

**CITY OF MARSHALLTOWN, IOWA**  
**EMERGENCY REPAIR BUSINESS APPLICATION**

Pursuant to Section 7-38 of the Code of Ordinances of the Marshalltown City Code, the undersigned requests registration as an Emergency Repair Business and in connection therewith certifies the following:

Name of Principal Owner of the business: <b>Blackstone Exteriors, LLC (Jason Reels)</b>	Name of Applicant, if not owner
Phone Number of Business Owner <b>(515) 360-3732</b>	Phone Number of Applicant, if not owner
Street Address of Business Owner <b>250 W First Street, Suite B</b>	Street Address of Applicant, if not owner
City of Business Owner <b>Grimes</b>	City of Applicant, if not owner
State, Zip of Business Owner <b>Iowa, 50111</b>	State, Zip of Applicant, if not owner
Email address of owner or applicant <b>office@blackstoneexteriors.com</b>	
State of Iowa Contractor's Registration No. <b>C121776</b>	
Name of Insurance Company <b>Auto Owners Insurance</b>	Date of Insurance Expiration <b>05/01/2019</b>

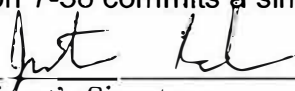
Licenses shall be issued to qualified contractors who complete the required application and provide the required documentation. Licenses shall not be issued to contractors who have on prior occasions been identified by City officials as unresponsive or irresponsible bidders in the public bidding process.

Enclosed: Certificate of Insurance, with at least \$1,000,000 Commercial General Liability Insurance. Yes  No  Enclosed: Contractor Registration Certificate Yes  No

Names of persons soliciting work on behalf of the contractor within the City of Marshalltown and needing a license card to solicit work. There is no fee for application or for the license card.

Jason Reels	Miranda Reels	Justin Reels	Kim Van Pelt
Mike Herting	Albin Mehmedovic	Jeff Simmerman	
Jed Dickens	Quentin Richardson	Tom Beckel	

I hereby declare that all information contained in this Application is true and correct. I understand that any person who performs work without said license, or who fails to observe any portion of City Code Section 7-38 commits a simple misdemeanor and the City may seek relief in the District Court.

  
 Applicant's Signature 8/6/18  
 Date

Please complete and return application to the City Clerk.  
 Questions? Call 641-754-5701 or email clerk@marshalltown-ia.gov.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/30/2018

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.

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.

PRODUCER: Dyste Williams Agency, 6465 Wayzata Blvd, #700, Minneapolis, MN 55426-1751. CONTACT NAME: info@dystewilliams.com. INSURER(S) AFFORDING COVERAGE: Auto-Owners Insurance Co, NAIC #: 18988.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

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

CERTIFICATE HOLDER CANCELLATION

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: [Signature]



**CONTRACTOR REGISTRATION CERTIFICATE**  
**STATE OF IOWA**

DIVISION OF LABOR  
CONTRACTOR REGISTRATION

1000 East Grand Avenue  
Des Moines, IA 50319-0209  
Phone (515) 242 – 5871  
[www.iowacontractor.gov](http://www.iowacontractor.gov)

BLACKSTONE EXTERIORS LLC  
404 W GREEN STREET  
WINTERSET, IA 50273

DATE ISSUED:  
**03/13/2018**

DATE EXPIRES:  
**03/28/2019**

REGISTRATION NUMBER:  
**C121776**

  
Michael A. Mauro, Commissioner