

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the _____ Village _____ of _____ Colfax _____ Wisconsin:

I hereby apply for a License to serve, from July 1, 2016 to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 51 years of age.

Kecia J. Sundstrom
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Kecia J. Sundstrom
Address of Applicant N-8381 County Road M 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?

No

Date of such conviction NA

Name of Court NA

Nature of offense NA

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

NO-NA

Kecia J. Sundstrom
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Kecia Sundstrom being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

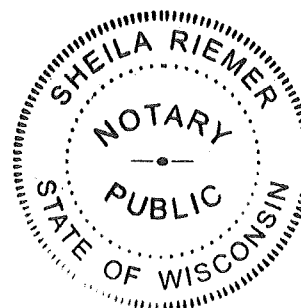
Subscribed and sworn to before me this 17th

day of May 2016

Kecia J. Sundstrom
Applicant sign here

Sheila Riemer
Notary Public, Dunn County, Wis.

my comm. expires 8-27-18



COLFAX POLICE DEPARTMENT
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 Reeja Jonelle Sundstrom

Business/Organization Name OutHouse

Full Prior Names (nicknames, maiden names, etc.) Reeja J. Rodocker-Davis

Date of Birth _____ Place of Birth Lafayette Indiana

Sex _____ Race _____ Height _____ Weight 110

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. NA

List prior addresses for the past five years NA

List three personal references, not related to you. Include name, address & phone number

- 1) Lisa Sundstrom Colfax _____
- 2) Patty Houser Colfax _____
- 3) Anne Schieber 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.
moon Valley High School Phx Az 9 - CVTC

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 Reeja J. Sundstrom Date 5-17-16

Official Use Only-Below This Line

Date Received 5/17/16 Date Approved 5/17/16 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the _____ Village _____ of _____ Colfax _____ Wisconsin:

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I certify that I am 52 years of age.

Kim R. McEldowney
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Kim R. McEldowney

Address of Applicant 604 EVERGREEN ST.

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

NO

Date of such conviction N/A

Name of Court N/A

Nature of offense N/A

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

NO

Kim R. McEldowney
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Kim McEldowney being first duly sworn on oath says that he is the person 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

17th

day of

MAY, 2016

Kim R. McEldowney
Applicant sign here

Laanne Clark
Notary Public, Dunn County, Wis.

My Commission expires 6/4/17

COLFAX POLICE DEPARTMENT
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 KIM RENEE McELMONEY

Business/Organization Name Kyle's

Full Prior Names (nicknames, maiden names, etc.) KIM RENEE THOMPSON

Date of Birth _____ Place of Birth TWO HARBORS, MN

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 SAME AS PRESENT

List three personal references, not related to you. Include name, address & phone number

- 1) MELISA SUNDSTROM 180 COUNTY RD M
- 2) ERNEST SUNDSTROM COUNTY RD M
- 3) ANNE INGRAM BALSM ST.

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.
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 Kim R. McElmoney Date 5-17-16

Official Use Only-Below This Line

Date Received 5/18/18 Date Approved 5/18/18 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

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I certify that I am 56 years of age.

Tamara A. Whinnery
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant TAMARA A Whinnery
Address of Applicant N8948 Cty Rd M, Colfax WI 54736

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

NO

Date of such conviction

N/A

Name of Court

N/A

Nature of offense

N/A

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

NO

Tamara A. Whinnery
Signature of Applicant

STATE OF WISCONSIN,

Dunn

County.

ss.

Tamara A. Whinnery, being first duly sworn on oath says that he is the person 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

9th

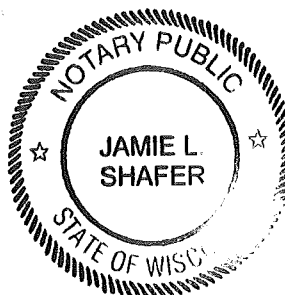
day of

May 2016

Tamara A. Whinnery
Applicant sign here

Jamie L. Shafer
Notary Public, Dunn County, Wis.

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



COLFAX POLICE DEPARTMENT

Village of Colfax P.O. Box 417 Colfax, Wisconsin 54730
Supplemental - General License Application

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Full Name-First, Middle, Last TAMARA A. Whinnery

Business/Organization Name Outhouse

Full Prior Names (nicknames, maiden names, etc.) Knutson, Rihn

Date of Birth _____ Place of Birth Baldwin, WI

Sex _____ Race _____ Height _____ Weight _____

Social Security No _____ Driver's License No _____

Have you ever been arrested for, or convicted of any laws, including traffic? N/A
If yes, list offense, date and place occurring. N/A

List prior addresses for the past five years N/A

List three personal references, not related to you. Include name, address & phone number

- 1) Karla Brown - Colfax
- 2) Ann Laramy - Colfax
- 3) Shelly Kether - Elk Mound

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
Chippewa Valley Technical

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 Tamara A. Whinnery Date 5-5-16

Official Use Only-Below This Line

Date Received 5/18/16 Date Approved 5/18/16 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2016 - June 30, 2017
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I certify that I am 38 years of age.

Lisa J Smestuen
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Lisa J Smestuen

Address of Applicant 501 West St 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?

N/A

Date of such conviction _____

Name of Court _____

Nature of offense _____

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

Lisa J Smestuen
Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

Lisa Smestuen being first duly sworn on oath says that he is the person 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

18th

day of

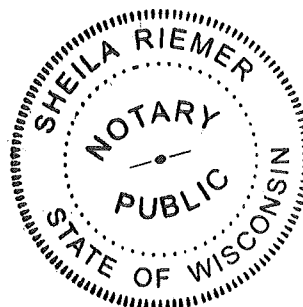
May 2016

Lisa J Smestuen
Applicant sign here

Sheila Riemer

Notary Public, Dunn County, Wis.

my comm. expires
8-27-18



COLFAX POLICE DEPARTMENT
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 Lisa Jean Smestuen

Business/Organization Name The Outhouse Bar

Full Prior Names (nicknames, maiden names, etc.) Brunner, Prieve

Date of Birth _____ Place of Birth Eau Claire WI

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 501 West St. Colfax

List three personal references, not related to you. Include name, address & phone number

- 1) MIKE NELSON _____
- 2) MARK NELSON _____
- 3) ENA GEHRMAN _____

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.
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 Lisa Smestuen Date 05-18-16

Official Use Only-Below This Line

Date Received 5/18/16 Date Approved 5/18/16 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Fee - \$10.00

To the Clerk _____ of the Village _____ of _____ Colfax _____ Wisconsin:

I certify that I am 50 years of age.

