License Number						Lic	ense Fee	\$	- 0	
License Issued		Invoice #								
		A CROS	SE APPLICATION	N FOR H	IORSE-DRA	WN VEH	ICLE /	1101/11	>	
License Period:							(3)	\$ 500	(3)	
BUSINESS NAME (Real/Legal	al)	Cindere	ella Carriage LLC					(Visuality	1 1-	
BUSINESS TRADE NAME	(DBA)	Cindere	ella Carriage				10	الم الم	1	
BUSINESS ADDRESS		30321 5	State Highway 27,	Cashtor	n WI 54619		12	Cler	19.7	
BUSINESS TELEPHONE		608-606	3-0614				100	Office	(E)	
OWNER(S) NAME		Lynn Ka	atherine Isensee				-	(E)		
(First, Full Middle, Last) OWNER(S) DATE OF BIRT	-Н									
OWNER(S) HOME ADDRE		30321.5	State Highway 27,	Cashtor	1 WI 54619					
OWNER(S) TELEPHONE	.00	608-606								
 HAVE YOU EVER BEE! HAVE YOU BEEN CON IF EITHER ANSWER IS 	VICTED O	OF AN ORD	INANCE VIOLATION	IN THE LA	ST FIVE (5) YE	ARS? [YES [1/] YES [1/] se reverse s	NO	·).	
INSURANCE CARRIER	-Tudoi	r Insuranc	ce Company B	race. 9	462 on b	ehalf of	Seat !	Synid cat	e4242	
POLICY NUMBER	CPG-	100547 2	B05721F21	DAAO	5 RPGO	18000		lay's of 1	andon	
POLICY LIMITS	\$1,00	0,000/Oc	currence // \$2,000							
ATTACHED A CERTIFICATE OF DURATION OF THE POLICY. AL The policy must be endorsed na	L INSURE	ED VEHICLI	ES SHALL BE IDENTI Crosse as Additional	FIED ON T I Insured a	THE CERTIFICA and said endor	ATE OF INS sement mu	SURANCE. ist accompa	any the certifica		
METHOD OF CHARGING			Metered Rates				Venicle Re	ntai Rate _x		
SCHEDULE OF RATES	10511055		\$90.00/ per hour	7// \$55.0	o / per nair-r	nour				
NUMBER OF VEHICLES TO BE L	LICENSEL) 	3							
			DESCRIPTION OF VE	FHICLES	includina					
number of persons each	vehicle is									
 lights and safety equipm procedures to be taken to 				ent clean	of fecal matter					
Vehicle #1 White Vis-à-vis C						icle sign/	/ Bun Ba	g		
Vehicle #2 White Cinderella	Carriag	e//6 Pas	senger//Lights a	nd slow	-moving vel	hicle sign	// Bun P	Bag		
Vehicle #3 Red/Black Wago	nette//	8-10 Pas	senger// Lights a	and slow	v-moving ve	hicle sign	ı// Bun I	Bag		
ATTACHED IS A CURRENT (with GOOD HEALTH AND FREE FROM	hin a six-	-month per	riod) VETERINARY C	ERTIFICA	TE <u>FOR EACH</u>	I HORSE C	ERTIFING T	THAT THE ANIM	IAL IS IN	
I certify that each horse										
I further certify that the further comply with the provisions	above-de:	scribed vehi	icle(s) will be kept in a	a clean an se-Drawn '	d sanitary cond Vehicle license.	ition and pro	oper repair a	and maintenance	and will	
The above hereby makes applic the Code of Ordinances of the C	City of La	Crosse.								
I hereby certify that the informa statements on this application w	tion cont vill be bas	ained in thi sis for deni	is application is true ial/revocation of licen	and corre	ect. I am aware	e that withh	olding info	rmation or mak	ing false	
SIGNATURE OF APPLICA	2			_DATE_	10-6	21				
LICENSE [] APPROVEI SIGNATURE OF POLICE F	D [] I	DENIED				_DATE				

