

License Number _____

License Fee \$ 60.00

License Issued _____

Invoice # 174501

CITY OF LA CROSSE APPLICATION FOR HORSE-DRAWN VEHICLE

License Period: January 1st, 2021 to December 31st, 2021

BUSINESS NAME (Real/Legal)	Cinderella Carriage LLC
BUSINESS TRADE NAME (DBA)	Cinderella Carriage
BUSINESS ADDRESS	30321 State Hwy 27, Cashton WI 54619
BUSINESS TELEPHONE	608-606-0614
OWNER(S) NAME (First, Full Middle, Last)	Lynn Katherine Isensee
OWNER(S) DATE OF BIRTH	10/10/1978
OWNER(S) HOME ADDRESS	30321 State Hwy 27, Cashton WI 54619
OWNER(S) 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	CPG 1005472
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 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 Δ ___
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-a-vis Carriage // 4 Passenger // Lights and slowing moving vehicle sign // Bun Bag
Vehicle #2	White Cinderella Carriage // 6 passenger // 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 (within a six-month period) 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.

The above hereby makes application for a Horse Drawn Carriage License within the City of La Crosse pursuant to Chapter 10, Article XIV of the Code of Ordinances of the City of La Crosse.

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 10-17-20

LICENSE [] APPROVED [] DENIED
SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

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 Washburns Ave., Box 223
 Paynesville, MN 56362

Policy No.: CPG 1129546
 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 1/23/2020 Expires: 12:01 AM 1/23/2021

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

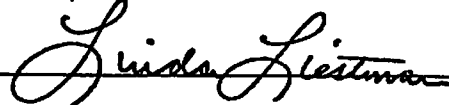
EXCLUSIONS
 As per policy contract.

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, 2020
 Authorized Representative:



THE INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE BY THE MARKS AND NOTATIONS WHICH APPEAR HEREON. THIS DOCUMENT IS IN THE PUBLIC DOMAIN AND IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM.

THIS DOCUMENT CONTAINS INFORMATION OF A CONFIDENTIAL NATURE AND IS NOT TO BE DISCLOSED TO ANY OTHER PERSON OR ORGANIZATION WITHOUT THE WRITTEN AUTHORIZATION OF THE OFFICE OF THE DIRECTOR OF NATIONAL SECURITY.

CLASSIFICATION AUTHORITY: 1.5(a)
EXEMPTION: 25X(1)

OFFICE OF THE DIRECTOR OF NATIONAL SECURITY
ATTENTION: SECURITY INFORMATION
WASHINGTON, D.C. 20521

CONFIDENTIAL
EXEMPTION: 25X(1)

CLASSIFICATION AUTHORITY: 1.5(a)
EXEMPTION: 25X(1)

CLASSIFICATION	EXEMPTION	AUTHORITY	REMARKS
CONFIDENTIAL	25X(1)	1.5(a)	Information pertains to national security and is exempt from public release.

THIS DOCUMENT CONTAINS INFORMATION OF A CONFIDENTIAL NATURE AND IS NOT TO BE DISCLOSED TO ANY OTHER PERSON OR ORGANIZATION WITHOUT THE WRITTEN AUTHORIZATION OF THE OFFICE OF THE DIRECTOR OF NATIONAL SECURITY.

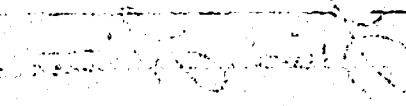
CLASSIFICATION AUTHORITY: 1.5(a)
EXEMPTION: 25X(1)

CONFIDENTIAL
EXEMPTION: 25X(1)

CLASSIFICATION	EXEMPTION	REMARKS
CONFIDENTIAL	25X(1)	Information pertains to national security and is exempt from public release.

