

# July 1, 2016 - June 30, 2014 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

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To the	Clerk	$\underline{\hspace{1cm}}$ of the $\underline{\hspace{1cm}}^{\hspace{1cm} V}$	illage	of	Colfax	Wisconsin
Beverages and all acts a regulations, F	d Intoxicating Liquoramendatory thereof a	s, subject to the limitand supplementary the affecting the sale of su	tions impo ereto, and	osed by Sec hereby agre	2017, inclusive (unless soon tion 125.32(2) and 125.68 (2) the to comply with all laws, r res if a license be granted to me Signature of Applica	of the Wisconsin Statutes esolutions, ordinances and
	ne following que			1		
Name of Appl	icant <u>JHOI</u>	nas J	,	) ir WB	AR	
Address of Ap	plicant 502 £	VIRGAE	ENZ	ST. 1	O. Box 155, Col.	FAX, WJ 5473
Have you been	n convicted of any felo		law of the	State of Wis	consin or of the United States	,
Date of such c	onviction	4-2-13				
Name of Court	DUNN	Co. C	1 RC	ハブ	COURT LOSSING SIE	
Nature of offer	nse FAILUR	E TO ST	07/	KR c	LOSSING SIG	NAL
			linance reg		ale of beverages or intoxicating	
				Sm	m & li	in or
STA	TE OF WISCONSIN,			<i>y</i>	Signature of Applican	t
_	m	SS.				
		_County.				ar Maria ara sa
erson who ma		going application for		r's license; th	at all the statements made by	
Subscrib	ed and sworn to befor	e me this <u>2/0</u> t	-	(	Applicant sign	- Allent in
	ril, 2017			nesteron	Applicant sign	THEIC
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Kath	recine a. a	Wagner	)	*	* :* <u>*</u>	
Notary Public,	revine a. C Dun 1.lxp. 4-2	<u>ル</u> County, W 25-2021	is.	THE OF	WISCOMMILE.	

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 1 Homas J. DUNISAR Business/Organization Name COLFAX AMERICAN LICIAN Full Prior Names (nicknames, maiden names, etc.\_\_\_\_\_ \( \mathcal{D} \) A Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Co. Wisconside Social Security No. Driver's License No. \_ \_ \_ Have you ever been arrested for, or convicted of any laws, including traffic? YLS

If yes, list offense, date and place occurring. SPEEDING 5-14-08 DUNN CO.

FAILURE TO STOP/KR CAOSSING SIGNAL - DUNN CO. List prior addresses for the past five years AA List three personal references, not related to you. Include name, address & phone number 1) JON SULKOW NB177 HWY M COLFAX WI 962-4267 2) JARRY TURNER 510 & 4TH AVE COLFAX WI 962-2071 3) KENNETH TAPE 8442 E 1080THAVE COLFAX, WI 962-3383 Have you ever been a member of the Military Service? YES Discharge? HONDKAGLE Education- include name of High School, location, grade completed and any training beyond high school. UW-EAU CLAIRE WI 3.5. I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Date 4-20-17 Official Use Only-Below This Line Date Received October Date Approved october Date Denied\_\_\_\_\_\_ Researcher Cover or Police Approving Officer Signature Company



# July 1, 201€ - June 30, 201♥ Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

To the	Clerk	of the Vill	ageO	f	Colfax	Wisconsin:
Beverages an and all acts a regulations, F	eby apply for a Lice d Intoxicating Liquo	nse to serve, from July rs, subject to the limitation and supplementary there I, affecting the sale of such	1, 2016 to Junons imposed	ne 30, 201 <b>7</b> by Section 12	, inclusive (unless 25.32(2) and 125.6 comply with all lay	sooner revoked), Fermented Malt 8 (2) of the Wisconsin Statutes ws, resolutions, ordinances and o me,
i certii	ly that I am	_years of age.		Coff	Signature of Ap	plicant
Answer f	he following au	estions fully and co	ompletely:			
Name of App	~ · /	stopher		Lars	OY	
	oplicant E &	538 Sti	F1 65	to (	oltax	(DE 547-30)
Have you bee	en convicted of any fe	elony or of violating any la	nw of the State	of Wisconsir	or of the United S	states?
Date of such	conviction					
Name of Cou						
Nature of off						
<u> </u>		ng any license law or ordi			$\mathcal{L}_{\Delta}$	
					Signature of Ap	pplicant
TZ C	ATE OF WISCONSIN	ss. County.				
person who r	hristophe nade and signed the f	- J 1056	n operator's li	cense; that all	being first dul	y sworn on oath says that he is the
Subsc	ribed and sworn to be	fore me this	775	(^	Applic	ant sign here
day of	April,	2017			J. A. F.	RIEMERINA
	Phile C	Run			A P STATE MANAGEMENT OF THE STATE OF THE STA	JBLIC ON THE STATE OF THE STATE
Notary Publi	c, <u>Dan</u> Myc	<u>7                                    </u>	ris. VS		Manning C	DF WISOMINITY
	<i>'</i> ,	8-27-18				

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

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Full Name-First, Middle, Last Christopher J Carson Business/Organization Name American legion 7057 131 Full Prior Names (nicknames, maiden names, etc.\_\_\_\_ Race\_ Height\_ Weight\_ \_\_\_ Social Security No. \_\_\_\_\_\_ Driver's License No.\_\_\_\_ Have you ever been arrested for, or convicted of any laws, including traffic? Los If yes, list offense, date and place occurring. Spectives 1992 During Control of the past five years List three personal references, not related to you. Include name, address & phone number 1) Jave Skipman Hay 40 Colfay WI 2) Jave Dundar Railed Aug Colfay 3) June Turner Collay Education- include name of High School, location, grade completed and any training beyond high school. I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature / Official Use Only-Below This Line Date Received of pelson Date Approved Oblive Son Date Denied

Researcher Chief Solo Approving Officer Signature Completion

5-10-17

### July 1, 2017 - June 30, 2018

### Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages and and all acts and regulations, Fe	d Intoxicating Lique mendatory thereof	ors, subject to the lir f and supplementary al, affecting the sale o	nitations im thereto, an	posed by Sec nd hereby agre	2018 , inclusive (unless soon ation 125.32(2) and 125.68 (2) ee to comply with all laws, report if a license be granted to me,	of the Wisconsin Statutes esolutions, ordinances and
Answer th	e following qu	estions fully an	d compl	etely:		
Name of Applie	cant Penn	y Sny	dec			
Address of App	olicant 5741	<u> </u>	d Au	e wh	eelor	
Have you been	convicted of any fe	elony or of violating a	any law of th	e State of Wis	consin or of the United States?	
N)o	(except	traffic -	09	other si	de	
Date of such co	nviction Se	e back				
Name of Court						
Nature of offens						
Have you been	convicted or violati	ng any license law or	ordinance re	egulating the sa	ale of beverages or intoxicating	liquors?
				2	Sol	
STAT	E OF WISCONSIN,			(	Signature of Applicant	
$\mathcal{T}$	LIMM.	ss. County.				
$\rho_{\rho}$	nny Sny				haing first dolly sworm	on path says that he is the
erson who mad	e and signed the fo	regoing application f		or's license; the	at all the statements made by the	ne applicant are true.
Subscribe	d and sworn to before	ore me this <u>9</u> 4			Applicant sign	here
	y 2017		<u>-</u>	y		
	·			STATE AND	A WACH	A file from
Vash	manne O	.Wagne	1	*	* :*	
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lotary Public, _	WP. 4-2	$\mathcal{N}$ County,	Wis.	THE OF	MIRCOLLINE	
COLONIE	ペピア・アーム	0-2000		- 11111 343.	81 1 83 0 2 6 Mg.	

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last tenny Lynn, Snyder Business/Organization Name\_\_\_\_\_ Full Prior Names (nicknames, maiden names, etc.\_\_\_\_\_ Date of Birth Place of Birth Chippen County Phone Race\_\_\_\_\_Height\_\_\_\_\_Weight\_\_\_ Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? LCS

If yes, list offense, date and place occurring. 100 tast for conditions, seatfall to List prior addresses for the past five years\_\_\_\_\_ List three personal references, not related to you. Include name, address & phone number Have you ever been a member of the Military Service? \_\_\_\_\_\_Discharge? \_\_\_\_\_\_ Education- include name of High School, location, grade completed and any training beyond high school. Colfer High School = 12 Responsible Berrerage, Restaurant management I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my/knowledge. Signature / Official Use Only-Below This Line Date Received repeated Date Approved Oalou Son Date Denied\_\_\_\_\_\_ Researcher CH. Et of Plice Approving Officer Signature John Lew



RECEIVED

### July 1, 2017 - June 30, 2018

### MAY 1 2 2017 Application for License to Serve Fermented Malt Beverages

### and Intoxicating Liquors

Fee - \$10.00

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To the _	Clerk	of the	Village	of	Colfax	Wisconsin
and all acts regulations, F	amendatory thereof a	rs, subject to the limit and supplementary t , affecting the sale of	ations imp	osed by Secti hereby agree	on 125.32(2) and 125.68 (2	oner revoked), Fermented Male 2) of the Wisconsin Statutes resolutions, ordinances and le,
				GH	Act W. Signature of Applic	ant
Answer th	ie following que	stions fully and	comple	tely:		
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Address of Ap	plicant /004	Univer	sity	Ave	Colfax	WI 54730
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<u>Yes</u>	- Speed	ling	•			
Date of such co	onviction 🔊	2010				
Name of Court	Ranco	•				
Nature of offen	ise S a D P	dia	<del></del>			
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Have you been		any license law or ord	inance regu	lating the sale	of beverages or intoxicating	gliquors?
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Village of Colfax

