

DATE: 4/09/2025

Page: 6

BID NO.: 50-00147601

**BID FORM**  
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES \_\_\_\_\_ NO X

MAXIMUM ESCALATION PERCENTAGE REQUESTED 0 %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF CONTRACT COMPLETION

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

**DELIVERY: FOB JEFFERSON PARISH**

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

N/A

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable)

67197

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: CRESCENT CITY TREE, LLC.

ADDRESS: 7 BANIER STREET

CITY, STATE: Kenner, LA

ZIP: 70065

TELEPHONE: (504) 533-0002

FAX: (504) 533-0015

EMAIL ADDRESS: SHERRY.FABRE@CRESCENTCITYTREE.COM

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$ \_\_\_\_\_

AUTHORIZED

SIGNATURE: Sherry Fabre

SHERRY FABRE

Printed Name

TITLE: OWNER

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

DATE: 4/09/2025

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page 7

BID NO.: 50-00147601

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	50.00	EA	<p>TWO (2) YEAR CONTRACT FOR ARBORIST SERVICES TO BE PERFORMED THROUGHOUT JEFFERSON PARISH FOR THE JEFFERSON PARISH PARKWAYS DEPARTMENT</p> <p>0010 Arborist Consultations per tree</p> <p>*** SEE ATTACHED SPECS ***</p>	<p>\$ 295.<sup>00</sup></p> <p>FOB DELIVERED</p>	<p>\$ 14,750.<sup>00</sup></p>

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: SHERRY  
FABRE, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized OWNER of CRESCENT CITY TREE LLC (Entity),  
the party who submitted a bid in response to Bid Number SO - 0047601, to the Parish of  
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A \_\_\_\_\_ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B ☒ there are NO campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A \_\_\_\_\_ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B ✓ There are NO debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

*[The remainder of this page is intentionally left blank.]*

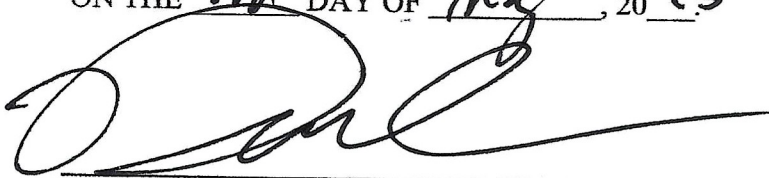
That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

  
Signature of Affiant

SHERRY FABRE  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

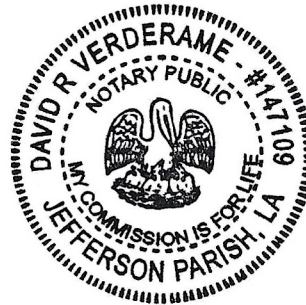
ON THE 3rd DAY OF May, 2025



Notary Public

David R. Verderame  
Printed Name of Notary

147109  
Notary/Bar Roll Number



My commission expires at death

**CERTIFIED RESOLUTION**

On this 3rd (day) of May (month), 2025 (year),

I, Chris J. Fabre (full name of official signing this certificate), the owner (title of official signing this certificate)

of Crescent City Tree, LLC (name of company) (the "Entity") hereby certify that

Sherry Fabre (full name of authorized official),  
owner (title of authorized official) of said Entity, is hereby

authorized and empowered to execute on behalf of the said entity the proposal and/or the contract (including amendment(s) which this Entity might enter in connection with Bid No.:

50-80147601

[Signature]

Signature

owner

Title of official signing

State of Louisiana

Parish of Jefferson

Personally appeared before me this 3rd st/th day of May,  
2025.

Chris J. Fabre (official certifying this resolution), the  
owner (title of official certifying this resolution) of Crescent

City Tree, LLC (name of company) and made under oath that the above is a true copy from the records of the company.

[Signature]

Notary Public

My commission expires on: at death






# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/05/2025

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).

