

License Number _____

License Fee _____

License Issued _____

Receipt # _____

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 Isensee
OWNER(S) DATE OF BIRTH	10/10/1978
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? [] YES [] NO
- HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? [] YES [] NO
- IF EITHER ANSWER IS YES, INCLUDE NATURE OF THE OFFENSE AND PLACE OF CONVICTION (use reverse side, if necessary)

INSURANCE CARRIER	The Gibson Agency, LLC
POLICY NUMBER	SRPGAPML-101-0122
POLICY LIMITS	\$1,000,000/Occurrence // \$2,000,000/Aggregate

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 Rate <u> X </u>
SCHEDULE OF RATES	\$90.00/per hour // \$55.00/per half-hour
NUMBER OF VEHICLES TO BE LICENSED	3

DESCRIPTION OF VEHICLES, including

- number of persons each vehicle is designed to carry
- lights and safety equipment which will be used
- procedures to be taken for assuring that public right-of-way will be kept clean of fecal matter

Vehicle #1	White Vis-à-vis Carriage Lights and slowing moving vehicle sign	4 passenger Bun Bag
Vehicle #2	White Cinderella Carriage Lights and slowing moving vehicle sign	6 passenger Bun Bag
Vehicle #3	Red/Black Wagonette Lights and slow moving vehicle sign	8-10 passenger Bun Bag

ATTACHED IS A CURRENT VETERINARY CERTIFICATE FOR EACH HORSE CERTIFYING 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 Lynn Isensee

DATE 10-30-23

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____

DATE _____

FORM SERIAL NUMBER
EIA-19637588



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER B23-02269		2. DATE BLOOD DRAWN 2023-01-20		3. TEST REQUESTED BY VET ELISA		4. REASON FOR TESTING Interstate movement	
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /			7. NAME & ADDRESS OF OWNER Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		8. NAME & ADDRESS OF VETERINARIAN Cashton Veterinary Clinic Andrew Mason 406 South Street Cashton, WI 54619 Phone: 6086545284		
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Monroe			VETERINARIAN NATIONAL ACCREDITATION NUMBER 074912				

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN
I certify I am a category II federally accredited veterinarian, authorized, in the state where the sample was obtained, by me, from the animal described below.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN
 Andrew Mason
 2023-01-20 15:07:34 -06:00

HORSE

9. TUBE NUMBER 102028122-4		10. TAG/TATTOO/BRAND NUMBER None		11. REGISTERED NAME Sal		12. COLOR / COAT OR HAIR COLOR(S) Black	
13. BREED OR SPECIES Percheron Horse		14. AGE OR DOB 2006-02-01		15. GENDER Gelding		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None	



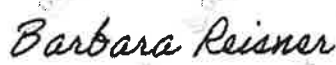
NARRATIVE DESCRIPTION: None				OTHER MARKS AND BRANDS: No marking			
17. HEAD: Star, white mark across nose				18. NECK AND BODY: No marking			
19. LEFT FORELIMB: None				20. RIGHT FORELIMB: None			
21. LEFT HINDLIMB: White coronet				22. RIGHT HINDLIMB: None			

RABIES VACCINATION

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
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FOR LABORATORY USE ONLY

23. LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 1521 E Guy Avenue Barron, WI 54812 Phone: 715-637-3151		24. DATE SAMPLE RECEIVED 2023-01-25		25. DATE RESULTS REPORTED 2023-01-26		26. OFFICIAL RESULT Negative		27. TEST TYPE USED ELISA	
28. LABORATORY REMARKS									

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Barbara Reisner 2023-01-26 14:00:41 -06:00					30. INTERIM RESULT REFERRED FOR CONFIRMATION No				
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FORM SERIAL NUMBER
EIA-19637587



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER B23-02269	2. DATE BLOOD DRAWN 2023-01-20	3. TEST REQUESTED BY VET ELISA	4. REASON FOR TESTING Interstate movement
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /	7. NAME & ADDRESS OF OWNER Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /	8. NAME & ADDRESS OF VETERINARIAN Cashton Veterinary Clinic Andrew Mason 406 South Street Cashton, WI 54619 Phone: 6086545284	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Monroe		VETERINARIAN NATIONAL ACCREDITATION NUMBER 074912	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN
I certify I am a category II federally accredited veterinarian, authorized, in the state where the sample was obtained, by me, from the animal described below.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

