

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

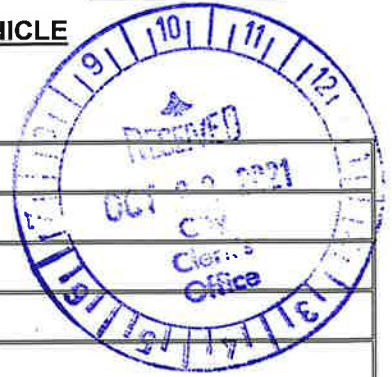
License Fee \$ \_\_\_\_\_

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

Invoice # \_\_\_\_\_

**CITY OF LA CROSSE APPLICATION FOR HORSE-DRAWN VEHICLE**

License Period:



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 (First, Full Middle, Last)	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	<del>Tudor Insurance Company</del> Brace 9462 on behalf of Beat Synid cate 4242
POLICY NUMBER	<del>CPG 1005472</del> B05721F 20AA05 RFG00081 Llay's of London
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"> <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//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 10-6-21

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**  
 Horsemen of North America Safety Control Risk Purchasing Group  
 Administrative Office: Ark Agency  
 310 Washburne Ave., Box 223  
 Paynesville, MN 56362

Policy No.: **B0572IF20AA05 RPG000081**  
 LOCATIONS (if other than mailing address)

**NAME AND ADDRESS OF INSURED**  
**Cinderella Carriage, LLC**  
 30321 State Hwy 27  
 Cashton, WI 54619

**COMPANY:** **Brace 9462 on behalf of Beat Syndicate 4242, Lloyd's of London**  
 Effective: 12:01 AM 1/23/2021 Expires: 12:01 AM 1/23/2022

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: \$5,000 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  
 B 03  
 G 01c

Exposure (Activity Description)  
 Commercial Maximum Usage Horses  
 Horse Drawn Vehicle Rides, City and Rural

**EXCLUSIONS**

As per policy contract.

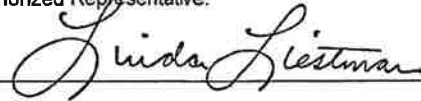
**CANCELLATION:**

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 St.  
 LaCrosse WI 54601

Date Issued: January 15, 2021  
 Authorized Representative:



**FORM SERIAL NUMBER  
EIA-16600804**



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER B21-00956		2. DATE BLOOD DRAWN 2021-01-08		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 2021-01-08 11:25:27 -06:00					
HORSE					
9. TUBE NUMBER 102028122-2		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:			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 2021-01-12	25. DATE RESULTS REPORTED 2021-01-12	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
		28. LABORATORY REMARKS			
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Terra Nosbush 2021-01-12 14:43:19 -06:00			30. INTERIM RESULT REFERRED FOR CONFIRMATION No		

**FORM SERIAL NUMBER  
EIA-16600805**



**GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST**

<b>1. LAB/ACCESSION NUMBER</b> B21-00956	<b>2. DATE BLOOD DRAWN</b> 2021-01-08	<b>3. TEST REQUESTED BY VET</b> ELISA	<b>4. REASON FOR TESTING</b> Within state use / annual
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<b>5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET</b> Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /	<b>7. NAME &amp; ADDRESS OF OWNER</b> Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /	<b>8. NAME &amp; ADDRESS OF VETERINARIAN</b> Cashton Veterinary Clinic Andrew Mason 406 South Street Cashton, WI 54619 Phone: 6086545284
<b>6. COUNTY OF CURRENT HOME PREMISES OF EQUINE</b> Monroe	<b>VETERINARIAN NATIONAL ACCREDITATION NUMBER</b> 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**  
2021-01-08 11:25:28 -06:00

**HORSE**

<b>9. TUBE NUMBER</b> 102028124-2	<b>10. TAG/TATTOO/BRAND NUMBER</b> None	<b>11. REGISTERED NAME</b> Count	<b>12. COLOR / COAT OR HAIR COLOR(S)</b> Black
<b>13. BREED OR SPECIES</b> Percheron	<b>14. AGE OR DOB</b> 2011-02-01	<b>15. GENDER</b> Gelding	<b>16. MICROCHIP, BREED, OR REGISTRATION NUMBER</b> None




<b>NARRATIVE DESCRIPTION:</b>	<b>OTHER MARKS AND BRANDS:</b> No marking
<b>17. HEAD:</b> Star	<b>18. NECK AND BODY:</b> No marking
<b>19. LEFT FORELIMB:</b> None	<b>20. RIGHT FORELIMB:</b> None
<b>21. LEFT HINDLIMB:</b> None	<b>22. RIGHT HINDLIMB:</b> None

**RABIES VACCINATION**

TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
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**FOR LABORATORY USE ONLY**

<b>23. LABORATORY</b> Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 1521 E Guy Avenue Barron, WI 54812 Phone: 715-637-3151	<b>24. DATE SAMPLE RECEIVED</b> 2021-01-12	<b>25. DATE RESULTS REPORTED</b> 2021-01-12	<b>26. OFFICIAL RESULT</b> Negative	<b>27. TEST TYPE USED</b> ELISA
<b>28. LABORATORY REMARKS</b>				

<b>29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN</b>  <b>Terra Nosbush</b> 2021-01-12 14:43:20 -06:00	<b>30. INTERIM RESULT REFERRED FOR CONFIRMATION</b> No
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**FORM SERIAL NUMBER  
EIA-16600806**








GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER B21-00956		2. DATE BLOOD DRAWN 2021-01-08		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 Cashlon, WI 54619 Phone: 6086060614 PIN/LID: /		7. NAME & ADDRESS OF OWNER Lynn Isensee 30321 State Highway 27 Cashlon, WI 54619 Phone: 6086060614 PIN/LID: /		8. NAME & ADDRESS OF VETERINARIAN Cashlon Veterinary Clinic Andrew Mason 406 South Street Cashlon, 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 2021-01-08 11:25:29 -06:00					
HORSE					
9. TUBE NUMBER 102220187-2		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:			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 2021-01-12	25. DATE RESULTS REPORTED 2021-01-12	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
28. LABORATORY REMARKS					
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Terra Nosbush 2021-01-12 14:43:22 -06:00			30. INTERIM RESULT REFERRED FOR CONFIRMATION No		



**FORM SERIAL NUMBER  
EIA-16600807**



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER B21-00956		2. DATE BLOOD DRAWN 2021-01-08		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 2021-01-08 11:25:30 -06:00					
HORSE					
9. TUBE NUMBER 103355626-0		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:			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
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 2021-01-12	25. DATE RESULTS REPORTED 2021-01-12	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
		28. LABORATORY REMARKS			
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN  Terra Nosbush 2021-01-12 14:43:21 -06:00			30. INTERIM RESULT REFERRED FOR CONFIRMATION No		