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 Horsemen of North America Safety Control Risk Purchasing Group Administrative Office: Ark Agency 310 Washburne Ave., Box 223

Paynesville, MN 56362

Policy No.: B0572IF20AA05 RPG000081 LOCATIONS (if other than mailing address)

NAME AND ADDRESS OF INSURED Cinderella Carriage, LLC 30321 State Hwy 27 Cashton, WI 54619

COMPANY:

Brace 9462 on behalf of Beat Synidcate 4242, Lloyd's of London

Effective: 12:01 AM

1/23/2021

Expires: 12:01 AM

1/23/2022

Limits of Liability Bodily Each Occurrence Aggregate Per Type of Liability Insurance Coverage Form Injury & X - Comprehensive Form Deductible: N/A per claim and legal defense Or Claim Policy Year Products/Completed Operations Occurrence Property - Premises/ Operations Damage Care, Custody & Control: \$ per horse max \$ Aggregate Deductible: N/A per claim and legal defense Combined \$1,000,000 \$2,000,000 X - Fire Legal Liability: \$50,000 X - Medical Payments: \$5,000

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

Exposure Code

B 03 G 01c 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 St. 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.

estman

Date Issued: January 15, 2021 Authorized Representative:

Rev. 03/2006



A LADIA COEDCICAL MICHADED	2 DATE DI OC	D DDAWAL	2 TEST DEGUESTED	DOVICE	4. REASON FO	D TESTING	
. LAB/ACCESSION NUMBER 321-00956	2. DATE BLOC 2021-01-08	DUDRAWN	3. TEST REQUESTED BY V ELISA		Within state us		
5. CURRENT HOME PREMISES OF EQUINE: I MARKET .ynn Isensee 80321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /	RANCH / FARM / STABLE /	7. NAME & AD Lynn Isensee 30321 State H Cashton, WI 5- Phone: 608606 PIN/LID: /	4619		Street VI 54619	ETERINARIAN	G/h
COUNTY OF CURRENT HOME PREMISES	OF EQUINE			VETERIN/ 074912	ARIAN NATIONAL	. ACCREDITATION I	NUMBER
CERTIFICATION OF FEDERALLY ACCREDITE certify I am a category II federally accredited ve		state where the	sample was obtained, by	me, from the a	nimal described b	elow.	
	ETERINARIAN Andrew Mason 2021-01-08 11:25:27	-06:00	C.M.		CAL	over the little of the little	C.I.
10RSE 1. TUBE NUMBER 02028122-2	10. TAG/TATT NUMBER None	OO/BRAND	11. REGISTERED NA Sal	ME	12. COLOR / C Black	OAT OR HAIR COLO	DR(S)
3. BREED OR SPECIES Percheron Horse	14. AGE OR 0 2006-02-01	ОВ	15. GENDER Gelding	.,	16. MICROCH NUMBER None	P, BREED, OR REG	ISTRATION
T							
IARRATIVE DESCRIPTION:	7/2		OTHER MARKS AND	BRANDS: No	o marking		125
7. HEAD: Star, white mark across nose			18. NECK AND BODY	: No marking			02
9. LEFT FORELIMB: None			20. RIGHT FORELIM	B: None			
1. LEFT HINDLIMB: White coronet			22. RIGHT HINDLIMB: None				
RABIES VACCINATION			niliania Ring San Estado III de Est				
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATI	ON DATE	ADMINISTERED	BY
OR LABORATORY USE ONLY					的影響		anne od mor
3. LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 1521 E Guy Avenue Barron, WI 54812 Phone: 715-637-3151	24. DATE SAMPLE RECI 2021-01-12 28. LABORATORY REM	2021-0	nte results reportei 01-12	Negative	CIAL RESULT	27. TEST TYPE ELISA	USED
29. SIGNATURE OF NVSL APPROVED EIA TE	CHNICIAN		30. INTERIM RESULT	, DECEDDED	FOR CONFIRMA	TION	

