



**TWO RIVERS**  
WISCONSIN

# Application for Landscaping/ Tree Removal License

Municipal Code 7-4-15

For the period ending: June 30, ~~2027~~ <sup>2026</sup>

Fee: \$50.00 New or \$25.00 Renewal

Receipt #: 2.0000/00079

Date: 3/10/2026

I, the undersigned, hereby apply for a Landscaping or Tree Removal License for:

**Please Check:**

To Plant, Prune, Spray, Trim & Remove Trees & Shrubs

To Remove Trees, Tree Stumps, Wood Chips

I hereby agree to abide by existing rules and regulations and those which may hereafter be adopted by the City of Two Rivers.

Name of Business: A & E Lawn, Snow and Tree LLC

Business Address: 1501 North Rapids Rd.

City/State/Zip Code: Manitowish, WI. 54220

Signature of Owner: Christopher Duescher

Printed Name of Owner: Christopher Duescher

Owners Home Address: 1501 North Rapids Rd.

City/State/Zip Code: Manitowish, WI. 54220

Phone Number: 920-323-2776

**(FOR OFFICE USE ONLY)**

City Forester Approval: \_\_\_\_\_ License #: \_\_\_\_\_

Council Approved: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Evidence of Insurance: \_\_\_\_\_  
*(certificate must be attached)*





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/02/2025

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 confer rights to the certificate holder in lieu of such endorsement(s).**

PRODUCER  Forever Your Insurance, LLC 935 S. 8th St., Suite 103 Manitowoc, WI 54220	CONTACT NAME:	
	PHONE (A/C No. Ext.): (920)682-7272	FAX (A/C No.): (920)686-2161
	E-MAIL ADDRESS: michelle@fyiins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Atlantic Casualty Insurance Co	
INSURED  A & E Lawn, Snow and Tree, LLC 138 Hover St. Whitelaw, WI 54247	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

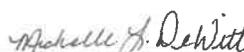
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			M244000435-2	12/10/2025	12/10/2026	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

City of Two Rivers 1717 E. Park St. Two Rivers, WI 54241	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   MLD

© 1988-2015 ACORD CORPORATION. All rights reserved.



Policy Number: M244000435-2

**LOCATION OF PREMISES**

Location of All premises You Own, Rent or Occupy:

**PREMIUM**

Classification	Code No.	Premium Basis	Territory	Rate		Advance Premium	
				Pr/Co	All Other	Pr/Co	All Other
Snow and Ice Removal - Contractor	99310	P 8,250 PR	503	26.952	97.615	\$ 222	\$ 805
Tree Pruning, Dusting, Spraying, Repairing, Trimming or Fumigating*	99777	P 3,500 PR	503	INCL	26.150	\$ INCL	\$ 92
						\$	\$
						\$	\$
Total for extension						Total	\$ 1,119.00

\*\* (a) area (c) total cost (m) admission (p) payroll (s) gross sales (u) units (t) other