HEVER AND TO

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last Jeffrey William Prince Business/Organization Name Colfax Softball Association Full Prior Names (nicknames, maiden names, etc.\_\_\_\_

Date of Birth Place of Birth Eau Claire, with Sex Race Height Weight Social Security No. \_\_\_\_\_ Driver's License No. Have you ever been arrested for, or convicted of any laws, including traffic? Yes

If yes, list offense, date and place occurring. Speeding 2010 Barron Co List prior addresses for the past five years 1004 University Ave

Colfax, WI 54730 List three personal references, not related to you. Include name, address & phone number 1) Gary Steve 2) Tammy Briggs 3) Peggy Wallace Have you ever been a member of the Military Service? \_\_\_\_\_\_ Discharge? Education- include name of High School, location, grade completed and any training beyond high school. Colfax Senior High - Diploma CUTE - Police Science - 19 Credits 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 Goffrey King Date 5-12-17

Official Use Only-Below This Line

Date Received Defect Date Approved Ocholog Dot Date Denied\_\_\_\_\_\_

Researcher CHEE or Police Approving Officer Signature Landsolem



### Wisconsin Responsible Beverage Server Training

### Jeff Prince

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

Date of Completion: 05/26/2017

Kully Bailey

Authorized Signature

5-15-17

## July 1, 2017 - June 30, 2018 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages and and all acts a	eby apply for a Lic d Intoxicating Liqu mendatory thereor	ense to serve, from ors, subject to the ling and supplementary	July 1, 201 mitations imposite the total time.	7 to June 30, posed by Sec d hereby agre	2018, inclusive (unless soons tion 125.32(2) and 125.68 (2) are to comply with all laws, reports if a license be granted to me,	of the Wisconsin Statutes solutions, ordinances and
I certify	y that I am <u>51</u>	years of age.	<u> </u>	Mia	Signature of Applican	<b>2</b> 4
Answer th	e following qu	estions fully ar	d comple	etely:		• •
Name of Appli	<del>,</del> , ,	$\sim$ $\sim$				
Address of App	olicant <u>305</u>	main St	· (0	Hax,	$\omega.t.$	
Have you been		elony or of violating a		e State of Wis	consin or of the United States?	
Date of such co	onviction 199	50r 199	6 Po	IK Cc	outy W.T.	
Name of Court	POLK	County	Cou	1		
Nature of offen	se					¥
<u>\</u>	0			Qui	ele of beverages or intoxicating	man
STAT	E OF WISCONSIN,				Signature of Applicant	,
	le and signed the formal day	county.  County.  regoing application force me this	or an operato	or's license; th	being first duly swom at all the statements made by the Applicant sign	on oath says that he is the le applicant are true.  My OW here
otary Public,	ule of Dunn	County, Comm. ex			OTARLIA OF WISCOM	N/O N/O

Village of Colfax

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NOTE: If any further explanation is needed, please continue on back of application. Fivia Pearl Gehrman Full Name-First, Middle, Last Business/Organization Name Out House Bar Full Prior Names (nicknames, maiden names, etc. Elam Date of Birth \_\_\_\_\_ Place of Birth Covington KyPhone \_\_\_\_\_Race\_\_\_\_\_Height\_\_\_\_\_Weight\_\_\_\_ Sex Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_ Have you ever been arrested for, or convicted of any laws, including traffic? DUI, Speeding If yes, list offense, date and place occurring. 1995 or 1996 Polk County with List prior addresses for the past five years 305 main St. Colfax, WI List three personal references, not related to you. Include name, address & phone number 1) Lisa Smestrien CDD 09022 2) Mike Nelson Have you ever been a member of the Military Service? \_\_\_\_\_\_ Discharge? \_\_\_\_\_ Education- include name of High School, location, grade completed and any training beyond high school. I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature Elica Gehrman Date 5-15-17 Official Use Only-Below This Line Date Received Ochla Sor7 Date Approved Ochla Sor7 Date Denied\_\_\_\_\_\_ Approving Officer Signature Keelen folger

51417

## July 1, 2017 - June 30, 2018 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

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To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages and and all acts an regulations, Fe	d Intoxicating Liquors mendatory thereof ar ederal, State, or Local,	, subject to the line of supplementary	nitations imp thereto, and	osed by Secti I hereby agree ages and liquors	018, inclusive (unless sooner ron 125.32(2) and 125.68 (2) of to comply with all laws, resolution if a license be granted to me,	the Wisconsin Statutes lutions, ordinances and
				J. J.	Signature of Applicant	
Answer th	e following ques	tions fully an	d comple	tely:		••
	cant Jasmi				A	
Address of App	11717	0 800	Th ?	Stree	T, Colfax,	WI 54730
Have you been		ny or of violating a	ny law of the	e State of Wisco	onsin or of the United States?	
Date of such co	nviction <u>Na</u>					
Name of Court	na					
Nature of offen	se <u>ha</u>					
Have you been	convicted or violating	any license law or	ordinance rep	gulating the sale	of beverages or intoxicating liq	ors?
				-		
			.· -		esnino Ha	won
STAT	E OF WISCONSIN,	SS.			Signature of Applicant	
	Jriv (	County.				
	tasmine 4	roing application f	or an operato	or's license: that	being first duly sworn or all the statements made by the	oath says that he is the applicant are true.
Subscribe	ed and sworn to before	me this	oth		Jagarang 1	cuspar
day of	nau J	017	<u> </u>	0	Applicant sign her	<b>.</b>
					A RIEMENT A RIEMENT OF WISCHILLING	
11		? <sup>^</sup>		i	NOTARY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SK	We Do	lom			WOULLO S	14117
Notary Public, _	JUAY	County,			THE OF WISHING	
	my	Domm, a	ygoire.	S	Manney William	

Village of Colfax

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last Jasming Louise Hamson

Business/Organization Name Little Slice of Steely Full Prior Names (nicknames, maiden names, etc. Date of Birth Place of Birth May Clinic Phone I

Sex Race Height Weight Social Security Ne. \_\_\_\_ Driver's License No. \_\_\_\_ Have you ever been arrested for, or convicted of any laws, including traffic? If yes, list offense, date and place occurring. List prior addresses for the past five years\_\_\_\_\_ List three personal references, not related to you. Include name, address & phone number Have you ever been a member of the Military Service? No Discharge? Education- include name of High School, location, grade completed and any training beyond high school. I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate Signature Jarme Hansen Date 5/15/17 Official Use Only-Below This Line Date Received 66/20/2017 Date Approved 05/06/2017 Date Denied\_\_\_\_\_\_ Researcher Chief of Police Approving Officer Signature Cultural Approving Officer Signature

5.17.17

## July 1, 2017 - June 30, 2018 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages an and all acts a regulations, Fe	d Intoxicating Liquors mendatory thereof an	, subject to the lind and supplementary affecting the sale of	nitations impo thereto, and	sed by Sec hereby agr	2018, inclusive (unless sooner ation 125.32(2) and 125.68 (2) of the to comply with all laws, restors if a license be granted to me,	f the Wisconsin Statutes
Answer th	e following ques	tions fully ar	d complet	ely:		
Name of Appli	cant <u>Lisa</u>	5	Sme	Stri	en	
Address of App	olicant <u>50/</u>	Wes-	f 57	-co	18ax	
Have you been	n convicted of any felon	ny or of violating a	any law of the	State of Wis	consin or of the United States?	
Date of such co	onviction ha					
Name of Court	ha					
Nature of offen	se Na					
Have you been	convicted or violating a	any license law or	ordinance regu	lating the sa	le of beverages or intoxicating lie	juors?
STAT	E OF WISCONSIN,	·	<u>A</u>	sa G	Signature of Applicant	20
Dunk	<u> </u>	ss. County.				
Subscribe	Smest le and signed the foregond and sworn to before ay	me this	or an operator': ナム	s license; th	being first duly sworn o	1/1/01/2
	M. Meg Dunn Les 04-1	,	Wis.	-	THINIM TANKER THE STATE OF THE	NIGGEMANNININININININININININININININININININ

Village of Colfax

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Signature Date 05-12-17 Official Use Only-Below This Line Researcher Approving Officer Signature Letteran Spolon

