			Village	C	Colfax	Wisconsin:
To the	Clerk	of the_	Village	ot		Wisconsiii.
Beverages an and all acts a regulations, F	d Intoxicating Liquors,	subject to the lirth of the lirth of the lirth of the supplementary of the sale of the sal	nitations imp	d hereby agree	2018, inclusive (unless sooner ion 125.32(2) and 125.68 (2) of e to comply with all laws, restricted in the state of a license be granted to me, Signature of Applican	
Answer tl	he following ques	tions fully a	nd compl	etely: (1	
Name of App	(A / \wedge)	(02)	<u>.] ,</u>	Sund	from	91
Address of A	116	3810	Cou	rly Ra	pad M COL	Jak, W1.54
Have you bee	en convicted of any felo	ny or of violating	any law of th	he State of Wis	consin or of the United States	
Date of such	conviction /	l				
Name of Cou	rt VA.					
Nature of off	ense					
Mave you bee	en convicted of violating	gany needs and		Herie	ale of beverages or intoxicating	how
ST	ATE OF WISCONSIN,				/ Signature of Applican	
	ann	SS.				
person who	/ 121	_County.	n for an oper	rator's license;	that all the statements made by	WWWWYV -
day of	May	and the second		79	Appircant sig	n here
Notary Publi			unty, Wis.	~~~	STATE OF	ARL STREET
	MA	CAMM: U	expire	58-27	18 0F	WISCOMM

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

1

Supplemental – General License Application

Instructions: Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

NOTE: If any further explanation is needed, please continue on back of application.
Full Name-First, Middle, Last 1. Ween Jonele Sunction !
Business/Organization Name () (1) (1) (1)
Full Prior Names (nicknames, maiden names, etc. Koria J. Hogocker-Dalla)
Date of Birth Place of Birth Place of Birth Andiana
SexRace, HeightWeight
Social Security Nc Driver's License No
Have you ever been arrested for, or convicted of any laws, including traffic? If yes, list offense, date and place occurring. List prior addresses for the past five years
List three personal references, not related to you. Include name, address & phone number 1)
Education- include name of High School, location, grade completed and any training beyond high school. Moon Valley High School JM 4 9 ~ (1) (1)
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature Date 5/7-/6
Official Use Only-Below This Line
Date Received 5/17/16 Date Approved 5/17/16 Date Denied Researcher Confirm Police Approving Officer Signature Usurn Sprale of the Confirmation of
Researcher (Approving Officer Signature When Industry

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages an	d Intoxicating Lique	ors, subject to the lin	nitations imp thereto, and	osed by S I hereby as	0, 2016, inclusive (unless sooner ection 125.32(2) and 125.68 (2) of gree to comply with all laws, resours if a license be granted to me,	THE AMERICAN
I certii	fy that I am <u>5</u> 3	years of age.		(inc	Signature of Applicant	uf
	L. following an	estions fully ar	nd comple	etelv:	Digitatio of represent	
Answer U	ne ionowing qu	P. MCG	14 compr 7-15/5/43	101y. 1054		
Name of App	anlicant / A	Guent De	6540	< 		
Address of Ap	on convicted of any f	Falony or of violating	any law of th	e State of V	Visconsin or of the United States?	
Have you bed		ciony of of violating				
Date of such	conviction \	1				
Name of Cou	- 1/A					
	110					
Nature of offe						:
Have you bee	en convicted or violat	ting any license law o	r ordinance r	egulating th	e sale of beverages or intoxicating l	iquors?
	NO					
				,		
				1/.	Deploal	4
				KIM	Signature of Applicant	mul_
ST	ATE OF WISCONSI					r
	Dunn	ss. County.				
Ki	m Mc	Eldown	er/		being first duly sworn e; that all the statements made by the	on oath says that he is the
person who n	nade and signed the	foregoing application	for an opera	tor's licens	e; that all the statements made by the	ne applicant are true.
Subsci	ribed and sworn to be	efore me this	170		Kun K. M. EX	here /
day of	MAY,	2016				Y
, e		1				
			1,			
	Lann	e (Lar	K_		,	
Notary Public	, De	unn_Coun	ty, Wis.	0 /2	laton	
MIL	(ammis	wion lo	XP.Ve	S 4/	9/1/	

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

Supplemental - General License Application

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Full Name-First, Middle, Last Kim Renes MCELINWASY Business/Organization Name 44/15 Full Prior Names (nicknames, maiden names, etc. KIM RENEE THOMPSON Date of Birth Two HARBORS, MN Sex Race Heigh Weigh. Social Security No Driver's License No Have you ever been arrested for, or convicted of any laws, including traffic? _ :/// If yes, list offense, date and place occurring. List prior addresses for the past five years SAME AS PRESENT List three personal references, not related to you. Include name, address & phone number 1) MELISA SUNDSTROM BALOUNTY ROM

2) ERNST SUNDSTROM COUNTY ROM

3) ANNE INGRAM BALSM ST. Have you ever been a member of the Military Service? _____ Discharge? _____ Education- include name of High School, location, grade completed and any training beyond high school. COLORADO SPRINGS CHRISTIAN SCHOOL I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature The Date 5-/7-16 Official Use Only-Below This Line Date Received 5/18/18 Date Approved 5/18/18 Date Denied_____ Researcher CHEF OF Police Approving Officer Signature Levenschalown

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
I her Beverages an and all acts regulations, I	eby apply for a Licenary International International Internations of an appendix on the second at th	se to serve, from s, subject to the lin and supplementary affecting the sale of	July 1, 201 nitations important	to June 30, 20 posed by Section d hereby agree t	1 % , inclusive (unless s n 125.32(2) and 125.68	ooner revoked), Fermented Malt (2) of the Wisconsin Statutes s, resolutions, ordinances and me, MMMMMM
Answer t	he following ques	stions fully ar	ıd compl	letely:		
Name of App	0/8	948	A F	1 W. B	d M	Colfax W1541
Have you be	en convicted of any felo	ony or of violating	any law of t	he State of Wisco	nsin or of the United Sta	ates?
Date of such	conviction //	4				and the state of t
Name of Cou	rt V	A				\$
Nature of off	ense //	<i>JA</i>				· · · · · · · · · · · · · · · · · · ·
Have you bee	en convicted or violating	g any license law o	r ordinance i	regulating the sale	of beverages or intoxic	ating liquors?
ST	ATE OF WISCONSIN,		6	Zama	Signature of App	White the second second
	Dunn	ss. _County.				
	ribed and sworn to before	egoing application	for an opera		all the statements made MMANA Applican	sworn on oath says that he is the e by the applicant are true. Let by the applicant are true. t sign here
Notary Public	2 S. C. Sun	Coun	ty, Wis.		JAMIE L. SHAFER	

JAMIE L SHAFER
Notary Public-State of Wisconsin
My Commission Expires January 12, 2018

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

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1/1/2000
Full Name-First, Middle, Last TAMARA A, MININNERY
Business/Organization Name OUTHOUSE
Full Prior Names (nicknames, maiden names, etc. Knutson, Rihn
Date of Birth 'Place of Birth Baldwin, W
Sex Race Height Weight
Social Security No Driver's License No
Have you ever been arrested for, or convicted of any laws, including traffic?
List prior addresses for the past five years W/A
List three personal references, not related to you. Include name, address & nhone number 1) 1 A A A SOUN COMMENTALY 2) AND
Have you ever been a member of the Military Service?Discharge?
Education- include name of High School, location, grade completed and any training beyond high school.
Chippewa Valley Thomas
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature AMULIAL LAMANAPORE Signature
Official Use Only-Below This Line
Date Received 5/18/16 Date Approved 5/18/16 Date Denied Researcher Colice Approving Officer Signature Legense from the second of the second o
Researcher Course of Police Approving Officer Signature Legense frolling

WAR ENGLY STREET

To the _	Clerk	of the	Village	of	Colfax	Wisconsin
Beverages and all acts regulations, I	nd Intoxicating Liqu	ors, subject to the lim f and supplementary al, affecting the sale of	itations imp thereto, and	osed by Se I hereby ag	9, 2017, inclusive (unless sooner ection 125.32(2) and 125.68 (2) o ree to comply with all laws, restors if a license be granted to me, Signature of Applicant	I the wisconsin statutes
Answer t	he following qu	iestions fully an	d comple	etely:		
Name of App	olicant LISA	<u> </u>	<u>restu</u>	<u>ien</u>	N 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Address of A	pplicant <u>501</u>	West	54	<u>Co</u>	itax W S	4-130
Have you be		elony or of violating a			risconsin or of the United States?	
Date of such	conviction					
Name of Cou	ırt					
Nature of off		1,000				
	CATE OF WISCONSII		;	ANJ	sale of beverages or intoxicating Mulling Signature of Applicant	'ew
,		SS.				
person who r	Sa Sings made and signed the pribed and sworn to be May 2	efore me this/	for an opera	tor's license	being first duly sworn; that all the statements made by the Applicant sign	n on oath says that he is the he applicant are true. Light Men here
Notary Publi	Mule + c, Dun, my com.	Run County M. expire	y, Wis.		ALEMAN, NOTARY OF WISHINGTON	

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

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NOTE: If any further explanation is needed, please continue on back of application.

