

License Number _____

License Fee \$5000

License Issued _____

Receipt # 152173

Cur # 9115

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	
OWNER(S) ADDRESS	30321 State Hwy 27 Cashton WI 54619
OWNER(S) HOME TELEPHONE	608-606-0614

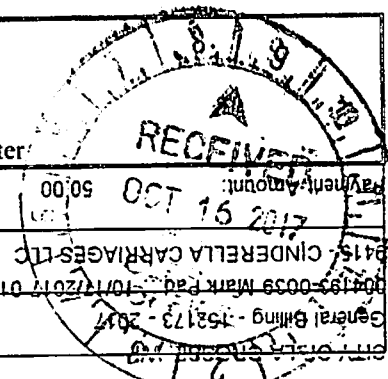
- HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES NO
- HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? YES NO
- IF EITHER ANSWER IS YES, INCLUDE NATURE OF THE OFFENSE AND PLACE OF CONVICTION (use reverse side, if necessary)

INSURANCE CARRIER	Tudor Insurance Company
POLICY NUMBER	CPG1005010
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 <input checked="" type="checkbox"/> X
SCHEDULE OF RATES	\$90.00/per hour // \$55.00/per half-hour
NUMBER OF VEHICLES TO BE LICENSED	3

DESCRIPTION OF VEHICLES, including		
	<ul style="list-style-type: none"> • 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.

- I certify that each horse is fit for horse-drawn vehicle service.
- 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 10-8-17

LICENSE APPROVED DENIED
SIGNATURE OF POLICE REPRESENTATIVE [Signature] DATE 10/19/2017

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.: CPG 1005010
 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 1/23/2017 Expires: 12:01 AM 1/23/2018

Type of Liability Insurance	Coverage Form	Bodily Injury & Property Damage Combined	Limits of Liability	
			Each Occurrence Or Claim	Aggregate Per Policy Year
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	Occurrence		\$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
 W7355

Exposure (Activity Description)
 Commercial Maximum Usage Horses
 Horse Drawn Vehicle Rides, City and Rural

EXCLUSIONS

As per policy contract.

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.

NAME AND ADDRESS OF: X - Additional Insured

City of LaCrosse
 400 LaCrosse Street
 LaCrosse WI 54601

Date Issued: January 3, 2017
 Authorized Representative:

Linda Lestman

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555 16)	SERIAL NO. U 339520	1. ACCESSION NUMBER 02820	2. DATE BLOOD DRAWN 1-24-17
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Forms Without Adequate Descriptions Of The Horse And Complete Addresses Including ZIP Codes, Counties, And Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) CATTLE ZIP Code _____ Tel No. _____ County _____	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____	5. VETERINARY LICENSE OR ACCREDITATION NO. 6756-SC	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Wally & Kelli Hemmrich Elizabetta, Kansas Rd Washington, MO ZIP Code 64784 Tel No: 816-654-7729 County Monroe		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Dr. Dottie Hemmrich Washington, MO ZIP Code 64784 Tel No. 816-654-5254 County Monroe	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>[Signature]</i>	11. TYPE OR PRINT SIGNATURE NAME Dr. Dottie Hemmrich	12. SIGNATURE DATE 1-24-17
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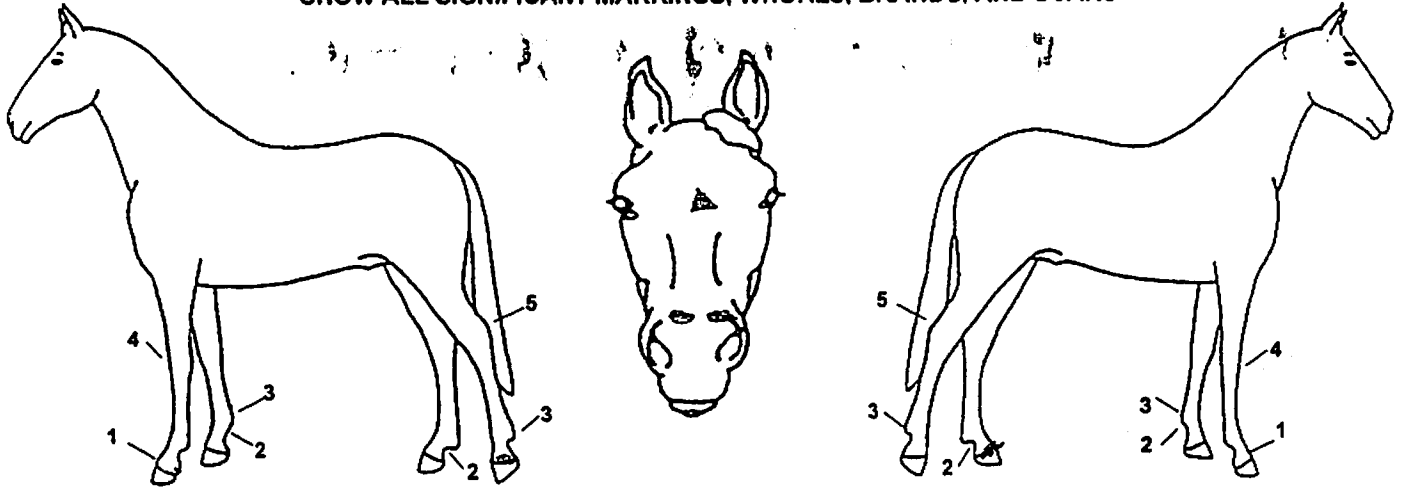
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct, and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT <i>[Signature]</i>	14. TYPE OR PRINT SIGNATURE NAME Wally Hemmrich	15. SIGNATURE DATE 1-24-17
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse SU1	20. Color Black	21. Breed Percheron	22. Electronic I.D. No.	23. Age or DOB 14-04	24. Sex 6	M - Male F - Female G - Gelding SF - Spayed Female
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD None	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Coronet	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE WVDL-BARRON 1521 E GUY AVENUE P O BOX 97 BARRON WI 54812-0097	32. DATE RECEIVED 1-26-17	33. DATE REPORTED OUT 1/26/17	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
	35. SIGNATURE OF TECHNICIAN <i>[Signature]</i>		36. REMARKS UMR

