FAYETTEVILLE

THE CITY OF FAYETTEVILLE, ARKANSAS

SPECIAL CITY COUNCIL
AGENDA
NOVEMBER 25, 2002

A special meeting of the Fayetteville City Council will be held on November 19, 2002, at 6:30 p.m. in Room 219 of the City Administration Building located at 113 West Mountain Street, Fayetteville, Arkansas.

1. **PARTY TIME PONIES:** A resolution approving a Certificate of Public Convenience and Necessity for Party Time Ponies allowing them to operate pony rides.

2. **IMPACT FEES:** An ordinance enacting impact fees for all territory within the City's water and wastewater service areas including areas outside the corporate city limits and within the service areas located within Washington County and other incorporated cities. The ordinance was left on the 1st reading at the November 19, 2002 City Council meeting.

113 WEST MOUNTAIN 72701 479-521-7700
FAX 479-575-8257

City Council November 25, 2002

BT DM.

	Roll		Parking Time Zones		
Davis	✓		✓		
Santos	✓		✓		
Jordan	✓		✓		
Reynolds	✓		✓		
Thiel	✓		✓		
Young	✓		✓		
Marr	✓		✓		
Bechard	✓		✓		
Coody	✓				

Impact FEES	KS 2ND CJ.	#1 Amend Sect 2 remove existing RR BT	#2 amend Sect [illegible] KS BD. 02	[illegible] BT KS [illegible]	BT
Davis	N	✓	✓	[illegible]	
Santos	✓	✓	✓		
Jordan	✓	✓	✓		
Reynolds	N	✓	✓		
Thiel	✓	✓	✓		[illegible]
Young	✓	✓	N		
Marr	✓	N	N		
Bechard	N	✓	N		
Coody	✓				

adjourned 10:05

City Council November 25, 2002

Davis					
Santos					
Jordan					
Reynolds					
Thiel					
Young					
Marr					
Bechard					
Coody					

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SPECIAL CITY COUNCIL
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NOVEMBER 25, 2002

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need copy of power point presentation

adjourned 10:05

113 WEST MOUNTAIN 72701 479-521-7700
FAX 479-575-8267

PARTY TIME PONIES

Jack and Julie Johansen
12395 W. Hwy 62
Farmington, Arkansas 72730

479-267-2101
479-957-7095

November 25, 2002

Fayetteville City Council
113 W. Mountain Street
Fayetteville, Arkansas 72701

Re: Pony Rides on the Square

Dear Council Members:

Party Time Ponies would like the opportunity to provide quality pony rides on the square during the Christmas season. My husband and I are the original owners of Party Time Ponies and operated the rides without incident from 1994 through 1999. In August of this year we retained ownership of the business again.

We have invested substantially in new Christmas costumes for the ponies which we believe will add to charm and festive spirit found on the square during this time of year.

We are proposing to operate four ponies on a carousel at the northeast corner of the square. We have provided all the necessary documentation to the City Clerk's office for a total of six animals. Two animals will be used as alternates as needed.

We are also asking the City Council to waive the helmet provision in the ordinance. We are unable to comply with this section due to health concerns, such as the transmittal of lice from one child to another.

We respectfully request a Certificate of Public Convenience and Necessity and a waiver from the requirement of the use of helmets.

Sincerely,

Julie Johansen
Owner

MEMO

TO: Gary Dumas, General Services Director

FROM: Jill Hatfield, Animal Services Superintendent

DATE: November 25, 2002

RE: Party Time Ponies Safety Helmet Issue

Party Time Ponies will be altering their riding program as of this year to accommodate safety issues with the riders and handlers. The ponies will no longer be allowed to walk the Square with one handler provided. All ponies will be tethered to a pony ring in an enclosed area. The ponies will continue to have a handler for the rider's safety.

Due to this change in procedure and added safety measures, Party Time Ponies Owner, Julie Johansen has requested the deletion of the safety helmets. Her concern is the sanitation issue of using the same helmets for all the children and not having the ability to disinfect the helmets after each use. Viruses, parasites and diseases are an issue with using the helmets especially in the cold winter months. There is no disinfectant that will completely kill such organisms.

By altering the route of the ponies and utilizing the tethered pony ring, these measures should eliminate the need for safety helmets.

cc: Heather Woodruff, Fayetteville City Clerk

CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY APPLICATION

As required in § 117.32 of the Fayetteville Code of Ordinances.

APPLICANT

NAME: Jack & Julie Johansen
ADDRESS: 12395 W Hwy 62
Farmington AR 72730
PHONE: 479-267-2101
957-7095

DESCRIBE YOUR EXPERIENCE IN THE TRANSPORTATION OF PASSENGERS.
Childrens Pony Rides

LIST YOUR FINANCIAL STATUS, INCLUDING THE AMOUNT OF ALL UNPAID JUDGEMENTS AGAINST YOU AND THE NATURE OF THE TRANSACTION OR ACTS GIVING RISE TO SAID JUDGEMENTS.

BUSINESS

NAME OF BUSINESS: Part time Ponies
BUSINESS LOCATION: 12395 W Hwy 62
Farmington AR
MAILING ADDRESS: 12395 W Hwy 62
Farmington AR
PHONE: 479-267-2101

HOW MANY VEHICLES WILL BE AVAILABLE FOR YOUR OPERATION OR CONTROL ?

LIST THE LOCATION OF PROPOSED DEPOTS AND TERMINALS.
northeast Corner of Bay Square

DESCRIBE THE COLOR SCHEME OR INSIGNIA TO BE USED TO DESIGNATE YOUR VEHICLES.
Red + white - Christmas decorated ponies + tent

WHAT IS YOUR PROPOSED RATE SCHEDULE?
$4.00 per Ride

Pone Ride

LIST THE HOURS BETWEEN WHICH YOU PROPOSE TO PROVIDE ~~TAXICAB~~ SERVICE TO THE GENERAL PUBLIC, AND THE DAYS, IF ANY, ON WHICH YOU DO NOT PROPOSE TO PROVIDE TAXICAB SERVICE TO THE GENERAL PUBLIC.

5pm to 10 or Mon 7 nites a week
Thanksgive Eve to Jan 1 2003

LIST THE NAMES AND ADDRESSES OF ALL OFFICERS AND STOCKHOLDERS OF THE COMPANY IF INCORPORATED.

n/a

DESCRIBE THE EXPERIENCE OF ALL OFFICERS AND STOCKHOLDERS IN THE TRANSPORTATION OF PASSENGERS.

n/a

LIST THE FINANCIAL STATUS OF THE OFFICERS AND STOCKHOLDERS OF THE COMPANY, IF INCORPORATED, INCLUDING THE AMOUNT OF ALL UNPAID JUDGEMENTS AGAINST ANY OF THEM AND THE NATURE OF THE TRANSACTIONS OF ACTS GIVING RISE TO SAID JUDGEMENTS.

n/a

TO WHOM SHOULD COMPLAINTS BE DIRECTED?

****

APPLICANT, ON AN ATTACHED SHEET, PLEASE GIVE ANY FACTS WHICH YOU BELIEVE TEND TO PROVE THAT PUBLIC CONVENIENCE AND NECESSITY REQUIRE THE GRANTING OF A CERTIFICATE.

Diana Watson 841-7520
Donna Wilson 267-3569
~~Marge Pierce~~
Dorthy Bradley 267-3551
Gunnar Broberg 267-1667

Taylor & Associates
Insurance & Financial Services

Linda Phillips
Auto, Home, Life, Health, Commercial

203 Holcomb
P.O. Box 866
Springdale, AR 72765

Office 479-751-4734
FAX 479-751-4648

INSURANCE

ISSUE DATE (MM/DD/YY) 11-14-02

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Jack or Julie Johansen
dba Party Time Ponies
P.O. Box 367
Farmington, AR 72730

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** Nautilus Insurance Company
COMPANY LETTER **B**
COMPANY LETTER **C**
COMPANY LETTER **D**
COMPANY LETTER **E**

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY	NC150258	05-23-01	05-23-02	GENERAL AGGREGATE	$2,000,000
X	COMMERCIAL GENERAL LIABILITY	NC184044	05-23-02	05-23-03	PRODUCTS-COMP/OP AGG.	$Included
	CLAIMS MADE OCCUR.				PERSONAL & ADV. INJURY	$1,000,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	$1,000,000
					FIRE DAMAGE (Any one fire)	$ 50,000
					MED EXPENSE (Any one person)	$ 1,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	$
	ANY AUTO					
	ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	SCHEDULED AUTOS					
	HIRED AUTOS				BODILY INJURY (Per accident)	$
	NON-OWNED AUTOS					
	GARAGE LIABILITY				PROPERTY DAMAGE	$
	EXCESS LIABILITY				EACH OCCURRENCE	$
	UMBRELLA FORM				AGGREGATE	$
	OTHER THAN UMBRELLA FORM					
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	$
					DISEASE—POLICY LIMIT	$
					DISEASE—EACH EMPLOYEE	$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Tethered Pony Rides "LIghts of the Ozarks Festival"

CERTIFICATE HOLDER

City of Fayetteville

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Linda Phillips MS

Northwest Equine Services
1650 N. Sunshine Road
Fayetteville, AR 72704-6340
(479) 521-5558
FAX: (479) 521-4650

Patient History Report

For Julie Johanson — Jake
From 10/28/2002 to 11/19/2002

Account #: **1381**
Owner: **Julie Johanson**
Address: **12395 W. Hwy 62**
Farmington, AR 72730

Phone: **(501)267-2101**

Animal: **Jake**
Species: **Equine**
Breed: **PONY**
Color: **BLACK**
Gender: **Gelding**
Birthdate: **01/01/1993**
Age: **9 years 10 months 22 days**
Weight: **0.00**

Date	Doctor	Description	Weight
11/18/2002	Paul Turchi	R#17333; Rabies Vaccination	0
		EEE/WEE/TET Enceph. Vaccinati	
10/28/2002	Paul Turchi	Oral Exam- Brief	0
		Acepromazine Injection 3ml	
		Clean Sheath	

Northwest Equine Services
1650 N. Sunshine Road
Fayetteville, AR 72704-6340
(479) 521-5558
FAX: (479) 521-4650

Patient History Report

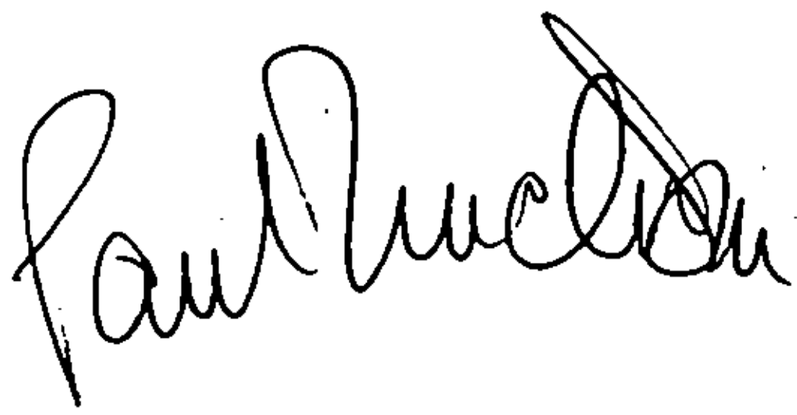
For Julie Johanson – Buttons
From 10/28/2002 to 11/19/2002

Account #: **1381**
Owner: **Julie Johanson**
Address: **12395 W. Hwy 62**
Farmington, AR 72730

Phone: **(501)267-2101**

Animal: **Buttons**
Species: **Equine**
Breed: **PONY**
Color: **GRAY**
Gender: **Gelding**
Birthdate: **01/01/1992**
Age: **10 years 10 months 22 days**
Weight: **0.00**

Date	Doctor	Description	Weight
11/18/2002	Paul Turchi	R#17331; Rabies Vaccination EEE/WEE/TET Enceph. Vaccinati	0
10/28/2002	Paul Turchi	Flush Naso-lacrimal Duct Oral Exam- Brief Clean Sheath Acepromazine Injection 3ml	0



Northwest Equine Services
1650 N. Sunshine Road
Fayetteville, AR 72704-6340
(479) 521-5558
FAX: (479) 521-4650

Patient History Report

For Julie Johanson -- Peanut

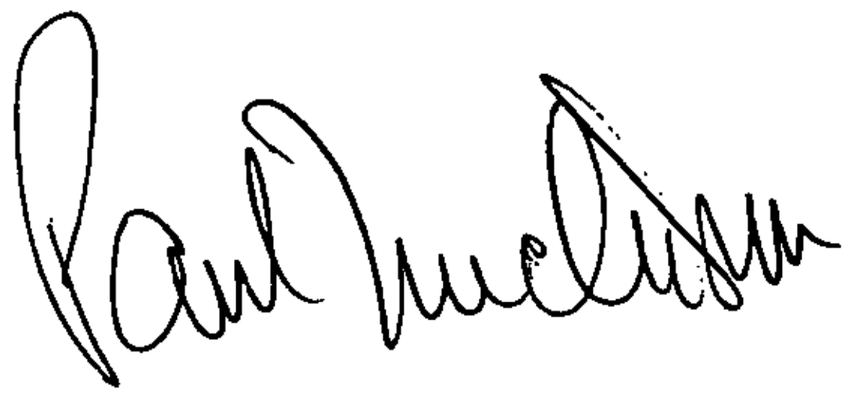
From 10/28/2002 to 11/19/2002

Account #: **1381**
Owner: **Julie Johanson**
Address: **12395 W. Hwy 62**
Farmington, AR 72730

Phone: **(501)267-2101**

Animal: **Peanut**
Species: **Equine**
Breed: **PONY**
Color: **PAL/WHT**
Gender: **Gelding**
Birthdate: **01/01/1995**
Age: **7 years 10 months 22 days**
Weight: **0.00**

Date	Doctor	Description	Weight
11/18/2002	Paul Turchi	R#17341; Rabies Vaccination	0
		EEE/WEE/TET Enceph. Vaccinati	
10/28/2002	Paul Turchi	Dormosedan 3ug	0
		Rompun Injection 1 ml	
		Teeth Float & Examine	
		Reversal; Qty: 0.5.	
		Clean Sheath	



Northwest Equine Services
1650 N. Sunshine Road
Fayetteville, AR 72704-6340
(479) 521-5558
FAX: (479) 521-4650

Patient History Report

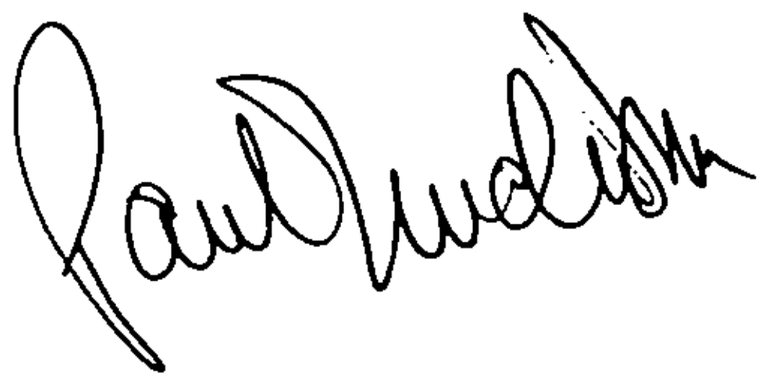
For Julie Johanson -- Bear
From 10/28/2002 to 11/19/2002

Account #: **1381**
Owner: **Julie Johanson**
Address: **12395 W. Hwy 62**
Farmington, AR 72730

Phone: **(501)267-2101**

Animal: **Bear**
Species: **Equine**
Breed: **PONY**
Color: **BAY**
Gender: **Gelding**
Birthdate: **01/01/1984**
Age: **18 years 10 months 24 days**
Weight: **0.00**

Date	Doctor	Description	Weight
11/18/2002	Paul Turchi	R#17335; Rabies Vaccination	0
		EEE/WEE/TET Enceph. Vaccinati	
10/28/2002	Paul Turchi	Oral Exam- Brief	0
		Clean Sheath	
		Acepromazine Injection 3ml	



Northwest Equine Services
1650 N. Sunshine Road
Fayetteville, AR 72704-6340
(479) 521-5558
FAX: (479) 521-4650

Patient History Report

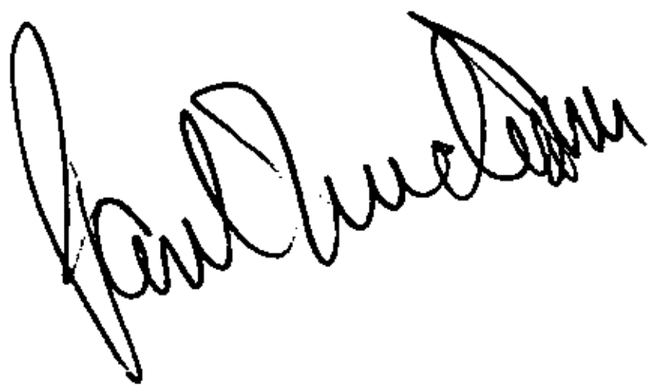
For Julie Johanson – Alex
From 10/28/2002 to 11/19/2002

Account #: **1381**
Owner: **Julie Johanson**
Address: **12395 W. Hwy 62**
Farmington, AR 72730

Phone: **(501)267-2101**

Animal: **Alex**
Species: **Equine**
Breed: **PONY**
Color: **SORREL**
Gender: **Gelding**
Birthdate: **01/01/1992**
Age: **10 years 10 months 22 days**
Weight: **0.00**

Date	Doctor	Description	Weight
11/18/2002	Paul Turchi	R#17339; Rabies Vaccination	0
		EEE/WEE/TET Enceph. Vaccinati	
10/28/2002	Paul Turchi	Oral Exam- Brief	0
		Clean Sheath	
		Acepromazine Injection 3ml	



Northwest Equine Services
1650 N. Sunshine Road
Fayetteville, AR 72704-6340
(479) 521-5558
FAX: (479) 521-4650

Patient History Report

For Julie Johanson – Spur
From 11/18/2002 to 11/19/2002

Account #: **1381**
Owner: **Julie Johanson**
Address: **12395 W. Hwy 62**
Farmington, AR 72730

Phone: **(501)267-2101**

Animal: **Spur**
Species: **Equine**
Breed: **Welsh Pony**
Color: **SORREL**
Gender: **Gelding**
Birthdate: **01/01/1974**
Age: **28 years 10 months 26 days**
Weight: **0.00**

Date	Doctor	Description	Weight
11/18/2002	Paul Turchi	EEE/WEE/TET Enceph. Vaccinati R#17337; Rabies Vaccination Exam Health Certificate	0

Paul Turchi

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.8)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
B 1859807	TBD-0231	32302

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☒ Retest ☐ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (ddmmyyyy)

5. VETERINARY LICENSE OR ACCREDITATION NO. 2024

6. TEST TYPE ☐ AGID ☒ ELISA

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
LONNIE BYNUM
1067 SAGE Rd.
PRAIRIE GROVE Zip Code 72753
Tel No. 267 3282 County WASH.