Full Name-First, Middle, Last Business/Organization Name Place of Birth Eau Date of Birtl. Height . Weight ____ Driver's License No. Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? If yes, list offense, date and place occurring. List prior addresses for the past five years List three personal references, not related to vou. Include name. address & phone number 1) MI'KR NELSOM 2) mark relson, ... Have you ever been a member of the Military Service? _____ Discharge? _____ Education- include name of High School, location, grade completed and any training beyond high school. Home School - GED I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.]

Signature

Date 05 - 18 - 1/0 Official Use Only-Below This Line Date Received 5/18/14 Date Approved 5/18/14 Date Denied Researcher (HEF D. D). CET Approving Officer Signature Leepen Walkern

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
I her Beverages ar	eby apply for a Licer of Intoxicating Liquor	nse to serve, from s, subject to the li	July 1, 2016 mitations importance of the contraction of the contracti	to June 3 posed by S d hereby a	0, 2016, inclusive (unless soone lection 125.32(2) and 125.68 (2) or gree to comply with all laws, resquors if a license be granted to me,	IIIC Wisconsin Statutos
	fy that I am <u>50</u>			Prince	Signature of Applican	nan
Answer t	he following que	estions fully a	nd compl	etely:		
	licant Evic					
Address of A	oplicant 305	<u>main</u>	<u>st.</u>	<u>Co</u>	Hax WI. 54	.730
Have you bee	en convicted of any fel	ony or of violating	any law of the	ne State of V	Wisconsin or of the United States?	1 1 1.1+
D4I	9943 Cri	menal I	Damas	ges.	1997? POIK (ounty wi
Date of such	conviction					
Name of Cou	n Polk	County			,	
Nature of off						
Have you bee	en convicted or violatin	g any license law o	or ordinance	regulating th	ne sale of beverages or intoxicating	liquors?
				M	Signature of Applican	nan_
ST	ATE OF WISCONSIN,				Digitate of Approxim	
Du	nn _	ss. County.				
	nade and signed the for	ore me this	n for an oper	ator's licens	being first duly swor that all the statements made by Market Applicant sign	n on oath says that he is the the applicant are true. Manager Andrew
day of	Day Je	016				
Notary Publi		<u>Rens</u> cou comm &-27-16	nty, Wis. Yyvire s		OTARY NOTARY NOT	

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

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10+0 grade madison Central High School

Richmond Ky I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Cula Lemman Date 05-17-16 Official Use Only-Below This Line Date Received 5/18/16 Date Approved 5/18/16 Date Denied THE OF YOU'RE Approving Officer Signature Willow Spales

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages and all acts a regulations, Fe	by apply for a Lice d Intoxicating Liquo mendatory thereof a deral, State, or Local	nse to serve, from rs, subject to the lin and supplementary l, affecting the sale	July 1, 201& mitations impo	osed by Se hereby ag	, 2018, inclusive (unless sooner ction 125.32(2) and 125.68 (2) of the to comply with all laws, resoons if a license be granted to me,	the Wisconsin Statutes
I certify	y that I am <u>53</u>	_ years of age.			Signature of Applicant	
Answer th	e following que	estions fully a	nd comple	tely:		
Name of Appli	1/1	//	35/71	11	110	1000
Address of Ap	plicant	441 Co	Kd-	<u>M</u>	(1) Hax W1 -59	7730
Have you been	n convicted of any fe	lony or of violating	any law of the	State of W	isconsin or of the United States?	
Date of such c	onviction	ing.				
Name of Court		45				
Nature of offer	nse					
Have you been	convicted or violatin	ng any license law o	or ordinance re	gulating the	sale of beverages or intoxicating li	quors?
	/ \\'\'\'		W		<i>\</i>	
				1		
			(Short o.	, troo	
STA	TE OF WISCONSIN,				Signature of Applicant	
7	unn	SS.				
	Zule .	_County.	STAL		haid first duly gward	on oath says that he is the
person who ma	ade and signed the fo	regoing application	for an operate	or's license;	that all the statements made by the	e applicant are true.
Subscri	bed and sworn to bef	ore me this	16h		Jan Mold	
day of	VAY, 2	016		_	Applicant sign I	:C1 C
	ι)					
		1	1			
	Dann	e Clar	ll_			
Notary Public,	Dun ommis	Coun	ty, Wis.	- 6	11/17	
My C	ommis	sion l	XPINE	S = S	14/1 (

Village of Colfax

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•	further explanation is he	1	
Full Name-Fi	rst, Middle, Last	Kyle Alan Tressin	
Business/Org	anization Name	Lyle's Market	
Full Prior Nat	mes (nicknames, maid	iden names, etc.	
Date of Birth	. '	Place of Birth Doomer, WI Height - Weight	_
Sex	Race_	_ Height Weight	
Social Securit	ty No	Driver's License No	,
Have you eve If yes, list off	er been arrested for, or fense, date and place o	or convicted of any laws, including traffic? NO	
List prior add	lresses for the past five	ve years	
1) Kano 2) Chris 3) (large	dy Kinn 1914 Meinen 117 Mer Mill 15	the Military Service?	-
Education- in Linguistic States of the complete series of the compl	nclude name of High S new 17/2h Se new Valley Je	School, location, grade completed and any training beyond his check. Echapter e laws, ordinances and regulations, and hereby agree, if grante further certify that all information included in this application wewledge.	gh school. ed a license, to n is true, accurate
Official Use	Only-Below This Lin	ine	
Date Receive	-//	e Approved 5/20/16 Date Denied	i M
December /	1 Now we look to to	Approving Officer Signature	

	re ^s						
To the	Clerk	of the_	Village	of		Colfax	Wisconsin:
I he Beverages a and all acts regulations,	reby apply for a Licen nd Intoxicating Liquors	se to serve, from s, subject to the lir nd supplementary affecting the sale	July 1, 2016	d haraby a	gree to co	, inclusive (unless sooner 5.32(2) and 125.68 (2) comply with all laws, residense be granted to me,	revoked), Fermented Malt f the Wisconsin Statutes solutions, ordinances and
Answer	the following que	stions fully a	nd compl	letely:	Ĺ		
Name of Ap	plicant Micol	e Dovia	Niere	unau	<u>su</u>		
Address of	Applicant 7971					54730	- NOR 2
Have you b	een convicted of any fel	ony or of violating	g any law of t	the State of	Wisconsi	n or of the United States?	-07-31× 1707-17
<u>no</u>		<u>.</u>					
Date of suc	h conviction						
Name of Co	ourt						
Nature of o	ffense						WALX WEST
Have you b	een convicted or violati	ng any license law	or ordinance	eregulating	the sale of	f beverages or intoxicating	g liquors?
754 A.S.							104 3 12 1 - O;
				With	Now	hear	·)
	STATE OF WISCONSIN	J .				Signature of Applica	nt
	STATE OF WIDCOMON	S	58.				
nerson wh	Jicole D Mi o made and signed the oscribed and sworn to be	County. evenhau foregoing applicat efore me this	ion for an op	erator's lice	ense; that a	being first duly swall the statements made be heart statement and the heart statement being bein	
day of		2016			Seine.	M. NINNE	water a safegiti.
Notary Pt	hery/M.A. ablic, D. Exp:	Inceman unn c Aug Ile, ó	ounty, Wis.		William * SANIAN	OF WISCOMMEN	

