## Village of Colfax Village Board Regular Meeting Agenda Monday, September 25, 2017 Colfax Village Hall 7:00 p.m.

- 1. Call to Order
- 2. Roll Call
- 3. Public Appearances
- 4. Communications from the Village President
- 5. Consent Agenda
  - a. Minutes
    - i. Regular Board Meeting Minutes September 11, 2017
  - b. Training Request none
  - c. Facility Rental
    - i. Colfax Student Council/High School Fairgrounds Use Request for fee to be waived
  - d. Licenses
    - i. Synergy Cooperative 401 E. Railroad Ave. Agent Charles Brown Class A beer License Effective October 1, 2017 to June 30, 2018
    - ii. Synergy Cooperative 401 E. Railroad Ave. Agent Charles Brown Tobacco Licenses Effective October 1, 2017 to June 30, 2018
    - iii. Operator's License September 25, 2017 June 30, 2018 Marian Lynn Express Mart
- 6. Consideration Items
  - a. Street Department Vehicle Recommendations (see Public Works Minutes for details)
  - b. Water and Sewer Vehicle Recommendations (see Public Works Minutes for details)
  - c. Consider Recommendations from the Parks Committee
    - i. Trade-in the Rhino Brush Cutter for Frontier Disc Mower
    - ii. Trade-in the John Deere finish mower 3 year rotation
  - e. Budget Transfers
- 7. Committee/Department Reports (no action)
  - a. Colfax Police Department Report- August 2017
  - b. Public Service Commission Meter Replacement project approval
  - c. Plan Commission Minutes September 6, 2017
  - d. Public Works Minutes September 18, 2017
- 8. Review/Approval Bills –September 11, 2017 –September 24, 2017
- 9. Adjourn

Any person who has a qualifying disability as defined by the American With Disabilities Act that requires the meeting or materials at the meeting to be in an accessible location or format must contact: Lynn Niggemann, Administrator-Clerk-Treasurer, 613 Main Street, Colfax, WI (715) 962-3311 by 2:00 p.m. the Friday prior to the meeting so that any necessary arrangements can be made to accommodate each request.

It is possible that members of and possibly a quorum of members of the governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information; no action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice.

### Village Board Meeting - September 11, 2017

On September 11, 2017, the Village Board meeting was held at 7:00 p.m. at Village Hall, 613 Main Street. Members present: President Stene, Trustees Halpin, Davis, Wolff, Burcham, and Schieber at 7:17 p.m. Excused: Trustee Rihn. Others present included LeAnn Ralph with the Messenger, Director of Public Works Bates and Administrator-Clerk-Treasurer Niggemann.

Minutes - Regular Board Meeting August 28, 2017 - A motion was made by Trustee Halpin and seconded by Trustee Davis to approve the Regular Board meeting minutes from August 28, 2017. Voting For: Trustees Burcham, Wolff, Davis, Halpin and Stene. Voting Against: none. Motion carried.

Training Request – Lynn Niggemann – Momentum West Industrial Land Development Seminar – September 26, 2017 – Menomonie, WI 54751 - A motion was made by Trustee Davis and seconded by Trustee Wolff to approve the training request for Niggemann to attend the Industrial Land Development Seminar on September 26, 2017. Voting For: Trustees Halpin, Davis, Wolff, Burcham and Stene. Voting Against: none. Motion carried.

### Operator's Licenses – September 11, 2017 to June 30, 2018

**Nicole Gotlibson – Kyle's Market -** A motion was made by Trustee Halpin and seconded by Trustee Wolff to approve the operator's license for Nicole Gotlibson. Voting For: Trustees Burcham, Wolff, Davis, Halpin and Stene. Voting Against: none. Motion carried.

Caroline Dworak – Kyle's Market - A motion was made by Trustee Wolff and seconded by Trustee Davis to approve the operator's license for Caroline Dworak. Voting For: Trustees Halpin, Davis, Wolff, Burcham and Stene. Voting Against: none. Motion carried.

**Summer Hegge – Express Mart** - A motion was made by Trustee Davis and seconded by Trustee Halpin to approve the operator's license for Summer Hegge. Voting For: Trustees Stene, Halpin, Davis, Wolff and Burcham. Voting Against: none. Motion carried

South Cedar Street – Project payment authorization / Budget Transfer Request – Senn Blacktop, Inc. completed the project on South Cedar Street according to the contractual terms on August 10, 2017. The invoice amount of \$16,430.27 is the payment in full. This road was resurfaced due to severe deterioration near the intersection of Third Avenue and Cedar Street. Since the completion of the road, it has been noticed that the storm water run-off is causing some additional pooling at 401 Cedar Street and 409 Cedar Street. Because there is no storm sewer in that section of town, options to address the issue are being considered.

A motion was made by Trustee Burcham and seconded by Trustee Wolff to approve the payment to Senn Blacktop, Inc. in the amount of \$16,430.27 and the budget transfer of \$12,000 from undesignated funds to cover the additional cost. Voting For: Trustees Burcham, Wolff, Davis, Halpin and Stene. Voting Against: none. Motion carried.

Consider Estimates for Water Tower Control Panel Upgrade – In June 2017, the Water Tower had some error codes that allowed the water tower to have low water levels. The DNR required that the Village have LW Allen look into the errors and determine if there are additional upgrades that would help reduce the chance of a similar occurrence. Bates had LW

Allen take a look and they have provided an estimate for an upgrade of the control panel as well as adding an alarm dialer, installing a local back-up control system, replace the existing pressure transducer and screw-in type of panel heaters, cost \$10,477. A second estimate was requested from B & M Technical Services, cost \$9,520. This is something that has been recommended, but not required by the DNR.

A motion was made by Trustee Halpin and seconded by Trustee Burcham to table this item for the 2018 budget discussions. Voting For: Trustees Halpin, Davis, Wolff, Burcham, Stene and Schieber. Voting Against: none. Motion carried.

### **Consider recommendations from the Plan Commission**

Sale price of a ½ lot – Niggemann contacted the assessor, Barb Zempel, regarding the assessed value of a lot in the East View Development, \$14,900. In a previous meeting, it was agreed that if an interested party expresses interest in additional land, the Village would be willing to allow an individual to purchase a half lot in additional to the lot which will be free to them. The price needs to be determined for the half lot.

A motion was made by Trustee Davis and seconded by Trustee Burcham to approve a purchase price of \$8,000 for the additional ½ lot. Voting For: Trustees Schieber, Stene, Burcham, Wolff, Davis and Halpin. Voting Against: none. Motion carried.

Pay as You Go TIF Incentives for Developers – The Plan Commission recommends to the Board that they be open to Pay as You Go TIF incentives for developers. This could be items such as the Developer installs utilities and they would be refunded up to a certain dollar amount when the structure they have built has created tax dollars. The Developer may want to install sidewalks along Dunn Street with the same type of process. If they Board is in favor of this type of incentive, Cedar Corporation would be in contact with the Chippewa Valley Home Builder's Association to see if there are any Developer's that may be interested.

A motion was made by Trustee Schieber and seconded by Trustee Halpin to be open to possibilities of Pay as You Go TIF incentives if there are any Developers interested in running any ideas through the Plan Commission. Voting For: Trustees Schieber, Stene, Halpin, Davis, Wolff and Burcham. Motion carried.

**Network Infrastructure Assessment & Recommendations from CIT-** This document shared the findings of the Village software, lack of network, etc.

Computer Integration Technologies (CIT) – IT Upgrades & Recommendations – Considerations for 2018 Budget - A motion was made by Trustee Burcham and seconded by Trustee Halpin to approve the IT Upgrades and recommendations now rather than next year by using funds from the Assigned Future major equipment replacement fund balance. Voting For: Trustees Stene, Halpin, Davis, Wolff, Schieber and Burcham. Voting Against: none. Motion carried.

A motion was made by Trustee Schieber and seconded by Trustee Wolff to set a limit on the IT Upgrade not to exceed \$15,000. Voting For: Trustees Schieber, Davis, Stene, Halpin, Wolff and Burcham. Voting Against: none. Motion carried.

Bremer Bank – Change of account type and use of a letter of credit vs. collateral agreements – Bremer Bank is no longer going to have their Exec sweep accounts effective January 1, 2018. They will be transferring the current accounts from an Exec sweep to a money market account. This will be change a little bit of how we do business, but will allow for greater interest rate earnings on our money. The new account will also include the change from insuring the Village funds through collateral agreements; they will use a letter of credit with FHLB in Des Moines, IA. Overall this should be a good change for the Village. A motion was made by Trustee Halpin and seconded by Trustee Wolff to approve the account change to a money market and the Letter of Credit with FHLB. Voting For: Trustees Stene, Schieber, Wolff, Davis and Halpin. Abstained: Trustee Burcham. Voting Against: none. Motion carried.

Review/Approval – Bills – August 28, 2017 – September 10, 2017 – A motion was made by Trustee Davis and seconded by Trustee Halpin to approve the August 28, 2017 to September 10, 2017 bills. Voting For: Trustees Burcham, Schieber, Wolff, Davis, Halpin and Stene. Voting Against: none. Motion carried.

Adjourn - Meeting adjourned at 8:01 p.m.

Gary Stene, Village President

Attest:

Lynn Niggemann

Administrator-Clerk-Treasurer

CILITIES VIVE VICE CONTRACTOR OF THE CONTRACTOR

## APPLICATION FOR COMMUNITY USE OF VILLAGE FACILITIES

Any person or organization intending to rent the fairground buildings or other park grounds must submit their rental agreement and payments at least fifteen (15) days prior to using the facilities. This will be handled the same as the Class B Picnic License, requiring approval by the Village Board.

O(C)
Name of Renter or Organization: Colfax Student Council / High Sol
Activity: Homecoming Contine
Date of Use 9 1281/7 Circle ALL Days: FXI. SAT. SUN. MON. TUES. WED. THURS.)
Time of Use: From 9 AMPM To 10:30 AMPM
Facility to be Used: FAIRGROUNDS and/or BUILDINGS, MUNICIPAL BLDG., PARKS
Type of Event: Thrift Sale Ball Game Wedding Reunion Concert
Non-Profit: Civic Church Charity Other: Dontice
Brief Description of activity: Homecoming per rally & bonfire
THE RENTER OR ORGANIZATION AGREES TO THE FOLLOWING RULES:
1) The triangle of age and will be responsible
1.) The individual listed as renter must be a minimum of 21 years of age and will be responsible for the rules, supervision and proper conduct of all persons using the facility.
2.) The renter shall be responsible for damage, loss, and/or breakage of Village property.
3.) All property belonging to the activity must be removed at the close of the event,
including garbage.
4.) Any property belonging to the Village shall not be removed from the premises.
5.) Where permitted by law, the applicant shall agree to indemnify, save and hold free and
harmless, the Village of Colfax, their officers, agents, and employees, from and against all
claims, demands, loss, liability, cost or expense of any kind or nature whatsoever which the
Village of Colfax, their officers, agents or employees, or any of them may sustain or incur, or that may be imposed upon any of them, or injury to, or death of, persons or day lages to property
arising out of, connected with, or attributable to the rental, use and occupancy of the Village
Facilities as provided herein.
Individual responsible once (see
Date 9-15-17
(6/1/2)
Address LOV University HVE, COITER OF
Phone number $9/23/35$
Phone Number for Weekend Contact 962-4379
Form of Identification
Village Clerk or Deputy Clerk <u>Kynn M. Pragemann</u>
Date 9-18-17



August 30, 2017

Regarding: Alcohol Beverage License Applications

Effective October 1, 2017, Cedar Country Cooperative, United Ag Cooperative, and Lakeland Cooperative Services will merge. The new entity will be Synergy Cooperative which will retain the Federal ID number of Lakeland Cooperative, the surviving cooperative. At the current time, both Cedar Country Cooperative and United Ag Cooperative hold Alcohol Licenses. The enclosed applications request that these licenses be transferred to the new company, Synergy Cooperative.

Karl Varnes

General Manager

	IGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION	Applicant's WI Seller's Permit No FEIN 1 456102042079602 39	Number. 1764869	
Sub	omit to municipal clerk.	LICENSE REQUESTED		
For	the license period beginning OCTOBER 1 20 17	TYPE	FEE	_
	ending JUNE 30 20 18		\$ 100	0
	☐ Town of		\$	
то:			\$	
10	THE GOVERNING BODY of the:   Village of COLFAX  COLFAX		\$	
	☐ City of		\$ N/A	
Cou	inty of DUNN Aldermanic Dist. No(if required by ordinance)		\$	
	<u> Bolliv</u>		\$	
1.	The named   INDIVIDUAL   PARTNERSHIP   LIMITED LIABILITY COMPANY		\$ \$ 22.5	-7/
	✓ CORPORATION/NONPROFIT ORGANIZATION			
	hereby makes application for the alcohol beverage license(s) checked above.	TOTAL FEE	\$ 3a 5	v
2.	Name (individual/partners give last name, first, middle; corporations/limited liability companies give re	gistered name):		
۷.	SYNERGY COOPERATIVE (NAME CHANGED FROM LAKELAND COOPER		0/1/17)	
	An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application partnership, and by each officer, director and agent of a corporation or nonprofit organization, liability company. List the name, title, and place of residence of each person.  Title Name Horizontal Score N12103 430TE  Vice President/Member VICE-CHAIRMAN SONNY MOLLS 459 16TH	on by each individual applicant, by and by each member/manager and me Address Post O  I ST BOYCEVILLE, W  AVE ALMENA, WI	each membred agent of a leftice & Zip Co 71 54725 54805	limited ode
	Secretary/Member SEC/TREASURER BRIAN JOHNSON N12038 890	TH ST COLFAX WI 5	4730	
	Treasurer/Member N/A			
	Agent MANAGER CHARLES BROWN E8948 810TH AVE	COLFAX WI 54730		
	Directors/Managers GEN MGR KYLE L KNUTSON N10037 CTY RD M			
3.	Trade Name COLFAX CENEX Business	S Phone Number <u>715/962-31</u>	72	
4.	Address of Premises • 401 E. RAILROAD AVE Post Offi	ce & Zip Code 🕨 COLFAX, WI	54730	
5.	Is individual, partners or agent of corporation/limited liability company subject to completion of the res	ponsible beverage server		
	training course for this license period?			Z No
6.	Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?			Z No
7.	Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control	of this business?	🗌 Yes 🔽	Z No
8.	(a) Corporate/limited liability company applicants only: Insert stateWI and do	ate $\frac{09/22/93}{}$ of registration.		
	<ul><li>(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company, or a agent hold any interest in any other alcohol beverage license or permit in Wisconsin?</li></ul>	ability company?any member/manager or		Z No Z No
	(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 a.	nd 8 above.)	in the second	
	Premises description: Describe building or buildings where alcohol beverages are to be sold and store all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohomay be sold and stored only on the premises described.) <a href="INSIDE">INSIDE</a> OF BUILDING INCLU Legal description (omit if street address is given above):	nol beverages and records. (Alcohol	beverages	www.nr.monessen
11	(a) Was this premises licensed for the sale of liquor or beer during the past license year?		✓ Yes	] No
	(b) If yes, under what name was license issued? CEDAR COUNTRY COOPERATIVE			
	Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]		<b>√</b> Yes [	□No
13.	Does the applicant understand they must hold a Wisconsin Seller's Permit?			
	[phone (608) 266-2776]		✓ Yes _	_  No
14.	Does the applicant understand that they must purchase alcohol beverages only from Wisconsin whole	esalers, breweries and brewpubs?	✓ Yes _	No
edge anoth	D CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above q of the signers. Signers agree to operate this business according to law and that the rights and responsibilities her. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/mss to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refus	conferred by the license(s), if granted, when an agers of Limited Liability Companies is	vill not be assiç must sign.) Any	gned to / lack of
SUB	SCRIBED AND SWORN TO BEFORE ME	Da .		
this	15t day of Seyst , 20 7 tomcer of Corporation.	/Membei/Manager of Limited Liability Comp	(MQu pany/Partner/Ind	Irvidual)
	Deline Kunt (Maria Paris)	ation/Member/Manager of Limited Liability	Company/Padne	er)
Му	commission expires 7/14/2020	ner(s)/Member/Manager of Limited Liability		·
TO E	BE COMPLETED BY CLERK			Manager Services
	10001104 title mod _	Signature of Clerk / Deputy Clerk		
Ĺ	municipal clerk 4-1-2017 license granted Date license issued License number issued			remainment.
L	IR (R. 7.15)	Wisconsin	Department of R	

# SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

liquor must of the corp	: appoint an age oration/organiz	nt. The following	questions must be ans	swered by the age	nt. The appointme	nalt beverages and/or intoxicating ant must be signed by the officer(s) ammendation made by the proper
local officia	31.	Town				
To the gov	erning body of:	✓ Village	of COLFAX		County of _]	DUNN
		City				
The unders	signed duly aut	horized officer(s)	/members/managers o	SYNERGY (registered na	COOPERATIV	E anization or limited liability company)
a corporati	on/organization	or limited liability	company making app	lication for an alco	hol beverage lice	nse for a premises known as
	CENEX		, , , , , , , , , , , , , , , , , , , ,			
CODIA	CHIVIA		(tra	de name)		
located at	401 E. R	AILROAD AV	/E, COLFAX, W	/I 54730		
appoints	CHARLES	BROWN				
	70040 01	Omri 2170 C	,	appointed agent)		
	E8948 81	OTH AVE CO	OLFAX, WI 547	s of appointed agent)		
to alcohol l	peverages cond in/limited liability	fucted therein. Is a company having	applicant agent prese g or applying for a beel	ntly acting in that r and/or liquor licer	capacity or reque nse for any other l	emises and of all business relative sting approval for any corporation/ ocation in Wisconsin?
✓ Yes	☐ No If	so, indicate the c	orporate name(s)/limit	ed liability compan	y(ies) and munici	pality(ies).
CEDAR	COUNTRY	COOPERATIV	Æ .			
Is applican	t agent subject	to completion of t	he responsible bevera	ge server training	course?	es 🗸 No
How long in	mmediately pric	or to making this a	pplication has the app	licant agent reside	ed continuously in	Wisconsin?
		and the second of the second	OTH AVE COLF	service of the control of the		
	F	or: SYNERGY	COOPERATIVE			_
			(name o	of corporation/organiza	` ·	
	E	By: <u>() (W</u> 1	V score	(signature of Officer)	Member/Manager)	<u>N</u>
	Ar	nd.		(	,	
	7.0			(signature of Officer)	(Member/Manager)	
Control of the last of the las	Tomore Market	White the second	ACCEPTAN	NCE BY AGENT		and the state of t
CITAD:	LE\$ BROWN	r	AOOE! III	102 51 7102111	h	at this appointment as agent for the
I, CHAR.	LES BROWN	ı (print/type a	gent's name)		, nereby accep	ot this appointment as agent for the
corporațioi beverages	yo/ganization/l oonducted on	inlited liability co the premises for	mpany and assume the corporation/organi	full responsibility ization/limited liab	for the conduct of	of all business relative to alcohol
' 'h.	ou bell			9/,	1//7	Agent's age 34
10 1 00		signature of agent)	0 1/	(d	ate)	1 75 100
N80	127 C7	TY RD K	e address of agent)	C, WI	54730	Date of birth 1-03-1981
<u> </u>			PROVAL OF AGENT lerk cannot sign on I			
I hereby ce the charac	ertify that I have ter, record and	e checked munici reputation are sa	pal and state criminal atisfactory and I have	records. To the be no objection to the	est of my knowled e agent appointed	lge, with the available information, l.
Approved	on(date)	by	(signature of prop	per local official)	Title	(town chair: village president, police chief)

Individual's Full Name (please print) (last name)	(first name	)	(middle name)
Ackerlund	Steve		3
Home Address (street/route)	Post Office	City	State Zip Code
NIIO14 Cty Rd M		Colfax	WI 54730
Home Phone Number	Age	Date of Birth	Place of Birth
715-962-4447	49	5-15-68	Chippewa
The above named individual provides the following	owing information as a pers	on who is (check one):	
Applying for an alcohol beverage license	as an individual.		
A member of a partnership which is male	king application for an alcol	nol beverage license.	
Director (Officer/Director/Member/Manager/Agent)	of <u>S</u>	ynergy Coope une of Corporation, Limited Liability Comp	rattive any or Nonprofil Organization)
which is making application for an alcoho	ol beverage license.		
The above named individual provides the following	owing information to the lice	ensing authority:	
1. How long have you continuously resided i	n Wisconsin prior to this da	te? Since	5-15-68
2. Have you ever been convicted of any offe	nses (other than traffic unre	elated to alcohol beverages) for	or
violation of any federal laws, any Wiscons			
or municipality?			
status of charges pending. (If more room is			,
3. Are charges for any offenses presently pe	nding against you (other th	an traffic unrelated to alcohol	beverages)
for violation of any federal laws, any Wisc			
municipality?			, in the second second
<ol> <li>Do you hold, are you making application for</li> </ol>	· or or are you an officer, dire	ector or agent of a corporation	/nonprofit
organization or member/manager/agent o	f a limited liability company	holding or applying for any of	her alcohol
beverage license or permit?			X Yes No
If yes, identify. See at	tached list	and Type of License/Parmit)	
5. Do you hold and/or are you an officer, dire	ector stockholder agent or	emplove of any person or cor	poration or
member/manager/agent of a limited liabilit	ty company holding or appl	ying for a wholesale beer perr	nit,
brewery/winery permit or wholesale liquor	, manufacturer or rectifier p	ermit in the State of Wisconsi	n? 🗌 Yes 💢 No
If yes, identify.			`
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ale Licensee or Permittee)	,	ess By City and County)
6. Named individual must list in chronological			n To
	oyer's Address	M CalCay Employed From	Present
	11014 Cty Rd over's Address	Employed From	
Employer a Marile	0,0,0,144.000		
The undersigned, being first duly sworn on c	ath, deposes and says tha	it he/she is the person named	d in the foregoing application; that
the applicant has read and made a complete undersigned further understands that any lice	ense issued contrary to C	hapter 125 of the Wisconsin	Statutes shall be void, and under
penalty of state law, the applicant may be pro	secuted for submitting fals	e statements and affidavits in	connection with this application.
Subscribed and sworn to before me			
Subscribed and sworn to before me	va .	•	
this 30th day of Hugust	, 20 <u>///</u>		_
Sink Wein	U	· LLX	<u> </u>
(Clerk/Notary Public)	21.0	(Signal	ure of Named Individual)
My commission expires $6-14-2$	2014		
<del>-</del>			Printed on Recycled Paper

Submit to municipal clerk

Submit to municipal clerk.						
Individual's Full Name (please print) (last name)	(first nai	•	(m.	iddle name)		
Quilling	Jeffr	ey	<u>G, </u>			
Home Address (street/route)	Post Office	City	Sta	'		
N5117 765 St		EIK Mou			4739	
Home Phone Number	Age	Date of Birth	1	ace of Birth		1
715-235-2351	55	9-29-6	<u>'   E</u>	aucic	rive, h	J,L
The above named individual provides the following	owing information as a pe	rson who is (check one)	):			
Applying for an alcohol beverage license	as an individual.					
A member of a partnership which is ma				١		
Director (Officer/Director/Member/Manager/Agent)	of S	Name of Corporation, Limited Li	oppera	tive	-11-21	
	•	Name of Corporation, Limited Li	ability Company or i	vonprotit Organi.	zation)	
which is making application for an alcoho	of beverage license.					
The above named individual provides the following		_				
1. How long have you continuously resided i			-29-le1			
2. Have you ever been convicted of any offe						
violation of any federal laws, any Wiscons		other states or ordinand	ces of any cou	nty	Yes \[\frac{1}{2}	X No
or municipality?			te description	and		<b>N</b> 110
status of charges pending. (If more room is			to, accomplian	arra		
status s, snarges pertang, (ministration)		,				
3. Are charges for any offenses presently pe	ending against you (other	than traffic unrelated to	alcohol bever	rages)		
for violation of any federal laws, any Wisc					□ Voo II	7 No
municipality?					Yes∖	M No
If yes, describe status of charges pending 4. Do you hold, are you making application f		rector or agent of a co	rporation/nonp	rofit		
organization or member/manager/agent o	f a limited liability compar	y holding or applying f	or any other a	Icohol		
heverage license or permit?					Y Yes	] No
If yes, identify. See a	Hached list					
m m	(Name. Locatio	on and Type of License/Permit)	an ar aaraarati	ion or		
5. Do you hold and/or are you an officer, dire member/manager/agent of a limited liabili				OH OI		
brewery/winery permit or wholesale liquor					Yes 🕽	No.
If yes, identify.	, managada et al realite.			'	· +	_•
•	ale Licensee or Permittee)		(Address By C	City and County)		
6. Named individual must list in chronologica	al order last two employer					
1	oyer's Address		nployed From	То	)	_ 1
		+ EIK Mound			reser	) —
Employer's Name Empl	oyer's Address	En	nployed From	То		
The undersigned, being first duly sworn on c	ath, deposes and says th	nat he/she is the perso	n named in th	ne foregoing	application	ı; that
the applicant has read and made a complete	answer to each question	, and that the answers	in each instar	nce are true	and correct	t. The

undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

My commission expires

Individually Full Alama (alama mint) (fact name)		/Fue t 11 - 11 - 1	ì		/i.dalla	
Individual's Full Name (please print) (last name)	با	(first name		Λ.,	(middle nai	
Home Address (street/route)	Post Office	Terri	neth city	74 4	-gus	Zip Code
	F UST OTHER		· ^ -			,
15810 Cty Rd A			Colfa	Х	WI	54730
Home Phone Number		Age	Date of Birth		Place of Bi	claire, WI
715-962-3831		ale	11-4	-50	Eau	Claire, W.I
The above named individual provides the following	owing information a	as a pers	on who is (check o	one):		
Applying for an alcohol beverage license	as an individual.					
A member of a partnership which is male	king application for	an alcoh	ol beverage licen	se.		
Director     (Officer/Director/Member/Manager/Agent)	of	S	unerav	Coope	rat	ive.
(Officer/Director/Member/Manager/Agent)		(Na	me of Corporation Limite	ed Liability Company	or Nonprofit	Organization)
which is making application for an alcoho	ol beverage license					
The above named individual provides the following	owing information t	o the lice	nsing authority:	,		
1. How long have you continuously resided i	n Wisconsin prior t	o this dat	ie? Si	nce 11-	4-19	50
2. Have you ever been convicted of any offe	nses (other than tra	affic unre	lated to alcohol b	everages) for		
violation of any federal laws, any Wiscons					-	fermional T
or municipality?						Yes X No
If yes, give law or ordinance violated, trial			•	date, descripti	on and	
status of charges pending. (If more room is	needed, continue on	reverse s	ide of this form.)			
3. Are charges for any offenses presently pe	nding against you (	other the	an traffic unrelated	to alcohol he	verages)	
for violation of any federal laws, any Wisco						
municipality?				•	•	Yes 🛛 No
If yes, describe status of charges pending						
4. Do you hold, are you making application for			_	•		
organization or member/manager/agent of	f a limited liability o	ompany	holding or applyin	g for any othe	r alcohol	* [
beverage license or permit?						Yes No
If yes, identify. See O	ittached (Nam	e Location a	and Type of License/Perr	nit)		
5. Do you hold and/or are you an officer, dire	ctor stockholder a	nent or e	employe of any ne	rson ar carna	ation or	
member/manager/agent of a limited liabilit						
brewery/winery permit or wholesale liquor,						Yes X No
If yes, identify.		·				
(Name of Wholesa	le Licensee or Permittee)			(Address I	By City and Co	ounty)
6. Named individual must list in chronologica	l order last two em	ployers.				
Employer's Name Emplo	yer's Address		0.0	Employed From	1	<sup>το</sup> Λ
Self Employed 15	810 Cty R	dA	Colfax			Present
Employer's Name Emplo	yer's Address		,	Employed From		Го
The undersigned, being first duly sworn on or	ath denoses and	savs that	he/she is the ne	rson named in	the forec	noing application: that
the applicant has read and made a complete						
undersigned further understands that any lice						
penalty of state law, the applicant may be pro	secuted for submit	ting false	statements and	affidavits in co	nnection	with this application.
Subscribed and sworn to before me						
zoth August	10		•/	^	A	. ^
this Of day of Hugust	, 20 //		<b>*</b>		1 0	$\mathcal{R}$
Tuccalleine	1			mit	n W	Bjork
(Clerk/Notary Public)				(Signature o	of Named Indi	ividual)
My commission expires $Q^{-1}Q-2$	019					v 💓

Individual's Full Name (please print) (last name)	(fi	rst name)		(middle name)
Johnson	Brio	ln	Kich	ard
Home Address (street/route)	Post Office	City		State Zip Code
N12038 890th St		Colfa	Lx	WI 54730
Home Phone Number	Ag	e Date of Birth		
715-658-1888	C	56 10-29	1-60	Place of Birth Eau Claire, W.I.
The above named individual provides the follo	wing information as	a person who is <i>(check</i>	one):	
Applying for an alcohol beverage license	as an individual.			
A member of a partnership which is mak				
Officer (Officer/Director/Member/Manager/Agent)	of	Nergy C (Name of Gor) of alion, Lim	OODERA	hive or Nonprofit Organization)
which is making application for an alcoho				
The above named individual provides the follo	wing information to t	he licensing authority:		
1. How long have you continuously resided in	n Wisconsin prior to t	his date?	10-29-	-1960
2. Have you ever been convicted of any offer	•		_ ,	
violation of any federal laws, any Wisconsi	•	*	•	·
or municipality?				
If yes, give law or ordinance violated, trial of status of charges pending. (If more room is			r date, description	on and
states of sharges portaing. (If there restrict	noodod, commac on re	verse side of this form.)		
3. Are charges for any offenses presently per	nding against you (ot	her than traffic unrelate	ed to alcohol be	verages)
for violation of any federal laws, any Wisco				
municipality?				Yes X No
If yes, describe status of charges pending.		ar director or appet of	· corporation/po	nun lit
<ol> <li>Do you hold, are you making application for organization or member/manager/agent of</li> </ol>	•	<del></del>		•
beverage license or permit?				
If yes, identify. See at	tached li	さた ocation and Type of License/Pe.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5. Do you hold and/or are you an officer, direct	-		•	ation or
member/manager/agent of a limited liability			•	
brewery/winery permit or wholesale liquor, If yes, identify.	manuracturer or rect	itier permit in the State	of vvisconsin?.	Yes X No
·	e Licensee or Permittee)		/Addross B	y City and County)
Named individual must list in chronological	•	overs	(Address b	y Chy and Gounty)
	ver's Address	,	Employed From	То
Self Employed NI	2038 890	h St Colfax.	<i>ا</i> لم	Present
	ver's Address	<u> </u>	Employed From	То
The undersigned being first duly sworn on as				
	ith denoses and say	ve that haveha is the no	rean named in	the foregoing application; that
				the foregoing application; that ance are true and correct. The
the applicant has read and made a complete a undersigned further understands that any lice	answer to each ques inse issued contrary	tion, and that the answ to Chapter 125 of the	ers in each inst Wisconsin Sta	ance are true and correct. The tutes shall be void, and under
the applicant has read and made a complete a	answer to each ques inse issued contrary	tion, and that the answ to Chapter 125 of the	ers in each inst Wisconsin Sta	ance are true and correct. The tutes shall be void, and under
the applicant has read and made a complete a undersigned further understands that any lice	answer to each ques inse issued contrary	tion, and that the answ to Chapter 125 of the	ers in each inst Wisconsin Sta	ance are true and correct. The tutes shall be void, and under
the applicant has read and made a complete a undersigned further understands that any lice penalty of state law, the applicant may be pros	answer to each ques inse issued contrary	tion, and that the answ to Chapter 125 of the	ers in each inst Wisconsin Sta	ance are true and correct. The tutes shall be void, and under
the applicant has read and made a complete a undersigned further understands that any lice penalty of state law, the applicant may be pros	answer to each ques inse issued contrary	tion, and that the answ to Chapter 125 of the	ers in each inst Wisconsin Sta	ance are true and correct. The tutes shall be void, and under
the applicant has read and made a complete a undersigned further understands that any lice penalty of state law, the applicant may be prosenable of state law, t	answer to each ques inse issued contrary	tion, and that the answ to Chapter 125 of the	ers in each inst Wisconsin Sta I affidavits in co	ance are true and correct. The tutes shall be void, and under nnection with this application.
the applicant has read and made a complete a undersigned further understands that any lice penalty of state law, the applicant may be pros	answer to each ques inse issued contrary	tion, and that the answ to Chapter 125 of the	ers in each inst Wisconsin Sta I affidavits in co	ance are true and correct. The tutes shall be void, and under

