

# CITY OF LAKE GENEVA

## CARRIAGE COMPANY LICENSE APPLICATION



*Please Check:*

- Original Application
- Renewal of Current License

*PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED. ANNUAL LICENSE EXPIRES JUNE 30<sup>TH</sup> EACH YEAR. FEES OF \$50.00 FOR FIRST CARRIAGE AND \$25.00 FOR EACH ADDITIONAL ARE DUE UPON APPLICATION.*

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Bus. Address (Physical): \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### BUSINESS OWNER/AGENT INFORMATION

Owner/Agent Name: \_\_\_\_\_

Owner/Agent Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Owner/Agent Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

### CARRIAGE OPERATOR(S)

Operator Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

*\*\*Attach information on any additional drivers on a separate page.*

**PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY**

1. Have you provided the City of Lake Geneva with proof of liability insurance?  
YES NO
2. Have you maintained the condition of all carriages in a clean and sanitary manner and are carriages in good repair and maintenance?  
YES NO
3. Are carriages equipped with operative brakes and a harness attachment so the horses cannot break away from harness of carriage?  
YES NO
4. Please list number of carriages to be operated in the City: \_\_\_\_\_
5. Have you provided route information for the review and approval of the Police Department?  
YES NO
6. Have you provided the City Clerk with a current veterinary certificate that the animal(s) pulling all carriages are in good health?  
YES NO
7. If this is a renewal, are there any changes to your carriage operation that the City should be aware of? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT SIGNATURE**

\_\_\_\_\_ DATE: \_\_\_\_\_

***For Office Use Only***

Date Filed: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Forwarded to Police Chief: \_\_\_\_\_

Recommendation: \_\_\_\_\_ Approved Denied

FLR Approval: \_\_\_\_\_

License Issued: \_\_\_\_\_

Council Approval: \_\_\_\_\_

License Number: \_\_\_\_\_