

License Number _____

License Fee \$ _____

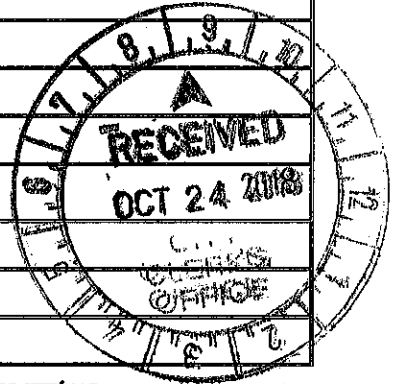
License Issued _____

Invoice # _____

CITY OF LA CROSSE APPLICATION FOR HORSE-DRAWN VEHICLE

License Period: January 1st, 2019 to December 31st, 2019

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	██████████
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 <input checked="" type="checkbox"/>
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 10-15-18

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

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 AN 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.: **CPG 1005472**
 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 1/23/2018 Expires: 12:01 AM 1/23/2019

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
W7355	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: December 27, 2017
 Authorized Representative:

Linda Lestman

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

SERIAL NO.

U 976941

1. ACCESSION NUMBER

01573

2. DATE BLOOD DRAWN

1-15-18

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	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 7414-50	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	ZIP Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) Lynn T Sease 30321 Hwy 27 Cashton, WVT		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Nora McLoughlin, U.M.D., Cashton Vet Clinic 106 South St Cashton, WVT	
Tel No. 608-654-0614 County Monroe		Tel No. 608-654-3284 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.

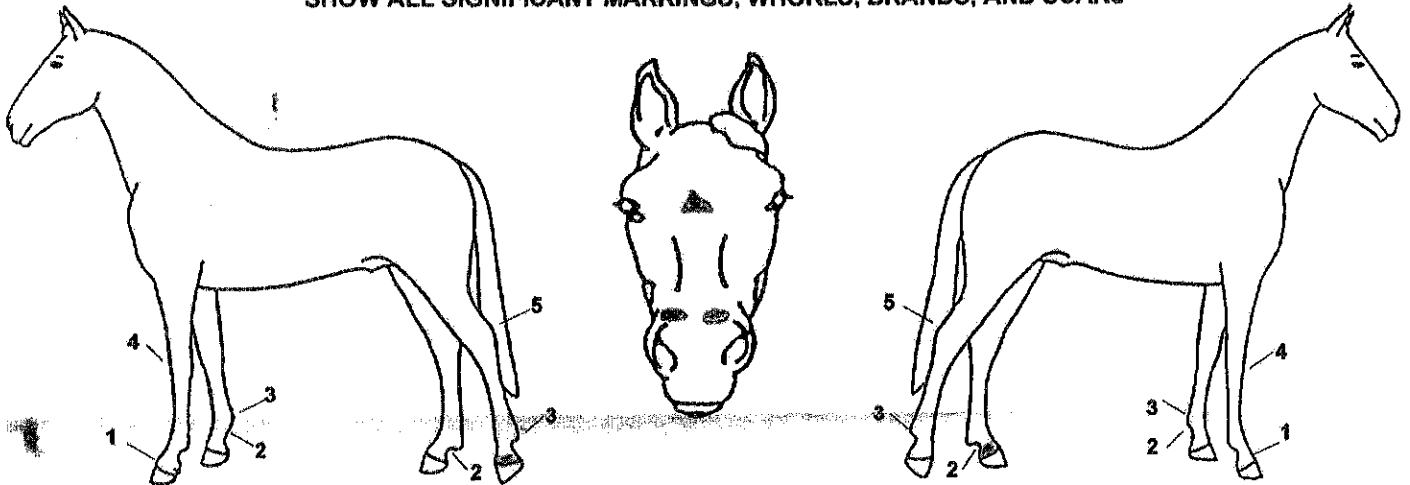
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>Nora McLoughlin</i>	11. TYPE OR PRINT SIGNATURE NAME NORA MCLOUGHLIN	12. SIGNATURE DATE 1/15/18
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CERTIFICATION OF OWNER OR OWNER'S AGENT