Individual's Full Name (please print) (last n	· · ·	(first name)	Cha	(middle nan	ne)	
Home Address (street/route)  2686 22 nd St	Post Office	Rice	Lake		Zip Code <b>54868</b>	1
Home Phone Number 7/5-234-687	<b>Y</b>	Age Date of Birth	6/58	Place of Bird		4/
The above named individual provides  Applying for an alcohol beverage  A member of a partnership which  Collicer/Director/Member/Manage  which is making application for an	license as an individu h is making application of	for an alcohol bevera		era thre pany or Nonprofit (	Organization)	
<ol> <li>The above named individual provides</li> <li>How long have you continuously red.</li> <li>Have you ever been convicted of a violation of any federal laws, any to municipality?</li> <li>If yes, give law or ordinance violat status of charges pending. (If more</li> </ol>	esided in Wisconsin pri any offenses (other than Visconsin laws, any law ed, trial court, trial date	or to this date? n traffic unrelated to all vs of any other states and penalty imposed,	59 Icohol beverages) or ordinances of an and/or date, desc	ny county	Yes	<b>Æ</b> No
<ol> <li>Are charges for any offenses pres for violation of any federal laws, as municipality?</li> <li>If yes, describe status of charges  </li> <li>Do you hold, are you making appli organization or member/manager/beverage license or permit?</li> <li>If yes, identify.</li> </ol>	ny Wisconsin laws, any bending. cation for or are you an agent of a limited liabilit	laws of other states of officer, director or agony ty company holding or	r ordinances of any ent of a corporation applying for any o	n/nonprofit		No No
<ol> <li>Do you hold and/or are you an offi member/manager/agent of a limite brewery/winery permit or wholesal If yes, identify.</li> </ol>	cer, director, stockholde d liability company hold e liquor, manufacturer o	er, agent or employe o ding or applying for a v or rectifier permit in the	of any person or con wholesale beer per e State of Wiscons	mit, in?		No
6. Named individual must list in chron	of Wholesale Licensee or Permit nological order last two		(Addi	ress By City and Co	ounty)	
Self - Employed Employer's Name	Employer's Address  2686  Employer's Address	tst Rieela	Employed Fro	76	Presen	ナ
The undersigned, being first duly swe the applicant has read and made a coundersigned further understands that penalty of state law, the applicant massubscribed and sworn to before me this day of Sept.  Add Assume Clerk/Notary Public)  My commission expires 7/14/8	emplete answer to each any license issued co	n question, and that th entrary to Chapter 125	e answers in each to the Wisconsin of the Wisconsin onto and affidavits in the way of th	instance are Statutes sha	true and corr ill be void, ar with this appl	ect. The and under

Individual's Full Name (please print) (last nam					
1/2500	,	(first name)		(middle nai	me)
winge		Bruce			
Home Address (street/route) E9678 1210 Th	Post Office	City	0 10	1 1	Zip Code
E9678 1210"A	re Offax		oltox	WI	54730
Home Phone Number	1 Carron	Age Date	f Birth	Place of Bi	
715-658-1655			-1-1946	i	omonie WI
The above named individual provides the	ne following information	as a person wh	o is (check one):		,,,
Applying for an alcohol beverage lie	cense as an individual				
A member of a partnership which			orago liconac		
				/ * -	
Office/Director/Member/Manager/A	of	<u> Syhere</u>	y coopero	rive	
			orphoration, Limited Liability Coi	mpany of Nonprolit	Organization)
which is making application for an a	alcohol beverage licens	9.			
The above named individual provides the	ne following information	to the licensing	authority:		
1. How long have you continuously res	ided in Wisconsin prior	to this date?	71 40	the C	
2. Have you ever been convicted of an		******			
violation of any federal laws, any Wis					
or municipality?		-			Yes 🗓 No
If yes, give law or ordinance violated					[] 103 [2] 110
status of charges pending. (If more re				silption and	
status of charges pending. (If more re	oom is needed, condide o	n reverse side or	uns ioin.)		
3. Are charges for any offenses presen	the nonding against you	(athor than trai	figure related to alcoho	al bayaragas)	
<del>-</del>		•		<del>-</del> ,	
for violation of any federal laws, any					□ \/ <b>\</b> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
municipality?					Yes X No
If yes, describe status of charges per					
4. Do you hold, are you making applica					
organization or member/manager/ag	ent of a limited liability	company holdin	g or applying for any o	other alcohol	
beverage license or permit?					Yes  No
If yes, identify. See AHar	ahad hel				Yes No
If yes, identify. See Alfar	chod list (Nai	пе, Location and Туре	of License/Permit)		Yes No
If yes, identify. See Alfar  5. Do you hold and/or are you an office	.chod /i5} r, director, stockholder,	ne, Location and Type agent or emplo	of License/Permit) /e of any person or co	orporation or	X Yes No
If yes, identify. See Alfar	.chod /i5} r, director, stockholder,	ne, Location and Type agent or emplo	of License/Permit) /e of any person or co	orporation or	Yes No
If yes, identify. See Alfar  5. Do you hold and/or are you an office	chod 115) (Nai r, director, stockholder, liability company holdin	ne. Location and Type agent or emplo g or applying fo	of License/Permit) /e of any person or co r a wholesale beer pe	orporation or rmit,	
<ul><li>If yes, identify. See Alfon</li><li>Do you hold and/or are you an office member/manager/agent of a limited limited.</li></ul>	chod 115) (Nai r, director, stockholder, liability company holdin	ne. Location and Type agent or emplo g or applying fo	of License/Permit) /e of any person or co r a wholesale beer pe	orporation or rmit,	
If yes, identify. See Alfan  5. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.	chod 115) (Nai r, director, stockholder, liability company holdin	ne, Location and Type agent or emplo g or applying fo ectifier permit in	of License/Permit) ye of any person or co a wholesale beer pe n the State of Wiscons	orporation or rmit,	☐ Yes  ☑ No
If yes, identify. See Alfan  5. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.  (Name of V	chod 115) (Nai r, director, stockholder, liability company holdin iquor, manufacturer or i	ne, Location and Type agent or emplo g or applying fo ectifier permit in	of License/Permit) ye of any person or co a wholesale beer pe n the State of Wiscons	orporation or rmit, sin?	☐ Yes  ☑ No
If yes, identify. See Addr.  5. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.  (Name of V.)  (Name of V.)	chod 115- (Nai r, director, stockholder, liability company holdin iquor, manufacturer or i  Wholesale Licensee or Permittee) ogical order last two en	ne, Location and Type agent or emplo g or applying fo ectifier permit in	of License/Permit)  ye of any person or come wholesale beer pen the State of Wiscons	orporation or rmit, sin?	☐ Yes  ☑ No
If yes, identify. See Addr.  Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.  (Name of V)  Named individual must list in chronol	(Nai r, director, stockholder, liability company holdin iquor, manufacturer or i Wholesale Licensee or Permittee) ogical order last two en Employer's Address	agent or emplo g or applying for ectifier permit in	of License/Permit) ye of any person or co a wholesale beer pe n the State of Wiscons	orporation or rmit, sin?	☐ Yes ☑ No
If yes, identify. See Adden  5. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.  (Name of V.)	r, director, stockholder, liability company holdin iquor, manufacturer or involved the control of the control o	ne, Location and Type agent or emplo g or applying fo ectifier permit in	of License/Permit) ye of any person or come a wholesale beer pen the State of Wiscons  (Add)  Employed Free College (Add)	orporation or rmit, sin?	☐ Yes  ☑ No
If yes, identify. See Addr.  Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.  (Name of V)  Named individual must list in chronol	(Nai r, director, stockholder, liability company holdin iquor, manufacturer or i Wholesale Licensee or Permittee) ogical order last two en Employer's Address	agent or emplo g or applying for ectifier permit in	of License/Permit)  ye of any person or come wholesale beer pen the State of Wiscons	orporation or rmit, sin?	☐ Yes ☑ No
If yes, identify. See Adden  5. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.  (Name of V.)	r, director, stockholder, liability company holdin iquor, manufacturer or involved the control of the control o	agent or emplo g or applying for ectifier permit in	of License/Permit) ye of any person or come a wholesale beer pen the State of Wiscons  (Add)  Employed Free College (Add)	orporation or rmit, sin?	☐ Yes ☑ No
If yes, identify. See Adda  5. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.  (Name of V.)  6. Named individual must list in chronol Employer's Name  Self Employeed  Employer's Name	r, director, stockholder, liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company in the liability company is address.	agent or employ g or applying for ectifier permit in	of License/Permit)  ye of any person or come a wholesale beer pen the State of Wiscons  (Add  Employed Free Employ	orporation or rmit, sin?	Yes No Sounty)  Current
If yes, identify. See Adda  5. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.  (Name of V.)  6. Named individual must list in chronol Employer's Name  Employer's Name  The undersigned, being first duly sworn	r, director, stockholder, liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company in the liability company is a stock of the liability company in the liability company holdin in the liability company	agent or employ or applying for ectifier permit in apployers.	of License/Permit)  ye of any person or come a wholesale beer pen the State of Wiscons  (Add  Employed From Employ	orporation or rmit, sin?	Yes No  Sounty)  Current  To  Joing application; that
If yes, identify. See Adden  5. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.  6. Named individual must list in chronol Employer's Name  Employer's Name  The undersigned, being first duly sworn the applicant has read and made a comp	r, director, stockholder, liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company in the liability company is a second company in the liability	agent or employ or applying for ectifier permit in applying for ectifier permit in applying for the following for the fo	of License/Permit)  ye of any person or come a wholesale beer pen the State of Wiscons  (Add  Employed From the State person name to the answers in each	orporation or rmit, sin?	Yes No  Sounty)  Current  To  Joing application; that true and correct. The
If yes, identify. See Adda  5. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.  (Name of V.)  6. Named individual must list in chronol Employer's Name  Employer's Name  The undersigned, being first duly sworn	r, director, stockholder, liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company is address.  Engloyer's Address  Employer's Address  on oath, deposes and plete answer to each quity license issued contri	agent or employ or applying for ectifier permit in applying for ectifier permit in applying for applying for ectifier permit in applying for applyin	e is the person name t the answers in each	orporation or rmit, sin?	Yes No  Sounty)  Current  To  Joing application; that true and correct. The lift be void, and under
If yes, identify.  See Address  5. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.  (Name of V.)  6. Named individual must list in chronol Employer's Name  Employer's Name  The undersigned, being first duly sworn the applicant has read and made a compundersigned further understands that are penalty of state law, the applicant may be	r, director, stockholder, liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company is address.  Engloyer's Address  Employer's Address  on oath, deposes and plete answer to each quity license issued contri	agent or employ or applying for ectifier permit in applying for ectifier permit in applying for applying for ectifier permit in applying for applyin	e is the person name t the answers in each	orporation or rmit, sin?	Yes No  Sounty)  Current  To  Joing application; that true and correct. The lift be void, and under
If yes, identify.  See Address  5. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.  (Name of V.)  6. Named individual must list in chronol Employer's Name  Employer's Name  The undersigned, being first duly sworn the applicant has read and made a compundersigned further understands that an	r, director, stockholder, liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company is address.  Engloyer's Address  Employer's Address  on oath, deposes and plete answer to each quity license issued contri	agent or employ or applying for ectifier permit in applying for ectifier permit in applying for applying for ectifier permit in applying for applyin	e is the person name t the answers in each	orporation or rmit, sin?	Yes No  Sounty)  Current  To  Joing application; that true and correct. The lift be void, and under
If yes, identify. See Adda  5. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.  6. Named individual must list in chronol  Employer's Name  Employer's Name  The undersigned, being first duly sworn the applicant has read and made a compundersigned further understands that as penalty of state law, the applicant may b  Subscribed and sworn to before me	r, director, stockholder, liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company is address.  Engloyer's Address  Employer's Address  on oath, deposes and plete answer to each quity license issued contri	agent or employ or applying for ectifier permit in applying for ectifier permit in applying for applying for ectifier permit in applying for applyin	e is the person name t the answers in each	orporation or rmit, sin?	Yes No  Sounty)  Current  To  Joing application; that true and correct. The lift be void, and under
If yes, identify.  See Address  5. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.  (Name of V.)  6. Named individual must list in chronol Employer's Name  Employer's Name  The undersigned, being first duly sworn the applicant has read and made a compundersigned further understands that are penalty of state law, the applicant may be	r, director, stockholder, liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company is address.  Engloyer's Address  Employer's Address  on oath, deposes and plete answer to each quity license issued contri	agent or employ or applying for ectifier permit in applying for ectifier permit in applying for applying for ectifier permit in applying for applyin	e is the person name t the answers in each	orporation or rmit, sin?	Yes No  Sounty)  Current  To  Joing application; that true and correct. The lift be void, and under
If yes, identify. See Adda  5. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.  6. Named individual must list in chronol  Employer's Name  Employer's Name  The undersigned, being first duly sworn the applicant has read and made a compundersigned further understands that as penalty of state law, the applicant may b  Subscribed and sworn to before me	r, director, stockholder, liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company is address.  Engloyer's Address  Employer's Address  on oath, deposes and plete answer to each quity license issued contri	agent or employ or applying for ectifier permit in applying for ectifier permit in applying for applying for ectifier permit in applying for applyin	e is the person name t the answers in each	orporation or rmit, sin?	Yes No  Sounty)  Current  To  Joing application; that true and correct. The lift be void, and under
If yes, identify. See Adda  5. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.  6. Named individual must list in chronol  Employer's Name  Employer's Name  The undersigned, being first duly sworn the applicant has read and made a compundersigned further understands that as penalty of state law, the applicant may b  Subscribed and sworn to before me	r, director, stockholder, liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company holdin iquor, manufacturer or in the liability company is address.  Engloyer's Address  Employer's Address  on oath, deposes and plete answer to each quity license issued contri	agent or employ or applying for ectifier permit in applying for ectifier permit in applying for applying for ectifier permit in applying for applyin	e is the person name the answers in each 125 of the Wisconsin ments and affidavits i	orporation or rmit, sin?	Yes No  Current  To  Joing application; that true and correct. The II be void, and under with this application.
If yes, identify. See Adda  5. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.  6. Named individual must list in chronol Employer's Name  Employer's Name  The undersigned, being first duly sworn the applicant has read and made a compundersigned further understands that are penalty of state law, the applicant may be Subscribed and sworn to before me this Subscribed and Supplementary Publicy	r, director, stockholder, liability company holdin iquor, manufacturer or not be sale Licensee or Permittee) ogical order last two en Employer's Address  Employer's Address  on oath, deposes and plete answer to each que it only license issued contrel prosecuted for submittee prosecuted for submittee in the prosecuted for submittee is the sale is the sa	agent or employ or applying for ectifier permit in applying for ectifier permit in applying for applying for ectifier permit in applying for applyin	e is the person name the answers in each 125 of the Wisconsin ments and affidavits i	orporation or rmit, sin?  Iress By City and Community of the community of the community of the community of the connection of the connecti	Yes No  Current  To  Joing application; that true and correct. The II be void, and under with this application.
If yes, identify. See Adda  5. Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify.  6. Named individual must list in chronol  Employer's Name  Employer's Name  The undersigned, being first duly sworn the applicant has read and made a compundersigned further understands that as penalty of state law, the applicant may b  Subscribed and sworn to before me	r, director, stockholder, liability company holdin iquor, manufacturer or not be sale Licensee or Permittee) ogical order last two en Employer's Address  Employer's Address  on oath, deposes and plete answer to each que it only license issued contrel prosecuted for submittee prosecuted for submittee in the prosecuted for submittee is the sale is the sa	agent or employ or applying for ectifier permit in applying for ectifier permit in applying for applying for ectifier permit in applying for applyin	e is the person name the answers in each 125 of the Wisconsin ments and affidavits i	orporation or rmit, sin?  Iress By City and Community of the community of the community of the community of the connection of the connecti	Yes No  Current  To  Joing application; that true and correct. The II be void, and under with this application.

