

pd

4.27-17

July 1, 201<sup>7</sup>~~6~~ - June 30, 201<sup>8</sup>~~7~~

Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors

Fee - \$10.00

To the Clerk of the Village of Colfax Wisconsin:

I hereby apply for a License to serve, from July 1, 201<sup>7</sup>~~6~~ to June 30, 201<sup>8</sup>~~7~~, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 73 years of age.

Thomas J. Dunbar  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant THOMAS J. DUNBAR  
Address of Applicant 502 EVERGREEN ST., P.O. Box 155, COLFAX, WI 54730

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

YES  
Date of such conviction 4-2-13

Name of Court DUNN CO. CIRCUIT COURT

Nature of offense FAILURE TO STOP / RR CROSSING SIGNAL

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

NO

Thomas J. Dunbar  
Signature of Applicant

STATE OF WISCONSIN,  
Dunn County.

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

Subscribed and sworn to before me this 21st day of April, 2017

Thomas J. Dunbar  
Applicant sign here

Katherine A. Wagner  
Notary Public, Dunn County, Wis.  
Comm. Exp. 4-25-2021



# 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 THOMAS J. DUNBAR

Business/Organization Name COLFAX AMERICAN LEGION

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

Date of Birth \_\_\_\_\_ Place of Birth DUNN CO. WISCONSIN

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Have you ever been arrested for, or convicted of any laws, including traffic? YES  
If yes, list offense, date and place occurring. SPEEDING 5-14-08 DUNN CO.  
FAILURE TO STOP/KR CROSSING SIGNAL - DUNN CO.  
List prior addresses for the past five years N/A

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

- 1) JOHN SUKOW N8177 HWY M COLFAX, WI 962-4267
- 2) TERRY TURNER 510 E 4TH AVE COLFAX, WI 962-2071
- 3) KENNETH TAPP 8442 E 1080TH AVE COLFAX, WI 962-3383

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

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

COLFAX HIGH SCHOOL  
UW-EAU CLAIRE, WI B.S.

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 Thomas J. Dunbar Date 4-20-17

## Official Use Only-Below This Line

Date Received 04/06/2017 Date Approved 04/06/2017 Date Denied \_\_\_\_\_

Researcher CHIEF OF POLICE Approving Officer Signature [Signature]

pd

4.27.17

July 1, 201<sup>7</sup>~~6~~ - June 30, 201<sup>8</sup>~~7~~

Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors

Fee - \$10.00

To the Clerk of the Village of Colfax Wisconsin:

I hereby apply for a License to serve, from July 1, 201<sup>7</sup> to June 30, 201<sup>8</sup>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 51 years of age.

[Signature]  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Christopher J. Larson  
Address of Applicant E 8538 St Rd 170 Colfax WI 54730

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

Date of such conviction \_\_\_\_\_

Name of Court \_\_\_\_\_

Nature of offense \_\_\_\_\_

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?  
No

[Signature]  
Signature of Applicant

STATE OF WISCONSIN,  
Dunn County.

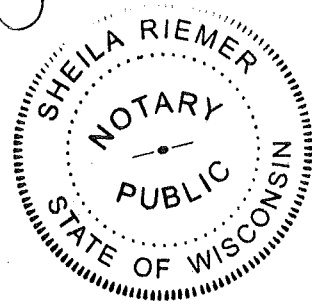
Christopher J. Larson being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 27<sup>th</sup> day of April, 2017

[Signature]  
Applicant sign here

[Signature]  
Notary Public, Dunn County, Wis.

my comm. expires  
8-27-18



# COLFAX POLICE DEPARTMENT

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

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

Full Name-First, Middle, Last Christopher J. Larson

Business/Organization Name American Legion Post 131

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

Date of Birth                      Place of Birth Bloomer

Sex                      Race                      Height                      Weight                     

Social Security No.                      Driver's License No.                     

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

If yes, list offense, date and place occurring. Speeding 1992 Dunn Co  
Not yielding rightaway E.C. Co. 2015

List prior addresses for the past five years \_\_\_\_\_

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

- 1) Dave Skipman Hwy 40 Colfax WI
- 2) Tom Dondar Railroad Ave Colfax
- 3) Terry Turner Colfax

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

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

Colfax Sr High Colfax WI 12

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

Signature [Signature] Date 11 Apr 17

## Official Use Only-Below This Line

Date Received 06/06/2017 Date Approved 06/06/2017 Date Denied                     

Researcher Chief of Police Approving Officer Signature [Signature]

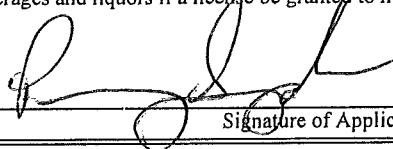
5-10-17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 38 years of age.

  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Penny Snyder

Address of Applicant 67415 1182nd Ave Wheeler

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

No (except traffic - on other side)

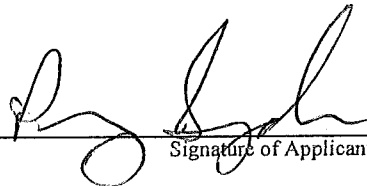
Date of such conviction see back

Name of Court

Nature of offense

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

No

  
Signature of Applicant

STATE OF WISCONSIN,

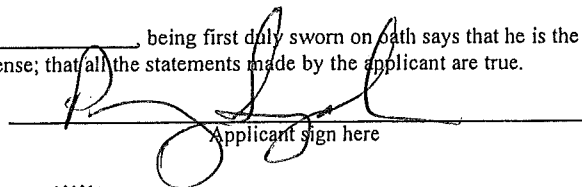
Dunn County.

ss.

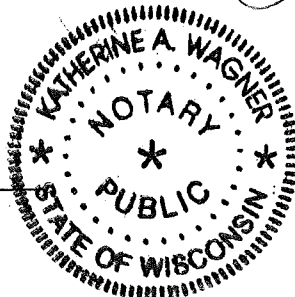
Penny Snyder being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 9th

day of May 2017

  
Applicant sign here

Katherine A. Wagner  
Notary Public, Dunn County, Wis.  
Comm exp. 4-25-2021



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

**Instructions:** Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

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

Full Name-First, Middle, Last Penny, Lynn, Snyder

Business/Organization Name \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Place of Birth Chippewa County Phone \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. WISCONSIN

Have you ever been arrested for, or convicted of any laws, including traffic? YES  
If yes, list offense, date and place occurring. too fast for conditions, seatbelt

List prior addresses for the past five years \_\_\_\_\_

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

- 1) Randi Demme
- 2) Davina Brenden
- 3) Brenda Dahl

Have you ever been a member of the Military Service? NO Discharge? \_\_\_\_\_

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

Colfax High School - 12  
Responsible Beverage, 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 [Signature] Date 5-9-17

**Official Use Only-Below This Line**

Date Received 06/06/07 Date Approved 06/06/07 Date Denied \_\_\_\_\_

Researcher C. A. O. P. L. C. Approving Officer Signature [Signature]



RECEIVED

MAY 12 2017

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

To the Clerk of the Village of Colfax Wisconsin:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 46 years of age.

