6.18.17

July 1, 2017 - June 30, 2018

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Fee - \$10.00

To the	Clerk .	_ of the_	Village	of	Colfax	Wisconsin:
I hereby a Beverages and Int and all acts amen	apply for a License to oxicating Liquors, sub datory thereof and su	serve, from ject to the lim pplementary	July 1, 2017 nitations imp thereto, and	to June 30, osed by Sec I hereby agre	2018, inclusive (unless sooner tion 125.32(2) and 125.68 (2) o the to comply with all laws, res rs if a license be granted to me,	revoked), Fermented Malt f the Wisconsin Statutes
I certify tha	t I am <u>52</u> years	of age.		lehor	Ch Lue I sal Signature of Applicant	1
Answer the fo	llowing question	s fully an	d comple	tely:		
Name of Applicant	Debora	. 1 1	reps			
Address of Applicar	11 508 Eu	esgre	en	Stre	of Colfe	x WI
Have you been con-	victed of any felony or	of violating a	ny law o <u>f the</u>	State of Wisc	consin or of the United States?	
Date of such convic	tion	l				
Name of Court	Abstractions					
Nature of offense	<u> </u>					
2/1/17	Selling	<u>a 10,0</u>	\wedge	to W elivro	nderage perso	n Croftense
STATE OF	WISCONSIN,	SS.				•
	Coun Orah Huu I signed the foregoing I sworn to before me the Orah Huu Orah Huu	bsck application fo	-	's license; tha	being first duly sworn of tall the statements made by the Applicant sign he	on oath says that he is the applicant are true.
Shu	le Ku Dunn my comm 8-2	County, ' County, ' 1.		Titit of the state	A RIEMEDIANA OTARY OF WISCHMINGTON	

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 Withwich Lee Luebsch Business/Organization Name Xittle Italy Full Prior Names (nicknames, maiden names, etc. Maiden - Jeffrei Date of Birth Place of Birth Boder Boder Phone Phone Weight____ Race_____Height__ Social Security No. _____ Driver's License No._____ Have you ever been arrested for, or convicted of any laws, including traffic? ______ If yes, list offense, date and place occurring. List prior addresses for the past five years_____ List three personal references, not related to you. Include name, address & phone number 1) Annie Scheiber, Colfay, (1) 2) Marrie Ledin, Barron, Wi Have you ever been a member of the Military Service? _____Discharge? _____ Education- include name of High School, location, grade completed and any training beyond high school. AMERON HIGH SCHOOL Cameron, 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 Date 5-18-17 Official Use Only-Below This Line Date Received Oceloid Date Approved Oceloid Date Denied Approving Officer Signature (ACC) Researcher of the

6.02.17

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

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages an and all acts a	d Intoxicating Liquimendatory thereo	ors, subject to the ling f and supplementary	nitations imp thereto, and	osed by Sec I hereby agre	2018, inclusive (unless soone tion 125.32(2) and 125.68 (2) the to comply with all laws, re trust if a license be granted to me,	of the Wisconsin Statutes solutions, ordinances and
I certif	y that I am 18	years of age.	1	Ale	Signature of Applican	t
Answer th	e following qu	estions fully an	d comple	tely:		
Name of Appli	1/1	xandra	Pap	pl-e.		
Address of App	plicant 50	Fairui	E WP.) <u>(</u>	Colfax, W.	<u> 54730 </u>
Have you been	o convicted of any f	elony or of violating a	any law of the	State of Wis	consin or of the United States?	
Date of such co	onviction	NA				
Name of Court	1	NA				j
Nature of offen	se	NA				5/3/10
Have you been	convicted or violati	ng any license law or	ordinance reg	gulating the sa	le of beverages or intoxicating l	iquors?
				Alex	Signatule of Applicant	
STAT	E OF WISCONSIN			(V Biginatule of Appheum	
)N	ss. County.				
•	-			's license; th	being first duly swom	on oath says that he is the
Subscribe		ore me this 26) nel		Applicant sten)
day of	Tay 5	017	_		(Towns of the second of the s	U
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Notary Public,	Dun	County,			AUBLIC OF WISH	NIOA,
	my con	imi expires 27-18			MANAGE OF WISH	, rute
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Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental - General License Application

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last Business/Organization Name Full Prior Names (nicknames, maiden names, etc. Date of Birth Place of Birth NDDEW9 Fall Phone Weight _____ Race Height Social Security No. _____ Driver's License No. _____ Have you ever been arrested for, or convicted of any laws, including traffic? If yes, list offense, date and place occurring. List prior addresses for the past five years 507 Fairlie W. List three personal references, not related to you. Include name, address & phone number Rich, Jenson 805 East RailRoad (... hinse Ochseher Hothbaud Discharge? Have you ever been a member of the Military Service? _ Education- include name of High School, location, grade completed and any training beyond high school. I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Date 5-18-17 Official Use Only-Below This Line Date Received Older Date Approved October 7 Date Denied Approving Officer Signature Legendral

5. 24-14

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

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages an and all acts a	eby apply for a Lice d Intoxicating Liquor mendatory thereof a	nse to serve, from rs, subject to the lin and supplementary	July 1, 2017 nitations important	osed by Section by Section by Burney 1 by 1	018', inclusive (unless sooner on 125.32(2) and 125.68 (2) of to comply with all laws, reso if a license be granted to me,	f the Wisconsin Statutes
I certif	y that I am	_years of age.		Sh	a Mralla Signature of Applicant	<u> </u>
Answer th	e following que	stions fully an	d comple	telv:		
	cant Sharma	_				
	plicant N8429			olfex.	WI	
				•	nsin or of the United States?	
Date of such co	onviction NA					x
Name of Court	NA					
Nature of offen		,				
Have you been	convicted or violating	any license law or	ordinance reg		of beverages or intoxicating liq	uors?
				Me	Ihat	
STAT	E OF WISCONSIN,				Signature of Applicant	
Dunn	\	ssCounty.				
erson who mad	le and signed the fore	undStrok going application for	or an operator	's license, that	being first duly sworn or all the statements made by the	n oath says that he is the applicant are true.
	ed and sworn to before		7 G	- +	Applicant sign he	re
Lyn	in M. V. Dunn	hggemæ	An	_	THINING EMAN	William XX
lotary Public,	Dunn	County,	Wis.		Z X X	
	res 04-19				IIIIX . PU	Milit

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 Sharm Jonele Sundstrom Business/Organization Name A Little Slice of Italy Full Prior Names (nicknames, maiden names, etc. 1) Date of Birth Phoenix, Az Phone Sex_____Race_____Height____Weight___ Driver's License No. Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? NO If yes, list offense, date and place occurring. NA List prior addresses for the past five years NS381 Cty Rd M. Colfex WI, 122/2 W Cas code Ave, River Follo WI, 301 Michaels on Menomonie WI, N8429 Cty Rd M. Collex, V List three personal references, not related to you. Include name, address & phone number 1) Kaleb Chipman N8429 Cty Rd M Collex, WI 2) Annie Schieber 501 Main St. Colfex WI 3) Tommi Mattson 117 W. Grand Ave. Fauchire WI Have you ever been a member of the Military Service? ______Discharge? _____ Education- include name of High School, location, grade completed and any training beyond high school. Costfax High School 2011 Graduate UW-River Falls 2015 Graduake I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature

Date 5/22/17 Official Use Only-Below This Line Researcher CHIEF ex Police Approving Officer Signature Loubon Spellen