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>Lynn T Sease</i>				14. TYPE OR PRINT SIGNATURE NAME Lynn T Sease			15. SIGNATURE DATE 1/15/18		
16. Tube No. (4)	17. Official Tag	18. Tattoo/Brand SAL	19. Name of Horse	20. Color Black	21. Breed Percheron	22. Electronic I.D. No.	23. Age or DOB 1-1-16	24. Sex G	M - Male F - Female G - Gelding SF - Spayed Female

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	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Coronet	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE SAMPLE TESTED AT VI VETERINARY DIAGNOSTIC LABORATORY - BARRON	32. DATE RECEIVED 1/18/18	33. DATE REPORTED OUT 1/18/18	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 <i>[Signature]</i>		36. REMARKS <i>[Signature]</i>	

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).

30 JUN 18/18

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 556.16)	SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
	U 963700	01573	1-15-18

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"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SAME AS OWNER	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 7414-50		ZIP Code Tel No. County	
8. NAME AND ADDRESS OF OWNER (Please print or type) LYAN T SEASE 36321 Hwy 27 Cashton, WI Tel No. 608-666-0614		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Dr. Nova McLaughlin, VMD, Cashton Vet Clinic 106 South St. Cashton, WI Tel No. 608-650-6284	
ZIP Code 53619 County Monroe		ZIP Code 53619 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.

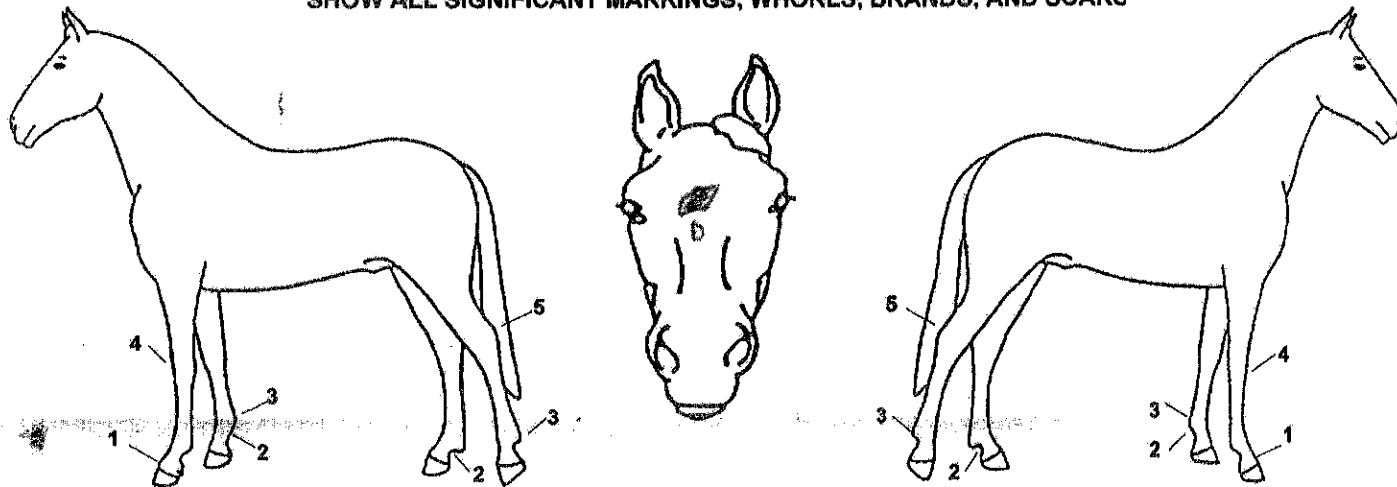
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>Nova McLaughlin VMD</i>	11. TYPE OR PRINT SIGNATURE NAME NOVA MCLAUGHLIN VMD	12. SIGNATURE DATE 7/15/18
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CERTIFICATION OF OWNER OR OWNER'S AGENT

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>Lyan Sease</i>				14. TYPE OR PRINT SIGNATURE NAME Lyan Sease			15. SIGNATURE DATE 7/15/18		
16. Tube No. ②	17. Official Tag	18. Tattoo/Brand COUNT	19. Name of Horse COUNT	20. Color Black	21. Breed Barbican	22. Electronic I.D. No.	23. Age or DOB 7yc	24. Sex G	M - Male F - Female G - Gelding SP - Spayed Female

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Star & Swirl</i>	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 - BARRON 1-800-771-8307	32. DATE RECEIVED 7/18/18	33. DATE REPORTED OUT 7/18/18	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>	

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).