Erica Lehman
Signature of Applicant

Name of Applicant Evia Gehrman

Name of Applicant David C. Smith
Address of Applicant 305 main St. 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?
 DUI 1994? Criminal Damages 1997? Polk County WI.

Date of such conviction _____

Name of Court Polk County

Nature of offense _____

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

NO

Erica Sherman
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

SS.

Eric Behrman being first duly sworn on oath says that he is the person 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

for an oper

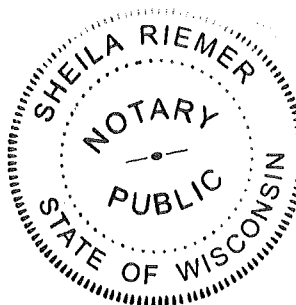
Enia Dehrman
Applicant sign here

day of 1 May 2016

Shirley Bessie

Notary Public, Dallas County, Wis.

my comm. expires
8-27-18



COLFAX POLICE DEPARTMENT
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 Evia Pearl Gehrman

Business/Organization Name Out house Beer

Full Prior Names (nicknames, maiden names, etc.) Elam, Davis, Finken

Date of Birth _____ Place of Birth Covington Ky.

Sex _____ Race _____ Height _____ Weight _____

Social Security No. _____ Driver's License No. _____

Have you ever been arrested for, or convicted of any laws, including traffic? yes

If yes, list offense, date and place occurring. DUI 1994? Polk County

List prior addresses for the past five years NONE

List three personal references, not related to you. Include name, address & phone number

- 1) Lisa Smestuen
- 2) Mike Nelson
- 3) mark Nelson

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.

10th grade madison Central High School
Ky, 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 Evia Gehrman Date 05-17-16

Official Use Only-Below This Line

Date Received 5/18/16 Date Approved 5/18/16 Date Denied _____

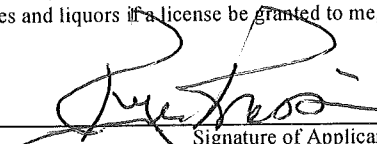
Researcher Curtis of Alie Approving Officer Signature Andrew Anderson

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the Village _____ of _____ Colfax _____ Wisconsin:

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I certify that I am 53 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Kyle A. Kressin

Address of Applicant N8441 Co Rd. M 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?

No

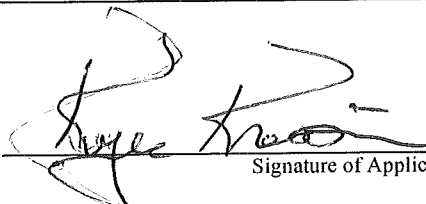
Date of such conviction _____

Name of Court _____

Nature of offense _____

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

No



Signature of Applicant

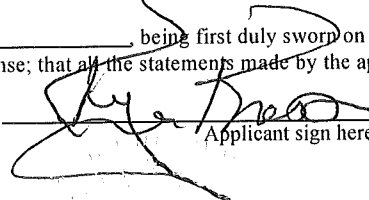
STATE OF WISCONSIN,

Dunn County, ss.

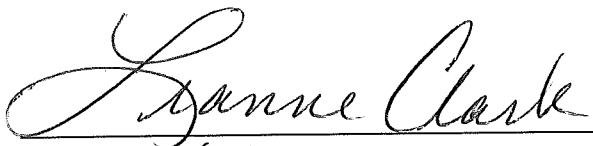
KYLE KRESSIN being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 16th

day of MAY, 2016



Applicant sign here



Notary Public, Dunn County, Wis.

my Commission expires 6/4/17

Village of Colfax P.O. Box 417 Colfax, Wisconsin 54730
Supplemental – General License Application

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

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
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I certify that I am 18 years of age.

Nicole D Nierenhausen

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Nicole Daria Nierenhausen

Address of Applicant 7971 25th Street, 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?

no

Date of such conviction _____

Name of Court _____

Nature of offense _____

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

Nicole D Nierenhausen

Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

Nicole D Nierenhausen being first duly sworn on oath says that he is the person 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 11th

Nicole D Nierenhausen

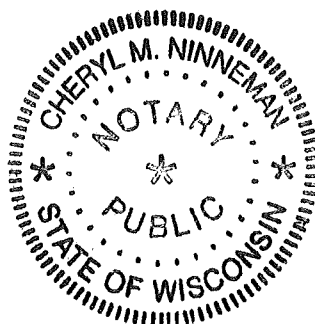
Applicant sign here

day of May, 2016

Cheryl M. Ninneman

Notary Public, Dunn County, Wis.

Exp: Aug 16, 2019



COLFAX POLICE DEPARTMENT
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 Nicole Daria Nierenhausen

Business/Organization Name Kyle's Market

Full Prior Names (nicknames, maiden names, etc.) —

Date of Birth — Place of Birth Eau Claire WI

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 7971 25th Street, Colfax WI 54730

List three personal references, not related to you. Include name, address & phone number

- 1) Kathy Tape E3442 1100th Ave Colfax WI 54730
- 2) Tracy Doolce Ffe 214 Viking Drive, Colfax WI
- 3) Vickie Mares E4990 920th Ave Boyceville WI 54725

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 WI Will graduate 5-20-16
Stout Youth Options Program Menomonie WI
College

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 Mick Mierth Date 5-7-16

Official Use Only-Below This Line

Date Received 5/20/16 Date Approved 5/20/16 Date Denied —

Researcher Chief of Police Approving Officer Signature [Signature]

WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Nicole Nierenhausen

Date of Completion: 05/07/2016

School Name: 360training.com, Inc.

Certification # WI-39265



I, _____
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

July 1, 2016 - June 30, 2017
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I certify that I am 55 years of age.

Mary Muza

(Signature of Applicant)

Answer the following questions fully and completely:

Name of Applicant Mary M. Muza

Address of Applicant 308 11th St Menomonie WI 54751

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

N/A

Date of such conviction _____

Name of Court _____

Nature of offense _____

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

N/A

Mary M Muza

Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss. MARY M MUZA, being first duly sworn on oath says that he is the person 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 16th day of May, 2016

Mary M Muza

Applicant sign here

Lianne Clark

Notary Public, Dunn County, Wis.

