To the _	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages a and all acts regulations.	nd Intoxicating Liqu amendatory thereo Federal, State, or Loc	ors, subject to the li f and supplementar cal, affecting the sale	mitations imp v thereto, and	osed by Sec I hereby agr	, 2017, inclusive (unless soone ction 125.32(2) and 125.68 (2) cree to comply with all laws, resors if a license be granted to me,	)] the Wisconsin Statutes
I cert	ify that I am	years of age.		Jenn	when A. Lack Signature of Applican	t
Answer t	the following q	uestions fully a	nd comple	etěly: 4		
Name of App	olicant Jer	mifer A.	Leach	<u></u>		
Address of A	applicant N934	1 County	Road 6	& Col	Ifax, W.I. 5473	<u>30                                    </u>
Have you be	en convicted of any	felony or of violating	any law of th	e State of W	isconsin or of the United States?	
Date of such	conviction					
Name of Co	ırt				and the second s	
Nature of of	fense			ALC: MINO		
Have you be					sale of beverages or intoxicating	liquors?
1	TATE OF WISCONSI	SS.		Jenn	ifer As Llac Signature of Applican	<u>L</u>
	·····				being first duly swor	n on oath says that he is the
person who	made and signed the	foregoing application	n for an opera	tor's license;	that all the statements made by	the applicant are true.
Subso	cribed and sworn to b	pefore me this	<u> </u>		Applicant sign	here
day of	June	2014			V	ì
	,				annennana.	RIE
			*			A TO
×	Shule	Kim	***			7
Notary Publ	ic, Duly	Cou	nty, Wis.		ET PUBL	10 S
					STATISTICAL OF W	SCOME
	, , ,	8-27-18	<b>\</b>		Thumun .	minn,

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 <u>Jennifer</u> A. Leach Business/Organization Name Cedar Country Co-op Colfax Full Prior Names (nicknames, maiden names, etc.\_\_\_\_ Date of Birth Place of Birth Menomonie, WI. Social Security No. \_\_\_\_\_ Driver's License 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) Kayla Brown N8227 County Road M Colfax, WI. 54730 2) Chack Brown N8227 County Road M Colfax, WI. 54730715-3) Sue Hagen N8519 County Road M Colfax, WI. 54730 715-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.

Immanue (Baptist Church School Menomonie, WI. 1254 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 Jennifer U. Jews Date 5/20/2016 Official Use Only-Below This Line Date Received Octor Ma Date Approved School Date Denied

Researcher Approving Officer Signature Walls for School Date Denied

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages an and all acts a	d Intoxicating Liquo amendatory thereof	ors, subject to the lin	nitations important	osed by Sec hereby agre	2017, inclusive (unless sooner tion 125.32(2) and 125.68 (2) of the to comply with all laws, res rs if a license be granted to me,	of the Wisconsin Statutes
l certif	fy that I am 18	years of age.	6	anna	Signature of Applicant	
Answer th	ne following qu					
Name of Appl	icant <u>Hav</u>	mah	<u>DeM</u>	66		Communication Control (Control
Address of Ap	plicant UT	401 54.	Rd. U	15 C	Nfax, WI	
Have you bee	·	lony or of violating			consin or of the United States?	
Date of such c	onviction		200-200-00			
Name of Cour	t					
Nature of offe						
Have you beer	a convicted or violati	ng any license law or	ordinance reg	gulating the sa	ale of beverages or intoxicating l	iquors?
			K	younu	ah OMue	
STA	TE OF WISCONSIN				Signature of Applicant	
	LNW\	ss. County.				
_	annah	regoing application	for an operato	r's license; th	, being first duly sworn at all the statements made by the	on oath says that he is the e applicant are true.
day of	Lune	2016		,	Applicant sign l	nere
day of	Jarre	0017	<del></del>		- M. Hr.	
Ma	lgare	t Bur	cho-		197 2	
Notary Public,	Dur	County	. Wis.		Margaret Bur	cham

Margaret Burcham Notary Public-State of Wisconsin My Commission Expires Dec 16, 2019

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 Harman, Wart De Mar. Business/Organization Name ( PI) PX Full Prior Names (nicknames, maiden names, etc.\_\_\_\_\_ Date of Birth Place of Birth EX Mound, UII Race\_\_\_\_\_ Height\_\_\_\_\_\_ Weight\_\_\_\_\_\_ Social Security No. \_\_\_\_\_\_ Driver's License No.\_\_\_\_ Have you ever been arrested for, or convicted of any laws, including traffic? U If yes, list offense, date and place occurring. List prior addresses for the past five years NN401 St. Rd. 40 Listathree personal references, not related to you. Include name, address & phone number 1) Mucle Brown N8227 Charen Cother CVI Have you ever been a member of the Military Service? Education- include name of High School, location, grade completed and any training beyond high school. I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature Connol Seller Date 5-3-16 Official Use Only-Below This Line Date Received Copy Date Approved We 107 Dell, Date Denied Researcher Cor Folice Approving Officer Signature Walnut findown

# MISCONSIN

# SELLER / SERVER CERTIFICATION

Trainee Name: Hannah DeMoe

Date of Completion: 06/03/2016

School Name: 360training.com, Inc.

Certification # WI-41489

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 73727 P.: 300-442-1148

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages and and all acts ar	Intoxicating Liquonendatory thereof	ors, subject to the lir and supplementary	nitations imp	osed by Se d hereby agr	, 2017, inclusive (unless sooner ction 125.32(2) and 125.68 (2) or ree to comply with all laws, res ors if a license be granted to me,	f the Wisconsin Statutes
I certify	that I am	vears of age.				
	· · · · · · · · · · · · · · · · · · ·				Rondi L. Lucas Signature of Applicant	on Democ
					Signature of Applicant	
Answer th	e following qu	estions fully ar	id comple	etely:		
Name of Applic	cant Rone	di L. Ive	recon-	Demoe	<b>)</b>	
Address of App	olicant 705	3 Pine of	r		). 	
					isconsin or of the United States?	
					<u>~</u>	
Date of such co	nviction	10.000-10				
Name of Court						
Nature of offen						
Have you been	convicted of violatin	ig any needse taw o	- Ordinance re		sale of beverages or intoxicating I	iliano.
				R	onde Lowerson Signature of Applicant	Demal
STAT	TE OF WISCONSIN,			. 1 - 3	Signature of Applicant	
	·	SS.				
1000	<u>(n</u>	County.				
<u> </u>	ndi IV	ragging application	W-C for an operat	or's license:	, being first duly sworn that all the statements made by th	on oath says that he is the
•	ed and sworn to bef		114			erson Demos
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day of	Tr tacy					
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Notary Public	Dun	700.	XX7!	<del></del>	Applicant sign I	***************************************
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	8-	2710				

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

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Full Name-First, Middle, Last Rond, L. INCISON - Dernoc
Business/Organization Name Express Work
Full Prior Names (nicknames, maiden names, etc
Date of Birth Place of Birth Fau Claire, Wi
SexRaceHeightWeight
Social Security No Driver's License Nc
Have you ever been arrested for, or convicted of any laws, including traffic?
List prior addresses for the past five years
List three personal references, not related to you. Include name, address & phone number  1) John Berres. 617 May 5t. 61504  2) Chris Luny Colfox  3) Tornay Dallyar Colfox  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.  Colfox High School Colfox K-12  Ulb East Claire Wi. BS. Dayre
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 Roman Leverson Downer Date 5-6-16
Official Use Only-Below This Line  Date Received 5/03/16 Date Approved 5/06/60 Date Denied
Researcher (4'EF & Police Approving Officer Signature Ween halem