Jeffrey W. Prince  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Jeffrey W. Prince

Address of Applicant 1004 University Ave Colfax, WI 54730

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

Yes - Speeding

Date of such conviction 8 2010

Name of Court Barron

Nature of offense Speeding

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

NO

Jeffrey W. Prince  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

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

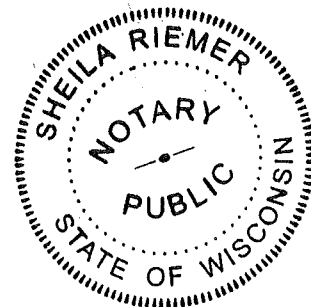
Subscribed and sworn to before me this 12th

day of May 2017

Jeffrey W. Prince  
Applicant sign here

Sheila Riemer  
Notary Public, Dunn County, Wis.

my comm. expires 8-27-18



# COLFAX POLICE DEPARTMENT

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

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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, WI

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Have you ever been arrested for, or convicted of any laws, including traffic? Yes  
If yes, list offense, date and place occurring. 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 Stene
- 2) Tammy Briggs
- 3) Peggy Wallace

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

Education- include name of High School, location, grade completed and any training beyond high school.  
Colfax Senior High - Diploma  
CUTE - Police Science - 19 credits

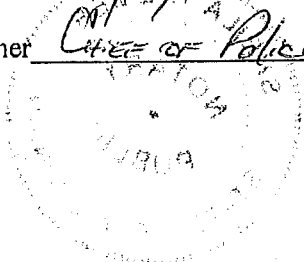
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Jeffrey Prince Date 5-12-17

## Official Use Only-Below This Line

Date Received 06/06/2017 Date Approved 06/06/2017 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]



# 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



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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 51 years of age.

Evia Gehrman  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Evia Gehrman

Address of Applicant 305 main st. Colfax, W.I.

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

☒ DUI Speeding Ky.

Date of such conviction 1995 or 1996 Polk County W.I.

Name of Court Polk County Court

Nature of offense

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

NO

Evia P. Gehrman  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

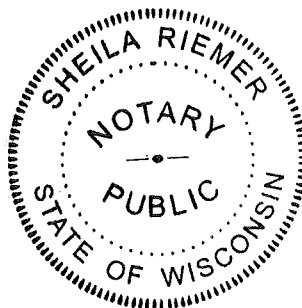
Evia Gehrman being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 15<sup>th</sup> Evia P. Gehrman  
Applicant sign here

day of May 2017

Sheila Riemer  
Notary Public, Dunn County, Wis.

My comm. expires  
8-27-18



# COLFAX POLICE DEPARTMENT

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

## Supplemental - General License Application

**Instructions:** Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

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

Full Name-First, Middle, Last Erin Pearl Gehrman

Business/Organization Name Out House Bar

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

Date of Birth \_\_\_\_\_ Place of Birth Covington Ky 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? DUI, Speeding  
If yes, list offense, date and place occurring. 1995 or 1996 Polk County WI.

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 Smestuen 4050 9000
- 2) Mike Nelson
- 3) Mark Nelson

Have you ever been a member of the Military Service? NO Discharge? \_\_\_\_\_

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

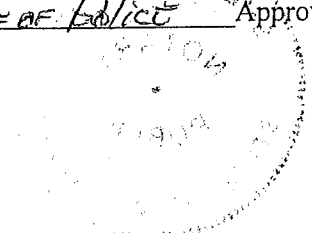
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Erin Gehrman Date 5-15-17

### Official Use Only-Below This Line

Date Received 06/06/17 Date Approved 06/06/17 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]



5-16-17

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:

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I certify that I am 18 years of age.

Jasmine Hanson  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Jasmine Hanson  
Address of Applicant 17670 800th Street, Colfax, WI 54730

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

Date of such conviction na

Name of Court na

Nature of offense na

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?  
No

Jasmine Hanson  
Signature of Applicant

STATE OF WISCONSIN,  
Dunn County.

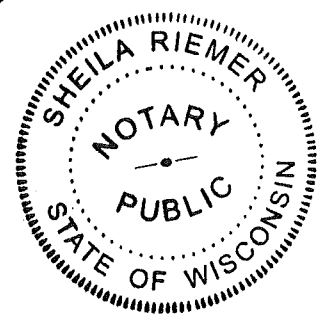
Jasmine Hanson, being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 16th day of May 2017

Jasmine Hanson  
Applicant sign here

Sheila Riemer  
Notary Public, Dunn County, Wis.

my comm. expires  
8-27-18



# COLFAX POLICE DEPARTMENT

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

## Supplemental – General License Application

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

Full Name-First, Middle, Last Jasmine Louise Hanson

Business/Organization Name Little Slice of Italy

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

Date of Birth \_\_\_\_\_ Place of Birth Mayo Clinic 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? 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) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

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

Education- include name of High School, location, grade completed and any training beyond high school.  
Colfax high school, 601 University Ave.

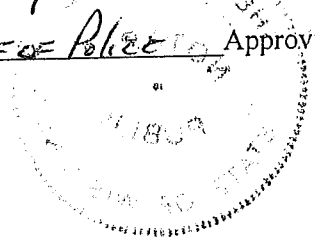
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Jasmine Hanson Date 5/15/17

### Official Use Only-Below This Line

Date Received 06/06/2017 Date Approved 06/06/2017 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]



5-17-17

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

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I certify that I am 39 years of age.

Lisa J Smestuen  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Lisa J Smestuen

Address of Applicant 501 West St Colfax

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

NO

Date of such conviction na

Name of Court na

Nature of offense na

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

NO

Lisa J Smestuen  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

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

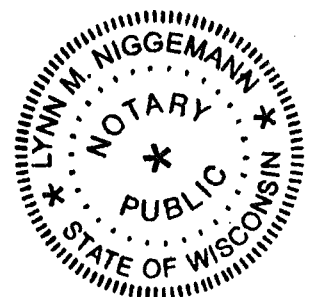
Subscribed and sworn to before me this 17<sup>th</sup>

day of May 2017

Lisa J Smestuen  
Applicant sign here

Lynn M. Niggemann  
Notary Public, Dunn County, Wis.

Expires 04-19-2019



## COLFAX POLICE DEPARTMENT

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

**Instructions:** Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

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

Full Name-First, Middle, Last Lisa J Smetstuen

Business/Organization Name Outhouse Bar

Full Prior Names (nicknames, maiden names, etc.) Lisa J Brinker

Date of Birth \_\_\_\_\_ Place of Birth Eau Claire 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? NO

If yes, list offense, date and place occurring. \_\_\_\_\_

List prior addresses for the past five years 501 West St Colfax

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

- 1) Eva Gehrmann \_\_\_\_\_
- 2) Mike Nelson \_\_\_\_\_
- 3) Mark Nelson \_\_\_\_\_

Have you ever been a member of the Military Service? NO Discharge? \_\_\_\_\_

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

Home Based - CED

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

Signature Lisa J Smetstuen Date 05-12-17

---

**Official Use Only-Below This Line**

Date Received 06/06/17 Date Approved 06/06/17 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

5.12.17

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 Wisconsin:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 38 years of age.

[Signature]  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Mary Jane Roehl

Address of Applicant NB420 970th St Colfax WI 54730

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

Date of such conviction Fall 1999

Name of Court Dunn County

Nature of offense Possession of Marijuana

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?  
No

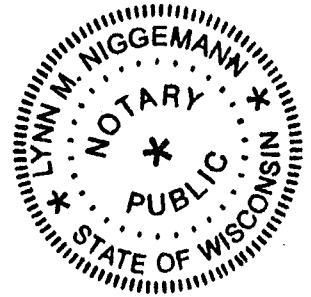
[Signature]  
Signature of Applicant

STATE OF WISCONSIN,  
Dunn County ss.  
Mary Jane Roehl being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 12th day of May  
day of 5/12/17  
[Signature]  
Applicant sign here

Lynn M. Niggemann Lynn Niggemann  
Notary Public, Dunn County, Wis.