Village of Colfax P.O. Box 417 Colfax, Wisconsin 54730

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Full Name-First, Middle, Last Micole Darie Merenhausen Business/Organization Name Kyles Warket Full Prior Names (nicknames, maiden names, etc. Place of Birth Eau Claire WI Date of Birth____ Race ____ Height_ Driver's License No. . Social Security No Have you ever been arrested for, or convicted of any laws, including traffic? If yes, list offense, date and place occurring. List prior addresses for the past five years 7971 254 Strut, Colfax W 54730 List three personal references, not related to you. Include name, address & phone number 1) Kothy Tape E 3442 HOOR Are Colfex WI 54730 2) Track Doilce Ffe 214 Viking Drive , Colfex WI 3) VICKIE Mares E 4990 9204 Are Boyceville WI 54725 Have you ever been a member of the Military Service? \(\int\)\(\int\) Discharge? Education- include name of High School, location, grade completed and any training beyond high school. DIFAX 1799 SCHOOL location, grade completed and any training beyond high start youth Options Program Menomonie will graduate 5-20-16 will be youth Options Program Menomonie will I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature With Mierths Date 5-7-16 Official Use Only-Below This Line Date Received 5/20/16 Date Approved 5/20/16 Date Denied_ Researcher Chief DE Robice Approving Officer Signature toler

WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Nicole Nierenhausen

Date of Completion: 05/07/2016

School Name: 360training.com, Inc.

Certification # WI-39265

certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



Corporate Headquarters 13801 Burnet Rd., Suite 100 Austin, Taivas 78727 P. 800-442-1149

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages and	by apply for a Lice Intoxicating Lique	ense to serve, from ors, subject to the ling and supplementary	July 1, 2016 nitations imp	to June 30, 2 osed by Sect	2017, inclusive (unless sooner tion 125.32(2) and 125.68 (2) o e to comply with all laws, res rs if a license be granted to me,	f the Wisconsin Statutes
I certify	that I am 55	_ years of age.			Cary Mya (Signature of Applicant	
Answer th	e following qu	estions fully an	nd comple	etely:		
Address of App	olicant 308	Jim St	Mer	nomanire,	LOI 54751	
-	convicted of any fe	lony or of violating	any law of th	e State of Wis	consin or of the United States?	
		,		NA.	to the state of th	
Name of Court						Manager and the state of the st
Nature of offen						
Have you been	convicted or violati	ng any license law o	r ordinance ro		ale of beverages or intoxicating	
				Mau	Signature of Applicant	
STA	TE OF WISCONSIN	, County. Mu. 7	A		, being first duly sworn	on oath says that he is the
	de and signed the for	1	for an opera	tor's license; th	nat all the statements made by the Applicant sign	ne applicant are true.
day of	May, o	X016		,		
4	Jann	e Clar	ik_			
Notary Public,	ommis	nu Coun	ty, Wis. LXP I N	e56/	4/17	

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

Supplemental - General License Application

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last May Michele Muza Business/Organization Name Kules Market Full Prior Names (nicknames, maiden names, etc. Marker Logels Date of Birth Puer Falls (10) (Pierce Camby) Race Height Weight Driver's License No Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic?_____ If yes, list offense, date and place occurring. List prior addresses for the past five years____ List three personal references, not related to you. Include name, address & phone number

1) Brithey Money Equip 724th Are Edilling 101

2) Kim McEdawney (004 Everagen Cottax (1) 54730 List three personal references, not related to you. Include name, address & phone number Kressin 2789 2374St EHLMand Lui Education- include name of High School, location, grade completed and any training beyond high school. St. Conv. Central - Hammorlie 3515/015 12th Vite Fair Claire WI 3 semesters I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Date 5-16-16 Signature \ Official Use Only-Below This Line Date Received 5/20/16 Date Approved 5/20/16 Date Denied_ Researcher (HEF DE Palice Approving Officer Signature Welcom Anders

To the _	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages at and all acts regulations, F	nd Intoxicating Liquors amendatory thereof ar	s, subject to the lire and supplementary affecting the sale of	nitations impo thereto, and	osed by Sect hereby agree	2017, inclusive (unless soone ion 125.32(2) and 125.68 (2) of e to comply with all laws, rest if a license be granted to me,	of the Wisconsin Statutes solutions, ordinances and
Anewart	he following ques	stions fully a	nd comple	telv	/ Signature of Applican	L.
	licant MiKK					
	pplicant 400					- 54730
	en convicted of any felo		any law of the	State of Wisc	consin or of the United States?	
Date of such	conviction					
	rt					
Nature of offe						
Have vou bee	n convicted or violating	any license law o	r ordinance reg	gulating the sa	le of beverages or intoxicating	liquors?
<u> </u>						
M.k	ade and signed the fore	going application	for an operato	r's license; th	Signature of Applicant being first duly sworn at all the statements made by t Applicant sign	n on oath says that he is the he applicant are true.
lay of	May 6	2016	<u> </u>	_ /-/-	Applicant sign	here
Notary Public,	Thery 1 M. Duni Exp 8	Minuem Count	y, Wis.	- CHIM	WIND OF WISCOUTH	

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

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Full Name-First, Middle, Last Will Stan McCutcheon Business/Organization Name VIION War Full Prior Names (nicknames, maiden names, etc. MixXi Jean Archess Date of Birth Wenonce, WI Sex Race Height Weight Driver's License No. Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? If yes, list offense, date and place occurring. List prior addresses for the past five years______ List three personal references, not related to you. Include name, address & phone number 1) Billie do Burga of 808 University Ave "12 Colfax UD. 2) Yajdi Flug N8773 10702 St Colfax WI 3) Keyje Olson E9101 St. 20 40 Colfax WI Have you ever been a member of the Military Service? ______ Discharge? _____ Education- include name of High School, location, grade completed and any training beyond high school. Menomonic High School -12.

Official Use Only-Below This Line

I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate

and complete to the best of my knowledge.

Signature Date Now 16 2016

To the	Clerk	of the_	Village	_of	Colfax	Wisconsin:
Beverages and In and all acts ameregulations. Feder	toxicating Liquors, subje- ndatory thereof and supp	of to the lire of the lire of the sale of	nitations impos thereto, and h	sed by S nereby ag es and liq	0, 2016, inclusive (unless sooner ection 125.32(2) and 125.68 (2) o gree to comply with all laws, resures if a license be granted to me,	f the Wisconsin Statutes
	Collowing questions			ely:		
Name of Applican	1 Beyer	<u> Spoor</u>	tell			****
Address of Applica	40.11.	1170	Hu Au			
Have you been co.	nvicted of any felony or o	f violating	any law of the S	State of W	visconsin or of the United States?	
Date of such convi	iction					
Name of Court						
Nature of offense						
•		ense law or)	sale of beverages or intoxicating li	quors?
Person who made a	inee Goodell	pplication		s license;	that all the statements made by the LOMM Applicant sign h	e applicant are true.
hery / Notary Public,	Dunn Exp 8-16-1	<u>na.</u> County	, Wis.	The World & Salar	WALL OT A PARTY OF THE PROPERTY OF THE PROPERT	

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

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NOTE. It any tanner sufference
Full Name-First, Middle, Last Goedett Rence Marie Goodell
Business/Organization Name Kyles Markot
Full Prior Names (nicknames, maiden names, etc. Kwutson
Date of BirthPlace of Birth_Menomonie_Wi
SexRaceHeightWeight
Social Security Noriver's License No
Have you ever been arrested for, or convicted of any laws, including traffic?
List prior addresses for the past five years Colson 54730
List three personal references, not related to you. Include name, address & phone number 1) Kectie Sten E9101 St. Rol 40 Colfex, WI 54780 2) Nik Kessin 3739 237 St. Like Usund 3) Progradual Sauct N8437 Court Rol M Colfax Have you ever been a member of the Military Service? NO Discharge?
Education- include name of High School, location, grade completed and any training beyond high school.
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurat and complete to the best of my knowledge. Signature Velocity (1) Date 5/12/16
Official Use Only-Below This Line Date Received 5/20/10 Date Approved 5/20/10 Date Denied
Date Received 5/00 Date Approved 5/00 Date Denied Researcher Company of the Approving Officer Signature 1000000000000000000000000000000000000

