License Number	License Fee \$
License Issued	Invoice #
CITY OF	A CROSSE APPLICATION FOR HORSE-DRAWN VEHICLE
License Period: January 1st, 202	5 to December 31st, 2025
BUSINESS NAME (Real/Legal)	Cinderella Carriage LLC
BUSINESS TRADE NAME (DBA)	Cinderella Carriage
BUSINESS ADDRESS	30321 State Highway 27, Cashton WI 54619
BUSINESS TELEPHONE	608-606-0614
OWNER(S) NAME (First, Full Middle, Last)	Lynn Katherine Isensee
OWNER(S) DATE OF BIRTH	
OWNER(S) HOME ADDRESS	30321 State Highway 27, Cashton WI 54619
OWNER(S) TELEPHONE	608-606-0614
 HAVE YOU BEEN CONVICTED 	TED OF A FELONY OR MISDEMEANOR? [] YES [] NO DF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? [] YES [] NO DELUDE NATURE OF THE OFFENSE AND PLACE OF CONVICTION (use reverse side, if necessary).
INSURANCE CARRIER The C	Sibson Agency LLC
POLICY NUMBER KSFL	D0000255-00
POLICY LIMITS \$1,00	0,000/Occurrence // \$2,000,000/Aggregate
DURATION OF THE POLICY. ALL INSUR The policy must be endorsed naming the	NCE INDICATING THE INSURANCE CARRIER, INSURED, POLICY NUMBER, POLICY LIMITS, AND ED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE OF INSURANCE. City of La Crosse as Additional Insured and said endorsement must accompany the certificate. Metered Rates Zone Rates Vehicle Rental Rate_x_
METHOD OF CHARGING SCHEDULE OF RATES	Metered Rates Zone Rates Vehicle Rental Rate _x \$90.00/ per hour // \$55.00 / per half-hour
NUMBER OF VEHICLES TO BE LICENSE	
	DESCRIPTION OF VEHICLES, including
 number of persons each vehicle lights and safety equipment which 	
procedures to be taken for assuring the procedure to be taken for a second to b	g that public right-of-way will be kept clean of fecal matter
Vehicle #1 White Vis-a-vis Carriage	//4 Passenger//Lights and slow-moving vehicle sign// Bun Bag e//6 Passenger//Lights and slow-moving vehicle sign// Bun Bag
Vehicle #3 Red/Black Wagonette/	8-10 Passenger// Lights and slow-moving vehicle sign// Bun Bag
GOOD HEALTH AND FREE FROM INFECTION I certify that each horse is fit for health for the certify that the above-determined in the certification in the certifica	
The above hereby makes application fo the Code of Ordinances of the City of La	a Horse Drawn Carriage License within the City of La Crosse pursuant to Chapter 10, Article XIV of Crosse.
I hereby certify that the information con	ained in this application is true and correct. I am aware that withholding information or making false
statements on this application will be be SIGNATURE OF APPLICANT	DATE 10-29 - 24
LICENSE [] APPROVED [] SIGNATURE OF POLICE REPRE	DENIED DATE