To the _	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages and all acts regulations, F	nd Intoxicating Liquor amendatory thereof a	s, subject to the lir nd supplementary affecting the sale (	nitations imperior thereto, and	osed by Section by Sec	2018, inclusive (unless sooner ion 125.32(2) and 125.68 (2) of the to comply with all laws, resoner is if a license be granted to me,  Signature of Applicant	the Wisconsin Statutes
	he following que					
Name of App	licant CAR	19 19.	LUN		PUF COL	
Address of A <sub>I</sub>	pplicant Pok	COX 271	577	5716	PUF COL	For
Have you bee	en convicted of any felo	ony or of violating			onsin or of the United States?	,
Date of such o	conviction					
Name of Cour	rt					
Nature of offe						
Have you been	n convicted or violating	any license law or	ordinance reg	gulating the sal	e of beverages or intoxicating lic	quors?
			Bir Parish a sanah	R	Signature of Applicant	
STA	ATE OF WISCONSIN,				Signature of Applicant	
D)	unn	ss. _County.				
erson who ma	bed and sworn to befor	/	for an operato	r's license; tha	being first duly sworn of tall the statements made by the Applicant sign he	applicant are true.
,		<u> </u>			man A Day	
Silotary Public,	Dunn ny comm.	County  LXPINS	, Wis.	STATUM.	NOTAP DE NOTAP DE LA CONSTITUTA DE MISCONSTITUTA DE MISCONSTITUTA DE LA CONSTITUTA DEL CONSTITUTA DE LA CONSTITUTA DELA CONSTITUTA DEL CONSTIT	
	ny comm 8-27	·	, 1110.	ELLINA,	OF WISCOMMUNICATE	

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 CHRIS ALFW LUNU Business/Organization Name EXPRESS MALT Full Prior Names (nicknames, maiden names, etc. Date of Birth Place of Birth PA CLARE Sex\_\_\_\_\_ Race\_\_\_\_ Heigh\_\_\_\_\_ 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 S17 E. 5714 BUC List three personal references, not related to you. Include name, address & phone number 1) DAN OLSON CHROCO FALGS
2) RODAL DE MOE COLFAK
3) POSE SUNISTREM COLFAK Education- include name of High School, location, grade completed and any training beyond high school.

CSBBF COLFBOX F - HIGH S DIST. COLFBOX.

1-16 (+56/+006 - 60LFBOX - 12)

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

Signature

Date 5/06/6 Official Use Only-Below This Line Date Received 5/34/16 Date Approved 5/36/16 Date Denied Researcher Office Approving Officer Signature Willems from the

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages and In and all acts amer regulations, Feder	toxicating Liquors, subje ndatory thereof and supp	ct to the lind dementary g the sale	mitations impo y thereto, and	osed by Sec hereby agre	2016 , inclusive (unless soone etion 125.32(2) and 125.68 (2) dee to comply with all laws, responsif a license be granted to me,	of the Wisconsin Statutes solutions, ordinances and
Answer the f	ollowing questions	fully-ai	ad comple	tely:		
Name of Applicant			Dalh	00		
Address of Applica	ant E8520	Sid	to R	1.17	0	
Have you been con	nvicted of any felony or o	f violating	any law of the	State of Wis	sconsin or of the United States?	
			00		We had a second and	
Date of such convi	ction		nO			
Name of Court						
Nature of offense						
Have you been con	victed or violating any lic	ense law oi	r ordinance reg	gulating the sa	ale of beverages or intoxicating l	iquors?
STATE (	OF WISCONSIN,		_/	Tav	Signature of Applicant	alhue
Du	Count	SS.			0	
Tan	my Dalho				being first duly sworn	arroath save that he is the
	nd signed the foregoing a	pplication	for an operator	r's license; th	ratival the statements mede he th	'a analianat ana taon
	and sworn to before me thi	s	1		Applicant signs	research are true.
day of	ay 2016				/ \ / ~ .	
Shu	le Run Dunn	County	, Wis.		NOTAP	KARINI WALLER TO THE
r	ny Comm 8-27-1	eppir 8	<i>e</i> S		WISCO	inin'

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 Business/Organization Name Full Prior Names (nicknames, maiden names, etc. Place of Birth MANOMONUS Date of Birth Height Weight Race \_ Driver's License Nc.\_ Social Security Nc Have you ever been arrested for, or convicted of any laws, including traffic? If yes, list offense, date and place occurring. List prior addresses for the past five years List three personal references, not related to you. Include name, address & phone number 1) Brenda Wass 909 University Coltax .... E93101 Barcevillo 703 Pine St. Colfay ... Kondi DeMoe 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.

(0/60x 410h 50h00l - (0/60x, 10/54730) 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 / (L) C) & Official Use Only-Below This Line Date Received 5/23/16 Date Approved 5/20/16 Date Denied Researcher (HEF OF Police Approving Officer Signature Lukeur Approving Officer Signature

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages and all acts a	d Intoxicating Liquo mendatory thereof	rs, subject to the ling and supplementary	nitations important	osed by Sect I hereby agree	2018, inclusive (unless sooner ion 125.32(2) and 125.68 (2) of the to comply with all laws, reso if a license be granted to me,	the Wisconsin Statutes
I certify	y that I am <u>5</u> 1	_ years of age.		Breno	Oa L. COCOS Signature of Applicant	0
Answer th	e following que	estions fully ar				
Name of Appli	icant Boe	nda (	Wass	-		
Address of Ap	plicant 909	Upio	ersity	, Ava	.g	- Marie -
	n convicted of any fel		any law of the	e State of Wisc	consin or of the United States?	
Date of such c	onviction					
Name of Court		4				· .
Nature of offer						
Have you been	convicted or violatin	g any license law or			le of beverages or intoxicating li	
	·			VIEM	<u>la Lee le</u> Signature of Applicant	
B person who ma	fenda Wande and signed the fo	regoing application	for an operat	or's license; th	, being first duly sworn at all the statements made by the	e applicant are true.
					Applicant sign l	lere
A	Ney 20. Laile K	Pan-			Applicant sign F  Applicant si	A. A. C. R. C.
Notary Public,	Dunn my con	Count	y, Wis.		THE INTERPRETATION OF THE PARTY	N. L.
	my con	m. expir	ros		Walnum Manney	

8-27-18

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

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Full Name-First, Middle, Last Brenda Lee Wass
Business/Organization Name Fx press Mart
Full Prior Names (nicknames, maiden names, etc. Brenda Lee Carter
Date of Birth Place of Birth Place of Birth Colorado
Sex, RaceHeightWeight
Social Security No Driver's License No
Have you ever been arrested for, or convicted of any laws, including traffic?
List prior addresses for the past five years E 6773 5715+ Aur.,
List three personal references, not related to you. Include name, address & phone number  1) Marcy Wilder F 5773 8715 Ave  2) Tammy Dalhier Celfax WI  3) Teanette Toyner 2515 Fykland Data
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.  MCUILE Public School - MCUILE ND
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.  Signature Date 5-12-16
Official Use Only-Below This Line
Date Received 5/33/16 Date Approved 5/36/10 Date Denied
Researcher Wier or Police Approving Officer Signature Wellen frace

