

License Number _____
 License Issued _____

Cust # 9415
 License Fee 50.00
 Receipt # 131071

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	CITY OF LA CROSSE, WI General Billing - 131071 - 2015 002292-0008 Tara F. 11/03/2015 10:09AM 9415 - CINDERELLA CARRIAGES LLC Payment Amount: 50.00
BUSINESS ADDRESS	30321 State Hwy 27 Cashton WI 54619	
BUSINESS TELEPHONE	608-606-0614	
OWNER(S) NAME	Lynn Katherine Hammersbach I sensee	
OWNER(S) DATE OF BIRTH	██████████	
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 815535
POLICY LIMITS	1,000,000 each 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 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	1 hr - \$90 1/2 hr - \$55
NUMBER OF VEHICLES TO BE LICENSED	3

DESCRIPTION OF VEHICLES, including		
• number of persons each vehicle is designed to carry	• leg reflectors used on horses during evening hours	
• 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 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.

- 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.

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 I sensee DATE 10-26-15

LICENSE [] APPROVED [] DENIED
 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 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 815535**
 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 1/23/2015

Expires: 12:01 AM 1/23/2016

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.

Exposure Code

W7343
 W7356

Exposure (Activity Description)

Commercial Maximum Usage Horses
 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: November 11, 2015
 Authorized Representative:



Western World Insurance Co.

Tudor Insurance Co.

Stratford Insurance Co.

GENERAL CHANGE ENDORSEMENT

Attaching to and forming a part of:

Policy #: PGP0815535

Effective Date of Policy: 01/23/2015

Endorsement #: 2

Effective Date of Endorsement: 11/09/2015

Insured: Cinderella Carriage, LLC

Additional Premium \$ 0

Return Premium \$ 0

The following change(s) is/are made in this policy:

Additional Insured adder per attached WW180 (03/10)

Dated: 11/11/15 VANESSA@

Agent No. 00493

Linda Liestman

Authorized Agent

This Endorsement Modifies Your Policy
(Effective At Inception Unless Another Date Shown Below)

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The insurance afforded by this policy for "bodily injury," "property damage" and/or "personal and advertising injury" shall also apply to the "additional insured" listed below for claims, suits, and/or damages made against the "additional insured," but only to the extent the "additional insured" is being held responsible for the acts, omissions and/or negligence of the "named insured."

This insurance afforded shall not apply to claims, suits and/or damages arising out of the acts, omissions and/or negligence of the "additional insured(s)."

The inclusion of the "additional insured(s)" shall not operate to increase the Limits of Insurance.

To the extent, if any, that this policy affords coverage to an "additional insured," the "additional insured" is subject to all of the terms of the policy.

Our obligation to provide coverage to an "additional insured" is further limited by the interest of the "additional insured" as defined below.

Interest of the Additional Insured(s) Defined:

INSURED OPERATES ON GOVERNMENT (ADDITIONAL INSURED) LAND BY WRITTEN
PERMIT OR LICENSE.

For the purpose of this endorsement, the "named insured" is the person(s) and/or party(ies) designated on the Declarations Page of the policy or on any endorsement. The "additional insured" is the person(s) and/or party(ies) identified below.

Identity of Additional Insured(s):

City of LaCrosse
400 LaCrosse Street
LaCrosse WI 54601

(Complete this section if endorsement is added after policy is issued.)		
<u>PGP0815535</u> Policy Number	<u>2</u> Endorsement Number	<u>11/09/2015</u> Endorsement Effective Date
_____ Signature of Authorized Representative	<u>493</u> Producer Number	

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

SERIAL NO. **T 0235682**
1. ACCESSION NUMBER **02262**
2. DATE BLOOD DRAWN **1-23-15**

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
 Market Change of Ownership Show First Test Retest Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)
 LAT: _____ LONG: _____

5. VETERINARY LICENSE OR ACCREDITATION NO. **5116**

6. TEST TYPE
 ELISA AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
Same
 ZIP Code _____
 Tel No. _____ County _____

8. NAME AND ADDRESS OF OWNER (Please print or type)
Wally & Kathy H. ...
Elizabeth Keller Rd
Cashport, VA
 ZIP Code **CA119**
 County **VA**
 Tel No. **609-659-7729**

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
Dr. John L. WAVE DVM
Agg. South St
... VA
 ZIP Code **CA119**
 County **VA**
 Tel No. **719-154-8740**

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
[Signature]

11. TYPE OR PRINT SIGNATURE NAME
John L. WAVE DVM

12. SIGNATURE DATE
1-23-15

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.

