

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 43 years of age.

Jennifer A. Leach
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Jennifer A. Leach

Address of Applicant N9361 County Road G 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

Jennifer A. Leach
Signature of Applicant

STATE OF WISCONSIN,

Dunn

ss.

County.

Jennifer Leach 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 2nd

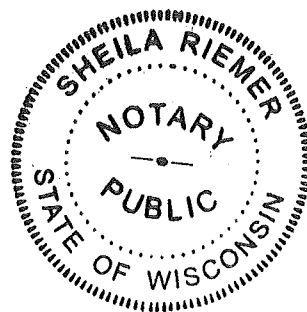
day of June 2016

Jennifer A. Leach
Applicant sign here

Shirley Rasmussen

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 Jennifer A. Leach

Business/Organization Name Cedar Country Coop Colfax

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

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 _____

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

- 1) Kayla Brown N8227 County Road M Colfax, WI. 54730
- 2) Chuck Brown N8227 County Road M Colfax, WI. 54730/715-
- 3) Sue Hagen N8519 County Road M Colfax, WI. 54730 715-

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.
Immanuel Baptist Church School Menomonie, WI. 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 Jennifer A. Leach Date 5/20/2016

Official Use Only-Below This Line

Date Received 06/03/16 Date Approved 06/03/16 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 18 years of age.

Hannah DeMoe

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Hannah DeMoe

Address of Applicant N7401 St. Rd. 40 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?

Hannah DeMoe

Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn

County.

Hannah 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 3rd

Hannah DeMoe

Applicant sign here

day of June 2016

Margaret Burcham

Notary Public, Dunn County, Wis.

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

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 Hannah, Marie, DeMae

Business/Organization Name Cenex

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

Date of Birth _____ Place of Birth Elk Mound, 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 N7401 St. Rd 40

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

- 1) Charles Brown N8227 Carlson Colfax WI
- 2) Bobbie Jo Miller N7597 St. Rd. 40
- 3) Kayla Brown N8227 Carlson 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

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 Charles Brown Date 6-3-16

Official Use Only-Below This Line

Date Received 6/6/2016 Date Approved 6/6/2016 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Hannah DeMoe

Date of Completion: 06/03/2016

School Name: 360training.com, Inc.

Certification # WI-41489

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

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I certify that I am 60 years of age.

Rondi L Iverson Demoe
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Rondi L Iverson Demoe

Address of Applicant 703 Pine 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 _____

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?

Rondi L Iverson Demoe
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Rondi Iverson 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.

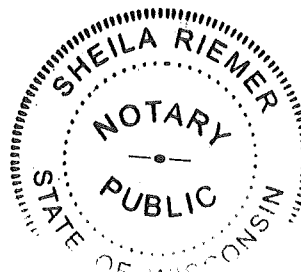
Subscribed and sworn to before me this 11th

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

Full Name-First, Middle, Last Randi L. Iverson-Derrne

Business/Organization Name Express mart

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? _____

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) Joni Berres. 617 Main St. Colfax
- 2) Chris Lunn Colfax
- 3) Tammy Dalme 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 School Colfax K-12
UW-Eau Claire Eau Claire Wi. BS. Degree

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 Randi Iverson-Derrne Date 5-6-16

Official Use Only-Below This Line

Date Received 5/23/16 Date Approved 5/26/16 Date Denied _____

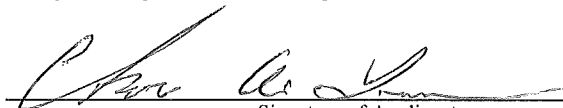
Researcher Colfax Police Approving Officer Signature [Signature]

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I certify that I am 58 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant CHRIS A. LUNN

Address of Applicant P.O. Box 271 572 5TH AVE COLFAX

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

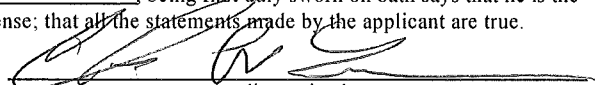
STATE OF WISCONSIN,

Dunn ss.
County.

Chris Lunn 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

day of May 2016

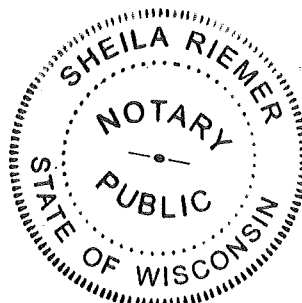


Applicant sign here



Notary Public, Dunn County, Wis.

my comm. expires
8-27-18



COLFAX POLICE DEPARTMENT
Village of Colfax P.O. Box 417 Colfax, Wisconsin 54730
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NOTE: If any further explanation is needed, please continue on back of application.

Full Name-First, Middle, Last CHRIS ALEN LUND

Business/Organization Name EXPRESS MART

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

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 517 E. 5TH AVE
COLFAX

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

- 1) DAVE OLSON CHIPPewa FALLS
- 2) ROBERT DEMOE COLFAX
- 3) JOSE SUNDSTROM 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.

