		City: GRANGER State: IN Zip: 46530							
	C.	Residential Telephone Number:							
	D.	Cellphone Number: 574 - 360 - 6553							
	Ε.	Position with Business: LANDSCAPE MAINTENANCE MANAGER							
IV.	OWNE	RS PERSONAL DATA							
à	A.	Owners Legal Name: SCOTT R. CHAPLA							
	В.	Residential Address: 21181 JACKSON ROAD							
		City: SOUTH BEND State: IN Zip: 46614							
		Residential Telephone Number:							
	D.	Cellphone Number: 574-532-9943							
		Position with Business: DWNEZ							
		a .							
.,	EVERN	THOS (DEFENDENCES							
V.		ENCE / REFERENCES							
	A.	Are you familiar with prevalent tree and shrub diseases and competent to prescribe and apply control measures?							
		Yes: X No: Explain Fully: 20+ YEARS EXPENCE							
		IN THE LANDSCAPE INDUSTRY. LICENSED ARROYST							
		SINCE 2000.							
	В.	What experience or training in tree surgery have you had?							
Explain Fully: 6 YEARS TRAINING UNDER DEGREED LAWDER									
		CONTRACTOR. LANDSCAPE BUSINESS DUNER FOR 10 YES. CHRISTIA							
		MANAGING MAINTENANCE DPERATIONS FOR SENENESCAPES,							
	C.	List below, the names and addresses of not less than four (4) clients where you have							
		recently performed work (include dates):							
		1: CORT KES, 21710 RAVENNA, S.B.							
		2: MAGOR RES. 21425 KROFT, S.B.							
		3: COOK RES. 335 à TOPSFIELD, S.B.							
		4: DOWNEY RES. 55615 WHIPPODEWILL, S.B.							

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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
	SERENES CAPES	SINOSYDAL 1811S	SOUTHBEAD 46614	26011- Present
	*			
	(Attach additional shee	ts if necessary)	0.08	Section 1997 Williams
	Yes:	national Society of Arboricu _No: y of the certification with th		
VI. LISTE	INCLUDE CERTIFICATE O ED AS AN ADDITIONAL CER	F INSURANCE WITH APPLICA TIFICATE HOLDER	TION WITH THE CITY OF S	OUTH BEND
VII.	INCLUDE \$5.00 PROCESS	SING FEE WITHAPPLICATION		
VIII.A	AFFIRMATION			
	accurate to the best of mislead the City in this inspection of my equip	firm that all of the informati my knowledge. I further cer application by omitting fact: ment by the Board of Park C ions of the Arborist license f	tify that I have in no way a s known to me. I agree to p ommissioners or their age	ttempted to permit periodic nt. I have read and
<i>)</i> ;	Jug Wills		1-1	Date
	Signatu	ire		Date

BGROSHANS

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/5/2022

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. 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. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confor rights to the certificate holder in line of such as the certificate does not confor rights to the certificate holder in line of such as the certificate holder.

	his certificate does not confer rights t	o the	e ceri	tificate holder in lieu of su	ich end	orsement(s)	, policies may	require an endorseme	mt. AS	tatement on
PRODUCER The Healy Group, Inc. 17535 Generations Drive					CONTACT NAME: PHONE (A/C, No, Ext): (574) 271-6000 FAX (A/C, No): (574) 243-3214					
300	ıth Bend, IN 46635				E-MAIL ADDRES	3,55				
					V 20 TO W			RDING COVERAGE		NAIC #
INSURED					INSURER A : Hastings Mutual Ins. Co.					14176
					INSURE					
	Serenescapes, Inc. 21181 Jackson Rd				INSURE					
	South Bend, IN 46614-4014				INSURE					
	,				INSURE					
	WED LOSS				INSURE	RF:				
				E NUMBER:				REVISION NUMBER:		
C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	REM RTAIN CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF AI	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESP	ECT TO	MALICHARIA
INSR LTR	TYPE OF INSURANCE	ADDL	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
Α	X COMMERCIAL GENERAL LIABILITY		7 (1.1.1.2)			www.r.c.d.	willing by 1.1.1.1.1.	EACH OCCURRENCE		1,000,000
	CLAIMS-MADE X OCCUR	X		CPP9861702		5/4/2021	5/4/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	· · ·	`		1				MED EXP (Any one person)	s	10,000
								PERSONAL & ADV INJURY	s	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				- 1			GENERAL AGGREGATE	s	2,000,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG		2,000,000
	OTHER:							PRODUCTS - COMPTOP AGG	s	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
	X ANY AUTO			ACV9861703		5/4/2021	5/4/2022	BODILY INJURY (Per person)	s	
	OWNED SCHEDULED AUTOS						***************************************	BODILY INJURY (Per accident		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	s	
	AUTOS GNET							(Per accident)		
Α	X UMBRELLA LIAB X OCCUR			ULC9861706			5/4/2022	EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE					5/4/2021		AGGREGATE	s	1,000,000
	DED RETENTION \$							AGGREGATE		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A						X PER OTH-	\$	
			0009861704		5/4/2021	5/4/2022	E.L. EACH ACCIDENT		500,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				1				3	500,000
	if yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMIT		500,000
Α	Rented/Leased Equip			CPP9861702		5/4/2021	5/4/2022	E.L. DISEASE - POLICY LIMIT	3	80,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Arborist License	ES (A	ACORE) 101, Additional Remarks Schedul	le, may be	attached If more	e space is require	ed)		
	of South Bend is listed as Additional In	sure	d.							
										-
CEF	RTIFICATE HOLDER	_			CANCI	ELLATION				
	The transmit				CANCI	ELLATION				
					SHOU	LD ANY OF T	HE ABOVE DI	ESCRIBED POLICIES BE C	ANCFI	LED BEFORE
City of South Bend					THE	EXPIRATION	I DATE TH	FRECE NOTICE WILL	BE DE	LIVERED IN
Department of Community Investment 227 W Jefferson Blvd South Bend, IN 46601				t	AUUC	RUANCE WIT	IN IME POLIC	Y PROVISIONS.		
				AUTUODIZED DEDDESCAITA THE						
30001 Bolld, 111 40001					AUTHORIZED REPRESENTATIVE					
					/coll/d					1
-	NBD 25 (2046)02)	_			4 1					