

5.18.17

Pat C. Card

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.

Deborah Huebsch  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Deborah Huebsch

Address of Applicant 508 Evergreen Street Colfax WI

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

No Yes D.H.

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?

2/1/17 - selling alcohol to underage person (1st offense)

Deborah Huebsch  
Signature of Applicant

STATE OF WISCONSIN,

Dunn

County.

ss.

Deborah Huebsch

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

Subscribed and sworn to before me this

18th

Deborah Huebsch  
Applicant sign here

day of

May 2017

Shirley Riemer

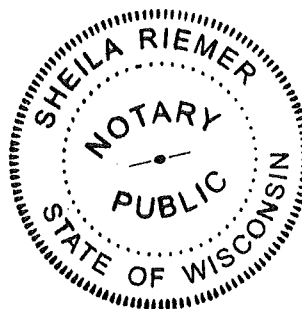
Notary Public,

Dunn

County, Wis.

my comm. expires

8-27-18



## COLFAX POLICE DEPARTMENT

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

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

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

Full Name-First, Middle, Last Deborah Lee Huebsch

Business/Organization Name Little Italy

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

Date of Birth 11-11-71 Place of Birth Baden Baden Germany 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) Annie Scheiber, Colfax, WI
- 2) Marrie Ledin, Barron, WI
- 3) Sandy Checkalski, Barron, WI

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

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

AMERON HIGH SCHOOL Cameron, WI  
WITC Rice Lake, WI

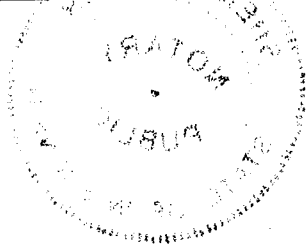
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Deborah Huebsch Date 5-18-17

Official Use Only-Below This Line

Date Received October 7 Date Approved October 7 Date Denied ---

Researcher OFF OF P.O. 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 18 years of age.

Alex Popple  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Alexandra Popple  
Address of Applicant 507 Fairview 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

Alex Popple  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Alexandra Popple 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.

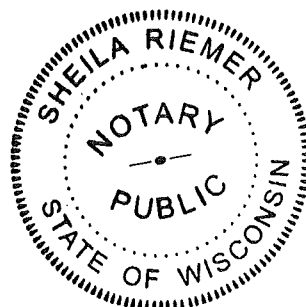
Subscribed and sworn to before me this 22nd

day of May 2017

Alex Popple  
Applicant sign here

Shirley Bunn  
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 Alexandra Mareelline Papple

Business/Organization Name A Little Slice of Italy

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

Date of Birth                      Place of Birth Chippewa Falls 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 507 Fairview Dr.  
Colfax, WI. 54730

List three personal references, not related to you. Include name, address & phone number  
1) Rich Jensen 805 East Railroad  
2) Annie Schieber  
3) Brittany Rothbauer 19410 730th St

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

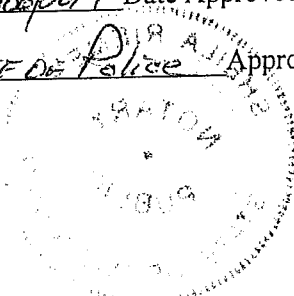
Education- include name of High School, location, grade completed and any training beyond high school.  
Home schooled

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 Alex Papple Date 5-18-17

## 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]



5.24-17

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 24 years of age.

Shanna Sundstrom  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Shanna Sundstrom

Address of Applicant N8429 Cty Rd 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?

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

Shanna Sundstrom  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Shanna Sundstrom, 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 22<sup>nd</sup>

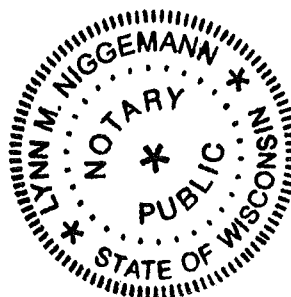
day of May 2017

Shanna Sundstrom  
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

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

Full Name-First, Middle, Last Shanna Jenele Sundstrom

Business/Organization Name A Little Slice of Italy

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

Date of Birth \_\_\_\_\_ Place of Birth Phoenix, Az. 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 N8381 Cty Rd M. Colfax, WI, 122 1/2 W Cascade Ave, River Falls, WI, 301 Michaels Ln Menomonie, WI, N8424 Cty Rd M. Colfax, WI

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

- 1) Kaleb Chipman N8424 Cty Rd M Colfax, WI
- 2) Annie Schieber 501 Main St Colfax WI
- 3) Tommi Mattson 117 W. Grand Ave Eau Claire WI

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

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

Colfax High School 2011 Graduate  
UW-River Falls 2015 Graduate

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

Signature [Signature] Date 5/22/17

## Official Use Only-Below This Line

Date Received 06/06/2017 Date Approved 06/26/2017 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

5.24.17

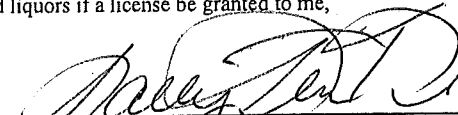
July 1, 2017 - June 30, 2018  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors

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 56 years of age.

  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Sally Steinke

Address of Applicant 88584 State Rd 170

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

NO N/A

Date of such conviction

N/A

Name of Court

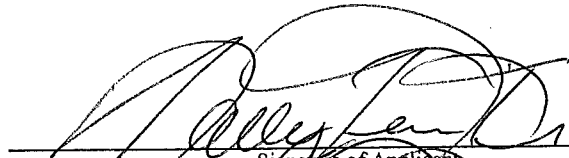
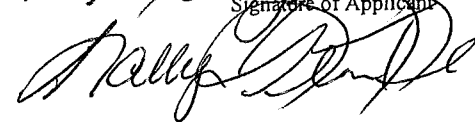
N/A

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

  
Signature of Applicant  


STATE OF WISCONSIN,

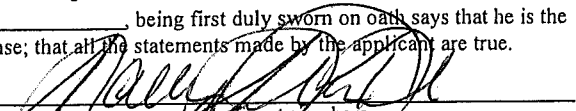
Dunn County.

ss.

Sally Steinke 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 13<sup>th</sup>

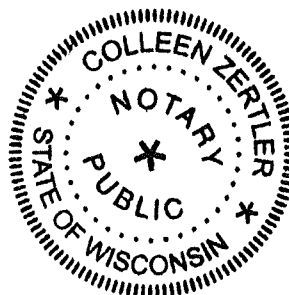
day of May 2017

  
Applicant sign here

Colleen Zertler

Notary Public, Dunn County, Wis.

Commission expires 02-09-2021



**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 Jelly Rae Stenke  
Business/Organization Name Little Slice of Italy  
Full Prior Names (nicknames, maiden names, etc.) Maves, Fawcett  
Date of Birth 7-1-77 Place of Birth Minnesota Phone 414-223-1111  
Sex F Race W Height 5'6" Weight 125  
Social Security No. 414-223-1111 Driver's License No. 414-223-1111

Have you ever been arrested for, or convicted of any laws, including traffic? Yes  
If yes, list offense, date and place occurring. DWI 2003

List prior addresses for the past five years N/A

List three personal references, not related to you. Include name, address & phone number.  
1) Annie Schieber Colfax WI  
2) Joan Phillips Menomonie WI  
3) Lynn Krogman Menomonie WI

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.  
BHS Boyceville, WI  
CVTC Chippewa Valley Tech Eau Claire WI

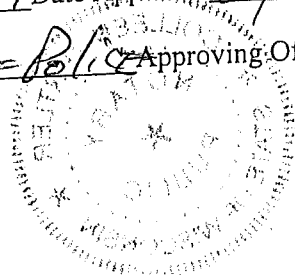
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature [Signature] Date 06/06/17

**Official Use Only-Below This Line**

Date Received 06/06/17 Date Approved 06/06/17 Date Denied   

Researcher [Signature] Approving Officer Signature [Signature]





5-24-17

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.

