

License Number \_\_\_\_\_

License Issued \_\_\_\_\_

License Fee \$50.00

Receipt # 141892

Cust # 9415

**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 Hemmersbach Isensee
OWNER(S) DATE OF BIRTH	[REDACTED]
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	PGP 842 619
POLICY LIMITS	2,000,000 Per Policy Year

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 <u>X</u>
SCHEDULE OF RATES	\$90 - 1 hr \$55 - 1/2 hr
NUMBER OF VEHICLES TO BE LICENSED	3

DESCRIPTION OF VEHICLES, including		
<ul style="list-style-type: none"> <li>• number of persons each vehicle is designed to carry</li> <li>• lights and safety equipment which will be used</li> <li>• procedures to be taken for assuring that public right-of-way will be kept clean of fecal matter</li> </ul>		
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.

X I certify that each horse is fit for horse-drawn vehicle service.

X 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 10-16-16

LICENSE [✓] APPROVED [ ] DENIED  
SIGNATURE OF POLICE REPRESENTATIVE Richard T. [Signature] DATE 10/21/2016

**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.: PGP 842619  
 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 1/23/2016 Expires: 12:01 AM 1/23/2017

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.**

<u>Exposure Code</u>	<u>Exposure (Activity Description)</u>
W7343	Commercial Maximum Usage Horses
W7356	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 6, 2016  
 Authorized Representative:

*Linda Liestman*

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	SERIAL NO. <b>T 0237771</b>	1. ACCESSION NUMBER <b>01978</b>	2. DATE BLOOD DRAWN <b>1-21-16</b>
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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"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <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. <b>1756-50</b>	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) _____ _____ _____ ZIP Code _____ Tel No. _____ County _____		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) _____ _____ _____ ZIP Code _____ Tel No. _____ County _____	

**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 _____	12. SIGNATURE DATE _____
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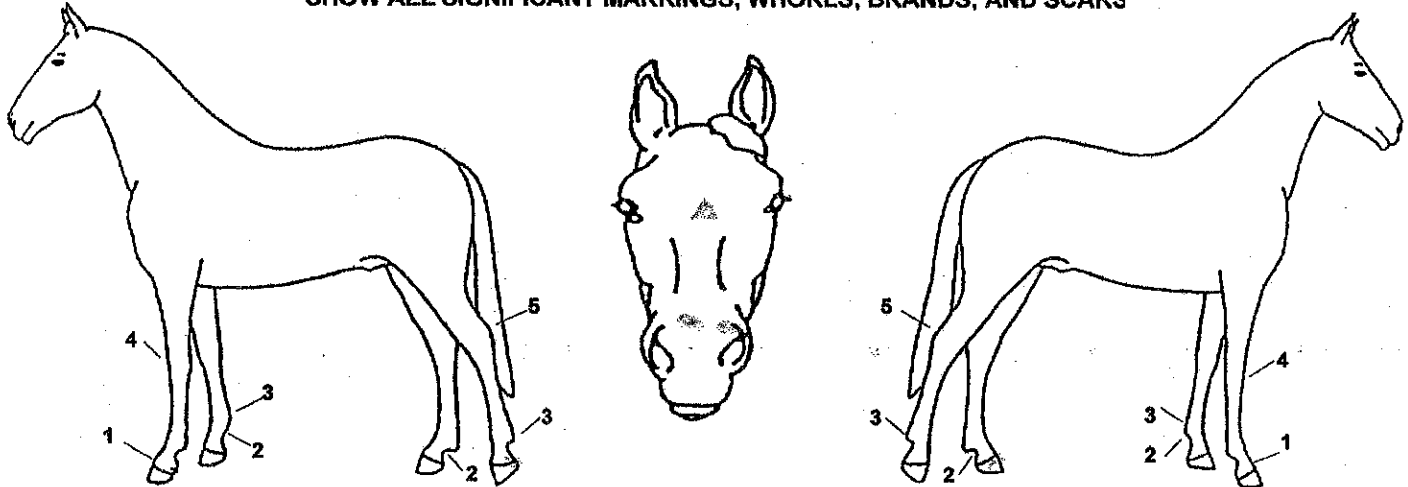
**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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 _____	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	M - Male F - Female G - Gelding SP - Spayed Female
			SAC	Black	Perch		1/100	G	

**SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS**



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

**NARRATIVE DESCRIPTION AND REMARKS**

25. HEAD _____	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 _____	32. DATE RECEIVED _____	33. DATE REPORTED OUT _____	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 _____		36. REMARKS _____	

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 (U.S.C. Section 1001).