GVL - EQUINE INFECTIOUS ANEMIA LABORA	TORY TEST					
1. LAB/ACCESSION NUMBER B24-01955		DD DRAWN	3. TEST REQUESTED I	4, REASON Within state of	FOR TESTING use / annual	j.
5. CURRENT HOME PREMISES OF EQUINE: R. MARKET Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /	ANCH / FARM / STABLE /	Lynn Isensee 30321 State Hig Cashton, WI 54 Phone: 6086060 PIN/LID: /	619	8. NAME & ADDRESS OF Cashton Veterinary Clinic Andrew Mason 406 South Street Cashton, WI 54619 Phone: 6086545284	VETERINARIAN	Group Harry
3. COUNTY OF CURRENT HOME PREMISES O Monroe	F EQUINE		e graniti.	VETERINARIAN NATION 074912	AL ACCREDITATION NU	JMBER
CERTIFICATION OF FEDERALLY ACCREDITED certify I am a category II federally accredited vet		state where the s	ample was obtained, by me	e, from the animal described	below.	9
19	TERINARIAN ndrew Mason 024-01-22 10:26:59	ČST	Spireting, Spiret	Light displaying	No. of the last of	
9. TUBE NUMBER 102028122-5	10. TAG/TATT NUMBER None	OO/BRAND	11. REGISTERED NAM Sal	E 12. COLOR / Black	COAT OR HAIR COLOR	R(S)
13. BREED OR SPECIES Percheron Horse	14. AGE OR D 2006-02-01	ОВ	15. GENDER Gelding	16, MICROC NUMBER None	HIP, BREED, OR REGIS	TRATION
			State of the state		U	
NARRATIVE DESCRIPTION: None	37 33/	C)	OTHER MARKS AND B	RANDS: No marking	937	510 p
17. HEAD: Star, white mark across nose			18. NECK AND BODY:	No marking	-	***
19. LEFT FORELIMB: None	.akljii/	257	20, RIGHT FORELIMB:	None	322	
21. LEFT HINDLIMB: White coronet	1000	7	22. RIGHT HINDLIMB:	None	200	.57
RABIES VACCINATION	Tall the		1000			
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED E	BY
FOR LABORATORY USE ONLY 23. LABORATORY	24. DATE SAMPLE REC	EIVED TO DAT	E RESULTS REPORTED	26. OFFICIAL RESULT	27. TEST TYPE U	SED
Wisconsin Veterinary Diagnostic Lab-Barron	2024-01-23	2024-01	A TOTAL CONTRACTOR OF THE PARTY	Negative	ELISA	10 m
P O Box 97 1521 E Guy Avenue Barron, W 54812 Phone: 715-637-3151	28. LABORATORY REMA	ARKS	uediliti.	A STATE OF THE STA	N. S. L.	er en
1 / 4 1 .	CHNICIAN Patricia Cuppini 2024-01-23 12:39:22	2 CST	30. INTERIM RESULT F	REFERRED FOR CONFIRM	IATION	202

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



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST 1. LAB/ACCESSION NUMBER 2. DATE BLOOD DRAWN 3. TEST REQUESTED BY VET 4. REASON FOR TESTING B24-01955 2024-01-19 **ELISA** Within state use / annual 5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET 7. NAME & ADDRESS OF OWNER 8. NAME & ADDRESS OF VETERINARIAN Lynn Isensee Cashton Veterinary Clinic Lynn Isensee 30321 State Highway 27 Andrew Mason 30321 State Highway 27 Cashton, WI 54619 406 South Street Cashton, WI 54619 Phone: 6086060614 Cashton, WI 54619 Phone: 6086060614 PIN/LID: / Phone: 6086545284 PIN/LID: / 6. COUNTY OF CURRENT HOME PREMISES OF EQUINE VETERINARIAN NATIONAL ACCREDITATION NUMBER 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 2024-01-22 10:26:58 CST 9, TUBE NUMBER 10. TAG/TATTOO/BRAND NUMBER 11. REGISTERED NAME 12. COLOR / COAT OR HAIR COLOR(S) 105499927-1 Zipper Black None 13. BREED OR SPECIES 14 AGE OR DOR 15. GENDER 16. MICROCHIP, BREED, OR REGISTRATION Percheron Horse 2013-05-20 Gelding None OTHER MARKS AND BRANDS: No marking / C^ NARRATIVE DESCRIPTION: None 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** VACCINATION DATE PRODUCT SERIAL NUMBER EXPIRATION DATE ADMINISTERED BY FOR LABORATORY USE ONLY 27. TEST TYPE USED 23. LABORATORY 24. DATE SAMPLE RECEIVED 25. DATE RESULTS REPORTED 26. OFFICIAL RESULT 2024-01-23 2024-01-23 Negative FLISA Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 28. LABORATORY REMARKS 1521 E Guy Avenue Barron, W 54812 Phone: 715-637-3151 29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN 30. INTERIM RESULT REFERRED FOR CONFIRMATION No Patricia Cuppini