*Mercedes Romander*  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Mercedes Eve Romander

Address of Applicant 29359 City Road N 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

*Mercedes Romander*  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

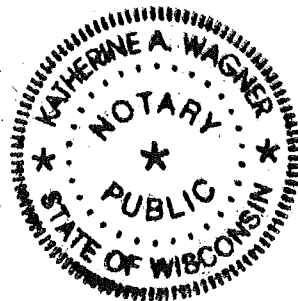
Mercedes Romander, being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true

Subscribed and sworn to before me this 16th

day of May 2017

*Mercedes Romander*  
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

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

Full Name-First, Middle, Last Mercedes Eve Ronnander

Business/Organization Name A Little Slice of Italy

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

Date of Birth                      Place of Birth Barron, 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. NA

List prior addresses for the past five years PO Box 1145 Delta Jct., AK 99737  
10 Hanover Sq. Apt. 8L New York, NY 10005  
51 Moose Lane, Sheridan, MT 59749

List three personal references, not related to you. Include name, address & phone number  
1) Dr. Brian Ballard 278 19th St. Apt. 2L Brooklyn, NY 11215  
2) Ms. Holly Stewart PO Box 1234 Delta Junction, AK 99737  
3) Mr. Richard Mauer PO Box 1302 Delta Junction, AK 99737

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.  
Delta High School, Delta Junction, AK High School Diploma  
The King's College, New York, NY Freshman Year

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

Signature Mercedes Ronnander Date 05-15-2017

## 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

# WISCONSIN

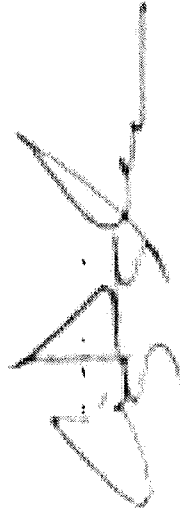
## SELLER / SERVER CERTIFICATION

Trainee Name: Mercedes Ronnander

Date of Completion: 04/14/2017

School Name: 360training.com, Inc.

Certification # WI-56492



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

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



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



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

Fee - \$10.00

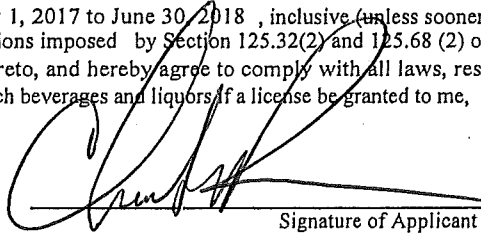
RECEIVED

MAY 24 2017

To the \_\_\_\_\_ Clerk \_\_\_\_\_ of the \_\_\_\_\_ Village \_\_\_\_\_ of \_\_\_\_\_ Colfax \_\_\_\_\_ Wisconsin:  
Village of Colfax

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.

  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Charles L. Brown  
Address of Applicant 18227 Churdon Colfax, WI 54738

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

NO

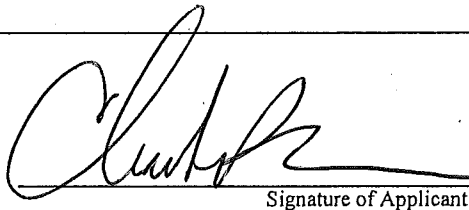
Date of such conviction NO

Name of Court NO

Nature of offense NO

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,

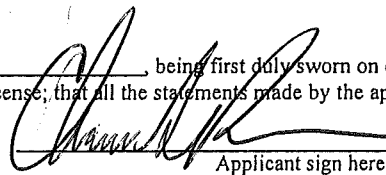
Dann County.

ss.

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

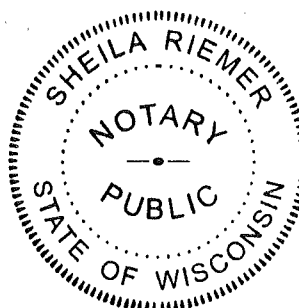
Subscribed and sworn to before me this 24

day of May 2017

  
Applicant sign here

  
Notary Public, Dann 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 Brown Lloyd Charles

Business/Organization Name Cedar Country Co-op Colfax

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. 1

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

List prior addresses for the past five years N8227 GARD M Colfax WI

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

- 1) Sue Hagen N8519 GARD M \_\_\_\_\_
- 2) Edna Miller E6884 GARD M \_\_\_\_\_
- 3) Janice Whorney N8448 GARD M 7 \_\_\_\_\_

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  
CUTC Associate Degree Marketing

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 5/24/17

## Official Use Only-Below This Line

Date Received 5/26/2017 Date Approved 5/26/2017 Date Denied \_\_\_\_\_

Researcher Captain 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

RECEIVED

MAY 24 2017

To the Clerk of the Village of Colfax

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 32 years of age.

Tali R. Eiseh  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Taliah R. Eiseh

Address of Applicant N7595 510th Street 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?

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

Tali R. Eiseh

Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Tali R. Eiseh 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

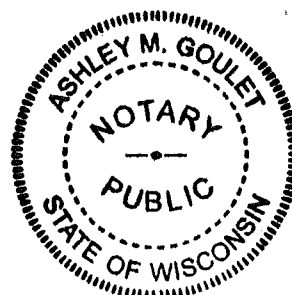
day of

May, 2017.

Tali R. Eiseh

Applicant sign here

Ashley M. Goulet  
Notary Public, Dunn County, Wis.  
expires 10-23-20



# 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 Taliah R. Elseth

Business/Organization Name Cedar Country Cooperative

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

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 321 W. Railroad Ave Wheeler, WI  
54772

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

- 1) Chuck Brown N8227 Cty Rd M Colfax WI 54730
- 2) Sue Hagen N8519 County Rd M Colfax, WI 54730
- 3) Kayla Brown N8227 Cty Rd M 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 - Menomonie, WI 54751 - Graduated  
UW Platteville - Bachelor of Science Platteville, WI

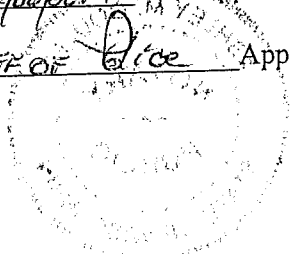
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Tali R. Elseth Date 5/22/17

## Official Use Only-Below This Line

Date Received 5/22/17 Date Approved 5/22/17 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

RECEIVED

MAY 24 2017

To the \_\_\_\_\_ Clerk \_\_\_\_\_ of the \_\_\_\_\_ Village \_\_\_\_\_ of \_\_\_\_\_ Colfax \_\_\_\_\_ Village of Colfax

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 18 years of age.