To the _	Clerk	of the	illage (of	Colfax	Wisconsin:	
Beverages a and all acts regulations, l	nd Intoxicating Liquors amendatory thereof an	, subject to the limitand supplementary the safecting the sale of su	tions imposed ereto, and here	by Section eby agree to	125.32(2) and 125.68 (2)	er revoked), Fermented Malt of the Wisconsin Statutes esolutions, ordinances and	
Answer t	the following ques	tions fully and	completely	<i>r</i> :			
Name of App	olicant (CAC)	dice	Dati	Ce/		- AND	
Address of A	710	33 90	10th) / Q	reat Colfi	X WI SI	1730
Have you be	en convicted of any felo	ny or of violating any	law of the Stat	te of Wiscons	in or of the United States?		
(<i>DO</i>	Large Control					
Date of such	conviction U	(A			and the second s		
Name of Cou	urt \\\				- 4 M		
Nature of off	fense \(\)	A					
Have you be	en convicted or violating	any license law or or	dinance regulat	ing the sale o	f beverages or intoxicating	liquors?	
				Con	lice P	offel	
				Loch	uce De	ffel	
ST	ATE OF WISCONSIN,				Signature of Applicar		
~	- 0	SS.					
person who r	and signed the fore	_County.	an operator's l	icense; that a	being first duly swo	on on oath says that he is the the applicant are true.	
Subsc	ribed and sworn to befor	e me this	th		CACLA Applicant sig	n here	
lay of	May 20	16				, , 00	
)		M. NINA		
	hear M. A	Interior	<u>/</u>	M.W. Williamson	TAN LANTOS		
Notary Public	c, Dunn	County, V	Vis.	= \(\frac{1}{2}\)	· PURLYOUS &		
	Co	11 2019		200			

Village of Colfax

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NOTE: If any further explanation is needed, please commute of the state of the stat
Full Name-First, Middle, Last Condict LER DOFFE
Business/Organization Name Kills Markot
Full Prior Names (nicknames, maiden names, etc. Cocket Lee Cocket
Date of Birth Place of Birth Valoration Tochana
SexRace Height Weight
Social Security No Driver's License No
Have you ever been arrested for, or convicted of any laws, including traffic?
List prior addresses for the past five years 18033 940th 540eot Colfox; 1251-54730
List three personal references, not related to you. Include name, address & phone number 1) There is a large of the Military Service? Discharge? Discharge?
Education- include name of High School, location, grade completed and any training beyond high school. Connect High Mhook Const. 15 54730 13th grade diploma
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature Date Date
Official Use Only-Below This Line Date Approved 5/20/10 Date Denied
Date Received 5/20/10 Date Approved 5/20/16 Date Denied

To the Clerk Of the Village Of Colfax Win	
To the of the of Colfax Wis	sconsin
I hereby apply for a License to serve, from July 1, 2015 to June 30, 2017, inclusive (unless sooner revoked), Ferme Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinar regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,	Statutes
I certify that I am years of age.	
Moelle Ollon Signature of Applicant	
Answer the following questions fully and completely:	
Name of Applicant Nocile 0500	
Address of Applicant 212 Villing Drive Colfax, WI 54730	
Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?	
Date of such conviction	
Name of Court	
Nature of offense \(\int \)	
Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?	
No	
Noelle Olson	
Signature of Applicant STATE OF WISCONSIN,	
SS.	
County.	
being first duly sworn on oath says that erson who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true	
Subscribed and sworn to before me this 16 To 17 To 18 The Color of the applicant are the	ю.
Applicant sign here	
ay of MAY	
Land Market	
J gunne Cur	
Otary Public, DUNC County, Wis.	

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

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NOTE: If any further explanation is needed, please continue on back of application.

NOTE: If any further explanation is needed by
Full Name-First, Middle, Last Noelle Lauren Olson
Business/Organization Name Kyle's Market
Full Prior Names (nicknames, maiden names, etc
Date of BirthPlace of Birth_Fair Claire, WI-Luther Hospital
Sex Race Height Weight
Social Security No Driver's License No
Have you ever been arrested for, or convicted of any laws, including traffic?
List prior addresses for the past five years 212 Viking Prive Colfax, WI 54730
List three personal references, not related to you. Include name, address & phone number 1) Jason Taylor NIOUGI County Road S Wheeler, WI 54772-4570 2) Walch, Lestie 106 Viking Drive Colfax, WI 54730 3) Kyle Kressin N8441 County Bd. M Colfax, WF 54730 Have you ever been a member of the Military Service? NO Discharge?
Education- include name of High School, location, grade completed and any training beyond high school. Colfax High School Colfax LIT - Graduated Recieved Deforma Chippena Valley Technical Crollege I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature 1066 Olson Date 5/13/2016
Official Use Only-Below This Line
Date Received 5/2/12 Date Approved 5/2/14 Date Denied Researcher Company Officer Signature Liberty Automatical Date Denied

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
and all acts a regulations, Fe	a intoxicating Liquor	s, subject to the lin and supplementary affecting the sale of	itations impe	osed by Section I hereby agree	010 , inclusive (unless sooner on 125.32(2) and 125.68 (2) of to comply with all laws, reso if a license be granted to me,	the Wisconsin Statutes
Answer th	e following que	stions fully an	d comple	tely:		
Name of Appli	cant Katelin	<u>n 0/80ñ</u>		·		
	olicant E9101		Colfax.	WI 5472	<i>3</i> 0	
	convicted of any felo	ony or of violating a	ny law of the	State of Wisco	onsin or of the United States?	
Date of such co						
Name of Court						
Nature of offen						
cm i m			K	xtolynn	Signature of Applicant	
STAT	E OF WISCONSIN,	SS.				
person who mad	elynn (Ol	going application fo	r an operator	's license; that	being first duly sworn on all the statements made by the a	applicant are true.
Notary Public,	Dunn Exg 8-1	County,	Wis.	William & S. P. K.	OF WISCOMMENT	

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

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Full Name-First, Middle, Last Katelynn Lee (180n) Business/Organization Name Kyll'S MWKet Full Prior Names (nicknames, maiden names, etc. // Crtie) Place of Birth Gou Claire Date of Birth __Race__ Height___ Weight__.__ Sex Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic?_____ If yes, list offense, date and place occurring._ List prior addresses for the past five years <u>E9101 St. Rd. 40 Colfox, W154730</u>;

200 Lincoln St. EIK Mound WI , N13048 89048 St. Colfox, W154730 List three personal references, not related to you. Include name, address & phone number

1) Nick Krossin 2789 23 57 Flue hours

2) Ring Gradell Reflect 1784 Aire College

3) Runnows J. Saurie Neville Neville Courty Ph.M. Court Have you ever been a member of the Military Service? ______Discharge? _____ Education- include name of High School, location, grade completed and any training beyond high school. Colfax High School, Colfax, 12th I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Date 5-12-16 Official Use Only-Below This Line

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages and all acts a	d Intoxicating Liques mendatory thereo	iors, subject to the ling f and supplementary	nitations impo thereto, and	osed by Sect hereby agre	2010, inclusive (unless soone ion 125.32(2) and 125.68 (2) of e to comply with all laws, rers if a license be granted to me,	of the Wisconsin Statutes
I certif	y that I am 6	years of age.	4	ezake	Signature of Applican	Mre
Answer th	e following q	uestions, fully ar	jd comple	tely:		
Name of Appli	icant <i>Ell</i>	ZADETH	J. J.	1)e	Me	
Address of Ap	plicant	PARK	(<u></u>)	1. # /	D. LOLTA	2×/11/1.
Have you been	convicted of any	felony or of violating	any law of the	State of Wis	consin or of the United States?	/
Date of such c	onviction	Consister constitution of the second				
Name of Court	t tourist	The state of the s		UV-44VVIII-	AND STREET	
Nature of offer	nse		w			
Have you been	convicted or viola	ting any license law or	r ordinance re	gulating the sa	ale of beverages or intoxicating	liquors?
, ,				Pail	oth J. D	e Mee
STA	TE OF WISCONSI	N,			Signature of Applicant	
J	Junn	ss. County.				,
Eliza	beth J.	Demol			, being first duly swor	n on oath says that he is the
				or's license; th	nat all the statements made by t	/ / 1/1/2 /// 20
Subscri	oed and sworn to be	efore me this 27		— <i>A</i>	Applicant sign	here
day of <u>M</u>	ay 2016			1		
	•				Nest I I I I I I I I I I I I I I I I I I I	
			Jul	IL EUAF	CNEST	
Kal	nerine G	. Wagne		NOTA	AL. *	
Notary Public,	<u>Dun</u>	. Wogner M	y, Wis.	PUB		
001191	~ ~ ~ ~ ·	100-11	7	n. Por	MONTH.	