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIOUS ANEMIA LABORATORY TEST**  
(VS Memorandum 555.16)

SERIAL NO. **T1188347** 1. ACCESSION NUMBER **01978** 2. DATE BLOOD DRAWN **1-21-16**

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 <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. <b>6756-50</b>		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <b>Wally &amp; Kathy Hemmersbach</b> <b>610206 A Kelbel Rd.</b> <b>Cashton, WI</b> ZIP Code <b>54619</b> Tel No. <b>608-654-7729</b> County <b>Vernon</b>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <b>Bridgette Hemmesch, DVM, Cashton Vet Clinic</b> <b>1406 South St</b> <b>Cashton, WI</b> ZIP Code <b>54619</b> Tel No. <b>608-654-5284</b> County <b>Monroe</b>		Same as owner ZIP Code Tel No. County	

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 Hemmesch, DVM</i>	11. TYPE OR PRINT SIGNATURE NAME <b>Bridgette Hemmesch, DVM</b>	12. SIGNATURE DATE <b>1-21-16</b>
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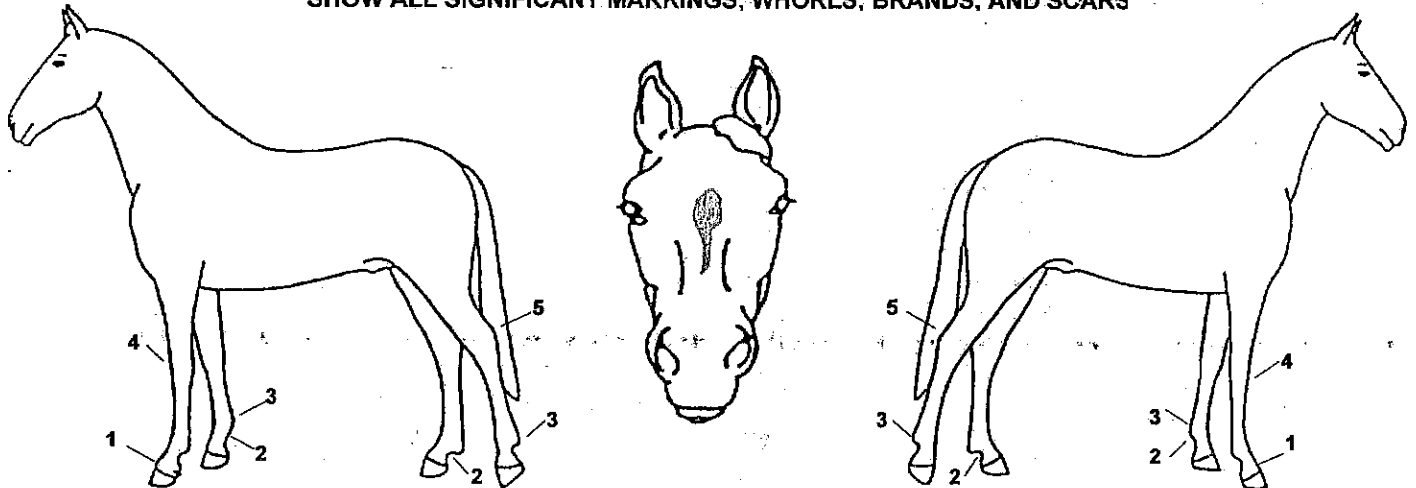
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 <b>Scott Sanders</b>	15. SIGNATURE DATE <b>1-21-16</b>
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse <b>DUSTY</b>	20. Color <b>Black</b>	21. Breed <b>Percheron</b>	22. Electronic I.D. No.	23. Age or DOB <b>11/1/01</b>	24. Sex <b>G</b>	M - Male F - Female <b>G - Gelding</b> 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 <b>star</b>	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 <b>SAMPLE TESTED AT WI VETERINARY DIAGNOSTIC LABORATORY - BAYLON 1-800-271-8200</b>	32. DATE RECEIVED <b>1-22-16</b>	33. DATE REPORTED OUT <b>1/22/16</b>	34. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN <i>[Signature]</i>		36. REMARKS <i>[Signature]</i>	