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages and In and all acts amer regulations, Feder	toxicating Liquors, sundatory thereof and sal, State, or Local, aff	abject to the lin supplementary ecting the sale o	nitations imp thereto, and	osed by Sec I hereby agr	2010, inclusive (unless sooner retion 125.32(2) and 125.68 (2) of the to comply with all laws, resolors if a license be granted to me,	the Wisconsin Statutes
I certify the	at I am <u>73</u> yea	ars of age.		Tece	m Zahlske	
					Signature of Applicant	1070
	ollowing question					
Name of Applicant	Teren K	iekhafer				
Address of Applica	int 504 Unive	Sity Ave	2		***	
					sconsin or of the United States?	
Date of such convi	ction	111111111111111111111111111111111111111	7.41174			
Name of Court						
Nature of offense						
				) Direct	- Tell tops	~
STATE C	F WISCONSIN,		or L		Signature of Applicant	
Dan		ss. ounty.				
person who made at	en Kickh nd signed the foregoin	19 Sev 19 application f	or an operato	r's license; in	, being first duly sworn on at all the statements made by the a	ipplicant are true.
Subscribed a	nd sworn to before me	e this	oth	— ————————————————————————————————————	Applicant sign her	
lay of	Nay I	)16	<u></u>	, ,	Applicant sign ner	
Notary Public,	Sheile K Dann My com 8-2	County.	Wis.		Applicant sign here Applic	R. N.

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

Supplemental – General License Application

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Full Name-First, Middle, Last Tesen, Charles, Kiethafer Business/Organization Name Express Mant Full Prior Names (nicknames, maiden names, etc. Date of Birth Place of Birth Fau Claire, WI Race -- Height Weight Social Security No Driver's License No. Have you ever been arrested for, or convicted of any laws, including traffic? MU 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) Rondi Vernoe 703 Pive S+ Colter 2) Tadra Peterson ECT24 Stra 170 Colfer 745 576 SE 3) Aoron Loyslett 801 Meronomie S+ Ean Claire 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 UW- Ean Claire 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 Town Rocklyp Date 5-16-16 Official Use Only-Below This Line Date Received 5/3/16 Date Approved 5/6/16 Date Denied Researcher Crief of Police Approving Officer Signature William Holen

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages and and all acts an regulations, Fed	Intoxicating Liquo nendatory thereof deral, State, or Loca	rs, subject to the lir and supplementary l, affecting the sale o	nitations imp / thereto, an	osed by Sec d hereby agre	2010, inclusive (unless sooner atton 125.32(2) and 125.68 (2) of the to comply with all laws, resours if a license be granted to me,	the Wisconsin Statutes
I certify	that I am 30	_years of age.	(2)	ls as	11 01	
				ONTON I	Signature of Applicant	
Answer the	e following qu	estions fully an	ıd comple	etely:		
Name of Applic	eant Tauna	Mexhi	nt_		A STATE OF THE STA	
Address of App	licant <u>508</u> .	Ano St	<u>Corfax</u>	IW ;		
Have you been	convicted of any fe	lony or of violating			consin or of the United States?	
Date of such co	nviction	JQ QX				· · · · · · · · · · · · · · · · · · ·
Name of Court	Eau a	aire ct	4	*********		
Nature of offens	se MISCU	manor	theft	- 11 · · · · · · · · · · · · · · · · · ·		
Have you been	convicted or violatin	ng any license law o	r ordinance re	gulating the s	ale of beverages or intoxicating lic	quors?
<u>No</u>					4-2-2-1	. La La Maria de Caración de C
			_C	Asnos.	Mcs	
STAT	E OF WISCONSIN,				≱agnature of Applicant	
Du	nn	ss. County.				
70	ina Mc	Knight			, being first duly sworn o	on oath says that he is the
			ior an operat	or's license; if	iat an the statements made by the	applicant are true.
Subscribe	ed and sworn to before	ore me this	812		Applicant sign he	ere
day of	May 20	16			0	
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Notary Public, _	pulin	Count	y, Wis.		UBLIC S	
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	8-2	27.18			Munimum.	

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 Ong Leigh Mckhight Business/Organization Name GVDress Woov-Full Prior Names (nicknames, maiden names, etc.\_\_\_\_\_ Date of Birth Place of Birth Kentucky Sex\_\_\_\_\_ Race\_\_\_\_ Height\_\_\_\_ Weight\_\_\_\_ Driver's License No.\_\_\_\_\_ Social Security No Have you ever been arrested for, or convicted of any laws, including traffic? NES

If yes, list offense, date and place occurring. MSd0m0anov Haft 2006 List prior addresses for the past five years List three personal references, not related to you. Include name, address & phone number Have you ever been a member of the Military Service? \( \subsection \) Discharge? Education- include name of High School, location, grade completed and any training beyond high school. Elk Mound High I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature Date 05 - 18-14 Official Use Only-Below This Line Date Received 5/3/14 Date Approved 5/36/16 Date Denied Researcher Crief of Police Approving Officer Signature Court Andrew

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages and and all acts an regulations, Fed	Intoxicating Liquors nendatory thereof ar	, subject to the lind of supplementary affecting the sale of	nitations im ∕thereto,∕aí	iposed by Section nd hereby agree t	1 125.32(2) and 125.68 (	
Answer the	following ques	tions fully an	ıd compl	letely:		
Name of Applica	ant JAC	1 le	150/	<u> </u>		78 M 28 M
Address of Appl	licant <u>515</u>	E	$3^{rd}$	Ave	COLFAX	WI 5473
Have you been o		ny or of violating a			sin or of the United State	is?
Date of such cor	nviction					
Name of Court						
Nature of offens						
Have you been c	onvicted or violating	any license law or	ordinance r	egulating the sale of	of beverages or intoxication	ng liquors? NO
				<u>)                                    </u>	-140	
STATE	E OF WISCONSIN,				Signature of Applica	nnt
Dunn	\	ss. County.				
	e and signed the foreg	oing application f	or an operat	tor's license; that a	being first duly swo Il the statements made by Applicant sig	
Notary Public,	Dung Dung Ny Comm. 8-2-7				OTAPL WOTAPL WOTAPL WOTAPL WOTAPL WOTAPL WOTAPL	M. N.