Bryce Kragness  
Signature of Applicant

**Answer the following questions fully and completely:**

Name of Applicant Bryce Kragness

Address of Applicant E 7622 North County Road E Elk Mound, WI 54739

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

No

Date of such conviction No

Name of Court N/A

Nature of offense N/A

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

N/A

Bryce Kragness  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Bryce Kragness, 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

Bryce Kragness  
Applicant sign here

day of May, 2017

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 Bryce Kenneth Kragness

Business/Organization Name Cedar Country Co-op

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

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. No

List prior addresses for the past five years No

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

- 1) Chuck Brown N8227 City RD M Colfax
- 2) Sue Hagen N8519 City RD M Colfax
- 3) Edith McKee E0888 City RD N Colfax

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

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 Bryce Kragness Date 5-10-17

**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]

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

Fee - \$10.00

RECEIVED

MAY 24 2017

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 56 years of age.

Mary Durand  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant

Address of Applicant

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

Date of such conviction

Name of Court

Nature of offense

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

STATE OF WISCONSIN,

Dunn County.

ss.

Mary Durand, 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

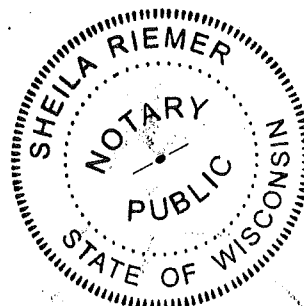
day of May 2017

Applicant sign here

Notary Public, Dunn County, Wis.

My Comm. Expires

8-27-18



## COLFAX POLICE DEPARTMENT

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

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

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

Full Name-First, Middle, Last

Mary Durand

Business/Organization Name

Centex

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

Moosehouse

Date of Birth

Place of Birth

Hastings

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 &amp; phone number

1) George Chuck Brown2) Miranda Sue Roy3) Bridgett ChristensenHave 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.

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 Durand

Date

9-23-17

## Official Use Only-Below This Line

Date Received 9/26/17 Date Approved 9/26/17 Date Denied

Researcher

Clerk 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

RECEIVED

MAY 24 2017

To the \_\_\_\_\_ Clerk \_\_\_\_\_ of the Village \_\_\_\_\_ of \_\_\_\_\_ Colfax \_\_\_\_\_ Wisconsin: Village of Colfax

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.

Edith Mckee

Signature of Applicant

**Answer the following questions fully and completely:**

Name of Applicant Edith Mckee

Address of Applicant 26885 Hwy RD N Wheeler, WI 54772

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

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

Edith Mckee

Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn

County.

Edith Mckee

\_\_\_\_\_ 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>

Edith Mckee

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 Edith M McKee

Business/Organization Name Cedar Country Co-op

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

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

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

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

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 E6885 only Rd N  
Wheeler, WI 54722

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

- 1) Jean Anderson Hwy W Colfax WI 54730
- 2) Pat Davis 3rd Ave Colfax WI 54730
- 3) Kayla Brown Hwy M Colfax WI 54730

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

Education- include name of High School, location, grade completed and any training beyond high school.  
Colfax High School 12 grade  
Colfax, WI 54730

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

Signature Edith McKee Date 5-15-2017

**Official Use Only-Below This Line**

Date Received 05/04/2017 Date Approved 05/04/2017 Date Denied \_\_\_\_\_

Researcher Carol or Alice Approving Officer Signature [Signature]

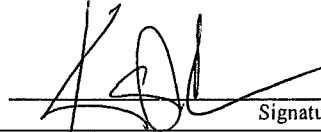
July 1, 2017 - June 30, 2018  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors Fee - \$10.00

To the \_\_\_\_\_ Clerk \_\_\_\_\_ of the Village \_\_\_\_\_ of \_\_\_\_\_ Colfax

RECEIVED  
MAY 24 2017  
Wisconsin:  
Village of Colfax

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 33 years of age.



Signature of Applicant

**Answer the following questions fully and completely:**

Name of Applicant Kayla Jane Brown

Address of Applicant N8227 Cty 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?

NA

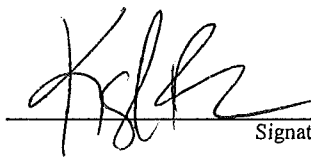
Date of such conviction NA

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?

No



Signature of Applicant

STATE OF WISCONSIN,

Dunn

County.

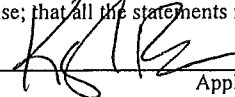
ss.

KAYLA BROWN

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

Subscribed and sworn to before me this

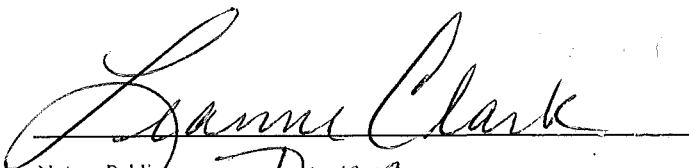
16<sup>th</sup>



Applicant sign here

day of

MAY, 2017



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 Kyle Jane Brown

Business/Organization Name Cedar County Coop

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

Date of Birth 6-1-1987 Place of Birth Chippewa Co Phone

Sex M Race  Height 5'10" Weight 170

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. 2003 - Exclusion - Sect Belt

List prior addresses for the past five years N8227 Cty Rd M Colfax  
E8948 810th Ave Colfax

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

- 1) Sue Hagen - N8519 Cty Rd M
- 2) Edith McKee E6884 Cty Rd W
- 3) Tomara Whinnery N8948 Cty Rd M Colfax

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.  
Colfax High School, CTC

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 5-16-17

## Official Use Only-Below This Line

Date Received 06/01/2017 Date Approved 06/01/2017 Date Denied

Researcher Caret 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

RECEIVED

MAY 24 2017

To the Clerk of the Village of Colfax Village of Colfax

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.

Emily Tuschl

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Emily Tuschl

Address of Applicant 110228 600<sup>th</sup> St. Wheeler, WI 54772

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

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

Emily Tuschl

Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Emily Tuschl

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 16<sup>th</sup>

Emily Tuschl

Applicant sign here

day of May, 2017

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 Emily Nicole Tuschl

Business/Organization Name Cedar Country Co-op

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

Date of Birth \_\_\_\_\_ Place of Birth Eau Claire, WI Phone \_\_\_\_\_ 5

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 N10228 600<sup>th</sup> St. Wheeler, WI 54772

List three personal references, not related to you. Include name, address & phone number  
1) Emily Halpin 502 University Ave Colfax WI 54730  
2) Gabby Ehlke 3376 Downham Ct Green Bay 54311  
3) Jessica Pittner 3376 Downham Ct Green Bay 54311

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<sup>th</sup> grade  
UW-Green Bay 3 yrs

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 Emily Tuschl Date 05/15/17

**Official Use Only-Below This Line**

Date Received 05/16/17 Date Approved 05/16/17 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

RECEIVED

MAY 24 2017

To the \_\_\_\_\_ Clerk \_\_\_\_\_ of the \_\_\_\_\_ Village \_\_\_\_\_ of \_\_\_\_\_ Colfax \_\_\_\_\_ Wisconsin  
Village of Colfax

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.

