

Cust # 9415

License Number _____

License Fee 50.00

License Issued _____

Receipt # 120553

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
OWNER(S) DATE OF BIRTH	██████████
OWNER(S) ADDRESS	30321 State Hwy 27 Cashton WI 54619
OWNER(S) HOME TELEPHONE	608-606-0614

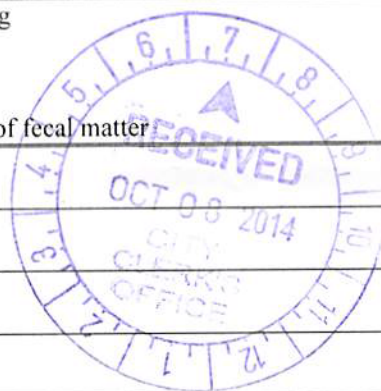
- HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? [] YES [] NO
- HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? [] YES [] NO
- IF EITHER ANSWER IS YES, INCLUDE NATURE OF THE OFFENSE AND PLACE OF CONVICTION (use reverse side, if necessary)

INSURANCE CARRIER	Ark Agency - Tudor Insurance Company
POLICY NUMBER	PGP 797196
POLICY LIMITS	\$2,000,000

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.

METHOD OF CHARGING	Metered Rates ___ Zone Rates ___ Vehicle Rental Rate <u>X</u>
SCHEDULE OF RATES	1 hr - \$90 1/2 - \$55
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-à-vis Carriage 4 ⁶ passenger Lights and slowing moving vehicle sign Bun Bag
Vehicle #2	White Vis-à-vis Carriage 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 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 Hemmersbach

DATE 10-6-14

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____

DATE _____

CITY OF LA CROSSE, WI
General Billing - 120553 - 2014
001136-0059 Paula G. 10/08/2014 10:00AM
9415 - CINDERELLA CARRIAGES LLC

Payment Amount: 50.00

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. S 1043858	1. ACCESSION NUMBER 01765	2. DATE BLOOD DRAWN 1-17-14
---	--------------------------------	-------------------------------------	---------------------------------------

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) <div style="text-align: center; font-size: 2em; font-weight: bold;">SAME</div>
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____	5. VETERINARY LICENSE OR ACCREDITATION NO. <div style="font-size: 1.5em; font-weight: bold;">2077</div>
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) Wally & Kathy Hemmersbach Elizabetta Kelbel Rd. Cashton, WI Zip Code 54619 Tel No. 608-654-7729 County _____	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) James A Hartman, DVM, Cashton Vet Clinic 1406 South St. Cashton, WI Zip Code 54619 Tel No. 608-654-5384 County Dane

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 James A Hartman, DVM	12. SIGNATURE DATE 1-17-14
--	---	--------------------------------------

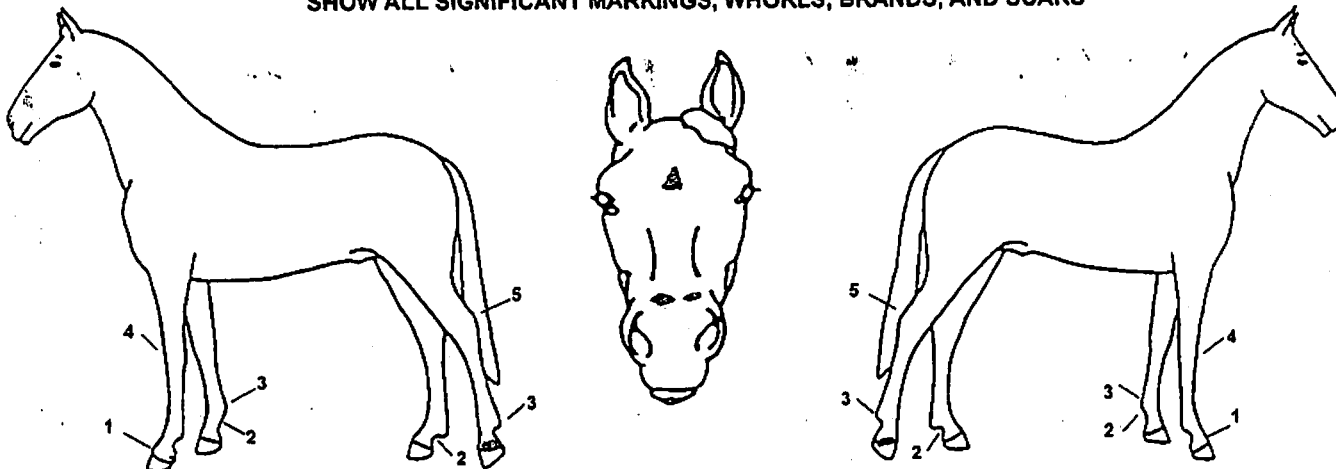
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 Scott Sirders	15. SIGNATURE DATE 1-17-14
---	--	--------------------------------------