My Commission expires 6/4/17

COLFAX POLICE DEPARTMENT
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 Mary Michele Muza

Business/Organization Name Kyle's Market

Full Prior Names (nicknames, maiden names, etc.) Mueller, Pagels

Date of Birth May 1, 1970 Place of Birth River Falls, WI (Pierce County)

Sex Female Race White Height 5'6" Weight 140 lbs

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. N/A

List prior addresses for the past five years 308 11th St.
Menomonie, WI 54751

List three personal references, not related to you. Include name, address & phone number

- 1) Brittney Mooney Equal 724th Ave Elkhorn, WI
- 2) Kim McEldowney 609 Evergreen Colfax, WI 54730
- 3) Nick Kressin 2789 23rd St. Elkhorn, WI

Have you ever been a member of the Military Service? N/A Discharge? N/A

Education- include name of High School, location, grade completed and any training beyond high school.

St. Croix Central - Hammond, WI 54015 12th
CTC - Eau 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.

Signature Mary M Muza Date 5-16-16

Official Use Only-Below This Line

Date Received 5/20/16 Date Approved 5/20/16 Date Denied

Researcher Chief of Police Approving Officer Signature William Anderson

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the Village _____ of _____ Colfax _____ Wisconsin:

I hereby apply for a License to serve, from July 1, 2016 to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 29 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant MIKKI J McCutcheon

Address of Applicant 406 Main Street 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?

NO

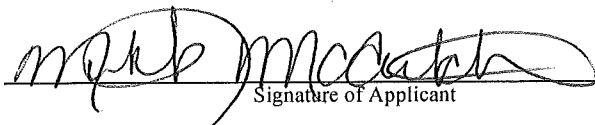
Date of such conviction _____

Name of Court _____

Nature of offense _____

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

NO



Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

Mikki McCutcheon being first duly sworn on oath says that he is the person 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

day of May 2016

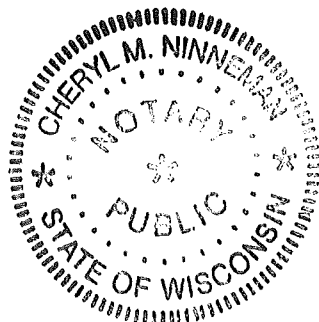


Applicant sign here

Cheryl M. Ninnerman

Notary Public, Dunn County, Wis.

Exp 8-16-19



COLFAX POLICE DEPARTMENT
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 Mikki Jean McCutcheon

Business/Organization Name Kyle's Market

Full Prior Names (nicknames, maiden names, etc.) Mikki Jean Andrews

Date of Birth Place of Birth Menomonie, WI

Sex Female 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) Billie Jo Burgraft 808 University Ave #12 Colfax WI
- 2) Kaydi Flug 98773 1670th St Colfax WI
- 3) Katie Olson 5 E 9101 St. Rd 40 Colfax WI

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.

Menomonie High School -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 *[Signature]* Date May 16 2016

Official Use Only-Below This Line

Date Received 5/30/16 Date Approved 5/30/16 Date Denied

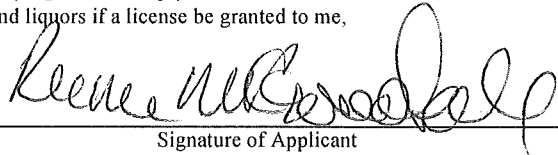
Researcher Chief of Police Approving Officer Signature *[Signature]*

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the _____ Village _____ of _____ Colfax _____ Wisconsin:

I hereby apply for a License to serve, from July 1, 2016 to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 35 years of age.


Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Renee Goodell

Address of Applicant E9467 1170th Ave

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 _____

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?


Signature of Applicant

STATE OF WISCONSIN,

ss.

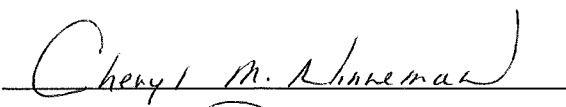
Dunn County.

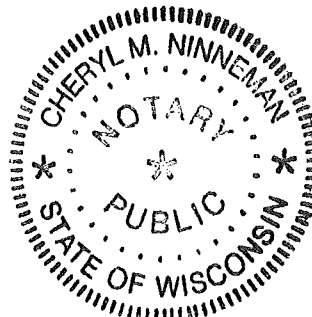
Renee Goodell being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 13th


Applicant sign here

day of May 2016


Notary Public, Dunn County, Wis.
Exp 8-16-19



COLFAX POLICE DEPARTMENT
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 Goedelt Renee Marie Goedell

Business/Organization Name Kyle's Market

Full Prior Names (nicknames, maiden names, etc.) Knutson

Date of Birth _____ Place of Birth Menomonie WI

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 59467 1170th Ave.
Colfax 54730

List three personal references, not related to you. Include name, address & phone number

- 1) Katie Olson 69101 St. Rd 40 Colfax, WI 54730
- 2) NICK KESSIN 2789 23rd ST BLK WOUND
- 3) RAYMOND SAULT N8437 COUNTY RD IN 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.

Colfax High, ABC St. Paul

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 Renee Goedell Date 5/12/16

Official Use Only-Below This Line

Date Received 5/6/16 Date Approved 5/20/16 Date Denied _____

Researcher Clerk of Police Approving Officer Signature [Signature]

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the Clerk of the Village of Colfax Wisconsin:

I hereby apply for a License to serve, from July 1, 2016 to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am 44 years of age.

Candice Paffel
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Candice Paffel
Address of Applicant N8033 940th Street 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?

NO
Date of such conviction NIA

Name of Court NIA

Nature of offense NIA

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

NO

Candice Paffel
Candice Paffel
Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

Candice Paffel being first duly sworn on oath says that he is the person 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 16th

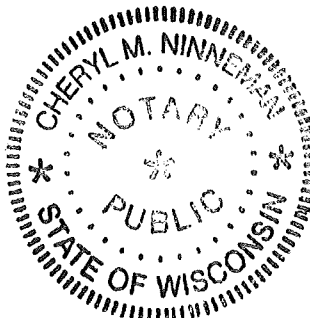
Candice Paffel
Applicant sign here

day of May 2016

C Cheryl M. Ninnerman

Notary Public, Dunn County, Wis.