6.17.17

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Beverages an and all acts a regulations, Fe	d Intoxicating Liquor mendatory thereof a ederal, State, or Local,	s, subject to the lin nd supplementary affecting the sale o	nitations imp thereto, and	osed by Sect d hereby agre	ion 125.32(2) and 125.	s sooner revoked), Fermented Malt 68 (2) of the Wisconsin Statutes aws, resolutions, ordinances and to me,
I certif	y that I am <u>38</u>	years of age.		Uff	sehl	
					Signature of A	pplicant
Answer th	e following ques	stions fully an	d comple	tely:		
Name of Appli	cant Many	Jane	Rocht	2		
Address of App	olicant NS42	0 970	In St	- Coff	as W.	S4730
Have you been	convicted of any felo	ny or of violating a	ny law of the	State of Wisc	consin or of the United S	States?
Date of such co	onviction Fall	1 1999				
Name of Court	Dun a	wity				
Nature of offen	se POSCONISA	i of Ma	riju-a	ene		
Have you been	convicted or violating	any license law or	ordinance reg	gulating the sal	e of beverages or intoxi	cating liquors?
					111	7
				111	Hanh U	/
				W	Signature of App	olicant
STAT	E OF WISCONSIN,					
Δι	MA	Ss. County	1		•	
11/1	NI Jaso	Rock	2		, being first duly	sworn on oath says that he is the
erson who mad	e and signed the foreg	oing application fo	or an operato	r's license; tha	t all the statements/mad	e by the applicant are true.
Subscribe	d and sworn to before	me this 12th d	ay of Mo	4	MISE	at sign here
ay of $5/$	12/17	•			Applican	it sign nere
·/	, , , , , , , , , , , , , , , , , , , ,					WIGGEMANN.
						ALC: NO PROPERTY OF THE PARTY O
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Lynn	M. Nigge Dunn	mann	Lynn	<u>N</u> eggen	an is	* \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
otary Public, _	Dunn	County,	Wis.	<b>V</b> *		ON TO SE WESTER
	haissim c					William William

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 May Jane Koehl Business/Organization Name Driver's License No. Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? /b

If yes, list offense, date and place occurring. POSOMION of Marijusna Sunn Courty Fall, List prior addresses for the past five years N/A List three personal references, not related to you. Include name, address & phone number 1) Lisa Smestueni Coli 2) Evia Gehomai Co Have you ever been a member of the Military Service? \_\_\_\_\_\_\_Discharge? \_\_\_\_\_\_ Education- include name of High School, location, grade completed and any training beyond high school. I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature / Molh Official Use Only-Below This Line Date Received Ochobary Date Approved Ochobary Date Denied Researcher Care of Polico Approving Officer Signature Kellen Approving Officer Signature

6.12.17

## July 1, 2017 - June 30, 2018 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

To the	Clerk	of the_	Village	of	Colfax	Wisconsir
Beverages and all acts as	d Intoxicating Liquo	rs, subject to the lir and supplementary	nitations important in the state of the stat	osed by Section hereby agree t	n 125.32(2) and 12 to comply with all	ess sooner revoked), Fermented Ma 5.68 (2) of the Wisconsin Statutes laws, resolutions, ordinances and ed to me,
I certify	that I am <u>57</u>	vears of age.				
		- <b>,</b>			0	
					Signature of	Applicant
Answer th	e following que	stions fully ar	d comple	tely:		
Name of Applic	cant <u>Cere</u>	1 K Don	115			
						e WI 54730
	convicted of any fel-			,		
·		, ,				
Date of such con	nviction	Mα				
Name of Court	<del> </del>					
-						
Nature of offens	e	na				
				0		
				<u>C</u>	Signature of Ap	-1!4
STATE	E OF WISCONSIN,				Signature of Ap	opiicant
Du	nn	ss. County.				
	rey Davi	- ,			1 ' " . 1 1	4 4 4 4 4
			or an operator			y sworn on oath says that he is the de by the applicant are true.
Subscribed	d and sworn to before	me this $\sqrt{2}$	A	_	I the statements ma	
day of	7011 20	) 			Applica	nt sign here
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SA	11/1				64,4 04 04 05 0	Z
LATE	WU 1)	um		<u>.                                    </u>		AUBLIC SE
Notary Public,	DUNT	County,			7-18	TA COME COLUMN
	Mya	dmm.	expir	es 8-2	7-18	William OF William

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

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

Full Name-First, Middle, Last Carey Zim Davis
Business/Organization Name Outhouse Bar
Full Prior Names (nicknames, maiden names, etc
Date of Birtl Place of Birth Eau Clave WPhone
Date of Birtl Place of Birth Ear Clave withhone  Sex Race Height '-'' Weight
Social Security No Driver's License No
Have you ever been arrested for, or convicted of any laws, including traffic? /es If yes, list offense, date and place occurring.
List prior addresses for the past five years
List three personal references, not related to you. Include name, address & phone number  1) Ausc King  2) Kenny Davis  3) Lisa Smestner
Have you ever been a member of the Military Service?Discharge?
Education- include name of High School, location, grade completed and any training beyond high school.  Menous High School 1977
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.  Signature  Date  Signature
Official Use Only-Below This Line
Date Received October 7 Date Approved October 7 Date Denied
Researcher Contest of Police Approving Officer Signature College Splen

5,18,7

## July 1, 2017 - June 30, 2018 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

To the	Clerk	of the	Village	_of	Colfax	Wisconsin:
Beverages and and all acts ar	Intoxicating Liquo mendatory thereof	ors, subject to the limit and supplementary th	ations impose ereto, and h	ed by Sect ereby agre	2018, inclusive (unless sooner ion 125.32(2) and 125.68 (2) o e to comply with all laws, res- rs if a license be granted to me,	f the Wisconsin Statutes
I certify	that I am 5/	_ years of age.	_&	Pam	ara J. W. Signature of Applicant	unnery
Answer the	following que	estions fully and	complete	ly:		.,
Name of Applic	ant TAY	MARA	$\mathcal{L}$	1/1	nnery	
Address of Appl	licant <u>18</u>	948 (	DUI	7/2	BOAD M	1, CoHax,
Have you been	convicted of any fel	ony or of violating any	law of the St	ate of Wisc	onsin or of the United States?	54730
Date of such cor	viction /	<del></del>				
Name of Court	N/ A	 				
- Nature of offens	e ///	4				
Have you been c	onvicted or violating	g any license law or ord	linance regula	ting the sal	e of beverages or intoxicating lic	uors?
STATE	OF WISCONSIN,		)	MA	Signature of Applicant	hinnery
Du	7/	ss, County.				
erson who made Subscribed	and signed the fore	. 🔿	n operator's l		being first duly sworn of all the statements made by the Applicant sign he	applicant are true. WMMMLY
ay of VV	illy O	011	-			
	Lale	Rum	in proceedings and the	章 3 <b>党</b> 。	RIEMEDIANA STARY	
otary Public,	Dunr	County, Wi	s.		W PUBLY OF	
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	· /	nn. Apir 27:18			Minimum III.	

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

Supplemental – General License Application

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last / Business/Organization Name Full Prior Names (nicknames, maiden names, etc. Date of Birtl\_\_\_\_\_ Place of Birth Ba Height Sex Driver's License No. Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? NO If yes, list offense, date and place occurring. MA List prior addresses for the past five years\_\_ List three personal references, not related to you. Include name, address & phone number Have you ever been a member of the Military Service? NO Discharge? Education, include name of High School, location, grade completed and any training beyond high school. High, School- Graduate I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Official Use Only-Below This Line Date Received 66/06/per 7 Date Approved 80/06/2012 Date Denied Approving Officer Signature

5.92.17

### July 1, 2017 - June 30, 2018

### Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages and Is and all acts ame regulations, Fede	ntoxicating Liquors, s endatory thereof and ral, State, or Local, af	subject to the lim supplementary fecting the sale o	nitations imp thereto, an	oosed by Secti d hereby agree	018, inclusive (unless sooner on 125.32(2) and 125.68 (2) of to comply with all laws, resci if a license be granted to me,	the Wisconsin Statutes
I certify th	nat I am <u>43</u> ye	ars of age.	Y	laura	ià ABrena	den
<del>                                     </del>					Signature of Applicant	
Answer the	follow <mark>ing quest</mark> i	ons fully an	d comple	etely:		
Name of Applican	1 Davi	na Bil	ende	<u> </u>		
Address of Applic	ant <u>N824</u>	7 94	Oth.	St Co	olfax UIF.	54730
Have you been co	nvicted of any felony	or of violating a	ny law of the	e State of Wisco	onsin or of the United States?	
Date of such convi	iction \( \begin{array}{c} \alpha \\ \alpha \end{array}					
Name of Court	na					
Nature of offense	na					
Have you been con	victed or violating any	y license law or c	ordinance reg	gulating the sale	of beverages or intoxicating liqu	uors?
			A	laur	Nà ASUN Signature of Applicant	den
	F WISCONSIN,	SS.				
Dunn		unty.				
	na Brend				being first duly sworn on	
	nd sugned the foregoin			rs ricense; that	all the statements made by the a	pplicant are true.
ay of May					Applicant sign her	9
•	M. Nagge		)	_	THE REPORT OF THE PROPERTY OF	WALLE WIS
otary Public,	Dunn	County, V	Vis.		* AUBL	<b>6</b>
Expires	04-19-201	a			TATE OF W	MIL

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

Supplemental – General License Application

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last 4 Business/Organization Name Full Prior Names (nicknames, maiden names, etc. Vanwinkle, Keller Place of Birth Kichland Control Date of Birth. Height Race -.  $\mathcal{A}$ Oriver's License No. Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? /) If yes, list offense, date and place occurring. List three personal references, not related to you. Include name, address & phone number Education- include name of High School, location, grade completed and any training beyond high school. I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signatuke / AUTUA DUMAU Date 522-Official Use Only-Below This Line Researcher Approving Officer Signature Collins of Supering Officer Signature

