

License Number _____

License Fee \$ _____

License Issued _____

Invoice # _____

CITY OF LA CROSSE APPLICATION FOR HORSE-DRAWN VEHICLE

License Period:

BUSINESS NAME <i>(Real/Legal)</i>	
BUSINESS TRADE NAME <i>(DBA)</i>	
BUSINESS ADDRESS	
BUSINESS TELEPHONE	
OWNER(S) NAME <i>(First, Full Middle, Last)</i>	
OWNER(S) DATE OF BIRTH	
OWNER(S) HOME ADDRESS	
OWNER(S) TELEPHONE	

- 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	
POLICY NUMBER	
POLICY LIMITS	

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 ____
SCHEDULE OF RATES			
NUMBER OF VEHICLES TO BE LICENSED			

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
Vehicle #2
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 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 _____ DATE _____

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