Andrew Mason
2023-01-20 15:07:32 -06:00

HORSE

9. TUBE NUMBER 102220187-4	10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Ted	12. COLOR / COAT OR HAIR COLOR(S) Black
13. BREED OR SPECIES Percheron	14. AGE OR DOB 2015-04-30	15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None




NARRATIVE DESCRIPTION: None	OTHER MARKS AND BRANDS: No marking
17. HEAD: Star	18. NECK AND BODY: Mixed white hairs over ribs
19. LEFT FORELIMB: No marking	20. RIGHT FORELIMB: No marking
21. LEFT HINDLIMB: No marking	22. RIGHT HINDLIMB: No marking

RABIES VACCINATION

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
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FOR LABORATORY USE ONLY

23. LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 1521 E Guy Avenue Barron, WI 54812 Phone: 715-837-3151	24. DATE SAMPLE RECEIVED 2023-01-25	25. DATE RESULTS REPORTED 2023-01-26	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
28. LABORATORY REMARKS				

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Barbara Reisner 2023-01-26 14:00:39 -06:00	30. INTERIM RESULT REFERRED FOR CONFIRMATION No
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FORM SERIAL NUMBER
EIA-19637586



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER B23-02269		2. DATE BLOOD DRAWN 2023-01-20		3. TEST REQUESTED BY VET ELISA		4. REASON FOR TESTING Interstate movement	
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /			7. NAME & ADDRESS OF OWNER Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /			8. NAME & ADDRESS OF VETERINARIAN Cashton Veterinary Clinic Andrew Mason 406 South Street Cashton, WI 54619 Phone: 6086545284	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Monroe			VETERINARIAN NATIONAL ACCREDITATION NUMBER 074912				

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN
I certify I am a category II federally accredited veterinarian, authorized, in the state where the sample was obtained, by me, from the animal described below.

SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN
 Andrew Mason
 2023-01-20 15:07:41 -06:00

HORSE							
9. TUBE NUMBER 103355626-2		10. TAG/TATTOO/BRAND NUMBER None		11. REGISTERED NAME Don		12. COLOR / COAT OR HAIR COLOR(S) Black	
13. BREED OR SPECIES Percheron		14. AGE OR DOB 2017-01-08		15. GENDER Neutered/Castrated Male		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None	

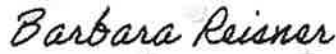


NARRATIVE DESCRIPTION: None				OTHER MARKS AND BRANDS: No marking			
17. HEAD: Star				18. NECK AND BODY: No marking			
19. LEFT FORELIMB: No marking				20. RIGHT FORELIMB: No marking			
21. LEFT HINDLIMB: No marking				22. RIGHT HINDLIMB: No marking			

RABIES VACCINATION






TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
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FOR LABORATORY USE ONLY									
23. LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 1521 E Guy Avenue Barron, WI 54812 Phone: 715-637-3151		24. DATE SAMPLE RECEIVED 2023-01-25		25. DATE RESULTS REPORTED 2023-01-26		26. OFFICIAL RESULT Negative		27. TEST TYPE USED ELISA	
		28. LABORATORY REMARKS							

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Barbara Reisner 2023-01-26 14:00:42 -06:00				30. INTERIM RESULT REFERRED FOR CONFIRMATION No			
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FORM SERIAL NUMBER
EIA-19637585



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER B23-02269		2. DATE BLOOD DRAWN 2023-01-20		3. TEST REQUESTED BY VET ELISA	4. REASON FOR TESTING Interstate movement
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		7. NAME & ADDRESS OF OWNER Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		6. NAME & ADDRESS OF VETERINARIAN Cashton Veterinary Clinic Andrew Mason 406 South Street Cashton, WI 54619 Phone: 6086545284	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Monroe		VETERINARIAN NATIONAL ACCREDITATION NUMBER 074912			
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify I am a category II federally accredited veterinarian, authorized, in the state where the sample was obtained, by me, from the animal described below.					
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  Andrew Mason 2023-01-20 15:07:38 -06:00					
HORSE					
9. TUBE NUMBER 105499927-0		10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Zipper	12. COLOR / COAT OR HAIR COLOR(S) Black	
13. BREED OR SPECIES Percheron Horse		14. AGE OR DOB 2013-05-20	15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None	
					