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
LONNIE BYNUM PARTY TIME PONIES
P.O BOX 367 FARMINGTON AR.
Zip Code 72730
Tel No. 501-267-3282 County WASH

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
Country Vet Services
P.O Box 87
Farmington AR Zip Code 72730
Tel No. 2672683 County WASH

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
[signature]	TIM E. CIDEWELL DVM	32302

CERTIFICATION OF OWNER OR OWNER'S AGENT

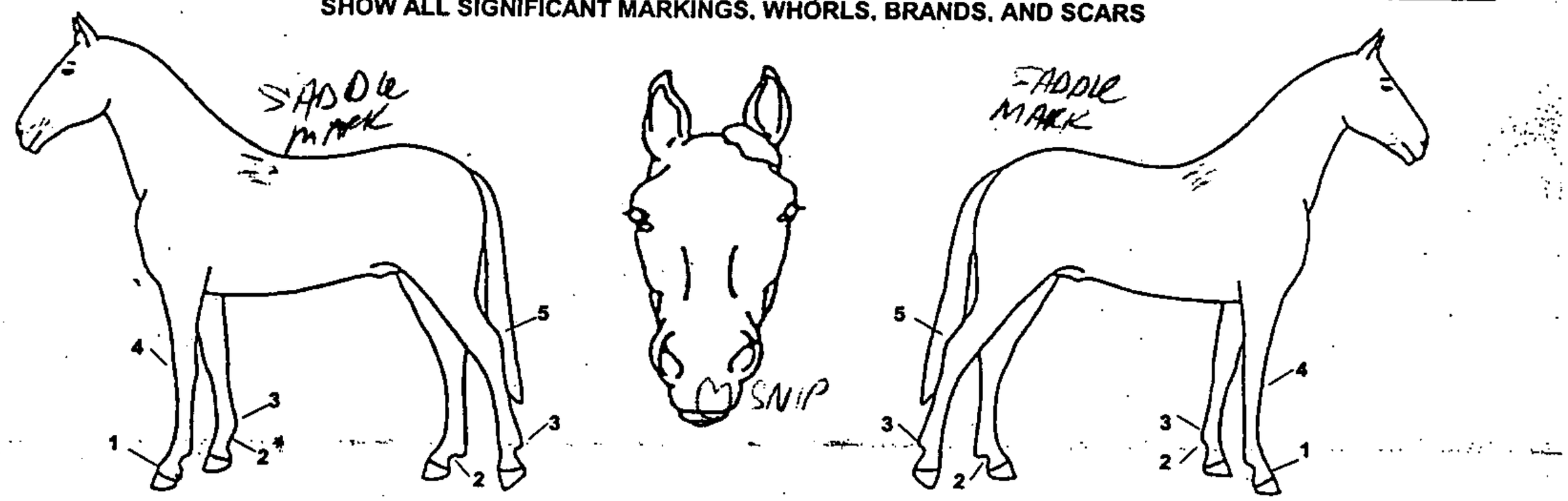
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
Lonnie Bynum	LONNIE BYNUM	32302

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
2			JAKE	BAY	WELSH		14	G

M - Male, F - Female, G - Gelding, N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD: mealy muzzle

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE: Country Vet Services Farmington Ar. 72730

32. DATE RECEIVED: 32302

33. DATE REPORTED OUT: 3-24-00

34. TEST RESULTS: ☒ Negative ☐ Positive ☐ AGID ☒ ELISA

36. SIGNATURE OF TECHNICIAN: [signature]

35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2000) (Replaces the VS 10-11 (4-90) and VS 10-11T (10-97), which may be used.)

PART. 3-OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.8)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
B 1859810	1AD-233	32302

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☒ Retest ☐ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (ddmmyyyy)

5. VETERINARY LICENSE OR ACCREDITATION NO. 2024

6. TEST TYPE ☐ AGID ☒ ELISA

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
LONNIE BYNUM
1067 SAGE RD.
BRAIC GROVE Zip Code 72733
Tel No. County WASH

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
PARTY TIME PONIES
PO BOX 367
FAYETTEVILLE AR. Zip Code 72730
Tel No. 501-267-3282 County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
COUNTRY VET
PO BOX 87
FARMINGTON AR Zip Code 72730
Tel No. 267 2685 County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

11. TYPE OR PRINT SIGNATURE-NAME Lisa E. O'Neill DVM

12. SIGNATURE DATE 32302

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

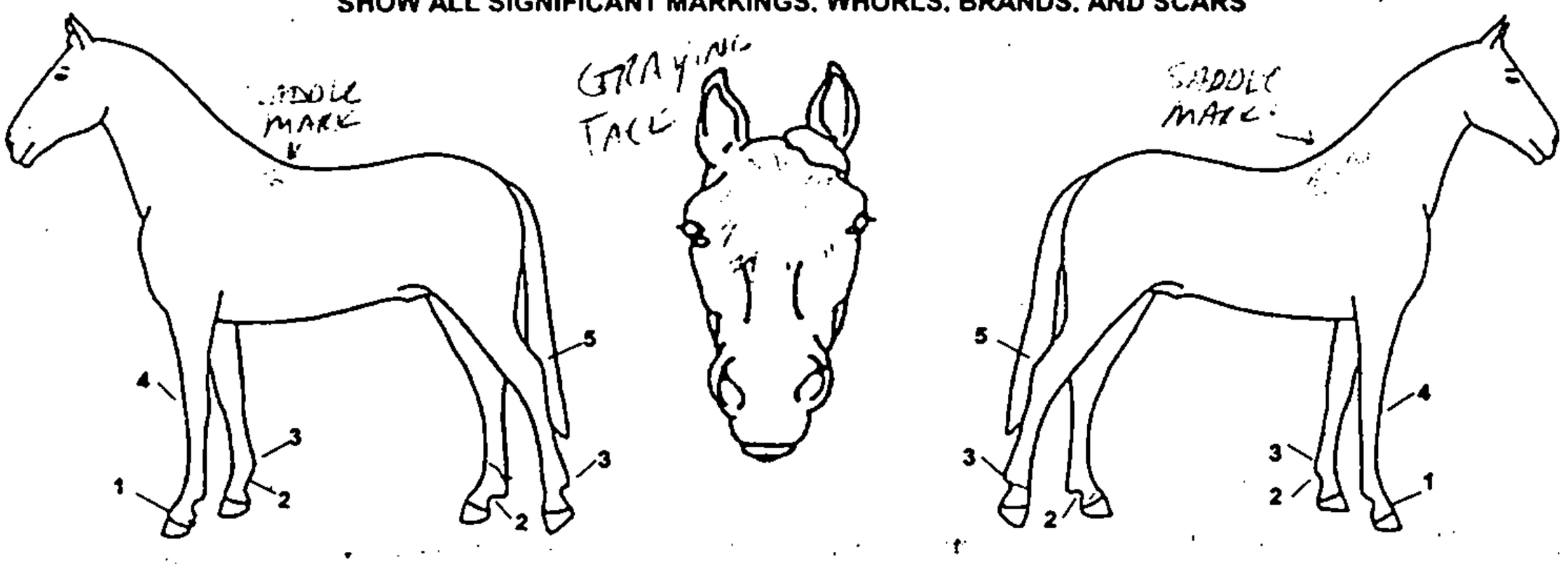
13. SIGNATURE OF OWNER OR OWNER'S AGENT Lonnie Bynum

14. TYPE OR PRINT SIGNATURE-NAME Lonnie Bynum

15. SIGNATURE DATE 32302

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex (M - Male, F - Female, G - Gelding, R - Reuter)
89			Pooh Bear	BAY	Shetland		18yr	G

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

27. HEAD: GRAYING

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE: Country Vet Service Farmington Ar.

32. DATE RECEIVED 32302

33. DATE REPORTED OUT 3-24-02

34. TEST RESULTS ☒ Negative ☐ Positive ☐ AGID ☒ ELISA

36. SIGNATURE OF TECHNICIAN

35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

S FORM 10-11 (MAY 2000) (Replaces the VS 10-11 (4-90) and VS 10-11T (10-97), which may be used.)

PART. 3-OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.8)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
B 1859809	T00-086	32302

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Market ☐ Change of Ownership ☐ Show ☐ First Test ☒ Retest ☐ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (ddmmyyyy)

5. VETERINARY LICENSE OR ACCREDITATION NO.: 2024

6. TEST TYPE: ☐ AGID ☒ ELISA

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
Lonnie Bynum
1067 Sage Rd.
Farmington
Zip Code 72753
Tel No.
County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
Party Time Ponies
P.O. Box 367
Farmington Ark.
Zip Code 72730
Tel No. 501-267-3232
County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
Country Vet Service
PO Box 87
Farmington AR
Zip Code 72730
Tel No. 267 2685
County Wash

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
[signature]	Troy E. Gilbreath DVM	3-23-02

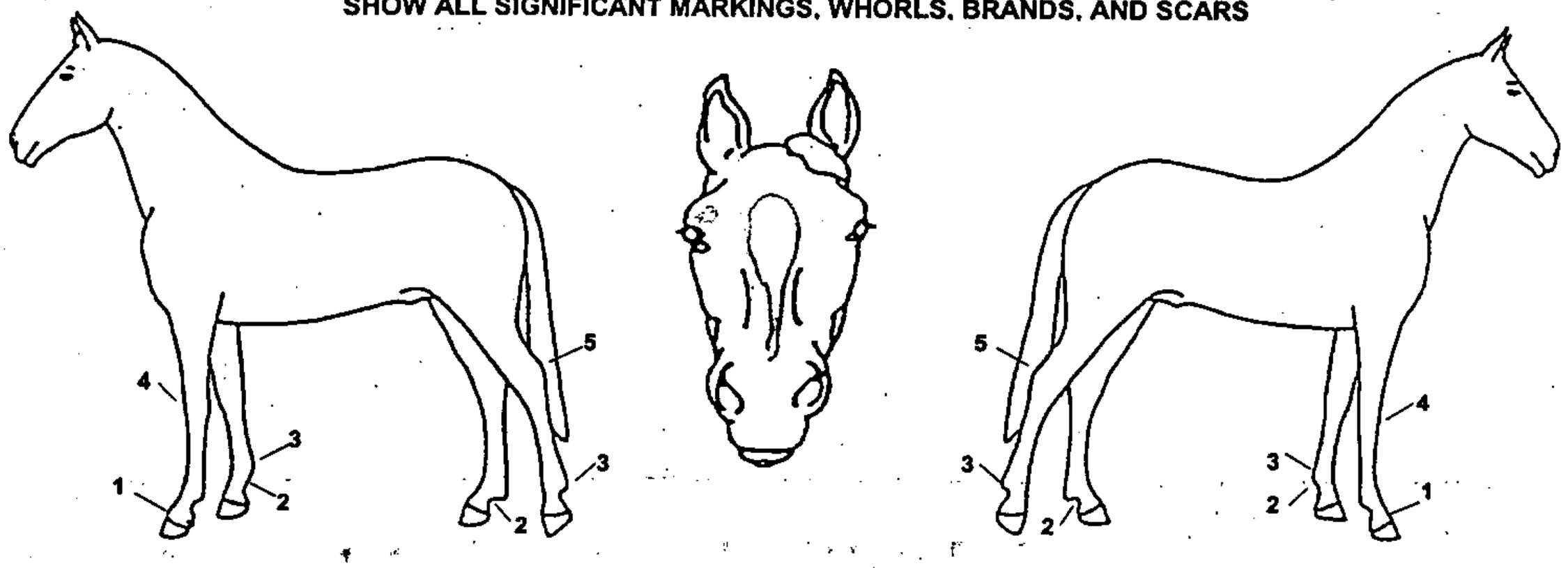
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
Lonnie Bynum	Lonnie Bynum	32302

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex (M - Male, F - Female, G - Gelding, N - Neuter)
V			SPUR	Sorrel	Welsh QH		28	G

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

5. HEAD	26. OTHER MARKS AND BRANDS
7. LEFT FORELIMB	28. RIGHT FORELIMB
9. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
Country Vet Service Farmington AR.	32302	3-24-02	☐ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE OF TECHNICIAN		35. REMARKS
	[signature]		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

S FORM 10-11 (MAY 2000) (Replaces the VS 10-11 (4-90) and VS 10-11T (10-97), which may be used.)

PART. 3-OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.8)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
B 1859812	1402-023	32302

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☒ Retest ☐ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (dddmmmm)

5. VETERINARY LICENSE OR ACCREDITATION NO.: 2024

6. TEST TYPE: ☐ AGID ☒ ELISA

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
LONNIE BYNUM
1067 SAGE RD.
PEARL CITY AR Zip Code 72723
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
PARTY TIME
P.O. BOX 367
FARMINGTON AR Zip Code 72730
Tel No. 2677782 County WASHINGTON

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
Country Vet Service
PO Box 81
Elkins Ford AR Zip Code 72730
Tel No. 267 2685 County WASH

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
	Tim E. Gilliland DVM	32302

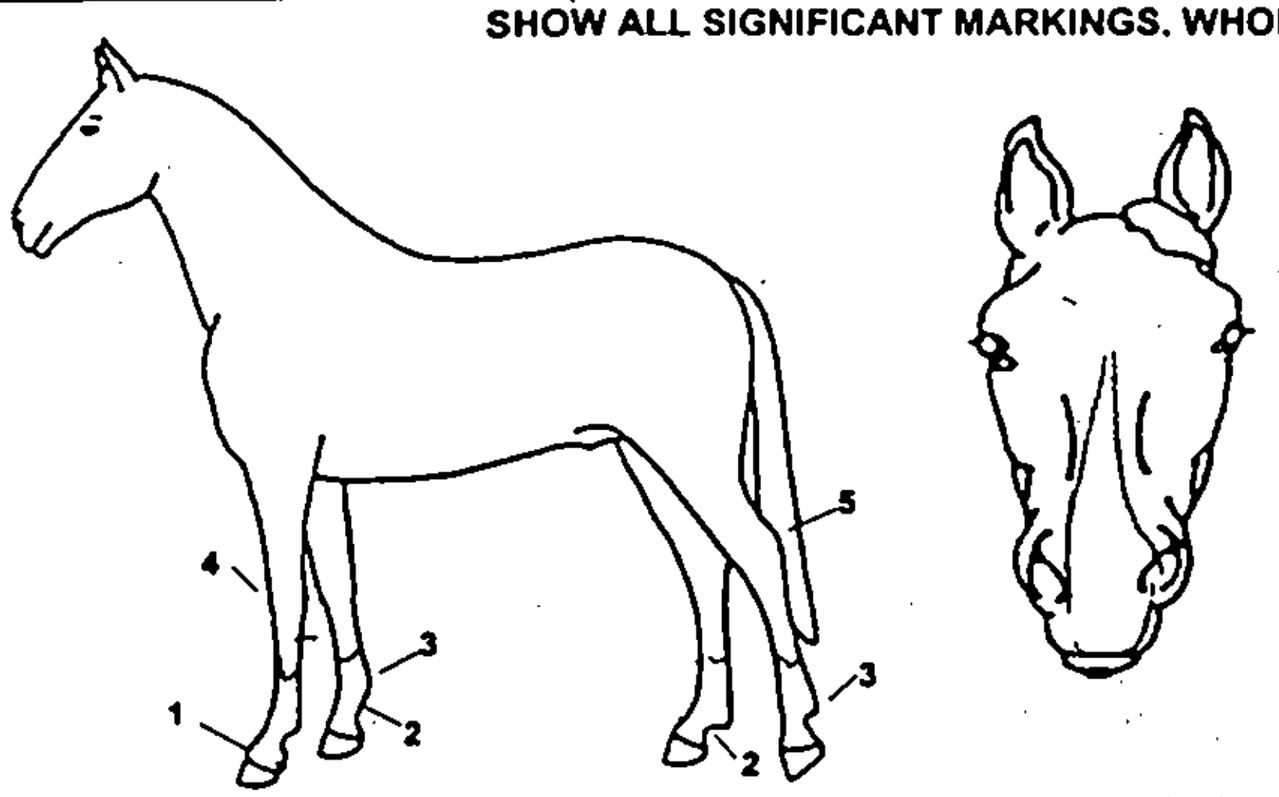
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
Lonnie Bynum	Lonnie Bynum	32302

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex (M - Male, F - Female, G - Gelding, N - Neuter)
11			ALEX	PALOMINO DUN	WELSH X		11YRS	G

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
Country Vet Service Farmington AR 72730	32302	3-24-02	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE OF TECHNICIAN		35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2000) (Replaces the VS 10-11 (4-90) and VS 10-11T (10-97), which may be used.)