423.17

## July 1, 2017 - June 30, 2018 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

To the _	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages a and all acts regulations,	reby apply for a Licer and Intoxicating Liquor amendatory thereof a Federal, State, or Local	nse to serve, from s, subject to the lin nd supplementary	July 1, 201 nitations imp	oosed by Sec d hereby agre	2018, inclusive (unless sooner tion 125.32(2) and 125.68 (2) of the to comply with all laws, resorts if a license be granted to me,	the Wisconsin Statutes
					Signature of Applicant	
Answer t	he following que	stions fully an	d comple	etely:		
Name of App	<del></del>	le Tres	BR	d M.	Colfax WI	54730
		ny or of violating a	ny law of the	e State of Wise	consin or of the United States?	
Date of such	conviction					
Name of Cour	nt					
Nature of offe	ense					:
Have you been	n convicted or violating	any license law or	ordinance re		le of beverages or intoxicating liq	uors?
person who ma	ade and signed the forested and sworn to before		or an operato	r's license; that	Signature of Applicant  being first duly sworn of tall the statements made by the Applicant sign he	applicant are true.
400	<u>.</u>	0 0	~	<b>\</b>		

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

Notary Public,

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

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

Full Name-First, Middle, Last Kyle Alan Fressin
Business/Organization Name Kyle's Market
Full Prior Names (nicknames, maiden names, etc
Date of Birth Place of Birth Bloome, WI Phone
Date of Birth Place of Birth Bloomer, W. Phone
Social Security No. Driver's License No.
Have you ever been arrested for, or convicted of any laws, including traffic? NO  If yes, list offense, date and place occurring.
List prior addresses for the past five years
List three personal references, not related to you. Include name, address & phone number  1) (hris lemen 9/2 //m Ave Bloome with 2) Clarence M.RI 1419 11th Ave Bloome with 3) Lat Shadick /9696 (ty Hour & Bloomer, with  Have you ever been a member of the Military Service? No Discharge?  Education-include name of High School location, grade completed and any training beyond high school.  Thou mer tigh School location.
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.  Signature  Date
Official Use Only-Below This Line
Date Received de parto Date Approved De parto Date Denied
Researcher Cure or Police Approving Officer Signature Kellens from

5.23.M

## July 1, 2017 - June 30, 2018 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages and all acts a	by apply for a Lice d Intoxicating Liquor mendatory thereof a	nse to serve, from s, subject to the lin nd supplementary	July 1, 201 nitations importations and	oosed by Sect d hereby agre	2018, inclusive (unless sooner tion 125.32(2) and 125.68 (2) o e to comply with all laws, res rs if a license be granted to me,	f the Wisconsin Statutes
I certify	y that I am 3 (	years of age.			1	
			1	Th	Signature of Applicant	
Answer th	e following que	stions fully an	d comple	etely:		
Name of Applic	cant Vicuo	AS KRES	s 1/2			
Address of App	olicant 2789	23-g <	5172887			
Have you been	convicted of any felo	ny or of violating a			onsin or of the United States?	
Date of such co	nviction	9				
Name of Court	h	λ				
Nature of offens	se h	۵.				
Have you been o	convicted or violating	•	ordinance reg	gulating the sal	e of beverages or intoxicating li	luors?
			$\sim$	Test		<b>.</b>
STAT	E OF WISCONSIN,		1	9/	Signature of Applicant	
Du	ing	ss. County.	•			
•	e and signed the fore	~ ~	or an operator	r's license; that	being first duly sworn of all the statements made by the	applicant are true.
day of	ray, 20	017			Applicant sign he	ne.
				100		
$ M_{0}$	raprel	Burah	J			
Notary Public,	MAN	County,	Wis.			

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

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

Supplemental - General License Application

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Full Name-First, Middle, Last // CHOL NS / VORBORT KORS / Business/Organization Name KYLES MAPRO T Full Prior Names (nicknames, maiden names, etc.\_\_\_\_\_ Date of Birth CHIPPEWS Phone Phone Sex\_\_\_\_\_Race\_\_\_\_\_Height\_\_\_\_\_Weigh Social Security No. \_\_\_\_\_ Driver's License No \_\_\_\_ Have you ever been arrested for, or convicted of any laws, including traffic? If yes, list offense, date and place occurring. List prior addresses for the past five years\_\_\_\_\_ List three personal references, not related to you. Include name, address & phone number

1) Rever Garden \$9462 117049 Hve Coltex

2) Mary Muza 308 11254. Menomonie, wi 34751

3) KATE OLSON E9101 St. Rd. 40 Whaxwi SI130 Have you ever been a member of the Military Service? <u>YES</u> Discharge? <u>YES</u> Education- include name of High School, location, grade completed and any training beyond high school. BLOWER HIGH SCHOOL 2004 I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature 7 14 1 Date 5 22-17 Official Use Only-Below This Line Date Received <u>Diological Port</u> Date Approved <u>Ological Port</u> Date Denied

Researcher <u>Ones or Police</u> Approving Officer Signature <u>Mallon of Services</u>

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## July 1, 2017 - June 30, 2018 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

To the	Clerk	of the	Village	of	Colfax	Wisconsin
Beverages and and all acts ar	I Intoxicating Liquomendatory thereof	ense to serve, from irs, subject to the lin and supplementary	July 1, 201 nitations imp thereto, an	7 to June 30, 2 posed by Sect d hereby agree	2018, inclusive (unless sooner ion 125.32(2) and 125.68 (2) o e to comply with all laws, res s if a license be granted to me,	revoked), Fermented Mali f the Wisconsin Statutes
l certify	that I am 44	_ years of age.	-6	flry J	Signature of Applicant	
Answer the	e following au	estions fully an	d comple	etelv:		
Name of Applic	ant Jeff	Peterson	-	•		
Address of App	licant 3/22 4	the Aug Col	Fat W	T 54730	מ	
					onsin or of the United States?	
Date of such cor	nviction			NA		
Name of Court	-		NA			
- Nature of offens	е.	NA	- // / 1	<del> </del>		
Have you been c	convicted or violating	g any license law or o	ordinance rep	gulating the sale	e of beverages or intoxicating lid	luors?
STATE	e of Wisconsin,			Tey De	Signature of Applicant	
Subscribed	and signed the fore	County.  going application for the me this	r an operato	that	being first duly swom o all the statements made by the Applicant sign he	applicant are true.
ay of Y	by d	<u>۵ ( /</u>				·
Marc	Soul R	Surah	<u> </u>			

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

County, Wis.

Notary Public,

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

Supplemental – General License Application

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Full Name-First, Middle, Last Jeff rey Larry Peterson Business/Organization Name Kyle's Market Full Prior Names (nicknames, maiden names, etc.\_\_\_\_\_ Date of Birth Place of Birth Facultaire Phone Sex Race Height Weight Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Have you ever been arrested for, or convicted of any laws, including traffic? If yes, list offense, date and place occurring. List prior addresses for the past five years 302 4th Ave Culfur, wt 54730 List three personal references, not related to you. Include name, address & phone pumber 1) Mary Muzer 308 11th St. Menomorie (v) 54751 2) Kim Mc Eldowney Cock Evergreen Colfry (v) 54730 3) Tucker House 110 west 5th Ave. Colfry wx 54730 Have you ever been a member of the Military Service? Discharge? \_\_\_\_\_\_\_ Education- include name of High School, location, grade completed and any training beyond high school. Colfax High School I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Date 5/23/2017 Official Use Only-Below This Line Date Received <u>Vulva 7017</u> Date Approved <u>Bullot 10817</u> Date Denied\_\_\_\_\_ Researcher Chief of Police Approving Officer Signature Colon of Solution

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## July 1, 2017 - June 30, 2018 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages an and all acts a	d Intoxicating Liquo mendatory thereof	rs, subject to the lin and supplementary	nitations imp thereto, and	osed by Sect d hereby agree	2018, inclusive (unless sooner ion 125.32(2) and 125.68 (2) or to comply with all laws, results if a license be granted to me,	f the Wisconsin Statutes
I certif	y that I am <u>5 3</u>	_years of age.	X	in K	M Eldbron Signature of Applicant	4
Answer th	e following que	estions fully an	d comple	tely:		
Name of Appli	cant Kim I	MCELDOU	JNEY			
					onsin or of the United States?	
<u> 10</u>						
Date of such co	onviction NA					
Name of Court	MA					
Nature of offen						
					e of beverages or intoxicating lic	wors?
	convicted of violating	s any needse law or	or annunce reg	surating the bar	or our our ages or missing m	1
NO						
			_4	in t	M Eldo	wny
STAT	E OF WISCONSIN,	e e	<i>,</i>		Signature of Applicant	
Du	NN	ss. _County.				·
Kin	1 D M	Eldry?	114		being first duly sworn o	n oath save that he is the
erson who mad	le and signed the fore	going application for	or an operato	r's license; that	being first duly sworn of tall the statements made by the	applicant are true.
	ed and sworn to befor	1 ~	Th.	_ XW	ux III Eld	owned
ay of	1AY, S	1017	· · · · · · · · · · · · · · · · · · ·		'Applicant sign he	f
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Low	enne i	llan				
lotary Public,	DIAM	N O	<b>11/1</b> 0	<del></del> . , /	/	
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Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

Supplemental - General License Application

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last KIM RANES MC ELDOWNSY Business/Organization Name / YLE'S MARKET Full Prior Names (nicknames, maiden names, etc. KIM RENSE THOMPSON Date of Birth\_\_\_\_ Place of Birth\_\_\_\_\_ Phone Race\_\_\_\_\_Height\_\_\_\_\_Weight\_\_\_\_ Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Have you ever been arrested for, or convicted of any laws, including traffic? /// If yes, list offense, date and place occurring.\_\_\_\_\_ List prior addresses for the past five years n/AList three personal references, not related to you. Include name, address & phone number Y Voing Maz 308 HAR of Menomonie w1 54751 of Perferson 302 4th Ave Colley W/ 54730 3) Anno Juman Have you ever been a member of the Military Service? \_\_\_\_\_\_Discharge? \_\_\_\_\_\_ Education- include name of High School, location, grade completed and any training beyond high school.