Kori Buchanan  
Signature of Applicant

**Answer the following questions fully and completely:**

Name of Applicant Kori Buchanan

Address of Applicant 112048 890<sup>th</sup> 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

Kori Buchanan  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

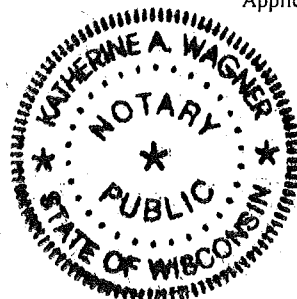
Kori Buchanan being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 16<sup>th</sup>

Kori Buchanan  
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 Kori Marie Buchanan

Business/Organization Name Cedar Country Coop

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

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 \_\_\_\_\_

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

- 1) Charles Brown, N8227 City Rd M, Colfax, WI 54730, ...
- 2) Sue Hagen, N8519 City Rd M, Colfax, WI 54730
- 3) Brittney Moonen, 3280 90th Ave, Colfax, WI 54730,

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

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

Colfax High School, Colfax, 12  
University of Jamestown, Jamestown, ND, Sophomore

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 Kori Buchanan Date 5-16-17

**Official Use Only-Below This Line**

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

Researcher Craig Pollock Approving Officer Signature [Signature]

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

Fee - \$10.00  
RECEIVED

MAY 24 2017

To the \_\_\_\_\_ Clerk \_\_\_\_\_ of the Village \_\_\_\_\_ of Colfax \_\_\_\_\_ Wisconsin: Village of Colfax

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.

Suzanne M. Hagen  
Signature of Applicant

**Answer the following questions fully and completely:**

Name of Applicant Suzanne M. Hagen

Address of Applicant 118519 County 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

Suzanne M. Hagen  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Suzanne M. Hagen 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 22<sup>ND</sup>

Suzanne M. Hagen  
Applicant sign here

day of May, 2017

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 Suzanne Marie Hagen

Business/Organization Name Cedar Country Co-op

Full Prior Names (nicknames, maiden names, etc.) Suzanne Marie Larson

Date of Birth \_\_\_\_\_ Place of Birth Luther Hospital Phone \_\_\_\_\_  
EC

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 NA

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

- 1) Chuck Brown N8227 Cty rd. M Colfax \_\_\_\_\_
- 2) Kayla Brown N8227 Cty rd. M Colfax \_\_\_\_\_
- 3) Edith McKee E6886 Cty rd. N Wheeler \_\_\_\_\_

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 Eau Claire WI 12th

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

Signature Suzanne M. Hagen Date 5-8-2017

**Official Use Only-Below This Line**

Date Received 5/8/2017 Date Approved 5/8/2017 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

RECEIVED

MAY 24 2017

To the Clerk of the Village of Colfax

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.

Brittney Moonen  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Brittney Marie Moonen

Address of Applicant 3286 90th Ave. Colfax, WI 54730

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

NO

Date of such conviction

Name of Court

Nature of offense

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

NO

Brittney Moonen  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Brittney Moonen 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

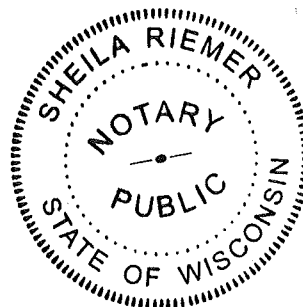
Brittney Moonen  
Applicant sign here

day of May 2017

Shubh Rana

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 Brittney Marie Moonen

Business/Organization Name Cedar Country Co-op

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

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

List prior addresses for the past five years 9400 724th Ave. Elk Mound, WI 54739

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

- 1) Chuck Brown; Colfax, WI;
- 2) Karla Brown; Colfax, WI;
- 3) Mary Muza; Menomonie, WI;

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; 12  
CVTC; Eau Claire, WI USCI-online; Fort Collins, CO

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 Brittney Moonen Date 5-22-17

## Official Use Only-Below This Line

Date Received 05/04/2017 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

RECEIVED

MAY 24 2017

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.

Hannah DeMoe  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Hannah Marie DeMoe  
Address of Applicant N7401 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 No

Name of Court No

Nature of offense No

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

No

Hannah DeMoe  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

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

Subscribed and sworn to before me this

22<sup>nd</sup>

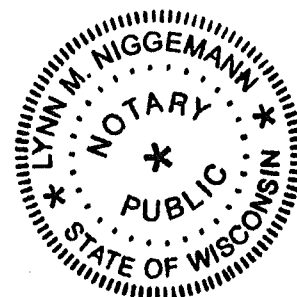
day of

May 2017

Hannah DeMoe  
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

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

Full Name-First, Middle, Last Hannah Marie DeMoe

Business/Organization Name Cenex

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

Date of Birth \_\_\_\_\_ Place of Birth Elk Mound Phone \_\_\_\_\_

Sex Female 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? No  
If yes, list offense, date and place occurring. \_\_\_\_\_

List prior addresses for the past five years 107401 St. Rd. 40  
Colfax WI 54730

List three personal references, not related to you. Include name, address & phone number  
1) Chuck Brown N8227 Cty Rd M Colfax  
2) Sue Hagen N8519 Cty Rd M Colfax  
3) Edith McKee E6886 Cty Rd M Colfax

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 - Graduation  
Chippewa Valley Technical College Freshman Year

I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.  
Signature Hannah DeMoe Date 5-23-17

**Official Use Only-Below This Line**

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

Researcher Carrie at 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

RECEIVED

MAY 26 2017

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.

Eden Logskett  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Eden Logskett

Address of Applicant E8646 810<sup>th</sup> Ave Colfax, WI, 54730

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

NO

Date of such conviction

Name of Court

Nature of offense

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

NO

Eden Logskett  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Eden Logskett, 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.

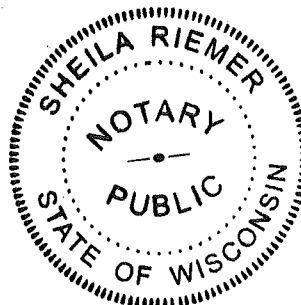
Subscribed and sworn to before me this 26<sup>th</sup> day of May 2017

day of May 2017

Eden Logskett  
Applicant sign here

Sheila Riemer  
Notary Public, Dunn County, Wis.

my comm expires  
8-27-18



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.

7 Date Approved 06/24/07  
 23000 Approving Office  
 23000

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 71 years of age.

*Gary Stene*  
Signature of Applicant

**Answer the following questions fully and completely:**

Name of Applicant GARY STENE

Address of Applicant 505 HIGH ST. BOX 447 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 NO

Nature of offense           —          

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

NO

*Gary Stene*  
Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

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

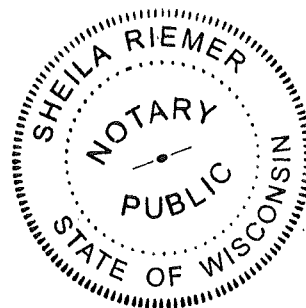
Subscribed and sworn to before me this 26th

*Gary Stene*  
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 GARY L. STENE

Business/Organization Name COLFAX SOFTBALL ASSOC.

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

Date of Birth 1/1 Place of Birth Hennepin County 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. DWI 2004 Dunn County

List prior addresses for the past five years ---

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

- 1) LEE BRUNQUEST - COLFAX
- 2) JEFF PRINCE - COLFAX
- 3) SCOTT GUNNIFSON - 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.