PART. 3-OWNER

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.8)

SERIAL NO. B 1859808 | ACCESSION NUMBER 1002-234 | 2. DATE BLOOD DRAWN 32302

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

REASON FOR TESTING: ☐ Market ☐ Change of Ownership ☐ Show ☒ Retest ☐ First Test ☐ Export

GEOGRAPHIC INFORMATION SYSTEMS (GIS) (ddmmyyyy)

5. VETERINARY LICENSE OR ACCREDITATION NO. 2024

6. TEST TYPE ☐ AGID ☒ ELISA

NAME AND ADDRESS OF OWNER (Please print or type)
ART TIME PONIES
PO BOX 367
FARMINGTON AR Zip Code 72730
Tel No. 501.267.3282 County

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
LONNIE BYNUM
1067 SAGE RD.
PRAIRIE GROVE Zip Code 72753
Tel No. 267 3282 County WASH

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
Countryvet Services
PO BOX 87
FARMINGTON AR Zip Code 72730
Tel No. 267 2685 County WASH

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN | 11. TYPE OR PRINT SIGNATURE NAME Lisa E. Collins | 12. SIGNATURE DATE 32302

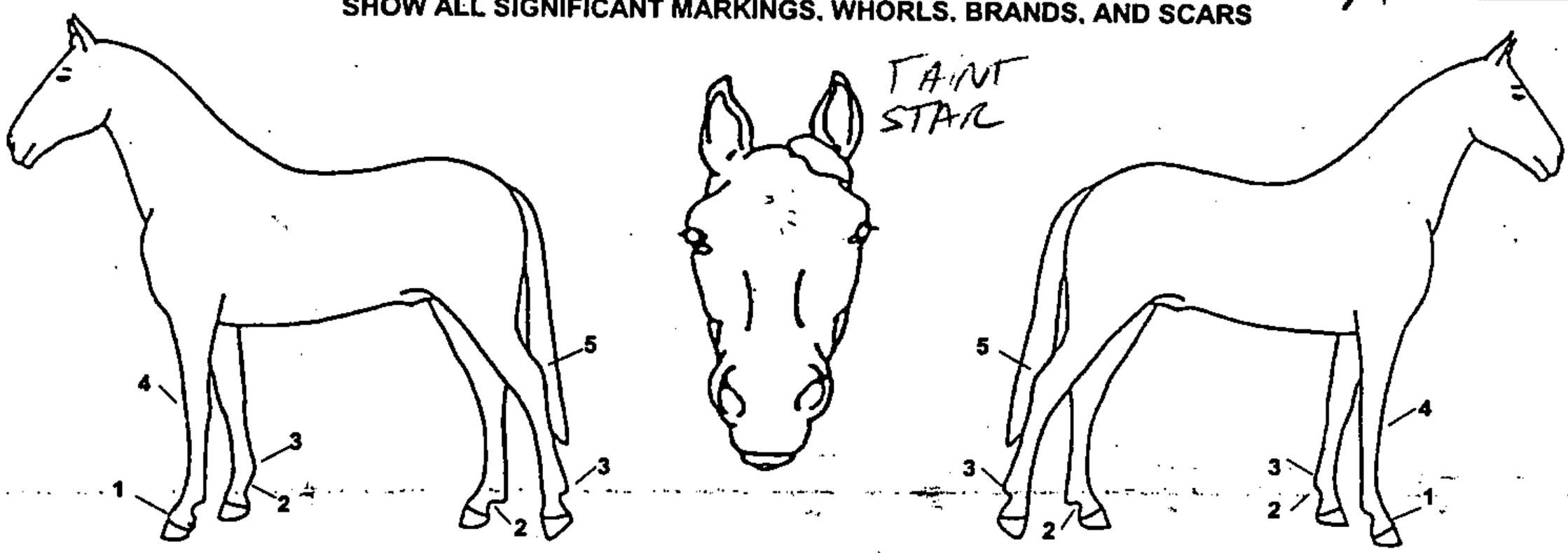
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT Lonnie Bynum | 14. TYPE OR PRINT SIGNATURE NAME Lonnie Bynum | 15. SIGNATURE DATE 32302

16. Disposition	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex (M - Male, F - Female, G - Gelding, N - Neuter)
A			BUTTONS	BROWN DUN	SHETLAND		14	G

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

HEAD	26. OTHER MARKS AND BRANDS
LEFT FORELIMB	28. RIGHT FORELIMB
LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
Countryvet Services Farmington AR 72730	32302	3-24-02	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE OF TECHNICIAN		35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

FORM 10-11 (MAY 2000) (Replaces the VS 10-11 (4-90) and VS 10-11T (10-97), which may be used.)

PART. 3-OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.8)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
B 1859813	10-272	3 23 02

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☒ Retest ☐ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (ddmmmyyy)

5. VETERINARY LICENSE OR ACCREDITATION NO. 2024

6. TEST TYPE: ☐ AGID ☒ ELISA

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
Lonnie Bynum
1067 Stage Rd
Plantersville TX Zip Code 77363
Tel No. 267 3282 County WASH

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
Lonnie Bynum
P.O. Box 367
Plantersville TX Zip Code 77363
Tel No. 267 3282 County WASH

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
County Vet Service
PO Box 87
Simonton TX Zip Code 77476
Tel No. 267 2625 County WASH

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
[signature]	Tim E. Odell DVM	32302

CERTIFICATION OF OWNER OR OWNER'S AGENT

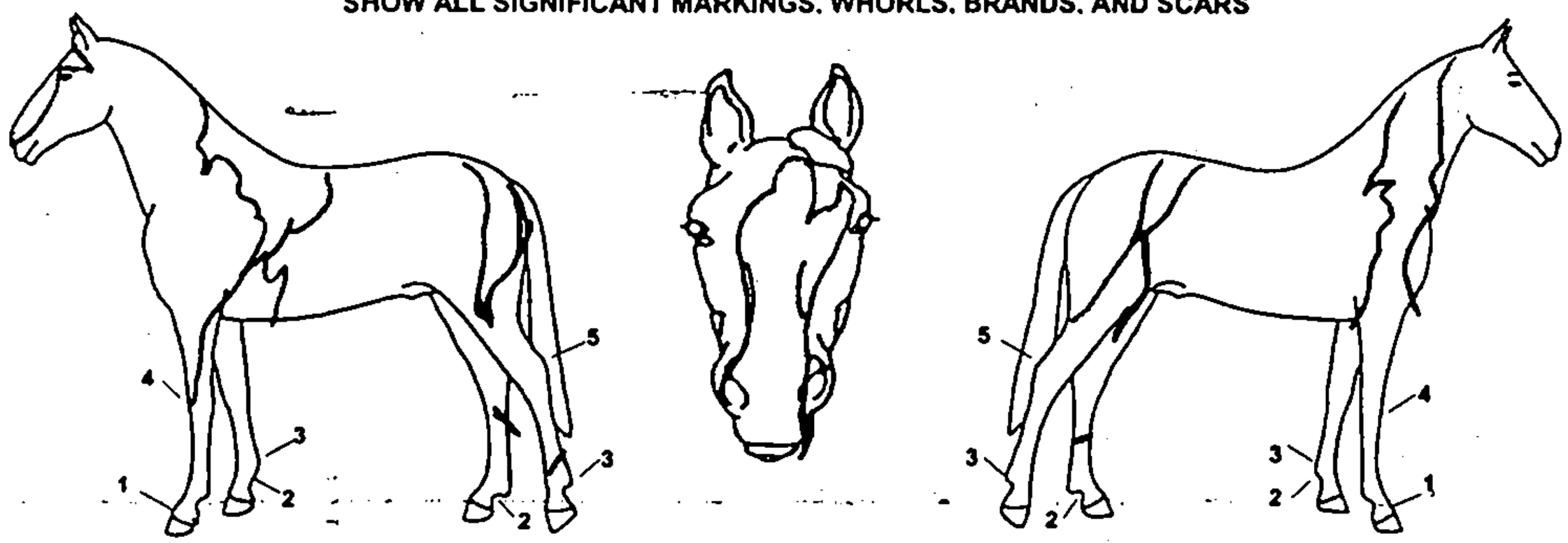
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
X [signature]	Lonnie Bynum	32302

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
8			Pequot Bl.	Paint	Roan Welsh		8	G

M - Male, F - Female, G - Gelding, N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
County Vet Service Simonton TX 77476	32302	32702	☐ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE OF TECHNICIAN		35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

'S FORM 10-11 (MAY 2000) (Replaces the VS 10-11 (4-90) and VS 10-11T (10-97), which may be used.)

PART. 3-OWNER

OFFICE OF THE COUNTY CLERK

WASHINGTON COUNTY
Fayetteville, Arkansas

RECEIPT NO. 3049 DATE 8/12/2002

RECEIVED OF JULE JOHANSEN $ 5.00

DOLLAR AMOUNT FIVE DOLLARS AND NO/100

FOR CERTIFIED COPY

CASH X CHECK ____

MARILYN EDWARDS, County Clerk

By Rebecca Young

Democrat Printing & Litho Co.
Form No. 466
Class 2

CERTIFICATE

PERSONS CONDUCTING BUSINESS IN THIS STATE UNDER ASSUMED NAME

I (we) do hereby certify that I am (we are), or intend operating a business under the assumed or designated name of Partytime Ponies

and I (we) further certify that the true full name, or names, of parties interested in the conducting or transacting of said business are as follows:

Name	Post Office Address
Jack Johansen	12395 West Highway 62, Farmington, AR
Jule Johansen	12395 West Highway 62, Farmington, AR

FILED
'96 APR 25 PM 1 15
MARILYN [illegible]
CO. & PROBATE CLERK
WASHINGTON CO. ARK.

This certificate being executed in compliance with the provisions of Act 11 of the Acts of the General Assembly of the State of Arkansas for the year 1943. (Approved January 29, 1943.)

(Signed) Linda L. Johansen
Jule Johansen

ACKNOWLEDGMENT

STATE OF ARKANSAS,
County of Washington

I hereby certify that before me, the undersigned Partytime Ponies, in and for the State and County aforesaid, duly commissioned and acting, personally appeared

to me personally known, and to be the identical person(s) whose name(s) is (are) affixed to, and who executed the above certificate, and acknowledged that he (they) executed the same for the uses and purposes therein contained and set forth, and desire the same certified, which is done.

Given under my hand and seal on this the 25th day of April, 1996.

Linda Barham

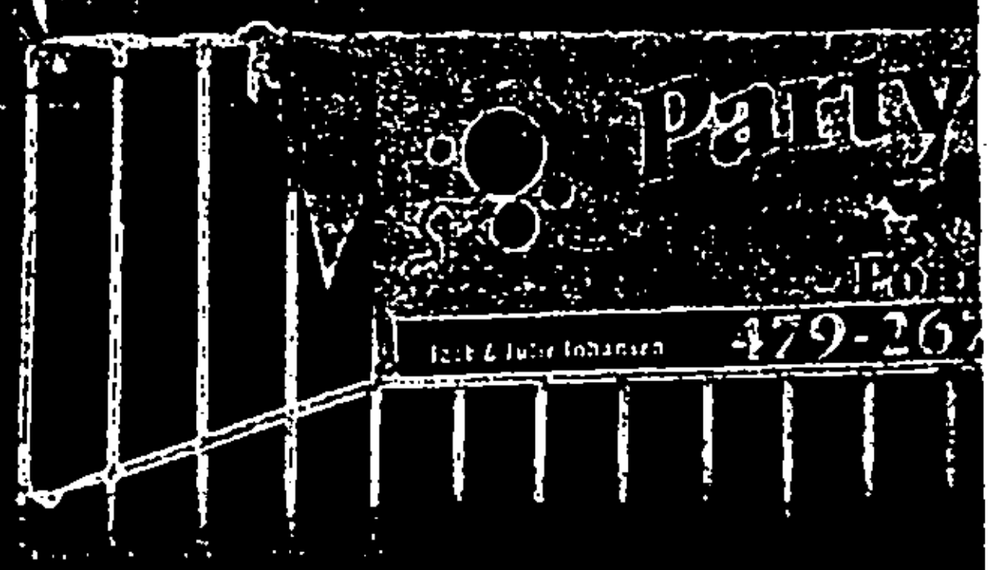
"OFFICIAL SEAL"
LINDA BARHAM
NOTARY PUBLIC • ARKANSAS

CERTIFICATE
I CERTIFY THAT THIS INSTRUMENT IS A
TRUE COPY OF THE Assumed Name Int. ON
FILE IN THIS OFFICE. DATE 8-12-020
Marilyn Edwards
Marilyn Edwards - County Clerk
Jennifer Harmon D.C.

Optimo Pools

NEW OWNERS

PROFESSIONAL



August 31, 2002

To: Fayetteville Animal Control
Fayetteville City Council
Fayetteville Parks and Recreation

Re: Proposal from Partytime Ponies
For the Lights of the Ozarks Festival

Over the past several years the Lights of the Ozarks has been a major winter attraction for Northwest Arkansas and the Fayetteville Area. The Partytime Ponies has continued to be part of this Holiday celebration. Through the many seasons that the Ponies have been on the Fayetteville Square, we have been pleased to be part of this wonderland of lights.

As founders of the Partytime Ponies we sold the business three years ago. In mid-August the Pony business was returned to us. As new and former owners we would like to again be part of the festivities at the Lights of the Ozarks this 2002 – 2003 Holiday Season and beyond.

It is to our understanding that there are new laws, rules, and regulations to follow since our direct involvement with this business three years ago. Our goal has always been to have a safe and fun environment for the children, adults, and for the ponies. We plan to continue that same environment for our customers and staff. We are constantly looking for ways to improve the safety of our young inexperienced riders.

Historically, during the Lights of the Ozarks Festival, we have led the ponies around the Square with the rider enjoying the beautiful lights and culture the Square offers. This has become a tradition for many families for the Holiday Season. Many children are repeat riders during the course of the six-week period. Some parents venture many miles to our area looking for the "Ponies on the Square". Many children know their pony by its name and request their favorite one.

During these rides the ponies are exposed to moving cars, cars backing out, cameras flashing, loud sounds from moving equipment, crackling from speakers, children running from behind, skate boards, baby carriages, leashed and unleashed dogs, and on windy nights a variety of

containers blowing in the wind. Though none of these conditions are natural to horse environments, the ponies have handled them all quite well.

It is our understanding, now, that when a pony is led with a rider, as rides are offered to the general public, the rider must wear some kind of head protection. Though we are not opposed to such an ordinance, health and sanitation issues should be addressed and considered.

Certainly a number of these helmets would be required. Pony riders vary in size from infant to about ninety pounds. During the winter months, some children will be wearing hats, scarves, and etc. to protect themselves from the cold. With such garments, the helmets would not fit properly or as securely. Removal of these garments would only encourage the onset of illness.

Since most riders would not bring their own helmet, helmets would be changed from one rider to another. With the winter season we could see problems with lice, or other diseases that move from human to human. If there were such a spray to disinfect a rider's helmet, during a winter's night, the spray would/could turn ice inside the helmet. This could lead to wet heads, sick kids, and very unhappy adults.

Through the years the numbers of riders have increased, as have the numbers of ponies that have been used on busy nights. If we take into consideration a busy night with six ponies, pedestrian traffic becomes very congested on an already congested city street with moving traffic. We can easily have twenty-four people and six horses mixing with drivers that not always pay attention to their driving, this is a potential for a very dangerous situation.

Parking on the Square is a limited commodity. Many nights we would wait for cars to move in order to load passengers onto the ponies in the parking area around the square out of the line of traffic. Many nights the cars do not move all night long making it difficult to load the ponies from a consistent spot.

There has always been a carriage route around the square. Many nights we loaded passengers in this lane causing even more congestion at those intersections with cars and carriages.

Not having a serious accident in these conditions through those years, it is my belief the handlers and the ponies have done exceptionally well at diverting an accident both of people and horses.

In effort to improve this environment for everyone, I would like to propose the following solution.

It is our desire to set a pony ring on an area for the season. The area required to operate the pony ring is a twenty foot by twenty foot square. A white PVC pipe fence would surround this area. The fence and the ring would be attached to the ground for stabilization and security. Wood shavings would cover the ground under the ring where the ponies walk and ease in removing any pony waste. The wood savings would be removed nightly in case of rain, snow, or inclement weather. The fence would be decorated in holiday fashion to enhance the décor of the square.

Because of the area required to operate the ring and attach it to the surface of the parking area, we are asking to use or possibly rent enough space to accommodate the ring for the entire Lights of the Ozarks Festival.

Although we do not operate the pony rides during rain, snow, wet conditions, or unreasonably cold weather, we would still occupy that space for the duration of the season. Once the season is concluded we will repair all the holes in the surface of the pavement needed to secure our equipment as we have in the past for events such as Springfest, and Autumfest.

The pony ring could be located on the east side of the Square on the approach to the Old Post Office driveway. There is sufficient space between the sidewalk and the traffic flow to accommodate the ring and not interfere with the daytime traffic flow on this street and still allow use of the Post Office Drive way for one vehicle access. During the evening hours of operation this street is usually closed. Historically the carriages load from this side of the Square.

Having a designated area for the pony rides during this event would provide a safer environment for these young kids, parents, our staff, and the ponies. Using a parking area next to the sidewalk, the children could enter the fenced area from the sidewalk around the square keeping away from moving vehicular traffic.

Having the ponies on a pony ring would eliminate the need for helmets and their health and safety issues. Pony handlers would be closer together for added security for the children. Pony waste is contained to a smaller area and more readily dealt with. Finally the ponies and children would be in a more controlled environment we would have less opportunity for child, vehicle, and pony entanglement.

It has always been a pleasure to work with the people of Fayetteville and the surrounding communities and I look forward to our future together. Let us make the coming Holiday Season one of the happiest and most joyous of all. Thank you for your consideration.

Jack and Julie Johansen
Partytime Ponies

PARTY TIME PONIES

Jack and Julie Johansen
12395 W. Hwy 62
Farmington, Arkansas 72730

479-267-2101
479-957-7095

November 25, 2002

Fayetteville City Council
113 W. Mountain Street
Fayetteville, Arkansas 72701

Re: Pony Rides on the Square

Dear Council Members:

Party Time Ponies would like the opportunity to provide quality pony rides on the square during the Christmas season. My husband and I are the original owners of Party Time Ponies and operated the rides without incident from 1994 through 1999. In August of this year we retained ownership of the business again.

We have invested substantially in new Christmas costumes for the ponies which we believe will add to charm and festive spirit found on the square during this time of year.

We are proposing to operate four ponies on a carousel at the northeast corner of the square. We have provided all the necessary documentation to the City Clerk's office for a total of six animals. Two animals will be used as alternates as needed.

We are also asking the City Council to waive the helmet provision in the ordinance. We are unable to comply with this section due to health concerns, such as the transmittal of lice from one child to another.

We respectfully request a Certificate of Public Convenience and Necessity and a waiver from the requirement of the use of helmets.

Sincerely,

Julie Johansen
Owner

MEMO

TO: Gary Dumas, General Services Director

FROM: Jill Hatfield, Animal Services Superintendent

DATE: November 25, 2002

RE: Party Time Ponies Safety Helmet Issue

Party Time Ponies will be altering their riding program as of this year to accommodate safety issues with the riders and handlers. The ponies will no longer be allowed to walk the Square with one handler provided. All ponies will be tethered to a pony ring in an enclosed area. The ponies will continue to have a handler for the rider's safety.

Due to this change in procedure and added safety measures, Party Time Ponies Owner, Julie Johansen has requested the deletion of the safety helmets. Her concern is the sanitation issue of using the same helmets for all the children and not having the ability to disinfect the helmets after each use. Viruses, parasites and diseases are an issue with using the helmets especially in the cold winter months. There is no disinfectant that will completely kill such organisms.

By altering the route of the ponies and utilizing the tethered pony ring, these measures should eliminate the need for safety helmets.

cc: Heather Woodruff, Fayetteville City Clerk

CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY APPLICATION

As required in § 117.32 of the Fayetteville Code of Ordinances.