My commission expires 04/19/2019



# COLFAX POLICE DEPARTMENT

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

**Instructions:** Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

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

Full Name-First, Middle, Last Mary Jane Roehl

Business/Organization Name Outhouse

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

Date of Birth \_\_\_\_\_ Place of Birth Fond du Lac Phone ---

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height 5' 11" 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. Possession of Marijuana Dunn County Fall 1999

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 Smarten Colfax
- 2) Evie Gehman Colfax
- 3) Carey Davis Colfax

Have you ever been a member of the Military Service? NO Discharge? \_\_\_\_\_

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

Campbellport High School, Campbellport WI  
Law Enforcement, Menomonie WI

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

Signature M. Roehl Date 5/12/17

## Official Use Only-Below This Line

Date Received 06/06/2017 Date Approved 06/06/2017 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

5.12.17

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 Wisconsin:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 57 years of age.

[Signature]  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Carey K Davis

Address of Applicant 122 Park Dr, Colfax WI 54730

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

NO

Date of such conviction na

Name of Court na

Nature of offense na

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

NO

[Signature]

Signature of Applicant

STATE OF WISCONSIN,

Dunn

County.

ss.

Carey Davis

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

Subscribed and sworn to before me this 12th

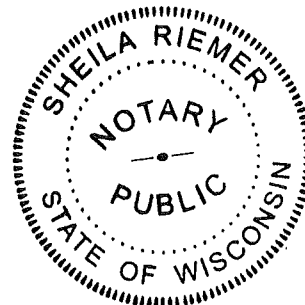
day of

May 2017

[Signature]  
Applicant sign here

[Signature]

Notary Public, Dunn County, Wis.



my comm. expires 8-27-18

# COLFAX POLICE DEPARTMENT

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

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

Full Name-First, Middle, Last Carey Kim Davis

Business/Organization Name Outhouse Bar

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

Date of Birth \_\_\_\_\_ Place of Birth Eau Claire WI Phone \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height 5' 11" Weight \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

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

List prior addresses for the past five years \_\_\_\_\_

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

- 1) Alice King \_\_\_\_\_
- 2) Kenny Davis \_\_\_\_\_
- 3) Lisa Smestuen \_\_\_\_\_

Have you ever been a member of the Military Service? NO Discharge? \_\_\_\_\_

Education- include name of High School, location, grade completed and any training beyond high school.  
Memorial High School 1977

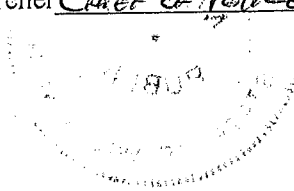
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature [Signature] Date 5/12/17

## Official Use Only-Below This Line

Date Received 06/06/2017 Date Approved 06/06/2017 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]



5-18-17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 57 years of age.

Tamara A. Whinnery  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant TAMARA Whinnery

Address of Applicant N8948 County Road M, Colfax, WI

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

54730

Date of such conviction

N/A

Name of Court

N/A

Nature of offense

N/A

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

No

Tamara A. Whinnery  
Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

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

Subscribed and sworn to before me this

18th

day of

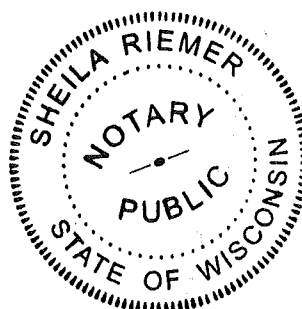
May 2017

Tamara A. Whinnery  
Applicant sign here

Notary Public, Dunn County, Wis.

Sheila Riemer

My comm. expires  
8-27-18



## COLFAX POLICE DEPARTMENT

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

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

Full Name-First, Middle, Last TAMARA Ann Whinnery

Business/Organization Name Outhouse Bar

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

Date of Birth \_\_\_\_\_ Place of Birth Baldwin, WI 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? NO

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

List prior addresses for the past five years N/A

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

- 1) Kayla Brown - Colfax
- 2) Lisa Smetsen - Colfax
- 3) Shelly Kistner - Elk Mound

Have you ever been a member of the Military Service? NO Discharge? \_\_\_\_\_

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

Colfax High School - Graduate  
Chippewa Valley Technical

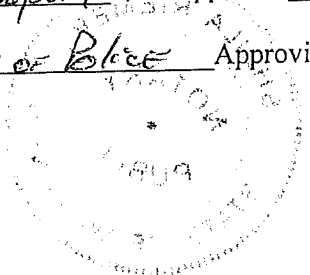
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Tamara A. Whinnery Date 5-19-17

Official Use Only-Below This Line

Date Received 06/06/17 Date Approved 06/06/17 Date Denied \_\_\_\_\_

Researcher CAROL BLICE Approving Officer Signature [Signature]



5.22.17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 43 years of age.

Laurina H. Brenden  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Davina Brenden  
Address of Applicant N8247 940th St Colfax WI 54730

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

no

Date of such conviction na

Name of Court na

Nature of offense na

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

no

Laurina H. Brenden  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

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

Subscribed and sworn to before me this 22nd

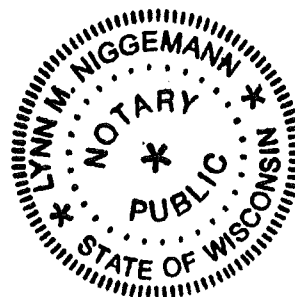
Laurina H. Brenden  
Applicant sign here

day of May 2017

Lynn M. Niggemann

Notary Public, Dunn County, Wis.

Expires 04-19-2019



# COLFAX POLICE DEPARTMENT

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

## Supplemental - General License Application

**Instructions:** Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

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

Full Name-First, Middle, Last Dawina Lynn Brenden

Business/Organization Name Bucksnort

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

Date of Birth \_\_\_\_\_ Place of Birth Richland Center 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? NO

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

List prior addresses for the past five years NA

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

- 1) Missy Hellman
- 2) Trina Peterson
- 3) Ruth Peterson

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

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

Riverdale High School, 12th

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

Signature Dawina A. Brenden Date 5-22-17

### Official Use Only-Below This Line

Date Received 06/06/2017 Date Approved 06/06/2017 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

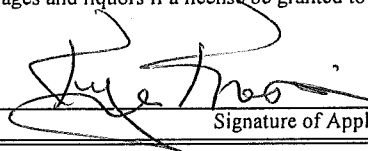
42317

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 54 years of age.

  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Ryle Kressin

Address of Applicant N8441 G Rd M. Colfax, WI 54730

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

No

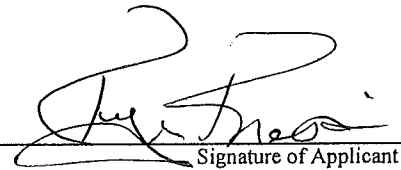
Date of such conviction \_\_\_\_\_

Name of Court \_\_\_\_\_

Nature of offense \_\_\_\_\_

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

No

  
Signature of Applicant

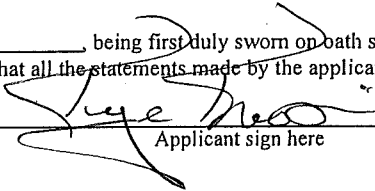
STATE OF WISCONSIN,

Dunn County. ss.