DW LA CROSSE - 1412

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

Signature Gary Stene Date 5/26/17

Official Use Only-Below This Line

Date Received 05/06/17 Date Approved 05/06/17 Date Denied ---

Researcher Chris Polue Approving Officer Signature [Signature]

July 1, 2017 - June 30, 2018

## Operator's License – Application

(For licenses 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 provisional (temporary) license to serve, for a period of time up to sixty (60) days from date issued, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.17(5) and 125.17(6) 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 39 years of age.

Lisa Cook

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Lisa A. Cook

Address of Applicant 16523 Cty Hwy F Bloomer, WI 54724

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 -

Nature of offense -

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

no

Lisa Cook

Signature of Applicant

STATE OF WISCONSIN,

Chippewa County.

ss.

Lisa Cook

\_\_\_\_\_, 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 26<sup>th</sup> day of May, 2017

Lisa Cook

Signature of Applicant

Deborah J. Stoffel

Notary Public, Chippewa County, Wis.

Commission Expires: 9/28/18

**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 Lisa Ann Cook

Business/Organization Name Colfax Softball Assoc.

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

Date of Birth 11-11-81 Place of Birth Bloomer Phone 715-838-1111

Sex F Race W Height 5'10" Weight 150

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

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) Melissa Acker, Colfax, WI
- 2) Dorene Turner, Bloomer, WI 54724
- 3) Delore Anderson, Chippewa Falls, WI 54729

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

Education- include name of High School, location, grade completed and any training beyond high school.  
McDonnell Central High School, Chippewa Falls, WI  
CVTC, Eau Claire, 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 Lisa Cook Date 5/26/2017

**Official Use Only-Below This Line**

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

Researcher Colfax Police Approving Officer Signature [Signature]



# Serving Alcohol Operator License

Lisa Cook

has successfully completed the course

Wisconsin Alcohol Seller-Server

License Code

e7A1m7zCvm

Verify online at  
[servingalcohol.com](http://servingalcohol.com)

Serving Alcohol Inc.

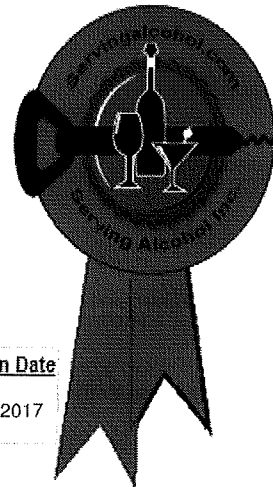
APPROVED BY THE STATE OF WISCONSIN SS-125.04; PROVIDER TRAINING IN COMPLIANCE WITH SS-134.66; STUDENT ACKNOWLEDGED UNDERSTANDING OF SS-134.88: Restrictions on sale or gift of cigarettes or tobacco products; that state law prohibits selling tobacco products to any person under the age of 18; and failure to comply with these restrictions may result in a citation.

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES:

- \* CARD ANY PERSON 21 YEARS OF AGE OR YOUNGER
- \* OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR
- \* RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATIONS
- \* DETERMINE THAT PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION AS TO THEIR AGE
- \* ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

Certification Date

May 23rd, 2017



**VALID FOR 2 YEARS**

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

## Wisconsin Bartender License

Name: Lisa Cook

Certification Date: May 23rd, 2017

Certificate Code: e7A1m7zCvm

Verify Online: [servingalcohol.com](http://servingalcohol.com)

Complies with: SS-125.04 SS-134.66

**SERVING ALCOHOL INC**

**VALID FOR 2 YEARS**



RECEIVED

MAY 08 2017

**RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ☒ Village of } COLFAX  
☐ City of }

County of DUNN Aldermanic Dist. No. (if required by ordinance)

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company  
☐ Corporation/Nonprofit Organization**Complete A or B. All must complete C.****A. Individual or Partnership:**

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office &amp; Zip Code

Nelson, Mark A.  
Nelson, Michael E.**B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company**

Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office &amp; Zip Code

President/Member

Vice President/Member

Secretary/Member

Treasurer/Member

Agent

Directors/Managers

C. 1. Trade Name Bouthouse Bar Business Phone Number 715-962-3339

2. Address of Premises 413 Main St. Post Office &amp; Zip Code P.O. Box 81 54730

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☒ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Ground floor, Storage Room, Deck on South side

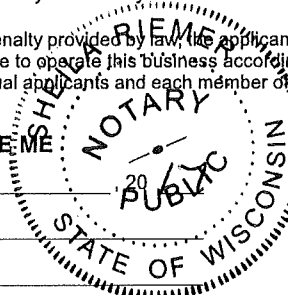
5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)**SUBSCRIBED AND SWORN TO BEFORE ME**

this 8th day of May

Shirley R. Kim  
(Clerk/Notary Public)

My commission expires 8-27-18

Mark Nelson  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)	
Nelson, Mark + Michael	
Home Address (street/route)	Post Office
30749 136th St.	New Auburn
City	State
WI	54757
Home Phone Number	Age
715-967-2425	60
Date of Birth	Place of Birth
7-28-56	Eau Claire WI

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an **individual**.

☒ A member of a **partnership** which is making application for an alcohol beverage license.

☐ \_\_\_\_\_ of \_\_\_\_\_  
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 60 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No  
If yes, describe status of charges pending.

- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No  
If yes, identify.

(Name, Location and Type of License/Permit)

- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No  
If yes, identify.

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Self employed for	last 40+ years.		
Employer's Name	Employer's Address	Employed From	To
Mark Nelson	30749 136th St. New Auburn		

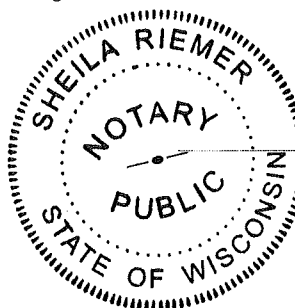
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 8 day of May, 20 17

Sheila Riemer  
(Clerk/Notary Public)

My commission expires 8-27-18



Mark Nelson  
(Signature of Named Individual)



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RECEIVED

MAY 17 2017

## RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 ending: 06 30 2018

(MM DD YYYY)

(MM DD YYYY)

TO THE GOVERNING BODY of the: ☒ Village of } COLFAX  
☐ Town of }  
☐ City of }

County of DUNN Aldermanic Dist. No. (if required by ordinance)

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company  
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
SQUEBEE ANNE ELEGANCE 805 E. DALLAS AVE COLFAX WI 54730

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office &amp; Zip Code

President/Member

Vice President/Member

Secretary/Member

Treasurer/Member

Agent

Directors/Managers

C. 1. Trade Name ALICE SLICE OF ITALY

Business Phone Number 715 962-4444

2. Address of Premises 501 MAIN STREET

Post Office &amp; Zip Code COLFAX, WI 54730

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

5. Legal description (omit if street address is given above): ALL ROOMS INCLUDED IN 501 MAIN STREET, OUTSIDE PATIO (SOUTH)

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☐ Yes ☒ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No  
[phone (608) 266-2776]10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

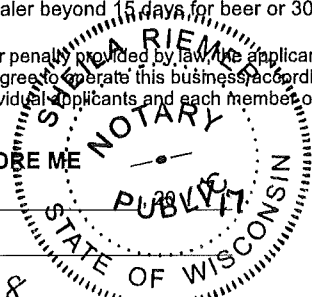
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 17 day of May