APPLICANT

NAME: Jack & Julie Johansen
ADDRESS: 12395 W Hwy 62
Farmington AR 72730
PHONE: 479-267-2101
957-7095

DESCRIBE YOUR EXPERIENCE IN THE TRANSPORTATION OF PASSENGERS.
Childrens Pony Rides

LIST YOUR FINANCIAL STATUS, INCLUDING THE AMOUNT OF ALL UNPAID JUDGEMENTS AGAINST YOU AND THE NATURE OF THE TRANSACTION OR ACTS GIVING RISE TO SAID JUDGEMENTS.

BUSINESS

NAME OF BUSINESS: Part time Ponies
BUSINESS LOCATION: 12395 W Hwy 62
Farmington AR
MAILING ADDRESS: 12395 W Hwy 62
Farmington AR
PHONE: 479-267-2101

HOW MANY VEHICLES WILL BE AVAILABLE FOR YOUR OPERATION OR CONTROL ?

LIST THE LOCATION OF PROPOSED DEPOTS AND TERMINALS.
northeast Corner of Hay Square

DESCRIBE THE COLOR SCHEME OR INSIGNIA TO BE USED TO DESIGNATE YOUR VEHICLES.
Red + White - Christmas decorated ponies + tent

WHAT IS YOUR PROPOSED RATE SCHEDULE?
$4.00 per Ride

Pone Ride

LIST THE HOURS BETWEEN WHICH YOU PROPOSE TO PROVIDE ~~TAXICAB~~ SERVICE TO THE GENERAL PUBLIC, AND THE DAYS, IF ANY, ON WHICH YOU DO NOT PROPOSE TO PROVIDE TAXICAB SERVICE TO THE GENERAL PUBLIC.

5pm to 10 or Mon 7 nites a week
Thanksgive Eve to Jan 1 2003

LIST THE NAMES AND ADDRESSES OF ALL OFFICERS AND STOCKHOLDERS OF THE COMPANY IF INCORPORATED.

n/a

DESCRIBE THE EXPERIENCE OF ALL OFFICERS AND STOCKHOLDERS IN THE TRANSPORTATION OF PASSENGERS.

n/a

LIST THE FINANCIAL STATUS OF THE OFFICERS AND STOCKHOLDERS OF THE COMPANY, IF INCORPORATED, INCLUDING THE AMOUNT OF ALL UNPAID JUDGEMENTS AGAINST ANY OF THEM AND THE NATURE OF THE TRANSACTIONS OF ACTS GIVING RISE TO SAID JUDGEMENTS.

n/a

TO WHOM SHOULD COMPLAINTS BE DIRECTED?

APPLICANT, ON AN ATTACHED SHEET, PLEASE GIVE ANY FACTS WHICH YOU BELIEVE TEND TO PROVE THAT PUBLIC CONVENIENCE AND NECESSITY REQUIRE THE GRANTING OF A CERTIFICATE.

Diana Watson 841-7520
Donna Wilson 267-3569
~~marge Pierce~~
Dorthy Bradley 267-3551
Gunnar Broberg 267-1667

Taylor & Associates
Insurance & Financial Services

Linda Phillips
Auto, Home, Life, Health, Commercial

203 Holcomb
P.O. Box 866
Springdale, AR 72765

Office 479-751-4734
FAX 479-751-4648

INSURANCE

ISSUE DATE (MM/DD/YY)
11-14-02

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** Nautilus Insurance Company
COMPANY LETTER **B**
COMPANY LETTER **C**
COMPANY LETTER **D**
COMPANY LETTER **E**

INSURED

Jack or Julie Johansen
dba Party Time Ponies
P.O. Box 367
Farmington, AR 72730

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY	NC150258	05-23-01	05-23-02	GENERAL AGGREGATE	$2,000,000
X	COMMERCIAL GENERAL LIABILITY	NC184044	05-23-02	05-23-03	PRODUCTS-COMP/OP AGG.	$Included
	CLAIMS MADE OCCUR.				PERSONAL & ADV. INJURY	$1,000,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	$1,000,000
					FIRE DAMAGE (Any one fire)	$ 50,000
					MED EXPENSE (Any one person)	$ 1,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	$
	ANY AUTO					
	ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	SCHEDULED AUTOS					
	HIRED AUTOS				BODILY INJURY (Per accident)	$
	NON-OWNED AUTOS					
	GARAGE LIABILITY				PROPERTY DAMAGE	$
	EXCESS LIABILITY				EACH OCCURRENCE	$
	UMBRELLA FORM				AGGREGATE	$
	OTHER THAN UMBRELLA FORM					
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	$
					DISEASE—POLICY LIMIT	$
					DISEASE—EACH EMPLOYEE	$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Tethered Pony Rides "LIghts of the Ozarks Festival"

CERTIFICATE HOLDER

City of Fayetteville

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Linda Phillips MS

Northwest Equine Services
1650 N. Sunshine Road
Fayetteville, AR. 72704-6340
(479) 521-5558
FAX: (479) 521-4650

Patient History Report

For Julie Johanson – Jake
From 10/28/2002 to 11/19/2002

Account #: **1381**
Owner: **Julie Johanson**
Address: **12395 W. Hwy 62**
Farmington, AR 72730

Phone: **(501)267-2101**

Animal: **Jake**
Species: **Equine**
Breed: **PONY**
Color: **BLACK**
Gender: **Gelding**
Birthdate: **01/01/1993**
Age: **9 years 10 months 22 days**
Weight: **0.00**

Date	Doctor	Description	Weight
11/18/2002	Paul Turchi	R#17333; Rabies Vaccination EEE/WEE/TET Enceph. Vaccinati	0
10/28/2002	Paul Turchi	Oral Exam- Brief Acepromazine Injection 3ml Clean Sheath	0

Northwest Equine Services
1650 N. Sunshine Road
Fayetteville, AR 72704-6340
(479) 521-5558
FAX: (479) 521-4650

Patient History Report

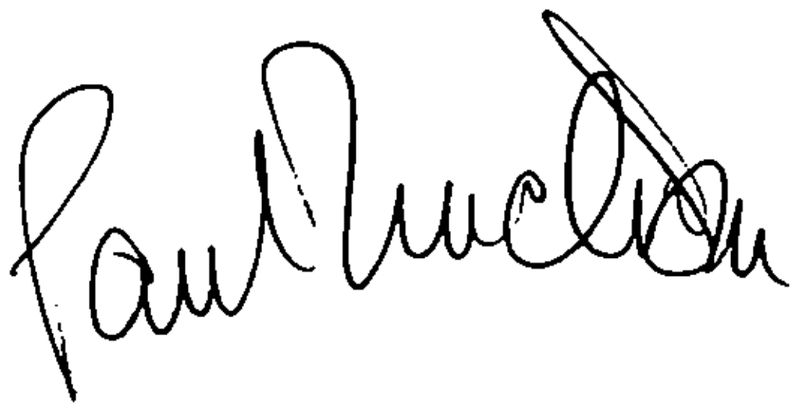
For Julie Johanson – Buttons
From 10/28/2002 to 11/19/2002

Account #: **1381**
Owner: **Julie Johanson**
Address: **12395 W. Hwy 62**
Farmington, AR 72730

Phone: **(501)267-2101**

Animal: **Buttons**
Species: **Equine**
Breed: **PONY**
Color: **GRAY**
Gender: **Gelding**
Birthdate: **01/01/1992**
Age: **10 years 10 months 22 days**
Weight: **0.00**

Date	Doctor	Description	Weight
11/18/2002	Paul Turchi	R#17331; Rabies Vaccination EEE/WEE/TET Enceph. Vaccinati Flush Naso-lacrimal Duct	0
10/28/2002	Paul Turchi	Oral Exam- Brief Clean Sheath Acepromazine Injection 3ml	0



Northwest Equine Services
1650 N. Sunshine Road
Fayetteville, AR 72704-6340
(479) 521-5558
FAX: (479) 521-4650

Patient History Report

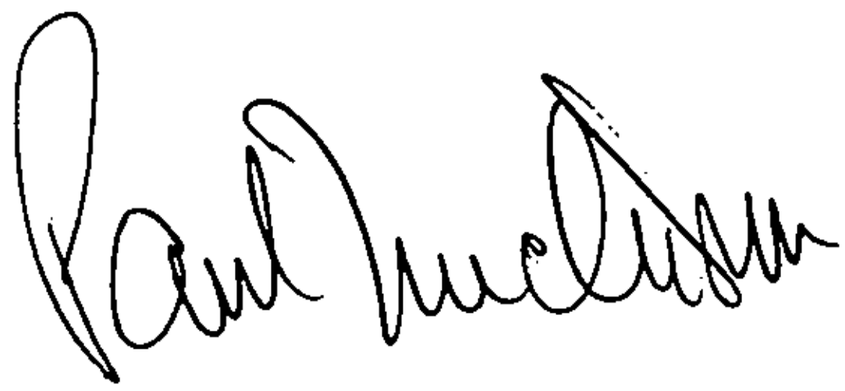
For Julie Johanson -- Peanut
From 10/28/2002 to 11/19/2002

Account #: **1381**
Owner: **Julie Johanson**
Address: **12395 W. Hwy 62**
Farmington, AR 72730

Phone: **(501)267-2101**

Animal: **Peanut**
Species: **Equine**
Breed: **PONY**
Color: **PAL/WHT**
Gender: **Gelding**
Birthdate: **01/01/1995**
Age: **7 years 10 months 22 days**
Weight: **0.00**

Date	Doctor	Description	Weight
11/18/2002	Paul Turchi	R#17341; Rabies Vaccination EEE/WEE/TET Enceph. Vaccinati	0
10/28/2002	Paul Turchi	Dormosedan 3ug Rompun Injection 1 ml Teeth Float & Examine Reversal; Qty: 0.5. Clean Sheath	0



Northwest Equine Services
1650 N. Sunshine Road
Fayetteville, AR 72704-6340
(479) 521-5558
FAX: (479) 521-4650

Patient History Report

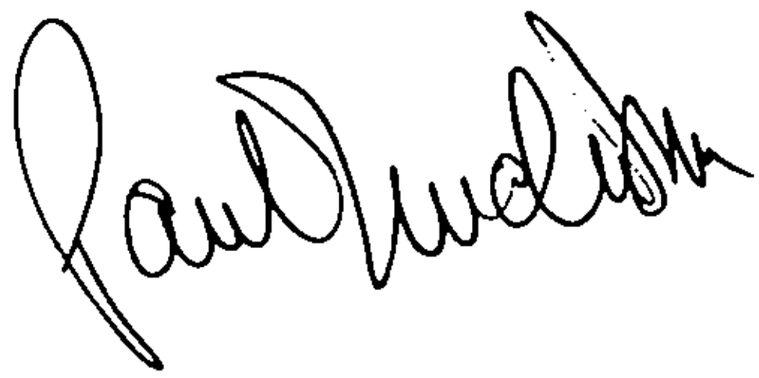
For Julie Johanson – Bear
From 10/28/2002 to 11/19/2002

Account #: **1381**
Owner: **Julie Johanson**
Address: **12395 W. Hwy 62**
Farmington, AR 72730

Phone: **(501)267-2101**

Animal: **Bear**
Species: **Equine**
Breed: **PONY**
Color: **BAY**
Gender: **Gelding**
Birthdate: **01/01/1984**
Age: **18 years 10 months 24 days**
Weight: **0.00**

Date	Doctor	Description	Weight
11/18/2002	Paul Turchi	R#17335; Rabies Vaccination	0
		EEE/WEE/TET Enceph. Vaccinati	
10/28/2002	Paul Turchi	Oral Exam- Brief	0
		Clean Sheath	
		Acepromazine Injection 3ml	



Northwest Equine Services
1650 N. Sunshine Road
Fayetteville, AR 72704-6340
(479) 521-5558
FAX: (479) 521-4650

Patient History Report

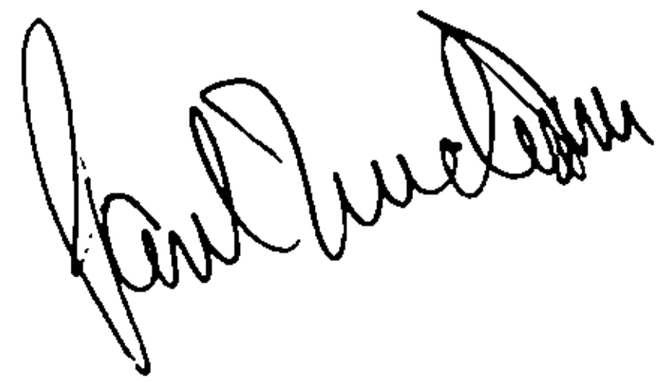
For Julie Johanson -- Alex
From 10/28/2002 to 11/19/2002

Account #: **1381**
Owner: **Julie Johanson**
Address: **12395 W. Hwy 62**
Farmington, AR 72730

Phone: **(501)267-2101**

Animal: **Alex**
Species: **Equine**
Breed: **PONY**
Color: **SORREL**
Gender: **Gelding**
Birthdate: **01/01/1992**
Age: **10 years 10 months 22 days**
Weight: **0.00**

Date	Doctor	Description	Weight
11/18/2002	Paul Turchi	R#17339; Rabies Vaccination EEE/WEE/TET Enceph. Vaccinati	0
10/28/2002	Paul Turchi	Oral Exam- Brief Clean Sheath Acepromazine Injection 3ml	0



Northwest Equine Services
1650 N. Sunshine Road
Fayetteville, AR 72704-6340
(479) 521-5558
FAX: (479) 521-4650

Patient History Report

For Julie Johanson -- Spur
From 11/18/2002 to 11/19/2002

Account #: **1381**
Owner: **Julie Johanson**
Address: **12395 W. Hwy 62**
Farmington, AR 72730

Phone: **(501)267-2101**

Animal: **Spur**
Species: **Equine**
Breed: **Welsh Pony**
Color: **SORREL**
Gender: **Gelding**
Birthdate: **01/01/1974**
Age: **28 years 10 months 26 days**
Weight: **0.00**

Date	Doctor	Description	Weight
11/18/2002	Paul Turchi	EEE/WEE/TET Enceph. Vaccinati R#17337; Rabies Vaccination Exam Health Certificate	0

Paul Turchi

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.8)

SERIAL NO.	ACCESSION NUMBER	2. DATE BLOOD DRAWN
B 1859807	TAD-021	32302

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Market ☐ Change of Ownership ☐ Show ☒ Retest ☐ First Test ☐ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (ddmmyyyy):

5. VETERINARY LICENSE OR ACCREDITATION NO.: 2024

6. TEST TYPE: ☐ AGID ☒ ELISA

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
LONNIE BYNUM
1067 SAGE RD.
PRAIRIE GROVE Zip Code 72753
Tel No. 267 3282 County WASH.

8. NAME AND ADDRESS OF OWNER (Please print or type)
LONNIE BYNUM PARTY TIME RANCH
PO BOX 367 FARMINGTON AR.
Zip Code 72730
Tel No. 501-267-3282 County WASH

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
Southern Vet Services
PO BOX 87 A
FARMINGTON AR Zip Code 72730
Tel No. 267 2683 County WASH

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
[signature]	TIM E. CRIDLEBAUGH DVM	32302

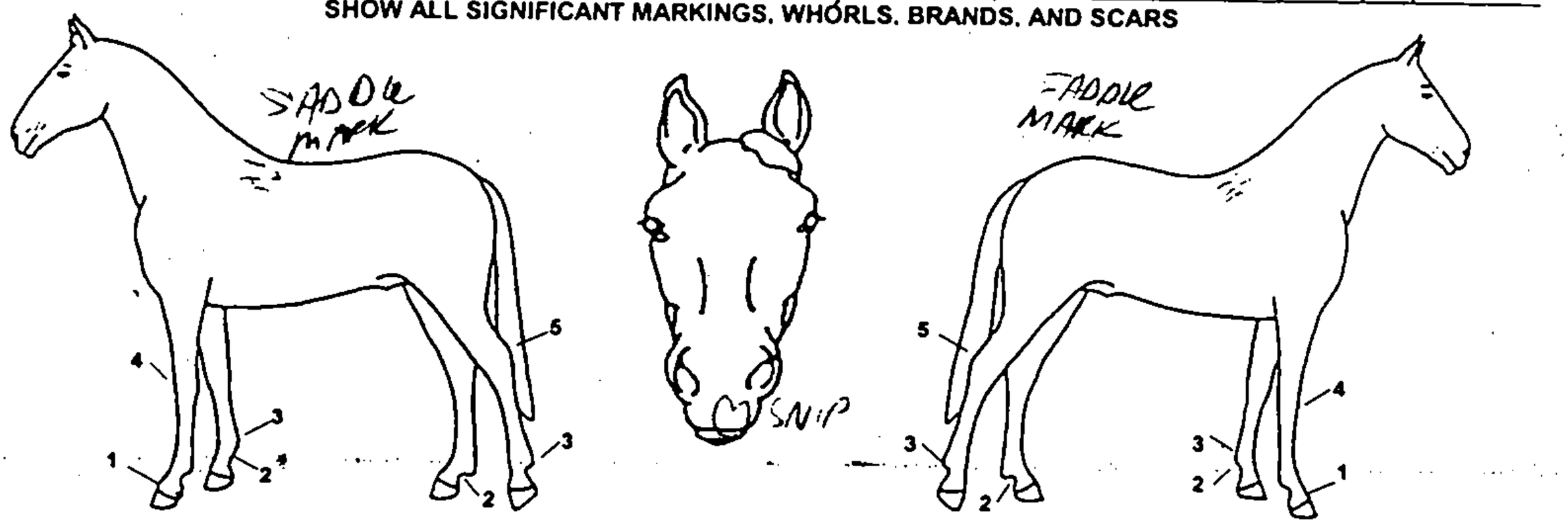
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
Lonnie Bynum	LONNIE BYNUM	32302

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
2			JAKE	BAY	WELSH		14	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

27. HEAD: mealy muzzle
27. LEFT FORELIMB:
31. LEFT HINDLIMB:
28. OTHER MARKS AND BRANDS:
28. RIGHT FORELIMB:
30. RIGHT HINDLIMB:

FOR LABORATORY USE ONLY

32. LABORATORY NAME/CITY/STATE: Southern Vet Services Farmington AR 72730
32. DATE RECEIVED: 32302
33. DATE REPORTED OUT: 3:24:00
34. TEST RESULTS: ☐ Negative ☐ Positive ☐ AGID ☐ ELISA
36. SIGNATURE OF TECHNICIAN: [signature]
35. REMARKS:

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2000) (Replaces the VS 10-11 (4-90) and VS 10-11T (10-97), which may be used.)