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

Subscribed and sworn to before me this 4th

day of May, 2017

  
Applicant sign here

Margaret Burcham  
Notary Public, Dunn County, Wis.

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

# COLFAX POLICE DEPARTMENT

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

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

Full Name-First, Middle, Last Kyle Alan Kressin

Business/Organization Name Kyle's Market

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

Date of Birth — Place of Birth Bloomer, WI 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? 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) Chris Meinen 917 14th Ave Bloomer, WI
- 2) Clarence M. Kl 1419 11th Ave Bloomer, WI
- 3) Kat Shadick 19696 Cty Hwy F Bloomer, WI

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

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

Bloomer High School  
Chippewa Valley Tech

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 Kyle Kressin Date 5-4-17

## Official Use Only-Below This Line

Date Received 5/6/2017 Date Approved 5/6/2017 Date Denied —

Researcher Chief of Police Approving Officer Signature [Signature]

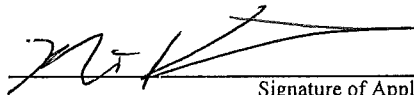
5.23.17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 31 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant NICHOLAS KRESSIN

Address of Applicant 2789 23rd STREET

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

no

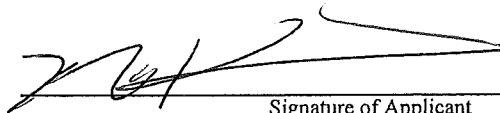
Date of such conviction na

Name of Court na

Nature of offense na

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

no



Signature of Applicant

STATE OF WISCONSIN,

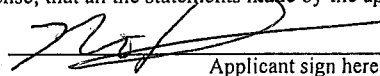
ss.

Dunn County.

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

Subscribed and sworn to before me this 22ND

day of May, 2017



Applicant sign here

Margaret Burcham  
Notary Public, Dunn County, Wis.

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

## COLFAX POLICE DEPARTMENT

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

Instructions: Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

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

Full Name-First, Middle, Last NICHOLAS NORBERT KESSIN

Business/Organization Name KYLE'S MARKET

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

Date of Birth \_\_\_\_\_ Place of Birth CHIPPewa 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? NO  
If yes, list offense, date and place occurring. NA

List prior addresses for the past five years \_\_\_\_\_

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

- 1) RENEE Gordon 89467 1170th Ave Colfax
- 2) MARY Muza 308 11th St. Menomonie, WI 54751
- 3) KATE OLSON EQ101 8th Rd. 40 Colfax WI 54730

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

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

Bloomer High School 2004  
UW Stout 2008

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

Signature [Signature] Date 5-22-17

Official Use Only-Below This Line

Date Received 06/06/2017 Date Approved 06/06/2017 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

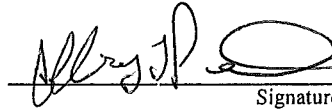
5-23-17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 46 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Jeff Peterson

Address of Applicant 302 4th Ave, Colfax WI 54730

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

NA

Date of such conviction

NA

Name of Court

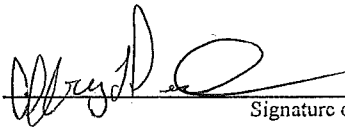
NA

Nature of offense

NA

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

NA



Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

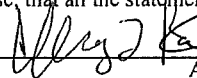
Jeff Peterson being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this

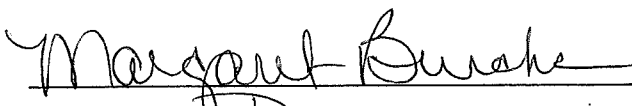
23rd

day of

May 2017



Applicant sign here



Notary Public, Dunn County, Wis.

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

# COLFAX POLICE DEPARTMENT

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

**Instructions:** Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

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

Full Name-First, Middle, Last Jeffrey Harry Peterson

Business/Organization Name Kyle's Market

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

Date of Birth \_\_\_\_\_ Place of Birth East Troy 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? NA  
If yes, list offense, date and place occurring. \_\_\_\_\_

List prior addresses for the past five years 302 4th Ave Colfax, WI 54730

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

- 1) Mary Muzur 308 11th St. Menomonie, WI 54751
- 2) Kim McElDowney 604 Evergreen Colfax, WI 54730
- 3) Tucker Houde 110 West 5th Ave Colfax, WI 54730

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

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

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

Signature [Signature] Date 5/23/2017

## Official Use Only-Below This Line

Date Received 06/06/2017 Date Approved 06/06/2017 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

523.17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 53 years of age.

Kim R. McEldowney  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Kim McEldowney

Address of Applicant 604 EVERGREEN ST.

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

NO

Date of such conviction n/a

Name of Court n/a

Nature of offense n/a

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

NO

Kim R. McEldowney  
Signature of Applicant

STATE OF WISCONSIN,

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

Subscribed and sworn to before me this 18<sup>th</sup> Kim R. McEldowney  
Applicant sign here

day of MAY, 2017

Lianne Clark

Notary Public, Dunn County, Wis.

my commission expires 6/4/17

# COLFAX POLICE DEPARTMENT

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

**Instructions:** Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

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

Full Name-First, Middle, Last Kim Renee McElDowney

Business/Organization Name Kyle's Market

Full Prior Names (nicknames, maiden names, etc.) Kim Renee Thompson

Date of Birth \_\_\_\_\_ Place of Birth Two Harbors, Minnesota 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? NO  
If yes, list offense, date and place occurring. \_\_\_\_\_

List prior addresses for the past five years N/A

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

- 1) Myung Muz 308 17th St Menomonie, WI 54751
- 2) Jeff Peterson 302 4th Ave Colfax, WI 54730
- 3) Aune Ingram

Have you ever been a member of the Military Service? NO Discharge? \_\_\_\_\_

Education- include name of High School, location, grade completed and any training beyond high school.  
Colorado Springs Christian School, Colorado 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 Kim R. McElDowney Date 5/15/17

## Official Use Only-Below This Line

Date Received 05/06/2017 Date Approved 05/06/2017 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

5.23.17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 21 years of age.

Sophia Amick  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Sophia Amick

Address of Applicant 122 Park Dr. Trl. #101

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

No

Date of such conviction na

Name of Court na

Nature of offense na

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

No

Sophia Amick  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

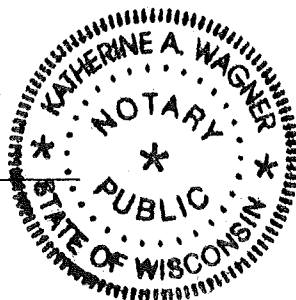
Sophia Amick being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 22nd

Sophia Amick  
Applicant sign here

day of May 2017

Katherine A. Wagner  
Notary Public, Dunn County, Wis.  
Comm exp. 4-25-2021



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

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

Researcher Chief of Police Approving Officer Signature [Signature]

5.23.17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 30 years of age.