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

2024-01-23 12:39:24 CST



CAR EQUINE INFECTIOUS ANEMIA LABORA	TODY TOT			CONTRACTOR OF THE PARTY OF THE	727		
GVL - EQUINE INFECTIOUS ANEMIA LABORA 1. LAB/ACCESSION NUMBER		DD DRAWN	3. TEST REQUESTED	BYVET	4. REASON FO	R TESTING	
B24-01955	2024-01-19	4	ELISA		Within state use		
5. CURRENT HOME PREMISES OF EQUINE: R MARKET Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /	ANCH / FARM / STABLE /	7. NAME & AD Lynn Isensee 30321 State H Cashton, WI 5 Phone: 608600 PIN/LID: /	4619	8. NAME & A Cashton Vete Andrew Mass 406 South St Cashton, WI Phone: 6086	on reet 54619	ETERINARIAN	School Servi
6. COUNTY OF CURRENT HOME PREMISES O	F EQUINE	er.	Red Residence	VETERINAR 074912	IAN NATIONAL	ACCREDITATION N	NUMBER
CERTIFICATION OF FEDERALLY ACCREDITED I certify I am a category II federally accredited vet	VETERINARIAN erinarian, authorized, in the	state where the	sample was obtained, by n	ne, from the anir	nal described be	slow.	S. C.
	TERINARIAN ndrew Mason 024-01-22 10:26:57	CST	and the state of t	al little	E NEW TONE	S. H. L.	See Links to the
HORSE 9. TUBE NUMBER 102220187-5	10. TAG/TATT NUMBER None	OO/BRAND	11. REGISTERED NAI		12. COLOR / Co Black	OAT OR HAIR COLO	DR(S)
13. BREED OR SPECIES Percheron	14. AGE OR D 2015-04-30	ОВ	15. GENDER Gelding		16, MICROCHIE NUMBER None	P, BREED, OR REG	ISTRATION
			Salar Sa				
NARRATIVE DESCRIPTION: None	57	3	OTHER MARKS AND	BRANDS: No n	narking	<u> </u>	G ^S
17. HEAD: Star			18. NECK AND BODY	: Mixed white h	airs over ribs	111	
19. LEFT FORELIMB: No marking		S. 57	20. RIGHT FORELIME	: No marking	78.5	N. T.	
21. LEFT HINDLIMB: No marking	200		22. RIGHT HINDLIMB:	No marking	40°	597	100
RABIES VACCINATION							
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION	N DATE	ADMINISTERED	ВУ
FOR LABORATORY USE ONLY							
23. LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97	24. DATE SAMPLE RECE 2024-01-23	2024-0	TE RESULTS REPORTED		L RESULT	ELISA	USED
1521 E Guy Avenue Barron, W 54812 Phone: 715-637-3151	28. LABORATORY REMA	ARKS	Well pith.	all little	evelting.	do	ed editing
	Patricia Patricia Cuppini 2024-01-23 12:39:23	S CST	30. INTERIM RESULT	REFERRED FO	OR CONFIRMAT	TION	E10000

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



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST 1. LAB/ACCESSION NUMBER 2. DATE BLOOD DRAWN 4. REASON FOR TESTING 3. TEST REQUESTED BY VET 🥑 B24-01955 2024-01-19 **ELISA** Within state use / annual 5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET 7. NAME & ADDRESS OF OWNER 8. NAME & ADDRESS OF VETERINARIAN Cashton Veterinary Clinic Lynn Isensee 30321 State Highway 27 Andrew Mason 30321 State Highway 27 Cashton, WI 54619 406 South Street Cashton, WI 54619 Phone: 6086060614 Cashton, WI 54619 Phone: 6086060614 PIN/LID: / Phone: 6086545284 PIN/LID: / 6. COUNTY OF CURRENT HOME PREMISES OF EQUINE 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 2024-01-22 10:26:56 CST 9. TUBE NUMBER 10. TAG/TATTOO/BRAND NUMBER 12. COLOR / COAT OR HAIR COLOR(S) 11. REGISTERED NAME 103355626-3 Don 👋 None 16, MICROCHIP, BREED, OR REGISTRATION NUMBER 13. BREED OR SPECIES 14. AGE OR DOB 15 GENDER 2017-01-08 Neutered/Castrated Male Percheron 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 ADMINISTERED BY TYPE VACCINATION DATE PRODUCT SERIAL NUMBER **EXPIRATION DATE** FOR LABORATORY USE ONLY 25. DATE RESULTS REPORTED 26. OFFICIAL RESULT 27. TEST TYPE USED 23. LABORATORY 24. DATE SAMPLE RECEIVED 2024-01-23 ELISA 2024-01-23 Negative Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 28. LABORATORY REMARKS 1521 E Guy Avenue Barron, W 54812 Phone: 715-637-3151 29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN 30. INTERIM RESULT REFERRED FOR CONFIRMATION No