<b>PRODUCER</b>  James H Webb 527 W Esplanade Ave, Suite 100  Kenner LA 70065		<b>CONTACT</b> NAME: James H Webb PHONE (A/C, No, Ext): (504) 466-5812 E-MAIL ADDRESS: james.h.webb.w332@statefarm.com FAX (A/C, No):	
<b>INSURED</b> Chris J & Sherry D Fabre DBA: CRESCENT CITY TREE, LLC 7 RANIER ST KENNER LA 70065		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 25178	

**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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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	Y		629 8948-F19-18	05/05/2025	12/19/2025	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

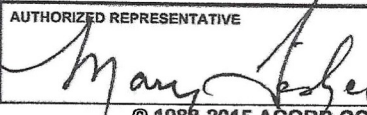
TREE SERVICE

2024 GMC K2500 PICKUP  
VIN # 1GT49PEYXRF387519**CERTIFICATE HOLDER****CANCELLATION**

The Parish of Jefferson, it's Districts, Departments and Agencies under the direction of the Parish President and the Parish Council.

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



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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/5/2025

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).

<b>PRODUCER</b> Aparicio Walker and Seeling, Inc. 4501 W. Napoleon Ave. Ste. 200 Metairie LA 70001		<b>CONTACT NAME:</b> AWS Receptionist <b>PHONE (A/C, No. Ext):</b> 504-883-4111 <b>E-MAIL ADDRESS:</b> awsreceptionist@awsinc.com <b>FAX (A/C, No):</b> 504-883-4100	
<b>INSURED</b> Crescent City Tree, LLC 7 Ranier Street Kenner LA 70065		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Acceptance Indemnity Insurance Company <b>INSURER B:</b> Louisiana Workers Comp. Corp. (LWCC) <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 20010 22350	

**COVERAGES****CERTIFICATE NUMBER:** 2130911682**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	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BND0001799 03	7/1/2024	7/1/2025	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 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A	167071	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Blanket Additional Insured, where required by written contract.  
Blanket Waiver of Subrogation, where required by written contract.  
Primary and Noncontributory Insurance, where required by written contract  
Construction Project(s) General Aggregate Limit  
Pesticide or Herbicide Applicator - Limited Pollution Coverage

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

The Parish of Jefferson  
its Districts and Agencies  
under the direction of the Parish President  
and the Parish Council  
200 Derbigny Street  
Gretna LA 70053

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

*Frank E. Seeling III*

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

<b>AGENCY</b> Aparicio Walker and Seeling, Inc.		<b>NAMED INSURED</b> Crescent City Tree, LLC 7 Ranier Street Kenner LA 70065	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

**WORKERS COMPENSATION:**  
Blanket Waiver of Subrogation where required by written contract

The Parish of Jefferson, Its District Departments and Agencies under the direction of the Parish President and the Parish Council

State of  
Louisiana  
Secretary of  
State

**COMMERCIAL DIVISION****225.925.4704**Fax Numbers

225.932.5317 (Admin. Services)

225.932.5314 (Corporations)

225.932.5318 (UCC)

Name	Type	City	Status
CRESCENT CITY TREE LLC	Limited Liability Company	KENNER	Active

**Previous Names****Business:** CRESCENT CITY TREE LLC**Charter Number:** 43093623K**Registration Date:** 6/14/2018**Domicile Address**

7 RANIER STREET  
KENNER, LA 70065

**Mailing Address**

7 RANIER STREET  
KENNER, LA 70065

**Status****Status:** Active**Annual Report Status:** In Good Standing**File Date:** 6/14/2018**Last Report Filed:** 8/26/2024**Type:** Limited Liability Company**Registered Agent(s)**

<b>Agent:</b>	SHERRY FABRE
<b>Address 1:</b>	7 RANIER STREET
<b>City, State, Zip:</b>	KENNER, LA 70065
<b>Appointment Date:</b>	6/14/2018

**Officer(s)****Additional Officers:** No

<b>Officer:</b>	SHERRY FABRE
<b>Title:</b>	Manager, Member
<b>Address 1:</b>	7 RANIER STREET
<b>City, State, Zip:</b>	KENNER, LA 70065

<b>Officer:</b>	CHRIS FABRE
<b>Title:</b>	Manager, Member
<b>Address 1:</b>	7 RANIER STREET
<b>City, State, Zip:</b>	KENNER, LA 70065



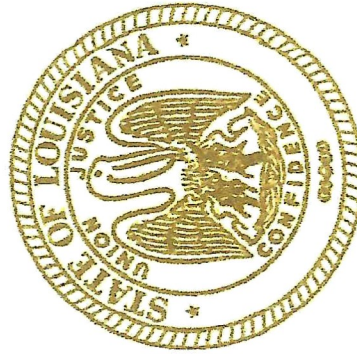
## State Licensing Board for Contractors