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

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Full Name-First, Middle, Last Slegaloth Jayne De Mae
Business/Organization Name Kiles Market
Full Prior Names (nicknames, maiden names, etc. B. J. Skraketh Seupenses
Date of Birth Place of Birth Nan Macentain, Whenke
SexRace/HeightWeight
Social Security No Driver's License No.
Have you ever been arrested for, or convicted of any laws, including traffic?
If yes, list offense, date and place occurring.
List prior addresses for the past five years 251 Haban W. Burevelle We - U.
List three personal references, not related to you. Include name, address & phone number 1) Let Let Let Les Essin NIHH-Co RD. M LD LAX
2) KIRS LUGSLETT EGIOTHUY46 (OLYAX) 3) HOTO (BON GOINS ROYO COLAX MI SHIB)
Have you ever been a member of the Military Service? Discharge?
Education-include name of High School, location, grade completed and any training beyond high school.
Brick Heeping. Conquiter Li krany and G.E.D.
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.
Signature Date Maltill & Date Date Date
Official Use Only-Below This Line
Date Received 05/31/16 Date Approved 5/31/16 Date Denied
Researcher LAFF OF 10/18E Approving Officer Signature Lecture / Check

WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Elizabeth DeMoe

Date of Completion: 05/27/2016

School Name: 360training.com, Inc.

Certification # WI-40981

certify that the above named person successfully completed an approved Learn2Serve Seller/Server course. COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



Corporate Headquarters 13801 Burnet Rd., Suite 100 Austin, Texas 78727 P: 800-442-1149

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages an and all acts a regulations, F	nd Intoxicating Liquo amendatory thereof	rs, subject to the lir and supplementary l, affecting the sale o	nitations impo thereto, and	osed by Sect I hereby agre	2014, inclusive (unless sooner ion 125.32(2) and 125.68 (2) of e to comply with all laws, reserved if a license be granted to me,	the wisconsin Statutes
					Signature of Applicant	
	ticant May	Ann I	arank	<u> </u>	lar St. Colfa	X 5A730
Have you bee	en convicted of any fe		,		consin or of the United States?	
Date of such o	conviction N/A		· · · · · · · · · · · · · · · · · · ·	A.W.		
Name of Cour	n N/A					
Nature of offe	ense N/A					
Have you bee	n convicted or violation	ng any license law o	r ordinance re	gulating the s	ale of beverages or intoxicating l	iquors?
person who m	ATE OF WISCONSING Ary DC ande and signed the folioed and sworn to before May Cary Cary	ss. County. regoing application	for an operat		Signature of Applicant being first duly sworn nat all the statements made by the Applicant sign	ne applicant are true.
Notary Public		Coun nm. Upi	ty, Wis. 〉でき		NOTAP DUBLIC &	The man wall

8-27-18

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

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Full Name-First, Middle, Last May Hon Business/Organization Name QQQ Country Full Prior Names (nicknames, maiden names, etc. May) Place of Birth Date of Birth Height Sex Driver's License No. Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? If yes, list offense, date and place occurring. DWT 1990, ENSWOY List prior addresses for the past five years HWY 170 Driversity Ave., Colfax List three personal references, not related to you. Include name, address & phone number 1) Britiney Moonen Education- include name of High School, location, grade completed and any training beyond high school. Hastings Senior High, Hostings, MN/GED Rosemont Vocational Tech, Rosemont, Miv I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.
Signature Durce Official Use Only-Below This Line Date Received 5/33/16 Date Approved 5/3/110 Date Denied Researcher CHEFOF Blice Approving Officer Signature Checker Approving Officer Signature

NSCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Mary Durand

Date of Completion: 12/22/2015

School Name: 360training.com, Inc.

Certification # WI-33035

certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



Corporate Headquarters 13801 Burret Rd., Suite 100 Austin, Texas 78727 P: 800-442-1148

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages ar and all acts a regulations, F	nd Intoxicating Liquo	ors, subject to the ling and supplementary II, affecting the sale	nitations im v thereto, ar	posed by Se nd hereby agi	, 2017, inclusive (unless soone ction 125.32(2) and 125.68 (2) ree to comply with all laws, reors if a license be granted to me,	or the wisconsin Statutes esolutions, ordinances and
Answer t	he following qu	estions fully a	nd comp	etely:		
Name of App	licant Emily	y Nico	10	Tus	chl	
Address of A	pplicant N102	28 6001	n St	· Wr	inl beeler, WI	54772
	en convicted of any fe		any law of t	he State of W	isconsin or of the United States?	
Date of such	conviction					
Name of Cou	rt					ADD A CONTRACT OF THE CONTRACT
Nature of offe	ense					
Have you bee	en convicted or violati	ng any license law c	or ordinance	regulating the	sale of beverages or intoxicating	; liquors?
				mul	Signature of Applicar	<u>al</u>
ST	ATE OF WISCONSIN				O Signiture of Approxim	•
<u> </u>	enn	ss. County.	,			
E	MILY "	TUSCH	<u> </u>		being first duly swo	rn on oath says that he is the
		,	for an aper	ator's license;	that all the statements made by	No On O
day of	ibed and sworn to be	2016			Applicant sig	n here
	<i>_</i>			1		
9	Jann	e ()	erk_	-		
Notary Public	Di	inn Coun	nty, Wis.		laterlin	
Mul	l'ann mi	MAION	DXPX	MM (4/4//	

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

Instructions: Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last EMIN NICOLE Business/Organization Name Cedar Full Prior Names (nicknames, maiden names, etc.___ Place of Birth Eau Claire, WI Date of Birth Sex____Race Height Weight Social Security No. ____ Driver's License No. ____ Have you ever been arrested for, or convicted of any laws, including traffic? NO If yes, list offense, date and place occurring. List prior addresses for the past five years_____ List three personal references, not related to you. Include name, address & phone number 1) Sire Hagen W8519 Cty Rd M Colfax Wi 54730 2) Julie Sommer 510 Pine St Colfax WI 54730 3) Chuck Brown NB227 Cty RIM Colfax W154730 Have you ever been a member of the Military Service? ________Discharge? _______ Education- include name of High School, location, grade completed and any training beyond high school. Colfax High Schoo Colfax, WI 12 graduated 2014 UWGB Green Bay WI 2 years expected graduation May 2018 I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Mala Tubell

Date 05/19/2010 Official Use Only-Below This Line Date Received 5/33/14 Date Approved 5/35/16 Date Denied_____

Researcher Cuts of Police Approving Officer Signature Li Dumfullum

MISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Emily Tuschl

Date of Completion: 05/19/2016

School Name: 360training.com, Inc.

Certification # WI-40298

certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



Corporate Headquarters 13801 Burnet Rd., Suite 100 Austr., Texas 78727 P: 300:442-1149

To the _	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages a	nd Intoxicating Liquo amendatory thereof	rs, subject to the lire	nitations imp thereto, and	osed by Se I hereby ag:	, 2016, inclusive (unless sooner ection 125.32(2) and 125.68 (2) or ree to comply with all laws, resors if a license be granted to me,	f the Wisconsin Statutes
I cert	ify that I am	_ years of age.		Edl	M HOCS LC Signature of Applicant	A
Answer	the following qu	estions fully a	nd comple	tely:		
Name of App	olicant <u>Eden</u>	Logsle	#		`	
Address of A	applicant 16	Slefter) St.	Colt	ax, WI, SHT	30
Have you be	en convicted of any fe	lony or of violating			isconsin or of the United States?	
	Y	10				
Date of such	conviction	and the second s		- Inthe		
Name of Cou	ırt					·
Nature of of	fense					
Have you be	en convicted or violatin	ng any license law o	r ordinance re	gulating the	sale of beverages or intoxicating l	iquors?
				Edl	n M Loc	Deet
ST	ATE OF WISCONSIN				Signature of Applicant)
	unn	SS. County.		_		
E	DEN M	LOGSC	<u> 277</u>	1. 1:	being first duly sworn	on oath says that he is the
	nade and signed the for ribed and sworn to bef	1.	944	or's license;	that all the statements made by the	eed-
day of	MAY, &	2016			Applicationsign	nere
	Jann	Clar	ek .	·		
Notary Public	Commis	STON R	ty, Wis. X PUNL	6/4	4/17	

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

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NOTE: If any further explanation is needed, please continue on back of application.