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

Patricia Cuppini 2024-01-23 12:39:22 CST



GVL - EQUINE INFECTIOUS ANEMIA LABO 1. LAB/ACCESSION NUMBER	RATORY TEST			The second secon		ASSESSMENT OF THE PARTY OF
		RI COD BRANCE				
B24-01955	2024-01-	BLOOD DRAWN () 19	3. TEST REQUESTED ELISA		N FOR TESTING use / annual	ey"
5. CURRENT HOME PREMISES OF EQUINE MARKET	: RANCH / FARM / STAB	100	DDRESS OF OWNER	8. NAME & ADDRESS C	137	· e [©]
ynn Isensee 80321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /	Strange St.	Lynn Isensee 30321 State H Cashton, WI 5 Phone: 608600 PIN/LID: /	4619	Cashton Veterinary Clini Andrew Mason 406 South Street Cashton, WI 54619 Phone: 6086545284	C STATE OF THE STA	Selegion in the
S. COUNTY OF CURRENT HOME PREMISES Monroe	S OF EQUINE	27.0	AD SECRETAL	VETERINARIAN NATIO	NAL ACCREDITATION N	UMBER
CERTIFICATION OF FEDERALLY ACCREDIT certify I am a category II federally accredited	TED VETERINARIAN veterinarian, authorized, in	n the state where the	sample was obtained, by me	e, from the animal describe	d below	ON STATE OF THE PARTY OF THE PA
SIGNATURE OF FEDERALLY ACCREDITED		Jan Link	Spiller High	Japa Japan	and the state of t	a se di in a la
HORSE						
02028124-5	10. TAG/I NUMBER None	ATTOO/BRAND	11. REGISTERED NAM Count	E 12. COLOR Black	/ COAT OR HAIR COLO	R(S)
3. BREED OR SPECIES Percheron	14. AGE C 2011-02-0		15. GENDER Gelding	16. MICROONUMBER	CHIP, BREED, OR REGI	STRATION
	1		Spillage.			
ARRATIVE DESCRIPTION: None			OTHER MARKS AND BI	RANDS: No marking		
			OTHER MARKS AND BI			
7. HEAD: Star			87	No marking		
HEAD: Star			18, NECK AND BODY:	No marking None		
ABIES VACCINATION	VACCINATION DATE	PRODUCT	18. NECK AND BODY: 20. RIGHT FORELIMB: 22. RIGHT HINDLIMB:	No marking None None	ADMINISTEDED	
7. HEAD: Star 9. LEFT FORELIMB: None 1. LEFT HINDLIMB: None ABIES VACCINATION (PE	VACCINATION DATE	PRODUCT	18. NECK AND BODY: 20. RIGHT FORELIMB:	No marking None	ADMINISTERED B	ay ay
7. HEAD: Star 9. LEFT FORELIMB: None 1. LEFT HINDLIMB: None ABIES VACCINATION /PE OR LABORATORY USE ONLY 9. LABORATORY	VACCINATION DATE 24. DATE SAMPLE R 2024-01-23		18. NECK AND BODY: 20. RIGHT FORELIMB: 22. RIGHT HINDLIMB: SERIAL NUMBER TE RESULTS REPORTED	No marking None None	ADMINISTERED B	
ARRATIVE DESCRIPTION: None 7. HEAD: Star 9. LEFT FORELIMB: None 1. LEFT HINDLIMB: None ABIES VACCINATION YPE OR LABORATORY USE ONLY 3. LABORATORY Asconsin Veterinary Diagnostic Lab-Barron O Box 97 521 E Guy Avenue arron, W 54812 hone: 715-637-3151	24. DATE SAMPLE R	25. DA 2024-0	18. NECK AND BODY: 20. RIGHT FORELIMB: 22. RIGHT HINDLIMB: SERIAL NUMBER TE RESULTS REPORTED	No marking None None EXPIRATION DATE 26. OFFICIAL RESULT	27. TEST TYPE U	