Official EIA Test Form, Approved by USDA Veterinary Services March 2020, GVL

-- 2021-01-12 14:43:19 -06:00



GVL - EQUINE INFECTIOUS ANEMIA LABORA	TORY TEST					CHESTING SEES	TO SERVICE STATE		
. LAB/ACCESSION NUMBER 321-00956	2. DATE BLOOD DRAWN 2021-01-08 3. TEST REQUESTED BY VE			D BY VET	4. REASON FOR TESTING Within state use / annual				
MARKET Lynn Isensee 80321 State Highway 27 Cashton, WI 54619		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					
COUNTY OF CURRENT HOME PREMISES (lonrae	OF EQUINE			VETERIN 074912	arian nationai	ACCREDITATIO	N NUMBER		
ERTIFICATION OF FEDERALLY ACCREDITE certify I am a category II federally accredited ve	D VETERINARIAN terinarian, authorized, in the	state where the	sample was obtained, by	me, from the a	nimal described b	elow.			
	ETERINARIAN Andrew Mason 2021-01-08 11:25:28	-06:00	C.I.		C.W		G ^N		
TUBE NUMBER 02028124-2	10. TAG/TATT NUMBER None	OO/BRAND	11. REGISTERED N/ Count	AME	12. COLOR / C Black	COAT OR HAIR C	OLOR(S)		
3. BREED OR SPECIES Percheron	14. AGE OR D 2011-02-01	ЮВ	15. GENDER Gelding		16. MICROCHIP, BREED, OR REGISTRAT NUMBER None		REGISTRATION		
NARRATIVE DESCRIPTION:	VE DESCRIPTION;			BRANDS: N	o marking		Rey		
17. HEAD: Star			18. NECK AND BODY: No marking						
9. LEFT FORELIMB: None			20. RIGHT FORELIM	B: None					
1. LEFT HINDLIMB: None			22. RIGHT HINDLIM						
ABIES VACCINATION									
YPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRAT	ION DATE	ADMINISTER	RED BY		
OR LABORATORY USE ONLY	TO DATE CALIFORNIA	EN/ED Las as	TE DECLIN TO SERVE	n las occi	CIAL DECLET	27 TEST TV	DE LIGED		
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 RECI 2021-01-12 28. LABORATORY REM	2021-0	nte results reporte 01-12	JLTS REPORTED 26. OFFICIAL RESULT 27. TEST TYPE RELISA					
29. SIGNATURE OF NVSL APPROVED EIA TE	CHNICIAN Terra Nosbush		30. INTERIM RESUL	T REFERRED	FOR CONFIRMA	TION			