Individual's Full Name (please print) (last n	ame)	(first name	)	(middle r	ame)	
Protrud	Nai	ivit		Ralph	7	
Home Address (street/route)	Post Office		City	State	Zip Code	
E1875 1410th AUR	Prairie	Farm	Prairie falm	WI	154762	
Home Phone Number		Age	Date of Birth	Place of	3irth ,	
715 418 19	10	65	8 8 52	\ \V	Amery Led 1	
The above named individual provides	the following information	on as a pers	on who is (check one):			
Applying for an alcohol beverage			,			
A member of a partnership whic	h is making application	for an alcoh	ol beverage license.			
Director	of	San	e of Corperation. Limited Liability Com			
			ne of Corporation. Limited Liability Com	pany or Nonprof	l Organization)	
which is making application for ar	alcohol beverage licer	nse.				
The above named individual provides			- A			
How long have you continuously re						
<ol><li>Have you ever been convicted of a violation of any federal laws, any V</li></ol>	iny offenses (other than Visconsin laws, any law	traffic unre	ated to alcohol beverages)	for		
or municipality?				ny county	Yes	Z No
If yes, give law or ordinance violate	ed, trial court, trial date	and penalty	imposed, and/or date, desc	ription and	🗀 100 19	2 110
status of charges pending. (If more	room is needed, continue	on reverse s	de of this form.)			
3. Are charges for any offenses prese	antly pending against ye	ou (other the	traffic unrelated to alcohol	l hoverages.		
for violation of any federal laws, an	y Wisconsin laws, any l	laws of othe	states or ordinances of an	v county or		
municipality?			• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	Yes []	ON [
If yes, describe status of charges p		- (C)				
<ol> <li>Do you hold, are you making applic organization or member/manager/a</li> </ol>	auon for or are you an agent of a limited liability	oπicer, direc	tor or agent of a corporation	1/nonprofit ther alcohol		
beverage license or permit?		· · · · · · · · · · · · · · · · · · ·	applying for any o		Arres I	J No
beverage license or permit?  If yes, identify.	iched List				<del>)</del>	-
5. Do you hold and/or are you an offic	A) Per director stackholda:	lame, Location a	d Type of License/Permit)			
member/manager/agent of a limited	d liability company holdi	na or applvi	nploye of any person of cor og for a wholesale beer per	poration or mit		
brewery/winery permit or wholesale	liquor, manufacturer o	r rectifier pe	mit in the State of Wisconsi	n?	Yes	9 No
If yes, identify.						_
6. Named individual must list in chron	f Wholesale Licensee or Permitte	•	(Addre	ess By City and C	County)	
Employer's Name	Employer's Address		Employed Fror	n	То	
5el+	G1875 15	MOTH AU		971	No.m	
Employer's Name	Employer's Address		Employed From	n	То	
The undersigned, being first duly swor	n on oath, deposes an	d says that	ne/she is the person named	i in the fore	going application:	that
the applicant has read and made a cor	nplete answer to each (	question, an	d that the answers in each i	instance are	true and correct	The
undersigned further understands that penalty of state law, the applicant may	any license issued con be prosecuted for subr	trary to Cha nittina false	pter 125 of the Wisconsin statements and affidavits in	Statutes sha	all be void, and u with this applicat	inder tion
	, , , , , , , , , , , , , , , , , , , ,		statemente ana amaamo m	oom coasin	with this applicat	don.
Subscribed and sworn to before me						
this 151 day of SUF	, 20		1 (	) , ;		
MANGO KILLL (Clerk/Notary Public)			Man F	reallad		
*				ire of Named Ind		
My commission expires 7/14/20	<u>)a()</u>					7
•					Printed Recycled F	on Paper

Individual's Full Name (please print) (last name)	(first name	)	(middle na	ame)
Score	701	(	AI	1 ki
Home Address (street/route)	Post Office	City	State	Zip Code
N12103 4305+		·'	1.15	54770
Home Phone Number	Age	Boyceulle Date of Birth	Place of B	$\frac{1}{100}$
715 949 1895	Če (	10-13-55	n.	n County a.I
11) 999 (81)	Ι (Δ )	10 (2 2)	Dani	1 COUPTY Y MI
The above named individual provides the following	owing information as a pers	on who is (check one):		
Applying for an alcohol beverage license	as an individual.			
A member of a partnership which is mal	king application for an alcoh	ol beverage license.		
	of $SY/$	15Kby		
(Öfficer/Director/Member/Manager/Agent)	¹ (Na	me of Corporation, Limited Liability (	Company or Nonprofit	Organization)
which is making application for an alcoho	ol beverage license.			
The above named individual provides the following	owing information to the lice	nsing authority:		
1. How long have you continuously resided i	n Wisconsin prior to this da	$te?$ $OV_h$	S	
2. Have you ever been convicted of any offer		-	•	
violation of any federal laws, any Wiscons				<del>-</del>
or municipality?				Yes X No
If yes, give law or ordinance violated, trial status of charges pending. (If more room is		•	escription and	
status of charges pending. (If more rooms	necaca, conunae on reverse s	ide of this form.)		
3. Are charges for any offenses presently pe	nding against you (other the	an traffic unrelated to alco	hol beverages)	2000 000 000 000 000 000 000 000 000 00
for violation of any federal laws, any Wisco	onsin laws, any laws of othe	r states or ordinances of	any county or	,
municipality?				🗌 Yes 📈 No
If yes, describe status of charges pending.				·
4. Do you hold, are you making application for				
organization or member/manager/agent of beverage license or permit?	· · · · · · · · · · · · · · · · · · ·	noiding of applying for an	•	X Yes No
If yes, identify. See Attached	1 1			🔀 103 🗀 110
Jes princery	(Name, Location a	and Type of License/Permit)		
5. Do you hold and/or are you an officer, dire				
member/manager/agent of a limited liability				
brewery/winery permit or wholesale liquor,	manufacturer or rectifier pe	ermit in the State of Wisco	nsin?	Yes X No
If yes, identify.				
	le Licensee or Permittee)	(/	Address By City and C	County)
Named individual must list in chronologica     Employer's Name     Employer's Name	wada Addasa	Employed	From	То
	150	coulte Employed		0
Solf	1 1122 422 54	1197	7	Whospent
Self NV	2103430 St	WE 197 Employed	T From	Phesent
Self NV	10343055	WI 191	From	Vhesent To
Employer's Name Emplo	103 (30 ST yer's Address	Employed		
Employer's Name  Employer's Name  Employer's Name  Employer's Name	yer's Address  ath, deposes and says that	he/she is the person nar	ned in the fore	going application; that
Employer's Name  The undersigned, being first duly sworn on or the applicant has read and made a complete state of the name of t	eth, deposes and says that answer to each question, a	he/she is the person nar	med in the fore	going application; that
Employer's Name  Employer's Name  Employer's Name  Employer's Name	ath, deposes and says that answer to each question, a ense issued contrary to Ch	he/she is the person nar nd that the answers in ea apter 125 of the Wiscons	med in the fore ch instance are sin Statutes sha	going application; that true and correct. The all be void, and under
Employer's Name  Employer's Name  The undersigned, being first duly sworn on or the applicant has read and made a complete undersigned further understands that any lice penalty of state law, the applicant may be pro-	ath, deposes and says that answer to each question, a ense issued contrary to Ch	he/she is the person nar nd that the answers in ea apter 125 of the Wiscons	med in the fore ch instance are sin Statutes sha	going application; that true and correct. The all be void, and under
The undersigned, being first duly sworn on or the applicant has read and made a complete undersigned further understands that any lice penalty of state law, the applicant may be pro	ath, deposes and says that answer to each question, a ense issued contrary to Ch	he/she is the person nar nd that the answers in ea apter 125 of the Wiscons	med in the fore ch instance are sin Statutes sha	going application; that true and correct. The all be void, and under
The undersigned, being first duly sworn on or the applicant has read and made a complete sundersigned further understands that any lice penalty of state law, the applicant may be pro	ath, deposes and says that answer to each question, a ense issued contrary to Ch	he/she is the person nar nd that the answers in ea apter 125 of the Wiscons	med in the fore ch instance are sin Statutes sha	going application; that true and correct. The all be void, and under
Employer's Name  Employer's Name  The undersigned, being first duly sworn on or the applicant has read and made a complete undersigned further understands that any lice penalty of state law, the applicant may be pro-	ath, deposes and says that answer to each question, a ense issued contrary to Ch	he/she is the person nar nd that the answers in ea apter 125 of the Wiscons	med in the fore ch instance are sin Statutes sha	going application; that true and correct. The all be void, and under
The undersigned, being first duly sworn on or the applicant has read and made a complete sundersigned further understands that any lice penalty of state law, the applicant may be pro	ath, deposes and says that answer to each question, a ense issued contrary to Ch secuted for submitting false	he/she is the person nar nd that the answers in ea apter 125 of the Wiscons	med in the fore ch instance are sin Statutes sha	going application; that true and correct. The all be void, and under

Individual's Full Name (please print) (last nam	•	(first nam	*		(middle n	ame)	
OLSO	N	JEFF					
Home Address (street/route) 1015 40TH ST	Post Office		CLAYT	ON.	State VVI	Zip Code 54004	
Home Phone Number		Age	Date of Birth		Place of E	_l Birth	
715-948-2545		44	1-10.	73	Ame	NYWi	
The above named individual provides the Applying for an alcohol beverage lies. A member of a partnership which	cense as an <b>individual</b> is making application fo		son who is (check	one): nse.	17.17.13	V	
Officer/Director/Member/Manager/A	Agent) of	(N	SYNERG lame of Corporation, Limi	SY COOPER	ATIVE	t Organization)	
which is making application for an a			ame of corporation, and	ioo Elaamiy Compan	y or monpron	Corganization	
The above named individual provides the 1. How long have you continuously result 2. Have you ever been convicted of an violation of any federal laws, any Wi	ne following information ided in Wisconsin prior y offenses (other than t sconsin laws, any laws	to the lic to this da raffic unr of any ot	ate? <u>UU</u> y elated to alcohol I her states or ordi	beverages) for nances of any	county		
or municipality?	l, trial court, trial date ar	nd penalt on reverse	y imposed, and/o side of this form.)	r date, descrip	tion and		₩ No
Are charges for any offenses present for violation of any federal laws, any municipality?      If yes, describe status of charges pe	Wisconsin laws, any la 	ws of oth	er states or ordin	ances of any c	ounty or		☑No
4. Do you hold, are you making application or member/manager/ag beverage license or permit?  If yes, identify.	ent of a limited liability  ached 2154	company 	-	ng for any othe	er alcohol	C+	· ·
<ol> <li>Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale l If yes, identify.</li> </ol>	r, director, stockholder, liability company holdin	agent or g or appl	employe of any p	erson or corpo ale beer permit	t,		☑ No
· ·	Wholesale Licensee or Permittee,		-	(Address	By City and	County)	
6. Named individual must list in chronol	ogical order last two en	nployers.		Employed From		To a	
Employer's Name Self Employed	LOIS YOU	54 C	lay for	Employed From		Presero	4
Employer's Name	Employer's Address		/	Employed From	· ·	То	
The undersigned, being first duly sworn the applicant has read and made a com undersigned further understands that a penalty of state law, the applicant may be Subscribed, and sworn to before me	plete answer to each q ny license issued conti	uestion, a	and that the answ hapter 125 of the	ers in each ins Wisconsin St	stance are atutes sh	e true and corr all be void, an	ect. The
this 3 St day of HUSUS+	20 TARY	PUBLA	n. —	M Au (Signature	∽ of Named Inc	dividual)	
My commission expires						Pri	nted on
AT-103 (R. 8-11)	DUN OUN	ICAN	Monthe		V	Recy Visconsin Department	cled Paper of Revenue
	TE OF	WISCOM	wide - state - stat				

Submit to municipal clerk

<i>Submit to municipal cierk.</i>								
Individual's Full Name (please print)	(last name) MOLLS		(first nam ROMAN	•	(1	middle na	ame)	
Home Address (street/route)		Post Office		City	Is	tate	Zip Code	
459 16TH AVE				ALMEN	1	WI	54805	
Home Phone Number 715-357-6441			Age 57	Date of Birth	<i>)</i>   '	lace of B	PASO, T	rexA
The above named individual p	rovides the foll	lowing information	as a per	son who is <i>(check</i>	one):		/	
Applying for an alcohol be	everage license	e as an <b>individua</b> l	l <b>.</b>					
A member of a partnersh	i <b>ip</b> which is ma	king application fo	or an alco	hol beverage licer	ise.			
OFFIC (Officer/Director/Member)	ER	of	(N	SYNERG ame of Corporation, Limit	Y COOPERAT	IVE Nonprofit	Organization)	
which is making application		ol beverage licens		ano or corporation, Emile	oo Elasmiy Company or	rronpront	organizationy	
The above named individual p		_		ansing authority:				
How long have you continue		-		Pro-	Fure			
2. Have you ever been convident					everages) for			
violation of any federal law	-	-	-		nances of any co	unty		Kan
or municipality?					date description	n and	Yes	X No
status of charges pending.								
3. Are charges for any offens	os prosently no	anding against you	ı (other th	an traffic unrelate	d to alcohol hove			
for violation of any federal			•					
municipality?							Yes	<b>⋈</b> No
If yes, describe status of cl 4. Do you hold, are you making			officer dire	actor or agent of a	corporation/non	nrofit		
organization or member/ma							_	
beverage license or permit	?	red list					Tyes	No
If yes, identify. See	arraca	(Na	me, Location	and Type of License/Per	mit)	Productive Secretaria Secretaria		
5. Do you hold and/or are yoเ			-			ion or		
member/manager/agent of brewery/winery permit or w							Tyes	<b>∑</b> No
If yes, identify.	Holesale liquoi	, manulacturer or	recuiler b	emin in the State	Of Wisconsine		🔲 163	XIIIO
		ale Licensee or Permittee		· · · · · · · · · · · · · · · · · · ·	(Address By	City and C	County)	
6. Named individual must list  Employer's Name		al order last two er oyer's Add <b>l</b> ess	nployers.	A 1	Employed From		To 0	
CPIF 62	v plo v	10 459	16 m	Are Almera	- Employed From		Present	J-
Employer's Name	Empl	oyer's Address			Employed From		То	
The undersigned, being first d								
the applicant has read and ma undersigned further understar								
penalty of state law, the applic								
Subscribed and sworn to befor	e me							
31st Duc	110+	a 17		$\bigcirc$				
this day of MX	N21	, 20 January	114.	/}/	o Oho		. <i>1</i> .	
(Clerk/Notary	Public)	ARY PUB		()Como	(Signature of I	Vamed Ind	dividual)	
My commission expires	2/8/2		Why.					
		S S					Pr Recv	inted on cled Paper
AT-103 (R. 8-11)	El.	TOUNCA!				w	isconsin Department	•
	A D COMMISSION	W. Sar	No.					
		THE OF WISC	See					
		126316632000						

Submit to municipal clerk.