  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Mikki McCutcheon

Address of Applicant 4016 Main St. Colfax WI 54730

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

NO

Date of such conviction na

Name of Court na

Nature of offense na

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

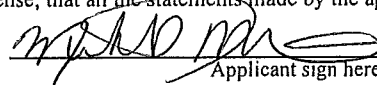
NO

  
Signature of Applicant

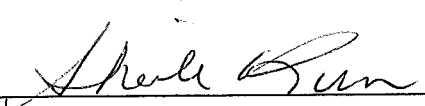
STATE OF WISCONSIN,

Dunn ss. County.

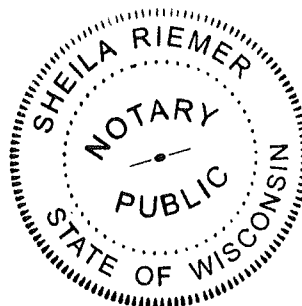
Mikki McCutcheon being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 22nd day of May 2017  Applicant sign here

day of May 2017

  
Notary Public, Dunn County, Wis.

my comm expires  
8-27-18



# COLFAX POLICE DEPARTMENT

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

**Instructions:** Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

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

Full Name-First, Middle, Last Mikki Jean McCutcheon

Business/Organization Name Kyles Market

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

Date of Birth \_\_\_\_\_ Place of Birth Menomonie WI 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? NO  
If yes, list offense, date and place occurring. \_\_\_\_\_

List prior addresses for the past five years 4010 Main St. Colfax WI 54730

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

- 1) Katelynn Olson 69101 St. Rd 40 Colfax WI 54730
- 2) Nick Kesson 2789 23rd St Elk Mound WI
- 3) Tucker Houde 110 West 5th Ave. Colfax, WI 54730

Have you ever been a member of the Military Service? NO Discharge? \_\_\_\_\_

Education- include name of High School, location, grade completed and any training beyond high school.  
Menomonie High School - 12

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

Signature Mikki McCutcheon Date 5/12/17

## Official Use Only-Below This Line

Date Received 06/06/2017 Date Approved 06/06/2017 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

5.23.17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 55 years of age.

Mary Muza

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Mary Muza

Address of Applicant 308 11th St Menomonie, WI 54751

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

N/A

Date of such conviction N/A

Name of Court N/A

Nature of offense N/A

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

NO

Mary Muza

Signature of Applicant

STATE OF WISCONSIN,

Dunn

County.

ss.

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

Subscribed and sworn to before me this 11th

Mary Muza

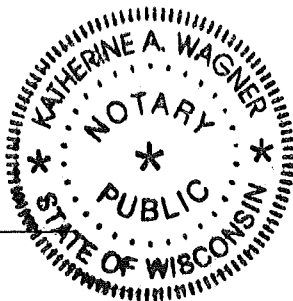
Applicant sign here

day of May 2017

Katherine A. Wagner

Notary Public, Dunn County, Wis.

Comm exp 7-25-2021



# COLFAX POLICE DEPARTMENT

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

## Supplemental - General License Application

**Instructions:** Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

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

Full Name-First, Middle, Last Mary Michele Muza

Business/Organization Name Kyle's Market

Full Prior Names (nicknames, maiden names, etc.) Mary Michele Mueller Bogels

Date of Birth \_\_\_\_\_ Place of Birth River Falls, WI 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. N/A

List prior addresses for the past five years N/A

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

- 1) Kim McElbourne 604 Evergreen Colfax, WI 54730
- 2) Brittney Moonen 2910 724th Ave Elk Mound, WI 54739
- 3) Jeff Peterson 302 4th Ave Colfax, WI 54730

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

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

St. Croix Central, Hammond, WI 54015 12th Grade  
CVTC, Eau Claire, WI 3 semesters

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

Signature Mary Muza Date 5-11-17

### Official Use Only-Below This Line

Date Received 5/10/2017 Date Approved 5/10/2017 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

5/23/17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 20 years of age.

Tucker J. Hovde  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Tucker Hovde

Address of Applicant 110 West 5th Ave. Colfax, WI 54730

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

NO

Date of such conviction na

Name of Court na

Nature of offense na

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

NO

Tucker J. Hovde  
Signature of Applicant

STATE OF WISCONSIN,

DUNN County.

ss.

Tucker Hovde

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

Subscribed and sworn to before me this 12th

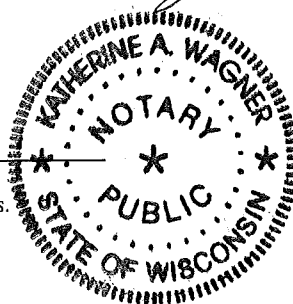
day of May 2017

Tucker J. Hovde  
Applicant sign here  
Tucker J. Hovde

Katherine A. Wagner

Notary Public, Dunn County, Wis.

Comm exp. 4.25-2021



# 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 Tucker Tony Horde

Business/Organization Name Kyle's Market

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

Date of Birth \_\_\_\_\_ Place of Birth St. Francis Hospital Phone (35)

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Have you ever been arrested for, or convicted of any laws, including traffic? NO  
If yes, list offense, date and place occurring. \_\_\_\_\_

List prior addresses for the past five years \_\_\_\_\_

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

- 1) Kathleen Olson 89101 St. Rd 40 Colfax WI 54730
- 2) Mike McCutcheon 406 Main St Colfax WI 54730
- 3) Mary Maza 308 1st St Menomonie, WI 54751

Have you ever been a member of the Military Service? NO Discharge? \_\_\_\_\_

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

Colfax High School Located: Colfax, WI 12<sup>th</sup> Grade Completed  
Completed 1 year of general 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 Tucker T. Horde Date 5/12/17

## Official Use Only-Below This Line

Date Received 5/10/17 Date Approved 5/10/17 Date Denied \_\_\_\_\_

Researcher CURT OF POLICE Approving Officer Signature [Signature]

523.17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 19 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Nicole Nierenhausen

Address of Applicant 7971 25th St Colfax, WI 54730

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

no

Date of such conviction ha

Name of Court ha

Nature of offense ha

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

no



Signature of Applicant

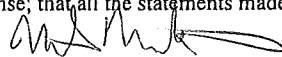
STATE OF WISCONSIN,

Dunn County.

ss.

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

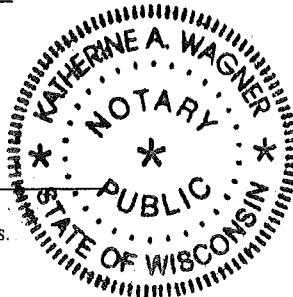
Subscribed and sworn to before me this 13th



Applicant sign here

day of May 2017

Katherine A. Wagner  
Notary Public, Dunn County, Wis.  
Comm exp 4-25-2021



# COLFAX POLICE DEPARTMENT

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

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

Full Name-First, Middle, Last Nicole Dana Nierenhausen

Business/Organization Name Kyles Market

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

Date of Birth \_\_\_\_\_ Place of Birth Fau Claire Phone 715-933-0060

Sex F Race C Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Have you ever been arrested for, or convicted of any laws, including traffic? No  
If yes, list offense, date and place occurring. \_\_\_\_\_

List prior addresses for the past five years 7971 25<sup>th</sup> St. Colfax, WI 54730

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

- 1) Mrs. Maves 715-632-2486 64990 920 Ave Boyeville
- 2) Kathy Tape 8442 1120<sup>th</sup> Ave Colfax, WI 54730
- 3) Mrs. Doucette 214 Viking Dr Colfax, WI 54730

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

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

Colfax High School, Colfax, WI, graduated  
St. Cloud State University St. Cloud MN

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

Signature [Signature] Date 5-13-17

## Official Use Only-Below This Line

Date Received 05/16/17 Date Approved 05/16/17 Date Denied \_\_\_\_\_

Researcher Curtis Polze Approving Officer Signature [Signature]

5.23.17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 36 years of age.