This is to Certify that:

CRESCENT CITY TREE LLC  
7 Ranier Street  
Kenner, LA 70065

is duly licensed and entitled to practice the following classifications:

LANDSCAPING, GRADING AND BEAUTIFICATION



Witness our hand and seal of the Board dated,  
Baton Rouge, LA 21st day of August 2024



Director



Chairman



Treasurer

Expiration Date: August 20, 2027

License No: 67197

This License Is Not Transferrable

Please verify information for correctness. If changes are necessary, make corrections and promptly return to issuing agency.

## LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Agricultural & Environmental Sciences, 5825 Florida Blvd, Suite 3002, Baton Rouge, LA 70806, (225) 952-8100, FAX (225) 925-3760

Be it known, that effective **02/01/2025** through **01/31/2026** having complied with all relevant requirements of the Louisiana Revised Statutes, the individual named below is hereby licensed in the following profession(s):

License(s): **ARBORIST 25-0997**  
**UTILITY ARBORIST 25-0998**  
**LANDSCAPE HORTICULTURIST 25-4457**

**CHRIS JUDE FABRE**  
**#7 RANIER STREET**  
**KENNER LA 70065**

  
Commissioner

LDAF ID: 120764

DISPLAY IN A PROMINENT PLACE

S2020



## LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Agricultural & Environmental Science, 5825 Florida Blvd, Suite 3002, Baton Rouge, LA 70806, (225) 952-8100, FAX (225) 925-3760

Horticulture Registration: CHRIS JUDE FABRE

Date: 1/24/2025

License(s): **ARBORIST 25-0997**  
**UTILITY ARBORIST 25-0998**  
**LANDSCAPE HORTICULTURIST 25-4457**

LDAF ID: 120764

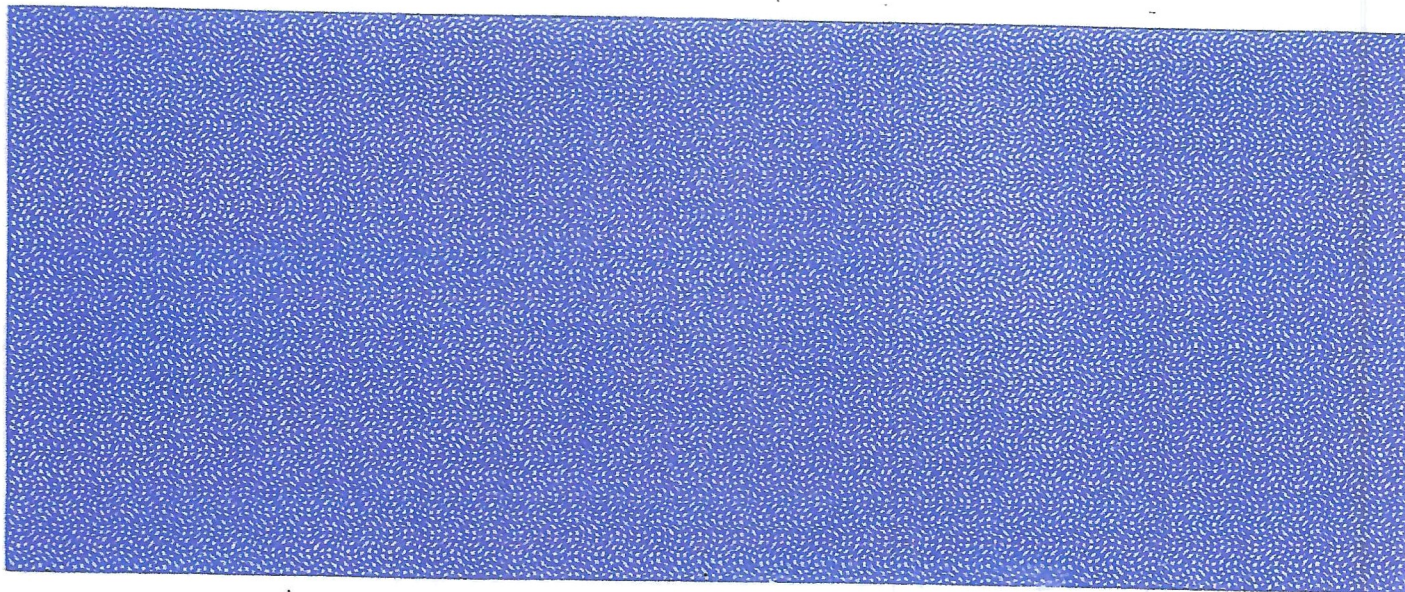
BACK LICENSE FOR:

CHRIS JUDE FABRE

ARBORIST 25-0997

UTILITY ARBORIST - 25-0998

LANDSCAPE HORTICULTURIST - 25-4457



**LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY**

**MIKE STRAIN DVM, COMMISSIONER**

Agricultural & Environmental Sciences, 5825 Florida Blvd, Suite 3002, Baton Rouge, LA 70806, (225) 952-8100, FAX (225) 925-3760

Be it known, that effective **02/01/2025** through **01/31/2026** having complied with all relevant requirements of the Louisiana Revised Statutes, the individual named below is hereby licensed in the following profession(s):

License(s): **ARBORIST 25-2355**

**SHERRY D FABRE**  
7 RANIER ST  
KENNER LA 70065



Commissioner

**LDAF ID: 174139**

DISPLAY IN A PROMINENT PLACE

S2020



**LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY**

**MIKE STRAIN DVM, COMMISSIONER**

Agricultural & Environmental Science, 5825 Florida Blvd, Suite 3002, Baton Rouge, LA 70806, (225) 952-8100, FAX (225) 925-3760

Horticulture Registration: **SHERRY D FABRE**

Date: **1/24/2025**

License(s): **ARBORIST 25-2355**

**LDAF ID: 174139**

BACK OF LICENSE FOR:

SHERY D. FABRE

LICENSE # 25-2355

ARBORIST



②  
REMOVE SIDE EDGES FIRST  
THEN FOLD, CREASE AND TEAR THIS STUB ALONG PERFORATION



# The International Society of Arboriculture

Hereby Announces That

*Chris Fabre*

Has Earned the Credential

## ISA Certified Arborist®

By successfully meeting ISA Certified Arborist certification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council

*Caitlyn Pollihan*

Caitlyn Pollihan  
CEO & Executive Director

16 May 2019	30 June 2025	SO-10278A
Issue Date	Expiration Date	Certification Number



ANAB  
American National Accreditation Board  
ACCREDITED  
ISO/IEC 17024  
PERSONNEL CERTIFICATION  
BODY

#0847  
ISA Certified Arborist



# The International Society of Arboriculture

Hereby Announces That

*Chris Fabre*

Has Earned the Credential

## ISA Tree Risk Assessment Qualification

By successfully meeting ISA Tree Risk Assessment Qualification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council

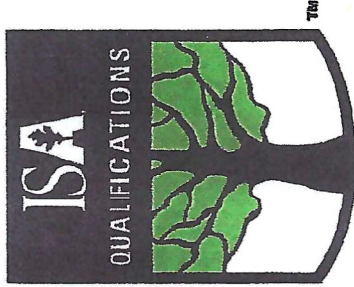
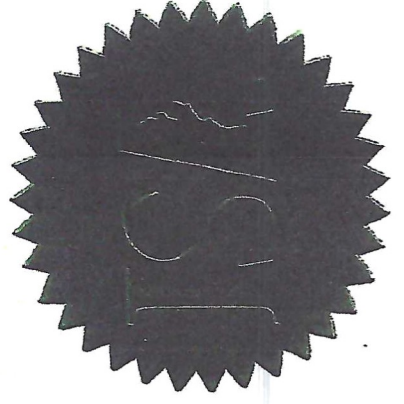
*Caitlyn Pollihan*  
Caitlyn Pollihan  
CEO & Executive Director

19 December 2024

19 December 2029

Issue Date

Expiration Date





**City of Kenner**

1926 18th Street  
Kenner, LA 70062

CRESCENT CITY TREE  
7 RANIER STREET  
KENNER, LA 70065

**\*\*NOTICE\*\***

This license becomes null & void if ownership, business name or address is changed. Licensee must apply within 10 days of such change for transfer. Fee will apply. All applicable building & zoning regulations pertaining to business location must be followed.