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 Business/Organization Name (X) Full Prior Names (nicknames, maiden names, etc. Place of Birth Date of Birth Race Driver's License No. Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? If yes, list offense, date and place occurring. 12/14List prior addresses for the past five years N/NList three personal references, not related to you. Include name, address & phone number 1) Komi Domoe 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. Collax I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Date 5-23-16 Signature \_ Official Use Only-Below This Line Date Approved 5/16/16 Date Denied Date Received 5/23 Approving Officer Signature William fuller

Fee - \$10.00

### July 1, 2016 - June 30, 2017

### Application for License to Serve Fermented Malt Beverages

and Intoxicating Liquors

Colfax Village To the 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 Newsze My Signatulice of Applicant Answer the following questions fully and completely: lanessa Mever Name of Applicant Address of Applicant 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? STATE OF WISCONSIN, 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 Notary Public,

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 Vanessa, Jane, Meyer
Business/Organization Name/A Little Slice of Italy
Full Prior Names (nicknames, maiden names, etc
Date of Birth Place of Birth
SexRaceHeightWeight
Social Security No Driver's License No
Have you ever been arrested for, or convicted of any laws, including traffic?
List prior addresses for the past five years
List three personal references, not related to you. Include name, address & phone number  1) Kacl Nake  2) Angle Misker  3) Clark Yol. +z  Have you ever been a member of the Military Service?
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.  Signature  Date  Date
Official Use Only-Below This Line
Date Received O5/37/10 Date Approved O5/37/16 Date Denied
Researcher Control de Approving Officer Signature Ligano Appleise

To the	Clerk	of the	Village	of	Colfax	Wisconsin:
Beverages an and all acts a	d Intoxicating Liquors, mendatory thereof an	se to serve, from Jo subject to the limi d supplementary t	<b>J</b> ou uly 1, <del>201</del> tations im hereto, an	to June 30, 2 sto June 30, 2 posed by Sected hereby agre	ion 125.32(2) and 125.68 (2)	ner revoked), Fermented Malt ) of the Wisconsin Statutes esolutions, ordinances and
I certif	y that I am $33$	ears of age.		, .		
			_}	rani	Rumann Signature of Applica	ant
Answer th	e following ques	tions fully and	l compl	etely:		
Name of Appli	icant Raci	Reiman	0			<del></del>
Address of Ap	plicant 122 Pa	NDC#1	17 Co	1 Fax W	I Po Box 55	COLFOLX WI 54730
Have you beer	n convicted of any felor	ıy or of violating an	y law of th	ne State of Wise	consin or of the United States	?
415						
	onviction 2002					
Name of Court	Dunn Cou	enty Con	ct			·
	ise Unchabisk					anti-distribute in the Secretary of the
		•			le of beverages or intoxicating	
NO_				MADELLE T. T. T. T. T. M. M. M. T.		200 Ca (1900
STA	TE OF WISCONSIN,	SS.		Yaw	Signature of Applican	nt .
1		County.				
	de and signed the foreg	oing application fo	r an operat	tor's license: th	being first duly swo at all the statements made by Applicant sig	the applicant are true.
otary Public,	Meile & Dunn My com	Pun County, n Kpire		**************************************	MARIEN ARIENTALIA OF WISCOME	A 4000 11110 1711 1.

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 Kasi Marie Reimann Business/Organization Name\_BUCK\_SNOCT Full Prior Names (nicknames, maiden names, etc. Kari Marie Paule) Place of Birth Bloomer (NI Date of Birth Race\_\_\_\_\_Height\_\_\_\_\_Weight\_\_\_\_ Driver's License No Social Security No Have you ever been arrested for, or convicted of any laws, including traffic? No arrest If yes, list offense, date and place occurring. Tickets List prior addresses for the past five years SIN Dodge St Ed, Blakely Alk. Ed List three personal references, not related to you. Include name, address & phone number 1) Carcy Davis Colfax OI & 1) Carry Davis Calfred OT & 2) Fr. L Jenneman Blooms DT -3) Dopne 2ambigo MexicononistoT 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. GED 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 Lui Remain Date 5-576 Official Use Only-Below This Line Date Received 5/31/16 Date Approved 5/31/16 Date Denied Researcher CHEF OF Police Approving Officer Signature Weller Alex

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages and all acts a regulations, Fe	d Intoxicating Liquor	s, subject to the lin nd supplementary affecting the sale o	nitations imp	osed by Section 12 d hereby agree to c	25.32(2) and 125.68 ( comply with all laws	
Answer th	e following que	etions fully an	d comple	telv	organist of rippi	
Name of Appli	~ \tilde{\beta}		_	iciy.		
Address of App		H1911 5		30×447	G/FAXI	W1. 54730
Have you been	n convicted of any felo		any law of th		or of the United State	
Date of such co	onviction					
Name of Court						
Nature of offen	nse	<del></del>				
		<u> </u>	***	Lay	Seni	)
STAT	TE OF WISCONSIN,				Signature of Applic	ant
erson who mad	ed and sworn to befor	14		or's license; that all th	Applicant si	RIEMEN
Jotary Public, _	•	Russ County, DMM UKP 2218		_	STRAIN OF	BLIC S

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 CARY LEE STENR Business/Organization Name Full Prior Names (nicknames, maiden names, etc. Date of Birth Race\_\_\_\_Height Driver's License No. Social Security No., Have you ever been arrested for, or convicted of any laws, including traffic? 465

If yes, list offense, date and place occurring. Collar - Collar - 2004 List prior addresses for the past five years List three personal references, not related to you. Include name, address & phone number 1) LEE BOURGUIST 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. COLPAX HIGH SCHOOL LACIUSIR 14EAZ 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. Official Use Only-Below This Line 

To the _	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages and all acts regulations, F	eby apply for a Lice nd Intoxicating Liquor amendatory thereof a	nse to serve, from rs, subject to the lin and supplementary , affecting the sale of	July 1, <del>2015</del> nitations imp	to June 30 osed by Se hereby ag	3.017, inclusive (unless sooner ction 125.32(2) and 125.68 (2) or ree to comply with all laws, response if a license be granted to me, Signature of Applicant	f the Wisconsin Statutes olutions, ordinances and
Answer to	he following que	estions fully an	id comple	etely:  Mix	h	
Address of Ap				11 72/11/2		
Have you bee	en convicted of any fel	ony or of violating	any law of the	e State of W	isconsin or of the United States?	
Date of such of	conviction					
Name of Cour	1	***************************************				
Nature of offe						·
Have you bee	n convicted or violatin	g any license law of	r ordinance re	gulating the	sale of beverages or intoxicating li	iquors?
OTT.	TE OF WISCONSIN				Signature of Applicant	<u> </u>
nerson who m	Bobbie and signed the for	ss. County. SMH egoing application re me this	for an operate	or's license;	that all the statements made by the	on oath says that he is the e applicant are true.
day of	une 2011	l	STRING STRING	AN C. La	A A A no became kight	vere -
MUG Notary Public,	oun Colo 3/21/1	BOC 7 County	y, Wis. Wis.	WISCO	W. X. T.	