Colonado Springs Christian School, Colonado Springs, CO 12th grade I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Lim X. Date 5/15/17 Official Use Only-Below This Line Date Received Och 10 17 Date Approved Och 120/ Date Denied\_\_\_\_\_ Researcher Outer OF Police Approving Officer Signature College Approving Officer Signature

5,33.17

## July 1, 2017 - June 30, 2018 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages an and all acts a	d Intoxicating Liquor mendatory thereof a	s, subject to the lin	nitations imp	osed by Sect d hereby agre	2018, inclusive (unless soons ion 125.32(2) and 125.68 (2) e to comply with all laws, rest if a license be granted to me,	of the Wisconsin Statutes solutions, ordinances and
I certif	y that I am <u>21</u>	years of age.		Sof	Mia Amela Signature of Applican	
4	. f. II	-4' fully on	d samula	. 4 a bru	Signature of Approxim	
	e following que	/1				••
	cant Soph		Trli:	#101		
				State of Wise	onsin or of the United States?	,
MO Deen		ny or or violating a			onsin of of the Office States:	
Date of such co	onviction <u>ha</u>					
Name of Court	na					
Nature of offen	se na					
Have you been	convicted or violating	any license law or	ordinance reg	gulating the sal	e of beverages or intoxicating l	iquors?
				Sir	Ohia Amich	
ተል ተዖ	E OF WISCONSIN,			1.1.	Signature of Applicant	
517.1		SS.				
	11-1	County.				
				r's license; tha	, being first duly sworn t all the statements made by th	on oath says that he is the e applicant are true.
Subscribe	ed and sworn to before	me this 22	nd	_	ophia Durch	2
	up 2017				Applicant sign i	iere
	V				11141	
				THE LOUGE Y	W. C. Land	•
/ .			3 T	NOTA.	处:質量	
Kather	ine a. W	egner	3 7 5 60	÷ , *	∠ : <b>*</b>	
Notary Public, _	ine a. W. Dun Isp. 4-	County,	Wis.	BLI		
Prymy	\ W/P, H-	25-2021	- 64	OF WILL	COLUM	

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 Sophia Lawn Hmick Business/Organization Name Kulus Musilet Full Prior Names (nicknames, maiden names, etc. \_ \) + Race \_ Driver's License No.\_\_ Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic?\_\_\_\_\_\_ If yes, list offense, date and place occurring. List prior addresses for the past five years 122 Park Dr. Tol. #101 List three personal references, not related to you. Include name, address & phone number 1) Katalynn Open E9101 St. Rol 40 Caltax, W1 54780 2) Trucker Horde No West St. Are Caltax WI 64780. 3) Daniel Schneider N13558 (ty Hway I) New Huburn WI B4757 Have you ever been a member of the Military Service? \_\_\_\_\_Discharge? \_\_\_\_\_ Education- include name of High School, location, grade completed and any training beyond high school. I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature Softia Amelo Date 5/22/17 Official Use Only-Below This Line Date Received Och Por 7 Date Approved Och 106 17017 Date Denied\_\_\_\_\_\_ Researcher CHIEF OF Police Approving Officer Signature Collins of The

633.

## July 1, 2017 - June 30, 2018 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

Totho	Clark	0.1	Village	•	Colfax	****
To the	Clerk	of the_	v mago	ot	Conux	Wisconsin:
Beverages an and all acts a regulations, F	nd Intoxicating Liquenteed in the Liquenteed in the Liquenteed in the Local interest in	ors, subject to the lin and supplementary al, affecting the sale c	nitations important	osed by Sect hereby agree	2018, inclusive (unless soone ion 125.32(2) and 125.68 (2) ce to comply with all laws, rest if a license be granted to me,	of the Wisconsin Statutes
l certif	y that I am <u>30</u>	years of age.		116	Do Attoo	
			M	apoll f	Signature of Applicant	
Answer th	e following au	estions fully an	d comple	tely:		
	icant Mixx		actich			
Address of Ap	1	) Mai	$\mathcal{R}$	Calf	ax WI 54	730
Have you beer	n convicted of any fe	lony or of violating a	ny law of the	State of Wisc	onsin or of the United States?	
NO						
Date of such co	onviction <u>n</u>	7				
Name of Court	n	۹				
Nature of offer	nse <u>N</u> a	λ				
Have you been		ng any license law or			e of beverages or intoxicating li	quors?
	er or magonion		M	H	Maketa Signature of Applicant	20
SIAI	E OF WISCONSIN,	SS.		•		
	unn	County.			•	4
person who made	le and signed the for	egoing application for	or an operator	's license; that	, being first duly sworn of tall the statements made by the	
Subscribe	ed and sworn to befo	re me this Q	2 nd	W	SNO M	
day of	May	2017		'(	Applicant sign h	ere
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$\mathcal{A}_{i}$	hell a	Jun			DUR O STATE	
Notary Public, _	Duno	County,	Wis.		AX COURT	•
	My Co	mon expire	25	7	A PUBLIC OF WISHINGTON	

8-27-18

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last WKK Full Prior Names (nicknames, maiden names, etc. MAKK) lace of Birth MANMONIEW Phone Date of Birth Weight \_\_\_\_\_ Driver's License No Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? If yes, list offense, date and place occurring. List prior addresses for the past five years 400 Main St. Coffax WIST List three personal references, not related to you. Include name, address & phone number 1) Katelynn Olson Egioi St. Rd. 40 Collax WI 34780 ... 2) Nick Kressin 2789 23th St Blk Mound WI 3) Tucker Howde 110 West 5th Ave. Colfax, WT 54730 Have you ever been a member of the Military Service? \_\_\_\_\_\_ Discharge? \_\_\_\_\_ Education- include name of High School, location, grade completed and any training beyond high school. Menomonie High School -12 I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Date 5/12/17 Official Use Only-Below This Line Date Received Oblo ( ) Date Approved Oxo ( 8/6 ( ) O ) Date Denied\_\_\_\_\_\_ Researcher Curr or Pelice Approving Officer Signature delle Lee

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To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages and and all acts and regulations, Fe	l Intoxicating Liquendatory therec	ors, subject to the ling f and supplementary cal, affecting the sale c	nitations imp thereto, an	oosed by Sect d hereby agre	2018, inclusive (unless soon ion 125.32(2) and 125.68 (2) e to comply with all laws, resif a license be granted to me	of the Wisconsin Statutes esolutions, ordinances and
			·	11	(\$ignature of Applican	nt .
Answer the	e following a	estions fully an	d comple	telv:		-
Name of Applic	$\sim$	n Muza	•	•		
Address of App	- 1	8 011m St	Men	omenie (	UI S4751	
Have you been	convicted of any f	elony or of violating a		•	onsin or of the United States?	
		NA				
Date of such con	nviction	N/A				
Name of Court		N/A				
Nature of offens	е					
Have you been o	convicted or violati	ng any license law or	ordinance reg	gulating the sal	e of beverages or intoxicating	liquors?
					N Vary Mina	
STATE	E OF WISCONSIN				Signature of Applicant	
Do	m	ss. County.				
Mar	us Muzo				, being first duly sworn	on oath says that he is the
person who made		regoing application fo	or an operator	r's license; that	all the statements made by th	e applicant are true.
Subscribed	i and sworn to bef	ore me this			Applicant sign	tere
day of M	ay 2017			WINEA N	MANUEL STATES	*)
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Valda	Nin () . 11	Jagner Jagner	3 w	. AURIN	o. <u>≷</u>	
			No.		CONTRIL	
Notary Public,	Dume	$\frac{2}{2}$ County, $\frac{1}{2}$	Wis.	Manual Mis	111144	

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

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

Full Name-First, Middle, Last Mary Michele Muzic
Business/Organization Name Kyle's Market
Full Prior Names (nicknames, maiden names, etc. May Michele Mueller Pagels
Date of Birth Place of Birth Kive Jalls w Phone
SexRacc HeightWeight
Social Security No Driver's License No
Have you ever been arrested for, or convicted of any laws, including traffic?
List prior addresses for the past five years $O(4$
List three personal references, not related to you. Include name, address & phone number  1) Kin Mc Adowney (ord Evergnen Colley (v) 54730  2) Brithney Moonen Eglaco 7247 Live Ell Mainling 54739  3) Jeff Peterson 302 4th Live College (v) 654730  Have you ever been a member of the Military Service? DA Discharge? WA  Education- include name of High School, location, grade completed and any training beyond high school.  This Central Hammond (v) Hots 12th Grade  Cutt, Eau Claire (v) 3 Semseters  I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate
and complete to the best of my knowledge.  Signature  Date  5-11-17
Official Use Only-Below This Line
Date Received Works 2017 Date Approved Old Date Denied
Researcher CHEFOR Tologo Approving Officer Signature Gellen Files

