

CK1666 \$141.00

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

I. APPLICATION TYPE Check One: New Renewal ✓

II. BUSINESS DATA

A. Business Name: KC Tree Incorporated

B. Business Address: 8913 E. US Hwy 20

City: New Carlisle State: IN Zip: 46552

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-674-7722

E. Business Fax Number: _____

F. E-Mail Address: Kregg@kctree.com

G. Number of Employees: 14

H. Number of Vehicle Plates Needed: 20

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

Bobcats, stump grinder, log truck, pickup trucks, bucket truck

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

If No, where is stock purchased: _____

K. Insurance Carrier, Agency, and Amount of Liability Insurance: Through Synergy - Selective, Secura, & Appalachian - 5M umbrella policy & 1-3M general liability policies

L. Type of zoning at the business location: Commercial

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For Office Use Only

FEB 14 2022

Application Filed _____ Parks Board Approval _____

Application Fee Paid FEB 14 2022 License Fee Paid FEB 14 2022

Sent to Dept. FEB 14 2022 License Number ARB2022-031

Plate Number(s) _____

Not Approved _____

Reason _____

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III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Kregg Keigley
B. Residential Address: 7429 N. Hollyhook Lane
City: New Carlisle State: IN Zip: 46552
C. Residential Telephone Number: —
D. Cellphone Number: 574-850-3062
E. Position with Business: Owner / President

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Kregg Keigley
B. Residential Address: 7429 N. Hollyhook Lane
City: New Carlisle State: IN Zip: 46552
C. Residential Telephone Number: —
D. Cellphone Number: 574-850-3062
E. Position with Business: Owner / President

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: We do not treat or provide remediation though. We trim and remove trees and stumps.
- B. What experience or training in tree surgery have you had?
Explain Fully: Have been in the tree business for 35 years.
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
1: Bonnie Blank: 5132 W. Concord Dr. LaPorte, IN: 11-16-22
2: Rich Harvath: 52635 Swanson Dr. South Bend, IN: 12-22-21
3: Homeworks: Multiple addresses - recent 838 S. Gladstone Ave. South Bend: 1-6-22
4: Richard Dittae: 1821 Larkspur Ct. Mishawaka, IN: 9-28-21

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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
KC Tree Inc	8913 E US Hwy 20	New Carlisle IN 46552	1987-Current
—	—	—	—
—	—	—	—

(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

2-11-22

Date