PART. 3-OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.8)

SERIAL NO.	ACCESSION NUMBER	2. DATE BLOOD DRAWN
B 1859810	MB-233	32302

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Show ☐ First Test ☐ Market ☐ Change of Ownership ☒ Retest ☐ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (ddmmyyyy):

5. VETERINARY LICENSE OR ACCREDITATION NO.: 2024

6. TEST TYPE: ☐ AGID ☒ ELISA

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
LONNIE BYNUM
1067 SAGE RD.
BEAR GROVE
Zip Code 72733
Tel No. County WASH

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
PARTY TIME PONIES
PO BOX 367
FARMINGTON AR.
Zip Code 72730
Tel No. 501-267-3282 County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
COUNTRY VET
PO BOX 87
FARMINGTON AR
Zip Code 72730
Tel No. 267 2685 County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
[signature]	Lisa E. O'Neal DVM	32302

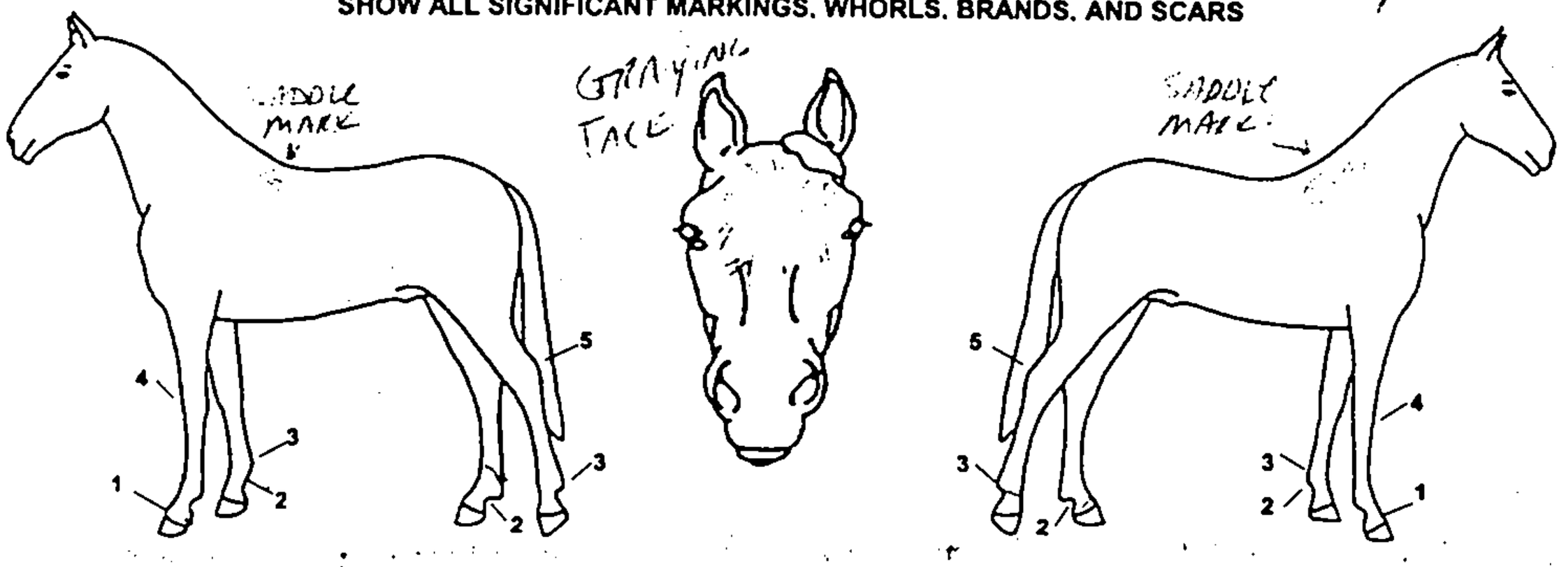
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
[signature]	Lonnie Bynum	32302

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex (M - Male, F - Female, G - Gelding, R - Reuter)
8			Pooh Bear	BAY	Shetland		18yr	G

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
GRAYING	
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
Country Vet Service Farmington Ar.	32302	3-24-02	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE OF TECHNICIAN [signature]		35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

S FORM 10-11 (MAY 2000) (Replaces the VS 10-11 (4-90) and VS 10-11T (10-97), which may be used.)

PART. 3-OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.8)

SERIAL NO.	ACCESSION NUMBER	2. DATE BLOOD DRAWN
B 1859809	120-02	32302

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Market ☐ Change of Ownership ☐ Show ☒ Retest ☐ First Test ☐ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (ddmmwwyy):

5. VETERINARY LICENSE OR ACCREDITATION NO.: 2024

6. TEST TYPE: ☐ AGID ☒ ~~ELISA~~

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
Lonnie Bynum
1067 Sage Rd.
Farmington Zip Code 72753
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
Party Time Ponies
P.O. Box 367
Farmington AR. Zip Code 72730
Tel No. 501-267-3232 County

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
Country Vet Service
POBox 87
Farmington AR Zip Code 72730
Tel No. 267 2685 County Wash

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
[signature]	Tim E. Griffin DVM	3-23-02

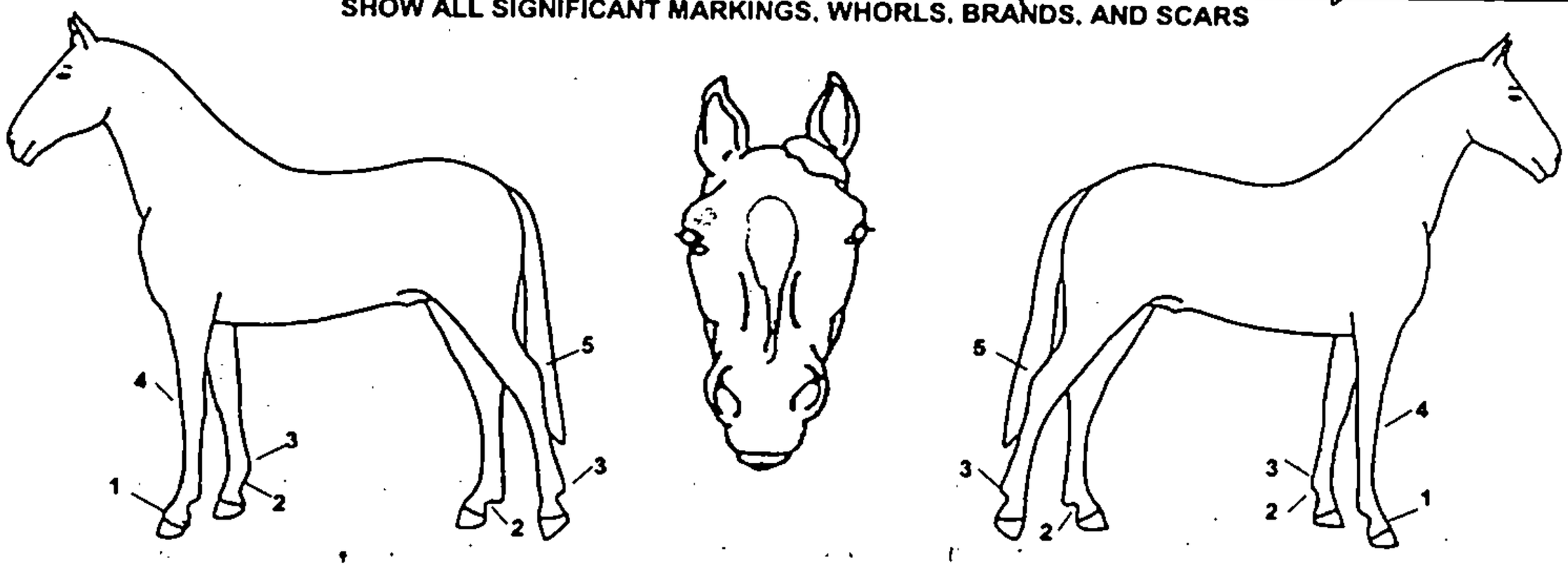
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
Lonnie Bynum	Lonnie Bynum	32302

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex (M - Male, F - Female, G - Gelding, N - Neuter)
12			SPUR	Sorrel	Welsh QH		28	~~F~~ G

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
Country Vet Service Farmington AR.	32302	3-24-02	☐ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE OF TECHNICIAN		35. REMARKS
	[signature]		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2000) (Replaces the VS 10-11 (4-90) and VS 10-11T (10-97), which may be used.)

PART. 3-OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.8)

SERIAL NO.	ACCESSION NUMBER	2. DATE BLOOD DRAWN
B 185812	1002-023	32302

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Market ☐ Change of Ownership ☐ Show ☒ Retest ☐ First Test ☐ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (ddmmyyyy):

5. VETERINARY LICENSE OR ACCREDITATION NO.: 2024

6. TEST TYPE: ☐ AGID ☒ ELISA

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
Lonnie Bynum
1067 Sage Rd.
Pleasant Grove, AR Zip Code 72753
Tel No. County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
PARTY Time
P.O. Box 367
FARMINGTON AR Zip Code 72730
Tel No. 267 2782 County WASHington

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
Country Vet Service
PO Box 81
Elkins Ferry Ar Zip Code 72730
Tel No. 267 2085 County WASH

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
[signature]	Tim E. Gilliland	32302

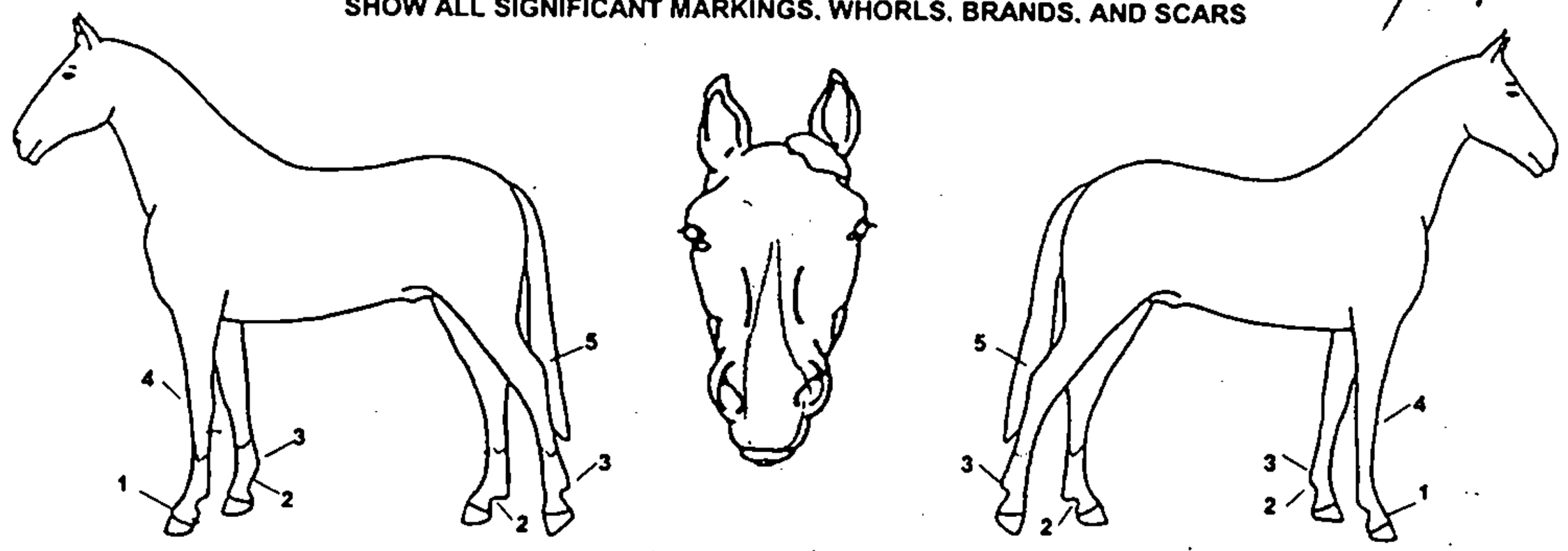
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
Lonnie Bynum	Lonnie Bynum	32302

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex (M - Male, F - Female, G - Gelding, N - Neuter)
11			ALEX	Palomino DUN	Welsh X		11yrs	G

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE: Country Vet Service Lamar AR 72730

32. DATE RECEIVED: 32302

33. DATE REPORTED OUT: 3-24-02

34. TEST RESULTS: ☒ Negative ☐ Positive ☐ AGID ☐ ELISA

36. SIGNATURE OF TECHNICIAN

35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

'S FORM 10-11 (MAY 2000) (Replaces the VS 10-11 (4-90) and VS 10-11T (10-97), which may be used.)

PART. 3-OWNER

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.8)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
B 1859808	[redacted]-0134	32302

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☐ Market ☐ Change of Ownership ☐ Show ☒ Retest ☐ First Test ☐ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (ddmmyyyy):

5. VETERINARY LICENSE OR ACCREDITATION NO.: 0024

6. TEST TYPE: ☐ AGID ☒ ELISA

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
LONNIE BYNUM
1067 SABER RD.
PEARL GROVE
Zip Code 72753
Tel No. 267 3282 County WASH

8. NAME AND ADDRESS OF OWNER (Please print or type)
PARTY TIME PONIES
PO BOX 367
FARMINGTON AR
Zip Code 72730
Tel No. 501.267.3282 County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
Countryvet Services
PO BOX 87
FARMINGTON AR
Zip Code 72730
Tel No. 267 2685 County WASH

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME: [illegible]

12. SIGNATURE DATE: 32302

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT: Lonnie Bynum

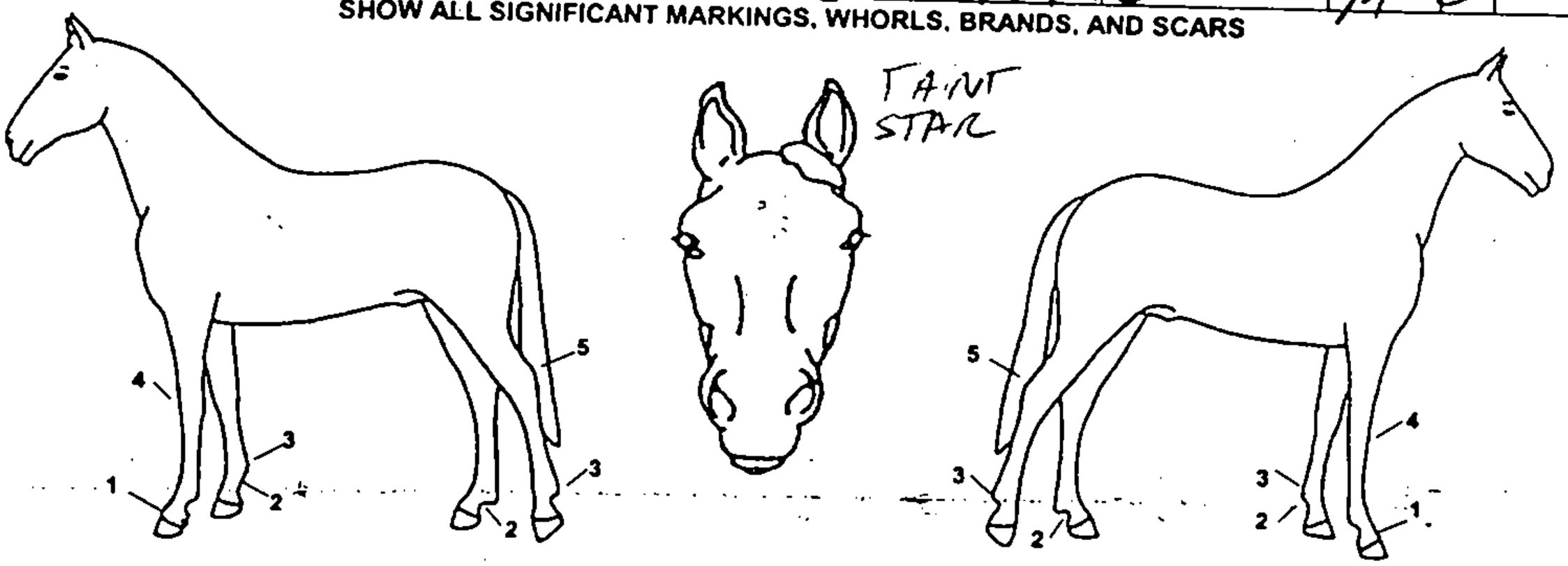
14. TYPE OR PRINT SIGNATURE NAME: Lonnie Bynum

15. SIGNATURE DATE: 32302

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
a			BUTTONS	BROWN DUN	SHETLAND		14	G

M - Male, F - Female, G - Gelding, N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

HEAD	26. OTHER MARKS AND BRANDS
LEFT FORELIMB	28. RIGHT FORELIMB
LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
Countryvet Services Farmington AR 72730	32302	3-24-02	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE OF TECHNICIAN		35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

FORM 10-11 (MAY 2000) (Replaces the VS 10-11 (4-90) and VS 10-11T (10-97), which may be used.)