Individual's Full Name (please print) (last name) HERRMA		(first name	-		(middle na	ame)
Home Address (street/route)	Post Office	7 (1 ( 7 ) 2	City		State	Zip Code
1482 14 1/2 ST	T dat office		BARRO		WI	54812
Home Phone Number 715-418-1225		lo b	Date of Birth $(0-24)$	-51	Place of B	cc lake
The above named individual provides the	following information	as a pers				
Applying for an alcohol beverage lice	_	=	(-111-111	,		
A member of a partnership which is			nol beverage licen	ise.		
DIRECTOR  (Officer/Director/Member/Manager/Age	of		_	COOPERAT	ΓΙ <b>VE</b> or Nonprofi	l Organization)
which is making application for an alc	ohol beverage licens	se.				
The above named individual provides the	following information	to the lice	ensing authority:			
1. How long have you continuously resident	-			My LI	fo	
Have you ever been convicted of any violation of any federal laws, any Wisc or municipality?     If yes, give law or ordinance violated, t status of charges pending. (If more roo	offenses (other than tonsin laws, any laws,rial court, trial date a	traffic unre of any oth  nd penalty	elated to alcohol b ner states or ordin 	everages) for ances of any c	ounty	☐ Yes ☑ No
3. Are charges for any offenses presently for violation of any federal laws, any W municipality?	/isconsin laws, any la 	ws of othe	er states or ordina	nces of any co	unty or	
4. Do you hold, are you making application or member/manager/ager beverage license or permit?  If yes, identify.  See a Hach.	nt of a limited liability	company	holding or applyir	ng for any other	r alcohol	☐ Yes ⊡ No
	(IVa		and Type of License/Perr			
<ol> <li>Do you hold and/or are you an officer, member/manager/agent of a limited lia brewery/winery permit or wholesale liq If yes, identify.</li> </ol>	bility company holdir	ng or apply	ing for a wholesa	le beer permit,		,
•	olesale Licensee or Permittee	•		(Address B	By City and C	County)
6. Named individual must list in chronolog		mployers.				
Employer's Name	imployer's Address	11/2 S	Barron	Employed From		Present
Employer's Name Self	mployer's Address			Employed From		То
The undersigned, being first duly sworn of the applicant has read and made a compleundersigned further understands that any penalty of state law, the applicant may be Subscribed, and sworn to before me	ete answer to each q license issued cont	uestion, a rary to Ch	and that the answe napter 125 of the	ers in each inst Wisconsin Sta	tance are itutes sh	e true and correct. The all be void, and under
this 31St day of AUSUST	, 20 TARY P	WHILL TO THE	M <sub>M</sub> — A	Sure o	1 1 Named Inc	dividual)
My commission expires2	Tal ( s	CAN)				Printed on Recycled Paper
AT-103 (R. 8-11)	DUNG	WISCO			W	พระดารin Department of Revenue

Individual's Full Name (please print) (last name,	)	(first nan	ne)		(middle n	name)
KRISKOV	'ICH	THOM	AS			
Home Address (street/route) 44300 STATE HWY 112	Post Office		city ASHLA	.ND	State WI	Zip Code 54806
Home Phone Number 715-278-3709		Age 66	Date of Birth	50	Place of I	AUD WI
The above named individual provides the	following informatio	n as a pei	rson who is (check	one):		
Applying for an alcohol beverage lice	ense as an <b>individu</b> a	al.				
A member of a partnership which is	making application t	for an alco	hol beverage licer	nse.		
☑ DIRECTOR	of		SYNERG'	Y COOPERA	ATIVE	
(Officer/Director/Member/Manager/Age	ent)	(*	SYNERG' Name of Corporation, Limit	ted Liability Compan	y or Nonprof	it Organization)
which is making application for an al	cohol beverage licen	se.				
The above named individual provides the	following information	n to the lic	ensing authority:			
1. How long have you continuously resid	led in Wisconsin pric	or to this d	ate?	FARS		
2. Have you ever been convicted of any	offenses (other than	traffic uni	related to alcohol	severages) for		
violation of any federal laws, any Wisc				-	-	
or municipality?						🗌 Yes 🖊 No
If yes, give law or ordinance violated, status of charges pending. (If more room)		•		r date, descrip	tion and	/
status of onlinges perfamily. (If more roc	m is necaca, commae	Onreverse	side of this form.			
3. Are charges for any offenses presently	y pending against yo	u (other t	han traffic unrelate	d to alcohol be	everages	)
for violation of any federal laws, any V						
municipality?						🗌 Yes 🖊 No
If yes, describe status of charges pend		officer dir	costor or exemt of a		anneafit	
<ol><li>Do you hold, are you making applications or member/manager/age</li></ol>						م ہا
beverage license or permit?			· · · · · · · · · · · · · · · · · · ·	ng tor any out		· · · Yes ·
If yes, identify. See Attac	nt of a limited liability				,	🗀 👊
	1.,	101110, 20001101	rana Typo or Electrical or			Approximation of the second
5. Do you hold and/or are you an officer,		_		•		r 
member/manager/agent of a limited lia brewery/winery permit or wholesale lia						□ Ves □ No
If yes, identify.	juor, manuraoturor or	i rodinoi j	conne in the otate	OI VVISCOTISITY		[ 163 ]
	nolesale Licensee or Permitte	10)		(Address	By City and	County)
3. Named individual must list in chronolo	gical order last two e	employers	•		,	•
Employer's Name	Employer's Address	,	1110	Employed From		To 1
SEF EMPLOYED		my 12	Ashland			Present
Employer's Name	Employer's Address			Employed From		То
The undersigned, being first duly sworn o						
he applicant has read and made a compl						
undersigned further understands that any penalty of state law, the applicant may be						
•	p, 000000000000000000000000000000000000			amaarno m		THAT and approaction.
Subscribed and sworn to before me						
his 5 day of HM MIST	20			(	<b>\</b> /	
STUNISIN	111111111	Miller		Jan 18		12500EZ
(Clerk/Notary Public)	1 TARY F	UBL/C		(Signature	of Named In	dividual)
My commission expires	2 =0	C.	1/1/1			
	T s	. \.	7 W			Printed on
лт-103 (R. 8-11)	Mark DUN	CAN			1.	Recycled Paper
	I DOW	J, " - / <sub>=</sub>	, H		v	Msconsin Department of Revenue
	1/10 5					
	DUN STATE OF	MISCO				
	1186					

	Application for Cigarette and Tobacco Products Retail License							MUNICIPAL USE ONLY License Number			
						1156				- Poriod /	Covered
51	ubmit to n	Turn	сіраі (	cierk.						renod	Covered
1	Wisconsin 15-dig 1020420			ount Num	ber			ed in the same licensee bel		Date of	Issuance
LAKEI	e (corporation, limite LAND COO	PER	RATIV	E SE	RVIC		NERGY	COOPERA	TIVE)	39-	Employer Identification No. (FEIN) 1764869
1	siness Name (if o		it than Leg	ial Name	)					1 '	one Number 6) 879-5454
1	ddress (License L						Business				ss Telephone 5) 962-3172
401 I	E. RAILR	CAL	AVE	State	ZIP Co	de	City	L. T. Land	Town	County	7 902-3172
COLFA	ΑX			MI	547		of: CC	LFAX		DUN	
, -	ress (if different t BOX 70	han Bu	ısiness Ad	dress)			City ELK	MOUND		State WI	ZIP Code 54739
	ion (check or	ne)			-			-	09/22/	1993	
	Proprietor					oration – Er					
	ership			ut-of-S	tate Co	orporation –	Are you re	gistered to do	business in	vviscons	sin?   YES   NO
U Other	(describe)										
✓ YES	□ NO	1.	Does the	ne app	licant ermit w	understand vith the Wis	I that they consin De	must purch	ase cigarette Revenue?	es only	from distributors or jobbers
<b>✓</b> YES	☐ NO		untaxeo availab	d toba le fron	cco pr 1 the V	oducts fron	n an out-c Departmer	of-state comp nt of Revenu	pany? (Tob:	acco Pr	stributor permit if purchasing roducts Distributor permit is See application form CTP-
<b>✓</b> YES	☐ NO	3.	Does th	ne app nother	licant retaile	understand r, including	that they transferri	cannot purd ng existing s	chase/excha tock to a ne	nge cig w owne	arettes or tobacco products r?
✓ YES	☐ NO	4.	Does th	ne appl Wiscor	icant u nsin De	inderstand i epartment o	that they n of Health S	nust provide Services?( <u>ł</u>	employees v nttps://witoba	vith toba ccoche	acco sales training approved <u>eck.org</u> )
<b>✓</b> YES	☐ NO	5.	Does the	ne app ts and	licant nicotir	understand ne products	that they to minors	may not se (including e	II, give or ot electronic cig	herwise arettes	provide cigarettes/tobacco containing nicotine)?
✓ YES	☐ NO								single cigar		
<b>✓</b> YES							ailable for inspection by the				
<b>✓</b> YES	☐ NO		the Wis	consir	n Depa	rtment of Ju	ustice's w	ebsite labele	d "Directory	of Certi	tobacco products listed on fied Tobacco Manufacturers Wisconsin?
Cigarette	s / Tobacco	will b	e sold		<b>√</b> 0/	ver counter		] through v	ending mach	nine	both
been truth that the ri	nfully answere ghts and resp	ed to ponsi	the best bilities c	t of the conferre	knowled by t	edge of the he license(s	applicant. ), if grante	Applicant agr d, cannot be	rees to opera assigned to	te this b another.	
Any lack of is a misde	of access to a emeanor and	any p grou	ortion of nds for i	f a licei revoca	nsed pa tion of	remises dur this license:	Ma	was SC	Are	Cha	ermit inspection. Such refusal
this 151	day of (Clerk	Lyf- K Lu / Notai	L JUL ry Public)	ava	, 20 <u>l</u>	<u></u>	Officer of	of Corporation/Me	ember/Manager o	of Limited L	iability Company/Partner/Individuai)
			1								

## July 1, 2017 - June 30, 2018

## Application for License to Serve Fermented Malt Beverages

		and Inte	oxicat	ing Liq	uors	Fee - \$10.00
						RECEIVED
						SEP 0 1 2017
To the	Clerk	of the_	Village	of	Colfax	Wisconsin Village of Colfax
Beverages an and all acts a regulations, F	d Intoxicating Liquo amendatory thereof ederal, State, or Local	rs, subject to the ling and supplementary , affecting the sale of	nitations impo thereto, and	sed by Section hereby agree	on 125.32(2) and 125.68	cooner revoked), Fermented Mal (2) of the Wisconsin Statutes s, resolutions, ordinances and
I certif	y that I am <u>37</u>	_years of age.	7.	Narian	n C Legno Signature of App	
Answer th	e following que	etione fully an	d complet	elv.		
	cant <u>Marí</u>			cij.		
	olicant <u>507</u> (		ot, col-	fax, W	I 547.30	
Have you been		ony or of violating a			nsin or of the United Stat	res?
Date of such co	nviction <u>5 or</u>	6 your	s ago			· · · · · · · · · · · · · · · · · · ·
lame of Court	Eau Cla	ire '				
lature of offens	se <u>Selling</u>	under	age_			
ave you been	convicted or violating	any license law or c	ordinance regu	lating the sale	of beverages or intoxicati	ing liquors?
Same	as abo	ve				
			m	arian	C Leym Signature of Applic	ant
STAT	E OF WISCONSIN,	00			2.8	
Dun	<u>n</u>	.County.				
son who made Subscribe	e and signed the foregod and sworn to before	me this 1 s+		license; that a	, being first duly sw Il the statements made by Mauau ( Z Applicant si	
•					annann GEA	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Lynn	m. Migg	zeman	<u>.</u>		TAP TAP	17 · * =
ary Public, _	Dung ires 04-	County, V 19-2019	Vis.		* PU	15.00 6

### 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 Marian C Lynn Business/Organization Name Express Mart Full Prior Names (nicknames, maiden names, etc. Marian C Lynn Phone \_\_\_\_ Date of Birth \_\_\_\_ ace of Birth\_ Race\_\_\_\_\_Height\_\_\_\_\_Weigi\_\_\_\_ Social Security No. \_\_\_\_\_ Driver's License No.\_\_\_\_\_ Have you ever been arrested for, or convicted of any laws, including traffic? Selling to Underage If yes, list offense, date and place occurring. Selling to underage for 6 years ago List prior addresses for the past five years 1703 main St. Bloomer, WI 54774 List three personal references, not related to you. Include name, address & phone number 1) Chris Daniel 507 Cedar St. Colfax WI 54730 2) Susan Vogt 1325 Roby Road, Stoughton, WI 53589 3) Carolyn Daniel E2933 Benrude Lane, Faucilaine, WI 54701, Have you ever been a member of the Military Service? NO Discharge? 100 Education- include name of High School, location, grade completed and any training beyond high school. Whitewater High school, 12th grade, Whitewater, WI Some Classes at CVTC-Early childhood Education I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature Marian C Lynn Date 09-01-2017 Official Use Only-Below This Line Date Received 09/05/17 Date Approved 99/05/17 Date Denied\_\_\_\_\_\_ Researcher Chice OF Police Approving Officer Signature Commended

# WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Marian Lynn

Date of Completion: 08/31/2017

School Name: 360training.com, Inc.

Certification # WI-66317

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

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66

serve<sup>2</sup>

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

## **Colfax Clerk Treasurer**

From:

RANDY BATES <colfaxdpw@colfaxdpw.com>

Sent:

Monday, September 18, 2017 2:17 PM

To:

Colfax Clerk Treasurer

Subject:

FW: New truck

Attachments:

Preview-9981-09-07-2017-13-05-36.pdf; Preview-9981-09-07-2017-13-04-37.pdf

From: Jason Micek [mailto:jason.micek@gmail.com]
Sent: Thursday, September 07, 2017 1:27 PM

**To:** Mike Boyd **Subject:** New truck

Randy i have attached a order out window sticker for a Ford F-250 Reg cab with 142 inch wheel base(like a 8ft box) in 4x4 and F-350 Reg cab with 142 inch wheelbase (like 8ft box).

With your fleet concessions discount the F-250 would be \$27,417 and the F-350 would be \$29,048.

If you have any questions on options or truck style please let me know. thanks

### Jason Micek

Northtown Ford 415 Cedar Ave. W Menomonie, WI 54751 1-800-525-7724

1-715-232-6353 Ext. 110



Dealer Rep.

**Customer Name** 

Preview Order 9981 - F3B 4x4 Reg Cab SRW: Order Summary Time of Preview: 09/07/2017 12:05:00

Dealership Name: Northtown Ford, Inc. j-micek

Туре	Stock	Vehicle Line	Superduty	Order Code	9981
Priority Code	80	Model Year	2017	Price Level	755

Sales Code:

F58414

DESCRIPTION	MSRP	DESCRIPTION	MSRP	
F350 4X4 STYLESIDE PICKUP/142	\$36505	ELECTRONIC SHIFT ON THE FLY	\$185	
142 INCH WHEELBASE	\$0	ENGINE BLOCK HEATER	\$0	
OXFORD WHITE	\$0	50 STATE EMISSIONS	\$0	
CLOTH 40/20/40 SEAT	\$100	SNOW PLOW PACKAGE	\$85	
MEDIUM EARTH GRAY	\$0	SPARE TIRE AND WHEEL	\$0	
PREFERRED EQUIPMENT PKG.610A	\$0	TRAILER BRAKE CONTROLLER	\$270	
.XL TRIM	\$0	TELESCPNG TT MIRR-POWR/HTD	\$0	
.TRAILER TOWING PACKAGE	\$0	CENTER HIGH MOUNT STOP LAMP	\$0	
.AIR CONDITIONING CFC FREE	\$0	ROOF CLEARANCE LIGHTS	\$95	
.6.2L EFI V-8 ENGINE	\$0	JACK	\$0	
6 SPEED AUTO TRANS 6R140	\$0	EXTRA HEAVY DUTY ALTERNATOR	\$0	
LT245/75R17E BSW ALL-TERRAIN	\$165	XL VALUE PACKAGE	\$720	
3.73 ELECTRONIC LOCKING AXLE	\$390	.CRUISE CONTROL	\$0	
POWER EQUIPMENT GROUP	\$915	.AM/FM STEREO CD/CLK	\$0	
JOB #2 ORDER	\$0	FUEL CHARGE	\$0	
XL DECOR PACKAGE	\$0	PRICED DORA	\$0	
10300# GVWR PACKAGE	\$0	DESTINATION & DELIVERY	\$1295	
			MSRP	
TOTAL BASE AND OPTIONS			\$40725	
DISCOUNTS			NA	
TOTAL			\$40725	

This order has not been submitted to the order bank.