Shirley Raim  
(Clerk/Notary Public)

My commission expires 8-27-18



(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-17-17	Date reported to council/board 6-12-17	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>SCHUEFER</u>		(first name) <u>ARNE</u>		(middle name) <u>ELEANOR</u>	
Home Address (street/route) <u>805 E. RAILROAD</u>		Post Office	City <u>CORAY</u>	State <u>WI</u>	Zip Code <u>54730</u>
Home Phone Number <u>715 556-4110</u>		Age <u>49</u>	Date of Birth <u>12/17/67</u>	Place of Birth <u>POTAGA, WI</u>	

The above named individual provides the following information as a person who is (check one):

- ☒ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.
- ☐ \_\_\_\_\_ of \_\_\_\_\_

(Officer/Director/Member/Manager/Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 49 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No  
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No  
If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No  
If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name <u>Village Inn</u>	Employer's Address <u>502 MAINE ST CORAY, WI</u>	Employed From <u>8/1998</u>	To <u>1/2006</u>
Employer's Name <u>OSTER STAFFING</u>	Employer's Address <u>LACROSSE, WI</u>	Employed From <u>9/2000</u>	To <u>8/1998</u>

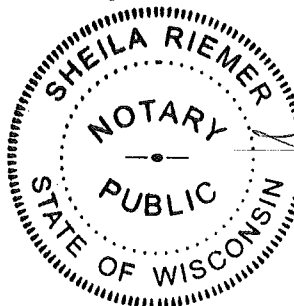
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 17 day of May, 20 17

Sheila Riemer  
(Clerk/Notary Public)

My commission expires 8-27-18



(Signature of Named Individual)



Printed on  
Recycled Paper

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 ending: 06 30 2018  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ☒ Village of COLFAX ☐ City of

County of DUNN Aldermanic Dist. No. (if required by ordinance)

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company  
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
STEVEN M THALER	310 S MAIN ST	CHIPPEWA FALLS WI 54729
JOHN T THALER	310 S MAIN ST	CHIPPEWA FALLS WI 54729

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company J & S SALES OF CHIPPEWA FALLS LLC  
Address of Corporation/Limited Liability Company (if different from licensed premises) 310 S MAIN ST CF, WI 54729  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

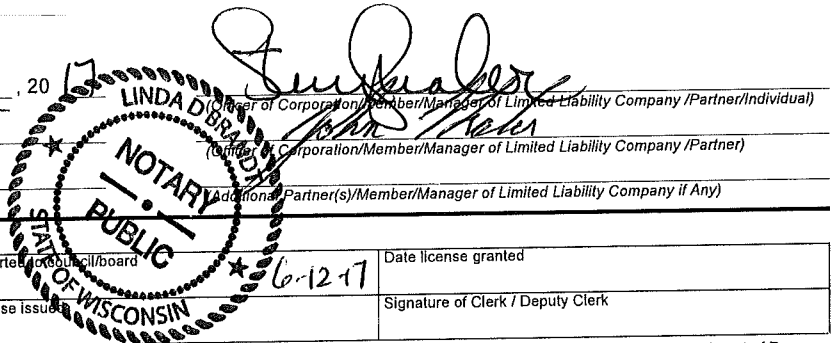
Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	STEVEN M THALER	310 S MAIN ST	CHIPPEWA FALLS WI 54729
Vice President/Member	JOHN T THALER	310 S MAIN ST	CHIPPEWA FALLS WI 54729
Secretary/Member			
Treasurer/Member			
Agent	RONDI DEMOE	PO BOX 251	COLFAX WI 54730
Directors/Managers			

- C. 1. Trade Name EXPRESS MART Business Phone Number 715-962-3241  
2. Address of Premises 616 MAIN ST Post Office & Zip Code COLFAX WI 54730  
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No  
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CONVENIENCE STORE  
5. Legal description (omit if street address is given above):  
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ No  
b. Are there charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No  
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No  
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No  
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No  
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No  
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 16 day of May 2017  
Linda D. Brandt  
(Clerk/Notary Public)  
My commission expires 5-4-18



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-18-17	Date reported to council/board 6-12-17	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
THALER		JOHN		T	
Home Address (street/route)		Post Office		City	State Zip Code
310 S MAIN ST		CHIPPEWA		CHIPPEWA FALLS	WI 54729
Home Phone Number		Age	Date of Birth	Place of Birth	
715-829-5510		49	10/31/1967	EAU CLAIRE	

The above named individual provides the following information as a person who is (check one):

- ☐ Applying for an alcohol beverage license as an **individual**.
- ☒ A member of a **partnership** which is making application for an alcohol beverage license.
- ☐ JOHN THALER of J & S SALES OF CHIPPEWA FALLS, LLC  
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 49 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No  
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No  
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

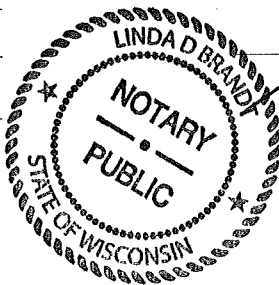
Employer's Name	Employer's Address	Employed From	To
THALER OIL CO	310 S MAIN ST CF, WI 54729	01/01/1988	
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 16 day of May, 20 17  
Linda D. Brandt  
(Clerk/Notary Public)

My commission expires 5-4-18



[Signature]  
(Signature of Named Individual)



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Recycled Paper

Wisconsin Department of Revenue



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
THALER		STEVEN		M	
Home Address (street/route)	Post Office	City	State	Zip Code	
310 S MAIN ST	CHIPPEWA	CHIPPEWA FALLS	WI	54729	
Home Phone Number	Age	Date of Birth	Place of Birth		
715-723-2822	64	09/16/1952	CHIPPEWA FALLS		

The above named individual provides the following information as a person who is (check one):

- ☐ Applying for an alcohol beverage license as an **individual**.
- ☒ A member of a **partnership** which is making application for an alcohol beverage license.
- ☐ **STEVEN THALER** of **J & S SALES OF CHIPPEWA FALLS, LLC**  
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 63 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No  
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No  
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
THALER OIL CO	310 S MAIN ST CF, WI 54729	01/01/1968	
Employer's Name	Employer's Address	Employed From	To

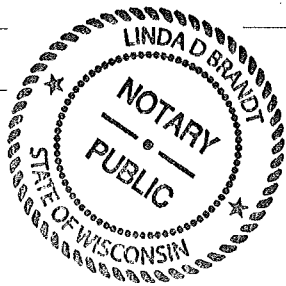
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 16 day of May, 2017  
Linda D. Brandt  
(Clerk/Notary Public)

My commission expires 5-4-18

Steven Thaler  
(Signature of Named Individual)



Printed on  
Recycled Paper

Wisconsin Department of Revenue

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ☒ Village of } COLFAX ☐ City of }

County of DUNN Aldermanic Dist. No. (if required by ordinance)

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member Kyle Alan Kressin

Vice President/Member Claudia Jean Kressin

Secretary/Member Claudia Jean Kressin

Treasurer/Member

Agent

Directors/Managers Kyle Alan Kressin

C. 1. Trade Name Kyle's Market

Business Phone Number 715 962-3583

2. Address of Premises 115 Main St

Post Office & Zip Code Colfax WI 54730

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776) ☒ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 4th day of May, 2017