Business/Organization Name(Full Prior Names (nicknames, maiden names, etc.__ Place of Birth Chip Date of Birth Height____ Driver's License No. Social Security No If yes, list offense, date and place occurring. List prior addresses for the past five years N10065 Cty Rd M COLFOX WI. List three personal references, not related to you. Include name, address, & phone number ENSSIG CH RAIM COLLO Pine St. Colfax, 541730, 713-651-41355 Have you ever been a member of the Military Service? No Discharge? Education- include name of High School, location, grade completed and any training beyond high school. Coltax High School, Colfax WI, 12 I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Colom M 1000 1011 Date 5-19-16 Official Use Only-Below This Line Date Received Spale Date Approved 5/3/16 Date Denied_____ Researcher Approving Officer Signature Lucy Holech

SOLVOLL CHANGE OF CHANGE O

Trainee Name: Edem Logslett

Date of Completion: 01/28/2018

School Name: 360training.com, Inc.

Certification # WI-34480

certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



Corporate Headquarters 13801 Burnet Rd., Suite 100 Austin, Texas 78727 P. 890-442-1149

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages an and all acts a	d Intoxicating Liquo mendatory thereof	rs, subject to the lin and supplementary	nitations imp thereto, an	oosed by Sect d hereby agre	2018, inclusive (unless sooner ion 125.32(2) and 125.68 (2) of e to comply with all laws, reserved in a license be granted to me,	f the Wisconsin Statutes
I certif	y that I am <u>45</u>	_ years of age.		M	Signature of Applicant	
Δnswer th	ne following qu	estions fully ar	ed comple	etely:		
	icant Juli C	Λ ~	nner	/ / /		
Address of Ap		Pines	st # 2	- COIF	00. WI 54	73 C)
Have you been	n convicted of any fe	ony or of violating	any law of th	e State of Wisc	consin or of the United States?	
-VC)		1 1 1 2 2 2	·	1		
Date of such co	onviction Juli	415 20	13	awest		The second secon
Name of Court	<u>Dunn</u>	Countr	}	***		
Nature of offer	ise Disc	ydeny	<i>,</i>			
Have you been	convicted or violatin	g any license law or	ordinance re	gulating the sa	le of beverages or intoxicating li	quors?
				,		/
				$-\mathcal{M}$	Signature of Applicant	
STA	TE OF WISCONSIN,				Signature of Apprount	
Dun		ss. County.				
erson who ma					, being first duly sworn out all the statements made by the	on oath says that he is the applicant are true.
Subscrib	ed and sworn to befo	re me this	9 12	- <i>A</i>	Applicant sign ho	ara
ay of	1ay, 20	16			v Applicant sign in	51 C
				•	unn NIGGEN	William .
	•				AATA PE	W.
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VIGICIL	777. 7 7 CGS	Jero woo			* * * * * * * * * * * * * * * * * * * *	. 2 :
otary Public, _	<u> pu nn</u>	County	, Wis.		ELAN	
Expi	M. Negg Dunn res 4-1	9-2019			William OF WISC	in,

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

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Full Name-First, Middle, Last Juli L April Sommer Business/Organization Name Cedar Country Corop Full Prior Names (nicknames, maiden names, etc. Date of Birth Place of Birth Richard , Va Social Security No ______ Driver's License No._____ Have you ever been arrested for, or convicted of any laws, including traffic?

If yes, list offense, date and place occurring 2007 FFx Nh Driving on Suspender of Conclusion Conclusion addresses for the past five years 291 Towle Side Dr # 120

Fair flap Vh 72037 , 510 Pine St # 2 Co Saw, VVI Su 730 List three personal references, not related to you. Include name, address & phone number 1) Chuck Brown N8227 Cty rd rn Colfe of WN S4730.
2) EnvluTuschel N10228 600+4 Gt Whater 231 S4 772
3) Levry Thurpun 1/8 Arrivar 4727 Cilfax Wi S4730 Education- include name of High School, location, grade completed and any training beyond high school. I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. If further certify that all information included in this application is true, accurate Official Use Only-Below This Line Date Received 5/3/16 Date Approved 5/5/16 Date Denied_____ Researcher HEF OF Police Approving Officer Signature Little Approving Officer Signature

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages an and all acts a regulations, F	d Intoxicating Liquo mendatory thereof ederal, State, or Loca	ors, subject to the line and supplementary al, affecting the sale of	nitations imp thereto, and	osed by Sect I hereby agree	2017, inclusive (unless soone ion 125.32(2) and 125.68 (2) c e to comply with all laws, res s if a license be granted to me,	of the Wisconsin Statutes
I certif	y that I am <u>59</u>	years of age.		Ede	y My Signature of Applicant	lee_
					Signature of Applicant	
		estions fully an				
Name of Appl	icant <u>toit</u>	hmma	Kee	· · · · · · · · · · · · · · · · · · ·	heelen, Di.	
Address of Ap	plicant <u>E68</u>	85 Cm	5 RU	NW	heelen, Di.	54772
Have you been	n convicted of any fe	lony or of violating a	any law of the	State of Wisc	onsin or of the United States?	
Date of such ca	onviction					MALIEN AND COLOR OF THE COLOR O
Name of Court						
Nature of offer						
Have you been	convicted or violating	ng any license law or	ordinance re	gulating the sal	e of beverages or intoxicating I	iquors?
				EN	JAM M	Lee
STA	TE OF WISCONSIN,				Signature of Applicant	
Du	inv	ss. County.				
Ed	"Wh M	CKFI			hadaa Cark dala aasaa	and a state of the state of
person who ma	de and signed the for	regoing application f	or an operato	r's license; tha	, being first duly sworn t all the statements made by th	e applicant are true.
Subscrib	ed and sworn to befo	ore me this	754		ide them y	Mee
day of N	LAY , 6	2016		$A_{ij}^{(a)} = A_{ij}^{(a)}$	Applicant sign l	iere
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1	Sanne	(lan		<u> </u>		
Notary Public,	Duni	County	, Wis.	y and the		
My Con	nmissio		es by	14/17		

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NOTE: If any further explanation is needed, please continue on back of application.

Full Name-First, Middle, Last Edith M Mckee Business/Organization Name Credar Country Corp Full Prior Names (nicknames, maiden names, etc. Edith m Mcker Bruen) Date of Birth Place of Birth Equilibria _____Race_____Height_ Social Security No ______Driver's License No Have you ever been arrested for, or convicted of any laws, including traffic? If yes, list offense, date and place occurring. List prior addresses for the past five years_____ List three personal references, not related to you, Include name, address & phone number 1) Carp & Anderson N9199 Veter Rd W) Colfres.
2) Jon Backow N8177 him Colfres Di Cox Di.
3) Cory Sisee NEV35 Cat Rd H Elk Mound. Have you ever been a member of the Military Service? ______Discharge? _____ Education- include name of High School, location, grade completed and any training beyond high school. I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature 2 let Mc Kee Date 5-17-2016 Official Use Only-Below This Line Date Received 5/35/16 Date Approved 5/35/16 Date Denied

Researcher Chief Of Police Approving Officer Signature Approving Officer Signature

To the _	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages ar and all acts a regulations, F	ad Intoxicating Liquors amendatory thereof at ederal, State, or Local,	s, subject to the lir and supplementary	nitations imp thereto, an	osed by Sect d hereby agree	2017, inclusive (unless soone ion 125.32(2) and 125.68 (2) of to comply with all laws, rest if a license be granted to me,	of the Wisconsin Statutes solutions, ordinances and
Answer tl	ne following ques	stions fully an	nd comple	telv.	9	
	icant Britt	•	-	Y	•	
	plicant 3280	90m A		elfax.	INT 5473	30
				,	onsin or of the United States?	
NO		,	,			
Date of such c	onviction N/A					
Name of Cour	ı NA					
Nature of offe	nse NA					
Have you beer	a convicted or violating	any license law or	ordinance re	gulating the sal	e of beverages or intoxicating	liquors?
person who ma	nde and signed the fore	ss. County. Mey going application a me this 18	for an operato		Applican ligh	on oath says that he is the papelicant are true.
JA Jotary Public,	ule Ki Dunn Mycomer. 8-2	County LXPICE 7-18		THE OF THE PROPERTY OF THE PRO	A RIEMAN AND AND AND AND AND AND AND AND AND A	