16. Tube No.	17. Official Tag No.	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 N - Neuter
(2)			SAL	Bk	Perch.		1/1/04	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 nose markings white
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 M7 VETERINARY DIAGNOSTIC LABORATORY - DAPPON 1-800-771-2189	32. DATE RECEIVED 1-23-14	33. DATE REPORTED OUT 1/23/14	34. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN 		35. 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).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. S 1043856	1. ACCESSION NUMBER 01765	2. DATE BLOOD DRAWN 1-17-14
---	--------------------------------	-------------------------------------	---------------------------------------

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) <div style="font-size: 2em; text-align: center; margin-top: 20px;">SAME</div>
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <div style="font-size: 1.5em; text-align: center;">2077</div>
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Tel No. _____ County _____
8. NAME AND ADDRESS OF OWNER (Please print or type) Wally's Kathy Hemmersbach Elizabetta Kelbel Rd Cashton, WI Zip Code 53619 Tel No. 608-654-7779 County _____	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Dr James A. Hartman, D.V.M., Cashton Vet Clinic 406 South St Cashton, WI Zip Code 53619 Tel No. 608-654-5284 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 	11. TYPE OR PRINT SIGNATURE NAME James A. Hartman, D.V.M.	12. SIGNATURE DATE 1-17-14
--	---	--------------------------------------

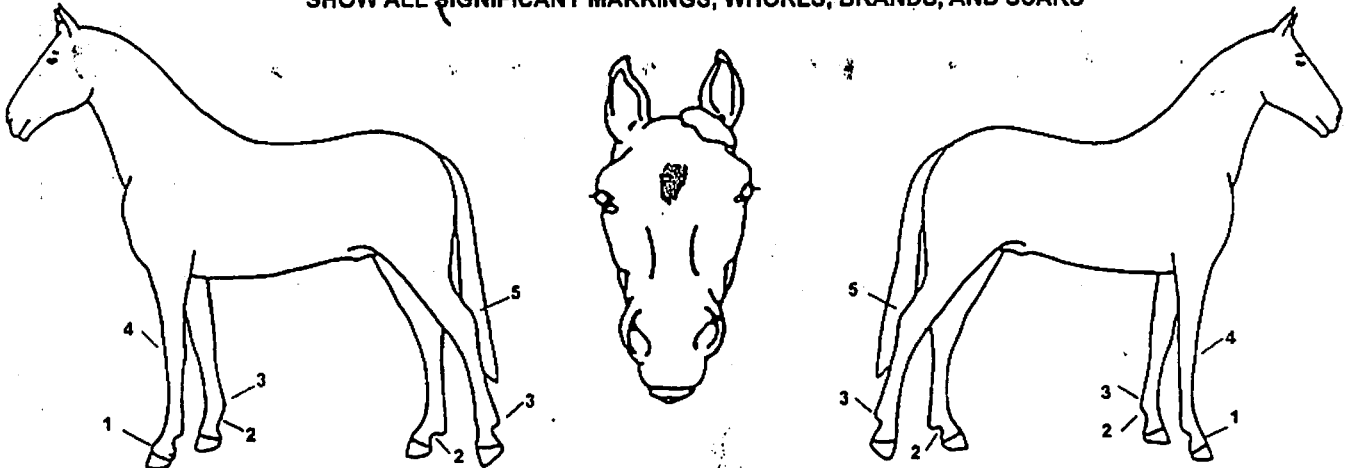
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 Scott Sanders	15. SIGNATURE DATE 1-17-14
---	--	--------------------------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male <input checked="" type="checkbox"/> F - Female G - Gelding N - Neuter
4			JAZZY	BK	PERCH		1/1/03	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 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 SAMPLE TESTED AT WI VETERINARY DIAGNOSTIC LABORATORY - BARFON 1-800-771-6187	32. DATE RECEIVED 1-23-14	33. DATE REPORTED OUT 1/23/14	34. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN 			35. 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).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **S 1043857** 1. ACCESSION NUMBER **01765** 2. DATE BLOOD DRAWN **1-17-14**

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	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 2077	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	8. NAME AND ADDRESS OF OWNER (Please print or type) Wally & Kathy Heammersbach 610266A Kelbel Rd. Cashton, WI Tel No. 608-2511-7729
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) James A Hartman, DVM, Cashton Vet Clinic 106 South St Cashton, WI Tel No. 608-654-5284		Zip Code 54619	County Manitowish

