

License Number _____
License Issued _____

License Fee \$ 50.00
Receipt # 117693

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	
BUSINESS ADDRESS	
BUSINESS TELEPHONE	
OWNER(S) NAME	Chuck ODell Johnson
OWNER(S) DATE OF BIRTH	05/18/1960
OWNER(S) ADDRESS	105 Peterson Court, Cashton WI 54619
OWNER(S) HOME TELEPHONE	608-654-5275

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

INSURANCE CARRIER	Ltun Insurance Agency
POLICY NUMBER	FSP 4747
POLICY LIMITS	500,000

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 _x_
SCHEDULE OF RATES	250.00%		
NUMBER OF VEHICLES TO BE LICENSED	1		

DESCRIPTION OF VEHICLES, including	
	<ul style="list-style-type: none">number of persons each vehicle is designed to carrylights and safety equipment which will be usedprocedures to be taken for assuring that public right-of-way will be kept clean of fecal matter
Vehicle #1	People Hauler with Benches, 14 person capacity, equipped with reflectors & taillights Horses will be wearing bun bags
Vehicle #2	
Vehicle #3	



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 Chuck Johnson DATE 5-29-14
LICENSE [] APPROVED [] DENIED
SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

Payment Amount:

50.00

CASHTON VETERINARY CLINIC

406 South St. • Cashton, Wisconsin 54619

(608) 654-5284

James Hartman D.V.M.
Terry Miller D.V.M.

John Weber D.V.M.
Trevor O'Neil D.V.M.

Janine Hartman D.V.M.

Name Chuck Johnson Date 4-22-2014

CHARACTER OF SERVICE	CHARGES
<i>To whom it may concern:</i>	
<i>On April 22nd 2014, I examined all of Chuck Johnson's horses on his farm. All animals were healthy and free from infectious diseases. All horses were Coggins tested that day as well.</i>	
<i>Thank you,</i>	
<i>John Weber DVM Cashton Veterinary Clinic</i>	
DISCARD MILK	TOTAL
WITHHOLD	
DAYS	
DAYS FROM SLAUGHTER	

CASH ON ACCOUNT CHARGE

Wisconsin Mutual Select Pack Farmowner Policy

Policy: FSP 4747
Policy Term: FARMOWNERS from 04/18/2014 to 04/18/2015
Policy Inception Date: 04/18/2010
Policy Status: Active

Insured Name and Address	Agent Name and Address
Charles Johnson	Lium Insurance Agency LLC
Lester O & Mildred Johnson	100 Majestic Dr Suite 100
1260 Front Street	Westby WI 54667
Cashton WI 54619	608-634-4090

Coverage is provided as shown below subject to all conditions of the policy and Company's Articles of Incorporation and By-Laws.

Insured Location(s)

Loc#	Coverage	Limit	Premium
1	80 Acres at 1260 Front Street, , Cashton, Wi, 54619 Sec: 30 Town: 15 Range: 3		

Section I - Property

1	Property Coverages With Deductible of \$ 250		622.00
	A) Dwelling Residence FO-2 Broad Form	107400	
	B) App't Private Structures	10740	
	C) Household Personal Property	53700	
	D) Additional Living Expense	21480	
	Increased Related Private Structures	2000	6.00
	F) Specific Farm Personal Property Schedule (see schedule below) \$ 250 Deductible Applies	58350	314.00
	Actual Cash Value		
	Automatic Adjustments of Limits		
	E) Collapse Cov End- Farm Pers Prop \$ 250 Deductible Applies		
1	E) Barn & Additions 36 X 104 W/Milkhouse & Lean \$ 250 Deductible Applies	37500	267.00
1	E) Machine Shed 34 X 60 \$ 250 Deductible Applies	3000	21.36
1	E) Pole Shed 50 X 90 \$ 250 Deductible Applies	10000	71.20

1	E) Bulk Milk Tank \$ 250 Deductible Applies	500	3.56
1	E) Pipeline Milking System \$ 250 Deductible Applies	1000	7.12
1	E) Barn Cleaner \$ 250 Deductible Applies	1000	7.12
	E) Coll Cov- Weight of Ice/Snow-Farm Bldgs \$ 250 Deductible Applies	50500	52.02

Discounts and Surcharges**Total Property Coverage - 306670****Section II - Liability**

L) Initial Farm Premises Up to 400 Acres	500000	143.00
Horse Liability (7)	500000	98.00
Option 10-Farm Employee < 40 Days/Emp		
M) Medical Payments - To The Public	1000	

Mortgage and/or Loss Payee(Name and Address)**Forms and Endorsements made part of this policy at time of issue**

FO-0217 Water Exclusion Endorsement, FO-0675 Virus or Bacteria Exclusion, FO-0710 Amendatory Endorsement - Wisconsin, GL-10 Punitive Damage Exclusion, GL-890 Lead Liability Exclusion, GL0810 Migrant/Seasonal Worker Protection Act Exclusion, CL1025 1202 Terrorism Premium Notice, FO0600 1202 Certified Terrorism Loss, GL76(2.0) Farm Employee Liability, GL2 Personal Liability Coverage(Farm) , FO-6 Farm Coverage , FO-20 Additional Policy Conditions/Property Coverage , FO-323 Weight of Ice, Snow or Sleet , FO-48 Ed 1.0 Increased Related Private Structures , FO-15(1.0) Actual Cash Value , FO-184 Automatic Adjustments of Limits

Total Premium 1612.38**FARM PERSONAL PROPERTY - SCHEDULED**

Hay, Feed Seed, Silage	1000
Hay in Barns	5000
Other Farm Mach*max Cov \$1000/item*	3500
Tractor: JD 4000	8000

Tractor: JD 2520	6000
Tractor: JD 530	2000
Horses 7 @ 2500 Ea.	17500
Colt 1 @ 1500	1500
Horse Harness 2 Patten Leather	2000
Young Cattle-grade	5000
Haybine	1000
Green Chopper	300
Manure Spreader	600
Elevator	250
Grinder-mixer	700
Lawn & Garden Equipment JD	2000
Tools	500
Farm Supplies	500
Bale Racks & Wagons 2 @ 500	1000
	TOTAL 58350



City of La Crosse

400 La Crosse Street
La Crosse, WI 54601-3396

Invoice

Invoice Date	Invoice No.
06/02/2014	117693
Customer Number	
60214	
Invoice Total Due	
\$	50.00

FOR/LOCATION
2014 RENEWAL

JOHNSON, CHUCK
105 PETERSON CT
CASHTON, WI 54619

Description	Orig Bill	Adjusted	Paid	Amount Due
220 LICENSES PUBLIC VEHICLE FOR HIRE QTY 1.00 @ 50.00 PER EACH	50.00	.00	.00	50.00

CITY OF LA CROSSE, WI
General Billing - 117693 - 2014
000789-0097 Paula G. 06/02/2014 11:28AM
60214 - JOHNSON, CHUCK

Payment Amount: 50.00

	INVOICE TOTAL DUE \$ 50.00
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PLEASE MAKE CHECKS PAYABLE TO: CITY TREASURER
MAIL TO: CITY OF LA CROSSE TREASURER 400 LA CROSSE ST
LA CROSSE, WI 54601