

CK#21998 \$ 85.00

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

I. APPLICATION TYPE Check One: New _____ Renewal

II. BUSINESS DATA

A. Business Name: Dave Talboom Lawncare, Inc

B. Business Address: 2481 Kline Trail

City: South Bend State: IN Zip: 46614

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

City: _____ State: _____ Zip: _____

D. Business Telephone Number: (574) 234-4883

E. Business Fax Number: (574) 289-3030

F. E-Mail Address: davetalboom@yahoo

G. Number of Employees: 23

H. Number of Vehicle Plates Needed: 4 @ 350 = 14.00

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

sprayer, hand pruners, chainsaw, loppers, spade

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

If No, where is stock purchased: Twixwood, McKinley Terrace

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

Frankenmuth

Healy Group-Agent

L. Type of zoning at the business location: Agriculture

For Office Use Only

Application Filed MAY 17 2019 Parks Board Approval _____

Application Fee Paid MAY 17 2019 License Fee Paid MAY 17 2019

Sent to Dept. MAY 17 2019 License Number 19-5888

Plate Number(s) _____

Not Approved _____

Reason _____

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

III. APPLICANT'S PERSONAL DATA

- A. Applicant's Legal Name: Pamela J Morris
- B. Residential Address: 54800 Bittersweet Road
City: Mishawaka State: IN Zip: 46545
- C. Residential Telephone Number: 574-286-2958
- D. Cellphone Number: _____
- E. Position with Business: President

IV. OWNERS PERSONAL DATA

- A. Owners Legal Name: Pamela J Morris
- B. Residential Address: same as above
City: _____ State: _____ Zip: _____
- C. Residential Telephone Number: _____
- D. Cellphone Number: _____
- E. Position with Business: _____

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
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):
1: St Sourcee - South Bend April 2019
2: Career Academy - South Bend July 2018
3: Sable Ridge - South Bend April 2019
4: Creekwood - South Bend June 2018

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

D. Please list all previous employment for three (3) years prior to the date of this application:

Company	Address	City, State, ZIP	Dates
Dave Talboom Lawn Care, Inc	26981	Kline Trail SB IN	4/1/14 25 yrs

(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.

Benjamin J. Mow

Signature

5/15/12

Date