PART. 3-OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

U.S. DEPARTMENT OF AGRICULTU[redacted]
ANIMAL AND PLANT HEALTH INSPECTION [redacted]CE

EQUINE INFECTIOUS ANEMIA LABO[redacted]ORY TEST

(VS Memorandum 555.8)

SERIAL NO. B 1859813

1. [redacted]CESSION NUMBER: 02-1232

2. DATE BLOOD DRAWN: 3 23 02

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING
☐ Market ☐ Change of Ownership ☐ Show ☒ Retest ☐ First Test ☐ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (ddmmyyyy)

5. VETERINARY LICENSE OR ACCREDITATION NO.: 2024

6. TEST TYPE
☐ AGID
☒ ELISA

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
Lonnie Bynum
1067 Stage Rd
Prairie Grove AR Zip Code 72753
Tel No. 267 3282 County WASH

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
Lonnie Bynum
P.O. Box 367 A
Farmington AR Zip Code 72730
Tel No. 267 3282 County WASH

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
Country Vet Service
PO Box 87 A
Farmington AR Zip Code 72730
Tel No. 267 2685 County WASH

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN: [signature]

11. TYPE OR PRINT SIGNATURE NAME: Tim E. O'Dell

12. SIGNATURE DATE: 32302

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT: X [signature]

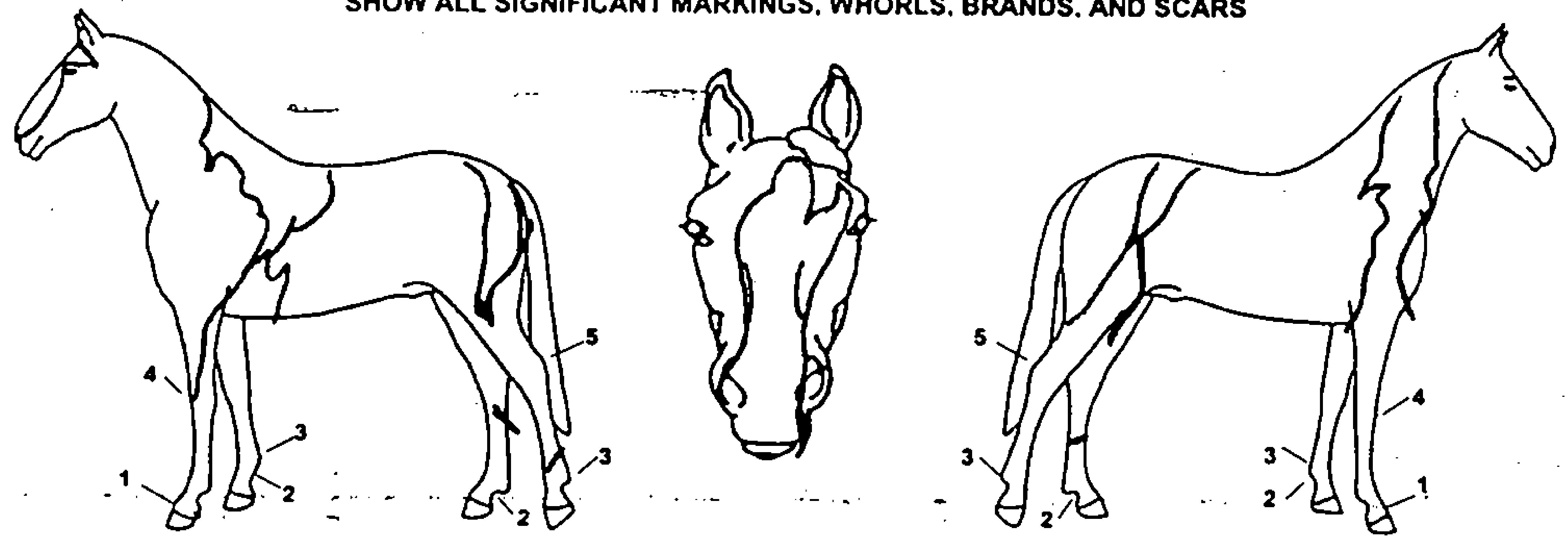
14. TYPE OR PRINT SIGNATURE NAME: Lonnie Bynum

15. SIGNATURE DATE: 32302

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
8			Peanut PAL.	Paint Roan	Welsh		8	G

M - Male
F - Female
G - Gelding
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE: Country Vet Service Farmington AR 72730

32. DATE RECEIVED: 32302

33. DATE REPORTED OUT: 3-24-02

34. TEST RESULTS
☐ Negative ☐ Positive ☐ AGID ☐ ~~ELISA~~

35. REMARKS

36. SIGNATURE OF TECHNICIAN: [signature]

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2000) (Replaces the VS 10-11 (4-90) and VS 10-11T (10-97), which may be used.)

PART. 3-OWNER

OFFICE OF THE COUNTY CLERK

WASHINGTON COUNTY
Fayetteville, Arkansas

RECEIPT NO. 3049 DATE 8/12/2002

RECEIVED OF JULE JOHANSEN $ 5.00

DOLLAR AMOUNT FIVE DOLLARS AND NO/100

FOR CERTIFIED COPY

CASH X CHECK ____

MARILYN EDWARDS, County Clerk

By Rebecca Young

Democrat Printing & Litho Co. Little Rock

FORM No. 444
CLASS 3

CERTIFICATE

PERSONS CONDUCTING BUSINESS IN THIS STATE UNDER ASSUMED NAME

I (we) do hereby certify that I am (we are), or intend operating a business under the assumed or designated name of Partytime Ponies

and I (we) further certify that the true full name, or names, of parties interested in the conducting or transacting of said business are as follows:

Name	Post Office Address
Jack Johansen	12395 West Highway 62, Farmington, AR
Jule Johansen	12395 West Highway 62, Farmington, AR

FILED
'96 APR 25 PM 1 15
MARILYN HODGES
CO. & PROBATE CLERK
WASHINGTON CO. ARK.

This certificate being executed in compliance with the provisions of Act 11 of the Acts of the General Assembly of the State of Arkansas for the year 1943. (Approved January 29, 1943.)

(Signed) Jack L. Johansen
Jule Johansen

ACKNOWLEDGMENT

STATE OF ARKANSAS,
County of Washington

I hereby certify that before me, the undersigned Partytime Ponies, in and for the State and County aforesaid, duly commissioned and acting, personally appeared

to me personally known, and to be the identical person(s) whose name(s) is (are) affixed to, and who executed the above certificate, and acknowledged that he (they) executed the same for the uses and purposes therein contained and set forth, and desire the same certified, which is done.

Given under my hand and seal on this the 25th day of April, 1996.

"OFFICIAL SEAL"
LINDA BARHAM
NOTARY PUBLIC • ARKANSAS

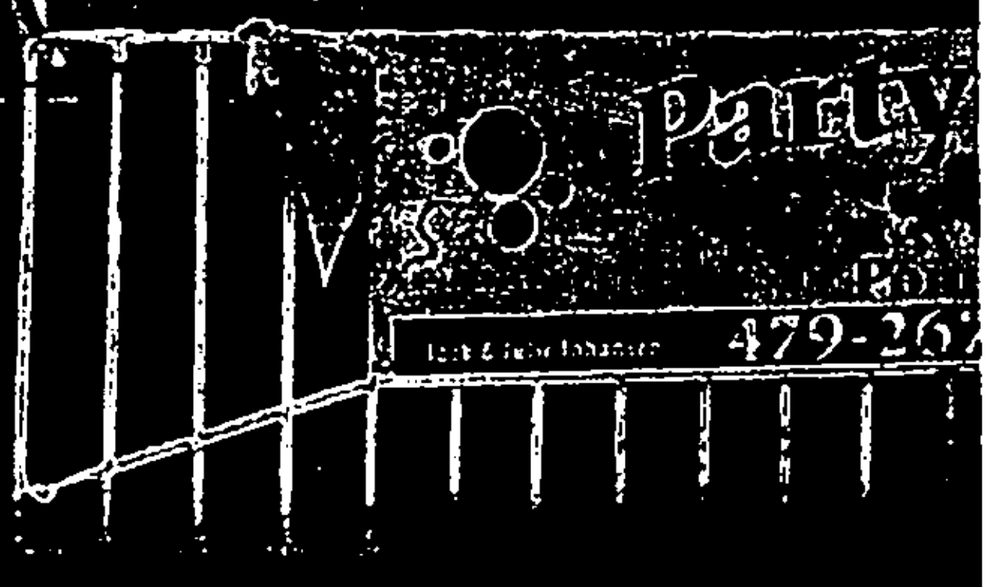
Linda Barham

1/2 22

CERTIFICATE
I CERTIFY THAT THIS INSTRUMENT IS A
TRUE COPY OF THE Assumed Name Cert. ON
FILE IN THIS OFFICE. DATE 8-12-020
Marilyn Edwards
Marilyn Edwards - County Clerk
Jennifer Warren D.C.

NEW OWNERS

PROFESSIONAL



August 31, 2002

To: Fayetteville Animal Control
Fayetteville City Council
Fayetteville Parks and Recreation

Re: Proposal from Partytime Ponies
For the Lights of the Ozarks Festival

Over the past several years the Lights of the Ozarks has been a major winter attraction for Northwest Arkansas and the Fayetteville Area. The Partytime Ponies has continued to be part of this Holiday celebration. Through the many seasons that the Ponies have been on the Fayetteville Square, we have been pleased to be part of this wonderland of lights.

As founders of the Partytime Ponies we sold the business three years ago. In mid-August the Pony business was returned to us. As new and former owners we would like to again be part of the festivities at the Lights of the Ozarks this 2002 – 2003 Holiday Season and beyond.

It is to our understanding that there are new laws, rules, and regulations to follow since our direct involvement with this business three years ago. Our goal has always been to have a safe and fun environment for the children, adults, and for the ponies. We plan to continue that same environment for our customers and staff. We are constantly looking for ways to improve the safety of our young inexperienced riders.

Historically, during the Lights of the Ozarks Festival, we have led the ponies around the Square with the rider enjoying the beautiful lights and culture the Square offers. This has become a tradition for many families for the Holiday Season. Many children are repeat riders during the course of the six-week period. Some parents venture many miles to our area looking for the "Ponies on the Square". Many children know their pony by its name and request their favorite one.

During these rides the ponies are exposed to moving cars, cars backing out, cameras flashing, loud sounds from moving equipment, crackling from speakers, children running from behind, skate boards, baby carriages, leashed and unleashed dogs, and on windy nights a variety of

containers blowing in the wind. Though none of these conditions are natural to horse environments, the ponies have handled them all quite well.

It is our understanding, now, that when a pony is led with a rider, as rides are offered to the general public, the rider must wear some kind of head protection. Though we are not opposed to such an ordinance, health and sanitation issues should be addressed and considered.

Certainly a number of these helmets would be required. Pony riders vary in size from infant to about ninety pounds. During the winter months, some children will be wearing hats, scarves, and etc. to protect themselves from the cold. With such garments, the helmets would not fit properly or as securely. Removal of these garments would only encourage the onset of illness.

Since most riders would not bring their own helmet, helmets would be changed from one rider to another. With the winter season we could see problems with lice, or other diseases that move from human to human. If there were such a spray to disinfect a rider's helmet, during a winter's night, the spray would/could turn ice inside the helmet. This could lead to wet heads, sick kids, and very unhappy adults.

Through the years the numbers of riders have increased, as have the numbers of ponies that have been used on busy nights. If we take into consideration a busy night with six ponies, pedestrian traffic becomes very congested on an already congested city street with moving traffic. We can easily have twenty-four people and six horses mixing with drivers that not always pay attention to their driving, this is a potential for a very dangerous situation.

Parking on the Square is a limited commodity. Many nights we would wait for cars to move in order to load passengers onto the ponies in the parking area around the square out of the line of traffic. Many nights the cars do not move all night long making it difficult to load the ponies from a consistent spot.

There has always been a carriage route around the square. Many nights we loaded passengers in this lane causing even more congestion at those intersections with cars and carriages.

Not having a serious accident in these conditions through those years, it is my belief the handlers and the ponies have done exceptionally well at diverting an accident both of people and horses.

In effort to improve this environment for everyone, I would like to propose the following solution.

It is our desire to set a pony ring on an area for the season. The area required to operate the pony ring is a twenty foot by twenty foot square. A white PVC pipe fence would surround this area. The fence and the ring would be attached to the ground for stabilization and security. Wood shavings would cover the ground under the ring where the ponies walk and ease in removing any pony waste. The wood savings would be removed nightly in case of rain, snow, or inclement weather. The fence would be decorated in holiday fashion to enhance the décor of the square.

Because of the area required to operate the ring and attach it to the surface of the parking area, we are asking to use or possibly rent enough space to accommodate the ring for the entire Lights of the Ozarks Festival.

Although we do not operate the pony rides during rain, snow, wet conditions, or unreasonably cold weather, we would still occupy that space for the duration of the season. Once the season is concluded we will repair all the holes in the surface of the pavement needed to secure our equipment as we have in the past for events such as Springfest, and Autumfest.

The pony ring could be located on the east side of the Square on the approach to the Old Post Office driveway. There is sufficient space between the sidewalk and the traffic flow to accommodate the ring and not interfere with the daytime traffic flow on this street and still allow use of the Post Office Drive way for one vehicle access. During the evening hours of operation this street is usually closed. Historically the carriages load from this side of the Square.

Having a designated area for the pony rides during this event would provide a safer environment for these young kids, parents, our staff, and the ponies. Using a parking area next to the sidewalk, the children could enter the fenced area from the sidewalk around the square keeping away from moving vehicular traffic.

Having the ponies on a pony ring would eliminate the need for helmets and their health and safety issues. Pony handlers would be closer together for added security for the children. Pony waste is contained to a smaller area and more readily dealt with. Finally the ponies and children would be in a more controlled environment we would have less opportunity for child, vehicle, and pony entanglement.

It has always been a pleasure to work with the people of Fayetteville and the surrounding communities and I look forward to our future together. Let us make the coming Holiday Season one of the happiest and most joyous of all. Thank you for your consideration.

Jack and Julie Johansen
Partytime Ponies

RESOLUTION NO. _____

A RESOLUTION GRANTING A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY TO PARTY TIME PONIES FOR THE OPERATION OF A NON-MOTORIZED TRANSPORTATION SERVICE.

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF FAYETTEVILLE, ARKANSAS:

Section 1. That the City Council of the City of Fayetteville, Arkansas hereby grants a Certificate of Public Convenience and Necessity to Party Time Ponies for the operation of a Non-Motorized Transportation Service.

PASSED and **APPROVED** this 25th day of November 2002.

APPROVED:

By: _____
DAN COODY, Mayor

ATTEST:

By: _____
HEATHER WOODRUFF, City Clerk

FAX COVER SHEET

DOT'S IN GLASS & MIRROR
410 E EMMA AVE.
SPRI GDALE, AR. 72764
479-7 -5444
479-7 -6000 FAX

Send t: City of Jay.	From: Ray Watson
Attenti : Heather Wadrutt	Date: 11/25/02
Office l cation:	Office location:
Fax nu ber: 718-7695	Phone number: 479-751-5444

☐ Urg t ☐ Reply ASAP ☐ Please comment ☐ Please review ☒ For your information

Total pa ;es, including cover: 7

Comments:

Requested information for Ozark Mnt. Carriages

Code: 9999
1010.0001.4205.00

2002 HORSE DRAWN CARRIAGE PRIVILEGE PERMIT APPLICATION

Regulated by Title XI, Chapter 117 of the City of Fayetteville Code of Ordinances

I (We) do hereby make application to the City of Fayetteville, Arkansas for a 2002 Horse Drawn Carriage Privilege Permit as regulated by City Ordinance, and hereby do submit answers to the following questions under oath.

(PLEASE PRINT OR TYPE)

NAME OF BUSINESS D2A/S Mountain

LOCATION OF BUSINESS Springdale

MAILING ADDRESS 419 East Emma

LIST ALL PERSONS OWNING OR HOLDING INTEREST IN THE BUSINESS:

NAME	ADDRESS	PHONE
Ray Dotson	419 East Emma	751-5944 / 263-220

(Attach supplement for additional information if necessary)

BASE FEE $ 100.00

(2 Carriages x $3.00) $ 6.00

TOTAL FEE $ 106.00

I have attached check number Cash in the amount of $ 106.00 to cover the 2002 Horse Drawn Carriage Privilege Permit.

ATTACH PROOF OF LIABILITY INSURANCE ✓

Applicant's Signature Ray Dots

Title owner Date 12/26/01

****

RETURN COMPLETED APPLICATION TO: CITY OF FAYETTEVILLE
ACCOUNTING DEPARTMENT
113 WEST MOUNTAIN
FAYETTEVILLE, AR 72701

BUSINESS 0103173.0 12/26/2001
CHECK 11:57:58
PAID
$166.00
City of Fayetteville
BUSINESS OFFICE
Fayetteville, AR 72701
(501) 521-7700

See reverse for more information

FORM APPROVED OMB NUMBER 0579-0115

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.8)

SERIAL NO. B 3129475 | 1. ACCESSION NUMBER | 2. DATE BLOOD DRAWN 5-4-02

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☒ Market ☐ Change of Ownership ☐ Show ☐ Resale ☐ First Test ☐ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (Optional)

5. VETERINARY LICENSE OR ACCREDITATION NO: ATV-2536

6. TEST TYPE: ☐ AGID ☒ ELISA

7. NAME AND ADDRESS OF STABLE/MARKET (Please print or type)

Zip Code

Tel No. | County

8. NAME AND ADDRESS OF OWNER (Please print or type)

Zip Code

Tel No. | County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

Zip Code

Tel No. | County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

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11. TYPE OR PRINT SIGNATURE NAME

12. SIGNATURE DATE

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

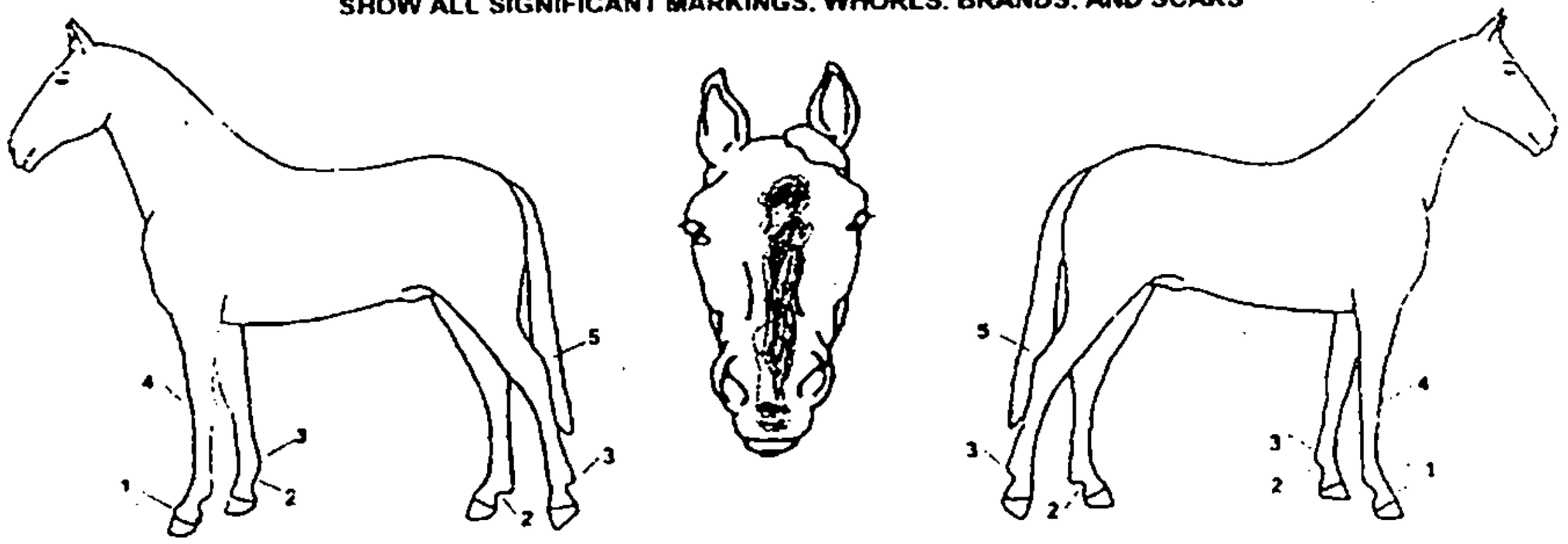
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic ID No.	23. Age or DOB	24. Sex (M - Male, F - Female, G - Gelding, N - Neuter)
1				Paint	Pinto		5	F

SHOW ALL SIGNIFICANT MARKINGS. WHORLS. BRANDS. AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD: Blk. Mane Tail

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE: ARS Diagn FQ Lab Dawson, Ga.

