



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

### DEFINITION:

Arborist activities include: any persons engaging in the business of planting, removing, trimming or spraying trees or shrubs.

### GENERAL INSTRUCTIONS:

1. Print legibly and complete all sections to ensure efficient processing.
2. Assemble all required information and materials before filing application.
3. Thoroughly review all applicable Municipal Code Sections listed above.
4. Licenses expire January 31.
5. Add 10% to license fee for renewal after January 31.
6. Include \$5.00 license application fee payable to City of South Bend.
7. License fee payable to City of South Bend due at issuance - \$60.00.
8. Per-Plate fee payable to City of South Bend due at issuance - \$3.50 per vehicle.
9. First time applicants must pass a test administered by the South Bend Parks Forester.

### REQUIRED INFORMATION AND MATERIALS:

1. Certificate of Insurance per Municipal Code Section 4-19 with the city listed as an additional certificate holder.
2. Current certificate of insurance required for each annual license renewal.

### APPLICATION PROCESS:

1. Review Municipal Code Sections 4-16 and 4-19 thoroughly.
2. Submit application with \$5.00 processing fee.
3. Review by South Bend Board of Park Commissioners.
4. License issued upon approval and payment of the license fee.

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

I. APPLICATION TYPE Check One: **New** \_\_\_\_\_ **Renewal** \_\_\_\_\_

### II. BUSINESS DATA

A. Business Name: \_\_\_\_\_

B. Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

C. Mailing Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. Business Telephone Number: \_\_\_\_\_

E. Business Fax Number: \_\_\_\_\_

F. E-Mail Address: \_\_\_\_\_

G. Number of Employees: \_\_\_\_\_

H. Number of Vehicle Plates Needed: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

If No, where is stock purchased: \_\_\_\_\_

K. Insurance Carrier, Agency, and Amount of Liability Insurance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

L. Type of zoning at the business location: \_\_\_\_\_

### For Office Use Only

Application Filed \_\_\_\_\_ Parks Board Approval \_\_\_\_\_

Application Fee Paid \_\_\_\_\_ License Fee Paid \_\_\_\_\_

Sent to Dept. \_\_\_\_\_ License Number \_\_\_\_\_

Plate Number(s) \_\_\_\_\_

Not Approved \_\_\_\_\_

Reason \_\_\_\_\_

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**III. APPLICANT'S PERSONAL DATA**

- A. Applicant's Legal Name: \_\_\_\_\_
- B. Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- C. Residential Telephone Number: \_\_\_\_\_
- D. Cellphone Number: \_\_\_\_\_
- E. Position with Business: \_\_\_\_\_

**IV. OWNERS PERSONAL DATA**

- A. Owners Legal Name: \_\_\_\_\_
- B. Residential Address: \_\_\_\_\_  
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. List below, the names and addresses of not less than four (4) clients where you have recently performed work (include dates):  
1: \_\_\_\_\_  
2: \_\_\_\_\_  
3: \_\_\_\_\_  
4: \_\_\_\_\_

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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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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

\_\_\_\_\_  
Date