NARRATIVE DESCRIPTION: None			OTHER MARKS AND BRANDS: No marking / C^		
17. HEAD: Large star, narrow strip and snip			18. NECK AND BODY: Brand L shoulder		
19. LEFT FORELIMB: No marking			20. RIGHT FORELIMB: No marking		
21. LEFT HINDLIMB: No marking			22. RIGHT HINDLIMB: No marking		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
23. LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 1521 E Guy Avenue Barron, WI 54812 Phone: 715-637-3151		24. DATE SAMPLE RECEIVED 2023-01-25	25. DATE RESULTS REPORTED 2023-01-26	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
28. LABORATORY REMARKS					
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Barbara Reisner 2023-01-26 14:00:38 -06:00			30. INTERIM RESULT REFERRED FOR CONFIRMATION No		

FORM SERIAL NUMBER
EIA-19637584



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER B23-02269		2. DATE BLOOD DRAWN 2023-01-20		3. TEST REQUESTED BY VET ELISA	4. REASON FOR TESTING Interstate movement
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		7. NAME & ADDRESS OF OWNER Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		8. NAME & ADDRESS OF VETERINARIAN Cashton Veterinary Clinic Andrew Mason 406 South Street Cashton, WI 54619 Phone: 6086545284	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Monroe		VETERINARIAN NATIONAL ACCREDITATION NUMBER 074912			
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify I am a category II federally accredited veterinarian, authorized, in the state where the sample was obtained, by me, from the animal described below.					
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  Andrew Mason 2023-01-20 15:07:36 -06:00					
HORSE					
9. TUBE NUMBER 102028124-4		10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Count	12. COLOR / COAT OR HAIR COLOR(S) Black	
13. BREED OR SPECIES Percheron		14. AGE OR DOB 2011-02-01	15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None	
					
NARRATIVE DESCRIPTION: None			OTHER MARKS AND BRANDS: No marking		
17. HEAD: Star		18. NECK AND BODY: No marking			
19. LEFT FORELIMB: None		20. RIGHT FORELIMB: None			
21. LEFT HINDLIMB: None		22. RIGHT HINDLIMB: None			
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
23. LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 1521 E Guy Avenue Barron, WI 54812 Phone: 715-637-3151		24. DATE SAMPLE RECEIVED 2023-01-25	25. DATE RESULTS REPORTED 2023-01-26	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
28. LABORATORY REMARKS					
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Barbara Reisner 2023-01-26 14:00:40 -06:00			30. INTERIM RESULT REFERRED FOR CONFIRMATION No		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/29/2023

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 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 The Gibson Agency, LLC 984 TIBBETTS WICK RD GIRARD, OH 44420-1120	CONTACT NAME:	
	PHONE (A/C, No, Ext): 3302893382	FAX (A/C, No): 3308505368
	E-MAIL ADDRESS: bmadonio@gibsonagency.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: United States Fire Insurance	NAIC # 21113
	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:
Lynn Isensee/Cinderella Carriage, LLC
 30321 St Hwy 27
 CASHTON, WI 54619

COVERAGES **CERTIFICATE NUMBER:** USS543735 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X		SRPGAPML-101-0123	01/23/2023 12:00 AM	01/23/2024 12:01 AM	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						FIRE DAMAGE (Any one fire)	\$300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						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
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								
AUTOMOBILE LIABILITY								
<input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTO								
UMBRELLA LIAB <input type="checkbox"/> OCCUR								
EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE								
DED RETENTION \$								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Covered Activities: Carriage Rides
 The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.
Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER **CANCELLATION**

City of LaCrosse
 400 LaCrosse street
 LaCrosse, WI 54601

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
The Gibson Agency, LLC