

Horse Drawn Vehicle Rides Supplemental Application

Applicant Name _____
 Location of Operations _____

General

How many years experience giving Horse Drawn Vehicle Rides? _____
 What is the maximum number of rides given in one week? _____
 What is the average number of rides given in one week? _____
 What is the maximum number of vehicles used at any one time? _____
 What is the minimum driver age and experience requirement? _____
 Please describe _____

Vehicle Use

Are vehicles used at night? Yes No

Do your vehicle(s) have:	Yes	No
Hydraulic breaks?		
Lights?		
Reflectors/reflective tape?		
Slow moving vehicle emblems?		
Turn singles?		

Are any rides given on city and/or metropolitan streets? Yes No
 If so, please describe _____

Are any rides given on or cross over public roads? Yes No
 If so, please describe _____