CLASSIFICATION AUTHORITY: 1.5(a)
EXEMPTION: 25X(1)

CONFIDENTIAL
EXEMPTION: 25X(1)



This Endorsement Modifies Your Policy
(Effective At Inception Unless Another Date Shown Below)

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The insurance afforded by this policy for "bodily injury," "property damage" and/or "personal and advertising injury" shall also apply to the "additional insured" listed below for claims, suits, and/or damages made against the "additional insured," but only to the extent the "additional insured" is being held responsible for the acts, omissions and/or negligence of the "named insured."

This insurance afforded shall not apply to claims, suits and/or damages arising out of the acts, omissions and/or negligence of the "additional insured(s)."

The inclusion of the "additional insured(s)" shall not operate to increase the Limits of Insurance.

To the extent, if any, that this policy affords coverage to an "additional insured," the "additional insured" is subject to all of the terms of the policy.

Our obligation to provide coverage to an "additional insured" is further limited by the interest of the "additional insured" as defined below.

Interest of the Additional Insured(s) Defined:

Insured operates on government (additional insured) land by written
permit or license.

For the purpose of this endorsement, the "named insured" is the person(s) and/or party(ies) designated on the Declarations Page of the policy or on any endorsement. The "additional insured" is the person(s) and/or party(ies) identified below.

Identity of Additional Insured(s):

City of LaCrosse WI

400 LaCrosse Street

LaCrosse WI 54601

(Complete this section if endorsement is added after policy is issued.)

Policy Number

Endorsement Number

Endorsement Effective Date

Signature of Authorized Representative

Producer Number

INSURED

WW180 (03/10)

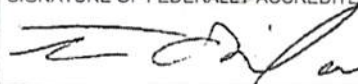
GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

SERIAL NUMBER EIA-15444209	DATE SIGNED 2020-01-17	LAB/ACCESSION NUMBER B20-01874	COUNTY Monroe
NAME & ADDRESS OF OWNER Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Cashton Veterinary Clinic Trevor O'Neil DVM 406 South Street Cashton, WI 54619 Phone: 6086545284	
EQUINE RESIDENCE AT BLOOD DRAW Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		REASON FOR TESTING Within state use / annual	
NATIONAL ACCREDITATION NUMBER 037548		TEST SUBMITTED ELISA	

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

 Trevor O'Neil DVM
2020-01-17 14:36:17 -06:00

DATE BLOOD DRAWN
2020-01-17

HORSE

NAME OF HORSE Sal			
COLOR Black	AGE OR DOB 2006-02-01	BREED Percheron Horse	GENDER Neutered/Castrated Male



NARRATIVE DESCRIPTION:

OTHER MARKS AND BRANDS: None specified

HEAD: Star, white mark across nose

NECK AND BODY: None specified

LEFT FORELIMB: None

RIGHT FORELIMB: None

LEFT HINDLIMB: White coronet

RIGHT HINDLIMB: None

RABIES VACCINATION

TYPE Booster	VACCINATION DATE 2020-01-17	PRODUCT Rabvac 3	SERIAL NUMBER D023900C	EXPIRATION DATE 2021-01-17	ADMINISTERED BY Trevor O'Neil, DVM
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FOR LABORATORY USE ONLY

TECHNICIAN Terra Nosbush	TUBE NUMBER 102028122-1	DATE RECEIVED 2020-01-21	DATE REPORTED 2020-01-21	TEST RESULTS Negative
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LABORATORY REMARKS

TEST RAN
ELISAREFERRED FOR
CONFIRMATION

LABORATORY

Wisconsin Veterinary Diagnostic Lab-Barron
P O Box 97
1521 E Guy Avenue
Barron, WI 54812

SIGNATURE OF NVSL APPROVED EIA TECHNICIAN

 Terra Nosbush
2020-01-21 14:32:20 -06:00

GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.