32. DATE RECEIVED: 5-6-02

33. DATE REPORTED OUT: 5-6-02

34. TEST RESULTS: ☒ Negative ☐ Positive ☐ AGID ☒ ELISA

35. SIGNATURE OF TECHNICIAN

36. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2000) (Replaces the VS 10-11 (4-90) and VS 10-11T (10-97), which may be used.)

See reverse for more OMB information FORM APPROVED - OMB NUMBER 0579-0127

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.8)

SERIAL NO. B 3129474 | 1. ACCESSION NUMBER | 2. DATE BLOOD DRAWN 5-4-02

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING: ☒ Market ☐ Change of Ownership ☐ Show ☐ Retest ☐ First Test ☐ Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) (optional)

5. VETERINARY LICENSE OR ACCREDITATION NO.

6. TEST TYPE: ☐ AGID ☒ ELISA

7. NAME AND ADDRESS OF STABLE/MARKET (Please print or type)

Zip Code

Tel No. County

8. NAME AND ADDRESS OF OWNER (Please print or type)

Zip Code

Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

Zip Code

Tel No. County

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12. SIGNATURE DATE

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14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

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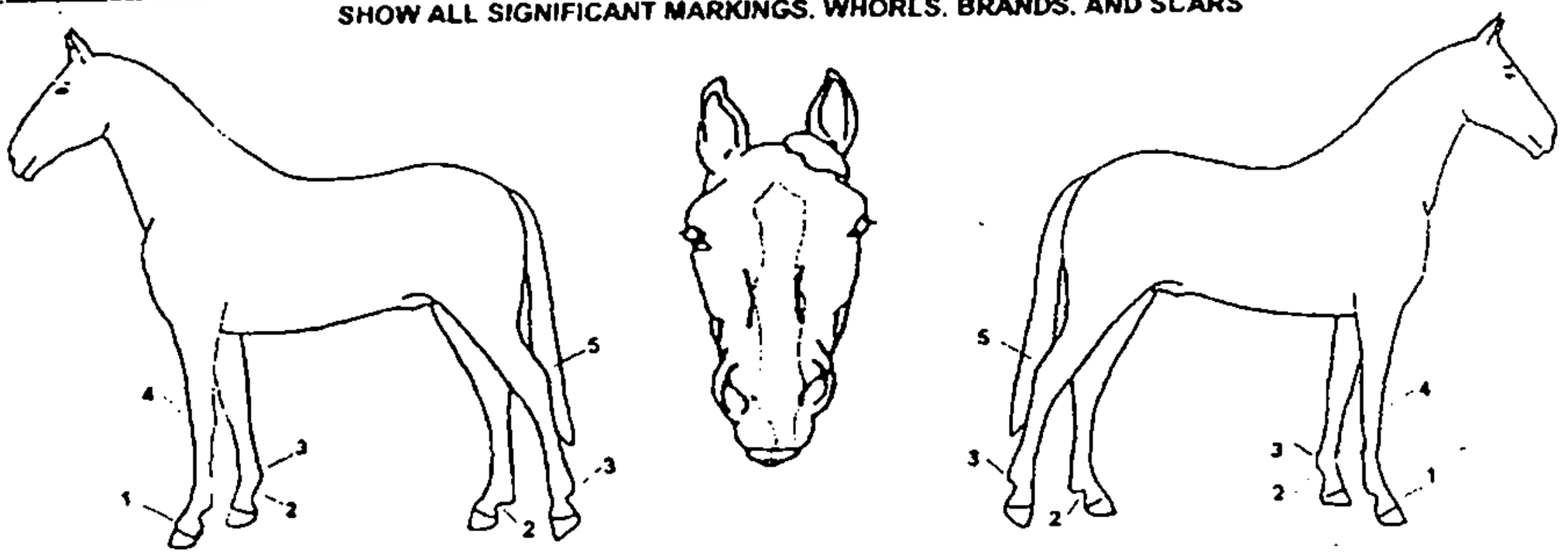
1	05			BAY	Belgian		11	G

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

29. HEAD

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

32. DATE RECEIVED 5-4-02

33. DATE REPORTED OUT 5-4-02

34. TEST RESULTS ☒ Negative ☐ Positive ☐ AGID ☐ ELISA

36. SIGNATURE OF TECHNICIAN

35. REMARKS

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VS FORM 10-11 (MAY 2000) (Replaces the VS 10-11 (4-90) and VS 10-11T (10-97), which may be used.)

LUNSFORD
VETERINARY SERVICES, INC.

Michael Lunsford, DVM
Niki Lunsford, DVM
702 Brush Creek Road
Springdale, AR 72762
479.361.9417

NAME Ray Dotson Ozark Mountain Outfitters
ADDRESS
PH. NO. DATE 10-28-02

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT	MDSE RET'D	PAID OUT	

QTY.	DESCRIPTION	PRICE	AMOUNT	
2	EEE/WEE/Tet	8.00	16	00
2	Flu/Rhino	14.00	28	00
2	Rabies	9.00	18	00
100ml	Penicillin		13	00
	Bobby, Blondie			
		TAX		
	RECEIVED BY	TOTAL	74	00

No. 007154

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL

GP-159-2
PRINTED IN U.S.A.

Thank You

City of Fayetteville
113 W Mountain St
Fayetteville, AR 72701
(501) 521-7786

11-21/2001 Receipt Number: 10317326
11:02:04 Received By . : CINDYH

Received From: Ozark Mountain

Misc. Receipts	106.00
Ozark Mountain	
Carriage permit	
Receipt Total . :	106.00
Change . . . . :	4.00
Payment Revd: Cash :	110.00
Check :	.00
Charge:	.00
Other :	.00

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR DS
OZAR-12

DATE (MM/DD/YY)
06/07/02

PRODUCER

Farris Insurance Agency, Inc.
P.O. Box 345
Springdale AR 72765
Phone: 479-756-6330 Fax: 479-756-9262

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Ozark Mountain Outfitters
Ray Dotson
419 Emma St
Springdale AR 72764

INSURERS AFFORDING COVERAGE

INSURER A: Nautilus Insurance Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER [ ] POLICY [ ] PRO-JECT [ ] LOC	BINDER	06/07/02	06/07/03	EACH OCCURRENCE	$ 1000000
					FIRE DAMAGE (Any one fire)	$ 50000
					MED EXP (Any one person)	$ 1000
					PERSONAL & ADV INJURY	$ 1000000
					GENERAL AGGREGATE	$ 1000000
					PRODUCTS - COMP/OP AGG	$ included
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE (Per accident)	$
	GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT	$
					OTHER THAN AUTO ONLY: EA ACC	$
					AGG	$
	EXCESS LIABILITY [ ] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [ ] RETENTION $				EACH OCCURRENCE	$
					AGGREGATE	$
						$
						$
						$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
					E.L. EACH ACCIDENT	$
					E.L. DISEASE - EA EMPLOYEE	$
					E.L. DISEASE - POLICY LIMIT	$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Horse-drawn carriage

CERTIFICATE HOLDER | N | ADDITIONAL INSURED; INSURER LETTER:

CITYPAY

City of Fayetteville
113 West Mountain
Fayetteville AR 72701

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Roy Glen Pears

ACORD 25-S (7/97)

ORDINANCE NO. 4396 **MICROFILMED**

AN ORDINANCE AMENDING TITLE XI: BUSINESS REGULATIONS, OF THE CODE OF FAYETTEVILLE, TO PROVIDE AMENDMENTS TO VARIOUS PROVISIONS REGULATING THE OPERATION OF NONMOTORIZED PASSENGER TRANSPORT SERVICES.

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF FAYETTEVILLE, ARKANSAS:

Section 1. That §§ 117.80-117.92 of the Code of Fayetteville, are hereby repealed and Exhibit "A" attached hereto and made a part hereof, is adopted and inserted in their stead.

PASSED and **APPROVED** this 21st day of May, 2002.

APPROVED:

By: _____
DAN COODY, Mayor

ATTEST:

By: _____
HEATHER WOODRUFF, City Clerk

NONMOTORIZED PASSENGER TRANSPORT SERVICES

§ 117.80 Definitions.

For the purposes of this subchapter, the following words and terms have the meaning ascribed thereto:

Driver. An individual who operates a nonmotorized passenger transport vehicle.

Handler. An individual who leads and controls a pony working as a part of a nonmotorized passenger transport service.

Holder. A person who is granted a certificate of public convenience and necessity under this subchapter to provide nonmotorized passenger transport service in the city.

Horse. Any member of the Genus Equus or any hybrid thereof, including but not limited to burros, donkeys, ponies, and mules.

Nonmotorized passenger transport vehicle. Example: a horse-drawn carriage.

Nonmotorized passenger transport service. The business of offering or providing transportation of persons for hire, either in a nonmotorized transport vehicle or on horseback, when:

(1) A driver or handler is furnished as part of the service; and

(2) The service is offered only in accordance with a preapproved route.

Nonmotorized passenger transport vehicle drivers permit. A permit issued to an individual by the chief of police to operate a nonmotorized passenger transport vehicle for hire in the city.

Operate. To drive or be in physical control of a nonmotorized passenger transport vehicle.

Permittee. An individual who has been issued a nonmotorized passenger transport vehicle drivers permit under this subchapter.

Person. An individual, corporation, government or governmental subdivision, or an agency, trust, partnership, or two or more persons having a common economic interest.

Preapproved Route. Nonmotorized passenger transport service operating on a predetermined schedule with fixed pickup and destination points located on a route approved by and on file with the traffic superintendent.

§ 117.81 Certificate of public convenience and necessity.

(A) No person shall operate a nonmotorized passenger transport service within the city without first obtaining a current certificate of public convenience and necessity from the public transit board established by Section 117.31 of the Code of Fayetteville.

(B) To obtain a certificate of public convenience and necessity for a nonmotorized passenger transport service, a person who owns, controls or operates a proposed nonmotorized passenger transport service, must submit a proposal which shall be verified and contain the following information:

(1) A statement of the type of nonmotorized passenger transport service for which application is made;

(2) The form of business of the applicant; if the business is a corporation or association, a copy of the documents establishing the business and the name and address of each person with a direct interest in the business;

(3) The name, address, and verified signature of the applicant;

EXHIBIT "A"

(4) A description of any past business experience of the applicant, particularly in providing passenger transportation service;

(5) The number and description of vehicles the applicant proposes to use in the operation of the service including year, make, model, manufacturer's rated seating capacity, and state license registration number for each vehicle;

(6) The number of horses the applicant proposes to use in the operation of the service with a description, including age, color, and breed or photograph; and a state certificate of veterinarian inspection for each horse;

(7) A description of the proposed service, including routes, rates or fares to be charged, and schedules, where applicable;

(8) Documentary evidence from an insurance company indicating a willingness to provide liability insurance as required by this chapter;

(9) Such additional information as the applicant desires to include to aid in the determination of whether the requested operating authority should be granted; and,

(10) Such additional information as may be determined to be necessary to assist or promote the implementation or enforcement of this ordinance or the protection of the public safety.

(C) In deciding whether to issue or deny an application for a certificate of public convenience and necessity to operate a nonmotorized passenger transport service, the public transit board shall consider, but not be limited to, the following:

(1) Whether the public convenience and necessity requires the proposed service;

(2) Whether the applicant has complied with all requirements of this ordinance for providing the service applied for;

(3) The current safety record of the applicant, and the previous safety record, if the applicant has operated a nonmotorized passenger transport service in the past;

(4) Number and description of all nonmotorized passenger transport vehicles to be used, where applicable;

(5) Number and description of all horses to be used;

(6) If nonmotorized passenger transport vehicles are employed, the number of passengers that may be safely transported in each vehicle based on the size of the vehicle and the type of horse pulling it;

(7) Customers to be served;

(8) Places for loading or unloading passengers;

(9) Hours of operation;

(10) Schedules and routes to be followed;

(11) Rates to be charged;

(12) The use of special safety equipment;

(13) The use of special sanitary devices and special care procedures for horses; and

(14) Special conditions or limitations.

(D) The public transit board shall issue a certificate of public convenience and necessity to the applicant, if it is determined that:

(1) The applicant has complied with all requirements for issuance of the certificate;

(2) That public convenience and necessity require the operation of the proposed service; and

(3) The applicant has not made a false statement as to a material matter in an application for a certificate.

(E) If the public transit board determines that the requirements set forth above have not been met, the public transit board shall deny the certificate.

§ 117.82 Route approval.

(A) All routes shall be approved by the city's traffic superintendent.

(B) Holders shall submit to the city's traffic superintendent all requests for temporary changes in authorized routes, hours of operation, or for participation in special events such as festivals, parades or weddings, not less than three (3) days before the effective date of the change or event.

§117.83 Nonmotorized passenger transport vehicle drivers permit.

(A) No person shall operate a nonmotorized passenger transport vehicle for hire upon the streets of the city, and no person who owns or controls a nonmotorized passenger transport vehicle shall permit it to be so operated, and no nonmotorized passenger transport vehicle licensed by the city shall be so operated at any time for hire, unless the driver of said vehicle shall have first obtained and shall have then in force a nonmotorized passenger transport vehicle drivers permit issued under the provisions of this chapter.

(B) (1) An application for a nonmotorized passenger transport vehicle drivers permit shall be filed with the chief of police on forms provided by the city and such application shall be verified under oath and shall contain the following information:

a. The names and addresses of four (4) residents of the county, who have known the applicant for a period of one (1) year and who will vouch for the sobriety, honesty, and general good character of the applicant; and

b. A concise history of his/her employment.

(C) The police department shall conduct an investigation of each applicant for a nonmotorized passenger transport vehicle drivers permit, and a report of such investigation with a copy of the traffic and police record of the applicant, if any, shall be attached to the application for the consideration of the chief of police.

(D) The chief of police shall, upon consideration of the application and the reports required to be attached thereto, approve or reject the application. If the application is rejected, the applicant may request a personal appearance before the mayor to offer evidence why his application should be reconsidered.

(E) (1) Upon approval of an application for a nonmotorized passenger transport vehicle drivers permit, the chief of police shall issue a permit to the applicant which shall bear the name, address, age, signature, and photograph of the applicant.

(2) Such permit shall be in effect for the remainder of the year. A permit for every calendar year thereafter shall be issued upon the payment of $2.00 unless the permit for the preceding year has been revoked.

(F) When a drivers permit is issued, the application and supporting information shall be returned to the holder of the certificate of public convenience and necessity to be held by the certificate holder so long as the driver is employed by the certificate holder.

§ 117.84 Display of permit.

Every permittee under this subchapter shall post his or her drivers permit in such a place as to be in full view of all passengers while the driver is operating a nonmotorized passenger transport vehicle.

EXHIBIT "A"

§ 117.85 Insurance requirements.

(A) A holder shall procure and keep in full force and effect commercial general liability insurance written by an insurance company approved by the State of Arkansas and acceptable to the city and issued in the standard form approved by the State Board of Insurance. All provisions of the policy must be acceptable to the city. The insured provisions of the policy must name the city as additional insured and the coverage provisions must provide coverage for any loss or damage that may arise to any person or property by reason of the operation of a nonmotorized passenger transport service by the holder.

(B) The commercial general liability insurance must provide combined single limits of liability for bodily injury and property damage of not less than $1,000,000.00 for each occurrence, or the equivalent, and include coverage for premises operations, independent contractors, products, completed operations, personal injury, contractual liability, and medical payments. Coverage for medical payments must include a minimum limit of $5,000.00 per person. Aggregate limits of liability are prohibited.

(C) Insurance required under this section must include:

(1) A cancellation provision in which the insurance company is required to notify the city in writing not fewer than 30 days before canceling, failing to renew, or making a material change to the insurance policy; and,

(2) A provision to cover all horses and vehicles, whether owned or not owned by the holder, operated under the holder's certificate of public convenience and necessity.

(D) No insurance required by this section may be obtained from an assigned risk pool.

(E) A certificate of public convenience and necessity will not be granted or renewed unless the applicant or holder furnishes the city with such proof of insurance as the city considers necessary to determine whether the applicant or holder is adequately insured under this section.

(F) If the insurance of the holder lapses or is cancelled and new insurance is not obtained, the certificate of public convenience and necessity shall be suspended until insurance coverage required by this section has been obtained. A person shall not operate a nonmotorized passenger transport service while the certificate is suspended under this section.

(G) The holder shall provide adequate employer's liability insurance for the employees as provided by law.

§117.86 Conduct of drivers and handlers.

Drivers and handlers shall at all times:

(1) Act in a reasonable, prudent, and courteous manner;

(2) Maintain a sanitary and well-groomed appearance;

(3) Not inhale or consume an alcoholic beverage, drug, or other substance that could adversely affect his or her ability to operate a nonmotorized passenger transport vehicle, or handle a horse.

(4) Not permit a person other than another employee of the nonmotorized passenger transport service to operate a vehicle or handle a horse under his or her control;

(5) Not permit any person on the back of a horse while it is pulling a nonmotorized passenger transport vehicle.

(6) Not leave a horse untethered and unattended except when confined to a stable or other enclosure;

(7) Pick up all horse droppings immediately with appropriate equipment.

§ 117.87 Horses, vehicles, and equipment.

(A) *Horses.*

(1) Before any horse may be used in a nonmotorized passenger transport service, the holder must furnish the animal services director with:

a. A state certificate of veterinarian inspection with a photograph or drawing of the horse showing identifying markings of the horse and showing that the horse has been examined at least once within the preceding three months by a veterinarian licensed by the State of Arkansas who specializes in equine medicine; and,

b. An Equine Vaccination Certificate from a licensed veterinarian showing proof that the pony has had tetanus, rabies, and Eastern-Western encephalitis vaccinations; further, proof of a negative Coggins test must be submitted annually.