5 24.07

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

T- 41	Glada.	0.1	Village	0	Colfax	Wisconsin:
To the	Clerk	of the_	v mage	of		Wisconsiii.
Beverages and and all acts as regulations, Fe	d Intoxicating Liquo mendatory thereof ederal, State, or Local	rs, subject to the lim and supplementary	itations imp thereto, and	osed by Secti- I hereby agree	018, inclusive (unless sooner on 125.32(2) and 125.68 (2) or to comply with all laws, resist a license be granted to me,	the Wisconsin Statutes
					Milly Jen	
					Signature of Applicant	
Answer th	e following que	estions fully and	d comple	tely:		
Name of Applie	cant Old	y Okan) <u>r</u>	1-1-	Pal 190	
Address of App	olicant	() E858	34 C	Hatc	nc 1/0	
Have you been	convicted of any fel	ony or of violating ar	ny law of the	State of Wisco	onsin or of the United States?	V)A
Date of such co	nviction	1/2				
Name of Court	}	TIA				
Nature of offen		1/1				
Have you been	convicted or violating	g any license law or o	ordinance reg	gulating the sale	of beverages or intoxicating li	quors?
					N	0
	* -					.
		4.			Morken	
om i m	20 00 1110 00 101 1		/		Signature of Applicant	
STAT	E OF WISCONSIN,	ss. County.	6	Jall	ly I In II	
Shill S	deinte				heing first duly sworn o	on oath says that he is the
person who mad	le and signed the for	egoing application fo	r an operato	r's license; that	all the statements made by the	applicant are true.
Subscribe	ed and sworn to before	re me this <u>13</u> † †	`	- 4	Mepficant sign h	f H
day of Mcoe	2014					,
				WILL	COLLEEN	
0-00	in Zeitle			STATE OF THE OF	NOA	
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Notary Public, _		County,		MILIO	· ario · * *	•
Com	mission expired	(((((((((((((((((((2001	TIM,	WASCONSILING.	

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental - General License Application

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last_ Business/Organization Name_ Full Prior Names (nicknames, maiden names, etc. []] Place of Birth Mimmes Height _ Driver's License No_ Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic?____ If yes, list offense, date and place occurring. List prior addresses for the past five years_ List three personal references, not related to you. Include name, address & phone number, Discharge? Have you ever been a member of the Military Service?_ 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 pertify that all information included in this application is true, accurate and complete to the best of my knowledge Signature Official Use Only-Below This Line 7 Date Denied 2017 Date Approved 106/00/ Date Received Old heler Approving Officer Signature Researcher

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	Wisconsir
Beverages an and all acts a	d Intoxicating Liquor mendatory thereof a	s, subject to the lir nd supplementary	nitations impo thereto, and	osed by Se hereby agr	, 2018, inclusive (unless soon ction 125.32(2) and 125.68 (2) ree to comply with all laws, re ors if a license be granted to me,	of the Wisconsin Statutes esolutions, ordinances and
I certify	y that I am <u>19</u>	years of age.	M	Ma	des-Romain	dle
					Signature of Applicar	it
	e following que) ₄	
	policiant $£935^{\circ}$				Colfax, WI &	54780
	. —	1		State of Wis	sconsin or of the United States?	
Date of such co	nviction					
Name of Court						
Nature of offens	se					
Mave you been	convicted or violating	any license law or	ordinance regi	liating the sa	ale of beverages or intoxicating	A A
			M	1eh Ce	ed Konn	wall
STAT	E OF WISCONSIN,				Signature of Applicant	
Da	un	ss. County.				
	des Lon row e and signed the foreg d and sworn to before				being first duly sworn at all the statements made by the Applicant sign	e applicant are trye
	y 2017			Surgitude P.	ME A W	·
Kathe	ine A. W	Jagner	<u>ر</u>	***	* * * * * * * * * * * * * * * * * * *	
Notary Public,	n exp.4-	<u>'U</u> County, 25-2021	Wis.	No. of Parties	OF WISCOMEN	

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

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3) Mr. Richard Mayer POBOX 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 Tunction, AK High School Diploma The King's College, New York, NY Freshman Pear 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 MI MIN Signature Date 05 - 15-20/7 Official Use Only-Below This Line Date Received Oldo Color Date Approved 20/06/90/7 Date Denied______ Researcher Cure or Folice Approving Officer Signature Source Signature

MISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Mercedes Ronnander

Date of Completion: 04/14/2017

School Name: 360training.com, Inc.

Certification # WI-56492

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 2 4 2017
To the _	Clerk	of the Village	of	Colfax	Wisconsi
					Village of Colfa
Beverages and all acts a	d Intoxicating Liquors mendatory thereof ar	, subject to the limitations imp	oosed by Section 12 d hereby/agree to co	5.32(2) and 125.6 comply with all lav	sooner revoked), Fermented Ma 3 (2) of the Wisconsin Statute vs, resolutions, ordinances and
	y that I am <u>36</u>		ages and riquors it a r	icerise be granted to	o me,
	, <u></u>	years of age.	12 Ask		_
•			fruit of	Signature of App	licant
Answer th	e following ques	tions fully and comple	telv:		
Name of Applic	$\rho = 1$	L BIOWN			
Address of App	11000	7/4,00M	Tally 8	157	5C17?X
		1 CAUTEDIO	COPACK	Cost	<u> </u>
Have you been	convicted of any felon	y or of violating any law of the	State of Wisconsin of	or of the United Sta	(I)
		<u>,, </u>			100
Date of such cor	nviction 00				
Name of Court	INO				
Nature of offens	e (1)0				
		,			
Have you been c	convicted or violating a	ny license law or ordinance reg	ulating the sale of be	verages or intoxica	ing liquors?
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			$\gamma // \gamma$	1	
			Y// / /		
			X lash of		_
			0.001	Signature of Applic	eant
STATE	OF WISCONSIN,	SS.			
Dar	<u> </u>	County.	(1	_	
Ch	arles Brow	wo.	a/l	being first duly sy	vorn on oath says that he is the
		ing application for an operator	s license; that all the		y the applicant are true.
Subscribed	and sworn to before n	ne this 24	Mann	11 //K_	
ay of M	au 201	7		Applicant s	ign here
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				William William	
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		0-21110	***	Manning Manning	

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 Cloar Country Co-op Colfax
Full Prior Names (nicknames, maiden names, etc.
Date of Birth Place of Birth Ppeway Phone Phone
Sex Race Height Weight
Social Security No Driver's License No. L
Have you ever been arrested for, or convicted of any laws, including traffic? NO
Dist prior described in the second se
List three personal references, not related to you. Include name, address & phone number 1) Sue Hagen N8519 Chrom 2) EDH mckee, Elossy Chron 3) Jamare Whinney W8948 Chyrom 7
Have you ever been a member of the Military Service? WO Discharge?
Education- include name of High School, location, grade completed and any training beyond high school.
Collect thigh school - 12 UTC 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 Date
Official Use Only-Below This Line
Date Received (20) 7 Date Approved (20) 7 Date Denied
Researcher Curer of Police Approving Officer Signature Leader Indom
s of the second

July 1, 2017 - June 30, 2018

Application for License to Serve Fermented Malt Beverages

	·	and Intoxicati	Fee - \$10.00 _ RECEIVED		
					MAY 2 4 2017
To the	Clerk	of the Village	of	Colfax	Village of Colfax Wisconsin:
Beverages and all acts a regulations, Fe	d Intoxicating Liquor mendatory thereof a ederal, State, or Local,	nse to serve, from July 1, 2017 is, subject to the limitations important and supplementary thereto, and affecting the sale of such beverage	sed by Secti hereby agree	on 125.32(2) and 125.68 (2 to comply with all laws, i	of the Wisconsin Statutes resolutions, ordinances and
I certify	y that I am <u>32</u>	years of age.	<u></u>	AU R Kol	M ant
Answer th	e following que	stions fully and complete	ely:		.,
Name of Appli	cant Taliah	R. Eiseth			
Address of App	olicant <u>N159</u>	5 510th Street	Men	monie, WI	54751
Have you been	•	ny or of violating any law of the S			?
Date of such co	nviction				
Name of Court	of the latter of				
Nature of offens					
Have you been	convicted or violating	any license law or ordinance regu			
					•
	/ / · · · · · · · · · · · · · · · · · ·		-		
÷			Tali	R. Hown	
STAT	E OF WISCONSIN,			Signature of Applican	t
Du	ann	ss. County.			
	TaliR	Eiseth		, being first duly swor	n on oath says that he is the
•		oing application for an operator's	license; that	all the statements made by	he applicant are true.
Subscribe	d and sworn to before	me this	-	Applicant sign	here
day of \\	ay, '201	7,			
)			WING W. CO.	Na _{th}
	•	0 0		Series Hills	TI.
(bh	ly M	Lould	-	ACTARY.	
Notary Public,	Dun	County, Wis.		OF WISCO	No.
,,,				WINDE WISO	<i>u.</i>

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.

