License Number	
License Issued	

License Fee 450000 Receipt # 141892 Cust # 9415

CITY OF LA CROSSE APPLICATION FOR HORSE-DRAWN VEHICLE

To the Honorable Mayor, Common Council, City Clerk, Director of Public Works, Traffic Engineer, and Chief of Police of the City of La Crosse: The undersigned hereby makes application for a Horse-Drawn Vehicle License.

BUSINESS NAME	Cinderella Carriage LLC
BUSINESS ADDRESS	30321 State Hwy 27 Cashton WI 54619
BUSINESS TELEPHONE	608-606-0614
OWNER(S) NAME	Lynn Katherine-Hemmersbach Isensee
OWNER(S) DATE OF BIRTH	
OWNER(S) ADDRESS	30321 State Hwy 27 Cashton WI 54619
OWNER(S) HOME TELEPHONE	608-606-0614

•	HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?	Ī.]YES[√]NO
•	HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS?	[] YES [🖍] NO
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•	IF EITHER ANSWER IS YES, INCLUDE NATURE OF THE OFFENSE AND PLACE OF CONVICTION (use reverse side, if necessary)
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INSURANCE CARRIER	Tudor Insurance Company
POLICY NUMBER	PGP 842 619
POLICY LIMITS	2,000,000 Per Policy Year

ATTACHED A CERTIFICATE OF INSURANCE INDICATING THE INSURANCE CARRIER, INSURED, POLICY NUMBER, POLICY LIMITS, AND DURATION OF THE POLICY. ALL INSURED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE OF INSURANCE. The policy must also be endorsed naming the City of La Crosse as Additional Insured and said endorsement must accompany the certificate.

METHOD OF CHARGING	Metered Rates_	Zone Rates	Vehicle Rental RateX_
SCHEDULE OF RATES	\$90-1hr	\$55- 12 hr	
NUMBER OF VEHICLES TO BE LICENSED	3		

	DESCRIPTION OF VEHICLES, including							
 lights 	er of persons each vehicle is designed to carry and safety equipment which will be used dures to be taken for assuring that public right							
Vehicle #1	White Vis-à-vis Carriage	4 passenger						
Vehicle #2	Lights and slowing moving vehicle sign White Cinderella Carriage	Bun Bag 6 passenger						
v enicle #2	Lights and slowing moving vehicle sign	Bun Bag						
Vehicle #3	Red/Black Wagonette	8-10 passenger						
	Lights and slow moving vehicle sign	Bun Bag						

ATTACHED IS A CURRENT VETERINARY CERTIFICATE FOR EACH HORSE CERTIFING THAT THE ANIMAL IS IN GOOD HEALTH AND FREE FROM INFECTIOUS DISEASE.

X I certify that each horse is fit for horse-drawn vehicle service.

X I further certify that the above-described vehicle(s) will be kept in a clean and sanitary condition and proper repair and maintenance and will further comply with the provisions of the Municipal Code pertaining to the Horse-Drawn Vehicle license.

I hereby certify that the information contained in this application is true and correct. I am aware that withholding information or making false statements on this application will be basis for denial/revocation of license.

SIGNATURE OF APPLICANT JUMM ISMAL	<u> </u>	DATE	10-16-16	
	Punls ! The wo	DATE_ <u>\0</u>	2/2016	

CERTIFICATE OF INSURANCE

This Document is a

Certificate of Insurance. This is to certify that policies of insurance listed below here have been issued to the insured named herein and are in force at this time. 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. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES LISTED BELOW.

BINDING OF THIS COVERAGE IS CONTINGENT UPON THE INSURED'S CONSIDERATION OF PREMIUM PAYMENT BEING POST-MARKED TO ARK AGENCY ON OR BEFORE THE EFFECTIVE DATE STATED ON THIS BINDER.

NAME AND ADDRESS OF AGENCY

NORTH AMERICAN HORSEMEN'S ASSOCIATION

Administrative Office: Ark Agency 310 Washburne Ave., Box 223 Paynesville, MN 56362 Policy No.: PGP 842619

LOCATIONS (if other than mailing address)

NAME AND ADDRESS OF INSURED

Cinderella Carriage, LLC 30321 State Hwy 27 Cashton, WI 54619

COMPANY:

Tudor Insurance Company

Effective: 12:01 AM

1/23/2016

Expires: 12:01 AM

1/23/2017

Type of Liability Insurance

X – Comprehensive Form Deductible: N/A per claim and legal defense – Premises/ Operations Products/Completed Operations

Care, Custody & Control: \$ per horse max \$ Aggregate

Deductible: N/A per claim and legal defense

X - Medical Payments: \$1,000

X - Fire Legal Liability: \$50,000

Coverage Form

Occurrence

Injury & Property

Bodily

Property Damage Combined Limits of Liability
Each Occurrence | Aggregate Per
Or Claim | Policy Year

Policy Year

\$1,000,000.

\$2,000,000.

EXPOSURES (ACTIVITIES) NOT LISTED WILL NOT BE COVERED BY THE COMMERCIAL EQUINE OPERATION'S LIABILITY POLICY.

Exposure Code

W7343 W7356 **Exposure (Activity Description)**

Commercial Maximum Usage Horses Horse Drawn Vehicle Rides, City and Rural

EXCLUSIONS

As per policy contract.

NAME AND ADDRESS OF: X - Additional Insured

City of LaCrosse 400 LaCrosse Street LaCrosse WI 54601 CANCELLATION:

Should any of the described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Date Issued: January 6, 2016 Authorized Representative:

Rev. 03/2006

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555 16)

SERIAL NO. T 0237771

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

(VS Memorandum 555.16)						Q(7)	7 1	11-16	
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·		ATES DEPARTMENT OF AGRICULTURE		ŠERIAL NO.		1. ACCESSION NUMBER	2. DATE BLOOD	
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