

License Number _____

License Fee \$ _____

License Issued _____

Invoice # _____

CITY OF LA CROSSE APPLICATION FOR HORSE-DRAWN VEHICLE

License Period: January 1st, 2025 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 <small>(First, Full Middle, Last)</small>	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 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	KSFLD0000255-00
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 _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//4 Passenger//Lights and slow-moving vehicle sign// Bun Bag
Vehicle #2	White Cinderella Carriage//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

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.





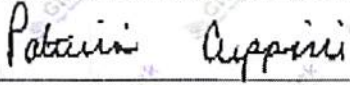
I hereby certify that the information contained in this application is true and correct. I am aware that withholding information or making false statements on this application will be basis for denial/revocation of license.

SIGNATURE OF APPLICANT Lynn Isensee DATE 10-29-24

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





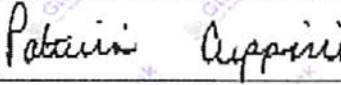
FORM SERIAL NUMBER
EIA-21309691



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER B24-01955		2. DATE BLOOD DRAWN 2024-01-19	3. TEST REQUESTED BY VET ELISA	4. REASON FOR TESTING Within state use / annual	
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 2024-01-22 10:26:59 CST					
HORSE					
9. TUBE NUMBER 102028122-5		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
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 2024-01-23	25. DATE RESULTS REPORTED 2024-01-23	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
		28. LABORATORY REMARKS			
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Patricia Cuppini 2024-01-23 12:39:22 CST			30. INTERIM RESULT REFERRED FOR CONFIRMATION No		





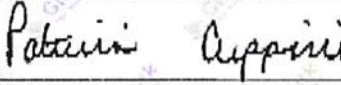
FORM SERIAL NUMBER
EIA-21309690



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER B24-01955		2. DATE BLOOD DRAWN 2024-01-19		3. TEST REQUESTED BY VET ELISA	4. REASON FOR TESTING Within state use / annual
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	
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SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  Andrew Mason 2024-01-22 10:26:58 CST					
HORSE					
9. TUBE NUMBER 105499927-1		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					
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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 2024-01-23	25. DATE RESULTS REPORTED 2024-01-23	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
		28. LABORATORY REMARKS			
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Patricia Cuppini 2024-01-23 12:39:24 CST			30. INTERIM RESULT REFERRED FOR CONFIRMATION No		

FORM SERIAL NUMBER
EIA-21309689



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER B24-01955		2. DATE BLOOD DRAWN 2024-01-19		3. TEST REQUESTED BY VET ELISA	4. REASON FOR TESTING Within state use / annual
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	
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SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  Andrew Mason 2024-01-22 10:26:57 CST					
HORSE					
9. TUBE NUMBER 102220187-5		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
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 2024-01-23	25. DATE RESULTS REPORTED 2024-01-23	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
		28. LABORATORY REMARKS			
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Patricia Cuppini 2024-01-23 12:39:23 CST			30. INTERIM RESULT REFERRED FOR CONFIRMATION No		

FORM SERIAL NUMBER
EIA-21309688



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST

1. LAB/ACCESSION NUMBER B24-01955	2. DATE BLOOD DRAWN 2024-01-19	3. TEST REQUESTED BY VET ELISA	4. REASON FOR TESTING Within state use / annual
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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
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6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Monroe	VETERINARIAN NATIONAL ACCREDITATION NUMBER 074912
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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

HORSE

9. TUBE NUMBER 103355626-3	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

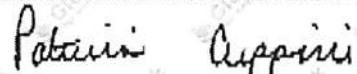
17. HEAD: Star	18. NECK AND BODY: No marking
19. LEFT FORELIMB: No marking	20. RIGHT FORELIMB: No marking
21. LEFT HINDLIMB: No marking	22. RIGHT HINDLIMB: No marking

RABIES VACCINATION

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
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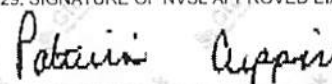
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FORM SERIAL NUMBER
EIA-21309687



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER B24-01955		2. DATE BLOOD DRAWN 2024-01-19		3. TEST REQUESTED BY VET ELISA	4. REASON FOR TESTING Within state use / annual
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SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  Andrew Mason 2024-01-22 10:26:55 CST					
HORSE					
9. TUBE NUMBER 102028124-5		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					
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29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Patricia Cuppini 2024-01-23 12:39:21 CST			30. INTERIM RESULT REFERRED FOR CONFIRMATION No		