COFAX - COLFAX K - 4 YEARS DIST. VEF TECH.
HIGH SCHOOL - COLFAX 12 EAU 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 [Signature] Date 5/26/16

Official Use Only-Below This Line

Date Received 5/23/16 Date Approved 5/26/16 Date Denied _____

Researcher CHIEF OF POLICE Approving Officer Signature [Signature]

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I certify that I am 37 years of age.

Tammy Dalhoe
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Tammy Dalhoe

Address of Applicant E8520 State Rd. 170

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 _____

Nature of offense _____

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

Tammy Dalhoe
Signature of Applicant

STATE OF WISCONSIN,

Dunn County. ss.

Tammy Dalhoe 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

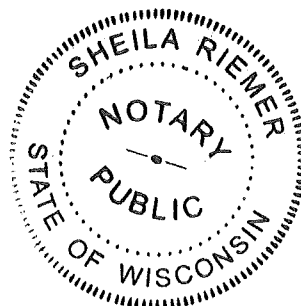
day of May 2016

Tammy Dalhoe
Applicant sign here

Sheila Riemer

Notary Public, Dunn County, Wis.

my comm. expires
8-27-18



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

Full Name-First, Middle, Last Jimmy M. Dalboe

Business/Organization Name Express Mart

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

Date of Birth _____ Place of Birth Menomonie

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) Brenda Wass 909 University Colfax
- 2) Vicki Maves 543rd Baysville
- 3) Rondi Demoe 703 Pine St. 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 School - Colfax, WI 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 Jimmy M. Dalboe Date 5-7-16

Official Use Only-Below This Line

Date Received 5/23/16 Date Approved 5/20/16 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 51 years of age.

Brenda L. Wass
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Brenda Wass

Address of Applicant 909 University Ave

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?

Brenda Lee Wass
Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

Brenda Wass 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

Brenda Lee Wass
Applicant sign here

day of

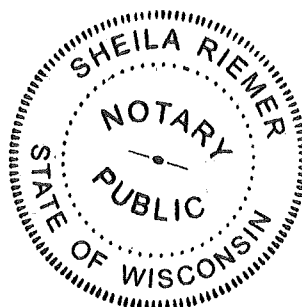
May 2016

Sheila Riemer

Notary Public, Dunn County, Wis.

my comm. expires

8-27-18



COLFAX POLICE DEPARTMENT

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Full Name-First, Middle, Last Brenda Lee Wass

Business/Organization Name Express Mart

Full Prior Names (nicknames, maiden names, etc.) Brenda Lee Carter

Date of Birth _____ Place of Birth Denver Colorado

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 E 6773 871st Ave.,
715 Johnson-Olson St. #4 & 8, Milbank SD

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

- 1) Marcy Wilder E 6773 871st Ave
- 2) Tammy Dalhoe Colfax WI
- 3) Jeanette Joyner 2515 Fryklund Dr #1

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.
McVillie Public School - McVillie 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 Brenda L Wass Date 5-12-16

Official Use Only-Below This Line

Date Received 5/23/16 Date Approved 5/26/16 Date Denied _____

Researcher Clerk of Police Approving Officer Signature [Signature]

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I certify that I am 23 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Teren Kiekhaver

Address of Applicant 504 University 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,

Dunn County, SS.

Teren Kiekhaver 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

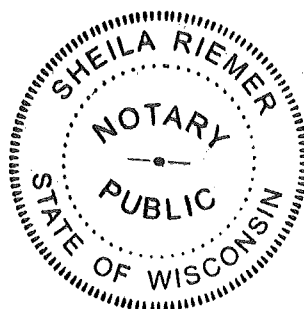


Applicant sign here



Notary Public, Dunn County, Wis.

my 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 Teren, Charles, Kiekhater

Business/Organization Name Express Mart

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) Ronni Demoe 703 Pine St Colfax
- 2) Jadon Peterson EC724 st rd 170 Colfax 715-555-6836
- 3) Aaron Loyslett 801 Menominee St Eau Claire

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
AW - Eau 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 Teren Kiekhater Date 5-16-16

Official Use Only-Below This Line

Date Received 5/23/16 Date Approved 5/26/16 Date Denied _____

Researcher Chief of Police Approving Officer Signature William J. Golew

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

Tana McKnight

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Tana McKnight

Address of Applicant 508 Pine St Colfax WI

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 2006

Name of Court Even Claire City

Nature of offense Misdemeanor Theft

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

No

Tana McKnight

Signature of Applicant

STATE OF WISCONSIN,

Dunn

ss.

County.

Tana McKnight

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

Tana McKnight

Applicant sign here

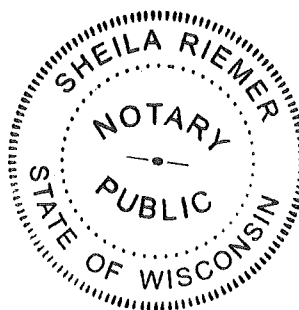
day of

May 2016

Shirley R. R...