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>James A Hartman, DVM</i>	11. TYPE OR PRINT SIGNATURE NAME James A Hartman, DVM	12. SIGNATURE DATE 1-17-14
---	---	--------------------------------------

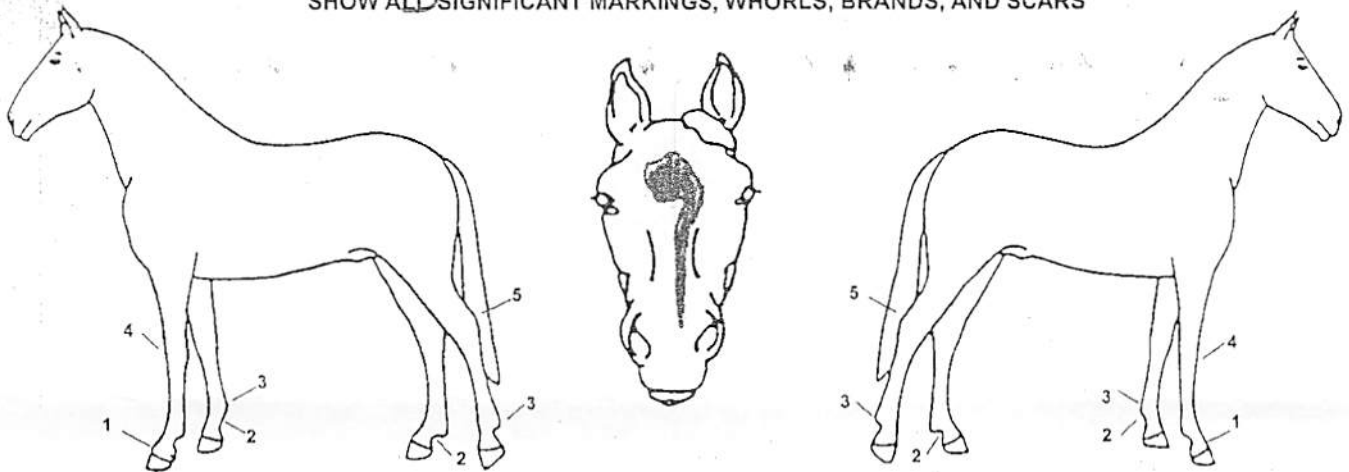
CERTIFICATION OF OWNER OR OWNER'S AGENT

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 1-17-14
---	--	--------------------------------------

16. Tube No. (3)	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse Roy	20. Color Blk	21. Breed Perch	22. Electronic I.D. No.	23. Age or DOB 1/16	24. Sex G	M - Male F - Female G - Gelding N - Neuter
-------------------------	----------------------	------------------	---------------------------------	-------------------------	---------------------------	-------------------------	-------------------------------	---------------------	--

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

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 - DAPPON 1-800-271-8357	32. DATE RECEIVED 1-23-14	33. DATE REPORTED OUT 1/23/14	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN <i>[Signature]</i>		35. 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).

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 797196
 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 1/23/2014 Expires: 12:01 AM 1/23/2015

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 - Promises/ 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
 B 03
 B 04
 G 01c

Exposure (Activity Description)
 Commercial Maximum Usage Horses
 Low Usage Horses
 Horse Drawn Vehicle Rides, City & 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 - Certificate Holder
 City of LaCrosse
 400 LaCrosse Street
 LaCrosse, WI 54601

Date issued: January 20, 2014
 Authorized Representative:

Linda Lettman



City of La Crosse

400 La Crosse Street
La Crosse, WI 54601-3396

Invoice

Invoice Date	Invoice No.
10/08/2014	120553
Customer Number	
9415	
Invoice Total Due	
\$	50.00

FOR/LOCATION
2015 HORSE DRAWN CARRIAGE

CINDERELLA CARRIAGES LLC
LYNN HEMMERSBACH
30321 STATE HIGHWAY 27
CASHTON, WI 54619

Description	Orig Bill	Adjusted	Paid	Amount Due
220 LICENSES MISCELLANEOUS	50.00	.00	.00	50.00
QTY 1.00 @ 50.00 PER EACH				

CITY OF LA CROSSE, WI
General Billing - 120553 - 2014
001136-0059 Paula G. 10/08/2014 10:00AM
9415 - CINDERELLA CARRIAGES LLC

Payment Amount: 50.00

INVOICE TOTAL DUE \$ 50.00

PLEASE MAKE CHECKS PAYABLE TO: CITY TREASURER
MAIL TO: CITY OF LA CROSSE TREASURER 400 LA CROSSE ST
LA CROSSE, WI 54601