This is not an invoice.

Ford Trade-in amounts WIS Truck \$ 5,500 Streets WIPLOW 4,500



Preview Order 9981 - F2B 4x4 Reg Cab SRW: Order Summary Time of Preview: 09/07/2017 12:04:03

**Dealership Name:** Northtown Ford, Inc.

Dealer Rep.	j-micek	Туре	Stock
Customer Name		Priority Code	80

Vehicle Line	Superduty	Order Code	9981	
Model Year	2017	Price Level	755	

Sales Code :

F58414

DESCRIPTION	MSRP	DE	SCRIPTION	MSRP	
F250 4X4 STYLESIDE PICKUP/142	\$35330	100	000# GVWR PACKAGE	\$0	
142 INCH WHEELBASE	\$0	ELE	ECTRONIC SHIFT ON THE FLY	\$185	
OXFORD WHITE	\$0	FN:	IGINE BLOCK HEATER	\$0	
<del></del>	φ0 \$100	_,.	STATE EMISSIONS	\$0	
CLOTH 40/20/40 SEAT	\$0		IOW PLOW PACKAGE	\$85	
MEDIUM EARTH GRAY	ф0 \$0		PARE TIRE AND WHEEL	\$0	
PREFERRED EQUIPMENT PKG.600A	*-		AILER BRAKE CONTROLLER	\$270	
.XL TRIM	\$0			\$0	
.TRAILER TOWING PACKAGE	\$0	. —	LESCPNG TT MIRR-POWR/HTD		
.AIR CONDITIONING CFC FREE	\$0	RO	OOF CLEARANCE LIGHTS	\$95	
.6.2L EFI V-8 ENGINE	\$0	JAC	CK	\$0	
6 SPEED AUTOMATIC TRANS G	\$0	EX	TRA HEAVY DUTY ALTERNATOR	\$0	
LT245/75R17E BSW ALL-TERRAIN	\$165	XL	VALUE PACKAGE	\$720	
3.73 ELECTRONIC LOCKING AXLE	\$390	.CF	RUISE CONTROL	\$0	
POWER EQUIPMENT GROUP	\$915	AA.	M/FM STEREO CD/CLK	\$0	
JOB #2 ORDER	\$0	FU	IEL CHARGE	\$0	
XL DECOR PACKAGE	\$0	PR	RICED DORA	\$0	
		DE	ESTINATION & DELIVERY	\$1295	
				MSRP	
TOTAL BASE AND OPTIONS				\$39550	
DISCOUNTS				NA	
TOTAL				\$39550	

This order has not been submitted to the order bank.

This is not an invoice.



## JOHIJSOH TRAILER CO.

30 Years in Business Over 41,500 Trailers Sold

715-962-3277

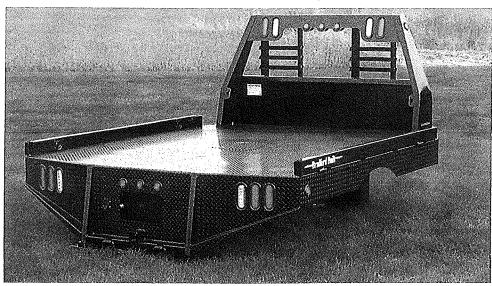
Streets

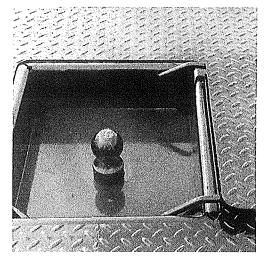
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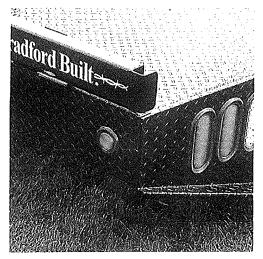
Menu

### **Steel Workbed Truck Bed**

• Rugged steel construction. Great for trailer towing and general hauling •







\$ 269000



## Indianhead Truck Equipment 5310 Packer Drive

Menomonie WI 54751 Phone: 715-232-9110 Fax: 715-232-9115

www.indianheadtruck.com

### QUOTATION

Quote ID: 7210 - VC

Page 1 of 1

59

Customer: Village of Colfax

Quote Number: 7210 – VC Quote Date: 8/30/17

Quote valid until: 9/30/17

**Contact: Randy** 

Phone: E Mail: Salesperson: Jake Lynch

Discount:

\$

UANTITY	DESCRIPTION		UNIT PRICE	AMOUN
1	Knapheide Service Body (696J)  - Standard door configuration - Rear bumper - Reuse factory receiver hitch and trailer wiring - LED light kit - Back up alarm and mud flaps - Painted and installed on customer supplied chassis		\$7,400.00	\$7,400.00
1	Knapheide Value Master Platform  - 8'3" long – 79" wide  - Stake pockets  - Smooth steel floor  - LED clearance lights  - 10" steel sides (per customer spec)  - Reuse factory receiver hitch and trailer wiring  - Back up alarm and mud flaps  - Installed on customer supplied chassis		\$4,040.00	\$4,040.00
1	Sub Frame Hoist - Add a sub frame hoist to flat bed		\$2,400.00	\$2,400.00
1	Western Pro Plus Snow Plow - 9' pro plus plow - Rubber snow flap - Installed on customer supplied chassis  (All municipal discount's applied)	Streets	\$5,450.00	\$5,450.00

Sales Tax:
Total Due:

The following options may be added:

QUANTITY DESCRIPT	ION	PRICE EACH	AMOUNT ADD TO QUOTE
1 install rece	ver hitch, if not factory	\$450.00	\$450.00

Customer must fill out the information below before the order can be processed...

Accepted by:	
Date:	
P.O. number:	

Prepared By: administrator

## 2018 Retail Chevrolet Silverado 3500HD 4WD Reg Cab 137.5" WB, 59.06"

## PRICING SUMMARY

### PRICING SUMMARY - 2018 Retail CK36003 4WD Reg Cab 137.5" WB, 59.06" CA WT

	<u>Invoice</u>	<u>MSRP</u>
Base Price	\$35,113.71	\$37,355.00
Total Options:	\$2,270.45	\$2,495.00
Vehicle Subtotal	\$37,384.16	\$39,850.00
Advert/Adjustments	\$597.75	\$0.00
Destination Charge	\$1,295.00	\$1,295.00
GRAND TOTAL	\$39,276.91	\$41,145.00

Report content is based on current data version referenced. Any performance-related calculations are offered solely as guidelines. Actual unit performance will depend on your operating conditions.

SELECTI	SELECTED MODEL & OPTIONS					
SELECTED M	IODEL - 2018 Retail CK36003 4WD Reg Cab 137.5" WB, 59.06" C	A WT				
Code	Description	Invoice	MSRP			
CK36003	2018 Chevrolet Silverado 3500HD 4WD Reg Cab 137.5" WB, 59.06" CA WT	\$35,113.71	\$37,355.00			
SELECTED V	EHICLE COLORS - 2018 Retail CK36003 4WD Reg Cab 137.5" WI	3, 59.06" CA WT				
Code	Description					
-	Interior: No color has been selected.					
-	Exterior 1: No color has been selected.					
-	Exterior 2: No color has been selected.					
SELECTED C	PTIONS - 2018 Retail CK36003 4WD Reg Cab 137.5" WB, 59.06"	CA WT				
CATEGORY						
<b>A</b> 1-	Description	Invoice	MSRP			

<u>Code</u>	<u>Description</u>	invoice	MSRP
EMISSIONS FE9	EMISSIONS, FEDERAL REQUIREMENTS	\$0.00	\$0.00
ENGINE L96	ENGINE, VORTEC 6.0L VARIABLE VALVE TIMING V8 SFI (360 hp [268.4 kW] @ 5400 rpm, 380 lb-ft of torque [515.0 N-m] @ 4200 rpm) (STD)	\$0,00	\$0.00
TRANSMISSIO MYD	N TRANSMISSION, 6-SPEED AUTOMATIC, HEAVY-DUTY electronically controlled with overdrive and tow/haul mode. Includes Cruise Grade Braking and Powertrain Grade Braking (STD) (Requires (L96) Vortec 6.0L V8 SFI engine.)	\$0.00	\$0.00
AXLE GT5	REAR AXLE, 4.10 RATIO (Requires (L96) Vortec 6.0L V8 SFI engine .)	\$0.00	\$0.00

Equipment Report content is based on current data version referenced. Any performance-related calculations are offered solely as guidelines. Actual unit performance will depend on your operating conditions.

WORK TRUCK PREFERRED EQUIPMENT GROUP includes Standard

GM AutoBook, Data Version: 508.0, Data updated 9/12/2017 © Copyright 1986-2012 Chrome Data Solutions, LP. All rights reserved. **Customer File:** 

\$0.00

\$0.00

PREFERRED EQUIPMENT GROUP

1WT

## **SELECTED MODEL & OPTIONS**

SELECTED OF	PTIONS - 2018 Retail CK36003 4WD Reg Cab 137.5" WB, 59.06" CA WT		
CATEGORY			
Code	<u>Description</u>	<u>invoice</u>	<u>MSRP</u>
TIRES			
QQO	TIRES, LT235/80R17E ALL-SEASON HIGHWAY (STD)	\$0.00	\$0.00
PAINT SCHEM		Φο οο	<b>#0.00</b>
ZY1	PAINT, SOLID (STD)	\$0.00	\$0.00
PAINT		ድር ዕር	ድለ ለለ
GAZ	SUMMIT WHITE	\$0.00	\$0.00
SEAT TYPE AZ3	SEATS, FRONT 40/20/40 SPLIT-BENCH 3-passenger. Available in cloth. Includes driver and front passenger recline with outboard head restraints and center fold-down armrest with storage. Also includes manually adjustable driver lumbar, lockable storage compartment in seat cushion, and storage pockets. (Includes (AG1) driver 10-way power seat adjuster and requires (H2R) or (H0U) interior trim.)	\$395.85	\$435.00
SEAT TRIM H2R	DARK ASH, CLOTH includes manually adjustable driver lumbar and Jet Black interior accents	\$0.00	\$0.00
RADIO		** **	
IOB	AUDIO SYSTEM, CHEVROLET MYLINK RADIO WITH 7" DIAGONAL COLOR TOUCH-SCREEN, AM/FM STEREO with seek-and-scan and digital clock, includes USB ports, auxiliary jack, Bluetooth streaming audio for music and most phones	<b>\$0.00</b>	\$0.00
ADDITIONAL I	EQUIPMENT		<b>#</b> 00F 00
PCR	WT CONVENIENCE PACKAGE includes (DPN) outside heated power- adjustable vertical camper mirrors, (DD8) inside rearview auto-dimming mirror and (AQQ) Remote Keyless Entry; Regular Cab also includes (A31) power windows.	\$878.15	\$965.00

Report content is based on current data version referenced. Any performance-related calculations are offered solely as guidelines. Actual unit performance will depend on your operating conditions.

## **SELECTED MODEL & OPTIONS**

SELECTED OPTIONS - 2018 Retail CK36003 4WD Reg Cab 137.5" WB, 59.06" CA WT			Marie Control on the Prophet Control of the Control
CATEGORY			
Code	<u>Description</u>	<u>Invoice</u>	MSRP
ADDITIONAL I			
VYU	SNOW PLOW PREP PACKAGE includes power feed for backup and roof emergency light, (KW5) 220-amp alternator with gas or diesel engine, forward lamp wiring harness, (TRW) provision for cab roof mounted lamp/beacon, (NZZ) underbody shield and Heavy Duty front-springs (Only available on 4WD models. Upgradeable to (KHB) dual, 150 amps and 220 amps each alternators with (L5P) Duramax 6.6L Turbo-Diesel V8 engine)	\$350.35	\$385.00
NQF	TRANSFER CASE, ELECTRONIC SHIFT WITH ROTARY DIAL CONTROLS (Requires 4WD models.)	\$182.00	\$200.00
K4B	BATTERY, 730 COLD-CRANKING AMPS, AUXILIARY (Not available with (L5P) Duramax 6.6L Turbo-Diesel V8 engine.)	\$122.85	\$135.00
. KW5	ALTERNATOR, 220 AMPS (Included with (VYU) Snow Plow Prep Package when ordered with gas or diesel engines.)	INC	INC
JL1	TRAILER BRAKE CONTROLLER, INTEGRATED	\$250.25	\$275.00
NZZ	UNDERBODY SHIELD frame-mounted shields, includes front underbody shield starting behind front bumper and running to first cross-member, protecting front underbody, oil pan, differential case and transfer case (Included with (VYU) Snow Plow Prep Package. Available on CK****3	INC	INC
TRW	models only.) PROVISION FOR CAB ROOF-MOUNTED LAMP/BEACON provides an instrument panel-mounted switch and electrical wiring tucked beneath the headliner for a body upfitter to connect a body-mounted warning or emergency lamp (Included with (VYU) Snow Plow Prep Package.)	ĨNC	INC

Report content is based on current data version referenced. Any performance-related calculations are offered solely as guidelines. Actual unit performance will depend on your operating conditions.

## SELECTED MODEL & OPTIONS

SELECTED OPTIONS - 2018 Retail CK36003 4WD Reg Cab 137.5" WB, 59.06" CA WT

<b>CATEGORY</b>			
<u>Code</u>	<u>Description</u>	<u>Invoice</u>	<u>MSRP</u>
ADDITIONAL	EQUIPMENT		
DPN	MIRRORS, OUTSIDE HEATED POWER-ADJUSTABLE VERTICAL TRAILERING, UPPER GLASS, MANUAL-FOLDING AND EXTENDING, BLACK. Includes integrated turn signal indicators consisting of 51 square inch flat mirror surface positioned over a 24.5 square inch convex mirror surface with a common head and lower convex spotter glass (convex glass is not heated and not power adjustable) and addition of Auxiliary cargo lamp for backing up (helps to see trailer when backing up with a trailer) and amber auxiliary clearance lamp (Included and only available with (PCR) WT Convenience Package and includes (DD8) auto-dimming inside rearview mirror.)	INC	INC
AKO	GLASS, DEEP-TINTED	\$91.00	\$100.00
VK3	LICENSE PLATE KIT, FRONT (will be shipped to orders with ship-to states that require front license plate)	\$0.00	\$0.00
AG1	SEAT ADJUSTER, DRIVER 10-WAY POWER (Included and only available with (AZ3) bench seat. Requires (H2R) Dark Ash or (H0U) Jet Black seat trim.)	INC	INC
A31	WINDOWS, POWER with driver express up and down and express down on all other windows (On Regular Cab, Included and only available with (PCR) WT Convenience Package.)	INC	INC
- AQQ	REMOTE KEYLESS ENTRY (Included and only available with (PCR) WT Convenience Package.)	INC	INC
DD8	MIRROR, INSIDE REARVIEW AUTO-DIMMING (Included and only available with (PCR) WT Convenience Package.)	INC	INC
OPTIONS TO	TAL	\$2,270.45	\$2,495.00

Report content is based on current data version referenced. Any performance-related calculations are offered solely as guidelines. Actual unit performance will depend on your operating conditions.