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 Tana Leigh Macnigt

Business/Organization Name Express mart

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

Date of Birth _____ Place of Birth Kentucky

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. misdemeanor theft 2006

List prior addresses for the past five years _____

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

- 1) Jymie 940th St Jymie Medlow
- 2) Clinton Pine St (Clinton Haushman)
- 3) Liz Pine St (Liz Walters)

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.

EK 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 Tana Macnigt Date 05-18-16

Official Use Only-Below This Line

Date Received 5/23/16 Date Approved 5/26/16 Date Denied _____

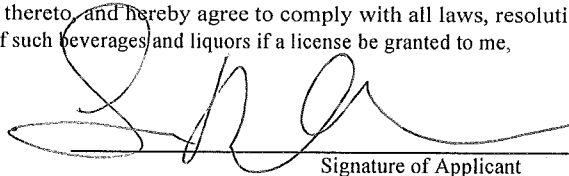
Researcher Chief of Police Approving Officer Signature [Signature]

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 44 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Tina Nelson

Address of Applicant 515 E 3rd 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

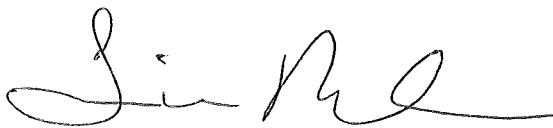
Date of such conviction _____

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

ss.

County.

Tina Nelson

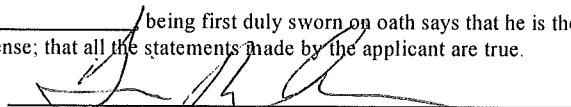
being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

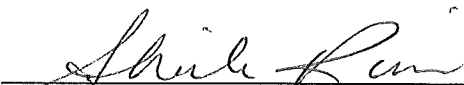
Subscribed and sworn to before me this

23rd

day of

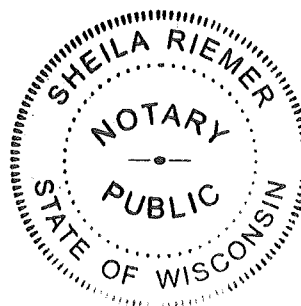
May 2016


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 Tina Michelle Nelson

Business/Organization Name Express Mart

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

Date of Birth _____ Place of Birth Bloomer, 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. 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) Randi Demoe Express Mart
- 2) Chris Lund _____
- 3) Tammy DeChoe _____

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
CVTC - Associate degree

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 5-23-16

Official Use Only-Below This Line

Date Received 5/23/16 Date Approved 5/26/16 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

Return 5/27

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.

Vanessa Meyer

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Vanessa Meyer

Address of Applicant 3315 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

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

Vanessa Meyer

Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

Vanessa Meyer 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

Vanessa Meyer

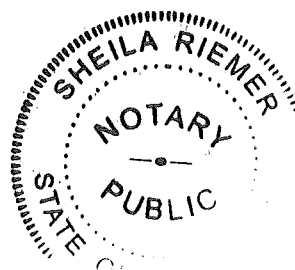
Applicant sign here

day of May 2016

Shub Kim

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 Vanessa, Jane, Meyer

Business/Organization Name A Little Slice of Italy

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

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) Karl Rynish
- 2) Angie Miska
- 3) Clark Yoltz

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, 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 Vanessa Meyer Date 5/27/16

Official Use Only-Below This Line

Date Received 05/27/16 Date Approved 05/27/16 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, ~~2015~~²⁰¹⁶ to June 30, ~~2016~~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 33 years of age.

Kari Reimann
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Kari Reimann

Address of Applicant 122 Park Dr #117 Colfax WI PO Box 55 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 2002

Name of Court Dunn County Court

Nature of offense Unlawful Felony

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

NO

Kari Reimann
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Kari Reimann

_____ 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 1st

Kari Reimann

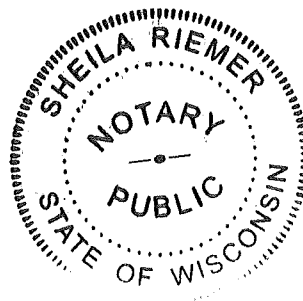
Applicant sign here

day of June 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 Kari Marie Reimann

Business/Organization Name Buck Sport

Full Prior Names (nicknames, maiden names, etc.) Kari Marie Pauley

Date of Birth _____ Place of Birth Bloomer 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 arrest
If yes, list offense, date and place occurring. Tickets

List prior addresses for the past five years 511 Dodge St Ed, Blakely Ave Ed

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

- 1) Cathy Davis Colfax WI
- 2) Fred Jennerman Bloomer WI
- 3) Donna Zambino Muskegon 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.
FED 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 Kari Reimann Date 5-5-16

Official Use Only-Below This Line

Date Received 5/31/16 Date Approved 5/31/16 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 70 years of age.