135M

### July 1, 2017 - June 30, 2018 Application for License to Serve Fermented Malt Beverages

and Intoxicating Liquors	and Intoxicating Liquors	Fee - \$10.00
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To the	Clerk	C (1	Village	C	Colfax	Wissonsin
					2018, inclusive (unless sooner	Wisconsin
Beverages an and all acts a	d Intoxicating Liquors mendatory thereof ar	s, subject to the lire nd supplementary	nitations imp thereto, and	osed by Sec d hereby agre	tion 125.32(2) and 125.68 (2) of the to comply with all laws, resc rs if a license be granted to me,	the Wisconsin Statutes
I certif	y that I am 20	years of age.				,
				Tuek	Bignature of Applicant	
	e following ques			tely:		
Name of Appli	cant Tucke	er Hovo	e			
Address of App	plicant <u>////                                </u>	est 54	Ave.	Coltas	C, WI 5473	<u> </u>
Have you been	convicted of any felor	ny or of violating a	iny law of the	State of Wise	consin or of the United States?	
Date of such co	onviction ha					
Name of Court	na					
Nature of offen	se <u>ha</u>					
Have you been	convicted or violating	any license law or	ordinance reg	gulating the sa	le of beverages or intoxicating liq	uors?
		NO				
						•
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			-//	Tweke	Signature of Applicant	
STAT	E OF WISCONSIN,		0	•	Signature of Applicant	
Du	NC	ss. County.				
	cker Hova				, being first duly sworn or	oath says that he is the
-				r's license; tha	it all the statements made by the	applicant are true.
Subscribe	ed and sworn to before	me this /2	<u> </u>	- J	Applicant sign her	<u>'L</u>
day of MO	y 2017		<del></del>	1	noker of Houd	, e
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				PINENN	China	v Sport of
Nath	erine a.u	Jagner		NOTAP,		
Notary Public,	Dunn	County,	Wis. & O.	PIDIO		
_	nexp. 4.	25-202/	Barry T	O DL	ORGINI	·
			186	MAL MIR	inte	

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last Tucker Tony Houde Business/Organization Name Kyle's Market Full Prior Names (nicknames, maiden names, etc. Date of Birth Place of Birth ACVOSSE, COT Phone ( ) Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_ Have you ever been arrested for, or convicted of any laws, including traffic? 100 If yes, list offense, date and place occurring. List prior addresses for the past five years\_\_\_\_\_ List three personal references, not related to you. Include name, address & phone number 1) Katolina Okan Elias St. Rd 40 (altax W 54730)
2) Mikk. McCutcher 400 Wain St Colfax WIS4730
3) May Moza 3081 149 Menophopic, 121 54751 Have you ever been a member of the Military Service? \_\_\_\_\_\_ Discharge? \_\_\_\_\_ Education, include name of High School, location, grade completed and any training beyond high school.

Colfax High School Located: Colfax, WT 12, Grade Completed
Completed 1- Vear of Generals at Cutc I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature Lucker 7. House Date 5/12/17 Official Use Only-Below This Line Date Received Och Doi 7 Date Approved National Date Denied\_\_\_\_\_\_ Researcher West of Police Approving Officer Signature Bullingfulen

62311

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages and all acts a	d Intoxicating Liquors mendatory thereof a	s, subject to the lim nd supplementary	itations impo thereto, and	osed by Sec I hereby agre	2018, inclusive (unless soone tion 125.32(2) and 125.68 (2) or the to comply with all laws, re- rs if a license be granted to me,	of the Wisconsin Statutes
I certify	y that I am 19	years of age.	$\Diamond$	NLA	M	
			<del></del>		Signature of Applican	t
Answer th	e following ques	stions fully and	d comple	tely:		
Address of App		25th 57	Colfax	, UJ	54730	
	convicted of any felo	ny or of violating ar	ny law of the	State of Wisc	consin or of the United States?	
Date of such co	nviction ha					
Name of Court	ha					
Nature of offens	se ha					
Have you been o	_	any license law or o	rdinance reg	ulating the sal	e of beverages or intoxicating l	iquors?
			Ala	AM	to	
STAT	E OF WISCONSIN,				Signature of Applicant	
Du	M	ss. County.				
Nicol	le Nierenha	rusen -		la liaamaay tha	being first duly sworn	on oath says that he is the
Subscribe	d and signed the foreg	me this 1341C	- all operator	s needse, tha	Lan the statements made by the	s approant are true.
day of Ma					Applicant sign h	ere
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			S. T. The	OTAR	· Ko	
Kathe	rine a. W	ogner)	1×:	* *	. * * * * * * * * * * * * * * * * * * *	
Notary Public,	Dunn Up 4-2:	County, V	Vis.	OBLIG		
comm	Mp 4-di	)-d() d-/	Tiers	WHITHING OF MISO	MIN.	

Village of Colfax

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last Nicole Daric Nierenhausen Business/Organization Name Kyles Market Date of Bir Place of Birth Fas Clare Phone 715-933-0060

Sex Race Height Weight Social Security No. \_\_\_\_ Driver's License No Have you ever been arrested for, or convicted of any laws, including traffic?\_\_\_\_\_\_ If yes, list offense, date and place occurring. List prior addresses for the past five years 7971 25th Colfax, WI 54730 List three personal references, not related to you. Include name, address & phone number 1) Mrs. Mayes 715-632-2486 E4950 920 Are Boyceville.
2) Kathy Tage E8442 1100th Are Colfax, UT 54750
3) Mrs. Doucte 214 Viking Dr Colfax, UT 54730 Have you ever been a member of the Military Service? \_\_\_\_ O \_\_\_\_ Discharge? \_\_\_\_ NO \_\_\_\_\_ Education-include name of High School, location, grade completed and any training beyond high school. Colfee High School, Colfee WIT, graduated

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

Signature Date 5-13-17 Official Use Only-Below This Line Date Received October 7 Date Approved October 7 Date Denied Researcher Live of Police Approving Officer Signature Collumbalen

5.23

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages and and all acts an regulations, Fe	d Intoxicating Liquor mendatory thereof a	s, subject to the lin nd supplementary affecting the sale o	nitations imp thereto, and	osed by Section I hereby agree	018, inclusive (unless soone on 125.32(2) and 125.68 (2) to comply with all laws, restifalicense be granted to me,	of the Wisconsin Statutes
Contri	That I am by Ex	years of age.	1/2	erec	Signature of Applican	
Answer the	e following que	tions fully an	d comple	telv:		
Name of Applic		, Good		icij.		
	licant £ 994		n Co	/Fox	W/ 3478	
	U	•	ny law of the	State of Wisco	nsin or of the United States?	
Date of such cor	nviction ha					
Name of Court	na				**** ******	
Nature of offens	e na					
Have you been c	convicted or violating	any license law or o	ordinance reg	ulating the sale	of beverages or intoxicating li	iquors?
STATE	OF WISCONSIN,	,	· <u>{</u>	lheel	M Jacob ( Signature of Applicant	
Du	MM	ss. County.				
Ren erson who made Subscribed	ee M. XI	ode()	r an operator'		being first duly sworm of the statements made by the	applicant are true.
ay of <i>NO</i> U	J 2017		— H. S.	WERNE A.	WALLER STATE	
	nae Q. U Dun		Vis.	* OF LINE		
100	MIKP W	75-21121		WAY. WILL	1644.	