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 honie Jo Smith
Chiak Small Dage & Epill
Business/Organization Name ////////////////////////////////////
Full Prior Names (nicknames, maiden names, etc
Date of BirthPlace of BirthPlace of BirthPlace of BirthPlace of Birth
SexRaceHeightWeight
Social Security No Driver's License No
Have you ever been arrested for, or convicted of any laws, including traffic?
List prior addresses for the past five years
List three personal references, not related to you. Include name. address & phone number  1) Syraca Dah  2) Kim Osca  3) Late Smith  Have you ever been a member of the Military Service?
Education- include name of High School, location, grade completed and any training beyond high school.  School prings, with a completed and any training beyond high school.
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.  Signature
Date Received Colo Jacoba Date Approved 6/6/201/2 Date Denied
Date Received Colo Joile Date Approved 6/6/3016 Date Denied  Approving Officer Signature / Description

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages and and all acts ar regulations, Fe	l Intoxicating Liquor nendatory thereof a deral, State, or Local	s, subject to the lire of the lire of the supplementary affecting the sale of	nitations imp v thereto, an	oosed by Section by Section by the design of	on 125.32(2) and 125.68 (2	oner revoked), Fermented Mal 2) of the Wisconsin Statutes resolutions, ordinances and e,
I certify	that I am 37	years of age.		M	Keel	
	0.11				Signature of Applic	ant
Answer the	e following que	stions fully ar	id comple	etely:		
Address of App	V M /	970 m	St o	Coffax	W S4730	
Have you been	convicted of any feld	ony or of violating	any law of th	e State of Wisco	onsin or of the United States	;?
Date of such co	nviction Fall	1998			Winter 200	10
Name of Court	Dunn Co	D			Dun Co	
Nature of offens	se posession	of Mariju	ara		Hit + Pur	<u>1                                    </u>
Have you been	convicted or violating	g any license law or	ordinance re	gulating the sale	of beverages or intoxicating	g liquors?
	**			M	Lead	
STAT	E OF WISCONSIN,				Signature of Applica	nt
Dun	n	ss. _County.				
Subscribe	Rock and signed the fore and sworn to before the large of	e me this	715	or's license; that	being first duly swo all the statements made by Applicant sig	
L	hul &	Pun			BANGE NOTA	EMERITARIAN RY
Notary Public, _	Dunn	County	, Wis.		o AUB	LIC S
	my com	n. Wpil	75		AXX OF	WISCOURTS
		-2718			· · · · · · · · · · · · · · · · · · ·	•

Village of Colfax

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P.O. Box 417 Colfax, Wisconsin 54730

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Full Name-First, Middle, Last Business/Organization Name Chr. House Full Prior Names (nicknames, maiden names, etc. Date of Birth Race Height \_\_\_\_ Driver's License No. 🖊 Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? If yes, list offense, date and place occurring. Fall 1998 Dunn Co policing Winter 2000 Sunn Co Hit + Ru List prior addresses for the past five years Same List three personal references, not related to you. Include name, address & phone number Have you ever been a member of the Military Service? M Discharge? Education- include name of High School, location, grade completed and any training beyond high school.

Campbellsport wit 1996 - 2000

We start Menomonic wit 1996 - 2000 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 Official Use Only-Below This Line Date Received 5/37/16 Date Approved 5/37/16 Date Denied Wer of Police Approving Officer Signature Local Approving

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages an and all acts a	d Intoxicating Liquors, mendatory thereof and	subject to the lir d supplementary	nitations imp / thereto, and	osed by Sec I hereby agre	2017 2016; inclusive (unless sooner tion 125.32(2) and 125.68 (2) of the comply with all laws, responsif a license be granted to me,	f the Wisconsin Statutes
I certif	y that I am <u>25</u> y	ears of age.	A	dil	Signature of Applicant	-
Answer th	e following ques	tions fully ar	ıd comple	tely:		
	icant Advice					
Address of Ap	plicant 512 b	ine 8	H (C	Hax	W15473	)
Have you been	n convicted of any felon	y or of violating	any law of the	e State of Wis	sconsin or of the United States?	O
Date of such c	onviction MIA				<u> </u>	
Name of Court	MA					
Nature of offer	nse MA					
Have you been	convicted or violating a	iny license law or			ale of beverages or intoxicating li	iquors?
	•		A	dua	Lux	
STA	TE OF WISCONSIN,		-	, E	Signature of Applicant	
Ď	unn	ss. County.				
	Adrienne A				, being first duly sworn	on oath says that he is the
erson who ma	de and signed the foreg	oing application	for an operato	r's license: th	at all the statements made by the	applicant are true.
				_ =	Applicant (sign h	ere
lay of	une 2014	0			201.	,
			, see	PERINE A	WACING.	
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	SOTA	A CO	
Kath	erine Q.W.	rance	i k	*	X	
Notary Public,	erine Q.Wa	County	, Wis.	~UBL\		
MM, O & D.	405-2017		٠٠٠)	2 OF me	CO Me	

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

COITAX, WISCOIISIII J

Supplemental – General License Application

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Full Name-First, Middle, Last Business/Organization Name Full Prior Names (nicknames, maiden names, etc. Place of Birth Date of Birtl Weight Height Social Security No. Driver's License No. If yes, list offense, date and place occurring. List prior addresses for the past five years Scho 4th Au Colfox, Flot 808 University Au +14 Elotso 1020 AVE Wheeler Wi S4780 3820 Hydrin vally colfex wi Sor Big Bluestew Line (Colfern Wi List three personal references, not related to you. Include name, address & phone number 1) Brenda Quan Heavington Have you ever been a member of the Military Service? \(\int\) Discharge? Education- include name of High School, location, grade completed and any training beyond high school. High school graducted 2009 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 7 Official Use Only-Below This Line Date Received <u>Dulos | Dulos</u> Date Approved <u>Ochon | Dulos</u> Date Denied\_ Researcher Core of felice Approving Officer Signature Utiles Section



# Wisconsin Responsible Beverage Server Training

### Adrienne Ferry

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL73797

Date of Completion: 06/03/2016

Kuly Bailey

Authorized Signature

leus sa

## 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
Beverages an and all acts a regulations, Fe	d Intoxicating Liquo mendatory thereof	rs, subject to the lin and supplementary I, affecting the sale o	nitations imp thereto, and	osed by Secti d hereby agree	2018, inclusive (unless soone ion 125.32(2) and 125.68 (2) of to comply with all laws, rest if a license be granted to me,	of the Wisconsin Statutes
Answer th	e following que	estions fully an	d comple	etely:		Strategy
Name of Appli	9/ 19		auer			N. D. December 1
Address of Ap	plicant N94/(	) 730H	1 St.	COHOX	, WI 54730	1
Have you beer	n convicted of any fel	ony or of violating a	any law of the	e State of Wisc	onsin or of the United States?	
Date of such co	onviction					
Name of Court	v v přezadelná					
Nature of offer	1SE					
Have you been	convicted or violatin	g any license law or	ordinance re	gulating the sale	e of beverages or intoxicating l	iquors?
Brerson who made	TE OF WISCONSIN,  Len N  THank Ro  de and signed the for ed and sworn to before  The open signed the form  The open signed the open signed the form  The open signed the open signed the form  The open signed the open signed the open signed the form  The open signed	re me this	Brown operator	or's license; that	Signature of Applicant  being first duly sworn tall the statements made by the Applicant sign I	e applicant are true.
otary Public,	Lale A Duna 14 Comm.	County,  Lyping			PUBLING ATE OF	William NISNO ON THE STATE OF T