FABRE, CHRIS  
CRESCENT CITY TREE, LLC  
7 RANIER STREET  
KENNER, LA 70065

**2025**

Business License ID  
26857

Type  
LIMITED LIABILITY COMPANY  
TREE SERVICE

**Business  
License**

Number  
17241

Issued  
03/21/2025

Valid thru  
12/31/2025

**\*\*\* POST THIS LICENSE IN A CONSPICUOUS PLACE \*\*\***




# Jefferson Parish Department of Public Works-Parkways

1901 Ames Blvd. Marrero, LA. 70072  
(504) 349-5800

Be it known, that effective April 1, 2025 through March 31, 2026 having complied with all relevant requirements of the Jefferson Parish Ordinance No. 21243, the individual named below is hereby licensed to practice in the Parish of Jefferson in the following profession(s):

License(s):	Arborist	25-0997
	Landscape Horticulturist	25-4457
	Utility Arborist	25-0998

Chris Jude Fabre  
c/o Crescent City Tree, LLC  
#7 Ranier St.  
Kenner, LA 70065  
(504) 418-1596



Bryan K. Parks, PLA  
Director of Parkways

DISPLAY IN A PROMINENT PLACE.  
**LICENSE NO. JP-040**

STATE OF MISSISSIPPI  
LICENSE

DEPARTMENT OF  
AGRICULTURE & COMMERCE  
BUREAU OF PLANT INDUSTRY  
MISSISSIPPI STATE, MISSISSIPPI 39762

January 29, 2002

No. LT 445

CHRIS J. FABRE D/B/A BAYOU TREE SERVICE, INC.  
Name 364 INDUSTRIAL AVENUE JEFFERSON, LA 70121-  
Address

The above named individual or firm has complied with the provisions of Section 69-19-1 through 69-19-11, Mississippi Code 1972, and is entitled under this license to engage in the following professional services in Mississippi.

TREE SURGERY



This Is Not A Recommendation But An Official Record

*Edmunds. Dyess*  
State Entomologist

LOUISIANA DEPARTMENT OF  
**AGRICULTURE & FORESTRY**

CERTIFICATION CARD

**COMMERCIAL APPLICATOR**

CHRIS J FABRE  
7 RANIER STREET  
KENNER LA 70065

003VBP

Expiration Date: 12/31/2025



*Mike Strain*

Mike Strain, DVM COMMISSIONER

Certified licensed or Registered as  
(CAPP) Commercial Applicator

**Categories**

3 - Ornamental & Turf Pest Control  
6 - Right-Of-Way & Industrial Pest

**Recertify By**

12/08/2026  
12/06/2026

Signature: \_\_\_\_\_

LDAF EMERGENCY HOTLINE: 855-452-5323  
LA POISON CONTROL CENTER: 800-222-1222

**Louisiana Department of Agriculture & Forestry**  
**Mike Strain DVM, Commissioner**

Agricultural & Environmental Sciences, 5825 Florida Blvd., Suite 3003, Baton Rouge, LA 70806

Be it known, that effective Jan 1, 2025 through Dec 31, 2025 having complied with all relevant requirements of the Louisiana Revised Statutes, the entity named below is hereby authorized to engage in the business of **GROUND OWNER OPERATOR**.

**CRESCENT CITY TREE LLC**  
7 RANIER STREET  
KENNER LA 70065

*Mike Strain*  
Commissioner

DISPLAY IN A PROMINENT PLACE.

License No: 001ZPA



**LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY**

**MIKE STRAIN D V M, COMMISSIONER**

Agricultural & Environment Sciences, 5825 Florida Blvd., Suite 3003, Baton Rouge, LA 70806, (225) 925-3796 , FAX (225) 925-3760

License No. 001ZPA

Date: 11/20/2024

CRESCENT CITY TREE LLC

BACK OF LICENSE FOR:

CRESCENT CITY TREE, LLC

GROUND OWNER, OPERATOR

LICENSE NO - 001ZPA

REMOVE SIDE EDGES FIRST  
THEN FOLD, GREASE AND TEAR THIS STUB ALONG PERFORATION