Exp 8-16, 2019



COLFAX POLICE DEPARTMENT
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 Candice Lee Paffel
Business/Organization Name Kyles Market
Full Prior Names (nicknames, maiden names, etc.) Candice Lee Goettl
Date of Birth _____ Place of Birth Vasparos Indiana
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. N/A

List prior addresses for the past five years N8033 940th Street
Colfax, WI 54730

List three personal references, not related to you. Include name, address & phone number
1) Tracey Landon 2853 Aurora Ave Eau Claire WI 54703
2) Angie O'Brien 1513 Shenwood Dr Apt #1 Rice Lake WI 54868
3) Mary Hagberg PO Box 502 Colfax WI 54730

Have you ever been a member of the Military Service? NO Discharge? N/A

Education- include name of High School, location, grade completed and any training beyond high school.
Conness High School, Conness, WI 54732
12th 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 Candice Paffel Date 5-12-16

Official Use Only-Below This Line

Date Received 5/20/16 Date Approved 5/20/16 Date Denied _____
Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the Village _____ of _____ Colfax _____ Wisconsin:

I hereby apply for a License to serve, from July 1, 2016 to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 19 years of age.

Noelle Olson
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Noelle Olson

Address of Applicant 212 Viking 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?

No

Date of such conviction NA

Name of Court NA

Nature of offense NA

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,

Dunn County, ss.

NOELLE OLSON being first duly sworn on oath says that he is the person 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 16th Noelle Olson

day of MAY, 2016 Applicant sign here

Shanne Clark
Notary Public, Dunn County, Wis.

My Commission expires 6/4/17

COLFAX POLICE DEPARTMENT
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 Noelle Lauren Olson

Business/Organization Name Kyle's Market

Full Prior Names (nicknames, maiden names, etc.) NA

Date of Birth _____ Place of Birth Fau 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? No

If yes, list offense, date and place occurring. NA

List prior addresses for the past five years 212 Viking Drive
Colfax, WI 54730

List three personal references, not related to you. Include name, address & phone number

- 1) Jason Taylor N10091 County Road S Wheeler, WI 54772-9570
- 2) Walck, Leslie 106 Viking Drive Colfax, WI 54730
- 3) Kyle Kressin N8441 County Rd. M Colfax, WI 54730

Have you ever been a member of the Military Service? No Discharge? NA

Education- include name of High School, location, grade completed and any training beyond high school.

Colfax High School Colfax, WI - Graduated
Received Diploma Chippewa Valley Technical College -
completed one year

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 Noelle Olson Date 5/13/2016

Official Use Only-Below This Line

Date Received 5/2/16 Date Approved 5/2/16 Date Denied _____

Researcher Colfax Police Approving Officer Signature [Signature]

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the _____ Village _____ of _____ Colfax _____ Wisconsin:

I hereby apply for a License to serve, from July 1, 2016 to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 24 years of age.

Katelynn Olson

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Katelynn Olson

Address of Applicant E9101 St. Rd 40 Colfax, WI 54720

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 _____

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

Katelynn Olson

Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Katelynn Olson

_____ being first duly sworn on oath says that he is the person 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 12th

Katelynn Olson

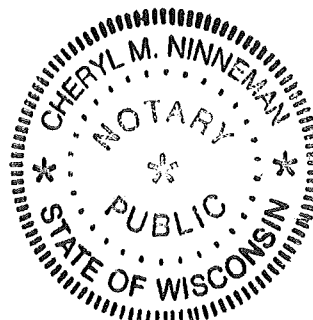
Applicant sign here

day of May 2016

Cheryl M. Ninneman

Notary Public, Dunn County, Wis.

Exg 8-16-19



COLFAX POLICE DEPARTMENT
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 Katellynn Lee Olson

Business/Organization Name Kyle's Market

Full Prior Names (nicknames, maiden names, etc.) Katie

Date of Birth _____ Place of Birth Eau Claire

Sex _____ Race _____ Height _____ Weight _____

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 EQ101 St. Rd. 40 Colfax, WI 54730 ;
200 Lincoln St. Elk Mound WI ; N12048 890th St. Colfax, WI 54730

List three personal references, not related to you. Include name, address & phone number

- 1) Nick Krossin 2789 23rd St Elk Mound
- 2) Rene Groedel 22467 178th Ave Colfax
- 3) Raymond J. Saultje NE437 County Rd M Colfax

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 Katellynn Olson Date 5-12-16

Official Use Only-Below This Line

Date Received 5/20/16 Date Approved 5/20/16 Date Denied _____

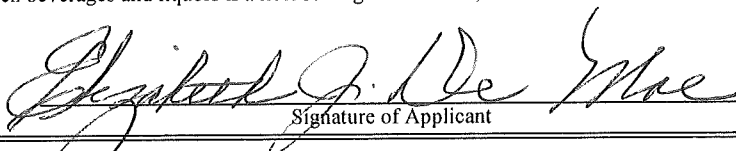
Researcher Care of Police Approving Officer Signature [Signature]

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the _____ Village _____ of _____ Colfax _____ Wisconsin:

I hereby apply for a License to serve, from July 1, 2016 to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 69 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant ELIZABETH J. De Moe

Address of Applicant 118 PARK DR. #10. COLFAX, WI.

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

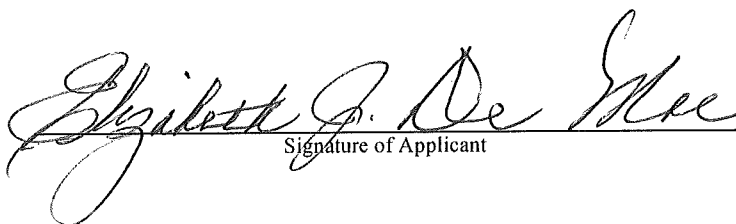
No
Date of such conviction _____

Name of Court _____

Nature of offense _____

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

No



Signature of Applicant

STATE OF WISCONSIN,

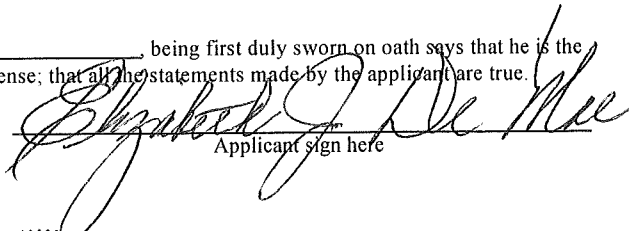
ss.

Dunn County.