NOTE. If any future explanation is necess, i
Full Name-First, Middle, Last Taliah R. Elseth
Business/Organization Name Codar Country Cooperative
Full Prior Names (nicknames, maiden names, etc. NA
Date of Birth lace of Birth Eau Caye, Phon
SexRaceHeightWeight
Social Security No Driver's License No
Have you ever been arrested for, or convicted of any laws, including traffic? No
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) Chull Brown N8227 Cty Rd M Coffax WL 54730 2) Sue Hagen N8519 (Dunty Rd M Coffax, WI 54730 3) Kayla Brown N8227 Cty Rd M Coffax, WI 54730
Have you ever been a member of the Military Service? Discharge?
Education- include name of High School, location, grade completed and any training beyond high school. MENDMONIC High School - MENDMONIC, WI 5-1751 - Graduated UW Patteville - 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. Date 5/22/11
Signature Tali R. Franky Date 5/22/11
Official Use Only-Below This Line
Date Received Color Date Approved Oc Oct Doi 7 Date Denied
Researcher Curor of Cice Approving Officer Signature Milliams Approving Officer Signature

July 1, 2017 - June 30, 2018

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

		and Into	oxicat	ing Liq	uors	Fee - \$10.00
						RECEIVED
						MAY 2 4 2017
To the	Clerk	of the_	Village	of	Colfax	Village Vis Colfa
Beverages and all acts a regulations, Fe	d Intoxicating Liquor, mendatory thereof a	s, subject to the lin nd supplementary affecting the sale o	nitations important thereto, and	osed by Section hereby agree	n 125.32(2) and 125.68 (oner revoked), Fermented Mal 2) of the Wisconsin Statutes, resolutions, ordinances and
		years of age.	B	Mes Va	** ***	
•	•			Myce KM	Signature of Appli	cant
Answer th	e following ques	stions fully an				
	~ ~	•	-	•		
Address of App	olicant E 7622	North County	Road E	FIV May	rd, WI 54739	
					sin or of the United State	
Trave you seen	$\mathcal{N}_{\mathcal{O}}$	•	-		ism of of the office state	
Date of such co	nviction N.					
Name of Court	N/A					
Nature of offens	se <u>N/A</u>		•			
	convicted or violating				of beverages or intoxicating	,
		-				
			B	y, i	Nacy Signature of Applica	
ርጥ ለ ጥ	E OF WISCONSIN,				Signature of Applica	nt
SIAII		SS.				
-	unn	County.				
	V CO	aches		a liganas, that a	being first duly swo	rn on oath says that he is the
	d and sworn to before			s ncense, mai a	in the statements made by	the approant are true.
	a and sworn to before				Applicant sig	n heke
day of	1 ay, de	21 (
		0				
M	noant	Brush				
Notary Public,	Dann	County \	Wis			

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

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

Supplemental – General License Application

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 Eay Claire Phone Sex_____Racc_____Height_____Weigh.____ Social Security No ______ Driver's License No.____ Have you ever been arrested for, or convicted of any laws, including traffic? No If yes, list offense, date and place occurring. List three personal references, not related to you. Include name, address & phone number 1) CHUKK BOODN W8ZZ 7 Cty RD M COLEX

2) Sie Hage a N8519 Cty RD M Colfax

3) Edith Maker E COSS Cty RD N (olfax 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 Signature Byco hanges Date 5-10-17 Official Use Only-Below This Line Date Received Oce Oce 7 Date Approved Oce Oce 7 Date Denied_ Researcher Litte OF Police Approving Officer Signature Laces which ale

July 1, 2017 - June 30, 2018

Application for License to Serve Fermented Malt Beverages

78 ⁴	,	and Intoxica	Fee - \$10.00 RECEIVED		
					MAY 2.4 2017
To the	Clerk	of theVillage	of	Colfax	Village of Colfax
Beverages and all acts a regulations, Fe	d Intoxicating Liquors mendatory thereof a ederal, State, or Local,	s, subject to the limitations im nd supplementary thereto, at affecting the sale of such beve	posed by Section dhereby agree	on 125.32(2) and 125.68 (to comply with all laws	oner revoked), Fermented Malt 2) of the Wisconsin Statutes , resolutions, ordinances and ne,
I certify	y that I am <u>66</u>	years of age.	Ma	Signature of Appli	ma Cant
Name of Applic	cant $\frac{\int \gamma l}{l}$	tions fully and compl	etely:		
Address of App		108600	X >>		_
Have you been	convicted of any felor	ny or of violating any law of th		sin or of the United State	s?
Date of such con	nviction —		v.		
Name of Court					
Nature of offens				· 1942	Section Control
- Trave you been e	No.	any license law or ordinance re		n bovo ages of intextouting	5 nduois.
STATE	e of Wisconsin,		Man	Signature of Applica	rand of
		SS.			
<u>Dur</u>		County.		*	
person who made	and signed the forego	ing application for an operato	r's license; that al	, being first duly swor I the statements made by	n on path says that he is the the applicant are true.
Subscribed	l and sworn to before r	ne this 23 rd		YWW	UNOMA.
day of Ma	m 201)	•	Applicant sign	There
				HIME NEW ENTRY	
Sher	d Rin	na	To S S THE	ARY O	MIII NISAN
Notary Public,	Dunn	County, Wis.		PUB	
	11 14 Comm	1. Uppires		White Or	N. Carlotte
		1 157			4.9. °

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
Business/Organization Name
Full Prior Names (nicknames, maiden names, etc. Mochows
Date of Birth Place of Birth Phone Weight
SexRaceHeightWeight
Social Security No
Have you ever been arrested for, or convicted of any laws, including traffic?
List prior addresses for the past five years
List three personal references, not related to you. Include name, address & phone number 1) The first of the first of the first of the Military Service? Discharge? Education- include name of High School, location, grade completed and any training beyond high school.
Education- include name of rings.
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Date Date
Official Use Only-Below This Line
Date Received War Date Approved War Date Denied
Researcher Charles OF Lolice Approving Officer Signature Loubon Jacon

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

				•			
						RECE	EIVED
						MAY 2	4 2017
To the	Clerk	of the	illage of)	Colfax	Villa Wes	onsin: r Colfa
Beverages and and all acts as	d Intoxicating Liquor mendatory thereof a	ise to serve, from July s, subject to the limitate and supplementary the affecting the sale of su	ions imposed by reto, and hereby	y Section 125.32 agree to compl	(2) and 125.68 (2) y with all laws, re	of the Wisconsin St esolutions, ordinance	atutes
I certify	y that I am <u>57</u>	years of age.	0.	0/7	. C	•	
	. H.		Edi	Si	gnature of Applicar	nt	
Answer the	e following ques	stions fully and c	ompletely:				
Name of Applic	cant EAPX	on ma	Kee				
Address of App	olicant <i>2688</i>	5 Cuy	RUN	W heek	en Di	5477	<u> </u>
Have you been	convicted of any felo	ny or of violating any la					
D-4 Cl		100	,			\$ 7° .	
Date of such cor		**************************************					
Name of Court _		,					
Nature of offens	se						
Have you been c	convicted or violating	any license law or ordir	1	he sale of beverag	_	liquors?	
1						-	
			5 -0	a Una	1m -		
			Lace	th m Sign	ature of Applicant	<u> </u>	
-	E OF WISCONSIN,	ss.		•			
Du	nk Mal	County.					
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	and signed the foreg	12 Arh		e, that are the state	LM C	e appricant are true.	
11/1	11/ 26/5	7	-		Applicant sign l	nere	
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otary Public,	DUNN	Cambri Wia	-				
	nission l	County, Wis.	4/17			•	

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.