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. U 339519	1. ACCESSION NUMBER 2820	2. DATE BLOOD DRAWN 1/21/17
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Forms Without Adequate Descriptions Of The Horse And Complete Addresses Including ZIP Codes, Counties, And Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Relest <input type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) _____ _____ _____ ZIP Code _____ Tel No. _____ County _____		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____		5. VETERINARY LICENSE OR ACCREDITATION NO. 11750-SC	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) Michael H. Kellard, MD _____ _____ ZIP Code 53119 Tel No. 608-784-7729 County Walworth
8. NAME AND ADDRESS OF OWNER (Please print or type) Michael H. Kellard, MD _____ _____ ZIP Code 53119 Tel No. 608-784-7729 County Walworth			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Barbette Hummel _____ _____ ZIP Code 53119 Tel No. 608-784-5824 County Walworth		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN _____	11. TYPE OR PRINT SIGNATURE NAME Barbette Hummel	12. SIGNATURE DATE 1/21/17
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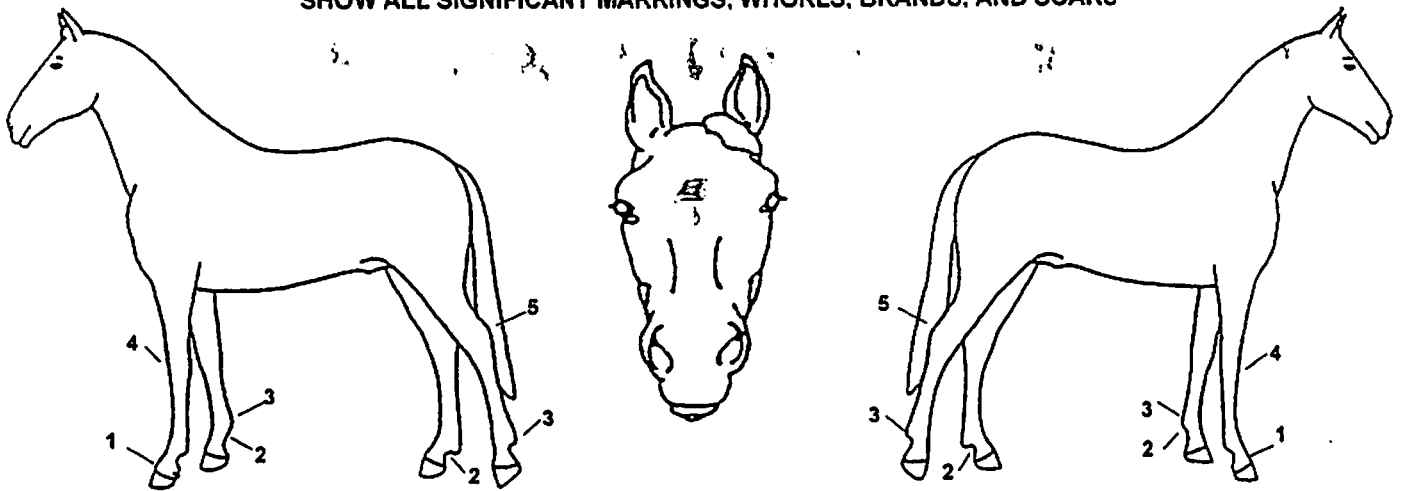
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct, and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT _____	14. TYPE OR PRINT SIGNATURE NAME Michael H. Kellard	15. SIGNATURE DATE 1-24-17
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse Point	20. Color Black	21. Breed Quarter	22. Electronic I.D. No.	23. Age or DOB 6yrs	24. Sex G	M - Male F - Female G - Gelding SF - Spayed Female
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Star and whorl	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE WVDL-BARRON 1521 E GUY AVENUE P O BOX 97 BARRON WI 54812-0097	32. DATE RECEIVED 1-26-17	33. DATE REPORTED OUT 1-26-17	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN _____		36. REMARKS UNRIS	