Renee  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Renee Goodell  
Address of Applicant 5947 1170th Colfax WI 54730

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

no

Date of such conviction na

Name of Court na

Nature of offense na

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

no

Renee M. Goodell  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

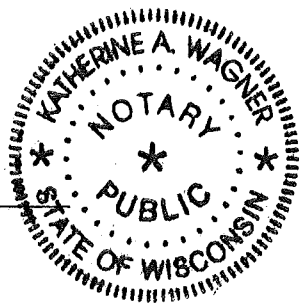
Renee M. Goodell being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 11th

Renee  
Applicant sign here

day of May 2017

Katherine A. Wagner  
Notary Public, Dunn County, Wis.  
comm exp 4-25-2021



**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 Rence Marie Goodell

Business/Organization Name Kyle's Market

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

Date of Birth \_\_\_\_\_ Place of Birth Menomonie Phone \_\_\_\_\_

Sex \_\_\_\_\_ Race w Height 5' 8" Weight \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. 6-1-1

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 69467 1170 Ave Colfax

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

- 1) Nathy Tane 8442 S 1090th Ave Colfax
- 2) Kyle Knutson entr Rd W Colfax
- 3) Angie Nieg 25841 910th Ave Colfax

Have you ever been a member of the Military Service? NO Discharge? \_\_\_\_\_

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

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

Signature [Signature] Date 5-10-07

**Official Use Only-Below This Line**

Date Received 06/06/07 Date Approved 06/06/07 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

5.23.17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 20 years of age.

Noelle Olson

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Noelle Olson

Address of Applicant 212 Viking Drive Colfax, WI 54730

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

No

Date of such conviction NA

Name of Court NA

Nature of offense NA

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

NA

Noelle Olson

Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Noelle Olson

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

Subscribed and sworn to before me this 15th

Noelle Olson

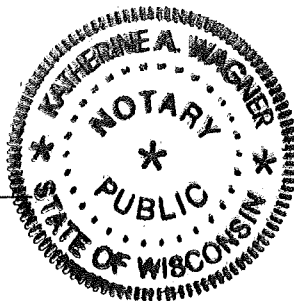
Applicant sign here

day of May 2017

Katherine A. Wagner

Notary Public, Dunn County, Wis.

comm. exp 4-25-2021



# COLFAX POLICE DEPARTMENT

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

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

Full Name-First, Middle, Last Noelle Lauren Olson

Business/Organization Name Kyle's Market

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

Date of Birth \_\_\_\_\_ Place of Birth Luther Hospital Phone \_\_\_\_\_  
Eau Claire, WI

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Have you ever been arrested for, or convicted of any laws, including traffic? No

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

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

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

- 1) Jason Taylor 112625 690th St. Wheeler, WI 54782
- 2) Jordan Herrick 665 1st Ave Colfax, WI 54730
- 3) Miranda Mayfield 501 High Street Colfax, WI 54730

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

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

Colfax High School Colfax, WI - High School Diploma  
Chippewa 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.

Signature Noelle Olson Date 5-15-17

## Official Use Only-Below This Line

Date Received 06/06/2017 Date Approved 06/06/2017 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

5.23.17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018 , inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 25 years of age.

Katelynn Olson  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Katelynn Olson

Address of Applicant E9101 St. Rd 40 Colfax, WI 54730

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

Date of such conviction

Name of Court

Nature of offense

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?  
NO

Katelynn Olson  
Signature of Applicant

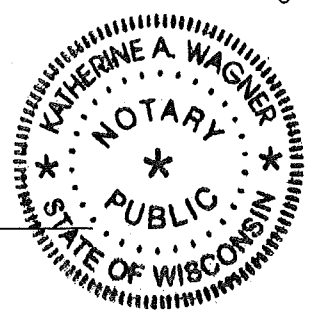
STATE OF WISCONSIN,  
Dunn County. ss.

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

Subscribed and sworn to before me this 11th Katelynn Olson  
Applicant sign here

day of May 2017

Katherine A. Wagner  
Notary Public, Dunn County, Wis.



# COLFAX POLICE DEPARTMENT

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

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

Full Name-First, Middle, Last Katelynn Lee Olson

Business/Organization Name Kyle's Market

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

Date of Birth \_\_\_\_\_ Place of Birth Fau Claire Phone 1-800-333-3333

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Have you ever been arrested for, or convicted of any laws, including traffic? NO  
If yes, list offense, date and place occurring. \_\_\_\_\_

List prior addresses for the past five years 112048 890th St. Colfax, WI 54730,  
Eq101 St. Rd. 40 Colfax, WI 54730

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

- 1) NICK KRESS, 2789 23rd ST FAU CLAIRE
- 2) MIKKI MCCUTCHEON 401 Main St Colfax
- 3) ELIZABETH J. DE MOE 118 PARK DR. #10 COLFAX

Have you ever been a member of the Military Service? NO Discharge? \_\_\_\_\_

Education- include name of High School, location, grade completed and any training beyond high school.  
Colfax High School; Colfax; 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 Katelynn Olson Date 5/11/17

## Official Use Only-Below This Line

Date Received 06/06/2017 Date Approved 06/06/2017 Date Denied \_\_\_\_\_

Researcher CHIEF OF POLICE Approving Officer Signature [Signature]

5.23.17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 70 years of age.

*Elizabeth J. De Moe B.J.*  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant *Elizabeth J. De Moe B.J.*

Address of Applicant *1118 Oak Dr. #10 Colfax, WI 54730*

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

*No*  
Date of such conviction

Name of Court

Nature of offense

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

*No*

*Elizabeth J. De Moe B.J.*  
Signature of Applicant

STATE OF WISCONSIN,

*Dunn* County.

ss.

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

Subscribed and sworn to before me this 12th

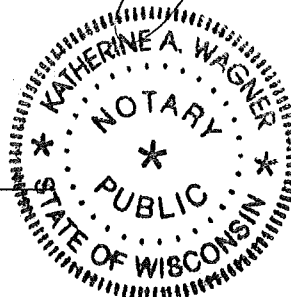
day of May 2017

*Elizabeth J. De Moe B.J.*  
Applicant sign here

*Katherine A. Wagner*

Notary Public, *Dunn* County, Wis.

Comm. Exp 4.25.2021



# COLFAX POLICE DEPARTMENT

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

## Supplemental - General License Application

**Instructions:** Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

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

Full Name-First, Middle, Last Elizabeth J. De Mue B.J.

Business/Organization Name Hydes Market

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

Date of Birth \_\_\_\_\_ Place of Birth Iron Station, WI Phone 111-1111

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Have you ever been arrested for, or convicted of any laws, including traffic? Speeding, Yes  
If yes, list offense, date and place occurring. Yes - 17 yrs. ago for Speeding

List prior addresses for the past five years NA

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

- 1) Kathlynn Olson 89101 St. Rd 40 Colfax WI 54730
- 2) DAVID J. SAUTER, NE437 COUNTY R. M. COLFAX, WI 54730
- 3) CHRIS LAMM 517 5TH ST. COLFAX

Have you ever been a member of the Military Service? NO Discharge? \_\_\_\_\_

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

Mary D. Bradford - Keweenaw, WI - 11 -  
J.E.D. = 78 Bookkeeping - 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 Elizabeth J. De Mue B.J. Date 5-12-17

### Official Use Only-Below This Line

Date Received 05/02/2017 Date Approved 05/02/2017 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

5.23.17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 19 years of age.