Elizabeth J. Demoe being first duly sworn on oath says that he is the person 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 27th

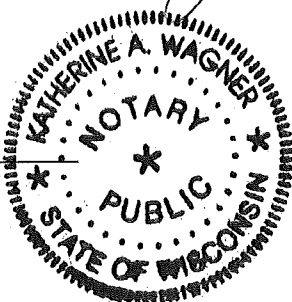
day of May 2016



Applicant sign here

Katherine A. Wagner

Notary Public, Dunn County, Wis.
Comm exp. 4-25-17



COLFAX POLICE DEPARTMENT
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 Elizabeth Jayne De Mae

Business/Organization Name Highes Market

Full Prior Names (nicknames, maiden names, etc.) B. J. Elizabeth Swenson

Date of Birth Place of Birth Iron Mountain, Michigan

Sex Race Height Weight

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 1257 Nelson Dr. Beaverlodge, Wis - Wi.
12856 Hwy. 40 Colfax, Wis.

List three personal references, not related to you. Include name, address & phone number

- 1) Rylee Kyle Kressin 88441-Ed. Rd. M Colfax
- 2) Mr. Logglett 9101 Hwy 40 Colfax
- 3) Mr. Olson 6901 St. Rd 40 Colfax WI 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.

Marshall-Bromfield Kenosha, Wis. 11 Grad. Police Rec. Sec.
Bookkeeping, Computer Literacy 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 Elizabeth De Mae Date May 27, 2016

Official Use Only-Below This Line

Date Received 05/31/16 Date Approved 5/31/16 Date Denied

Researcher Chief of Police Approving Officer Signature

WISCONSIN

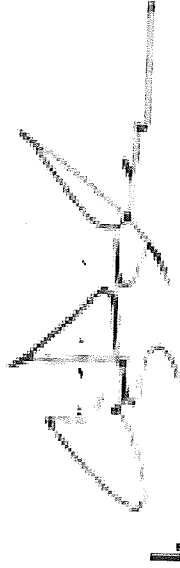
SELLER / SERVER CERTIFICATION

Trainee Name: Elizabeth DeMoe

Date of Completion: 05/27/2016

School Name: 360training.com, Inc.

Certification # WI-40981

I, 

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

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the _____ Village _____ of _____ Colfax _____ Wisconsin:

I hereby apply for a License to serve, from July 1, 2016 to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 55 years of age.

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Mary Ann Durand

Address of Applicant P.O. Box 233, 513 1/2 Cedar St, Colfax 54730

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

N/A

Date of such conviction N/A

Name of Court N/A

Nature of offense N/A

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

NO

Mary Durand
Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

Mary Durand being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

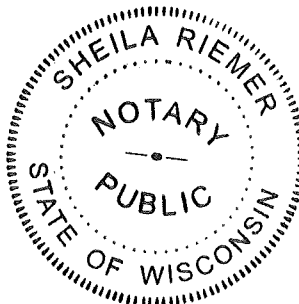
Subscribed and sworn to before me this 18th

Mary Durand
Applicant sign here

day of May 2016

Sheila Riemer
Notary Public, Dunn County, Wis.

my comm. expires
8-27-18



COLFAX POLICE DEPARTMENT
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 Mary Ann Durand
Business/Organization Name Cedar Country Co-op Colfax
Full Prior Names (nicknames, maiden names, etc.) Mary Ann Morehouse
Date of Birth _____ Place of Birth Hastings, MN
Sex _____ Race _____ Height _____ Weight _____
Social Security No. _____ Driver's License No. _____

Have you ever been arrested for, or convicted of any laws, including traffic? Yes
If yes, list offense, date and place occurring. DWI, 1990, Ellsworth, WI

List prior addresses for the past five years Hwy 170; 118 Park Dr., Colfax;
University Ave., Colfax

List three personal references, not related to you. Include name, address & phone number

1) Brittney Moonen Colfax
2) Chuck Brown Colfax
3) Kayla Brown Colfax

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.

Hastings Senior High, Hastings, MN / GED
Rosemont Vocational Tech, Rosemont, MN
UW-Stout, Menomonie, WI, undergrad; UW-Stout, graduate

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 Mary Durand Date 5-18-16

Official Use Only-Below This Line

Date Received 5/23/16 Date Approved 5/23/16 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

WISCONSIN

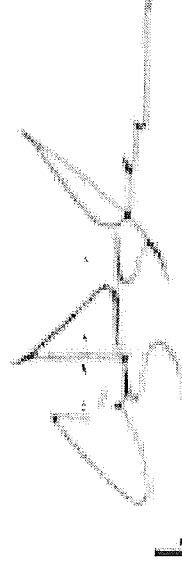
SELLER / SERVER CERTIFICATION

Trainee Name: Mary Durand

Date of Completion: 12/22/2015

School Name: 360training.com, Inc.

Certification # WI-33035

I, 

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
13601 Burnet Rd., Suite 100
Austin, Texas 78727
P: 800-442-1149

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the _____ Village _____ of _____ Colfax _____ Wisconsin:

I hereby apply for a License to serve, from July 1, 2016 to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 19 years of age.

Emily Tuschl
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Emily Nicole Tuschl

Address of Applicant 110228 600th St Wheeler, WI 54772

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

NO

Date of such conviction _____

Name of Court _____

Nature of offense _____

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

Emily Tuschl
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

EMILY TUSCHL being first duly sworn on oath says that he is the person 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

19th

Emily Tuschl
Applicant sign here

day of

MAY, 2016

Leanne Clark

Notary Public, Dunn County, Wis.

My Commission expires 6/4/17

COLFAX POLICE DEPARTMENT

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 Emily Nicole Tuschl

Business/Organization Name Cedar Country Coop

Full Prior Names (nicknames, maiden names, etc.) _____

Date of Birth _____ Place of Birth Eau Claire, WI

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) Sue Hagen W8519 Cty Rd M Colfax WI 54730
- 2) Julie Sommer 510 Pine St Colfax WI 54730
- 3) Chuck Brown N8227 Cty Rd M Colfax WI 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, 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 Emily Tuschl Date 05/19/2016

Official Use Only-Below This Line

Date Received 5/23/16 Date Approved 5/25/16 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Emily Tuschl

Date of Completion: 05/19/2016

School Name: 360training.com, Inc.

Certification # WI-40298

I, 

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: 300-442-1149

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the Village _____ of _____ Colfax _____ Wisconsin:

I hereby apply for a License to serve, from July 1, 2016 to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 18 years of age.

Eden Loggseett
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Eden Loggseett

Address of Applicant 716 Sletten St, 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?

no

Date of such conviction _____

Name of Court _____

Nature of offense _____

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

Eden M Loggseett
Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

EDEN M LOGGSEETT, being first duly sworn on oath says that he is the person 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 19th Eden Loggseett

Applicant/sign here

day of MAY, 2016

Lianne Clark

Notary Public, Dunn County, Wis.