NOTE: If any further explanation is needed, piease continue on such as a second of the
Full Name-First, Middle, Last Edith M Mckee
Business/Organization Name Cedan Country Co-op
in the second of
Date of Birth lace of Birth Phone
Race Height Weight
Social Security No Driver's License N
Have you ever been arrested for, or convicted of any laws, including traffic? // \(\)
List prior addresses for the past five years F6885 Cnly RdN
List three personal references, not related to you, Include name, address & phone number 1) Jean Anderson Luy W Co Kax Wis 54780 2) Pathonic 3 Ave Colcax Di 54780 3) Kayla Brown Hung M Colcax Di 54780 Have you ever been a member of the Military Service? No Discharge?
Education- include name of High School, location, grade completed and any training beyond high school.
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature Date 5-15-2017
Official Use Only-Below This Line
Date Received Ocologo Date Approved Action Son Date Denied Researcher Contract of Police Approving Officer Signature Country Space
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July 1, 2017 - June 30, 2018 Application for License to Serve Fermented Malt Beverages an

d	Intoxicating	Liauors	Fee - \$10.00
S	nicoxioating		

						RECEIVED
To the	Clerk	of the_	Village	of	Colfax	MAY 2 4 2017 Wisconsin:
Beverages and all acts a	d Intoxicating Liquors amendatory thereof ar	, subject to the lim id supplementary	itations impo thereto, and	osed by Section hereby agree to	125.32(2) and 125.68 (2	Village of Colfax ner revoked), Fermented Malt) of the Wisconsin Statutes resolutions, ordinances and e,
I certif	y that I am <u>33 </u>	years of age.		LA	Si-advance & Amelia	
1 /1	C 11 .	· • • • • • • • • • • • • • • • • • • •			Signature of Applica	int
	e following ques					
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	plicant NS227 (('	•			
Have you beer	·	y or of violating a			sin or of the United States'	?
Date of such co	onviction NA.					
Name of Court	NA					
Nature of offen	. ^					
Have you been	convicted or violating a	my license law or o	ordinance reg	ulating the sale of	f beverages or intoxicating	liquors?
					7	· · · · · · · · · · · · · · · · · · ·
STAT	E OF WISCONSIN,		. (,00	Signature of Applican	
Du	inn a	ss. County.		•		•
	LA BROL	oing application for	(VAn	s license; that all	being first duly swon	n on oath says that he is the he applicant are true.
y of	A4,201	1		- 11	Applicant sign	here
L						
(1)	anni (unn		_		
otary Public,	DUNN	County, \	Vis.	6/4/17	•	•

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental - General License Application

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last Business/Organization Name Full Prior Names (nicknames, maiden names, etc. NA Date of Birth o Place of Birth Chapewa Co Phone Sex____ Race____ Height__ Social Security No. _____ Driver's License No. ____ Have you ever been arrested for, or convicted of any laws, including traffic? 125

If yes, list offense, date and place occurring. 2003 - Ecoclasse - Sec+ Bel+ List prior addresses for the past five years N8227 Cty Rd M @ 1016ax

E8948 810th Nove Cultar List three personal references, not related to you. Include name, address & phone number 1) Sue Hagen - N8519 Chy Rd M

2) Edith McKeer EL884 Cty Rd W

3) Tomara Whimmy N8949 Ctyld M COFax 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, CUTC I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Date- 7-10-(Official Use Only-Below This Line Date Received Ochas 2017 Date Approved Class Control Date Denied_______ Researcher Court of Police Approving Officer Signature Leade an Spellen

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

		and Into	ree - \$10.00			
						RECEIVED
						MAY 2.4 2017
To the	Clerk	of the_	Village	of	Colfax	Villagesofr@olfax
Beverages and and all acts a regulations, Fe	d Intoxicating Liquimendatory thereomederal, State, or Localette.	ors, subject to the lin f and supplementary al, affecting the sale o	nitations impos thereto, and l	sed by Sectio hereby agree t	n 125.32(2) and 125.68 (oner revoked), Fermented Malt 2) of the Wisconsin Statutes resolutions, ordinances and ne,
I certif	y that I am 20	years of age.	<u>E</u>	mily	Signature of Applic	eant
Answer th	e following qu	estions fully an	d complete	ely:		
Name of Appli	cant Emil	Tuschl				
Address of App	plicant N1022	9 600th	St. W)	neeler,	WI 54777	2
	and the second s				sin or of the United State	
No						
Date of such co	onviction					
Name of Court						
Nature of offen	se					
Have you been	convicted or violati		•		of beverages or intoxicating	
NO	convicted of vicinity	and many meaning and or			<i></i>	
			C	0		. 0 0
			_0	nili	Signature of Applica	nt .
STAT	E OF WISCONSIN,				V	
<u> Dur</u>	70	ss. County.				
	Emily	Tuschl			, being first duly swo	rn on oath says that he is the
-		11.1	or an operator's -∖o	license; that a	If the statements made by	the applicant are true.
Subscribe	ed and sworn to before	ore me this	Y	EVVU	Applicant sig	n here
day of	May	1017	<u>_</u>		Y IV	
	1				*	
$\sqrt{}$	Lyou	+ Bure	ho_			
Notary Public,	Man	County	Wis			

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

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

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

NOTE: If any further explanation
Full Name-First, Middle, Last Emily Nicole Tusch!
Business/Organization Name Cedar (ountry (6-00)
Pull Prior Names (nicknames, maiden names, etc
SexRaceHeightWeight
Social Security No Driver's License No.
Have you ever been arrested for, or convicted of any laws, including traffic?
List prior addresses for the past five years NIO228 (000 ⁺ⁿ 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 51730 2) Gabby EMike, 3376 Downham († Green Bay 51311 3) Jessica Pithner 3316 Downham († Green Bay 51311 Have you ever been a member of the Military Service? NO Discharge? Education- include name of High School, location, grade completed and any training beyond high school. Colfax High School, 12th grade TWO-Green Bay 3418 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 When I would be such as a complete to the best of my knowledge. Date 05/15/17
Official Use Only-Below This Line
Date Received Copy Date Approved Officer Signature Legense film Researcher Crise Office Approving Officer Signature Legense film
Researcher Create Office Approving Officer Signature X Legislature

July 1, 2017 - June 30, 2018

Application for License to Serve Fermented Malt Beverages

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	***************************************					RECEIVED
						MAY 2 4 2017
To the	Clerk	of the_	Village	of	Colfax	Village is cosifa
Beverages and and all acts a regulations, Fe	d Intoxicating Liquor mendatory thereof a	s, subject to the lim nd supplementary affecting the sale or	itations impo thereto, and	sed by Section hereby agree to	125.32(2) and 125.68	oner revoked), Fermented Malt (2) of the Wisconsin Statutes , resolutions, ordinances and me,
		yours or ago.	И	my By	uhanan	1
					Whaman Signature of Appli	cant
	e following que			ely:	. 1	
Name of Applic	cant <u>Movi</u>	Buchar	1av			
Address of App	licant N12048	890th S	t. Colfa		54730	
					in or of the United State	es?
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Have you been c		any license law or o	_	_	beverages or intoxication	ng liquors?
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STATE	E OF WISCONSIN,				Signature of Applica	nt
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Via	Buchana	County.				
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	and sworn to before			hore		• •
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Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

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NOTE: If any further explanation is needed, please continue on back of application. Marie Buchanan Full Name-First, Middle, Last 1/10/1 Business/Organization Name Cedar Country 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? ______ 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 Cty Rd M, Colfax WI 54730, ... 2) Sue Hagen, NESIA Cty Rd M. Colfax, WI 54730. 3) Brittney Moonen, 32810 90th Ave., Colfax, WI 54730,) Have you ever been a member of the Military Service? _______Discharge? _______ Education- include name of High School, location, grade completed and any training beyond high school. Coltax High School, Colfax, 12 University of Jamestown, Jamestown, ND. Sophmore 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 Korie Burhamana Date 5-16-17 Official Use Only-Below This Line Date Received Oulouper 7 Date Approved Ouloup Bol 7 Date Denied______ Researcher Continue Approving Officer Signature Enders of Con