Margaret Buckle (Clerk/Notary Public)

My commission expires Dec 16, 2019

(Signature of Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5.23.17	Date reported to council/board 6-12-17	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: 456-0025591866-03		FEIN Number: 26-0207158
LICENSE REQUESTED		
TYPE	FEE	
<input checked="" type="checkbox"/> Class A beer	\$	10
<input type="checkbox"/> Class B beer	\$	100
<input type="checkbox"/> Class C wine	\$	200
<input checked="" type="checkbox"/> Class A liquor	\$	50
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A
<input type="checkbox"/> Class B liquor	\$	400
<input type="checkbox"/> Reserve Class B liquor	\$	
<input type="checkbox"/> Class B (wine only) winery	\$	
Publication fee	\$	22.50
TOTAL FEE	\$	82.50

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Kressin</u>		(first name) <u>Kyle</u>		(middle name) <u>Alan</u>	
Home Address (street/route) <u>N 84th Rd M</u>		Post Office <u>Colfax</u>	City <u>Colfax</u>	State <u>WI</u>	Zip Code <u>54730</u>
Home Phone Number <u>715-962-2291</u>		Age <u>34</u>	Date of Birth <u>6/21/62</u>	Place of Birth <u>Bloome, WI</u>	

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an **individual**.

☐ A member of a partnership which is making application for an alcohol beverage license.

☒ President of Kyle's Market  
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 54 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No  
If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No  
If yes, identify.

(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No  
If yes, identify.

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name <u>Kyle's Market</u>	Employer's Address <u>115 Main St</u>	Employed From <u>July 2007</u>	To <u>Present</u>
Employer's Name <u>Kirkwood's Market</u>	Employer's Address <u>115 Main St</u>	Employed From <u>Sept 1991</u>	To <u>July 2007</u>

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 4th day of May, 20 17  
Margaret Buchanan  
(Clerk/Notary Public)

My commission expires Dec 16, 2019

Kyle Kressin  
(Signature of Named Individual)



Printed on  
Recycled Paper

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 ending: 06 30 2018  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of } COLFAX  
☒ Village of }  
☐ City of }

County of DUNN Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company  
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company CEDAR COUNTRY COOPERATIVE

Address of Corporation/Limited Liability Company (if different from licensed premises) PO BOX 70, ELK MOUND, WI 54739

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	BRIAN JOHNSON	N11744 810TH ST	COLFAX, WI 54730
Vice President/Member	STEVE ACKERLUND	N11014 CTY RD M	COLFAX, WI 54730
Secretary/Member	DUANE KUESTER	N5709 330TH ST	MENOMONIE, WI 54751
Treasurer/Member			
Agent	CHARLES BROWN	E8948 810TH AVE	COLFAX, WI 54730
Directors/Managers	KYLE L KNUTSON	N10037 CTY RD M	COLFAX, WI 54730

C. 1. Trade Name COLFAX CENEX Business Phone Number 715/962-3172

2. Address of Premises 401 E. RAILROAD AVE Post Office & Zip Code COLFAX, WI 54730

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) INSIDE OF BUILDING INCLUDE COOLERS

5. Legal description (omit if street address is given above): \_\_\_\_\_

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 10<sup>th</sup> day of May, 20 17

[Signature]  
(Clerk/Notary Public)

My commission expires 6-19-2019

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

[Signature]  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-24-17</u>	Date reported to council/board <u>6-12-17</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
KNUTSON		KYLE		LEE	
Home Address (street/route)		Post Office		City	State Zip Code
N10037 CTY RD M				COLFAX	WI 54730
Home Phone Number		Age	Date of Birth		Place of Birth
715-962-2054		44	07/11/1972		EAU CLAIRE

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an **individual**.

☐ A member of a **partnership** which is making application for an alcohol beverage license.

☒ **MANAGER** of **CEDAR COUNTRY COOPERATIVE**

(Officer/Director/Member/Manager/Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? SINCE JULY 1994

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No

If yes, identify. BOYCEVILLE & COLFAX STORES AND EXIT 45 RESTAURANT

(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No

If yes, identify.

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
COLFAX FARMERS UNION	401 RAILROAD AVE COLFAX WI	09/01/2003	01/01/2011
Employer's Name	Employer's Address	Employed From	To
G&K SERVICES	5005 MONDOVI RD, EAU CLAIRE	04/01/2003	09/01/2003

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 10<sup>th</sup> day of May, 20 17  
Erica Werner  
(Clerk/Notary Public)

Kyle Knutson  
(Signature of Named Individual)

My commission expires 6-14-2019



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# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ☒ Village of ☐ City of } COLFAX

County of DUNN Aldermanic Dist. No. (if required by ordinance)

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Mom's on Main LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Patricia Lynn Houser	5951 810th Ave	Colfax 54730
Vice President/Member	Linda Salazar	122 Park Dr #127	Colfax 54730
Secretary/Member			
Treasurer/Member			
Agent ▶	Patti Houser		
Directors/Managers			

C. 1. Trade Name ▶ Mom's Restaurant & Pub

Business Phone Number 715-962-4617

2. Address of Premises ▶ 220 Premier Ave S Suite 101

Post Office & Zip Code ▶ Colfax 54730

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) alcohol stored on shelves, in hallway, office

5. Legal description (omit if street address is given above): furnace room

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 25 day of May, 2017

Katherine A. Wagner  
(Clerk/Notary Public)

My commission expires 4-25-2017

Katherine A. Wagner  
(Official of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
Linda A. Salazar  
(Official of Corporation/Member/Manager of Limited Liability Company/Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-25-17	Date reported to council/board 6-12-17	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
HOUSER		Patricia		Lynn	
Home Address (street/route)		Post Office		City	State Zip Code
E 9951 810th Ave				Colfax	WI 54730
Home Phone Number		Age	Date of Birth	Place of Birth	
715-704-0043		50	4-14-67	Waukesha WI	

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an **individual**.

☐ A member of a **partnership** which is making application for an alcohol beverage license.

☒ Member of Mom's on Main LLC  
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 14 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No  
If yes, describe status of charges pending.

- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No  
If yes, identify.

(Name, Location and Type of License/Permit)

- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No  
If yes, identify.

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Mom's on Main	Colfax	2004	Present
Between a Rock & Leather PC	Colfax	1996	2007

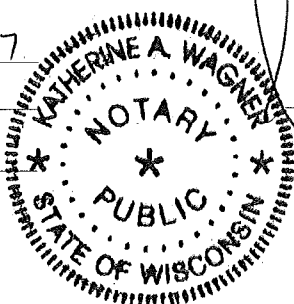
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 25 day of May, 20 17

Katherine A. Wagner  
(Clerk/Notary Public)

My commission expires 4-25-2021



[Signature]  
(Signature of Named Individual)



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Recycled Paper

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Salazar</u>		(first name) <u>Linda</u>		(middle name) <u>Sue</u>	
Home Address (street/route) <u>122 Park Dr #127</u>		Post Office <u>Colfax</u>	City <u>Colfax</u>	State <u>WI</u>	Zip Code <u>54730</u>
Home Phone Number <u>715-704-0198</u>		Age <u>70</u>	Date of Birth <u>2-14-47</u>	Place of Birth <u>Whitesha WI</u>	

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an **individual**.