(2) A horse used in a nonmotorized passenger transport service must:

a. Be appropriately shod to work on paved streets; if a horse loses a shoe while working, an "eazy" type boot may be used to finish the scheduled work day;

b. Not have any open wound, oozing sore, cut below skin level or bleeding wound;

c. Not have evidence of lameness, such as but not limited to head bobbing or irregular rhythm;

d. Be offered not less than five gallons of drinking water at least every two hours;

e. Have at least a 10 minute rest period after every 50 minutes worked;

f. Not work longer than six hours in a 24 hour period with a minimum of 12 hours rest;

g. Have the appropriate bridle, bit, halter, or harness equipment properly fitted and in good repair with no deficiencies that could reasonably be deemed a safety hazard;

h. Be properly cleaned with no offensive odors or caked dirt or mud;

i. Not work when the outside temperature exceeds 90 degrees Fahrenheit, or the thermal heat index exceeds 110; and,

j. Be examined at least once every three months by a veterinarian licensed by the State of Arkansas who specializes in equine medicine and receive a state certificate of veterinarian inspection, which must be submitted to the Animal Services Director.

(3) The Animal Services Director may require a holder, driver, or handler to remove from service any pony that appears to be ill, overtired, undernourished, overloaded, injured, or lame or whose health or life, in the opinion of a veterinarian or qualified equine animal services officer, is in imminent danger. To reinstate a horse removed from service, the horse must be re-examined and a new state certificate of veterinarian inspection issued for the horse by a veterinarian licensed by the State of Arkansas and specializing in equine medicine, which certificate must be submitted to the Animal Control Officer.

(4) For purposes of this section, a horse is considered to be working any time it is on the public street or sidewalk, or other public right-of-way, during any hour of operation of the nonmotorized passenger transport service that is authorized by and on file with the traffic superintendent.

(B) *Vehicle inspection and maintenance.* Each vehicle shall comply with all the safety

requirements imposed by all state, federal or local laws applicable to the vehicle involved.

(C) *Required Equipment.*

(1) *Nonmotorized passenger transport vehicles.*

a. A holder or driver shall, at all times, provide and maintain in good operating condition the following equipment for each nonmotorized passenger transport vehicle:

1. Headlights;

2. Taillights;

3. Flashing lights;

4. Approved braking system;

5. Rubber on all wheels;

6. A "slow moving vehicle" sign attached to the rear of the vehicle;

7. Evidence of insurance;

8. A copy of this chapter of the Code of Fayetteville; and

9. The company name and unit number conspicuously located on the rear of the vehicle in letters not less than two (2) inches high.

(2) *Horses.* The holder or handler shall ensure that every rider wears a bicycle-type safety helmet while riding on horseback.

§ 117.88 Transfer of certificate.

No certificate of public convenience and necessity may be sold, assigned, mortgaged, or otherwise transferred without the consent of the public transit board.

§ 117.89 License fees.

No certificate shall be issued or continued in operation unless the holder thereof has paid an annual license fee of $250.00 for the right to operate a nonmotorized passenger transport service under a certificate of public convenience and necessity. The license fees shall be for the calendar year and shall be in addition to any other license fees or charges established by proper authority and applicable to the holder.

§ 117.90 Suspension, revocation of certificate.

(A) A certificate issued under the provisions of this subchapter may be revoked or suspended by the Public Transit Board if the holder thereof has:

(1) Violated any of the provisions of this subchapter;

(2) Violated any ordinances of the city, or the laws, federal or state, the violations of which reflect unfavorably on the fitness of the holder to offer public transportation.

(C) Prior to suspension or revocation, the holder shall be given notice of the proposed action to be taken and shall have an opportunity to be heard.

§ 117.91 ADA compliance.

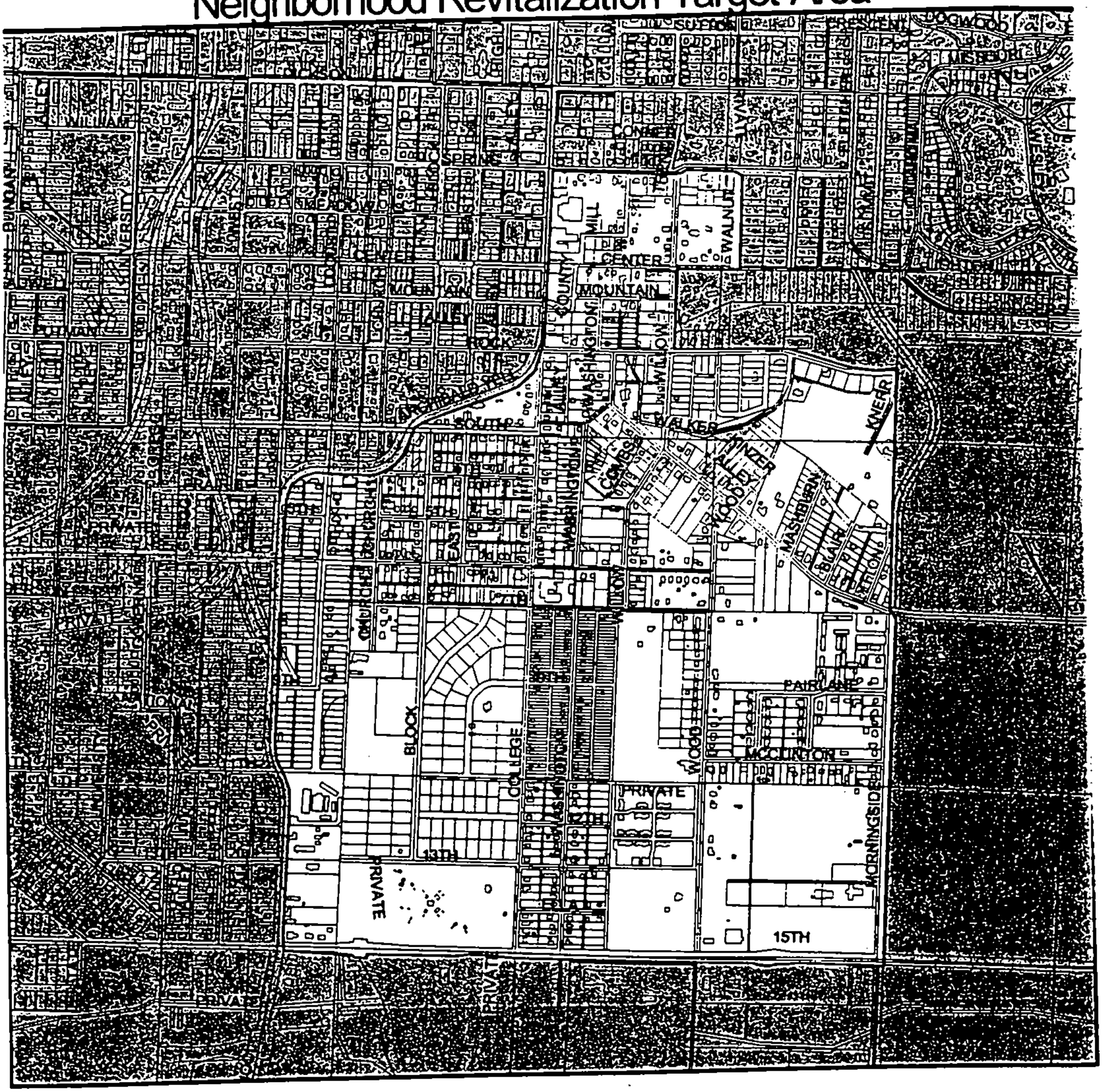
Holder shall comply with all applicable provisions of the Americans with Disabilities Act.

§ 117.92 Enforcement.

The Police Department is hereby given the authority and is instructed to watch and observe the conduct of holders, drivers, and handlers operating under this subchapter. Upon discovering a violation of the provisions of this subchapter, the Police Department shall report the same to the City Attorney, who will order or take appropriate action.

City of Fayetteville Community Development Division

Neighborhood Revitalization Target Area



CITY OF FAYETTEVILLE
COMMUNITY DEVELOPMENT DIVISION

2002 INCOME LIMITS

limits wpd" revised 2-04-02

1 person

xtrm low	30% of median	$10,300
very low	50% of median	$17,200
low	60% of median	$20,600
low/mod	80% of median	$27,500
median	100%	$34,400

2 person

xtrm low	30% of median	$11,800
very low	50% of median	$19,650
low	60% of median	$23,600
low/mod	80% of median	$31,400
median	100%	$39,300

3 person

xtrm low	30% of median	$13,250
very low	50% of median	$22,100
low	60% of median	$26,500
low/mod	80% of median	$35,350
median	100%	$44,200

4 person

xtrm low	30% of median	$14,750
very low	50% of median	$24,550
low	60% of median	$29,500
low/mod	80% of median	$39,300
median	100%	$49,100

5 person

xtrm low	30% of median	$15,900
very low	50% of median	$26,500
low	60% of median	$31,800
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median	100%	$53,000

6 person

xtrm low	30% of median	$17,100
very low	50% of median	$28,500
low	60% of median	$34,200
low/mod	80% of median	$45,550
median	100%	$57,000

7 person

xtrm low	30% of median	$18,250
very low	50% of median	$30,450
low	60% of median	$36,500
low/mod	80% of median	$48,700
median	100%	$60,900

8 person

xtrm low	30% of median	$19,450
very low	50% of median	$32,400
low	60% of median	$38,900
low/mod	80% of median	$51,850
median	100%	$64,800

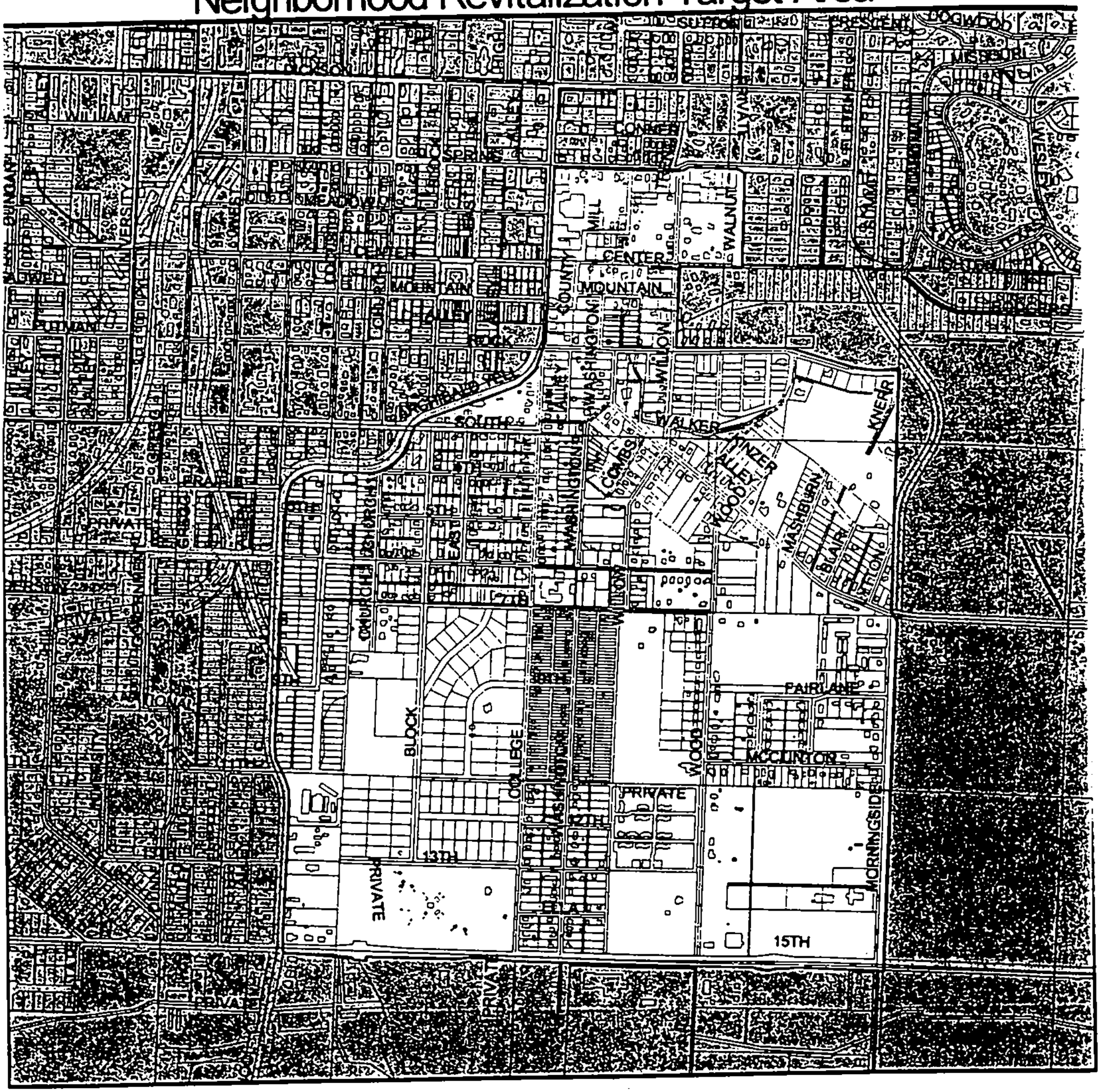
General Estimate

These figures were calculated using national averages and assuming the borrower is married with two dependents. *Please note that these are only estimates.*

	Loan A: **FHA Regular**	*Loan B:* **VA Regular**	*Loan C:* **Conventional**
Max Sale Price	$42,382	$42,948	$37,451
Loan Amount	$42,036	$43,829	$31,833
Loan Type	Fixed	Fixed	Fixed
Loan Rate / Term	7.0 / 30 yr	7.125 / 30 yr	6.875 / 30 yr
Monthly Mortgage Payment	$358	$358	$284
Other Monthly Housing Costs	$94	$95	$83
Total Monthly Housing Cost	$452	$453	$367
Remaining Monthly Income	$1,067	$1,066	$1,152
Downpayment	$1,271	$0	$5,618
Closing Costs	$420	$2,395	$2,048
Total Cash Required at Closing	$1,692	$2,395	$7,665

City of Fayetteville Community Development Division

Neighborhood Revitalization Target Area



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CITY OF FAYETTEVILLE
COMMUNITY DEVELOPMENT DIVISION

2002 INCOME LIMITS

units wpd" revised 2-04-02

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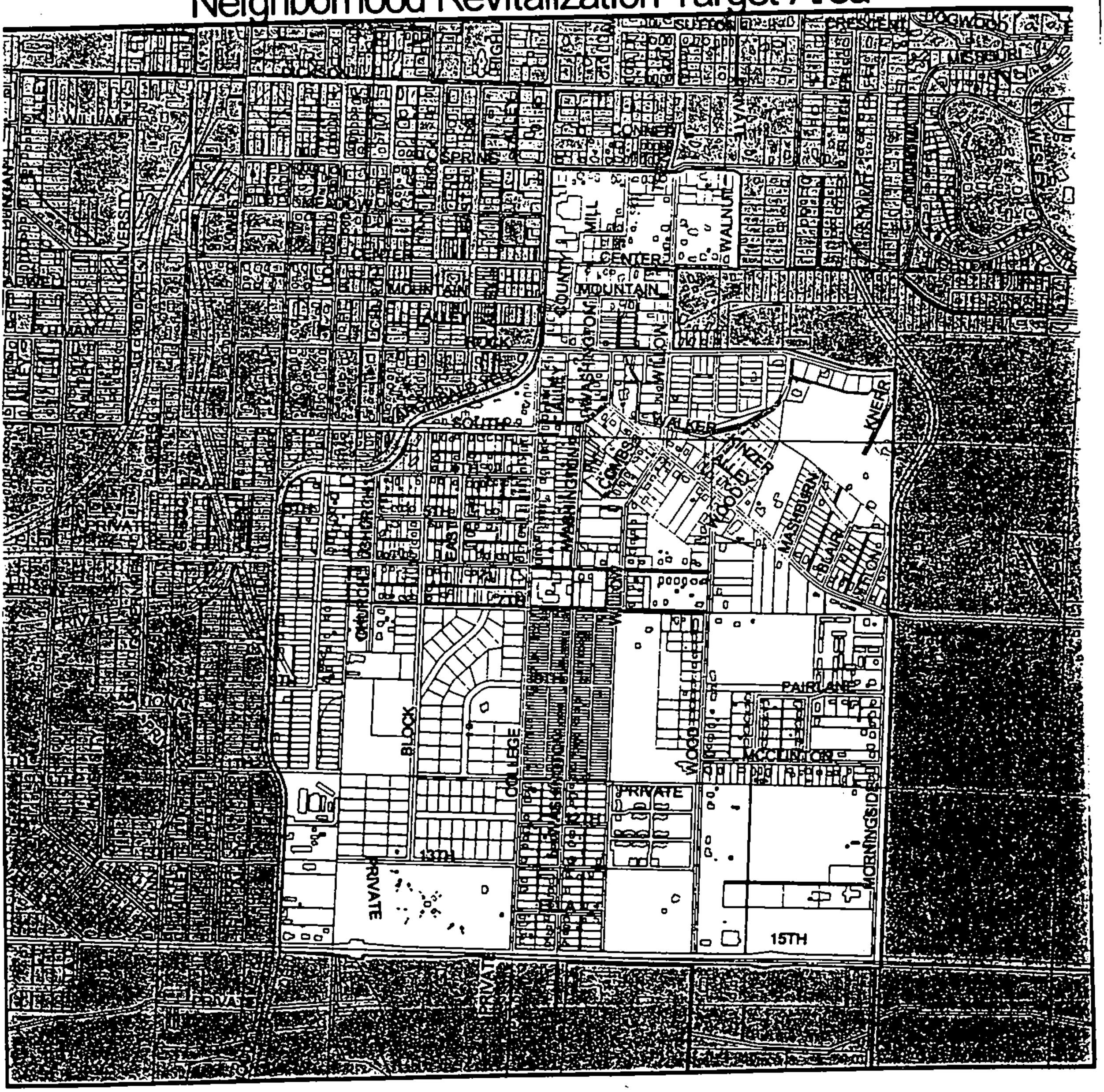

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CITY OF FAYETTEVILLE
COMMUNITY DEVELOPMENT DIVISION

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limits.wpd" revised 2-04-02

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