My Commission expires 6/4/17

COLFAX POLICE DEPARTMENT
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 Eden Marie Logglett

Business/Organization Name Cedar Country Co-Op

Full Prior Names (nicknames, maiden names, etc.) _____

Date of Birth _____ Place of Birth Chippewa Falls, WI

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 110065 City Rd M, Colfax WI, 54730

List three personal references, not related to you. Include name, address, & phone number

- 1) Chuck Brown 18227 City Rd M Colfax WI 54730
- 2) Joe Hagen ~~18584 City Rd~~ 18519 City Rd M Colfax
- 3) Julie Sommer 810 Pine St. Colfax, 54730, 715-651-4135

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 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 Eden M Logglett Date 5-19-16

Official Use Only-Below This Line

Date Received 5/3/16 Date Approved 5/3/16 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Edem Logsett

Date of Completion: 01/28/2016

School Name: 360training.com, Inc.

Certification # WI-34480

I, 

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

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



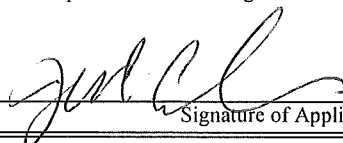
Corporate Headquarters
13601 Burnet Rd., Suite 100
Austin, Texas 78727
P: 800-442-1149

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the _____ Village _____ of _____ Colfax _____ Wisconsin:

I hereby apply for a License to serve, from July 1, 2016 to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 45 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Julie A. Sommer

Address of Applicant 510 Pine St #2 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?

YES


Date of such conviction July 15 2013 arrest

Name of Court Dunn County

Nature of offense Disorderly

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

NO



Signature of Applicant

STATE OF WISCONSIN,

Dunn

County.

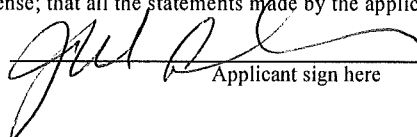
ss.

Julie A Sommer

_____, being first duly sworn on oath says that he is the person 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 19th

day of May, 2016

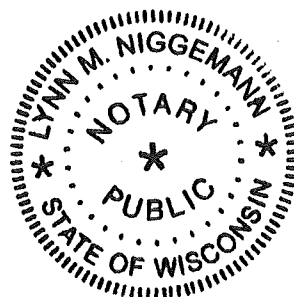


Applicant sign here

Lynn M. Niggemann

Notary Public, Dunn County, Wis.

Expires 4-19-2019



COLFAX POLICE DEPARTMENT
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 Julie Anne Sommer

Business/Organization Name Cedar Country Co-op

Full Prior Names (nicknames, maiden names, etc.) _____

Date of Birth _____ Place of Birth Richmond, VA

Sex _____ Race _____ Height _____ Weight _____

Social Security No. _____ Driver's License No. _____

Have you ever been arrested for, or convicted of any laws, including traffic? yes

If yes, list offense, date and place occurring: 2007 FFx 2A Driving on Suspended
7-15-2013 menomonee (Dunn Co) D. disorderly conduct

List prior addresses for the past five years: 929 1/2 Well Side Dr #120
Fairfax, VA 22031, 510 Pine St #2 Colfax, WI 54730

List three personal references, not related to you. Include name, address & phone number

1) Chuck Brown, N8227 Cty Rd M Colfax, WI 54730

2) Emily Tuschel N10225 600th St Whetzel, WI 54772

3) Jerry Thompson 118 Park Dr #223 Colfax, WI 54730

Have you ever been a member of the Military Service? no Discharge? na

Education- include name of High School, location, grade completed and any training beyond high 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 Julie A Sommer Date 5-18-16

Official Use Only-Below This Line

Date Received 5/3/16 Date Approved 5/3/16 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the _____ Village _____ of _____ Colfax _____ Wisconsin:

I hereby apply for a License to serve, from July 1, 2016 to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 59 years of age.

Edith M. McKee
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Edith M. McKee

Address of Applicant E 6885 Cnty RD N Wheeler, WI. 54772

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 _____

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

Edith M. McKee
Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County,
Edith McKee

_____ being first duly sworn on oath says that he is the person 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

17th

Edith M. McKee
Applicant sign here

day of

MAY, 2016

Shanne Clark

Notary Public, Dunn County, Wis.

My Commission expires 6/4/17

COLFAX POLICE DEPARTMENT
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 Edith m mcke e

Business/Organization Name Cedar Country Coop

Full Prior Names (nicknames, maiden names, etc.) Edith m mcke e (Bauer)

Date of Birth _____ Place of Birth Eau Claire

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) Garry Anderson N9199 Cedar Rd W Colfax
- 2) Jon Sackow N8177 Hwy W Colfax WI
- 3) Gary Sweet N6835 W Rd H Elk Mound

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 Colfax WI 54730 12 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 Edith mcke e Date 5-17-2016

Official Use Only-Below This Line

Date Received 5/23/16 Date Approved 5/23/16 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the Village _____ of _____ Colfax _____ Wisconsin:

I hereby apply for a License to serve, from July 1, 2016 to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 27 years of age.

Brittney Moonen
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Brittney Moonen

Address of Applicant 3286 90th Ave. 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?

No

Date of such conviction N/A

Name of Court N/A

Nature of offense N/A

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

NO

Brittney Moonen
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Brittney Moonen being first duly sworn on oath says that he is the person 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 18th

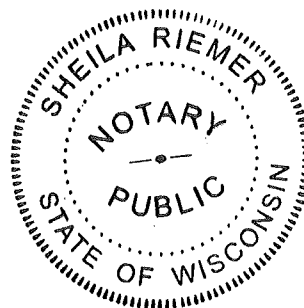
day of May 2016

Brittney Moonen
Applicant sign here

Sheila Riemer

Notary Public, Dunn County, Wis.

my comm. expires
8-27-18



COLFAX POLICE DEPARTMENT
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 Brittney Marie Moonen

Business/Organization Name Cedar Country Co-op Colfax

Full Prior Names (nicknames, maiden names, etc.) N/A

Date of Birth _____ Place of Birth Chippewa Falls, WI

Sex _____ Race _____ Height _____ Weight _____

Social Security No. _____

Driver's License No. _____

Have you ever been arrested for, or convicted of any laws, including traffic? N/A

If yes, list offense, date and place occurring. N/A

List prior addresses for the past five years 3286 90th Ave, Colfax 54730 ;
EQLEW 724th Ave. Elk Mound 54739

List three personal references, not related to you. Include name, address & phone number

- 1) Chuck Brown Colfax
- 2) Kayla Brown Colfax
- 3) Mary Muza Menomonie

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.