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

		and Inte	RECEIVED			
						MAY 2 4 2017
To the	Clerk	of the_	Village	of	Colfax	Village of Colfax Wisconsin:
Beverages and all acts a	d Intoxicating Liquors mendatory thereof as	s, subject to the lin nd supplementary	nitations impo thereto, and	sed by Section hereby agree	on 125.32(2) and 125.68 (2	oner revoked), Fermented Malt 2) of the Wisconsin Statutes resolutions, ordinances and ne,
I certify	y that I am 54	years of age.		Uezan	n 0 M. Hage Signature of Applic	ant
Answer th	e following ques	tions fully an	d complet	======= ely:		
Name of Applic	cant <u>Sura</u>	nne M.	Hager)		
Address of App	Dicant <u>X8519</u>	County	rd. 1	y Col	fax, Wl. 547	30
	convicted of any felor	,	iny law of the	State of Wiscon	nsin or of the United States	
Date of such co	_					
Name of Court	Name,					
Nature of offens						· · · · · · · · · · · · · · · · · · ·
Have you been o	convicted or violating				of beverages or intoxicatin	
Grad Mar			S	ezann	o M. Hages Signature of Applicar	<u>s</u>
STATE	E OF WISCONSIN,	ss. County.				
person who made		oing application fo	or an operators		, being first duly swoi	rn on oath says that he is the the applicant are true.
Subscribed	d and sworn to before	me this	JND	<u> </u>	42 CUM M. J.	Lager
day of <u></u>	ray, Do	<u> </u>	- ALMATANA		V Applicant sign	, here()
Wa.	teros	mala	<u></u>			
Notary Public,	Dun	County,	Wis.	•		

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

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

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

Full Name-First, Middle, Last Suranne Marie Hagen
Business/Organization Name Cedar Country Co-op
Full Prior Names (nicknames, maiden names, etc. <u>Suranne Marie Larson</u>
Date of BirthPlace of Birth_Luther Hospita/Phone
Race Height Weight
Social Security No Driver's License No
Have you ever been arrested for, or convicted of any laws, including traffic?
List prior addresses for the past five years <u>NA</u>
List three personal references, not related to you. Include name, address & nhone number 1) Chuck Brown N8227 Ctyrd. M Colfax 2) Kayla Brown N8227 Ctyrd. M Colfax 3) Edith Mckee E6886 Ctyrd. 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 When I was a 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 Sugaml M. Hugen Date 5-8-2017
Official Use Only-Below This Line
Date Received Obligator Date Approved Obligator Date Denied
Researcher Chief of Police Approving Officer Signature Charles

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

		and Intoxica	Fee - \$10.00		
	<u> </u>				RECEIVED
					MAY 2 4 2017
To the	Clerk	of the Village	of	Colfax	VillagWiot@siffa
Beverages and and all acts an regulations, Fe	d Intoxicating Liquo mendatory thereof a ederal, State, or Local	nse to serve, from July 1, 20, rs, subject to the limitations im and supplementary thereto, an, affecting the sale of such beve years of age.	posed by Section by Section by Bereby agree	on 125.32(2) and 125.68 (2 to comply with all laws, i	of the Wisconsin Statutes resolutions, ordinances and
		<u></u>		Signature of Applica	ınt
Answer the		stions fully and compl	etely: NOV		
Address of App	licant 3280	90th Ave, Co	olfax.li	IL 54730	
Have you been	convicted of any felo	ony or of violating any law of th	e State of Wisco	nsin or of the United States'	?
Date of such cor	nviction				
Name of Court					
- Nature of offens	حصو ع				
STATE STATE Briderson who made	E OF WISCONSIN, NO Hney Mo and signed the fore	going application for an operato me this <u> </u>	or's license; that a	Signature of Applicant Signature of Applicant being first duly sworn the statements made by the	n on oath says that he is the he applicant are true.
otary Public,		County, Wis. 1. LY,0ires 27-18	-	Applicant sign Applicant sign ARIEMA OTAR AUBLIC OF WISH	NISAO LILIA

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 Brittley Marie Moonen Business/Organization Name Coday Country Co-op Full Prior Names (nicknames, maiden names, etc._____ Date of Birth ______ Place of Birth Chipplux Falls without Phone _____ Sex_____ Race_____ Height_____ Weight____ Driver's License N Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? NO If yes, list offense, date and place occurring. List prior addresses for the past five years E9000 724th Ave. Elk Mound, WI 54739 List three personal references, not related to you. Include name. address & phone number 1) CNICK BYOWN, COHOX, WI 2) KOUR BYOWN, COHOX, WI 3) MOVY MUZA, MENDMONIE, WI, Education- include name of High School, location, grade completed and any training beyond high school. Colfax High School, Colfax, WI, 12 CVTC, Eau Claive, WI (BCI-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 Dutth Of MODIUM

Date 5-33-17 Official Use Only-Below This Line Approving Officer Signature four four

July 1, 2017 - June 30, 2018

Application for License to Serve Fermented Malt Beverages

		and Inte	Jors	Fee - \$10.00		
						RECEIVED
						MAY 2.4 2017
To the	Clerk	of the_	Village	of	Colfax	Village & Ralfax
Beverages and and all acts as regulations, Fe I certify Answer the Name of Applic Address of Applic Address of Applic Date of such cor Name of Court Nature of offense	d Intoxicating Liquor mendatory thereof a deral, State, or Local, that I am	s, subject to the lind supplementary affecting the sale of years of age. Stions fully and the sale of	d complet	ely: Colfessed by Section hereby agree to ges and liquors in the section of the section hereby agree to ges and liquors in the section of the section hereby agree to get a section hereb	1 125.32(2) and 125.68 to comply with all laws fa license be granted to residue of Appli Signature of Appli with or of the United State	6e cant 54730 s?
Dur Ha Derson who made Subscribed	nnah V	me this 2λ	an operatoric	MUA license; that all	Signature of Applicant	m on oath says that he is the
Notary Public,	Dunn 15 04-19	County, W	· Vis.		* PUB	Wedning

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

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Signature Date Official Use Only-Below This Line Date Received Delota Sec 7 Date Approved Octob Sec 7 Date Denied________ Researcher (Approving Officer Signature Approving Officer Signature

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

		and Intoxicating Liquors			Fee - \$10.00	
•					RECEIVED	
					MAY 2 6 2017	
To the	Clerk	of the Village	of	Colfax	VWagenofnColfax	
Beverages an and all acts a	d Intoxicating Liquor mendatory thereof a	nse to serve, from July 1, 201' rs, subject to the limitations imp and supplementary thereto, and , affecting the sale of such bever	osed by Section d hereby agree t	n 125.32(2) and 125.68 (3 o comply with all laws,	2) of the Wisconsin Statutes resolutions, ordinances and	
I certif	y that I am <u>JG</u>	years of age.	Elen	Signature of Applic	eant .	
Answer th	e following ane	stions fully and comple	telv			
Name of Appli	(100	Loaslett				
Address of App	C = 4 ()	6 810th Ave	Colfe	1X 11)T. SU	 7 <i>3</i> 6	
		ony or of violating any law of the		** / ** / *		
	<u> </u>					
Date of such co	nviction_					
Name of Court	Geograph					
Nature of offens	se					
Have you been	convicted or violating	any license law or ordinance reg	ulating the sale o	f beverages or intoxicatin	g liquors?	
			Car	$\int a d \Lambda$	a Ath	
٠			tek M	1 TOODE		
STAT	E OF WISCONSIN,			Signature of Appricar	n -	
Duni	n	ss. County.			•	
8	den Logs	lett		, being first duly swo	n on oath says that he is the	
-		going application for an operator	's license; that al	the statements made by	the applicant are true.	
Subscribe	d and sworn to before	me this 264		Applicant sign	here	
day of	May De	017		***************		
	v		Juliani.	A RIENE		
			Far Chi	OTARL		
	1.1.6	?				
	Care of	Cen	- 10	OUBLIC ST		
Notary Public,	Dunn	County, Wis.	MANA TE	05 1415 July	•	
	My comm	1 expires	THE SOLD OF A THE STATE OF THE	Ob Minning		
	1 8-6	27-18				

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental - General License Application