SERIAL NUMBER EIA-15444196	DATE SIGNED 2020-01-17	LAB/ACCESSION NUMBER B20-01874	COUNTY Monroe
NAME & ADDRESS OF OWNER Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Cashton Veterinary Clinic Trevor O'Neil DVM 406 South Street Cashton, WI 54619 Phone: 6086545284	EQUINE RESIDENCE AT BLOOD DRAW Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /
NATIONAL ACCREDITATION NUMBER 037548		TEST SUBMITTED ELISA	REASON FOR TESTING Within state use / annual

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

Trevor O'Neil
Trevor O'Neil DVM
2020-01-17 14:33:41 -06:00

DATE BLOOD DRAWN
2020-01-17

HORSE

NAME OF HORSE Ted			
COLOR Black	AGE OR DOB 2015-04-30	BREED Percheron	GENDER Neutered/Castrated Male



NARRATIVE DESCRIPTION:	OTHER MARKS AND BRANDS: None specified
HEAD: Star	NECK AND BODY: Mixed white hairs over ribs
LEFT FORELIMB: None specified	RIGHT FORELIMB: None specified
LEFT HINDLIMB: None specified	RIGHT HINDLIMB: None specified

RABIES VACCINATION

TYPE Booster	VACCINATION DATE 2020-01-17	PRODUCT Rabvac 3	SERIAL NUMBER D023900C	EXPIRATION DATE 2021-01-17	ADMINISTERED BY Trevor O'Neil, DVM
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FOR LABORATORY USE ONLY

TECHNICIAN Terra Nosbush	TUBE NUMBER 102220187-1	DATE RECEIVED 2020-01-21	DATE REPORTED 2020-01-21	TEST RESULTS Negative
LABORATORY REMARKS				TEST RAN ELISA
				REFERRED FOR CONFIRMATION <input type="checkbox"/>

LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 1521 E Guy Avenue Barron, WI 54812	SIGNATURE OF NVSL APPROVED EIA TECHNICIAN <i>Terra Nosbush</i> Terra Nosbush 2020-01-21 14:32:19 -06:00
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NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLINK.com
Please address any questions related to this document with your state or issuing state veterinarian's office.

GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
SERIAL NUMBER EIA-15444241	DATE SIGNED 2020-01-17	LAB/ACCESSION NUMBER B20-01874	COUNTY Monroe		
NAME & ADDRESS OF OWNER Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Cashton Veterinary Clinic Trevor O'Neil DVM 406 South Street Cashton, WI 54619 Phone: 6086545284		EQUINE RESIDENCE AT BLOOD DRAW Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 037548		TEST SUBMITTED ELISA		REASON FOR TESTING Within state use / annual	
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 Trevor O'Neil DVM 2020-01-17 14:41:35 -06:00				DATE BLOOD DRAWN 2020-01-17	
HORSE					
NAME OF HORSE Count					
COLOR Black	AGE OR DOB 2011-02-01	BREED Percheron		GENDER Neutered/Castrated Male	
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None specified		
HEAD: Star			NECK AND BODY: None specified		
LEFT FORELIMB: None			RIGHT FORELIMB: None		
LEFT HINDLIMB: None			RIGHT HINDLIMB: None		
RABIES VACCINATION					
TYPE Booster	VACCINATION DATE 2020-01-17	PRODUCT Rabvac 3	SERIAL NUMBER D023900C	EXPIRATION DATE 2021-01-17	ADMINISTERED BY Trevor O'Neil, DVM
FOR LABORATORY USE ONLY					
TECHNICIAN Terra Nosbush		TUBE NUMBER 102028124-1	DATE RECEIVED 2020-01-21	DATE REPORTED 2020-01-21	TEST RESULTS Negative
LABORATORY REMARKS					TEST RAN ELISA
					REFERRED FOR CONFIRMATION <input type="checkbox"/>
LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 1521 E Guy Avenue Barron, WI 54812			SIGNATURE OF NVSL APPROVED EIA TECHNICIAN Terra Nosbush 2020-01-21 14:32:21 -06:00		

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