CVTC, Eau Claire, WI ; Colfax High School, Colfax, 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 Brittney Moonen Date 5-18-16

Official Use Only-Below This Line

Date Received 5/23/16 Date Approved 5/23/16 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the Village _____ of _____ Colfax _____ Wisconsin:

I hereby apply for a License to serve, from July 1, 2016 to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 53 years of age.

Suzanne M. Hagen
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Suzanne M. Hagen

Address of Applicant 18519 County rd. M Colfax, W. 54730

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

no

Date of such conviction _____

Name of Court _____

Nature of offense _____

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

no

Suzanne M. Hagen
Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn

County.

Suzanne M. Hagen

_____ being first duly sworn on oath says that he is the person 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 14th

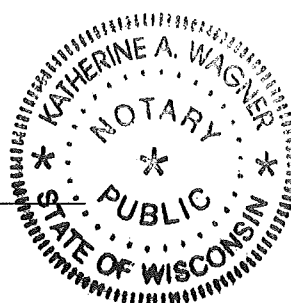
Suzanne M. Hagen
Applicant sign here

day of May 2016

Katherine A. Wagner

Notary Public, Dunn County, Wis.

comm exp 4-25-2017



COLFAX POLICE DEPARTMENT
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 Suzanne Marie Hagen

Business/Organization Name Cedar Country Co-op

Full Prior Names (nicknames, maiden names, etc.) Suzanne Marie Larson

Date of Birth _____ Place of Birth 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? no

If yes, list offense, date and place occurring. _____

List prior addresses for the past five years N8519 County rd M
Colfax, WI. 54730

List three personal references, not related to you. Include name, address & phone number

- 1) Kayla Brown N8227 County rd M Colfax
- 2) Chuck Brown N8227 County rd M Colfax
- 3) Edith McKee E6886 County rd N Wheeler

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.

Memorial High School - Eau Claire, WI. 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 Suzanne M. Hagen Date 5-13-16

Official Use Only-Below This Line

Date Received 5/23/2016 Date Approved 5/23/2016 Date Denied _____

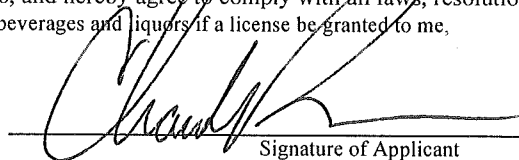
Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the _____ Village _____ of _____ Colfax _____ Wisconsin:

I hereby apply for a License to serve, from July 1, 2016 to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I certify that I am 35 years of age.


Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Charles Clay Brown

Address of Applicant N8227 Cty RD W 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?

NO

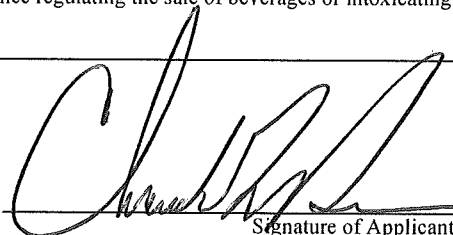
Date of such conviction NO

Name of Court NO

Nature of offense NO

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

NO


Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

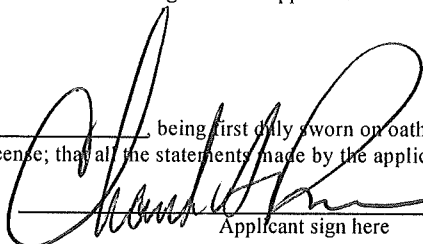
ss.

Charles Brown

being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

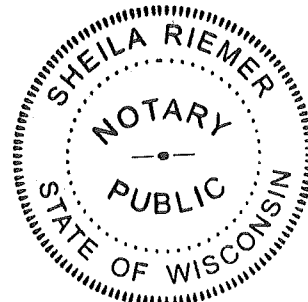
Subscribed and sworn to before me this 20th

day of May 2016


Applicant sign here

Shah Run
Notary Public, Dunn County, Wis.

my comm. expires
8-27-18



COLFAX POLICE DEPARTMENT

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 Charles Lloyd Brown

Business/Organization Name Cedar Country Loop Colfax

Full Prior Names (nicknames, maiden names, etc.) —

Date of Birth — Place of Birth Chippewa County

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. NO

List prior addresses for the past five years W8967 810 Ave Colfax WI 54730

List three personal references, not related to you. Include name, address & phone number

1) Sue Hagen W8514 Chippewa Colfax WI 54730

2) Edna Miller E884 Chippewa Colfax WI 54730

3) Julie Sommer 510 Pine St Colfax WI 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 Graduated 2000 - 12

WTC Pauline WI Associate Degree Marketing 2003

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 [Signature] Date 5-20-16

Official Use Only-Below This Line

Date Received 5/23/2016 Date Approved 5/23/2016 Date Denied —

Researcher Chief of Police Approving Officer Signature [Signature]

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Fee - \$10.00

To the _____ Clerk _____ of the _____ Village _____ of _____ Colfax _____ Wisconsin:

I certify that I am 31 years of age.

Signature of Applicant

Name of Applicant Taliah Rose Eiset

Address of Applicant N7595 510th Street Menomonie, WI 54751

No

Nature of offense

No

Signature of Applicant

SS.

Dunn County.

Subscribed and sworn to before me this

Applicant sign here

day of

Notary Public, Diana County, Wis.

COLFAX POLICE DEPARTMENT
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 Taliah Rose Eiseth

Business/Organization Name Cedar County Cooperative

Full Prior Names (nicknames, maiden names, etc.) _____

Date of Birth _____ Place of Birth Eau Claire, WI

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 321 W. Railroad Ave Wheeler, WI 54772
E5771 800th Ave Menomonie, WI 54751

List three personal references, not related to you. Include name, address & phone number

- 1) Kayla Brown N8227 County Road M Colfax, WI 54730
- 2) Jennifer Leach N93121 County Road G Colfax, WI 54730
- 3) Edith McKee N9688 640th Street Colfax, WI 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.