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

To the	Clerk	of the	Village	of	Colfax	Wisconsin:
Beverages and and all acts an	Intoxicating Liquors nendatory thereof as	s, subject to the limit nd supplementary t	ations impo hereto, and	sed by Sect hereby agre	2018, inclusive (unless soone tion 125.32(2) and 125.68 (2) be to comply with all laws, re rs if a license be granted to me,	of the Wisconsin Statutes
I certify	that I am 7/	years of age.	5	La	y tero	
				/	Signature of Applican	
Answer the	following ques	tions fully and STENE	complet	ely:		
Address of Appl	icant 565 K	419H ST.	BOX	447	Colfax, W1.	54730
Have you been o	convicted of any felor	ny or of violating any	law of the S	State of Wisc	onsin or of the United States?	
Date of such con	viction					
Name of Court /	VO					
Nature of offense						
Have you been co	onvicted or violating a	ny license law or orc	linance regu	lating the sale	e of beverages or intoxicating li	quors?
			9	Jav	y Sono	
STATE	OF WISCONSIN,			7	Signature of Applicant	
T. Valore		ss. County.		,		
-	and signed the forego	ing application for a	n operator's	license; that	being first duly sworn o	on oath says that he is the applicant are true.
Subscribed day of	and sworn to before r	ne this	_		Applicant sign he	ore
Notary Public,	le Free Dunn My comm.	County, Wis		/8	RI A TE STATE OF THE STATE OF T	EMEDIAMINING NEW YORK OF WISHINGTON

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.

NOTE: If any further explanation is needed, piease continue on such as a property of the prope
Full Name-First, Middle, Last GANY 6. SteNe
Business/Organization Name COIFAX SORTBAIL ASOC
T. U.B. i. a. Namos (nicknames, maiden names, etc. NA
Date of Birth race of Birth femules Courty 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? VES If yes, list offense, date and place occurring. Dw/ 2004 Dww County
List prior addresses for the past five years
List three personal references, not related to you. Include name, address & phone number 1) AKE BYNGUST — COLFAY 2) TEFF MINCE — COLFAY 3) SCOTT GUNNIFSON — COLFAX Have you ever been a member of the Military Service?
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature Date Date
Official Use Only-Below This Line
Date Received Owlow Date Approved Owlow 7 Date Denied
Researcher Com Approving Officer Signature Laure for

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	Colf	ax	Wisconsin
issued, including imposed by supplement State, or Loc	usive (unless soone y Section 125.17(5)	r revoked), Ferm and 125.17(6) or creby agree to co of such beverage	ented Malt E f the Wisco omply with	Beverages an onsin Statute all laws, res	d Intoxicating s and all acts olutions, ording the granted to n	Liquors amendat nances a	ınd regulations, Federal,
Answer th	ne following que	stions fully an	d complet	elv:	****		
Name of Appli	1 3 4 4	A. Cool	_	,, .			
Address of Ap	1.		twy F	Bloa	omer,	WI	54724
Have you beer	n convicted of any felo				nsin or of the Ur		s?
Date of such co	onviction NA						
Name of Court							
Nature of offer	nse						,
Have you been	convicted or violating	any license law or			of beverages or	intoxicatir	ng liquors?
				hisa	COOK Signature	of Applic	ant
STAT	TE OF WISCONSIN,				21 5	o	
Chir	ppewa	ss. County.					
person who made	ISA COOK	roing application fo	or an operator's	license: that	, being firs	t duly swo	orn on oath says that he is the
	ed and sworn to before		A LL A		May, a		the applicant are true.
				- day 01	Livay, 3		
					Sig	gnature of	Applicant
Oebo	wah J- X	toppel		_			
Notary Public, _	Chippewa	UV County,	Wis.				
Comm	ission Expires: 9/3	28/18	_				

COLFAX POLICE DEPARTMENT

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental - General License Application

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McDonell 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. Date 5/26/2017 Official Use Only-Below This Line Date Received 8400 by 7 Date Approved Oloky Sel 7 Date Denied_____ Researcher Court ex Police Approving Officer Signature Court of Delice



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 Complies with: SS-125.04 SS-134.66

SERVING ALCOHOL INC

RENEWAL ALCOHOL BEVERA	GE LICENSE APPLICATION	Applicant's WI Seller's Permit No.: FEIN I		ed to a set
Submit to municipal clerk. Read instructions	s on reverse side.	456 - 0000 1655 4803/1		Contack
For the license period beginning: 07 01 20		TYPE	FEI	
(MM DD	YYYY) (MM DD YYYY)		\$	10
☐ Town	of) COLEAN	Class B beer	\$	100
TO THE GOVERNING BODY of the: Village	e of } CODEAX	Class C wine	\$	200
☐ City o		☐ Class A liquor	\$	50
County of DUNN Alderma			\$ N/A	
OUEOK ONE - Individual - Down	under District distribution Commons		\$	400
CHECK ONE Individual Partner	. –		\$	
☐ Corporation/Nonprofit C	organization		\$ 0.0	
Complete A or B. All must complete C.	•			1.50
A. Individual or Partnership:		TOTAL FEE	\$ 526	<u>1.50</u>
Full Name(s) (Last, First and Middle Nelson, Mark A	•	Post Office & Z	ip Code	
Velson, Michael	£ ,			
B. Full Name of Corporation/Nonprofit Organiza				
	npany (if different from licensed premises)			
	ration and Members/Managers and Agent of Limite) (- C-d-
	(Inc. Middle Name) Home Ad		Office & Zi) Code
Vice President/Member				
Secretary/Member				
				-
C.1. Trade Name Duthouse Bo	Business	Phone Number 715-963	1-332	9
2. Address of Premises \ 413 m	nain St. Post Offic	e & Zip Code ▶ २.0. Boy	81 5	547 <u>3</u> 0
	urchase alcohol beverages only from Wisconsin whole			y ⊿) No
4. Premises description: Describe building or b	uildings where alcohol beverages are to be sold ar	nd stored. The applicant must		•
include all rooms including living quarters, if	used, for the sales, service, consumption, and/or s	storage of alcohol beverages an	d records.	
(Alcohol beverages may be sold and stored o	nly on the premises described.) Ground Str	per, Storage Room, L	seckon	South de
5. Legal description (omit if street address is giv				
	named licensee, any member of a partnership lice lited liability company licensee, corporation license			
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 othe	r states, or ordinances of any county or municipality?	If yes, complete reverse side	☐ Yes	00 4
b. Are charges for any offenses presently p	ending (excluding traffic offenses not related to alc	ohol) against the named		
licensee or any other persons affiliated wit	h this license? If yes, explain fully on reverse side	e	☐ Yes	√Q No
last application for this license? If yes, expl			☐ Yes	∑ No
	l beverages for the previous year reported on the	Wisconsin Income or	□\\\	
Franchise Tax return of the licensee? If not, e			Yes	☐ No
9. Does the applicant understand they must hol			⊠ Yes	□No
-	everage invoices must be kept at the licensed pre		W 162	☐ 140
	ction by law enforcement?		Yes	☐ No
11. Is the applicant indebted to any wholesael b	eyond 15 days for beer or 30 days for liquor? Ity provided by and the applicant states that each of the			4
hest of the knowledge of the signers. Signers agree to	Ity provided by law life applicant states that each of the operate this business according to law and that the lapplicants and each member of a partnership applicant.	rights and responsibilities conferre	d by the lic	ense(s).
of Limited Liability Companies must sign.)	F. CARY			
SUBSCRIBED AND SWORN TO BEFORE	ME Z Z	1 1		
this 84 day of Mary	20 67 2 1	K//lelsir	$\overline{}$	
	O 3 (Officer of Corporation/Me	ember/Manager of Cimited Liability Compa	ny /Partner/Ind	ilvidual)
(Clerk/Notary Public)	(Officer of Corporation/Me	ember/Manager of Limited Liability Compa	nv /Partnerl	
My commission expires 8.27-18	THE OF WHITE			
	(Officer of Corporation/Me	mber/Manager of Limited Liability Compan	y if Any)	
TO BE COMPLETED BY CLERK				
Date received and filed with municipal clerk	Date reported to council/board	Date license granted		
11	Data ligango logued	Signature of Clerk / Deputy Clerk		
License number issued	Date license Issued	oignature or Clerk / Deputy Clerk		