Daniel G. Schneider  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Daniel G. Schneider

Address of Applicant N13558 Cty Hwy U New Auburn WI 54757

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

NO

Date of such conviction na

Name of Court na

Nature of offense na

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

NO

Daniel Schneider  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

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

Subscribed and sworn to before me this

17th

Daniel G. Schneider  
Applicant sign here

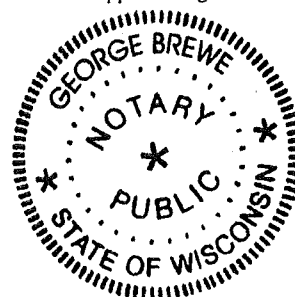
day of

May 2017

[Signature]

Notary Public, Dunn County, Wis.

Exp: 12-8-2018



# COLFAX POLICE DEPARTMENT

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

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

Full Name-First, Middle, Last Daniel Glenn Schneider

Business/Organization Name Kyle's Market

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

Date of Birth \_\_\_\_\_ Place of Birth HSHS Secret Heart 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? NO  
If yes, list offense, date and place occurring. \_\_\_\_\_

List prior addresses for the past five years 703 University Ave Colfax WI 54735

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

- 1) Kyle Kressin 115 Main St Colfax WI
- 2) Deb Toyen 609 University Ave Colfax WI
- 3) Sally Jahn 712 University Ave Colfax WI

Have you ever been a member of the Military Service? NO Discharge? \_\_\_\_\_

Education- include name of High School, location, grade completed and any training beyond high school.  
Colfax High School 9, 10, 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.

Signature Daniel G. Schneider Date 5-11-17

## Official Use Only-Below This Line

Date Received 06/06/2017 Date Approved 06/06/2017 Date Denied \_\_\_\_\_

Researcher Diana Kline Approving Officer Signature [Signature]

5-23-17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 61 years of age.

Rondi Iverson Demme  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Rondi L. Iverson-Demme

Address of Applicant 703 Pine St. Colfax WI 54730

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

No

Date of such conviction

Name of Court

Nature of offense

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

NO

Rondi Iverson Demme  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

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

Subscribed and sworn to before me this

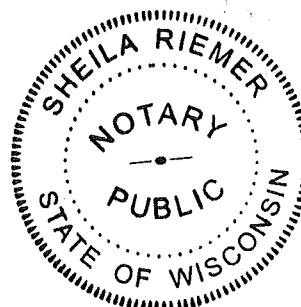
12th

Rondi Iverson Demme  
Applicant sign here

day of May 2017

Sheila Riemer  
Notary Public, Dunn County, Wis.

my Comm expires 8-27-18



# COLFAX POLICE DEPARTMENT

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

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

Full Name-First, Middle, Last Rondi Lynn Iverson-Dermoe

Business/Organization Name Express mart

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

Date of Birth 1-1-77 Place of Birth Eau Claire WI 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? 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) Dan Olson Chippewa
- 2) Joni Berres Colfax
- 3) Chris Lunn Colfax

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

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

Colfax High School Colfax WI  
UW-EC Eau Claire BS degree education

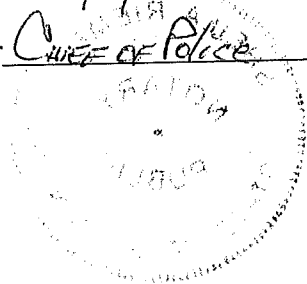
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Rondi Iverson-Dermoe Date 5-9-17

## Official Use Only-Below This Line

Date Received 06/06/2017 Date Approved 06/06/2017 Date Denied

Researcher Chief of Police Approving Officer Signature [Signature]



5-23-17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 59 years of age.

Chris A. Lunn  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant CHRIS A. LUNN

Address of Applicant 517 5TH AVE COLFAX

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

NO

Date of such conviction —

Name of Court —

Nature of offense —

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

NO

Chris A. Lunn  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

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

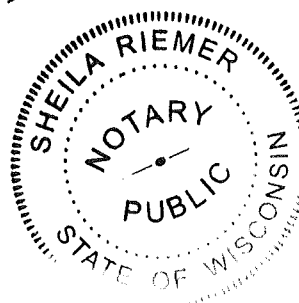
Subscribed and sworn to before me this 10th

day of May 2017

Sheila Riemer  
Applicant sign here

Sheila Riemer  
Notary Public, Dunn County, Wis.

my comm. expires 8-27-18



# COLFAX POLICE DEPARTMENT

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

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

Full Name-First, Middle, Last CHRIS PLEN LUND

Business/Organization Name EXPRESS MART

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

Date of Birth \_\_\_\_\_ Place of Birth CLAIR Phone \_\_\_\_\_

Sex M Race W Height 5-8 Weight 170

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

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

If yes, list offense, date and place occurring. \_\_\_\_\_

List prior addresses for the past five years 517 FIFTH AV COLFAX

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

- 1) JOHN OLSON CRIPPLED HILLS
- 2) RONNIE DENNIS COLFAX
- 3) ROSE SVETLANA COLFAX

Have you ever been a member of the Military Service? Q 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 [Signature] Date 5-4-17

## Official Use Only-Below This Line

Date Received 06/06/17 Date Approved 06/06/17 Date Denied \_\_\_\_\_

Researcher CHIEF OF POLICE Approving Officer Signature [Signature]

5.23.17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 38 years of age.

Tammy Dalhoe  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Tammy Dalhoe

Address of Applicant E8500 State Road 170 - Colfax

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

NO

Date of such conviction —

Name of Court —

Nature of offense —

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

NO

Tammy Dalhoe  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

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

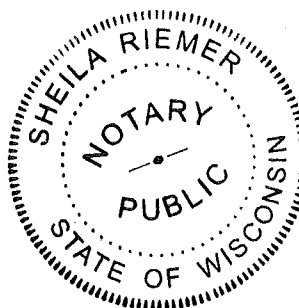
Subscribed and sworn to before me this 10<sup>th</sup>

day of May 2017

Tammy Dalhoe  
Applicant sign here

Shule Kim  
Notary Public, Dunn County, Wis.

my comm. expires 8-27-18



# COLFAX POLICE DEPARTMENT

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

## Supplemental - General License Application

**Instructions:** Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

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

Full Name-First, Middle, Last Tammy Marie Dalhve

Business/Organization Name Express Mart & Outhouse Bar

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

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Phone 715 \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Have you ever been arrested for, or convicted of any laws, including traffic? Seatbelt  
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) Erica Geherman - Colfax WI -
- 2) Bondi DeLuca - Colfax WI -
- 3) Kari Keimann - Colfax WI -

Have you ever been a member of the Military Service? NO Discharge? \_\_\_\_\_

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

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 Tammy Dalhve Date May 3-2017

### Official Use Only-Below This Line

Date Received 05/03/17 Date Approved 05/03/17 Date Denied \_\_\_\_\_

Researcher CHIEF OF POLICE Approving Officer Signature [Signature]

5.23.17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 52 years of age.

