License Number					Lice	ense Fee \$_	
License Issued					Invo	oice #	
		CROSSE APPLICA	TION FO	R HORSE-DRA	WN VEHI	CLE	
License Period: Janua		to December 31st, 20				/9	5 191 110/
BUSINESS NAME (Real/	Legal)	Cinderella Carriage L	LC			1-	RECEIVED
BUSINESS TRADE NAI		Cinderella Carriage				-	
BUSINESS ADDRESS		30321 State Highway	v 27, Cash	nton WI 54619		\vec{v}	NOV 1 4 202
BUSINESS TELEPHON	E	608-606-0614					Clerk's
BUSINESS TELEPHON		Lynn Katherine Isens	90			13	Office
OWNER(S) DATE OF B	IRTH	Lyllin Ratherine isens			7-2		(31/18)
OWNER(S) HOME ADD	RESS	30321 State Highway	/ 27, Cash	ton WI 54619		v	
OWNER(S) TELEPHON		608-606-0614					
 HAVE YOU BEEN O 	CONVICTED OF R IS YES, INCL	TED OF A FELONY OR MIS F AN ORDINANCE VIOLAT LUDE NATURE OF THE OR	TION IN THE	LAST FIVE (5) YE	ARS? []	YES [X] NO YES [X] NO se reverse side	
		bson Agency LLC					
POLICY NUMBER		00000255-00					
POLICY LIMITS	\$1,000	,000/Occurrence // \$2	2,000,000/	Aggregate			
ATTACHED A CERTIFICATE DURATION OF THE POLICY. The policy must be endorsed METHOD OF CHARGING	ALL INSURED	O VEHICLES SHALL BE ID City of La Crosse as Addit	ENTIFIED C	N THE CERTIFICA	ATE OF INSU sement mus	JRANCE. at accompany	the certificate.
SCHEDULE OF RATES				5.00 / per half-h		vernoie rental	Trate _x_
NUMBER OF VEHICLES TO E	BE LICENSED	3		order por rich in			
		DESCRIPTION (OF VEHICLE	S, including			
number of persons e lights and safety equ							
		that public right-of-way will	l be kept clea	an of fecal matter			
Vehicle #1 White Vis-à-vi							
Vehicle #2 White Cindere							
Vehicle #3 Red/Black Wa	gonette//o	-10 Passenger// Ligi	nts and si	ow-moving ver	nicie sign,	// Bun Bag	5
1	ROM INFECTION rse is fit for horse the above-desc	DUS DISEASE. se-drawn vehicle service. ribed vehicle(s) will be kep	ot in a clean	and sanitary condit			
The above hereby makes ap the Code of Ordinances of th	e City of La Ci	rosse.					
I hereby certify that the infor	mation contain	ned in this application is for denial/revocation of	true and co	rrect. I am aware	that withho	lding informa	tion or making false
SIGNATURE OF APPLIC	4	pm Isu			DATE	11-6-2	.5
LICENSE [] APPROV	/ED [] DI	ENIED			DATE		



LAB/ACCESSION NUMBER 250220048	2025-01-17	OD DRAWN	3. TEST REQUESTED	3. TEST REQUESTED BY VET ELISA		DR TESTING ement	
CURRENT HOME PREMISES OF EQUINE:	RANCH / FARM / STABLE /	7. NAME & AD	DRESS OF OWNER	8. NAME & ADDRESS OF VETERINARIAN			
ARKET ynn Isensee 0321 State Highway 27 ashton, WI 54619 hone: 6086060614 IN/LID: /	sensee State Highway 27 on, WI 54619 : 6086060614		Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		Cashton Veterinary Clinic Jessica Gaska DVM 406 South Street Cashton, WI 54619 Phone: 6086545284 VETERINARIAN NATIONAL ACCREDITATION NUMBER 088971		
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Monroe							
ERTIFICATION OF FEDERALLY ACCREDITE certify I am a category II federally accredited ve		state where the	sample was obtained, by	ne, from the ar	nimal described b	elow.	
11.10.00	ETERINARIAN Jessica Gaska DVM 2025-01-17 13:45:09	CST					
ORSE							
TUBE NUMBER 02220187-6	10. TAG/TAT NUMBER None	TOO/BRAND	11. REGISTERED NA Ted	ME	12. COLOR / COAT OR HAIR COLOR(S Black		
B. BREED OR SPECIES ercheron	14. AGE OR I 2015-04-30	OOB	15. GENDER Gelding			16. MICROCHIP, BREED, OR REGISTRATION NUMBER None	
ARRATIVE 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: 1		3: No marking	No marking		
. LEFT HINDLIMB: No marking			22. RIGHT HINDLIMB	: No marking			
ABIES VACCINATION							
/PE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION	ON DATE	ADMINISTERED BY	
OR LABORATORY USE ONLY							
B. LABORATORY fisconsin Veterinary Diagnostic Lab-Barron	24. DATE SAMPLE REC 2025-01-22	EIVED 25. DA 2025-0	TE RESULTS REPORTED	26. OFFICE Negative	IAL RESULT	27. TEST TYPE USED ELISA	
O Box 97 521 E Guy Avenue arron, W 54812	28. LABORATORY REM	ARKS					