Submit to municipal clerk.

f b = u.s.		40					
Individual's Full Name (please print) (last name		(first nam	e)		(middle na	ame)	
Nelson, Ma	<u> </u>	rail					
Home Address (street/route)	Post Office		City		State	Zip Code	
30449 1364	St.		New Aubu	ſŊ	WI	5475	7
Home Phone Number		Age	Date of Birth		Place of E	lirth	
715-964-242	5	60	7.28-5	6	Eau	claire	WI
The above named individual provides the	e following information	as a per	son who is <i>(check d</i>	one):			•
Applying for an alcohol beverage lice	ense as an individual .						
A member of a partnership which is	making application for	r an alco	hol beverage licen	se.			
(Officer/Director/Member/Manager/Ag	of	/hi	ame of Corporation, Limite	od Liability Company	or Nonnrofi	t Organization)	
which is making application for an al	•	•	ame or corporation, Elline	a Liabinty Company	or Honpron	Organization	
	-						
The above named individual provides the	-			1.0 c			
How long have you continuously residual.					*****		
Have you ever been convicted of any violation of any federal laws, any Wise	,				ounty		
or municipality?	· · · · · · · · · · · · · · · · · · ·	-				Yes	√ No
If yes, give law or ordinance violated,					on and	lamas 1	(ma)
status of charges pending. (If more room		-					
							,
3. Are charges for any offenses presently)	
for violation of any federal laws, any V	•			-	-	[Vos	(Z) Na
municipality?		• • • • • •				Yes	i ₩ No
 Do you hold, are you making applications. 		ficer dire	actor or agent of a	corporation/no	nnrofit		
organization or member/manager/age							
beverage license or permit?						Yes	V No
If yes, identify.							~
	(Nan	ne, Location	and Type of License/Pern	nit)			
Do you hold and/or are you an officer,		-					
member/manager/agent of a limited lia							5
brewery/winery permit or wholesale lic	quor, manufacturer or r	ectifier p	ermit in the State	of Wisconsin?		Yes	₩ No
If yes, identify.			411 - 14 - 14 - 14 - 14 - 14 - 14 - 14				
^{(Name of Wi} 6. Named individual must list in chronolo	holesale Licensee or Permittee) valeat order last two om	plovore		(Address E	By City and C	County)	
	Employer's Address	ipioyers.		Employed From		То	
		2.2		, ,			
Self employed for Employer's Name	last 40+ ye	$\alpha \sim 5$.		Employed From		То	
Dal Delon	30749 136	457 1	Man allan				
y and see			•				
The undersigned, being first duly sworn of	on oath, deposes and	says tha	t he/she is the per	son named in	the fore	going applic	ation; that
the applicant has read and made a comp undersigned further understands that an	rete answer to each qu v license issued contra	arv to Cl	and that the answe	Wisconsin Sta	itutes sh	all be void a	and under
penalty of state law, the applicant may be	proposited for autmi	Hina folo	a atatamanta and	officiality in ac			
,	•		A THE PARTY OF THE			·	
Subscribed and sworn to before me		.mill	RIEMENIN				
this 8 day of May	, 20 17		, P 1	<i>l</i> .	1	Λ	
Ilion Burn	60	S.	OTARY	1 Mul	-/ D	lon	
(Clerk/Notary Public)		. 6		(Signature o	of Named Inc	dividual)	
My commission expires 8-27-18	,		PUBLIC : 5				
, <u> </u>			, O.S.	•			Printed on
		MATE	OF MISUMIN				cycled Paper
AT-103 (R. 8-11)		THIN	OTARY OUBLIC SO		W	/isconsin Departme	ent of Revenue
			The state of the s				

RENEWAL ALCOHOL BEVERA		ICATION HELD	Applicant's WI Seller's Permit No.: FEIN	Number:	lfav
Submit to municipal clerk. Read instructions	s on reverse side.	706	LICENSE REQUESTED		nav
For the license period beginning: 07 01 20	017 ending: <u>06_3</u>	0 2018	TYPE	FE FE	_
(MM DD	YYYY) (A	IM DD YYYY)	Class A beer	\$	10
☐ Town			Class B beer	\$	100
TO THE GOVERNING BODY of the: 🗹 Villag	e of COLFAX		☑ Class C wine	\$	200
☐ City o	f J	-	Class A liquor	\$	50
-				-	
County of DUNN Alderma	nic Dist. No (if require	ed by ordinance)	Class A liquor (cider only)	\$ N//	
CHECK ONE ☐ Individual ☐ Partne	arahin	ity Company	Class B liquor	\$	400
		ny Company	Reserve Class B liquor	\$	
☐ Corporation/Nonprofit C	rganization		Class B (wine only) winery	\$	
Complete A or B. All must complete C.			Publication fee	\$ 22	1.50
· ·			TOTAL FEE	\$ 322	3.50
A. Individual or Partnership: Full Name(s) (Last, First and Middle	Name) Home Ad ELECANCIL EOS	ddress Z. CALRGAD A	NE COLAY S	ip Code	
President/Member	npany (if different from license ration and Members/Managers (Inc. Middle Name)	d premises) ▶ s and Agent of Limite Home Ac	ddress Post (Office & Zi	p Code
Treasurer/MemberAgent ▶					
Directors/Managers,					
C.1. Trade Name 2. Address of Premises 3. Does the applicant understand that they must p 4. Premises description: Describe building or b include all rooms including living quarters, if	urchase alcohol beverages only uildings where alcohol bevera used, for the sales, service, c	Post Office from Wisconsin whole ges are to be sold a consumption, and/or	nd stored. The applicant must	Yes	730 □ No
(Alcohol beverages may be sold and stored o			21 1 1011 - 57100- 62	CINC DO	AHO(SO)
5. Legal description (omit if street address is giv				2117574	4110Cac
Since filing of the last application, has the director, manager or agent for either a limicensee been convicted of any offense laws, any Wisconsin laws, any laws of other transfers.	nited liability company licensee s (excluding traffic offenses now r states, or ordinances of any c	e, corporation license of related to alcohol) ounty or municipality	ee, or nonprofit organization for violation of any federal ? If yes, complete reverse side	☐ Yes	ΧNο
 Are charges for any offenses presently p licensee or any other persons affiliated wit 	h this license? If yes, explain	fully on reverse sid	le	☐ Yes	⊠No
7. Except for questions 6a and 6b, have there blast application for this license? If yes, expl	ain.			☐ Yes	X No
Was the profit or loss from the sale of alcohor Franchise Tax return of the licensee? If not, or	explain		Wisconsin Income or	☐ Yes	` ⊠ No
9. Does the applicant understand they must he [phone (608) 266-2776]				Yes	☐ No
 Does the applicant understand that alcohol be date of invoice and made available for inspec 	ction by law enforcement?			Yes	□ No
11. Is the applicant indebted to any wholesaler b	eyond 15 days for beer or 30	days for liquor?		Yes	X No
11. Is the applicant indebted to any wholesaler be READ CAREFULLY BEFORE SIGNING: Under penalest of the knowledge of the signers. Signers agreed figranted, will not be assigned to another. (Individual of Limited Liability Companies must sign.)	`o@nArate this husines€\accordir	nd to law and that the	rights and responsibilities conferre	ed by the lir	cense(s).
SUBSCRIBED AND SWORN TO BEFORE this 17 day of May Surple	D. 201 PM 5	lee			
Shub Rum	A C.	(Officer of Corporation/M	fember/Manager of Limited Liability Compa	·	dividual)
(Clerk/Notary Public) My commission expires 8-37-18	OF WISHINGTON		lember/Manager of Limited Liability Compa ember/Manager of Limited Liability Compar		
		(Additional Panner(s)/Me	этьеглианауег от стиесо стартку Compar	ıy ıı Ally)	
TO BE COMPLETED BY CLERK					
Date received and filed with municipal clerk	Date reported to council/board	12-17	Date license granted		1
5 47 47	Date license issued	(Co '	Signature of Clerk / Deputy Clerk		
Election Humber Induse	Sala montro idaded		T.g. iataro o, Clair, Dopaty Olork		- 1