Menomonie High School, Menomonie, WI Received diploma
University of Wisconsin Platteville, WI Bachelor of Science degree- Elementary Education

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 Tali R. Hohn Date 5/18/2016

Official Use Only-Below This Line

Date Received 5/23/2016 Date Approved 5/23/2016 Date Denied _____

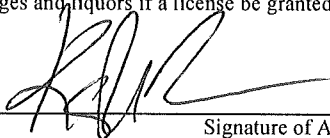
Researcher Clerk of Police Approving Officer Signature [Signature]

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the _____ Village _____ of _____ Colfax _____ Wisconsin:

I hereby apply for a License to serve, from July 1, 2016 to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 32 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Kayla J Brown

Address of Applicant 18227 Cly Rd M

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

NO

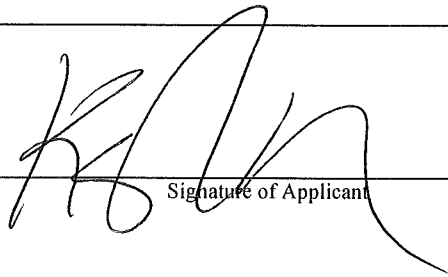
Date of such conviction NA

Name of Court NA

Nature of offense NA

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

NO



Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

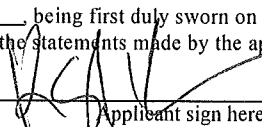
ss.

Kayla Brown

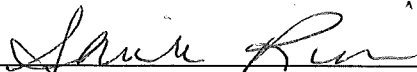
_____ being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 20th

day of May 2016

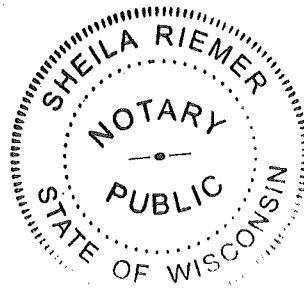


Applicant sign here



Notary Public, Dunn County, Wis.

my comm. expires 8-27-18



COLFAX POLICE DEPARTMENT
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 Brown

Business/Organization Name Cedar Country Co-op

Full Prior Names (nicknames, maiden names, etc.) NA

Date of Birth _____ Place of Birth Chippewa Falls, WI

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. NA

List prior addresses for the past five years NA

List three personal references, not related to you. Include name, address & phone number

- 1) Sue Hagen N8514 Chy Rd M Colfax 755
- 2) Ten Leach N9361 Chy Rd G Colfax _____
- 3) Edith McKee 15688 Chy Rd N Wheeler _____

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.

CUTC

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 [Signature] Date 5-13-16

Official Use Only-Below This Line

Date Received 5/23/2016 Date Approved 5/23/2016 Date Denied _____

Researcher CHIEF OF POLICE Approving Officer Signature [Signature]

July 1, 2016 - June 30, 2017
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the _____ Clerk _____ of the Village _____ of _____ Colfax _____ Wisconsin:

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I certify that I am 19 years of age.

Brandon J Anderson

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Brandon J Anderson

Address of Applicant E 7644 970th Ave Colfax WI

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

NO.

Date of such conviction _____

Name of Court _____

Nature of offense _____

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

NO.

Brandon J Anderson

Signature of Applicant

STATE OF WISCONSIN,

Dunn

ss.

County.

Brandon Anderson

_____ being first duly sworn on oath says that he is the person 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

19th

day of

MAY, 2016

Brandon J Anderson

Applicant sign here

Brandon J Anderson

Lianne Clark

Notary Public, Dunn County, Wis.

my Commission expires 6/4/17

COLFAX POLICE DEPARTMENT
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 Brandon James Anderson

Business/Organization Name Genex

Full Prior Names (nicknames, maiden names, etc.) -

Date of Birth Place of Birth Anchorage AK

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 705 Birch St Colfax WI,
E7644 970th Ave. Colfax WI

List three personal references, not related to you. Include name, address & phone number

- 1) Chuck Brown 18227 Cty Rd M Colfax WI 54730
- 2) Suzanne Hagen 18519 Cty Rd M Colfax
- 3) Brittney Moenen 3286 90th Ave. Colfax WI

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 graduate, Student at Winona State University.

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 Brandon J. Anderson Date 5/19/16

Official Use Only-Below This Line

Date Received 05/23/16 Date Approved 5/23/16 Date Denied

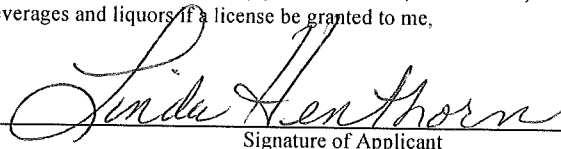
Researcher Clerk of Police Approving Officer Signature

July 1, 2016 - June 30, 2017
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I certify that I am 67 years of age.


Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant LINDA HENTHORN

Address of Applicant 503 University Ave - Colfax, WI

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

No

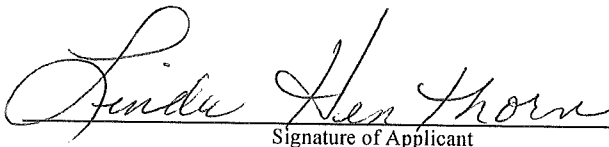
Date of such conviction _____

Name of Court _____

Nature of offense _____

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

No


Signature of Applicant

STATE OF WISCONSIN,

Dunn

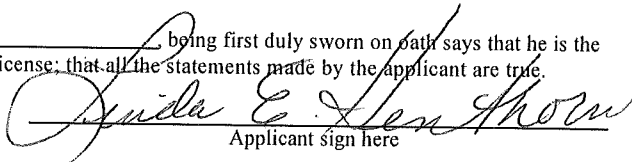
County.

ss.

_____ being first duly sworn on oath says that he is the person 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 31st

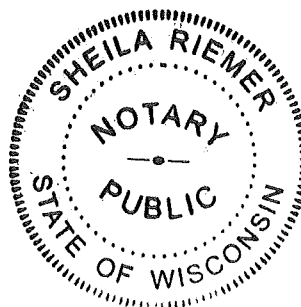
day of May 2016


Applicant sign here



Notary Public, Dunn County, Wis.

My comm. expires
8-27-18



COLFAX POLICE DEPARTMENT

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 LINDA E. HENTHORN

Business/Organization Name Cedar Country Co-op

Full Prior Names (nicknames, maiden names, etc.) Dahl, Krause, Lloyd

Date of Birth _____ Place of Birth Colfax, WI

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) Wendy Laustad - N7235 740th St - Menomonie-
- 2) Lyndy Schneider - Florida (FT Meyer)
- 3) Chuck Brown - Colfax, WI - Cedar Ctry)

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 - 12
2 yrs College UWEC - 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 Linda Henthorn Date 5/26/2016

Official Use Only-Below This Line

Date Received 06/03/2016 Date Approved 06/03/2016 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]