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 Hornon, Hon Moduer Business/Organization Name # 11410 SICC OF Full Prior Names (nicknames, maiden names, etc. Date of Birth Place of Birth MPNOMONIC Race Height Driver's License No Social Security 1... Have you ever been arrested for, or convicted of any laws, including traffic? N If yes, list offense, date and place occurring. List prior addresses for the past five years NAT NATIO 730th 87. COLFAX, WI 54730 List three personal references, not related to you. Include name. address & phone number 1) Kandy Kislex Have you ever been a member of the Military Service? MH Discharge? MA Education- include name of High School, location, grade completed and any training beyond high school. COHOX High School, Colfax, MII, 12-apaduated Current Junior at University of Wisconsin- Stout I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature Date 6/1/10 Official Use Only-Below This Line Date Received 36/07/21/Date Approved 06/07/20/16 Date Denied\_\_\_\_\_ Blice Approving Officer Signature Le Description

### 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:
and all acts regulations,	reby apply for a Lice and Intoxicating Liquor amendatory thereof a	nse to serve, from rs, subject to the lin and supplementary , affecting the sale o	Joly 1, <del>2015</del> July 1, <del>2015</del> nitations imp	to June 30,5 osed by Sect hereby agre	2017 2016-, inclusive (unless sooner ion 125.32(2) and 125.68 (2) of e to comply with all Jaws, resorts if a license be granted to me,	revoked), Fermented Malt the Wisconsin Statutes
Answer t	he following que	stions fully an	d comple	tely:		- Recovered - Think -
Name of App	olicant Popu	4 Snud	ec .		-	
Address of A	pplicant C74(C	1 1182nd	Aul	12)2001	ler, wt 5472	 み
Have you be	en convicted of any felo	ony or of violating a	my law of the	State of Wisc	consin or of the United States?	,
Date of such		W. C.				
Name of Cou						
Nature of offe						101 100 100 100 100 100 100 100 100 100
NO		; any license law or	ordinance reg	gulating the sai	le of beverages or intoxicating liq	uors?
STA	ATE OF WISCONSIN,	SS.				
erson who m	enny Snydade and signed the fore	going application f		r's license; tha	being first duly sworn or thall the statements made by the Applicant sign her	applicant are true.
otary Public,	ery/ M. N./ Dung xp 8-16-20	County,	Wis.	- X SANATA	OF MISCOURT	

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

Supplemental – General License Application

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Full Name-First, Middle, Last Yenny Ynn Snydor Full Prior Names (nicknames, maiden names, etc. Place of Birth Chipplina County Date of Birth Race Height Weight Driver's License No. a Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? (185)

If yes, list offense, date and place occurring for forther conditions of feether -x2 List prior addresses for the past five years List three personal references, not related to you. Include name, address & phone number 1) Prenda Dahl - Sau Claire - 715-828-9817 2) Hondi Demor - Colfax - 715-556-3796 3) Cindy final - Colfax - 715-271-7567 Have you ever been a member of the Military Service? (1) Discharge? Education- include name of High School, location, grade completed and any training beyond high school.

(o) Fax High School - (Z 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. Official Use Only-Below This Line 

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages and and all acts an	Intoxicating Liquors, nendatory thereof an	subject to the lind d supplementary	nitations imp thereto, and	osed by Section I hereby agree	n 187, inclusive (unless soone in 125.32(2) and 125.68 (2) of to comply with all laws, re if a license be granted to me,	of the Wisconsin Statutes
I certify	that I am Story	-			Ca	>
		a a			Signature of Applican	t
Answer the	e following ques	tions fully an	id comple	tely:		
Name of Applic	cant <u>Carey</u>	K Day	is	11.1.000	Colfey	
Address of App	licant 122	BUK >	>/ C	0+ 105	Colfey	WE
Have you been	•	-			nsin or of the United States?	
Date of such co						
Name of Court						
Nature of offens						
Have you been o	convicted or violating a	any license law or	ordinance re	gulating the sale	of beverages or intoxicating	liquors?
						>
STAT	E OF WISCONSIN,				Signature of Applicant	
Du	(1)	ss. County.				
Ca / person who mad Subscribe	rey Oavi.	Sing application t	or an operato	r'e licence: that	being first duly sworn	ne applicant are true.
day of	une De	016				
SA Notary Public, _	Dann My Comm	County M. expir	, Wis.	_	AUBI	MEDITAL NO SECULIAR NO SECULIA

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Colfax, Wisconsin 54730

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Full Name-First, Middle, Last Carey K Davis
Business/Organization Name Out House Sax
Full Prior Names (nicknames, maiden names, etc
Date of BirthPlace of Birth_ Ear Clave W.I
Date of Birth Place of Birth Ear Clare with  Sex Race Height Weight
Social Security No. Driver's License No.
Have you ever been arrested for, or convicted of any laws, including traffic? Y-cs If yes, list offense, date and place occurring.
List prior addresses for the past five years N/A
List three personal references, not related to you. Include name, address & phone number  1) Musc King  2) Calin Thus  3) Ashey Anderson  Have you ever been a member of the Military Service? Mo Discharge?  Education- include name of High School, location, grade completed and any training beyond high school.  12 yrs 14 gh School
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.  Signature  Date  Date
Official Use Only-Below This Line
Date Received 6/20/6 Date Approved 6/7/2016 Date Denied
Researcher Outer of Palice Approving Officer Signature William Hally

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages and all acts a regulations, Fe	d Intoxicating Liquors mendatory thereof a ederal, State, or Local,	s, subject to the limed in the supplementary affecting the sale o	nitations imp thereto, an	oosed by S d hereby a	0, 2017 , inclusive (unless sooner refection 125.32(2) and 125.68 (2) of gree to comply with all laws, resolutors if a license be granted to me,	the Wisconsin Statutes
I certify	y that I am <u>5</u>	years of age.		Deli	Signature of Applicant	seh
Answer th	e following que	stions fully an	d comple	etely:		
Name of Appli	cant Deb	oran f	Luck	Sel	1	
Address of App	olicant 508	Sus	19/4	en	St. Colfes	L, W
	convicted of any felo		ny law of th		visconsin or of the United States?	, .
Date of such co						
Name of Court						
Nature of offen					·	
Have you been	convicted or violating	any license law or	ordinance re	gulating the	sale of beverages or intoxicating liqu	iors?
STAT	E OF WISCONSIN,			<u>ulia</u>	Signature of Applicant	elseh
	kno	ss, County.				
person who mad Subscribe		e me this	or an operate	n a ijeciiacz	being first duly sworn on that all the statements made by the a Applicant sign here	ppricant are true,
Notary Public, _	Mile q Dann my com	County, n. elppir		_	OTARY OTARY OF WISHINGTON	MISA NIGOROWANIA NI SANTANIA NI SANTANI NI SANTANI NI SANTANI NI SANTANI NI SANTANI NI SANTANI NI SANT

Village of Colfax

P.O. Box 417

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To the	Clerk	of the_	Village	- <b>.</b>	Colfax	Wigoongin
10 the	CICIK	or the_		0I		Wisconsin:
Beverages an and all acts a regulations, Fe	d Intoxicating Liquo mendatory thereof ederal, State, or Local	rs, subject to the lin and supplementary I, affecting the sale o	nitations imp thereto, and	osed by Secti I hereby agree	2018, inclusive (unless soon ion 125.32(2) and 125.68 (2) to comply with all laws, re s if a license be granted to me,	of the Wisconsin Statutes esolutions, ordinances and
I certif	y that I am <u>47</u>	_ years of age.		Jul	ee ABC Signature of Applicar	
Answer th	e following que	estions fully an	ıd comple	telv:	,	
Name of Appli		10 BV		7	_	
Address of Ap	901	399 8	304	ALE	COHax U	OI 5473
Have you been	n convicted of any fel	ony or of violating a	any law of the	State of Wisc	onsin or of the United States?	
Date of such co	onviction					
Name of Court						
Nature of offer						
Have you been	convicted or violatin	g any license law or	ordinance re	gulating the sal	e of beverages or intoxicating	liquors?
Jule person who ma	TE OF WISCONSIN,  A BOUL  de and signed the for  ed and sworn to befo				Signature of Applicant  being first duly sworn at all the statements made by the Applicant sign	he applicant are true.
Motary Public,	algou	J Buu N County	, Wis.		Margaret Burch Notary Public-State of My Commission Expires E	Wisconsin

