

License Number _____

License Fee \$ _____

License Issued _____

CITY OF LA CROSSE

Invoice # _____

APPLICATION FOR DAILY HORSE-DRAWN VEHICLE

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).

CALENDAR DAY	
HOURS	
LOCATION/ROUTE	

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			

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 DAILY 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 _____