10/23

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 556.16)	SERIAL NO. U 976937	1. ACCESSION NUMBER 01574	2. DATE BLOOD DRAWN 1-15-18
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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"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Wally Hammerbach 510206A Kelbel Rd Cashton, ME ZIP Code 54619 Tel No. 608-654-7729 County	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 7444-50	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Nora McLaughlin, VMD 1106 South St Cashton, ME ZIP Code 54619 Tel No. 608-654-5284 County Montpelier
8. NAME AND ADDRESS OF OWNER (Please print or type) Lori Hammerbach 51301 Union Ridge Rd Westby, WI ZIP Code 54687 Tel No. 608-778-1407 County Valdres		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Nora McLaughlin, VMD 1106 South St Cashton, ME ZIP Code 54619 Tel No. 608-654-5284 County Montpelier	

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>Nora McLaughlin VMD</i>	11. TYPE OR PRINT SIGNATURE NAME Nora McLaughlin VMD	12. SIGNATURE DATE 1/15/18
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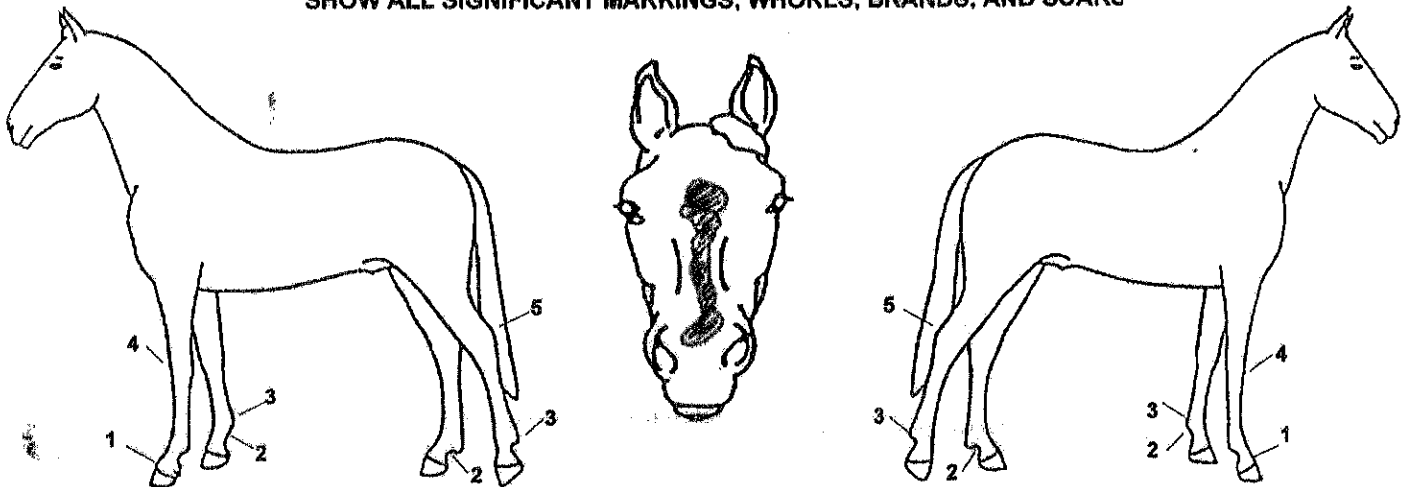
CERTIFICATION OF OWNER OR OWNER'S AGENT

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>Lori Hammerbach</i>	14. TYPE OR PRINT SIGNATURE NAME Lori Hammerbach	15. SIGNATURE DATE 1/15/18
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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	25. M - Male F - Female G - Gelding SF - Spayed Female
(5)		KOY		Black	Peccheroni		1/1/16	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 VI VETERINARY DIAGNOSTIC LABORATORY - BARRON 1-800-771-8107	32. DATE RECEIVED 1-18-18	33. DATE REPORTED OUT 1/18/18	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 [Blank]	

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).

