

License Number _____

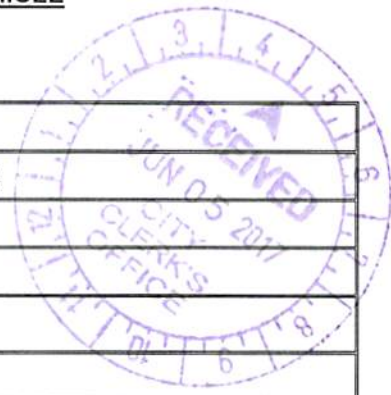
License Fee \$ 50⁰⁰

License Issued _____

Invoice # 149436

CITY OF LA CROSSE APPLICATION FOR HORSE-DRAWN VEHICLE

License Period: August 11, 2017 to December 31, 2017



BUSINESS NAME (Real/Legal)	LORI A VOLDEN
BUSINESS TRADE NAME (DBA)	CANNON VALLEY PERCHERONS AND CARRIAGES
BUSINESS ADDRESS	9021 MAVERICK AVE, CASHTON, WI 54619
BUSINESS TELEPHONE	608-487-2593
OWNER(S) NAME (First, Full Middle, Last)	LORI A VOLDEN
OWNER(S) DATE OF BIRTH	[REDACTED]
OWNER(S) HOME ADDRESS	9021 MAVEICK AVE, CASHTON WI 54619
OWNER(S) TELEPHONE	608-487-2593

- 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	COVERRA INSUREANCE SERVICES
POLICY NUMBER	A 215303
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. **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	PER HOUR OF RENTAL
NUMBER OF VEHICLES TO BE LICENSED	2

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, 4 PERSON VIS-A-VIA WITH LIGHTS AND HORSE DIAPER
Vehicle #2	BLACK, 6 PERSON WAGONETT, WITH LIGHTS AND HORSE DIAPER
Vehicle #3	

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 c statements on this application will be **is true and correct. I am aware that withholding information or making false**
SIGNATURE OF APPLICANT [Signature] Digitally signed by VOLDEN.LORI.ANN.1101503263 Date: 2017.05.11 15:24:28 -05'00' DATE 15 MAY 2017

LICENSE [] APPROVED [] DENIED
SIGNATURE OF POLICE REPRESENTATIVE [Signature] DATE 06/15/2017

CITY OF LA CROSSE, WI

General Billing - 149436 - 2017

003762-0039 Rachel H... 06/12/2017 08:47AM

118895 - CANNON VALLEY PERCHERONS AND ...

Payment Amount: 50.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/1/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER West Bend Mutual Insurance Company 1900 South 18th Avenue West Bend WI 53095	CONTACT NAME: Customer Care PHONE (A/C No. Ext): (866) 926-4244 FAX (A/C No): (262) 365-2200 E-MAIL ADDRESS: customercare@wbmi.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Lori Volden Cannon Valley Percherons & Carriages 9021 Maverick Ave Cashton, WI 54619	INSURER A: West Bend Mutual Insurance Company NAIC # 15350	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 16-17 Master **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADBL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		A215303	11/10/2016	11/10/2017	EACH OCCURRENCE	\$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is recognized as an Additional Insured with regard to General Liability coverage per form CG2026 attached to this policy.

CERTIFICATE HOLDER City of La Crosse 400 La Crosse St La Crosse, WI 54601-3374	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Marie Dailey/MDAILE

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
City of La Crosse 400 La Crosse St La Crosse, WI 54601-3374
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

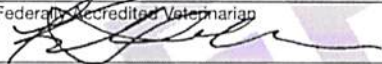
US Department of Agriculture Animal and Plant Health Inspection Service EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	Serial No. 207897LH	1. Accession Number 290968	2. Date Blood Drawn 05/08/17
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Forms Without Adequate Descriptions of the Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. Reason for Testing Annual <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership		<input 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) Volden, Lori	
4. Geographic Information Systems (GIS) Lat: -- Long: --		5. Veterinary License or Accreditation No. 073047	6. Test Type <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		9021 Maverick Ave Cashton, WI Zip Code 54619 Tel No. 608-269-9036 County
8. Name and Address of Owner (Please print or type) Volden, Lori 9021 Maverick Ave Cashton, WI Zip Code 54619 Tel No. 608-269-9036 County			9. Name and Address of Veterinarian (Please print or type) Kara Gebhardt-Tessman 101 East Holton Street Tomah, WI Zip Code 54660 Tel No. (608)372-2698 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 Kara Gebhardt-Tessman	12. Signature Date 05/08/17
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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		14. Type or Print Signature Name		15. Signature Date					
16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse Ridge View Eclipse Aiden	20. Color Gray	21. Breed Percheron	22. Electronic I.D. No.	23. Age or DOB 03/16/2008	24. Sex G	M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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 Larch Hill Laboratory Earlville, NY	32. Date Received 05/15/17	33. Date Reported Out 05/16/17	34. Test Results <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. Signature of Technician 		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).

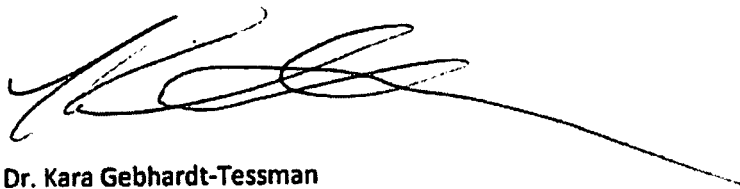
5/8/17

Tomah Large Animal Veterinary Care
101 East Holton Street
Tomah, WI 54660
608-372-2698

To Whom It May Concern:

I examined Aiden, a 9 year old gray gelding, on 5/8/17 and found him to be in good health and capable of performing regular daily physical work.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kara Gebhardt-Tessman', with a long horizontal flourish extending to the right.

Dr. Kara Gebhardt-Tessman