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

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NOTE: If any further explanation is needed, please continue on back of application.
Full Name-First, Middle, Last Rence Wavie Spacell
Business/Organization Name Gyles Martaet
Full Prior Names (nicknames, maiden names, etc. Whust Knutson
Date of Birth Place of Birth Phone Phone
Sex Race Height Weight
Sex Race Height Weight  Social Security No Driver's License No
Have you ever been arrested for, or convicted of any laws, including traffic?
List prior addresses for the past five years
List three personal references, not related to you. Include name, address & phone number  1) Kathy Take  2) Kyle Kvietik  3) Malviegh Sejevich  Have you ever been a member of the Military Service? No Discharge?
Education- include name of High School, location, grade completed and any training beyond high school.
certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.  Date Date
Official Use Only-Below This Line
Date Received Chelosof Date Approved Defrato Date Denied
Researcher Care of Police Approving Officer Signature

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages and all acts a	d Intoxicating Liquo mendatory thereof	ense to serve, from rs, subject to the lin and supplementary	July 1, 2013 nitations importhereto, and	to June 30, 2 osed by Secti I hereby agree	on 125.32(2) and 125.68 (2)	ner revoked), Fermented Malt ) of the Wisconsin Statutes resolutions, ordinances and
I certify	y that I am <u>26</u>	_ years of age.		Noelle	Signature of Applica	nt
Answer th	e following que	etions fully an	d comple	telv	<del></del>	
Name of Applie	, }	lle Olso	DN -	•		
Address of App	licant 212	Villing	Drive	Colf	ax, WI	54730
Have you been	convicted of any fel				onsin or of the United States	1
$\mathcal{N}_{\mathcal{C}}$	<u> </u>					
Date of such co	nviction NA					
Name of Court	MA					
Nature of offens	se A/A			·		
ratary or orrest			•			,
Have you been	convicted or violating	g any license law or o	ordinance reg	ulating the sale	of beverages or intoxicating	liquors?
			<i> VF</i>			
						•
				Noelle-	Olson	
STATI	E OF WISCONSIN,			, , , , , , , , , , , , , , , , , , , ,	Signature of Applicant	
51.X.I.	i i i	SS.				
	unn Class	_County.				
	(L O/SON		r an onerator	's license; that	, being first duly sworr	on oath says that he is the
Subscribed	d and sworn to before	e me this 154		s needse, mac	Noelle Ol	Len
day of Mou					Applicant sign	here
day 01 _ 7 0 0 0	γ σων γ			alighter and	A de la companya de l	
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Kath	Dun Dun n. exp	Wagner		#	, o . x Ē	
Notary Public,	Dun	County.	. 9 Wis.	B		
com	n. exp	7-25-20	2/ 30	OF W	NBCO INVE	·

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last Voelle Louven Olson Business/Organization Name Kyle's Market Full Prior Names (nicknames, maiden names, etc. NA Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Her Hospita Phone \_\_\_\_\_

Eau Alaire, F. ... Weigh \_\_\_\_\_ Weigh \_\_\_\_\_ Social Security No. \_\_\_\_\_ Driver's License No. Have you ever been arrested for, or convicted of any laws, including traffic? No If yes, list offense, date and place occurring. List prior addresses for the past five years 212 Viking Dr.

Colfex, WI 54730 List three personal references, not related to you. Include name, address & phone number 1) Jason Taylor 112625 690th St. Wheeler, WI 54722 2) Jordan Herrich 605 Lst Ave Colfax, WI 54730 Miranda mayfield 50 | High Street Colfax, WI 54 Education- include name of High School, location, grade completed and any training beyond high school. Colfax High School Colfax WI - High School Diploma Chippena valley Technical College - 2 year generals I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Official Use Only-Below This Line Date Received Ocho 3017 Date Approved Ocho 3017 Date Denied Researcher Court of Police Approving Officer Signature Demofile

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To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages an and all acts a regulations, F	d Intoxicating Liquo amendatory thereof ederal, State, or Loca	rs, subject to the lin and supplementary l, affecting the sale o	nitations imp	osed by Secti I hereby agree	on 125.32(2) and 125.68	ooner revoked), Fermented Malt (2) of the Wisconsin Statutes, resolutions, ordinances and me,
I certif	y that I am <u>A</u> 5	_ years of age.	X	ratelyni	Signature of Appli	cant
Answer th	e following que	estions fully an	d comple	tely:		
	icant Katalur	10.1-	\			
Address of App	plicant EQIO	87. Pd 40	) Col	BX. WI	54730	
Have you been	ŕ	ony or of violating a		State of Wisco	onsin or of the United State	:s?
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Kathu otary Public, _	nine a. i	Wagner County,	7,7	OF WISH	Market State of the State of th	

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

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3) Flizabeth J. DE MAE 118 PARK DR. #10 COLFAX Have you ever been a member of the Military Service? \_\_\_\_\_\_Discharge? \_\_\_\_\_ Education- include name of High School, location, grade completed and any training beyond high school. I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Date 51117 Signature Katalyna Oson Official Use Only-Below This Line Date Received 66/2017 Date Approved 620/2017 Date Denied\_\_\_\_\_\_ Researcher CHIEF OF Pedice Approving Officer Signature Confidence

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages an and all acts a regulations, Fe	d Intoxicating Liquo mendatory thereof ederal, State, or Local	rs, subject to the lim and supplementary	itations impo thereto, and	sed by Secti- hereby agree	on 125.32(2) and 125.68 (2)	Mee B.S.
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Name of Appli	cant Ass	eleth	L 1	e III	e /	D. /- /-
Address of App	olicant ///	Jan	e A	9,4/	1) Calf	ry Wi 54730
Have you been	convicted of any fel	ony or of violating at	ny law of the	State of Wisco	onsin or of the United States	
Date of such co	nviction	and the second			."	
Name of Court	-					
Nature of offen	se					
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Full Name-First, Middle, Last Alexander J. De Mie 9. J.
A = A
Business/Organization Name Regles Mukek
Full Prior Names (nicknames, maiden names, etc.
Date of Birth Place of Birth Jun July Phone
SexRaceHeightWeight
Social Security No Driver's License No
Have you ever been arrested for, or convicted of any laws, including traffic? Steeling If yes, list offense, date and place occurring. If yes, list offense, date and place occurring.
List prior addresses for the past five years
List three personal references, not related to you. Include name, address & nhone number  1) Matulynn Olson E9101 St. Rd 40 (Altax W154780)  2) FALMOUNT SAULTUR. NEH37 COUNTY B. M. COLFAX W15480  3) COLFAX W1547 COLFAX W15480
Have you ever been a member of the Military Service? Discharge?
Education- include name of High School, location, grade completed and any training beyond high school.  Nary D. Dunkfush - Kennsky he is 11-  J. D 78 Gorkheeping - 78
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 Signatur
Official Use Only-Below This Line
Date Received (2007) Date Approved (2007) Date Denied
Researcher CHIEF OF POLICE Approving Officer Signature Lealure of Seur

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages and and all acts as	I Intoxicating Liquonendatory thereof	rs, subject to the lir and supplementary	nitations imp thereto, and	osed by Secti I hereby agree	2018, inclusive (unless sooner ion 125.32(2) and 125.68 (2) of to comply with all laws, resc if a license be granted to me,	the Wisconsin Statutes
I certify	that I am 9	_years of age.	De	aniel &	Signature of Applicant	
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Have you been	convicted of any fel	ony or of violating a	any law of the	State of Wisco	onsin or of the United States?	
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2) Deb Toycen 609 Warrity Therend Colfax UI
3) Sally Tahr 712 University Are Colfax UI Have you ever been a member of the Military Service? \_\_\_\_\_\_Discharge? \_\_\_\_\_ Education- include name of High School, location, grade completed and any training beyond high school. Colfax High School 9,90,11,12, I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Date 5-11-17 Signature Soul A. S. Official Use Only-Below This Line Date Received Olopo Joo 7 Date Approved Olofo Joo 7 Date Denied\_\_\_\_\_\_ Researcher Approving Officer Signature Seeger fuelew

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages and and all acts ar	Intoxicating Liquor nendatory thereof a	rs, subject to the lir and supplementary	nitations im thereto, an	posed by Section d hereby agree t	18, inclusive (unless soone n 125.32(2) and 125.68 (2) o o comply with all laws, res f a license be granted to me,	
I certify	that I am 6	_ years of age.				
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	e following que					••
Name of Applic	ant Rondi	J. I Ve	(2017-)	Danse		
Address of Appl	licant <u>103 (</u>	Pro 51.	Col	for Wi	54730	
Have you been	convicted of any feld	ony or of violating a	ny law of th	e State of Wiscon	sin or of the United States?	
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Name of Court						
Nature of offense	e				·	
Have you been c	onvicted or violating		¢		f beverages or intoxicating li	quors?
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	1M	SS.				
		County.				
nerson who made	TV-er son	poing application for	or an operato	r's license: that al	, being first duly sworn of the statements made by the	applicant are true.
Subscribed	and sworn to before	me this	24	T	Zondi le	Mon Danos
lay of <u>W</u>	Jary 20	)]7			Applicant sign h	ere
Notary Public,	hile of Dunn My G	Siem County,	wis.	 8-27-16	OTAL OTAL OF W	EMER NO

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Beverages and and all acts ar regulations, Fe	Intoxicating Liquo nendatory thereof	rs, subject to the lin and supplementary I, affecting the sale o	nitations impo thereto, and	sed by Sec hereby agre	2018 , inclusive (unless sooner attion 125.32(2) and 125.68 (2) of the to comply with all laws, resors if a license be granted to me,  Signature of Applicant	the Wisconsin Statutes
Answer the	e following que	estions fully an	d complet	tely:	•	
Name of Applic	ant	(R15	<i>P</i> . <i>A</i>	LUN COL	1	
Address of App	licant <u>5/7</u>	STH R	SE	COL	Fax	
Have you been	convicted of any fel	ony or of violating a			consin or of the United States?	
Date of such cor	nviction					
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2) RONDI DE MORE COLPAN

3) ROLE SUNDSTROM COLFOR Have you ever been a member of the Military Service? \_\_\_\_\_\_Discharge? \_\_\_\_\_ Education- include name of High School, location, grade completed and any training beyond high school. I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature / Official Use Only-Below This Line Date Received Ochoc 2017 Date Approved Ochoc Sol7 Date Denied\_\_\_\_\_ Researcher CHEROF Rolling Approving Officer Signature Assem Spales