☐ A member of a **partnership** which is making application for an alcohol beverage license.

☒ Member of Monis on Main  
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 10 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No  
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No  
If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No  
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

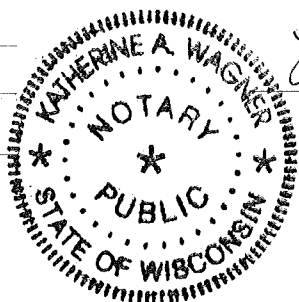
Employer's Name <u>NA</u>	Employer's Address	Employed From	To
Employer's Name <u>NA</u>	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 25 day of May, 2017  
Katherine A. Wagner  
(Clerk/Notary Public)

My commission expires 4-25-2021



Linda S. Salazar  
(Signature of Named Individual)



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Recycled Paper



# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-1026446429-02

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered Thru June 30, 2018
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) J & S SALES OF CHIPPEWA FALLS LLC			Federal Employer Identification No. (FEIN) 27-1107309	
Trade or Business Name (if different than Legal Name) EXPRESS MART			Telephone Number (715) 723-2822	
Business Address (License Location) 616 MAIN ST			Business Telephone (715) 962-3241	
Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of: COLFAX			County DUNN	
City COLFAX	State WI	ZIP Code 54730		
Mailing Address (if different than Business Address) 310 S MAIN ST			City CHIPPEWA FALLS	State WI
			ZIP Code 54729	

Organization (check one)

- ☐ Sole Proprietor ☐ Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- ☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO
- ☒ Other (describe) LIMITED LIABILITY COMPANY

Fee \$5.00

- ☒ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- ☒ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- ☒ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- ☒ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- ☒ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- ☒ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?
- ☒ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- ☒ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

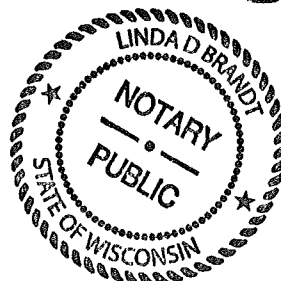
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 16 day of May, 2017  
Linda D. Brandt  
(Clerk / Notary Public)

My commission expires 5-4-18

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)



RECEIVED

MAY 18 2017

Village of Colfax

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number

456-1025591866-03

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered Thru June 30, 2018
Date of Issuance

Legal Name (Corporation, limited liability company, partnership or sole proprietorship) Kyle's Market - Inc			Federal Employer Identification No. (FEIN) 26-0207158		
Trade or Business Name (if different than Legal Name) Kyle's Market			Telephone Number (715) 962-3585		
Business Address (License Location) 115 Main St			Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		
City Colfax	State WI	ZIP Code 54730	Business Telephone ( )		
Mailing Address (if different than Business Address)			County Dane		
			City State ZIP Code		

Organization (check one)

☐ Sole Proprietor ☒ Wisconsin Corporation – Enter date incorporated: 7-14-2007 Fee: \$5.00

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other (describe) \_\_\_\_\_

- ☒ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- ☒ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- ☒ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- ☒ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- ☒ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- ☒ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?
- ☒ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- ☒ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 4<sup>th</sup> day of May, 2017  
Margaret Burcham  
(Clerk / Notary Public)

My commission expires Dec 16, 2019

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

RECEIVED

MAY 23 2017

Village of Colfax

RECEIVED

# Application for Cigarette and Tobacco Products Retail License

MAY 08 2017

MUNICIPAL USE ONLY

Submit to municipal clerk.

Village of Colfax

Applicant's Wisconsin 15-digit Sales Tax Account Number

456-0000 1165548-02

← This must be issued in the same Legal Name of the licensee below.

License Number

Period Covered

Thru June 30, 2018

Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship)

Mark + Michael Nelson

Federal Employer Identification No. (FEIN)

39-134 7846

Trade or Business Name (if different than Legal Name)

Outhouse Bar

Telephone Number

(715) 962-2425

Business Address (License Location)

413 main St.

Business Located In

☐ City ☒ Village ☐ Town

Business Telephone

(715) 962-3339

City

Colfax

State

WI

ZIP Code

54730

of: COLFAX

County

Dunn

Mailing Address (if different than Business Address)

P.O. Box 81

City

Colfax

State

WI

ZIP Code

54730

Organization (check one)

☐ Sole Proprietor

☐ Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_

☒ Partnership

☐ Out-of-State Corporation – Are you registered to do business in Wisconsin?

☐ YES ☐ NO

☐ Other (describe) \_\_\_\_\_

\$ 5.00 Fee

☒ YES ☐ NO

1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☒ YES ☐ NO

2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)

☒ YES ☐ NO

3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☒ YES ☐ NO

4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)

☒ YES ☐ NO

5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☒ YES ☐ NO

6. Does the applicant understand that they may not sell single cigarettes?

☒ YES ☐ NO

7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☒ YES ☐ NO

8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold

☒ over counter

☐ through vending machine

☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

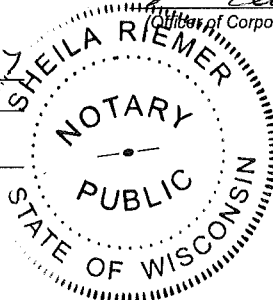
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 8 day of May, 2017

Sheila Riemer  
(Clerk / Notary Public)

My commission expires 8-28-17



# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000571337-02

← This must be issued in the same  
Legal Name of the licensee below.

License Number
Period Covered Thru June 30, 2018
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) CEDAR COUNTRY COOPERATIVE			Federal Employer Identification No. (FEIN) 39-0465150	
Trade or Business Name (if different than Legal Name) COLFAX CENEX			Telephone Number (715) 879-5454	
Business Address (License Location) 401 E. RAILROAD AVE		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (715) 962-3172
City COLFAX	State WI	ZIP Code 54730	County DUNN	
Mailing Address (if different than Business Address) P.O. BOX 70		City ELK MOUND	State WI	ZIP Code 54739

Organization (check one)

- ☐ Sole Proprietor ☒ Wisconsin Corporation – Enter date incorporated: 05/31/1934 **Fee: \$5.00**  
☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO  
☐ Other (describe) \_\_\_\_\_

- ☒ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- ☒ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- ☒ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- ☒ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- ☒ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- ☒ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?
- ☒ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- ☒ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 10<sup>th</sup> day of May, 20 17  
[Signature]  
(Clerk / Notary Public)

My commission expires 6-14-2019

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

RECEIVED

MAY 24 2017

Village of Colfax

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000208845-05

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered 7-1-17 to 6-30-18
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Dolgencorp, LLC			Federal Employer Identification No. (FEIN) 61-0852764	
Trade or Business Name (if different than Legal Name) Dollar General Store #11827			Telephone Number (615) 855-4000	
Business Address (License Location) 120 Main Street		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (715) 953-4134
City Colfax	State WI	ZIP Code 54730	County Dunn	
Mailing Address (if different than Business Address) Attn: Tax Licensing, 100 Mission RDG			City Goodlettsville	State TN
			ZIP Code 37072	

## Organization (check one)

- ☐ Sole Proprietor ☐ Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- ☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO
- ☒ Other (describe) Out-of-State Limited Liability Company registered to do business in Wisconsin

- ☒ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- ☒ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- ☒ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- ☒ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
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Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 1 day of March, 20 17

(Clerk / Notary Public)

My commission expires 1/28/19