Gary Stene
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant GARY STENE
Address of Applicant 505 HIGH ST. BOX 447 O/FAX, 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

Gary Stene
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Gary Stene

_____, 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 1st

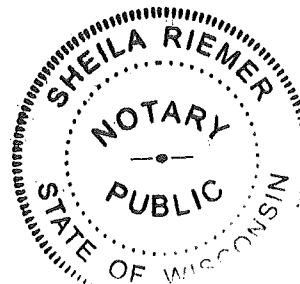
day of June 2016

Gary Stene
Applicant sign here

Sheila Riemer

Notary Public, Dunn County, Wis.

my comm expires 8-22-18



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 GARY LEE STEVE

Business/Organization Name _____

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

Date of Birth _____ Place of Birth Hennepin County 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. DUI - Colfax - 2004 ?

List prior addresses for the past five years _____

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

- 1) LEE BRUNQUIST
- 2) EDD HOGSETT
- 3) RANDY BATES

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
UW LACROSSE 1 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 Gary Lee Date 6/1/16

Official Use Only-Below This Line

Date Received 6/1/16 Date Approved 6/1/16 Date Denied _____

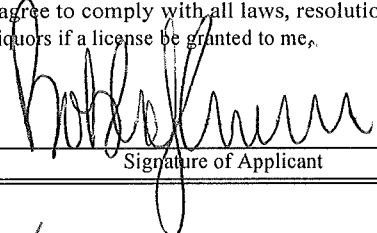
Researcher Chief of Police Approving Officer Signature [Signature]

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, ~~2015~~²⁰¹⁶ to June 30, ~~2016~~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 Bobbie Jo Smith

Address of Applicant _____

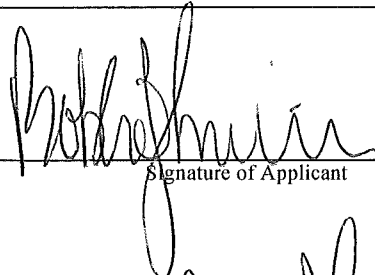
Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?
no

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

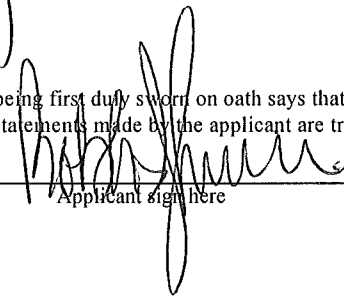
County.

Bobbie Jo Smith

_____, 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 3rd

day of June 2016



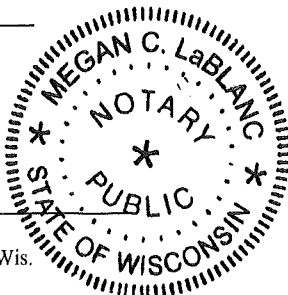
Applicant sign here

Megan C LaBlanc

Notary Public,

3/21/17

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 Bobbie Jo Smith

Business/Organization Name Bucksport Bar & Grill

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

Date of Birth _____ Place of Birth Superior, 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) Brenda Dahl
- 2) Kim Olson
- 3) Kate Smith

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.

Solon Springs, WI HS.
WITC, Rice Lake, WI

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 6/3/16

Official Use Only-Below This Line

Date Received 6/6/2016 Date Approved 6/6/2016 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 37 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Mary Roehl

Address of Applicant NB420 970th 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?

yes

Date of such conviction Fall 1998

Winter 2000

Name of Court Dunn Co

Dunn Co

Nature of offense possession of marijuana

Hit + Run

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

ss.

County.

Mary Roehl

_____ 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



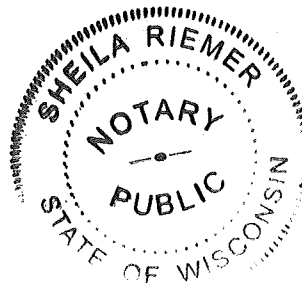
Applicant sign here

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 Jane Roehl
Business/Organization Name Outhouse
Full Prior Names (nicknames, maiden names, etc.) N/A
Date of Birth _____ Place of Birth Fond du Lac 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? Yes

If yes, list offense, date and place occurring. Fall 1998 Dunn Co Possession of Marijuana
Winter 2000 Dunn Co Hit + Run

List prior addresses for the past five years Same

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

1) Lisa Smeaton Colfax WI
2) Missy Milane Baldwin WI
3) Sara Bahr Menomonie 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.

Campbelloport Public High School Campbelloport WI 1996 graduate
UW Stout Menomonie WI 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 [Signature] Date 5/27/10

Official Use Only-Below This Line

Date Received 5/27/10 Date Approved 5/27/10 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, ~~2015~~²⁰¹⁶ to June 30, ~~2016~~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 25 years of age.