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

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To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages an and all acts a regulations, F	nd Intoxicating Liquor namendatory thereof a dederal, State, or Local	rs, subject to the ling and supplementary , affecting the sale of	nitations imp thereto, and	osed by S I hereby a	0, 201%, inclusive (unless sooner lection 125.32(2) and 125.68 (2) or gree to comply with all laws, resquors if a license be granted to me,	f the Wisconsin Statutes
I certif	fy that I am\&	_years of age.	D	anio	Signature of Applicant	le
Answer tl	ne following que	estions fully an	d comple	tely:		
	icant Danie	_				
					burn WI 5475;	7
	n convicted of any fel	•	ny law of the	e State of V	Visconsin or of the United States?	
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Name of Cour						
Nature of offe						
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STA	TE OF WISCONSIN,			· · · · · · · · · · · · · · · · · ·	Signature of Applicant	
Duni		SS.				
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		egoing application i	or an operato	or's license	that all the statements made by the	on oath says that he is the e applicant are true.
Subscril	bed and sworn to befo	re me this	50	<u>S</u>	that all the statements made by the	eider
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Co If ax High School, Lattur 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 Levyl & Schwick Date 5-25-16 Official Use Only-Below This Line Date Received 06/07/16 Date Approved 06/07/16 Date Denied Researcher Court of Police Approving Officer Signature Learn follows

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages an and all acts a	d Intoxicating Liquo mendatory thereof	rs, subject to the lin and supplementary	nitations imp thereto, and	oosed by Sect d hereby agre	2016 , inclusive (unless sooner ion 125.32(2) and 125.68 (2) o to comply with all laws, res is if a license be granted to me,	f the Wisconsin Statutes
I certif	fy that I am <u>30</u>	_years of age.	ン	Tel le		
					Signature of Applicant	
	ne following que					
	plicant <u>2789</u>					
Have you been	<u>~</u>	lony or of violating	-		onsin or of the United States?	
Date of such c	onviction					
Name of Court	t				·	
Nature of offer						
Have you been					le of beverages or intoxicating li	quors?
				•		
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STA	TE OF WISCONSIN,		-		Signature of Applicant	
T	unn	SS.				
$\frac{\mathcal{L}}{\lambda I}$	20100100	_County.	Sin			
person who ma	de and signed the for			or's license; that	, being first duly sworn at all the statements made by the	on oath says that he is the applicant are true.
Subscrib	ped and sworn to befo	ore me this	254	1 2	701/6	
	MAU.	20110			Applicant sign h	ere
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Notary Public,	Du	21 County	, Wis.	-	117	
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Village of Colfax P.O. Box 417 Colfax, Wisconsin 54730

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Full Name-First, Middle, Last NICHOLOS NOZERT KRESSIN Business/Organization Name Las Market Full Prior Names (nicknames, maiden names, etc. Place of Birth Chippers on Fally
Rac Heigh Weight Date of Birth Sex \_\_\_ Driver's License No. Social Security No. -Have you ever been arrested for, or convicted of any laws, including traffic?  $\mathcal{N}_{\mathcal{O}}$ If yes, list offense, date and place occurring. List prior addresses for the past five years NB441 CY RDM COLENG List three personal references, not related to you. Include name, address & phone number 1) Kate Olson 69101 81. Pa 40 (Max WI 84) 30 2) Mark West hard 69491 830 Mos Couples WI 3) Mary Muza 308 11 57 6 Have you ever been a member of the Military Service? Education- include name of High School, location, grade completed and any training beyond high school. UW STOUT RUMBR HIBLE SOWEL I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my-knowledge. Signature Date 6/34/16 Official Use Only-Below This Line Date Received Color Date Approved Color Date Denied

Researcher Approving Officer Signature Laure follow

			v 7144		G 10	
To the	Clerk	of the_	Village	of	Colfax	Wisconsir
Beverages an and all acts a regulations, F	nd Intoxicating Liquor amendatory thereof a	rs, subject to the lire ind supplementary, affecting the sale of	nitations important thereto, and	osed by Sec hereby agre	2017, inclusive (unless soone tion 125.32(2) and 125.68 (2) of the to comply with all laws, results if a license be granted to me,	of the Wisconsin Statutes solutions, ordinances and
Answer tl	he following que	stions fully ar	ıd comple	tely:		
	licant <u>Jeffr</u>					
Address of Ap	oplicant 302	4th Ave. 1	olfax u	I 547	30	
		•			consin or of the United States?	
Date of such c	conviction		/	MA		
Name of Cour	t	1,	1/A			
Nature of offe	nse			NIA		
Have you beer	n convicted or violating	g any license law or	r ordinance reg	yulating the sa	ale of beverages or intoxicating l	liquors?
eerson who ma	TE OF WISCONSIN,  EFFREY ade and signed the form bed and sworn to before  AAY, A	egoing application	ERSa for an operator		Signature of Applicant  being first duly sworn at all the statements made by th  Applicant sign	on oath says that he is the applicant are true.
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Mu C	smmiss	1/00/	XRUU	1) 4/4	1 / 1 /	

Village of Colfax

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Full Name-First, Middle, Last Jeffrey Larry Peterson Business/Organization Name Kyle's Market Place of Birth Eau Claire Date of Birth\_ Race Height\_\_\_\_ Weight Sex Driver's License No. Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? M/A 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) Mary Muze 308 1 1 St Menomorie, col 2) Kim Mc Eldowney 604 Ever green Colfax, wills? 3) Dr. Hney M Mayer E9660 724th Are Elk Mound in Have you ever been a member of the Military Service? W/A Discharge? Education- include name of High School, location, grade completed and any training beyond high school. Colfax High School I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Date D/25/2016 Official Use Only-Below This Line Date Received 6/7/16 Date Approved 56/7/15 Date Denied\_\_\_\_\_ Researcher Company Folice Approving Officer Signature Washaller

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages an and all acts a regulations, F	d Intoxicating Liquors, a imendatory thereof and	subject to the lir supplementary fecting the sale o	nitations imp thereto, an	oosed by Sect d hereby agre	2017 2016, inclusive (unless sooner rition 125.32(2) and 125.68 (2) of e to comply with all laws, reso rs if a license be granted to me,	the Wisconsin Statutes
					Signature of Applicant	
Answer th	ne following quest	ions fully ar	ıd comple	etely:		
Name of Appl	icant <u>UESSICA</u>	- Chec	kals	161		
Address of Ap	plicant <u>E800</u>	7770	th A	re Co	Hax W1 547.	30
Have you been	n convicted of any felony	or of violating			consin or of the United States?	
Date of such c	onviction					
Name of Court					,	
Nature of offer	nse	-				The second second second second
Have you been					le of beverages or intoxicating liq	uors?
Dur	dess	ss. County.  Sica Ch ing application			Signature of Applicant  being first duly sworn or at all the statements made by the	n oath says that he is the applicant are true.
	ack and sworn to before n	<u> </u>	<u>'h</u>	- 1	Applicant sign her	С
	ma Kus	m				
Notary Public,	Dunn	County	, Wis.			
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Village of Colfax