UNITED STATES DEPARTMENT
ANIMAL AND PLANT HEALTH INS
EQUINE INFECTIOUS ANEMIA
(VS Memorandum 555.16)

Accession - B17-02820
Rcvd. Date - 01/26/2017

SERIAL NO. U	1. ACCESSION NUMBER 02820	2. DATE BLOOD DRAWN 1-24-17
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Forms Without Adequate Descriptions Of The Horse And Complete Addresses Including ZIP Codes, Counties, And Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Sample	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. Li 756-50	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	ZIP Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) Wally & Kathy Hemmelsbach 10206 N. Kolbel Rd CASHTON WI Tel No. 1008-1654-7729		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) R. Dorette Hemmelsch 11018 South St CASHTON WI Tel No. 1008-654-5281	
ZIP Code 54614 County Monroe		ZIP Code 54614 County Monroe	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>R. Dorette Hemmelsch</i>	11. TYPE OR PRINT SIGNATURE NAME R. Dorette Hemmelsch	12. SIGNATURE DATE 1-24-17
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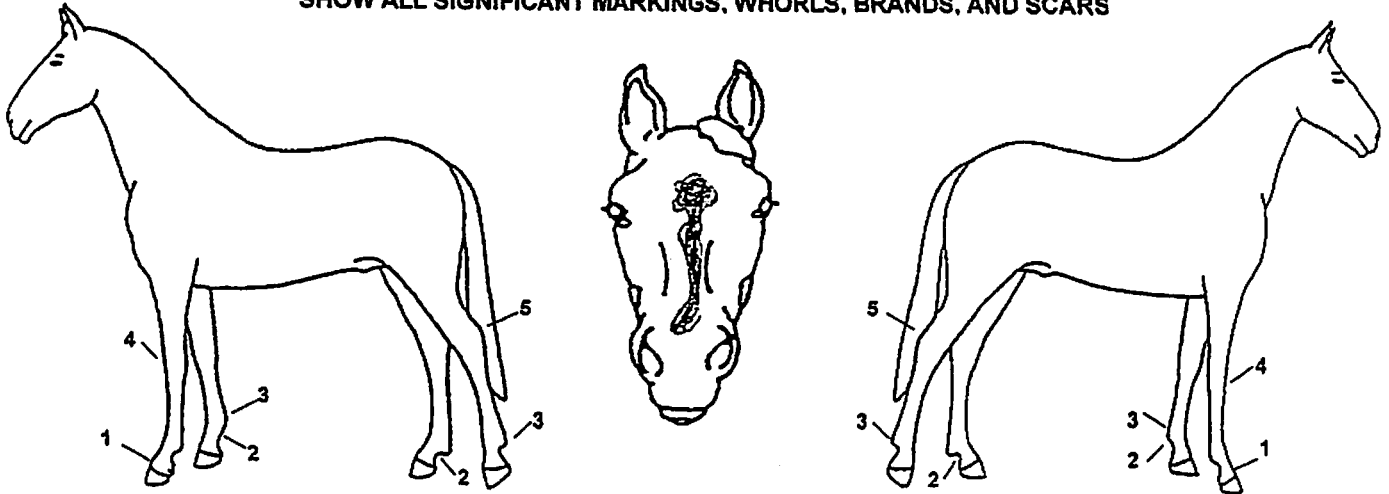
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct, and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT <i>Scott Savel</i>	14. TYPE OR PRINT SIGNATURE NAME Scott Savel	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	25. Male F - Female G - Gelding SP - Spayed Female
			Roy	Black	Purchen		1-1-06	G	G