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TO: Village	of Colf	DATE:	
ADDRESS:	Cay C	Dean	
FROM THE DESK OF: $\_$		7(801)	
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MACPP (11)	.095		
Selling Price 2	7,000	1-	
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Other Protect	ion products:		
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WWW.GILBERTSOFSANDCREEK.COM



mam Jeep





### **Quote Summary**

Prepared For:

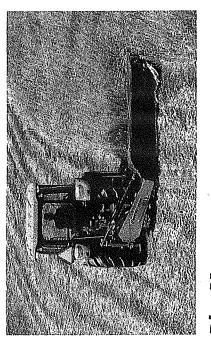
Village Of Colfax 613 Main St Colfax, WI 54730 Business: 715-962-3311

Prepared By:

David Prestebak Tractor Central, LLC E4650 County Road Bb Menomonie, WI 54751 Phone: 715-235-4203

			dpreste		oile: 715-308-0571 otractorcentral.com
All Safety Shields and Safety Mechanisms are in place and Operative: Delivered Weight is#			Quote Created ( Modified ( iration Da	On: On: 1	15977344 30 August 2017 3 September 2017 31 October 2017
Equipment Summary		Selling Price	Qty		Extended
Frontier DM5050 Disc Mower		\$ 8,350.00	X 1	=	\$ 8,350.00
Equipment Total	T GIN				\$ 8,350.00
Trade In Summary	Qty	E	ach		Extended
2016 RHINO DB-150 - 12632	1	\$ 7,500	0.00		\$ 7,500.00
PayOff					\$ 0.00
Total Trade Allowance					\$ 7,500.00
Trade in Total					\$ 7,500.00
	Quot	e Summary			
	Equip	ment Total			\$ 8,350.00
	Trade	· In			\$ (7,500.00)
	SubTe	otal			\$ 850.00
	Est. S	ervice Agreeme	nt Tax		\$ 0.00
	Total				\$ 850.00
	Down	Payment			(0.00)
	Renta	l Applied			(0.00)
	Balan	ce Due			\$ 850.00

Salesperson : X	Accepted By : X



# Disc Mowers

Get a clean, even cut over rough ground with a rugged Disc Mower. Perfect for mowing through tough, thick crop.

- Quick-remove shear hub assembly
- iMatch and Quick Coupler compatible

Model	Cutting Width	PTO HP	Hitch
DM5050	6 ft. 6 in. (2.0 m)	40 hp (29.4 kW)	Cat. 1 or 2
DM5060	7 ft. 9 in. (2.4 m)	45 hp (33.1 kW)	Cat. 1 or 2
DMS070	9 ft. (2.7 m)	50 hp (40.5 kW)	Cat. 2

#### **RANDY BATES**

From:

Luke Wilsey < lwilsey@valueimplement.com>

Sent:

Monday, July 10, 2017 12:15 PM

To:

Mike Boyd

Subject:

New Holland H6730 price from Value Implement

Rand

I priced you a New Holland H6730.. 6' 8" cutting width

Price is \$8925

On the trade in Rhino DB150

I would give you \$7000

# Total boot price \$1925

I can get a mower right away. Any questions let me know. Thanks.

#### Luke Wilsey

SALES REPRÉSENTATIVE

715.235.9688 office | 715.556.4209 cell E6121 563rd Ave | Menomonie, WI 54751

MORE STORES... MORE SELECTION... MORE VALUE













# **Quote Summary**

Prepared For:

Village Of Colfax 613 Main St Colfax, WI 54730 Business: 715-962-3311

Prepared By:

David Prestebak
Tractor Central, LLC
E4650 County Road Bb
Menomonie, WI 54751
Phone: 715-235-4203
Mobile: 715-209-0574

			C	prestel		ile: 715-308-0571 tractorcentral.com
All Safety Shields and Safety Mechanisms are in plac Operative: Delivered Weight is _#	e and		Crest Mod		)n: . )n: 1:	15976075 30 August 2017 3 September 2017 9 September 2017
Equipment Summary		Selling Price	<del></del>	Qty		Extended
JOHN DEERE 1570 TerrainCut Commercial Front Mower (Less Mower Deck)		\$ 21,000.00	Х	1	=	\$ 21,000.00
JOHN DEERE 72 In. 7-Iron PRO Commercial Side Discharge Mower Deck		\$ 3,799.00	Х	1	=	\$ 3,799.00
Equipment Total		•				\$ 24,799.00
Trade In Summary	Qty		Each			Extended
2015 JOHN DEERE 1570 - 1TC1570VAFS010266 PayOff Total Trade Allowance	1	\$ 15,5	00.00	1		\$ 15,500.00 \$ 0.00 \$ 15,500.00
Trade In Total						\$ 15,500.00
	Equip Trade SubT Est. S Total Dowr Renta		nent 1	<sup>-</sup> ax		\$ 24,799.00 \$ (15,500.00) \$ 9,299.00 \$ 0.00 \$ 9,299.00 (0.00) (0.00) \$ 9,299.00

Accepted E	зy :	X	
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# COLFAX POLICE DEPARTMENT

PO BOX 417, 613 MAIN ST.

COLFAX, WI 54730

# **AUGUST 2017 MONTHLY POLICE REPORT**

CALLS FOR SERVICE: 76

TRAFFIC STOPS: 17

	0	TRAFFIC CRASH	
	0	2 TRAFFIC STOPS	
	0	DOMESTIC ARREST	•
•	TRAFI	FIC ACCIDENT: 2 CAR ACCIDENT HIT AND RUN	2
•	AMBU	JLANCE ASSIST:	1
•	ASSIST o	I CITIZEN: 2 OPEN DOORS	3
	O	BROKEN DOWN VE	HICLE
•	CIVIL:	PROPERTY DISPUT	
•	911 H	ANGUP/MISDIAL:	1
•	OPEN o	DOOR: HIGH SCHOOL	1

ASSIST OTHER AGENCY: 5
o SUICIDAL SUBJECT

3 ANIMAL COMPLAINT: BARKING DOG DOG AT LARGE ANIMAL IN LIVE TRAP 11 SUSPICION: PERSON ASKING ODD QUESTIONS STRANGE VEHICLE AT RESIDENCE INTOXICATED MALE LATE NIGHT CAR AT BALL FIELDS PERSON IN BUSINESS AFTER HOURS LIGHTS ON IN VACANT VEHICLE o SUSPICIOUS MALE IN ALLEY DOOR TO DOOR SALESMANMAN RUNNING FROM SCHOOL MALE OUTSIDE OF RESIDENCE CAR SPEEDING AWAY FROM AREA OVT: VEHICLE PARKED ON STREET FACING WRONG WAY WARRANT: FELONY DRUG CHARGES PROBATION WARRANT FIRE CALLS: SMOLDERING FIRE NEAR RIVER o SMELL OF GAS 2 **JUVENILE**: o RUNAWAY THREATS TO HARM SELF TRAFFIC COMPLAINT: 1 LOUD MUFFLER CHECK WELFARE: 3 o ELDERLY FEMALE 2 SUICIDAL PERSON CALLS DRUGS: SUBJECT TRYING TO BUY DRUGS REPORT OF SUBJECT SMOKING METH THEFT: 6

2 SEPARATE BREAK- INS TO COIN BOXMISCELLANEOUS ITEMS FROM PROPERTY

THEFT OF GROCERIES

- THEFT OF HITCH DOLLY
- LOST / FOUND:

1

- o ID CARD RETURNED TO OWNER
- PARKING COMPLAINT: 1
  - TRUCK PARKED FOR SEVERAL DAYS
- PROPERTY WATCH:

1

DOMESTIC:

1

- EXES MOVING OUT AND ARGUING
- NOISE:

1

- AIRHORN IN TRAILER PARK
- SCAM:

1

- o IRS CALLING
- ABATEMENT:

1

- o JUNK VEHICLE
- FRAUD:

1

- SOMEONE FRAUDULENTLY USING CREDIT CARDS AT SEVERAL WALMARTS
- LICENSE APPLICATION: 1
  - TRANSIENT MERCHANT FOR DOOR TO DOOR BOOK SALES
- PUBLIC RELATIONS:

1

o AT HIGH SCHOOL

SERVICE DATE Sep 14, 2017

#### PUBLIC SERVICE COMMISSION OF WISCONSIN

Application of the Village of Colfax, as a Water Public Utility, for Authority to Construct a Non-Routine Meter Replacement Project, in the Village of Colfax, Dunn County, Wisconsin 1270-CW-101

#### **CORRECTION ORDER**

This Correction Order corrects typographical errors in the Final Decision issued by the Commission in this docket served on August 30, 2017. (PSC REF#: 330243.) The Commission issues this Correction Order pursuant to its authority under Wis. Stat. 196.39(4), and corrects the following typographical errors in the Final Decision.

On page 7, in the first paragraph, the Final Decision references monthly consumption rather than quarterly consumption. This Correction Order corrects the references to monthly consumption in the Final Decision to quarterly consumption.

On page 8, Order Point No. 1., the Final Decision contains an typographical error stating that the facilities are to be constructed in Burnett County. This Correction Order corrects the Final Decision to state that the facilities are to be constructed in Dunn County.

On page 9, Order Points Nos. 6., 7., and 8., the Final Decision references monthly meter readings rather than quarterly meter readings. This Correction Order corrects the references to monthly meter readings in the Final Decision to quarterly meter readings.

# Docket 5370-CW-114

The above corrections do not alter the intended effect or the intent of the Final Decision or its effective date. All provisions of the Final Decision issued August 30, 2017, remain in effect.

Dated at Madison, Wisconsin, September 14, 2017

For the Commission:

Steven A. Knudson

Administrator

Division of Water, Telecommunications and Consumer Affairs

SAK:mbw:DL:01567269

#### PUBLIC SERVICE COMMISSION OF WISCONSIN

Application of the Village of Colfax, as a Water Public Utility, for Authority to Construct a Non-routine Meter Replacement Project, in the Village of Colfax, Dunn County, Wisconsin 1270-CW-101

#### FINAL DECISION

#### Introduction

On February 10, 2017, the Commission received an application from the Village of Colfax (Utility), as a water public utility, pursuant to Wis. Stat. § 196.49 and Wis. Admin. Code ch. PSC 184. The Utility seeks authority to construct a non-routine meter replacement program including the installation of AMR technology in the Village of Colfax at an estimated total cost of \$103,000. The Commission issued a Notice of Investigation on July 27, 2017. No hearing was required nor held. No major concerns were brought to the attention of the Commission staff.

The application is GRANTED, subject to conditions.

#### Findings of Fact

- 1. The Utility is a public utility as defined under Wis. Stat. § 196.01(5)(a) and provides water service to approximately 470 metered customers in Dunn County.
- 2. This project consists of constructing a non-routine meter replacement program including the installation of AMR technology at an estimated total cost of \$103,000.
- 3. The type of project and the estimated cost of this project require Commission review and approval under Wis. Stat. § 196.49 and Wis. Admin Code ch. PSC 184.
  - 4. No person requested a hearing in this investigation.

- 5. The Utility reported water operating revenues of \$261,274 in 2016.
- 6. Based on 2012-2016 annual report data, the Utility's non-revenue water has amounted to approximately 28,000 to more than 32,000 gallons per customer per year. The annual value of this non-revenue water is estimated at between \$36,000 and \$92,000.
- 7. The proposed project is necessary to provide adequate and reliable service for present and future customers.
- 8. Completion of this project will not substantially impair the efficiency of the service provided by the Utility.
- 9. Completion of this project will not provide facilities unreasonably in excess of the Utility's probable future requirements.
- 10. When this project is completed, the additional cost-of-service of this project will be proportionate to the increase in value or available quantity of service.
- 11. This project may result in losses on the early retirement of some meters for which the Utility may seek recovery in a future rate proceeding.
  - 12. No significant environmental consequences are associated with the project.
  - 13. No significant risk of flooding is associated with this project.
  - 14. The construction of the proposed project will not affect any historic properties.
- 15. The construction of the proposed project will not affect any endangered or threatened species.
  - 16. Authorization of the project is in the public interest.

#### Conclusions of Law

- 1. The Commission has authority under Wis. Stat. §§ 1.11, 44.40, 196.02, 196.025, 196.395, and 196.49, and Wis. Admin. Code chs. PSC 4 and 184, to issue a Final Decision and Certificate authorizing the Utility to construct the proposed facilities at an estimated total cost of \$103,000.
- 2. The Commission has authority under Wis. Stat. § 15.02(4) to delegate to the Administrator of the Division of Water, Telecommunications and Consumer Affairs, those functions vested by law as enumerated above. It has delegated the authority to the Administrator of the Division of Water, Telecommunications and Consumer Affairs to issue a Final Decision and Certificate for the proposed project.
- 3. The estimated gross cost of this project exceeds the minimum threshold of utility projects requiring Commission review and approval under Wis. Stat. § 196.49 and Wis. Admin. Code ch. 184.
- 4. The Commission may impose any term, condition or requirement necessary to protect the public interest pursuant to Wis. Stat. §§ 196.02, 196.395, and 196.49.
- 5. The application is a Type III action under Wis. Admin. Code § PSC 4.10(3) and requires neither an environmental impact statement (EIS) nor an environmental assessment (EA).

#### **Opinion**

#### **Project Description and Purpose**

The Utility provides water service to its customers in the Village of Colfax in Dunn County. The Utility's existing water system consists of three wells, one elevated storage tank and reservoirs and 10 miles of water main.

The Utility is proposing construction of a non-routine meter program that will include replacement of all water meters and installation of an AMR system at a cost of \$103,000.

## **Project Need**

The Utility's water meters have reached, or are nearing, the end of their service life and need to be replaced. Currently, meters are manually read which is time consuming and prone to errors when writing down data. Furthermore, based on annual report data, the Utility has been grappling with high non-revenue water for at least the past five years. The new meters and AMR system is being installed as part of an effort to better understand water use in the community. The AMR system will allow the Utility to gather water use data on a more frequent basis, which will help identify leaks, excessive use patterns, and potential billing anomalies. The installation of the AMR system will reduce the labor necessary to read meters and collect data, eliminate the need to access meters directly, and ensure more accuracy in the meter readings. Additionally, the meter replacement project is also needed to allow the Utility to improve customer service and promote conservation through better notification of possible leaks, temperature alarms, and detailed usage information. The Utility indicates it will have a business process in place by the time of installation to notify customers of leaks as they occur.

It is estimated that the Utility's high non-revenue water has had the effect of reducing income from water sales by more than 30 percent for each of the last five years. The condition of approval in this Final Decision requiring the Utility use the free water audit software available from the American Water Works Association (AWWA), version 5.0 and report its findings to the Commission is necessary to help the Utility identify ways in which it can improve its efficiency by reducing non-revenue water.

#### **Alternatives**

The application indicated that continuing with the existing meters and manual meter reading is unacceptable because meters are nearing or have exceeded their service life and need to be replaced. Installation of meters that require manual reading would not enable the Utility to achieve its goals of improving customer service and reducing non-revenue water. Installation of the AMR system as part of the meter replacement will aid the Utility in its efforts to reduce non-revenue water by providing access to more accurate information. The type of meters selected for installation are compatible with the AMR system being installed.

#### **Environmental Review**

This is a Type III action under Wis. Admin. Code § PSC 4.10(3). No unusual circumstances suggesting the likelihood of significant environmental effects on the human environment have come to the Commission's attention. Neither an environmental impact statement under Wis. Stat. § 1.11 nor an environmental assessment is required.

#### Project Cost, Construction Schedule, Rate Impact

The total estimated cost of this project is \$103,000. The Utility plans to fund this project with local funds and a bank loan. No grants or public loans are anticipated for this project. The project is scheduled to begin this year and be concluded in the spring of 2018. Commission staff estimates that implementation of this project would result in the need to increase rates by approximately 5.5 percent. This estimated rate impact is provided for general information. The actual amount of any rate increase would be determined at the time that the Utility submits an application for a rate increase. The amount of any increase would depend on several factors,

including but not limited to, project financing, growth in customer demand, inflation, actual project costs, and the requested rate of return.

Some of the meters being replaced in this project may not been fully depreciated.

Depending on the overall balance in the reserve for depreciation, this Utility may experience a loss on early retirement. The Utility may seek recovery of any losses in its next rate case.

#### Conclusion

The project, as conditioned herein, complies with Wis. Stat. § 196.49(3)(b). The project will not substantially impair the efficiency of this Utility's service. The new meters and AMR system will allow faster and more accurate reading of meter and data collection. The AMR system will also improve the efficiency of the Utility's service by reducing labor costs associated with manually reading meters and may allow the Utility to reduce costs associated with non-revenue water.

Completion of this project will not provide facilities unreasonably is excess of the Utility's probable future requirements. The meter replacements and AMR system will cover the existing service customers of the Utility. Future customers will be served as they are connected to the metering system. There is no increase in system capacity with this project.