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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 (1851Ch D. Checkalski Business/Organization Name Full Prior Names (nicknames, maiden names, etc. LESICO D. Rehale Date of Birth Place of Birth Rice Lake Race\_\_\_\_\_Height\_\_\_\_ Driver's License No.\_ Social Security No Have you ever been arrested for, or convicted of any laws, including traffic? No If yes, list offense, date and place occurring. List prior addresses for the past five years 122 Dark Dive # 111 List three personal references, not related to you. Include name, address & phone number 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. Wegerhaeuser High School, Wegerhaeuser WI 12th. WITC-Rice Lake, WI Zya assiocentes-accounting I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Date 6/7/16. Signature 4 Official Use Only-Below This Line Date Received Ob/08/00/6 Date Approved Ob/08/00/6 Date Denied\_\_\_\_\_ Researcher Course ex Police Approving Officer Signature Western Spolen

To the	Clerk	of the_	Village	_of	Colfax	Wisconsin:
Beverages and In and all acts ame regulations, Fede	ntoxicating Liquors endatory thereof ar ral, State, or Local,	, subject to the lind and supplementary affecting the sale of	nitations impose thereto, and h	ed by Section 125 ereby agree to co	5.32(2) and 125.68 (2) c	r revoked), Fermented Malt of the Wisconsin Statutes solutions, ordinances and
l certify th	nat I am <u>5/</u> _	years of age.		Mark	rfl_	
					Signature of Applicant	Ç
Answer the :	following ques	tions fully and		ly:		
Address of Applic		Main St	· · · · · · · · · · · · · · · · · · ·	Colfax	Wi 54730	
Have you been co	onvicted of any felo	ny or of violating a	iny law of the S	tate of Wisconsin of	or of the United States?	
Date of such conv	iction	WA				
Name of Court		NA				
Nature of offense	B	NA				
Have you been co.	nvicted or violating	any license law or	ordinance regul	ating the sale of be	verages or intoxicating l	iquors?
				Man	la Land	
STATE	OF WISCONSIN,		-	,	Signature of Applicant	Analysis of the Control of the Contr
Du	$\sim$	ss. County.				
m	ack I	shosm			haina first duly assam	on oath gave that he is the
		going application f		license; that all the	e statements made by th	on oath says that he is the applicant are true.
Subscribed	and sworn to before	me this	1 xb		Applicant sign f	1979
day of	ine 2	16			Applicant sign i	1010
				ann'	MELLA PANA	
She	u K	ien'		STATE MANAGEMENT	NOTAR	
Notary Public,	Dunn	County,	Wis.	E TO	VBLIC &	
my	00mm, =	expires		31,011,14	OK WISCOMMAN	•
•	8-27-18	ソ			Mannan Harre	

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. Mark Alan Johnson Full Name-First, Middle, Last Business/Organization Name Colfax Commercial Club Full Prior Names (nicknames, maiden names, etc. Date of Birth Place of Birth Cav Claire Wi \_\_ Weight Sex Race Height\_ Social Security No. \_ \_ \_ \_ Driver's License No. \_ \_ Have you ever been arrested for, or convicted of any laws, including traffic? If yes, list offense, date and place occurring. List prior addresses for the past five years 603 Main St ColFax List three personal references, not related to you. Include name, address & phone number 1) Pat Knutson Colfax
2) Natowa Gunderson Colfax
3) Peter Frank Eav Claire 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. (OFFax High School 12th MATCU Milwaukee Wi 14- Diploma I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all, information included in this application is true, accurate and complete to the best of my knowledge.
Signature Date 6-16-16 Official Use Only-Below This Line Date Received 6/17/16 Date Approved 6/17/16 Date Denied Approving Officer Signature Waring Researcher Letter of tolice

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages and and all acts a regulations, Fe	d Intoxicating Liquor imendatory thereof a	s, subject to the lin nd supplementary affecting the sale o	nitations imp thereto, an	osed by Sect d hereby agre	2017 , inclusive (unless sooner ion 125.32(2) and 125.68 (2) of e to comply with all laws, resorts if a license be granted to me,  Signature of Applicant	the Wisconsin Statutes
Answer th	e following que	stions fully an	d comple	etely:		
Name of Appli		roatch		•		
Address of App	plicant <u>118 R</u>	irk dr =	+ 246	Colfa	X WI 54730	
Have you been		ny or of violating a			consin or of the United States?	
Date of such co						
Name of Court						1
Nature of offen						
				(A)	le of beverages or intoxicating liq	uois:
STAT	TE OF WISCONSIN,			7	Signature of Applicant	, , , , , , , , , , , , , , , , , , ,
Subscribe	ANN  Acle Run  de and signed the foreg  ed and sworn to before  Mu IO	me this	or an operato	r's license; tha	being first duly sworn or it all the statements made by the Applicant sign he	applicant are true.
Notary Public, _	Rale_ Dum	Llem County,			OTARL OF WISHING	NIO
//	ry comm.	white?	)		Manney Manney	

8-2718

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental - General License Application

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Tainee Name: Jade Roatch

Date of completion: 12/23/2013

School Name: 360training.com, Inc.

Certification #/WI04398

successfully completed an approved Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



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

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages and and all acts am regulations, Fed	Intoxicating Liquor endatory thereof a	s, subject to the lin nd supplementary affecting the sale of	nitations imp thereto, an	osed by Secti d hereby agree	on 125.32(2) and 125.68 (2) of to comply with all laws, rest if a license be granted to me,	f the Wisconsin Statutes solutions, ordinances and
				:	Signature of Applicant	
	following que	/ '	dcomple	etely:		
Address of Applica	icant $MH_0$		20 th S	at Co	16 1 DC 5	4730
	convicted of any felo		-		onsin or of the United States?	, , , ,
Date of such con						
Name of Court _						
Nature of offense						
Have you been co	onvicted or violating	g any license law or	ordinance re	gulating the sale	e of beverages or intoxicating li	iquors?
				J. J	M. Sni	1
STATE	OF WISCONSIN,				Signature of Applicant	
Dien	n	ss. _County.				
Subscribed	I and sworn to befor	going application if	or an operato		being first duly sworn t all the statements made by the	on-oath says that he is the e applicant are true.
day of	une c	2016			77	
Notary Public,	Rule of Dunn	Fum- County M. Upil			OTAR)  OTAR)  OTAR)  OTAR)  OF WITH THE TRANSPORT OF	M. A.

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

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13 comes on the first the formula of the 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 obey all provisions or such tarrell and complete to the best of my knowledge. Date 60 - 10 - 2016 Signature Vino Official Use Only-Below This Line Approving Officer Signature Williams poleron