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



Scan to verify



I. LAB/ACCESSION NUMBER B250220048	2. DATE BLOC 2025-01-17	D DRAWN	3. TEST REQUESTED BY VET ELISA		REASON FOR TESTING Interstate movement	
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET		7. NAME & ADDRESS OF OWNER		8. NAME & ADDRESS OF VETERINARIAN		
Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: / 6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Monroe		Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		Cashton Veterinary Clinic Jessica Gaska DVM 406 South Street Cashton, WI 54619 Phone: 6086545284		
					VETERINARIAN NATIONAL ACCREDITATION NUMBER 088971	
CERTIFICATION OF FEDERALLY ACCREDITED certify I am a category II federally accredited vetors.		state where the	sample was obtained, by	me, from the a	nimal described below.	
SIGNATURE OF FEDERALLY ACCREDITED VE Justia S, Dalla, DVM Je 2	TERINARIAN essica Gaska DVM 025-01-17 13:45:08	CST				
IORSE						
). TUBE NUMBER		10. TAG/TATTOO/BRAND NUMBER None		AME	12. COLOR / COAT OR HAIR COLOR(S)	
105499927-2			Zipper		Black	
105499927-2 13. BREED OR SPECIES Percheron Horse		ОВ	Zipper 15. GENDER Gelding		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None	
3. BREED OR SPECIES	None 14. AGE OR D	ОВ	15. GENDER		16. MICROCHIP, BREED, OR REGISTRATION NUMBER	
3. BREED OR SPECIES Percheron Horse	None 14. AGE OR D	ОВ	15. GENDER	D BRANDS: N	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None	
3. BREED OR SPECIES Percheron Horse ARRATIVE DESCRIPTION: None	None 14. AGE OR D	ОВ	15. GENDER Gelding		16. MICROCHIP, BREED, OR REGISTRATION NUMBER None	
3. BREED OR SPECIES	None 14. AGE OR D	ОВ	15. GENDER Gelding OTHER MARKS AND	Y: Brand L sh	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None o marking / C^ oulder	

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN

TYPE

FOR LABORATORY USE ONLY

Wisconsin Veterinary Diagnostic Lab-Barron

23. LABORATORY

1521 E Guy Avenue Barron, W 54812 Phone: 715-637-3151

P O Box 97

Patricia Cuppini

PRODUCT

2025-01-23

Cupper 2025-01-23 14:20:23 CST

VACCINATION DATE

2025-01-22

24. DATE SAMPLE RECEIVED

28. LABORATORY REMARKS

30. INTERIM RESULT REFERRED FOR CONFIRMATION

Negative

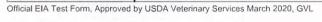
EXPIRATION DATE

26. OFFICIAL RESULT

No

SERIAL NUMBER

25. DATE RESULTS REPORTED





ADMINISTERED BY

27. TEST TYPE USED

ELISA



1. LAB/ACCESSION NUMBER B250220048	2. DATE BLOG 2025-01-17	DD DRAWN	3. TEST REQUESTED BY VET ELISA		REASON FOR TESTING Interstate movement	
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: / 6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Monroe		Lynn Isensee		8. NAME & ADDRESS OF VETERINARIAN Cashton Veterinary Clinic Jessica Gaska DVM 406 South Street Cashton, WI 54619 Phone: 6086545284		
				VETERINA 088971	RINARIAN NATIONAL ACCREDITATION NUMBER	
CERTIFICATION OF FEDERALLY ACCREDITE		state where the s	ample was obtained, by	me, from the ar	nimal described below.	
101011 2 4 4 10114 0 101	ETERINARIAN Jessica Gaska DVM 2025-01-17 13:45:07	CST				

11. REGISTERED NAME Don

15. GENDER Neutered/Castrated Male

1	1			
	A			D . "
			4	
		100		

9. TUBE NUMBER 103355626-4

13. BREED OR SPECIES Percheron



10. TAG/TATTOO/BRAND NUMBER

14. AGE OR DOB 2017-01-08

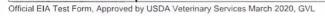
None



12. COLOR / COAT OR HAIR COLOR(S) Black

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		UCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY			
FOR LABORATORY USE ONLY									
23. LABORATORY Msconsin Veterinary Diagnostic Lab-Barron	24. DATE SAMPLE RECEIVED 25. DATE RESULTS REPORTED 2025-01-22 25. DATE RESULTS REPORTED Negative 27. TEST TYPE USED ELISA								
P O Box 97 1521 E Guy Avenue 3arron, WI 54812 Phone: 715-637-3151	28. LABORATORY REMA	ARKS							