Official EIA Test Form, Approved by USDA Veterinary Services March 2020, GVL

2021-01-12 14:43:20 -06:00



GVL - EQUINE INFECTIOUS ANEMIA LABORATO	TANK PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON		Saus Michigan Side in	DALLET.	4 PEADON FO	OUT OF THE O		
1. LAB/ACCESSION NUMBER B21-00956	2. DATE BLOC 2021-01-08	D DRAWN	3. TEST REQUESTED ELISA			R TESTING / annual		
WARKET Lynn Isensee 80321 State Highway 27 Cashton, WI 54619		7, NAME & ADI Lynn Isensee 30321 State Hig Cashton, WI 54 Phone: 6086066 PIN/LID: /	619	Cashton V Andrew M 406 South Cashton, N		lh Street		
		,		VETERINARIAN NATIONAL ACCREDITATION NUMBER 074912				
CERTIFICATION OF FEDERALLY ACCREDITED VI I certify I am a category II federally accredited vetering	ETERINARIAN arian, authorized, in the	state where the s	sample was obtained, by r	ne, from the a	nimal described be	łow.		
202	RINARIAN Irew Mason 11-01-08 11:25:29	-06:00	Call		C.W.	40 December 11 2 7 2 1 1	31	
HORSE 9. TUBE NUMBER 102220187-2	10. TAG/TATT NUMBER None	00/BRAND	11. REGISTERED NA Ted	ME	12. COLOR / COAT OR HAIR COLOR(S) Black		R(S)	
13. BREED OR SPECIES Percheron	14. AGE OR D 2015-04-30	ОВ	15. GENDER Gelding			P, BREED, OR REGI	STRATION	
			G,				G'	
NARRATIVE DESCRIPTION:	W.		OTHER MARKS AND	BRANDS: No	o marking		-01/	
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 HINDLIME	3: No marking	ALSOM NATIONAL		MINISTER STATE	
The contract was been about the party of the contract of the c	ACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATI	ON DATE	ADMINISTERED	BY	
Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97	4. DATE SAMPLE RECI 021-01-12 8. LABORATORY REMA	2021-0	TE RESULTS REPORTEI	26. OFFIC Negative	CIAL RESULT	27. TEST TYPE U	JSED	
	NICIAN TA Nosbush 21-01-12 14:43:22	2 -06:00	30. INTERIM RESULT	T REFERRED	FOR CONFIRMAT	ПОМ		

Official EIA Test Form, Approved by USDA Veterinary Services March 2020, GVL



GVL - EQUINE INFECTIOUS ANEMIA LABOR		D DDAMAI	3. TEST REQUESTED	DVVET	4, REASON FO	OP TESTING		
1. LAB/ACCESSION NUMBER B21-00956	2. DATE BLOC 2021-01-08	DD DRAWN	ELISA	DT VEI		Within state use / annual		
IRKET In Isensee 321 State Highway 27 shton, WI 54619		7, NAME & ADDRESS OF OWNER Lynn Isensee 30321 State Highway 27 Cashton, W1 54619 Phone: 6086060614 PIN/LID: /		8. NAME & ADDRESS OF VETERINARIAN Cashton Veterinary Clinic Andrew Mason 406 South Street Cashton, WI 54619 Phone: 6086545284				
COUNTY OF CURRENT HOME PREMISES tonroe	OF EQUINE			VETERINA 074912	ARIAN NATIONAL	ACCREDITATION NUMBER		
CERTIFICATION OF FEDERALLY ACCREDITE certify I am a category II federally accredited ve	ED VETERINARIAN eterinarian, authorized, in the	state where the	sample was obtained, by r	ne, from the a	nimal described b	elow.		
	ETERINARIAN Andrew Mason 2021-01-08 11:25:30	-06:00	CM.		CIL			
ORSE . TUBE NUMBER 03355626-0	10. TAG/TATT NUMBER None	OO/BRAND	11. REGISTERED NA	ME	12. COLOR / C Black	COAT OR HAIR COLOR(S)		
3. BREED OR SPECIES ercheron	14. AGE OR D 2017-01-08	ОВ	15. GENDER Neutered/Castrated Male		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None			
			G ^N					
NARRATIVE DESCRIPTION;	NPTION;			BRANDS: No	o marking	The state of the s		
7. HEAD: Star	9		18. NECK AND BODY: No marking					
9. LEFT FORELIMB: No marking			20. RIGHT FORELIM	3: No marking)			
1. LEFT HINDLIMB: No marking			22, RIGHT HINDLIMB: No marking					
RABIES VACCINATION								
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATI	ON 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 RECI 2021-01-12 28. LABORATORY REM	2021-0	TE RESULTS REPORTED	26. OFFIC Negative	IAL RESULT, ,, &	27. TEST TYPE USED ELISA		
29. SIGNATURE OF NVSL APPROVED EIA TE	CHNICIAN Terra Nosbush	- Tolics	30. INTERIM RESULT	REFERRED	FOR CONFIRMA	TION		

Official EIA Test Form, Approved by USDA Veterinary Services March 2020, GVL

2021-01-12 14:43:21 -06:00