Adrienne Ferry
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Adrienne Ferry

Address of Applicant 512 Pine 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 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

Adrienne Ferry
Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

Adrienne A. Ferry

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 6th

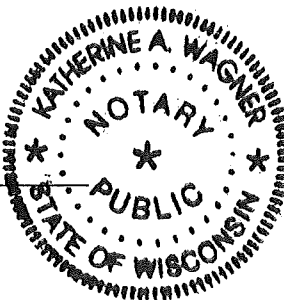
Adrienne Ferry
Applicant sign here

day of June 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

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 Adrienne Agnes Ferry

Business/Organization Name Bucksport Bar Grill

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

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 508 Big Bluestem Ln Colfax WI 508 Big Bluestem Ln Colfax WI 808 University Ave #14
EW 750 1020 AVE Wheeler WI 54730 3820 Hidden Valley Colfax WI

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

- 1) Brenda Dunn 508 4th Ave Colfax
- 2) Lisa Hedington East Claire
- 3) Rita Haideringer East Claire

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 2009
TSPA

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 Adrienne Ferry Date 6/16/16

Official Use Only-Below This Line

Date Received 06/06/2016 Date Approved 06/07/2016 Date Denied _____

Researcher Carrie R. Police Approving Officer Signature Adrienne Ferry

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



Authorized Signature

Return 5/27

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 20 years of age.

Brittany Rothbauer
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Brittany Rothbauer

Address of Applicant N9410 730th 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?

No

Brittany Rothbauer
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Brittany Rothbauer 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.

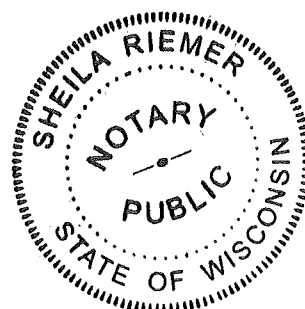
Subscribed and sworn to before me this 7th

Brittany Rothbauer
Applicant sign here

day of June 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 Brittany Ann Rothbauer

Business/Organization Name A Little Slice of Italy

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

Date of Birth _____ Place of Birth Menomonie

Sex _____ Race _____ Height _____ Weight 100 lbs

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

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

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

List prior addresses for the past five years ~~NA~~ N9410 730th St. Colfax, WI 54730

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

- 1) Bandy Risler _____
- 2) Ryan Krall _____
- 3) Tania Fogarty _____

Have you ever been a member of the Military Service? NA Discharge? NA

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

Colfax High School, Colfax, WI, 12-graduated
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 Brittany Rothbauer Date 6/1/16

Official Use Only-Below This Line

Date Received 06/07/2016 Date Approved 06/07/2016 Date Denied _____

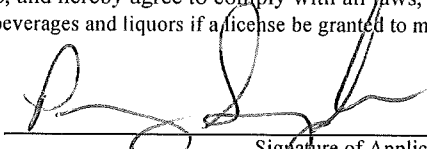
Researcher Clerk of Police Approving Officer Signature LeDean Folem

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~~2015~~ to June 30, ²⁰¹⁷~~2016~~, 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 37 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Penny Snyder

Address of Applicant 67415 1182nd Ave 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?

traffic ticket

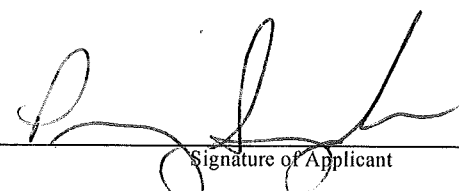
Date of such conviction _____

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

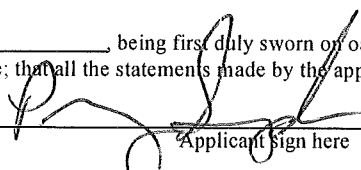
STATE OF WISCONSIN,

Dunn County, ss.

Penny Snyder 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.

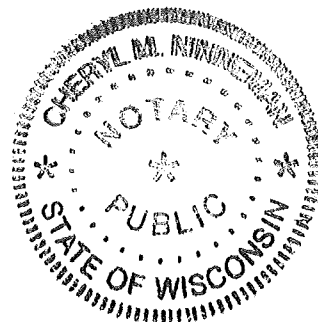
Subscribed and sworn to before me this 11th May 2016

day of _____



Applicant Sign here

Cheryl M. Minnema
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 Penny Lynn Snyder

Business/Organization Name Buck Snort

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? yes
If yes, list offense, date and place occurring. too fast for conditions - 99 / seat belt - X2

List prior addresses for the past five years _____

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

- 1) Brenda Dahl - Eau Claire - 715-828-9812
- 2) Randi Demoe - Colfax - 715-556-3796
- 3) Cindy Trice - Colfax - 715-271-7567

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

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 5-11-10

Official Use Only-Below This Line

Date Received 6/10/10 Date Approved 6/17/10 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 36 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Carey K Davis

Address of Applicant 122 Park Dr Lot 105 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?



Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn


County.

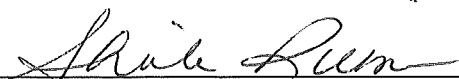
Carey Davis

_____ 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 June 2016

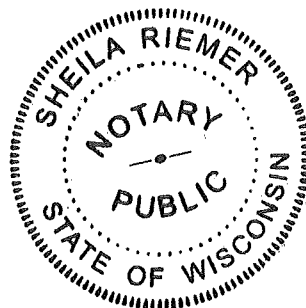

Applicant sign here



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 Carey K Davis

Business/Organization Name Out House Bar

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? Yes

If yes, list offense, date and place occurring. Seat Belt

List prior addresses for the past five years N/A

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

- 1) Alice King
- 2) Calvin Davis
- 3) Ashley Anderson

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.

