

License Number _____

License Fee \$ 60.00

License Issued _____

Invoice # 168466

CITY OF LA CROSSE APPLICATION FOR HORSE-DRAWN VEHICLE

License Period: January 1st, 2020 to December 31st, 2020

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 <u>^</u>
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	<u>White Vis-a-vis Carriage // 4 Passenger // Lights and slowing moving vehicle sign // Bun Bag</u>
Vehicle #2	<u>White Cinderella Carriage // 6 passenger // Lights and slowing moving vehicle sign // Bun Bag</u>
Vehicle #3	<u>Red/Black Wagonette // 8-10 passenger // Lights and slow moving vehicle sign // Bun Bag</u>

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 10-25-19

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

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.: CPG 1071861 LOCATIONS (if other than mailing address)
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NAME AND ADDRESS OF INSURED Cinderella Carriage, LLC 30321 State Hwy 27 Cashton, WI 54619


COMPANY: Tudor Insurance Company Effective: 12:01 AM 1/23/2019	Expires: 12:01 AM 1/23/2020
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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 W7355 W7347	Commercial Maximum Usage Horses Horse Drawn Vehicle Rides, City and Rural Equine Prop Set-Up / Photography

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: January 2, 2019
 Authorized Representative:


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:




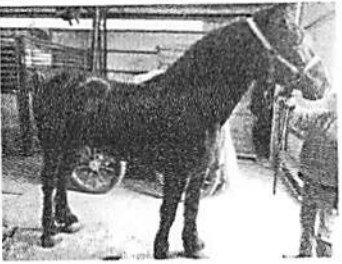
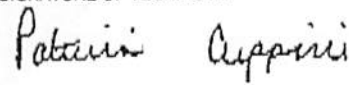
Insured operates on government (additional insured) land by written
permit or license.

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.



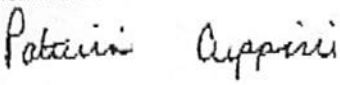
Identity of Additional Insured(s):

City of LaCrosse WI
400 LaCrosse Street
LaCrosse WI 54601

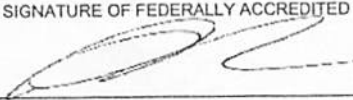



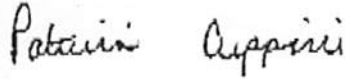
(Complete this section if endorsement is added after policy is issued.)		
_____ Policy Number	_____ Endorsement Number	_____ Endorsement Effective Date
_____ Signature of Authorized Representative	_____ Producer Number	

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-14613359	
GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
SERIAL NUMBER EIA-14613359	DATE SIGNED 2019-04-30	LAB/ACCESSION NUMBER M19-12141	COUNTY Monroe		
NAME & ADDRESS OF OWNER Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Cashton Veterinary Clinic Andrew Mason 406 South Street Cashton, WI 54619 Phone: 6086545284		NAME & ADDRESS OF STABLE/MARKET Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 074912		TEST TYPE ELISA	REASON FOR TESTING Annual		
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated below.					
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  Andrew Mason 2019-04-30 13:29:34 -05:00				DATE BLOOD DRAWN 2019-04-30	
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					
SIGNATURE OF OWNER OR OWNER'S AGENT			SIGNATURE NAME Lynn Isensee	SIGNATURE DATE 2019-04-30	
NAME OF HORSE Ted	ID1	ID2	ID3		
COLOR Black	AGE OR DOB 2015-04-30	BREED Percheron	GENDER Neutered/Castrated Male		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: Star			NECK AND BODY: Mixed white hairs over ribs		
LEFT FORELIMB: None			RIGHT FORELIMB: None		
LEFT HINDLIMB: None			RIGHT HINDLIMB: None		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Patricia Cuppini		TUBE NUMBER 102220187-0	DATE RECEIVED 2019-05-01	DATE REPORTED 2019-05-02	TEST RESULTS Negative
TEST REMARKS					
LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 1521 E Guy Avenue Barron, WI 54812			SIGNATURE OF TECHNICIAN  Patricia Cuppini 2019-05-02 13:55:00 -05:00		

NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLINK.com. Please address any questions related to this document with your state or issuing state veterinarian's office.

GlobalVetLINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-14212979	
GlobalVetLINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
SERIAL NUMBER EIA-14212979	DATE SIGNED 2019-02-01	LAB/ACCESSION NUMBER B19-03037	COUNTY Monroe		
NAME & ADDRESS OF OWNER Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Cashton Veterinary Clinic Andrew Mason 406 South Street Cashton, WI 54619 Phone: 6086545284		NAME & ADDRESS OF STABLE/MARKET Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 074912		TEST TYPE ELISA	REASON FOR TESTING Annual		
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated below.					
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  Andrew Mason 2019-02-01 15:41:02 -06:00				DATE BLOOD DRAWN 2019-02-01	
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					
SIGNATURE OF OWNER OR OWNER'S AGENT			SIGNATURE NAME Lynn Isensee	SIGNATURE DATE 2019-02-01	
NAME OF HORSE Count	ID1	ID2	ID3		
COLOR Black	AGE OR DOB 2011-02-01	BREED Percheron	GENDER Neutered/Castrated Male		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: Star			NECK AND BODY: None		
LEFT FORELIMB: None			RIGHT FORELIMB: None		
LEFT HINDLIMB: None			RIGHT HINDLIMB: None		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Patricia Cuppini		TUBE NUMBER 102028124-0	DATE RECEIVED 2019-02-05	DATE REPORTED 2019-02-05	TEST RESULTS Negative
TEST REMARKS					
LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 1521 E Guy Avenue Barron, WI 54812			SIGNATURE OF TECHNICIAN  Patricia Cuppini 2019-02-05 13:46:39 -06:00		

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GlobalVet.LINK - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-14212994	
GlobalVet.LINK's eEIA test form contains all data fields as found on federal form VS 10-11. Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
SERIAL NUMBER EIA-14212994	DATE SIGNED 2019-02-01	LAB/ACCESSION NUMBER B19-03037	COUNTY Monroe		
NAME & ADDRESS OF OWNER Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		NAME & ADDRESS OF VETERINARIAN Cashton Veterinary Clinic Andrew Mason 406 South Street Cashton, WI 54619 Phone: 6086545284		NAME & ADDRESS OF STABLE/MARKET Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /	
NATIONAL ACCREDITATION NUMBER 074912		TEST TYPE ELISA	REASON FOR TESTING Annual		
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated below.					
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN  Andrew Mason 2019-02-01 15:44:08 -06:00				DATE BLOOD DRAWN 2019-02-01	
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					
SIGNATURE OF OWNER OR OWNER'S AGENT			SIGNATURE NAME Lynn Isensee	SIGNATURE DATE 2019-02-01	
NAME OF HORSE Sal	ID1	ID2	ID3		
COLOR Black	AGE OR DOB 2006-02-01	BREED Percheron Horse	GENDER Neutered/Castrated Male		
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: None		
HEAD: Star, white mark across nose			NECK AND BODY: None		
LEFT FORELIMB: None			RIGHT FORELIMB: None		
LEFT HINDLIMB: White coronet			RIGHT HINDLIMB: None		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
TECHNICIAN Patricia Cuppini		TUBE NUMBER 102028122-0	DATE RECEIVED 2019-02-05	DATE REPORTED 2019-02-05	TEST RESULTS Negative
TEST REMARKS					
LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 1521 E Guy Avenue Barron, WI 54812			SIGNATURE OF TECHNICIAN  Patricia Cuppini 2019-02-05 13:46:38 -06:00		

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