Village of Colfax

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Full Name-First, Middle, Last Syith Ry May 18. Business/Organization Name CLOCK COUNTRY CO-OP COITAX Full Prior Names (nicknames, maiden names, etc. NA Date of Birth _____ Place of Birth _____ Place of Birth _____ Falls, LOT Race Driver's License No. Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? WA If ves, list offense, date and place occurring. List prior addresses for the past five years 3286 90n Avr. Colfax 54730; E9660 724n Avr. Elk Mound 54739 List three personal references, not related to you. Include name, address & nhone number 1) Church Brown Culfax 2) Kayla Brown Colfax 3) Mary Muza Menanconie. Have you ever been a member of the Military Service? NO Discharge? Education- include name of High School, location, grade completed and any training beyond high school.

CVTC, FOU Claive, WT, Colfux High School, Wifax, 12 I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Date 5-18-10 Signature (T) ALTAN I LL Official Use Only-Below This Line Date Received 5/33/16 Date Approved 5/33/16 Date Denied

Researcher Officer Signature William Approving Officer Signature

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages an and all acts a	d Intoxicating Liquo mendatory thereof	rs, subject to the lin and supplementary	nitations imp thereto, and	osed by Secti I hereby agree	ion 125.32(2) and 125.68 (oner revoked), Fermented Malt 2) of the Wisconsin Statutes resolutions, ordinances and ne,
I certif	y that I am <u>53</u>	_ years of age.				
				Seya	mne M. Hag Signature of Apple	es Cant
Answer th	e following que	estions fully an	ıd comple	etely:		
Name of Appli	icant <u>Surai</u>	nne M. Ho	agen			
				Colfax.	W. 54730	
		,		-	onsin or of the United State	es?
<u>no</u>	odd far of the state of the sta					
Date of such c	onviction					
Name of Court						
Nature of offer						
Have you been	convicted or violatin	ig any neense law or	ordinance re	guiating the sai	e of beverages or intoxication	ng nquors?
14)						
CTLA	TE OF WISCONSIN		5	ezann	NYN. Hages Signature of Applica) ant
_	TE OF WISCONSIN,	SS.				
	m	_County.				
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NOTE: If any further explanation is needed, please continue on back of application.

Full Name-First, Middle, Last Suzanne Marie Hagen
Business/Organization Name CEdar Country Co-op
Full Prior Names (nicknames, maiden names, etc. <u>Suzanne Marie Larson</u>
Date of BirthPlace of BirthPlace of Birth
SexRaceHeightWeight
Social Security No Driver's License No.
Have you ever been arrested for, or convicted of any laws, including traffic? YO
List prior addresses for the past five years <u>N8519 County rd M</u> Colfax, Ud. 54730
List three personal references, not related to you. Include name, address & phone number 1) Kayla Brown NS227 County of M Colfax 2) Chuck Brown NS227 County of M Colfax 3) Edith Mckee E6886 County of N Wheeler
Have you ever been a member of the Military Service?Discharge?
Education- include name of High School, location, grade completed and any training beyond high school. 12th grade
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature Suganul 11. Hagen Date 5-13-16
Official Use Only-Below This Line
Date Received 5/3/2014 Date Approved 5/25/2016 Date Denied
Researcher Cuig of Blie Approving Officer Signature Researcher

To the	Clerk	of the	Village	_of	С	Colfax	Wisconsin
and all acts are	d Intoxicating Liquors, su	supplementary the sale of	tations impos hereto, and l	sed by Sect nereby agre	tion 1/25.32(2) of to comply was if a license to) and 125.68 (2 with all laws, :	
Answer th	e following questic	/ 1	- 3/ -		***************************************		
Name of Applie	cant Churles C	lass &	Smown	<u>ر</u>			V V V V V V V V V V V V V V V V V V V
Address of App	Dicant <u>N8227</u> C	ty RD	m		0 Herx	at_	54730
Have you been	convicted of any felony of	or of violating an	y law of the S	State of Wisc	consin or of the	e United States	?
Date of such co	onviction NO						
Name of Court	NO						
Nature of offen	se NO						
Have you been	convicted or violating any	license law or or	dinance regu	lating the sa	le of beverage	s or intoxicating	g liquors?
,				MASSE	IJ/n		
STAT	E OF WISCONSIN,				Signat /	ure of Applicar	ıt
person who mad	con Cook Brown to before me Pay 2016	g application for		e license; tha	di the states	first olly two hents hade by Applicant sign	rn or oath says that he is the the applicant are true.
JA Iotary Public, _	Duno Duno Ny Comm. 8-2	County, W Alpira 7-18		-		MA A CO	RIEN RAPL BLIC SOLUTION OF THE WISCOMMUNICATION OF THE

Village of Colfax

P.O. Box 417

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Full Name-First, Middle, Last Charles Cloyd Brown Business/Organization Name (Pi) Cx v Full Prior Names (nicknames, maiden names, etc. Place of Birth Chippewa County Date of Birth Sex____ Race____ Height____ Driver's License No. Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? NO If yes, list offense, date and place occurring. List prior addresses for the past five years WS967 List three personal references, not related to you. Include name, address & phone number 1) Sue Hagen W8514 CtyRD M COHER CUT S4730 2) EOHn MCKEE FLSSU CtyRD W Control Cuherler 3) Julic Sommer 510 Aire St. Collex WT 54730 Have you ever been a member of the Military Service? ______ Oc___ Discharge? Education- include name of High School, location, grade completed and any training beyond high school. Collex High school Companies 2000 -12 CUTC Carllaine LIE Associate Degree marketing 2003, I certify that I am familiar with the taws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions/of such laws/I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Date 5.20-16 Signature Official Use Only-Below This Line Date Received 5/33/2016 Date Approved 5/33/2016 Date Denied Researcher Course of Police Approving Officer Signature Recom Anders

To the	Clerk	of the_	Village	of	(Colfax	Wisconsin
Beverages and In and all acts ame regulations, Feder	toxicating Liquors, subj ndatory thereof and sup al, State, or Local, affect	ect to the lir oplementary ing the sale o	mitations imp	posed by Sect d hereby agre	ion 125.32(2 e to comply	2) and 125.68 (2 with all laws,	oner revoked), Fermented Male 2) of the Wisconsin Statutes resolutions, ordinances and ne,
l certify th	at I am <u>3]</u> years	of age.	-	To	U R	hature of Applic	cant
Answer the f	Collowing question	s fully ar	nd compl	etely:			10
Name of Applican							
Address of Applic	ant N7595 !	510th S	treet	Menomo	nie, W	IL 5475	<u> </u>
Have you been co	nvicted of any felony or		•	ne State of Wisc			s?
Date of such conv	iction						
Name of Court							
Nature of offense							
Have you been cor	nvicted or violating any li					es or intoxicating	ng liquors?
				11			44 A 44
				Ta	URR	- rom	
STATE	OF WISCONSIN,				Sign	ature of Applica	ant
Dunn	Cour	ss.					
Tali	R. Freth				, beir	ng first duly sw	orn on oath says that he is the
1 1 1 1	and signed the foregoing		for an operat	tor's license; the	at all the state	ements made by	y the applicant are true.
~ ~ ^ ~	and sworn to before me t)[1]		_[(A,X,II	Applicant si	gn here
lay of Wa	y, 2016	<u> </u>					

Village of Colfax

P.O. Box 417

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NOTE: If any further explanation is needed, please continue on back of application.