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UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>EQUINE INFECTIOUS ANEMIA LABORATORY TEST</b> (VS Memorandum 555.16)	SERIAL NO. <b>T 0237769</b>	1. ACCESSION NUMBER <b>01978</b>	2. DATE BLOOD DRAWN <b>1-21-16</b>
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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) Same as owner ZIP Code _____ Tel No. _____ County _____	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____	5. VETERINARY LICENSE OR ACCREDITATION NO. <b>6756-50</b>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Wall, Kathy Hammersbach 61000 A Harbor Rd Cashport, WI   ZIP Code <b>53119</b> Tel No. <b>608-654-7729</b> County <b>Walworth</b>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Bridgette Hammersch, DVM 1106 South St Cashport, WI   ZIP Code <b>53119</b> Tel No. <b>608-654-5384</b> County <b>Walworth</b>	

**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.

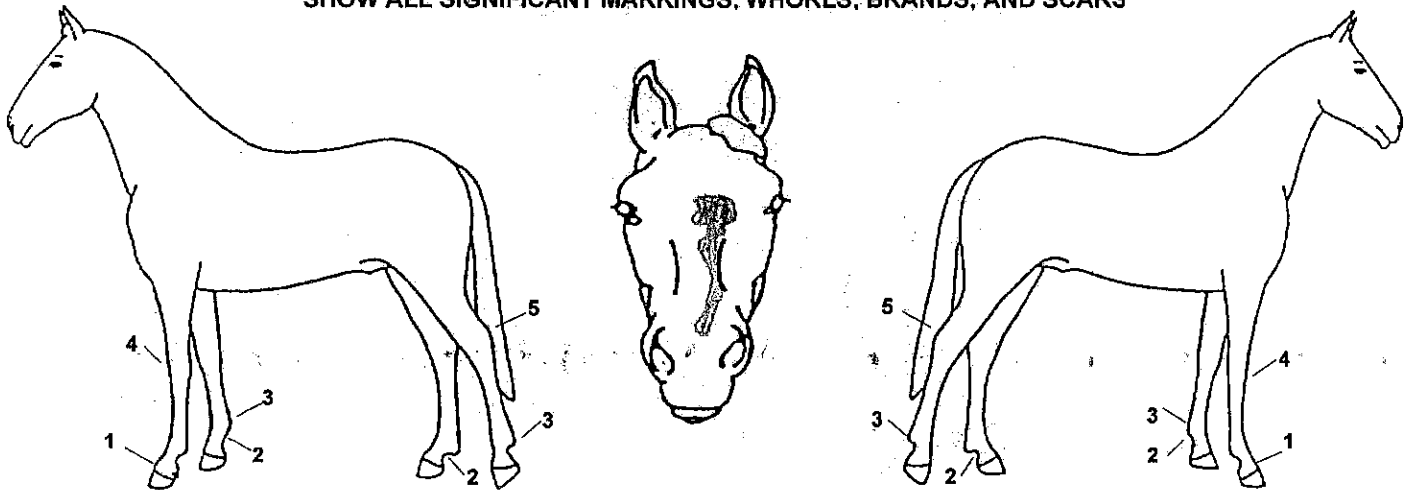
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>Bridgette Hammersch, DVM</i>	11. TYPE OR PRINT SIGNATURE NAME Bridgette Hammersch, DVM	12. SIGNATURE DATE 1-21-16
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**CERTIFICATION OF OWNER OR OWNER'S AGENT**