6/3/18 1/18/18
JH

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. U 963699	1. ACCESSION NUMBER 01574	2. DATE BLOOD DRAWN 1-15-18
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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"/> Retest <input type="checkbox"/> Export <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Wally Hemmersbach 61226 A Keibel Rd Cashota, WI ZIP Code 54619 Tel No. 608-654-7729 County	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 7411-50	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Nora McLaughlin, VMD, Cashota Vet Clinic 406 South St Cashota, WI ZIP Code 54619 Tel No. 608-654-5284 County
8. NAME AND ADDRESS OF OWNER (Please print or type) Lori Hemmersbach 51301 Wang Ridge Rd Westby, WI ZIP Code 54667 Tel No. 608-778-4017 County VERONA		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Nora McLaughlin, VMD, Cashota Vet Clinic 406 South St Cashota, WI ZIP Code 54619 Tel No. 608-654-5284 County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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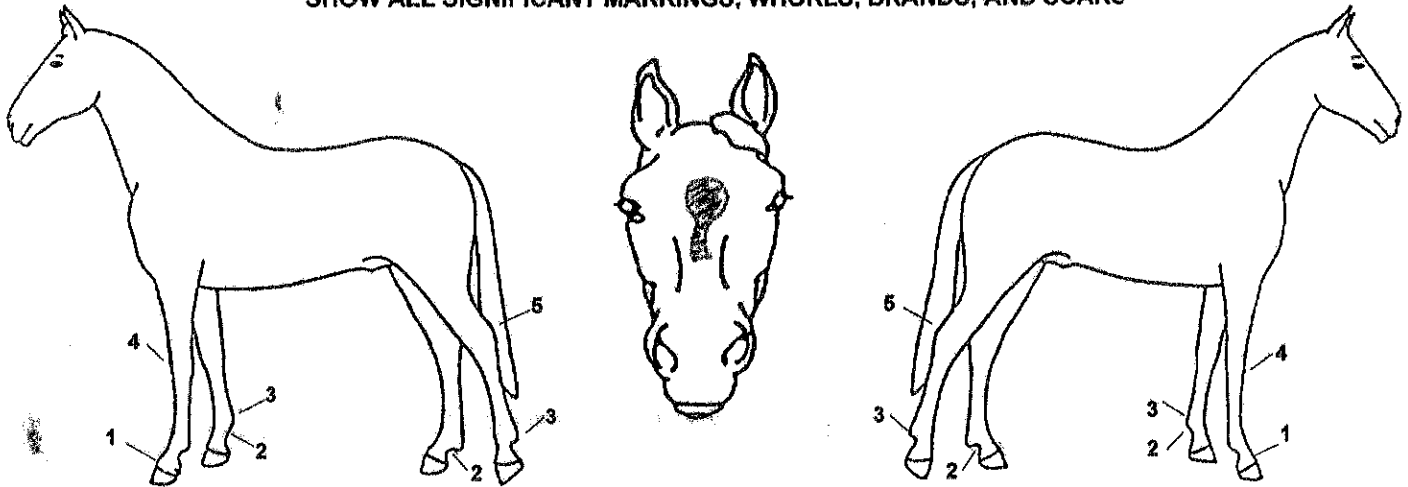
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>Nora McLaughlin VMD</i>	11. TYPE OR PRINT SIGNATURE NAME NORA MCLAUGHLIN VMD	12. SIGNATURE DATE 1/15/18
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CERTIFICATION OF OWNER OR OWNER'S AGENT

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>Lori Hemmersbach</i>				14. TYPE OR PRINT SIGNATURE NAME Lori Hemmersbach				15. SIGNATURE DATE 1/15/18			
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"/> Gelding SF-Spayed Female	
①			DUSTY		Black	Parchment		11/01/11	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 Star	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 VI VETERINARY DIAGNOSTIC LABORATORY - GARRON 1-800-771-8387	32. DATE RECEIVED 1-18-18	33. DATE REPORTED OUT 1/15/18	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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