When placed in service, the project will increase the value of available quantity of service in proportion to any addition to this Utility's cost of service. The new meters and AMR system will provide faster and more accurate meter reading which will improve the operations of the Utility. A primary benefit of advanced metering technology is a utility's ability to identify unusually high or low readings and take corrective action in a timely manner not feasible with manual meters. When timely corrective action is not taken in response to unusually high or low

readings, or other indications of potential error, including failed transmission of readings or sustained zero consumption readings, the customer receives estimated bills or incorrect bills for the period. Customers are required to pay for the utility service that was actually used, so the utility must issue back bills covering previously unbilled usage in situations in which timely corrective action was not taken. Therefore, it is reasonable to require the Utility to regularly review consumer use data and attempt to resolve within one month (30 days), cases in which the advanced technology fails to transmit, shows zero monthly consumption (except in the case of seasonal customers in months in which zero consumption is expected), or shows abnormal and unexpected high or low total monthly consumption, based on reasonable parameters established by the Utility.

In addition to the above requirement that the Utility attempt to resolve missing or abnormal quarterly consumption within one month of the cumulative quarterly reading or bill calculation, the Utility previously verified in its application and response to data requests from Commission staff that other immediate customer benefits will include: reading of meters with poor accessibility, reduction of meter reading time and labor expenses, improve measurement of low flows and reducing data entry errors; allowing the Utility to better notify customers of possible leaks; and allowing customers to lower bills and conserve water with more detailed information.

It is reasonable that the Utility report to the Commission the progress and status of the various immediate and future customer benefits outlined in the application and data request, biannually, until the plan to capture customer benefits is fully implemented, which is currently scheduled to occur in the spring of 2018.

#### Certificate

The Village of Colfax, as a water public utility, is authorized to construct the facilities proposed in its February 10, 2017, application. The total cost of these improvements is estimated to be \$103,000.

#### Order

- 1. The Utility's application for authority to construct facilities in Burnett County, at an estimated total cost of \$103,000 is granted.
- 2. This authorization is for the specific project as described in the application, at the stated project cost. Should the scope, design, or location of the project change significantly, or if it is discovered or identified that the project cost, including *force majeure* costs, may exceed the estimated cost by more than 10 percent, the Utility shall promptly notify the Commission as soon as it becomes aware of the possible change or cost increase and provide a reason for the change.
- 3. If the Utility does not begin on-site physical construction within two years of the effective date of this Certificate of Authority, the certificate authorizing the project shall become void unless the Utility: a) files a written request for an extension of time with the Commission before the date on which the certificate becomes void; and b) is granted an extension by the Commission.
- 4. If the Utility has not begun on-site physical construction and has not filed a written request for an extension before the date the certificate becomes void, the Utility shall inform the Commission of those facts in writing within 20 working days after the date on which the certificate becomes void.

- 5. The Utility shall submit to the Commission the final actual costs segregated by the Commission's uniform system of accounts within one year after the in-service date. For those accounts where actual deviate significantly from those authorized, the final cost report shall itemize and explain the reasons for any such deviations.
- 6. The Utility shall immediately investigate any situation where the AMR device fails to transmit scheduled meter readings and attempt to resolve the situation before the next monthly cumulative reading or bill calculation. The required attempt to resolve the situation must include an attempt to obtain an actual, not estimated, reading of the customer's meter, performed by the customer or by the utility, based on physical inspection of the meter or on the successful automatic transmission of a reading to the utility, by the subsequent billing date.
- 7. The Utility shall investigate and attempt to resolve all zero consumption monthly readings within one month, with the exception of seasonal customers in months in which zero consumption is expected, and all unexpected and abnormally high and low cumulative monthly readings within one month.
- 8. The Utility shall report biannually to the Commission on its progress toward implementing the proposed customer service benefits listed in its application. The biannual reports shall discuss those benefits or features already implemented, those pending implementation, and those the Utility is unable to implement. The report shall include a definition of the parameters used by the Utility to identify and respond to abnormally high and low cumulative monthly readings. The first report shall be submitted to the Commission no later than six months after completing the installation of its AMR system and these reports shall

continue until the proposed benefits have been implemented, at which time the Utility may cease reporting.

- 9. The Utility shall use the AWWA Free Water Audit Software v. 5.0 to prepare a water audit and shall provide a copy of the results to the Commission no later than six months after completing the installation of its AMR system.
  - 10. This Final Decision takes effect one day after the date of service.
  - 11. Jurisdiction is retained.

Dated at Madison, Wisconsin, August 30, 2017

For the Commission:

Steven A. Knudson

Administrator

Division of Water, Telecommunications and Consumer Affairs

SAK:MBW:jac:DL:01551229

See attached Notice of Rights

#### Plan Commission Minutes, September 6, 2017

On September 6, 2017, the Plan Commission meeting was called to order at 6:00 p.m. at Village Hall, 613 Main Street, Colfax, WI. In attendance: Nancy Hainstock, David Wolff, Dave Hovre, Jason Johnson and Mike Buchner. Excused: Village President Gary Stene. There is one vacancy. Others Present: Patrick Beilfuss with Cedar Corporation, Herb Sackalakas with the Colfax Railroad Museum, Public Works Director Rand Bates, Administrator-Clerk-Treasurer Lynn Niggemann and LeAnn Ralph with the Messenger.

#### Public Appearances – none.

A motion was made by Wolff and seconded by Hovre to elect Buchner as chair. All members voted yes and Buchner accepted.

#### Soo Park discussions -

Sealed Bid – minimum bid amount/Zoning – Discussions occurred regarding the possibility of vacating part of Park Drive. The rules regarding vacating a public right of way require the municipality to give fifty percent of the vacated right of way to the adjoining property owners. The Municipality would be able to take title back on the property if the property owner agreed to quick claim deed it back to the Municipality.

Possibilities that are being considered for the Soo Park property include the Colfax Railroad Museum for a small train ride for children, CTL as a parking garage, Mark Ackerman and the possibility to market it as a multi-family residential land. Patrick has drawn up a garage approximately 62' by 170' which would potentially house twenty cars. This may be larger than CTL was planning, but that size of a building would fit in the space.

Herb has mentioned that the land that the Museum currently has south of the railroad tracks would be sufficient, but due to the sharper turns, the wear and tear on the wheels would be more. The Village also needs to confirm current zoning for the property at Main Street in regards to future commercial use. The Village has utilities that run relatively parallel to the tracks and whether there is a concern regarding any easements for public utilities on the property.

A third possibility would be multi-family housing. Currently, there has not been anyone that has expressed specific interest for that reason.

As the committee continued to discuss the property, they began to consider the possibility of trying to arrange the land to allow both the Colfax Railroad Museum and the CTL garage to fit if any adjoining property owners were interested in selling a lot or a portion of a lot. The Committee has requested Niggemann and/or Bates to approach current property owners to see if they are interested in selling any land so that the Village can attempt to work with both interested parties. There will be contact with CTL also to see if he still has interest.

#### **East View Development**

Phase one – sell ½ lots to interest parties/Value recommendation – The Plan Commission has discussed the interest in selling a half lot with the free lot if an potential buyer has requested more land. The value of the half lot will need to be considered. The assessed value of a full lot 80′ x 160′ is \$14,900. The suggested sale value for a half lot is \$8,000. A motion was made by Hovre and seconded by Wolff to recommend to the Board to set a price for a half lot in the East View Development at \$8,000. Voting For: Hainstock, Wolff, Hovre, Johnson and Buchner. Voting Against: none. Motion carried.

The interested parties should be contacted to confirm interest so that it can be decided which lot to put the interested party into.

**Phase one – Twin Home – Lots 1-3 –** The first three lot sizes will be looked at when interest is expressed.

Phase two – Incentives for possible Developers – A motion was made by Wolff and seconded by Hainstock to recommend to the Board to be open to incentives such as a Pay-as-You-Go TIF incentive or consider other suggestions on a case by case basis. Voting For: Hainstock, Wolff, Hovre, Johnson and Buchner. Voting Against: none. Motion carried. This type of incentive allows for the Village to get some utilities, roads or sidewalks installed without paying for it. The TIF incentives should be looked at by considering the tax value that the Village would acquire and the improvement reimbursement should not be greater than this value. The Village would reimburse the Developer for costs when a building is complete and the value shows up on the tax roll. Once the taxes are paid, the Developer would receive those funds back.

Phase two – Developers Agreement details – This will be considered at the time of interest.

Old Nursing Home discussion/update — Niggemann wanted to inform the Plan Commission of the offer which the Village Board is considering. The Colfax Health and Rehabilitation has offered the old nursing home building and land to the Village at no to little cost. The Village Board has agreed to do a cost analysis of the building to decide if the building is of interest to the Village. Other options that have been mentioned are that the Village takes over the facility, raze it and then there is approximately 4 acres of vacant land that can be marketed.

**Adjourn**: A motion was made by Wolff and seconded by Johnson to adjourn the Plan Commission meeting at 7:35 p.m.

		Mike Buchner, Chair
Attest:	Lynn Niggemann Administrator-Clerk-Treasurer	

# Public Works Committee Meeting September 18, 2017 5:30 p.m.

The Village of Colfax Public Works Committee met on September 18, 2017 at the Village Hall. Members present were Chair Rihn, Trustees Wolff, Burcham and Stene. Also present was Public Works Director Bates and Administrator-Clerk-Treasurer Niggemann.

# Water/Sewer/Streets - Budget Items - Truck Estimates

Bates currently has a 2001 Chevy Service Box Truck, a 2004 Chevy Truck with a Workbed and a snow plow and a 2006 Chevy Dump Truck with a snow plow. Bates has contacted Northtown Ford and Colfax Chevrolet for estimates to possibly trade out the 2001 and/or the 2004 truck(s). Bates is interested in setting the vehicles to be on a roll out plan going forward. He requests that a certain amount of money get set aside so that the vehicles can be traded approximately every four to six years.

## **Streets Vehicle**

Description	Northtown Ford	Description Colfa	x Chevrolet
2017 Ford-F250 (fleet price	e) \$27,417	2018 Chevy 3500HD	\$31,400
Truck Bed (Johnson Trailer	·) 2,690	Truck Bed (Johnson)	2,690
Snow Plow (Indianhead)	<u>5,450</u>	Snow Plow (Indianhead)	5,450
Subtotal	\$35,557	Subtotal	\$39,540
Less: Trade-in	( 4,500)	Less: Trade-in	(\$6,000)
Plus Set-up fees		Plus Set-up fees	
<u>Total</u>	\$31,070	Total	\$33,540

# Sewer/Water Vehicle

Description	Northtown Ford	Description Colf	ax Chevrolet
2017 Ford-F250 (fleet pric	e) \$27,417	2018 Chevy 3500HD	\$31,400
Service Box (Indianhead)	7,400	Service Box (Indianhead	d) 7,400
Subtotal	\$34,817	Subtotal	\$38,800
Less: Trade-in	( 5,500)	Less: Trade-in	(\$4,000)
Plus Set-up fees		Plus Set-up fees	
Total	\$29,327	Total	\$34,800

It was suggested by Rihn to look into additional estimates from P & J which might be a little bit more expensive or Goodrich which may be 1,000 to 2,000, but the quality in regards to rust and paint will hold up much longer. Bates will check prices.

A motion was made by Trustee Burcham and seconded by Trustee Wolff to recommend to the Village Board to consider purchasing 2018 trucks for the Streets and the Sewer/Water Utilities now and set them up, begin budgeting in a 2 year rotation for a 6 year roll out for each vehicle. Voting For: Trustees Burcham, Stene, Wolff and Rihn. Voting Against: none. Motion carried.

A motion was made by President Stene and seconded by Trustee Wolff to use Undesignated Funds for the Streets vehicle and split the cost for the Water/Sewer truck from the Fund balances. Voting For: Trustees Stene, Burcham, Wolff and Rihn. Motion carried.

# Water Meter Project - Approved/Timeline/Funding

The Public Service Commission has approved the meter replacement project. The Public Works Department would prefer to begin the installation beginning April 1, 2018 after the March reading. The project would start in the Northeast part of town. The Village would be able to budget for some additional cost for the meter cost and reduce the financing portion by waiting until 2018. Funding can be addressed in a Board meeting during the budgeting process.

**Adjourn** - A motion was made by President Stene to adjourn the meeting at 6:50 p.m. All members voted yes. Meeting adjourned.

Casey Rihn,	Trustee	

ACCT

#### POOLED CHECKING ACCOUNT

Accounting Checks

Posted From:

From Account:

9/11/2017 Thru: 9/24/2017 Thru Account:

Check Nbr	Check Date	Payee	Amount
74127	9/15/2017	ALPHA MEDICAL EQUIPMENT, INC.	210.75
74128	9/15/2017	ASPEN MILLS	68.36
74129	9/15/2017	BOBCAT PRO	1,250.00
74130	9/15/2017	BOUND TREE MEDICAL, LLC	179.35
74131	9/15/2017	CEDAR COUNTRY CO-OP	1,309.27
74132	9/15/2017	CHARTER COMMUNICATIONS	228.17
74133	9/15/2017	CITY OF EAU CLAIRE FIRE & RESC	309.73
74134	9/15/2017	CLIA LABORATORY PROGRAM	150.00
74135	9/15/2017	COLFAX KIWANIS	50.00
74136	9/15/2017	COLFAX MESSENGER	312.13
74137	9/15/2017	COMMERCIAL TESTING LAB	698.00
74138	9/15/2017	DUNN ENERGY COOPERATIVE	107.00
74139	9/15/2017	EXPRESS MART	574.41
74140	9/15/2017	FIRST SUPPLY LLC-EAU CLAIRE	98.17
74141	9/15/2017	GARY BRAATEN	164.90
74142	9/15/2017	GEORGE ENTZMINGER	100.00
74143	9/15/2017	HAWKINS, INC.	1,642.18
74144	9/15/2017	HENRY SCHEIN	31.28
74145	9/15/2017	HUEBSCH	69.13
74146	9/15/2017	JEANNE STYCZINSKI	200.00
74147	9/15/2017	JOLENE ALBRICHT	8.21
74148	9/15/2017	KYLES MARKET	3.95
74149	9/15/2017	LBR ELECTRIC	2,560.55
74150	9/15/2017	MEGAN SCHLEUSNER	150.00
74151	9/15/2017	MENARDS-EAU CLAIRE	31.21
74152	9/15/2017	MICRO MARKETING LLC	90.09
74153	9/15/2017	QUILL CORP.	280.99
74154	9/15/2017	R & R WASTE SYSTEMS CLEANING	5,233.70
74155	9/15/2017	RED CEDAR MEDICAL CENTER	53.00
74156	9/15/2017	SENN BLACKTOP, INC	16,430.27
74157	9/15/2017	TICE APPRAISALS	100.00
74158	9/15/2017	VIKING DISPOSAL, INC	120.00
74159	9/15/2017	WATER CARE SERVICES	84.00

A:

2

9/21/2017

1:09 PM

Reprint Check Register - Quick Report - ALL

Page: ACCT

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From:

9/11/2017

From Account:

Thru: 9/24/2017 Thru Account:

Check Nbr	Check Date	Payee		Amount
74160	9/15/2017	WEA INSURANCE TRUST		8,905.76
74161	9/15/2017	WILLIAM ANDERSON		170.70
74162	9/15/2017	WISCONSIN TAXPAYERS ALLIANCE		105.00
74163	9/15/2017	WOODS RUN FOREST PRODUCTS		25.44
74164	9/15/2017	ZEMPEL APPRAISAL SERVICE		800.00
74165	9/19/2017	WI SCTF		35.15
EFTPS	9/21/2017	EFTPS-FEDERAL-SS-MEDICARE		5,742.67
WIDOR	9/21/2017	WI DEPARTMENT OF REVENUE		903.05
AMAZON	9/18/2017	AMAZON.COM		1,809.11
WIDCOMP	9/21/2017	WISCONSIN DEFERRED COMPENSATION		255.00
VERIWIRE	9/21/2017	VERIZON WIRELESS		267.85
WEENERGIES	9/11/2017	WE ENERGIES		25.37
WEENERGIES	9/11/2017	WE ENERGIES		9.84
			Grand Total	51,953.74