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 1-21-16		
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 <input checked="" type="checkbox"/> G - Gelding SF - Spayed Female
			<b>ROY</b>	Black	Porch		1/16	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 Hooked 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 SAMPLE TESTED AT WJ VETERINARY DIAGNOSTIC LABORATORY - BARBON 1-800-721-8107	32. DATE RECEIVED <b>1-22-16</b>	33. DATE REPORTED OUT <b>1/22/16</b>	34. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN <i>[Signature]</i>		36. REMARKS <i>[Signature]</i>	

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UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**EQUINE INFECTIOUS ANEMIA LABORATORY TEST**  
(VS Memorandum 555.16)

SERIAL NO.

T 0237772

1. ACCESSION NUMBER

01978

2. DATE BLOOD DRAWN

1-21-16

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 checked="" type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)  Same	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 6756-50	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 Hemmesch 51000A Rebel Rd Cochran, WI Tel No: 608 654 7729		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Bridgette Hemmesch, Cashier V. Clinac 406 South St Cochran, WI Tel No: 608 654 5381	
County Vernon		ZIP Code 54619 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 Hemmesch DVM</i>	11. TYPE OR PRINT SIGNATURE NAME BRIDGETTE HEMMESCH DVM	12. SIGNATURE DATE 1-21-16
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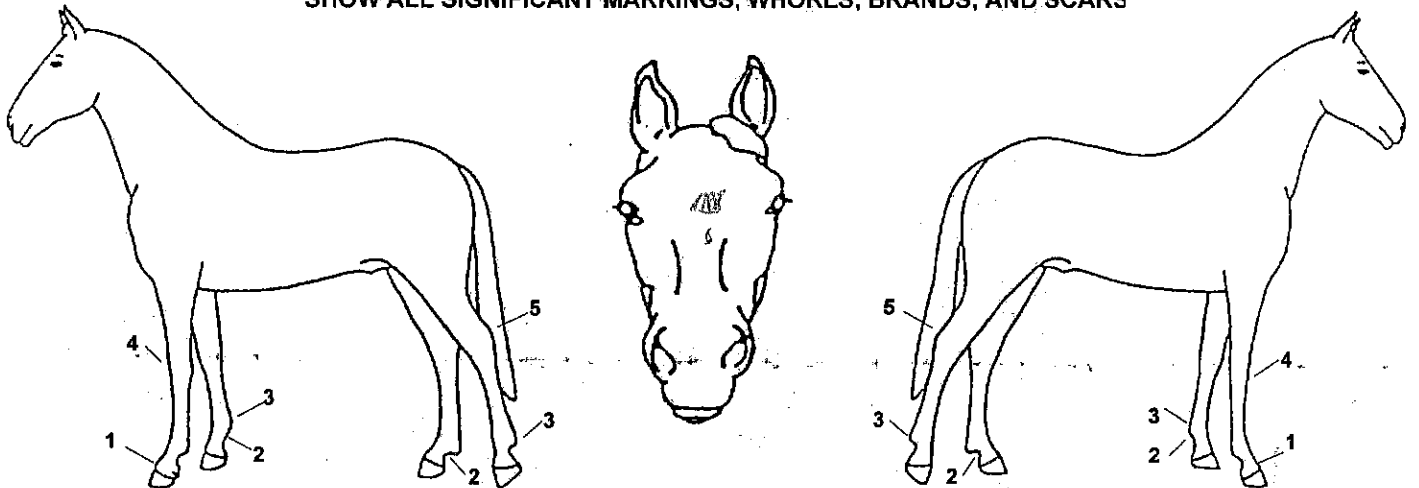
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 1-21-16
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse COUNT	20. Color Blk	21. Breed Perch	22. Electronic I.D. No.	23. Age or DOB 5 yr	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 swirl	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 SAMPLE TESTED AT WI VETERINARY DIAGNOSTIC LABORATORY - BARREN 1-800-771-8357	32. DATE RECEIVED 1-22-16	33. DATE REPORTED OUT 1/22/16	34. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN <i>[Signature]</i>		36. REMARKS <i>[Signature]</i>	

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