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages and and all acts and regulations, Fe	d Intoxicating Liquid mendatory thereof deral, State, or Loca	ors, subject to the line and supplementary al, affecting the sale of	nitations imp thereto, an	oosed by So d hereby ag	o, 2018, inclusive (unless sooner rection 125.32(2) and 125.68 (2) of ree to comply with all laws, resonors if a license be granted to me,	the Wisconsin Statutes
I certify	that I am <u>. 38</u>	years of age.		<u>Oa</u>	MMY AQUA Signature of Applicant	ul
Answer the	e following qu	estions fully an	d comple	etely:		
Name of Applic	eant 100	my Da	uhoe	<u>0</u>		
Address of App	licant <u>ESE</u>	6005ta	te Ro	ad 1	70 - Colfay	
Have you been	convicted of any fe	lony or of violating a	•		sconsin or of the United States?	
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STATI	E OF WISCONSIN,	SS.			$\bigcup f$	
Dur	<u> </u>	_County.				
	and signed the ford	cegoing application for the me this	or an operato	r's license; t	being first duly sworn on nat all/the statements made by the a	path says that he is the pplicant are true.
day of	ray 2	017			Applicant sign here	
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Full Name-First, Middle, Last <u>Tammy Marie Dalhoe</u> Business/Organization Name <u>Express Mart</u> ; <u>Duthouse Bar</u>
Business/Organization Name Express Mart : Outhouse Dar
Full Prior Names (nicknames, maiden names, etc. <u>LOCKWOOO</u>
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Social Security Noc Driver's License No
Have you ever been arrested for, or convicted of any laws, including traffic? <u>Seathelt</u> If yes, list offense, date and place occurring.
List prior addresses for the past five years
List three personal references, not related to you. Include name, address & phone number  1) EVIA Geherman - Colfax All
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.  Signature  Date  Date
Official Use Only-Below This Line
Date Received adox box 7 Date Approved objects 7 Date Denied
Date Received adoctor 7 Date Approved October 7 Date Denied

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages an and all acts a	d Intoxicating Liquo mendatory thereof	rs, subject to the lin and supplementary	nitations imp thereto, and	osed by Secti d hereby agree	018, inclusive (unless sooner on 125.32(2) and 125.68 (2) of to comply with all laws, reso if a license be granted to me,	f the Wisconsin Statutes
I certif	y that I am <u>52</u>	_years of age.		Brene	la L. Ket Signature of Applicant	the
Answer th	e following que	estions fully an	d comple	telv:		
Name of Appli		nda d			fotno c	
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Full Name-First, Middle, Last Brenda Lee Kettner Business/Organization Name Express mart Full Prior Names (nicknames, maiden names, etc. <u>Carter</u>, <u>wass</u> Date of Birtl \_\_\_\_\_ lace of Birth Denver CO Phone\_\_\_\_ Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? yes If yes, list offense, date and place occurring. List prior addresses for the past five years 7/5 Johnson-Olson 51., List three personal references, not related to you. Include name, address & phone number 1) Rond, De mor Colfax WI 2) Maray Wilder Colfax WI 3) Physlis boye fay (016ax WF 3) Phyllis hove joy (olfax wF Have you ever been a member of the Military Service? \_\_\_\_\_Discharge? \_\_\_\_\_ Education- include name of High School, location, grade completed and any training beyond high school. Mcville Public Mcville north Dakota 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 Bunda L. Kethus

Date 5-3-/7 Official Use Only-Below This Line Date Received 05-04-17 Date Approved Ocho Por Date Denied Researcher Control Officer Signature Jaken Splice

the _	Clerk	of the_	Village	of	Colfax	Wisconsin	1:
era <b>ges an</b> all <b>acts a</b> lat <mark>ions, F</mark>	d Intoxicating Liqu imendatory thereof ederal, State, or Loc	ors, subject to the lim f and supplementary al, affecting the sale o	nitations impo thereto, and	osed by Secti hereby agree	018, inclusive (unless sooner is on 125.32(2) and 125.68 (2) of to comply with all laws, reso if a license be granted to me,	the Wisconsin Statutes	
I certif	y that I am $28$	years of age.	4	2			
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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 to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. Thi be filled out in addition to any others required by the Village of Colfax. Any information on this application found 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 Patrick Daniel CESperance Business/Organization Name Express Mart Full Prior Names (nicknames, maiden names, etc.\_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_Eau Claire Phone \_\_\_\_\_\_ Phone \_\_\_\_\_\_ Sex \_\_\_\_ Race \_\_\_ Height \_\_\_\_ Weight \_\_\_\_\_ \_\_\_ Driver's License No.\_\_\_\_\_ Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? VEST If yes, list offense, date and place occurring. Dog - Down Traffic - Disc List prior addresses for the past five years 818 Mein St. Egu Claire List three personal references, not related to vou. Include name, address & phone number 1) VICKER (01800) Have you ever been a member of the Military Service? \_\_\_\_\_\_Discharge? \_\_\_\_\_\_ Education- include name of High School, location, grade completed and any training beyond high school Some college I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a licer obey all provisions of such laws. I further certify that all information included in this application is true Signature Date 5/3/17 and complete to the best of my knowledge. Official Use Only-Below This Line Date Received exercised Date Approved Carry 2017 Date Denied Researcher Ones of Folice Approving Officer Signature Red my filen

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To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages and and all acts ar	l Intoxicating Liquor mendatory thereof a	s, subject to the lin and supplementary	nitations imp thereto, and	osed by Section I hereby agree	018, inclusive (unless sooner on 125.32(2) and 125.68 (2) of to comply with all laws, restrict if a license be granted to me,	of the Wisconsin Statutes
I certify	that I am 31	years of age.		Asnes	Signature of Appricant	
Answer the	e following que	stions fully an	d comple	tely:		
Name of Applic	<ul> <li>Control and the control and the c</li></ul>	MCKINIA				
Address of App	licant EGUR	lo 7801	PNE	2 (a)	Pax WI 34	)30
Have you been	convicted of any felo	ony or of violating a	ny law of the	State of Wisco	nsin or of the United States?	
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STATE	OF WISCONSIN,				Signature of Applicant	
Dun	n	ss. County.				
		ight	or an operator	s's license; that	being first duly sworn of all the statements made by the Applicant sign he	applicant are true.
Jh lotary Public,	ub B Dann	County,		- - &.77-/1	STATION OF A CONTRACT OF THE LAND OF THE L	TARY NO.
	My con	m. exp	リハベン	0 5/16	MANAGE	Mignin

Village of Colfax

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2) Elpabeth Wolfers Pinest Colfax W1 54730 1.
3) Winton tarshman Pinest Colfax W1 54730 Have you ever been a member of the Military Service? (V) Discharge? Education- include name of High School, location, grade completed and any training beyond high school.

Ar Mound High Grand wil - graduated I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Date 05-15-17 Official Use Only-Below This Line Date Received 86/06/00/27 Date Approved No Port To Date Denied\_\_\_\_\_\_ Researcher Cuier & Police Approving Officer Signature Community Supering Officer Signature

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To the	Clerk	of the_	Village	of	Colfa	x	Wisconsin:
	OWN	or the_	<u>U</u>	01			Wisconsin.
Beverages and and all acts an	by apply for a Licer Intoxicating Liquor nendatory thereof a deral, State, or Local,	s, subject to the lin nd supplementary	nitations imp thereto, an	oosed by Secti d hereby agree	on 125.32(2) and to comply with	125.68 (2) of the all laws, resolution	ed), Fermented Malt Wisconsin Statutes ns, ordinances and
I certify	that I am 34	years of age.		Ka	i Ruy	of Applicant	: .
Answer the	following que	stions fully an	d comple	telv			
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Date of such con	viction				,		
Name of Court	-						
- Nature of offense	2				,		
Trave you been ex	onvicted or violating	miy noonso tun or		1			
				Hai	1) Ru	16	
STATE	OF WISCONSIN,				Signature of	Applicant	
Dun	m	ss. County.					
Kari erson who made	Reiman and signed the foreg	oing application fo		r's license; that	being first	duly sworn on oath made by the applic	says that he is the ant are true.
Subscribed	and sworn to before	me this	3 rd		My K	licant sign here	
ay of	very De	017					
otary Public,	Lich & Dunn My	County, Oomm.		<u> </u>	A R AUB	TENERAL NO.	
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Village of Colfax

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Full Name-First, Middle, Last Kar. Marie Rainan
Business/Organization Name Express Mart ColFax
Full Prior Names (nicknames, maiden names, etc. Kaci Wacie Pauley
Date of Birth Place of Birth Blace Phone
SexRaceHeightWeight
Social Security No Driver's License No
Have you ever been arrested for, or convicted of any laws, including traffic? Exprendictes, driving when the If yes, list offense, date and place occurring.
List prior addresses for the past five years 122 Pack De College
List three personal references, not related to you. Include name, address & phone number  1) Tangy Dalloc Colfax  2) Rand's Demoe Colfax  3) Carry Davis Colfax
Have you ever been a member of the Military Service? Discharge?
Education- include name of High School, location, grade completed and any training beyond high school.
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.  Date 5.5-17
Official Use Only-Below This Line
Date Received to bus sory Date Approved Dto looks of 7 Date Denied
Researcher Charge Police Approving Officer Signature Gellen Govern