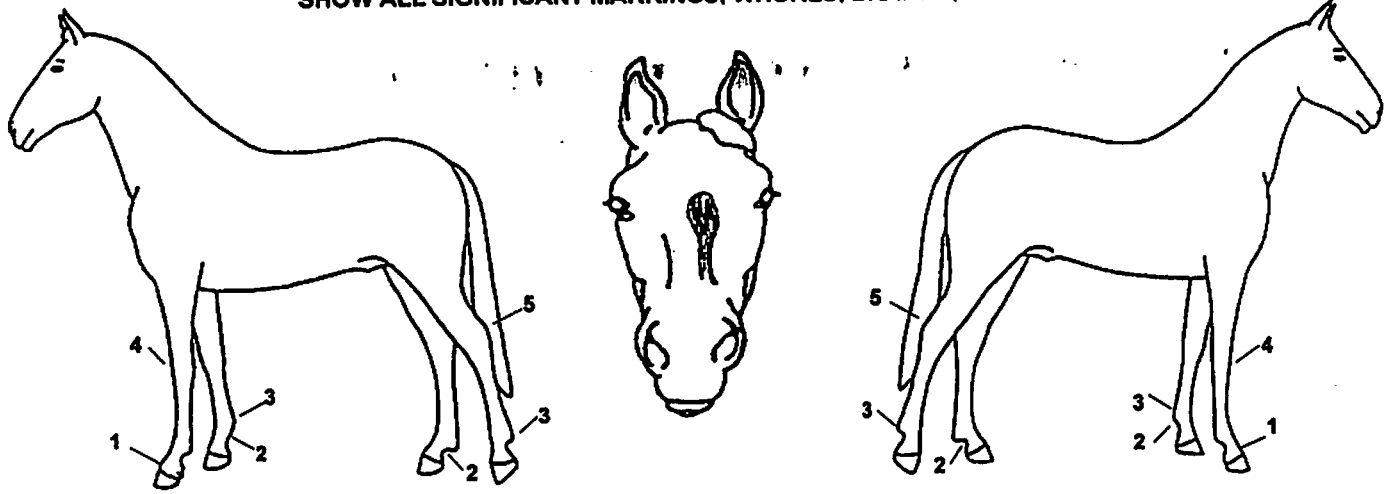
13. SIGNATURE OF OWNER OR OWNER'S AGENT
[Signature]

14. TYPE OR PRINT SIGNATURE NAME
Scott Sanders

15. SIGNATURE DATE
1-23-15

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 SF - Spayed Female
4			Misty	Blk	...		1/1/...	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 VET. VETERINARY DIAGN. & IC LABORATORY - ... 1-800-771-0...	32. DATE RECEIVED 1-27-15	33. DATE REPORTED OUT 1/27/15	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 ...	

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. T-0235685	1. ACCESSION NUMBER 02262	2. DATE BLOOD DRAWN 1-23-15
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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) ZIP Code Tel No. County		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 5116	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		
8. NAME AND ADDRESS OF OWNER (Please print or type) Wally & Kathy Hummelbach 6100 N. Volker Rd Coshocton, WI ZIP Code 54619 Tel No. 608-654-7774 County VERMILION		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Tobias L. Weber, DVM 406 Smith St. Coshocton, WI ZIP Code 54619 Tel No. 608-654-5299 County MILWAUKEE		

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>[Signature]</i>	11. TYPE OR PRINT SIGNATURE NAME Tobias L. Weber, DVM	12. SIGNATURE DATE 1-23-15
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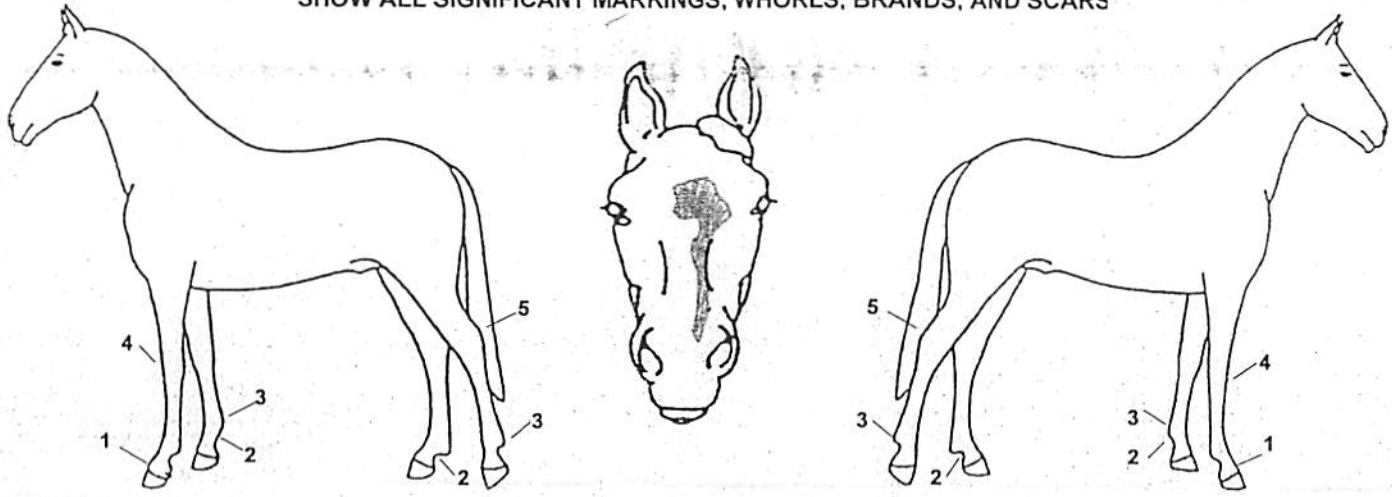
CERTIFICATION OF OWNER OR OWNER'S AGENT