12 yrs 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 [Signature] Date 5/22/16

Official Use Only-Below This Line

Date Received 6/6/2016 Date Approved 6/7/2016 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 51 years of age.

Deborah Huebsch
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Deborah Huebsch

Address of Applicant 508 Evergreen St. 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?

Deborah Huebsch
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Deborah Huebsch, 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 6th

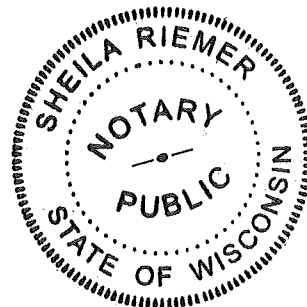
Deborah Huebsch
Applicant sign here

day of June 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 Deborah Lee Huebech

Business/Organization Name Little Italy

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

Date of Birth _____ Place of Birth Bodan, Bodan, Germany

Sex _____ Race _____ Height _____ Weight _____

Social Security No. _____ Driver's License No. 1

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 508 Evergreen St, Colfax

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

- 1) Donna Stree, Rice Lake, WI (Carried in)
- 2) Donna Stree, Julie Symond, Shell Lake, WI
- 3) Sandy Chedokski, Barron, 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.

Cameron High, Cameron 12
WITC

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 Deborah Huebech Date 10-6-16

Official Use Only-Below This Line

Date Received 06/03/2016 Date Approved 06/07/2016 Date Denied _____

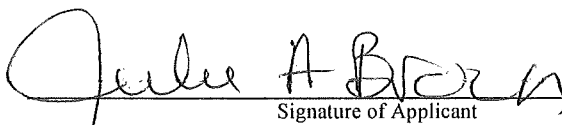
Researcher Chief of Police Approving Officer Signature W. J. Jodum

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, 2018, 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 47 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Julie Brown

Address of Applicant El 899 830th 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?

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

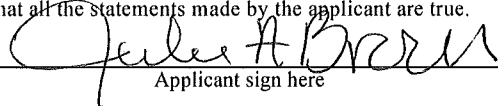
STATE OF WISCONSIN,

ss.

Dunn County.

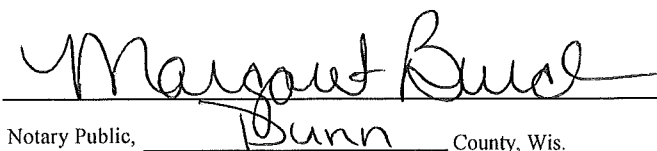
Julie A Brown, being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this May 26, 2016



Applicant sign here

day of May



Notary Public, Dunn County, Wis.

Margaret Burcham
Notary Public-State of Wisconsin
My Commission Expires Dec 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 Julie Ann Brown

Business/Organization Name Kyle's Market

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

Date of Birth — Place of Birth St. Paul 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? —

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

List prior addresses for the past five years 54730 2689 830th Colfax, WI

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

- 1) Bucky Smith Colfax
- 2) Julio Johnson Dino St. Paul, WI
- 3) Tracy Wenzel 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.

Kellogg High School 12th grade
St Paul WI

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 Brown Date 5-26-16

Official Use Only-Below This Line

Date Received 06/07/16 Date Approved 6/07/16 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 18 years of age.

Daniel G. Schneider
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Daniel Glenn Schneider

Address of Applicant N13558 Cty Rd U New Auburn WI 54757

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

Daniel G. Schneider
Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn

County.

Daniel G. Schneider

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

25th

Daniel G. Schneider

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 Daniel Glenn Schneider

Business/Organization Name Kyle's Market IGA

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

Date of Birth _____ Place of Birth Secret Heart 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 703 University Ave Colfax,
WI 54730

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

- 1) Deb Toyen 609 Iverson Rd Colfax WI 54730 _____
- 2) Carrie Christensen 601 University Ave Colfax WI 54730 _____
- 3) Sally Jahr 712 University Ave 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

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 Daniel G. Schneider Date 5-25-16

Official Use Only-Below This Line

Date Received 06/07/16 Date Approved 06/07/16 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 30 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant NICHOLAS KRESSIN

Address of Applicant 2789 23rd STREET

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

NO

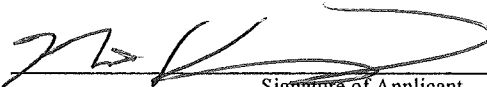
Date of such conviction _____

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.

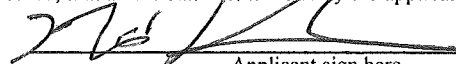
ss.