Full Name-First, Middle, Last Taliah	Rose Eiseth
Business/Organization Name <u>Cedar</u> (Country Cooperative
Full Prior Names (nicknames, maiden nam	nes, etc
Date of Birth	Place of Birth Fau Claire, WT
SexRace^	Height Weight
Social Security No.	_ Driver's License No
	ted of any laws, including traffic? No
List prior addresses for the past five years_ E5771 800th AVL Menom	321 W. Railroad Ave Wheeler, WI 54772 onic, WT 54751
List three personal references, not related t	o you. Include name, address & phone number oty Road M Colfax, WI 54730 INTY Road G Colfax, WI 54730 Street Colfax, WI 54730
Have you ever been a member of the Milita	ary Service? NoDischarge?
Education-include name of High School, I Menomonic High School, Men Ilniversity of Wisconsin Platte	ocation, grade completed and any training beyond high school. Dimonic, Wil Received diploma Ville, Wil Bachelor of Science degree- Elementary Education
obey all provisions of such laws. I further c	dinances and regulations, and hereby agree, if granted a license, to ertify that all information included in this application is true, accurate Date 5/18/2010
Official Use Only-Below This Line	
Date Received 5/3/poile Date Approve	d Spark Date Denied
Recearcher Care Relices Anno	

To the	Clerk	of the	Village	of	Colfax	Wisconsir
Beverages an and all acts a regulations, F	d Intoxicating Liquors, mendatory thereof and	subject to the limit d supplementary the ffecting the sale of s	ations imp nereto, and	osed by Sect d hereby agre	2018, inclusive (unless soon tion 125.32(2) and 125.68 (2) to comply with all laws, re- rs if a license be granted to me, Signature of Applicar	of the Wisconsin Statutes esolutions, ordinances and
Answer th	e following quest	ions fully and	comple	etely:		TALL.
Name of Appli	cant Kayla .	5 Brown		What is a		
Address of Ap	plicant NS227	ChyldM				
Have you been	n convicted of any felon	y or of violating any	/ law of the		consin or of the United States?	
Date of such co	onviction ()					
Name of Court	. 1.0					
Nature of offer	iseNA					
Have you been	convicted or violating a				le of beverages or intoxicating	liquors?
Kay person who made	de and signed the forego	oing application for	an operato	r's license; that	Signature of Applicant being first duly sworn at all the statements made by the	on oath says that he is the ne applicant are true.
	ed and sworn to before i		5 /A	· .	Appliemt sign	here
Notary Public, _	Aure of Dunin	County, W		- 27-18	MA AUE	RIEMER NION

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

Supplemental – General License Application

Instructions: Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last Kayla Jane Grown Business/Organization Name Color Could Color Full Prior Names (nicknames, maiden names, etc. NA Date of Birth Place of Birth Chippews Falls, W. Sex_____ Race_____ Height____ Weight____ Driver's License No.____ Social Security No Have you ever been arrested for, or convicted of any laws, including traffic? \(\subseteq \subseteq \) If yes, list offense, date and place occurring. Ur List prior addresses for the past five years () List three personal references, not related to you. Include name, address & phone number 1) Sue Hagen N8514 Chy ld M College 75 2) Jen teach N9361 Ctylol & lossex
3) Edith Melier 10886 Chylol N Wheelur Have you ever been a member of the Military Service? No Discharge? No-Education- include name of High School, location, grade completed and any training beyond high school. I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Date 5-13-16 Official Use Only-Below This Line Date Received 5/33/2016 Date Approved 5/3/3016 Date Denied

Researcher Approving Officer Signature Leader Advantage Control of the Control of

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages an and all acts a	d Intoxicating Liquors mendatory thereof a	s, subject to the lir nd supplementary	mitations importations important	osed by Secti I hereby agree	2017, inclusive (unless sooner ion 125.32(2) and 125.68 (2) of the to comply with all laws, resons if a license be granted to me,	the Wisconsin Statutes
	y that I am 19				,	
		. y vaio or ago.	Bn	Endon T	CNAWSer Signature of Applicant	
					Signature of Applicant	
Answer th	e following que	stions fully ar	id comple	tely:		
	icant <u>Brandon</u>					Andrew Comments of the Comment
Address of Ap	plicant <u><i>E</i> 7644</u>	970m A	Ve C	obax 1	NĴ.	
	116	ony or of violating			onsin or of the United States?	
Date of such c						
Name of Court	-					
Nature of offer					The state of the s	
Have you been		any license law or			e of beverages or intoxicating lic	inots,
			Bre	ndan J	andwser	
STA	TE OF WISCONSIN,				Signature of Applicant	
)unn	ss. _County. /				
Brav	idon ,	Ander	Son		, being first duly sworn o	in oath cave that he is the
person who ma	de and signed the fore	going application f	for an operato	r's license; tha	t all the statements made by the	applicant are true.
Subscrib	ed and sworn to before	e me this	1 30	_ <u>Bn</u>	enden Janlicant sign he	> 5CL
lay of	JAY, X	(0/6		Bre	indo of andre	3-1
J.	Pana (e e e e e e e e e e e e e e e e e e e			
/ ig	oo o corca (<u></u>	- 4	_ ,		
Votary Public, _ VU (Lov	<u>Dun</u> nmrssib	County	, Wis.	6/4/1	7	

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

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Full Name-First, Middle, Last Ryandon James Anderson Business/Organization Name Cilatx Full Prior Names (nicknames, maiden names, etc. Date of Birth Place of Birth Anchorage 4K Race ... Height Have you ever been arrested for, or convicted of any laws, including traffic? 46. If yes, list offense, date and place occurring. List prior addresses for the past five years 705 Birch St Colfax WI, ENGLY WI List three personal references, not related to you. Include name, address & phone number 1) Chuck Bensen N8227 Ctyfom Coltax WI 54736
2) Syzanne Hagen N85P1 Ctyrd M Colfax
3) Brittley Moonen 32Er 90th Ave. Colfax WI Education-include name of High School, location, grade completed and any training beyond high school. Colfern hay School graduate, Student at Window State Valvosity. I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Bondon Tondular Date 5/19/16 Official Use Only-Below This Line Date Received 05/03/16 Date Approved 5/03/16 Date Denied Researcher Course OF Bolice Approving Officer Signature War faleur

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
and all acts ar regulations, Fe	mendatory thereof a	is, subject to the lin and supplementary , affecting the sale o	thereto, and	osed by Secti I hereby agree	2016, inclusive (unless sooner at ion 125.32(2) and 125.68 (2) of the to comply with all laws, reso saff a license be granted to me, Signature of Applicant	the Wisconsin Statutes
Answer the	e following que	stions fully ap	d comple	tely:		
Name of Applic	cant Lind	DA HE	= N TH	ORN	_	
Address of App	· .			^	, - (0) fox, u	Ji
Have you been	convicted of any felo				onsin or of the United States?	
Date of such cor	nviction_					
Name of Court				The State of		
Nature of offens	e			***		
Have you been c	convicted or violating	any license law or o	ordinance reg	ulating the sale	e of beverages or intoxicating liqu	lors?
STATE	E OF WISCONSIN,	ss. _County.		Jindu	Signature of Applicant	9En
	and signed the forest and sworn to before	me this	r an operator	's license; that	being first duly sworn on all the statements made by the a	· 1.
Jotary Public,	eile A Dunn	County, V Dmm. EX		- ALEGERATE OF PERSONS FOR PER	OTAP NOTAP TO TAP	

Village of Colfax

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P.O. Box 417 Colfax, Wisconsin 54730

Supplemental – General License Application

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Full Name-First, Middle, Last LINDA E Business/Organization Name (Pclar (ountry Full Prior Names (nicknames, maiden names, etc. Dahl Krause, Lloyd Date of Birth Place of Birth Colfo Race Height Social Security No. ____ Driver's License No. Have you ever been arrested for, or convicted of any laws, including traffic? $\mathcal{N}_{\mathcal{D}}$ If yes, list offense, date and place occurring. List prior addresses for the past five years List three personal references, not related to you. Include name, address & phone number 1) Wendy Laustad - N7235 740th st - Menomonie-Lynn Schneider - Florida (FT Meyers) 3) Chuck Brown -Have you ever been a member of the Military Service? // Discharge? Education, include name of High School, location, grade completed and any training beyond high school. Colfox High School - 12 24rs College HWEC - 2 I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Date 5/26/2016 Official Use Only-Below This Line Date Received of 18 Seile Date Approved Of 18 Sollo Date Denied_ Researcher Chize of Police Approving Officer Signature Lesses Mills