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>[Signature]</i>	14. TYPE OR PRINT SIGNATURE NAME Scott Sanders	15. SIGNATURE DATE 1-23-15
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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 <input checked="" type="checkbox"/> G - Gelding SF - Spayed Female
7			ROY	BRK	Perch		1/16/15	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 WI VETERINARY DIAGNOSTIC LABORATORY - BARPOW 1-800-771-0300	32. DATE RECEIVED 1-27-15	33. DATE REPORTED OUT 1/27/15	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 	

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. **T 0235686** 1. ACCESSION NUMBER **02262** 2. DATE BLOOD DRAWN **1-23-15**

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 Market Change of Ownership Show First Test Retest Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG: 5. VETERINARY LICENSE OR ACCREDITATION NO. **5111** 6. TEST TYPE ELISA AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) **Same** ZIP Code County Tel No.

8. NAME AND ADDRESS OF OWNER (Please print or type) **Wally & Kathy Williams** ZIP Code **GA 31104** County **Walker** Tel No. **706-654-7724**

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) **John L. Weber DVM** ZIP Code **GA 31104** County **Walker** Tel No. **706-654-7724**

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 **John L. Weber** 11. TYPE OR PRINT SIGNATURE NAME **John L. Weber** 12. SIGNATURE DATE **1-23-15**

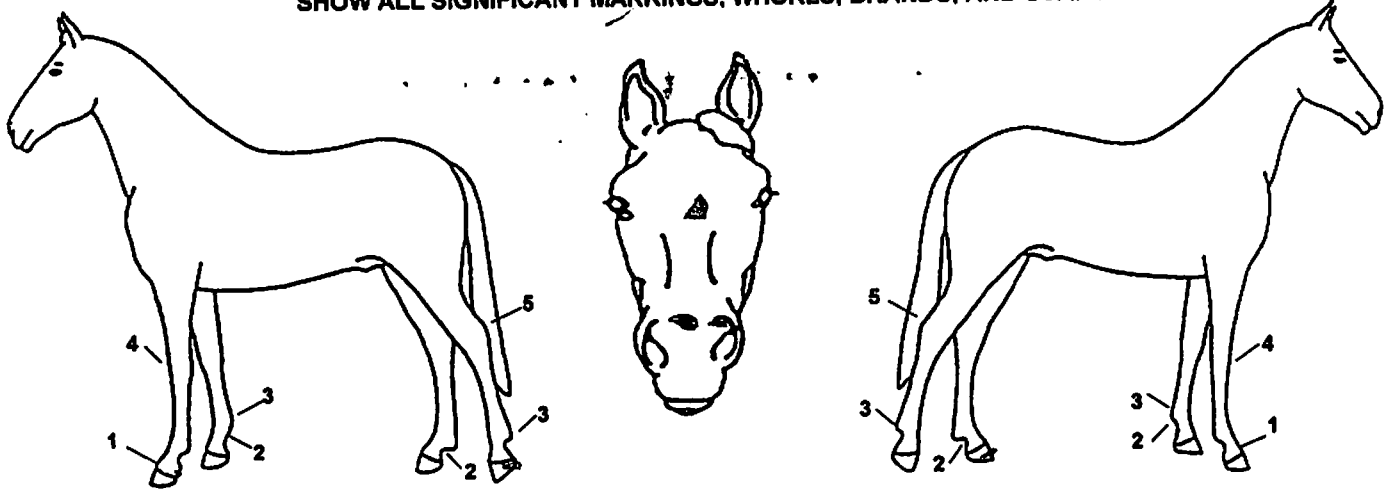
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 **[Signature]** 14. TYPE OR PRINT SIGNATURE NAME **Wally Williams** 15. SIGNATURE DATE **1-23-15**

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
8			SAL	Black	Warmblood		1/10/15	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 **None**

27. LEFT FORELIMB **None** 28. RIGHT FORELIMB **None**

29. LEFT HINDLIMB **Coronet** 30. RIGHT HINDLIMB **None**

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE **SAMPLE TESTED AT WALKER VETERINARY CLINIC LABORATORY - WALKER GA 31104**

32. DATE RECEIVED **1-27-15** 33. DATE REPORTED OUT **1/17/15** 34. TEST RESULTS Negative Positive AGID ELISA

35. SIGNATURE OF TECHNICIAN **[Signature]** 36. REMARKS **[Signature]**

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).