NICHOLAS 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

25th



Applicant sign here

day of

MAY, 2016



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 NICHOLAS NORBERT KRESSIN

Business/Organization Name Kyle's Market

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

Date of Birth: 1 / 1 Place of Birth Chippewa Falls

Sex _____ Rac _____ 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 N8441 4TH RD N COLFAX

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

- 1) Katie Olson 69101 81st Rd 40 Colfax WI 54730
- 2) Mark Weidhold 59491 830th Ave Colfax WI
- 3) Mary Muzar 308 11th St E

Have you ever been a member of the Military Service? Yes Discharge? Yes

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

UW STOUT
BURNER HIGHER 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 [Signature] Date 6/24/16

Official Use Only-Below This Line

Date Received 6/27/16 Date Approved 6/27/16 Date Denied _____

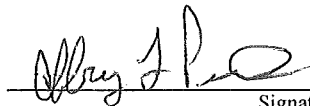
Researcher Chief of Police Approving Officer Signature [Signature]

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 45 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Jeffrey Harry Peterson

Address of Applicant 302 4th 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?

N/A

Date of such conviction

N/A

Name of Court

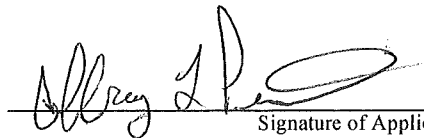
N/A

Nature of offense

N/A

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

N/A



Signature of Applicant

STATE OF WISCONSIN,

ss.

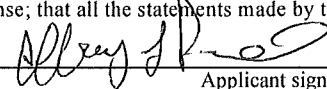
Dunn County.

JEFFREY L PETERSON

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

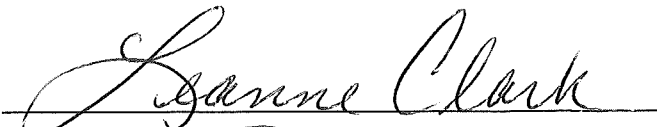
25th



Applicant sign here

day of

MAY, 2016



Notary Public, Dunn County, Wis.

My Commission expires 4/4/17

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 Jeffrey Larry Peterson

Business/Organization Name Kyle's Market

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

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? 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) Mary Muzu 308 11th St Menomonie, WI
- 2) Kim McElDowney 604 Evergreen Colfax, WI 54737
- 3) Brittney M Manned 29660 724th Ave Elk Mound WI

Have you ever been a member of the Military Service? N/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 [Signature] Date 6/25/2016

Official Use Only-Below This Line

Date Received 6/7/16 Date Approved 6/6/16 Date Denied _____

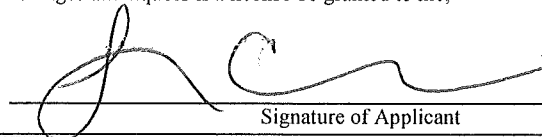
Researcher Colfax Police Approving Officer Signature [Signature]

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, ~~2015~~²⁰¹⁶ to June 30, ~~2016~~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 Jessica Checkalski

Address of Applicant E8007 770th 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

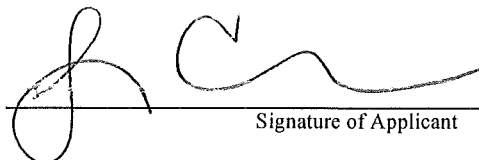
Date of such conviction _____

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,

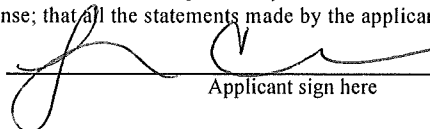
ss.

Dunn County.

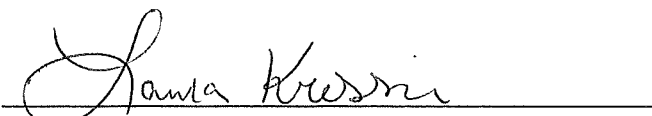
Jessica Checkalski being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 16th

day of May, 2016



Applicant sign here



Notary Public, Dunn County, Wis.

Expires: 3-9-18

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 Jessica D. Checkalski

Business/Organization Name _____

Full Prior Names (nicknames, maiden names, etc.) Jessica D. Rebak

Date of Birth _____ Place of Birth Rice Lake 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 122 Park Drive #111 Colfax WI

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

- 1) Marie Dicks Colfax WI
- 2) Penny Snyder Wheeler WI
- 3) Brenda Bahl Eau Claire 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.

Weyerhaeuser High School, Weyerhaeuser WI 12th.
WITC-Rice Lake, WI Zya Associates-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.