Brenda L. Kettner  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Brenda Lee Kettner

Address of Applicant 909 University Ave Colfax

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

Date of such conviction -

Name of Court -

Nature of offense -

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?  
no

Brenda L. Kettner  
Signature of Applicant

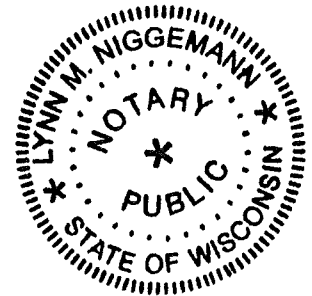
STATE OF WISCONSIN,  
Dunn County, ss.

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

Subscribed and sworn to before me this 4th day of April 2017  
day of April May 2017  
Brenda L. Kettner  
Applicant sign here

Lynn M. Niggemann  
Notary Public, Dunn County, Wis.

Commission expires 04-19-2019



# COLFAX POLICE DEPARTMENT

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

Instructions: Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

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

Full Name-First, Middle, Last Brenda Lee Kettner

Business/Organization Name Express Mart

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

Date of Birth \_\_\_\_\_ Place of Birth Denver CO Phone \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. NA

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 715 Johnson-Olson St.,

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

- 1) Randi Demore Colfax WI
- 2) Marcy Wilder Colfax WI
- 3) Phyllis Lovejoy Colfax WI

Have you ever been a member of the Military Service? NO Discharge? \_\_\_\_\_

Education- include name of High School, location, grade completed and any training beyond high school.  
McVillie Public McVillie 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 Brenda L. Kettner Date 5-3-17

## Official Use Only-Below This Line

Date Received 05-04-17 Date Approved 05/06/2017 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2017 - June 30, 2018

Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors

Fee - \$10.00

I, the                      Clerk of the                      Village of                      Colfax, Wisconsin:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 28 years of age.

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Patrick L'Esperance

Address of Applicant 625 Main St. Colfax WI 54730

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

YES

Date of such conviction 2009 - 2014

Location of Court Dunn, Eau Claire, Pepin

Reason for offense Traffic, Underage Drinking, city ord., Disorderly Conduct

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

NO

Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

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

Subscribed and sworn to before me this 10<sup>th</sup>

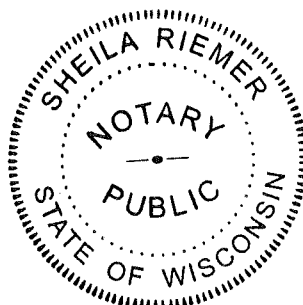
May 2017

Applicant sign here

Sheila Riemer

Public, Dunn County, Wis.

my comm expires 8-27-18



# COLFAX POLICE DEPARTMENT

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

## Supplemental - General License Application

**Instructions:** Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee 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. This will 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 L'Esperance

Business/Organization Name Express Mart

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

Date of Birth 1/1/71 Place of Birth Eau Claire 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? yes  
If yes, list offense, date and place occurring. 2009-2014 Traffic - Dis.

List prior addresses for the past five years 818 Main St. Eau Claire  
2009-2014

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

- 1) Vickey Larson
- 2) Charles Floberg
- 3) Edward Stewart IV

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  
Durand High Some college

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

Signature [Signature] Date 5/3/17

### Official Use Only-Below This Line

Date Received 5/3/17 Date Approved 5/3/17 Date Denied \_\_\_\_\_

Researcher Colfax Police Approving Officer Signature [Signature]

5/23/17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 31 years of age.

[Signature]  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Tana McKnight

Address of Applicant E94810 780th AVE Colfax WI 54730

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

yes

Date of such conviction 2004

Name of Court Eau Claire City

Nature of offense Misdemeanor theft

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

NO

[Signature]  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

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

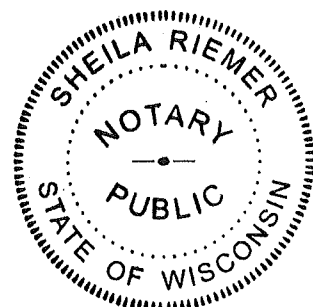
Subscribed and sworn to before me this 15th

[Signature]  
Applicant sign here

day of May 2017

[Signature]  
Notary Public, Dunn County, Wis.

my comm. expires 8-27-18



# COLFAX POLICE DEPARTMENT

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

Instructions: Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

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

Full Name-First, Middle, Last Tana Leigh McKnight

Business/Organization Name Express Mart

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

Date of Birth \_\_\_\_\_ Place of Birth Kentucky 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? yes  
If yes, list offense, date and place occurring. medmanner theft - 2004

List prior addresses for the past five years 508 Pine St Colfax WI 54730

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

- 1) Jymie Medlock 780th Ave. Colfax WI 54730
- 2) Elizabeth Walters Pine St Colfax WI 54730
- 3) Clinton Harshman Pine St Colfax WI 54730

Have you ever been a member of the Military Service? NO Discharge? \_\_\_\_\_

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

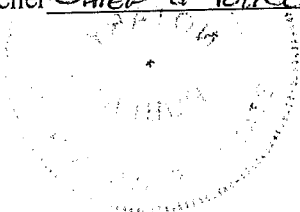
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Tana McKnight Date 05-15-17

## Official Use Only-Below This Line

Date Received 06/06/2017 Date Approved 06/06/2017 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]



5.23.17

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:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 34 years of age.

Kari Reiman  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Kari Reiman

Address of Applicant 122 Park Dr #117 PO Box 55 Colfax WI 54736

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

NO

Date of such conviction

Name of Court

Nature of offense

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

NO

Kari Reiman  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

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

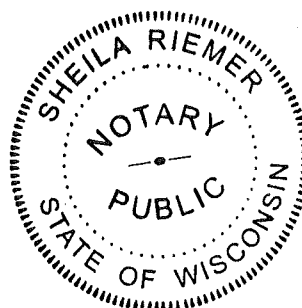
Subscribed and sworn to before me this 23<sup>rd</sup>

Kari Reiman  
Applicant sign here

day of May 2017

Sheila Riemer  
Notary Public, Dunn County, Wis.

my comm. expires  
8-27-18



# COLFAX POLICE DEPARTMENT

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

Instructions: Fill in all blanks, if a blank doesn't apply to your situation; fill in with "NA". A \$5.00 Investigation Fee is due to the Village of Colfax when submitting this application. The Investigation Fee does not apply to: fermented beer, liquor, or on-off sale licenses. The fee, if applicable, will be instituted by the Village Clerk. Your receipt of this application will be accepted or denied within 72 hours (3 days) by the Colfax Police Department upon receipt of this application. This form is to be filled out in addition to any others required by the Village of Colfax. Any information on this application found to be false will be grounds for non-approval of this application.

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

Full Name-First, Middle, Last Kari Marie Reinmann

Business/Organization Name Express Mart Colfax

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

Date of Birth 1-1- Place of Birth Bloomer 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? Express plates, driving while suspended  
If yes, list offense, date and place occurring. Dunn City

List prior addresses for the past five years 122 Park Dr Colfax  
Pandora

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

- 1) Tammy Daltor Colfax
- 2) Rachel Demore Colfax
- 3) Carry Davis Colfax

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

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

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

Signature Kari Reinmann Date 5-5-17

## Official Use Only-Below This Line

Date Received 05/06/2017 Date Approved 05/06/2017 Date Denied

Researcher Chief of Police Approving Officer Signature [Signature]