Patricia Cuppini Cupper 2025-01-23 14:20:20 CST No







1. LAB/ACCESSION NUMBER						4. REASON FOR TESTING	
B250220048	2025-01-17		ELISA		Interstate movement		
5. CURRENT HOME PREMISES OF EQUINE MARKET	: RANCH / FARM / STABLE /	7. NAME & ADDRESS OF OWNER		8. NAME & ADDRESS OF VETERINARIAN			
Lynn Isensee		Lynn Isensee			n Veterinary Clinic		
30321 State Highway 27		30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614		Jessica Gaska DVM 406 South Street Cashton, WI 54619			
Cashton, WI 54619 Phone: 6086060614							
PIN/LID: / 6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Monroe		PIN/LID: /		Phone: 6086545284			
				VETERINAR 088971	VETERINARIAN NATIONAL ACCREDITATION NUMBER 088971		
CERTIFICATION OF FEDERALLY ACCREDIT I certify I am a category II federally accredited		state where the	sample was obtained, by me	e, from the ani	mal described be	elow.	
SIGNATURE OF FEDERALLY ACCREDITED	VETERINARIAN						
Justia S. Daska, DVM	Jessica Gaska DVM 2025-01-17 13:45:06	CST					
HORSE							
9. TUBE NUMBER	10. TAG/TATTO	OO/BRAND	11. REGISTERED NAM	E	12. COLOR / COAT OR HAIR COLOR(S)		
102028122-6	NUMBER None	Sal		Black			
13. BREED OR SPECIES		14. AGE OR DOB			16. MICROCHIP, BREED, OR REGISTRATION		
Percheron Horse	2006-02-01		Gelding		NUMBER None		
				1		The second second	
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:	20. RIGHT FORELIMB: None			
21. LEFT HINDLIMB: White coronet			22. RIGHT HINDLIMB:	None			
RABIES VACCINATION							
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATIO	N DATE	ADMINISTERED BY	
FOR LABORATORY USE ONLY							
23. LABORATORY	24. DATE SAMPLE RECE 2025-01-22	IVED 25. DA 2025-	ATE RESULTS REPORTED	26. OFFICIA Negative	AL RESULT	27. TEST TYPE USED ELISA	
Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97			OT-53	Negative		LEISA	
1521 E Guy Avenue Barron, WI 54812 Phone: 715-637-3151	28. LABORATORY REMA	RKS					

30. INTERIM RESULT REFERRED FOR CONFIRMATION

Cuppin 2025-01-23 14:20:22 CST Official EIA Test Form, Approved by USDA Veterinary Services March 2020, GVL

Patricia Cuppini

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN





1. LAB/ACCESSION NUMBER B250220048	2. DATE BLOC 2025-01-17	D DRAWN	3. TEST REQUESTED		ON FOR TESTING e movement		
MARKET Lynn Isensee 30321 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 Jessica Gaska DVM 406 South Street Cashton, WI 54619 Phone: 6086545284 VETERINARIAN NATIONAL ACCREDITATION NUMBER 088971			
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Monroe							
CERTIFICATION OF FEDERALLY ACCREDIT I certify I am a category II federally accredited v		state where the	sample was obtained, by me	e, from the animal descr	ibed below.		
HORSE 9. TUBE NUMBER 102028124-6	2025-01-17 13:45:05 10. TAG/TATT NUMBER None		11. REGISTERED NAM Count	E 12. COL Black	OR / COAT OR HAIR COLOR(S)		
13. BREED OR SPECIES Percheron	14. AGE OR DOB 2011-02-01		15. GENDER Gelding		16. MICROCHIP, BREED, OR REGISTRATION NUMBER		
NARRATIVE DESCRIPTION: None			OTHER MARKS AND B	PANIDS: No marking			
17. HEAD: Star			OTHER MARKS AND BRANDS: No marking 18, NECK AND BODY: No marking				
19. LEFT FORELIMB: None			20. RIGHT FORELIMB:				
21. LEFT HINDLIMB: None			22. RIGHT HINDLIMB:				
RABIES VACCINATION							
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY		
FOR LABORATORY USE ONLY							
CIT EADORATORT COL CITE			TE DECLUITO DEDOCTED	26. OFFICIAL RESUL	T 07 7507 7 155 11050		
23. LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron	24. DATE SAMPLE RECE 2025-01-22	25. DA 2025-0	ATE RESULTS REPORTED 01-23	Negative Negative	.T 27. TEST TYPE USED ELISA		

29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN

Cuppin 2025-01-23 14:20:21 CST 30. INTERIM RESULT REFERRED FOR CONFIRMATION No

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

