

CITY OF WAUSAU LICENSE APPLICATION - Horse Drawn Carriage

407 GRANT STREET, WAUSAU WI 54403, PH # (715) 261-6620

Date of Application: _____ Licensing Year: _____

Name of Business: _____ Ownership Type: _____

Business Address: _____ Business Phone: _____

Name of Business Owner or Agent: _____ Date of Birth: _____

Owner/Agent Address: _____ Telephone #: _____

Owner/Agent Drivers License #: _____ DL Issuing State: _____

CARRIAGE DRIVER(S)

Name of Driver: _____ Date of Birth: _____

Address: _____ DL #: _____

Attach information on additional drivers on a separate page.

Answer the Following Questions Completely		No	Yes	Comments
1.	Have you provided the City of Wausau with a Certificate of Insurance listing the City as an additional insured with the liability limits as provided for in the WMC 5.74.020			
2.	Have you complied with the conditions detailed in WMC Chapter 8.08 with reference to Animals?			
3.	Have you maintained the condition of the carriage(s) in a clean and sanitary manner and is the carriage in good repair and maintenance?			
4.	Is the carriage equipped with operative brakes and a harness attachment so the horse can't break away from its harness of carriage?			
5.	Please list the number of carriages you intend to operate in the City			
6.	Do you plan to operate a regular route (included for approval with this application) or changing routes that are event related? If you are planning to operate changing routes that are event related did you know you are required to submit the route to the Clerk for approval at least 15 days prior to each event date?			
7.	Have you provided the City Clerk with a current veterinary certificate that the animal(s) pulling the carriage is in good health?			

I hereby certify the foregoing answers are true and correct and that the operator and driver of the carriage has and will comply with all regulations for operation of carriages on roadways as set forth in Chapters 340 through 347 of the Wisconsin Statutes. I agree, in consideration of the grant of this license, to comply with the laws of the State of Wisconsin, the Municipal Code and the rules and regulations of the various regulatory agencies and commissions the City of Wausau pertaining to the supervision of activities permitted under the license for which this application is made. I understand this license may be revoked by the issuing authority according to the law. Section 111.321, 111.322, 111.325 & 111.335, Wisconsin Statutes, limits the information a licensing agency may ask regarding the arrest and conviction record of an applicant. If you have been arrested and the charges are still pending and this license requires you to qualify for a fidelity bond, or if the pending charges substantially relate to the activity for which you seek the license, you must provide such arrest information on this application. If you have been convicted of a felony, misdemeanor or other offense which substantially relates to the circumstances of the licensed activity or if you must qualify for and post bond, you shall enter such information on this application. Take notice, the state law provides the City may suspend or revoke a license issued upon his application if the applicant fails to provide this information. If you have doubts as to what you must enter see your own lawyer, or the Wisconsin Department of Industry, Labor and Human Relations. City employees shall not advise you on this matter.

Enter applicable arrest and conviction information here: _____

(Applicant Signature)

Subscribed and sworn to me this ____ day of _____ 20____.

(Print Name) : _____

(Signature of Clerk or Notary Public)

TITLE: _____

My Commission (is Permanent) or Expires: _____

If you don't have a regular route approved by the City, but operate only for specific events, please take additional copies of this page to complete for each event and submit at least 15 days prior to each event date to the City Clerk at 407 Grant, Street, Wausau, WI 54403. The Traffic Lieutenant must review and approve the individual routes described for each event date prior to operation (even if the route had been used during a previous event).

ROUTE INFORMATION
(Include Map or Drawing of Route)

Date of Event(s)		Event Location	
Describe Exact Route Entering City		Time of Operation	
Describe Exact Route at and during Event		Time of Operation	
Describe Exact Route Exiting City		Time of Operation	

- I have reviewed the route and times and decline this license for the following reason: _____
- I have reviewed the route and approve of both the route and times as submitted by the applicant and listed above.
- I have reviewed the route and times and for reasons of public safety I am revising as detailed below and approve it as follows:

Police Chief, Traffic Lieutenant or designee

Date