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD White Star Stripe	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE WVDL-BARRON 1521 E GUY AVENUE P O BOX 97 BARRON WI 54812-0097	32. DATE RECEIVED 1-26-17	33. DATE REPORTED OUT 1/26/17	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
	35. SIGNATURE OF TECHNICIAN <i>Todd McG</i>		36. REMARKS VMRD

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTOR
EQUINE INFECTIOUS ANEMIA LABEL
(VS Memorandum 555.16)

Accession - B17-02820
Rev'd. Date - 01/26/2017

SERIAL NO. U 339508	1. ACCESSION NUMBER G2820	2. DATE BLOOD DRAWN 1-24-17
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Forms Without Adequate Descriptions Of The Horse And Complete Addresses Including ZIP Codes, Counties, And Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SFAAU ZIP Code Tel No. County	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 6756-SO	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Wally & Valerie Hommesbach F102064 Verbal Rd CASHTON ILL Tel No. 608-654-7729		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Bridgette Hommesch Cashton Veterinary Clinic 41516 South St CASHTON ILL Tel No. 608-654-5244	
ZIP Code 54109 County Monroe		ZIP Code 54109 County Monroe	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>Bridgette Hommesch DVM</i>	11. TYPE OR PRINT SIGNATURE NAME Bridgette Hommesch	12. SIGNATURE DATE 1-24-17
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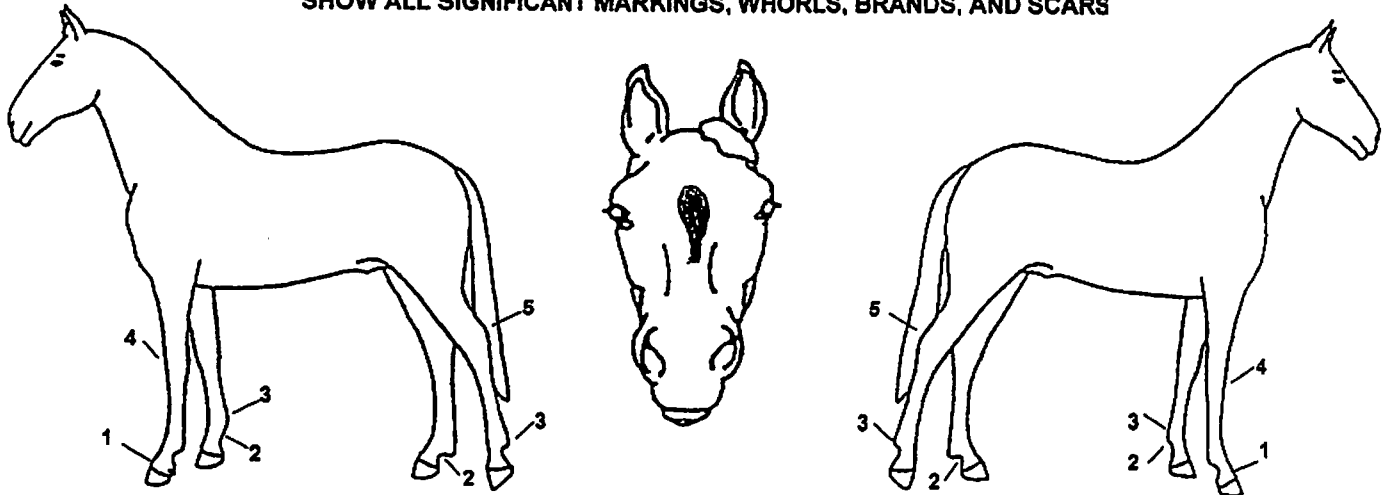
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct, and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT <i>Scott Sanders</i>	14. TYPE OR PRINT SIGNATURE NAME Scott Sanders	15. SIGNATURE DATE 1-24-17
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding SF - Spayed Female
			DUSTY	Black	percheron		4/1/17	6	G - Gelding

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Star	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE WVDL-BARRON 1521 E GUY AVENUE P O BOX 97 BARRON WI 54812-0097	32. DATE RECEIVED 1-26-17	33. DATE REPORTED OUT 1/26/17	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
	35. SIGNATURE OF TECHNICIAN <i>Todd McG...</i>		36. REMARKS UMRD