Signature [Signature] Date 6/7/16

Official Use Only-Below This Line

Date Received 06/08/2016 Date Approved 06/08/2016 Date Denied _____

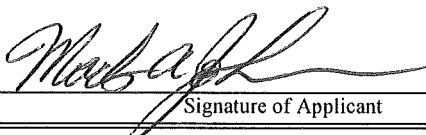
Researcher Chief of Police Approving Officer Signature [Signature]

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 51 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Mark A Johnson

Address of Applicant 603 Main St Apt 4 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

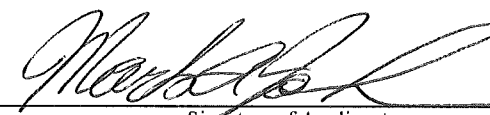
Date of such conviction NA

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



Signature of Applicant

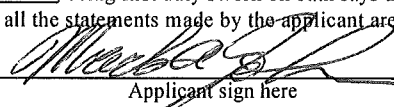
STATE OF WISCONSIN,

Dunn County, ss.


mark Johnson, 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 June 2016

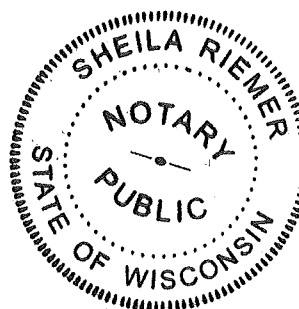


Applicant sign here



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 Mark Alan Johnson

Business/Organization Name Colfax Commercial Club

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

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 603 main st Colfax

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

- 1) Pat Knutson Colfax
- 2) Natasha Gunderson Colfax
- 3) Peter Frank Eau Claire

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 12th
MATC Milwaukee Wi 1yr Diploma

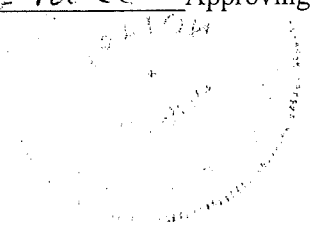
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Mark Johnson Date 6-16-16

Official Use Only-Below This Line

Date Received 6/17/16 Date Approved 6/17/16 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:

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.


Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Jade Roatch

Address of Applicant 118 Park Dr #246 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?


Signature of Applicant

STATE OF WISCONSIN,

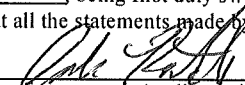
Dunn ss. _____ County.


Jade Roatch

_____ 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.

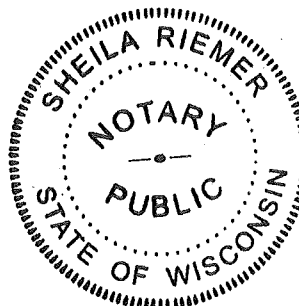
Subscribed and sworn to before me this 10th

day of June 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 Jade Katherine ReatchBusiness/Organization Name Little ItalyFull Prior Names (nicknames, maiden names, etc.) Jade Katherine RadleDate of Birth _____ Place of Birth Wisconsin

Sex _____ Race _____ Height _____ Weight _____

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

Have you ever been arrested for, or convicted of any laws, including traffic? YESIf yes, list offense, date and place occurring. 6/25/13 - Child Safety Restraint 10/10/14 - Deviation from LAWList prior addresses for the past five years Bloomer, 9225 21st Ave Rice Lake WI 54868,
6564 HoneySuckle dr Fayetteville NC 28304

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

- 1) Jessica Thorne
- 2) Aime Lombardo
- 3) Christine Kuetel

Have you ever been a member of the Military Service? yes Discharge? General

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

Rice Lake High School 12th grade
University of Phoenix Associates degree

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 6/10/16**Official Use Only-Below This Line**Date Received 06/13/16 Date Approved 06/13/16 Date Denied _____Researcher Chief of Police Approving Officer Signature [Signature]

WISCONSIN

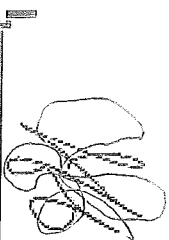
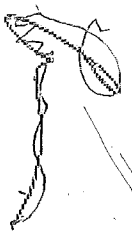
SELLER / SERVER CERTIFICATION

Trainee Name: Jade Roatch

Date of Completion: 12/23/2013

School Name: 360training.com, Inc.

Certification # WI04398


I, Jade Roatch

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, 2015 to June 30, 2016 , 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 54 years of age.

Tina M. Grill
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Tina Grill

Address of Applicant N 7635 800th 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?

No

Tina M. Grill
Signature of Applicant

STATE OF WISCONSIN,

Dunn

ss.

County.

Tina Grill

_____, 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

10th

Tina M. Grill
Applicant sign here

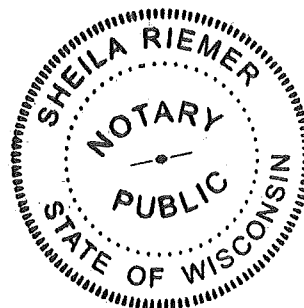
day of

June 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 Tina M. Grill

Business/Organization Name Outhouse Bar

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

Date of Birth _____ Place of Birth Bloomer

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 6854851 Rd. 170 Colfax, WI 54730

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

- 1) Rose Sundstrom Colfax
- 2) Pete Wagon Colfax
- 3) Eva Gehman 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.

Bloomer Senior High 12 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 Tina M. Grill Date 6-10-2010

Official Use Only-Below This Line

Date Received 06/10/10 Date Approved 06/10/10 Date Denied _____

Researcher Chief of Police Approving Officer Signature William J. Jelen