		<i>(C)</i>		/t.t.11	
Individual's Full Name (please print) (last nam	e) ARILUE	(first name)	E	ELEANOR	e name)
Home Address (street/route) 805 (7 . VANULGAD)	Post Office	City	CORAY	State	Zip Code 54730
Home Phone Number (15 56 4110		Age Date	of Birth 12/17/6	Place of Pol	
The above named individual provides the	e following information	n as a person v	vho is <i>(check one)</i>	1:	
Applying for an alcohol beverage lide A member of a partnership which i	cense as an individua s making application f of	I. or an alcohol b	everage license.	ability Company or Nonp	rofit Organization)
which is making application for an a	Icohol beverage licen	se.			
 The above named individual provides the second provided that the second provided that the second provided that the second provided provided that the second provided provi	ided in Wisconsin prio y offenses (other than sconsin laws, any laws , trial court, trial date a	r to this date? traffic unrelated of any other s and penalty imp	d to alcohol beve tates or ordinand	ces of any county	Yes X No
 Are charges for any offenses presen for violation of any federal laws, any municipality?	Wisconsin laws, any la nding. tion for or are you an o ent of a limited liability	officer, director company hold	ates or ordinance or agent of a cor ing or applying for	es of any county of the county	Yes No
	(N:	ame, Location and Ty	pe of License/Permit)		
 Do you hold and/or are you an officed member/manager/agent of a limited I brewery/winery permit or wholesale lifl yes, identify. 	r, director, stockholder, iability company holdir	agent or empl	oye of any perso for a wholesale b	eer permit,	
'	Vholesale Licensee or Permittee	•	3575-17-4-27-57-27-47-47-47-47-47-47-47-47-47-47-47-47-47	(Address By City a	nd County)
6. Named individual must list in chronol	AND A STATE OF THE	mployers.	l e .	-land Para	T-
Employer's Name	Employer's Address 502 MALUS Employer's Address	- Carry	cal 9	ployed From 2198 ployed From 1007	To 1/2006
OSTELL STAFFING	LACROSSE	ω (9/200	8/1998
The undersigned, being first duly sworn the applicant has read and made a compundersigned further understands that ar penalty of state law, the applicant may be Subscribed and sworn to before me this	olete answer to each on	uestion, and the rary to Chapte	nat the answers or 125 of the Wis	in each instance sconsin Statutes	are true and correct. The shall be void, and under ion with this application.
AT-103 (R. 8-11)	44,	WIS WIS	minni.		Wisconsin Department of Revenue

RENEWAL ALCOHOL BEVERA		Applicant's WI Seller's Permit No.: FEIN 1456102644642902 271	Number: _107309	,]
Submit to municipal clerk. Read instructions	on reverse side.	LICENSE REQUESTED		
For the license period beginning: 07 01 20	17 ending: 06 30 2018	TYPE	FFT	E (4)
(MM DD)			\$ \bigvert \cdot \	, w
TO THE GOVERNING BODY of the: Village			\$ \$	
City of	, o. (\$	
· · · · · · · · · · · · · · · · · · ·			\$ N/A	
County of DUNN Alderman	nic Dist. No (if required by ordinance)		\$	
CHECK ONE Individual Partne	rship 📝 Limited Liability Company		\$	
☐ Corporation/Nonprofit O			\$	
		Publication fee		2,50
Complete A or B. All must complete C.	•	TOTAL FEE	\$ 32.	So
A. Individual or Partnership: Full Name(s) (Last, First and Middle I	Name) Home Address 310 S MAIN ST	Post Office & Z CHIPPEWA FALLS W		9
STEVEN M THALER JOHN T THALER	310 S MAIN ST	CHIPPEWA FALLS W		
B. Full Name of Corporation/Nonprofit Organiza	tion/Limited Liability Company J & S SA			
Address of Corporation/Limited Liability Com	pany (if different from licensed premises) > 31	O S MAIN ST CF	,WI 54	1729
All Officer(s) Director(s) and Agent of Corpor	ation and Members/Managers and Agent of Limit	ed Liability Company:		
Title Name (Inc. Middle Name) Home A	ddress Post (Office & Zi	
President/Member STEVEN M THALE	R 310 S MAIN ST	CHIPPEWA FALLS CHIPPEWA FALLS		
Vice President/Member JOHN T THAL		CHIPPEWA FALLIS) WI 3-	1143
Secretary/Member				
Treasurer/Member Agent ▶RONDI DEMOE	PO BOX 251	COLFAX WI	54730	
Directors/Managers				
C.1. Trade Name EXPRESS MART	Business	s Phone Number $\frac{715-962-3}{100}$	3241	
2. Address of Premises > 616 MAIN ST		ice & Zip Code DCOLFAX W		_
3. Does the applicant understand that they must p	urchase alcohol beverages only from Wisconsin who	lesalers, breweries and brewpubs?	✓ Yes	∐ No
4 Promises description: Describe huilding or h	uildings where alcohol beverages are to be sold a	and stored. The applicant must		
include all rooms including living quarters, if	used, for the sales, service, consumption, and/or nly on the premises described.) CONVENTED	NCE STORE	u records.	
5. Legal description (omit if street address is given				
6 a Since filing of the last application has the	named licensee, any member of a partnership licensee.	ensee, or any member, officer,		
director, manager or agent for either a lim	ited liability company licensee, corporation licens	see, or nonprofit organization		
licensee been convicted of any offenses	s (excluding traffic offenses not related to alcohol r states, or ordinances of any county or municipality	ı) for violation of any federal √? If ves. complete reverse side	Yes	✓ No
h Are charges for any offenses presently n	ending (excluding traffic offenses not related to a	Icohol) against the named		
licensee or any other persons affiliated wit	h this license? If yes, explain fully on reverse si	de ,	Yes	✓ No
7. Except for questions 6a and 6b, have there	peen any changes in the answers to the question	s as submitted by you on your	☐ Yes	✓ No
last application for this license? If yes, expl 8. Was the profit or loss from the sale of alcoho	I beverages for the previous year reported on the	e Wisconsin Income or	✓ Yes	_
Franchise Tax return of the licensee? If not,	explain. Id a Wisconsin Seller's Permit?			∐ No
[phone (608) 266-2776]			✓ Yes	∐ No
10. Does the applicant understand that alcohol b	neverage invoices must be kept at the licensed proction by law enforcement?	remises for 2 years from the	✓ Yes	□No
date of invoice and made available for inspe	beyond 15 days for beer or 30 days for liquor?		Yes	✓ No
READ CAREFULLY BEFORE SIGNING: Under pena	alty provided by law, the applicant states that each of	the above questions has been truth	ully answer	red to the cense(s).
best of the knowledge of the signers. Signers agree to if granted, will not be assigned to another. (Individual	applicants and each member of a partnership applic	ant must sign; corporate officer(s),	members/n	nanagers
of Limited Liability Companies must sign.)		\bigcirc \land		
SUBSCRIBED AND SWORN TO BEFORE	ME .	.) ()		
this 16 day of Way	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Herabelot		
	LINDA Dichaer of Corporatory	penber/Manager of Limited Liability Compa	any /Partner/lr	ndividual)
(Clerk/Notary Bublic)	Confidence of Corporations	Member/Manager of Limited Liability Compa	any /Partner)	
My commission expires 3 - 4-	ADVA Partney(s)(A	Member/Manager of Limited Liability Compa	nv if Anv)	
	The Committee of the Co	and the second s		
TO BE COMPLETED BY CLERK	Thate reported to collaborate the collaborate the collaborate that the collaborate the collabo	Date license granted		
Date received and filed with municipal clerk	Date reportet poseuls ciliboard			
License number issued	Date license issues SCONSIN	Signature of Clerk / Deputy Clerk	Donadaaat	of Revenue
AT-115 (R. 7-15)	* *	vvisconsir	Department	OF IVEACURE

Individual's Full Name (please print) (last na	ame)	(first nam	ne)	(n	niddle na	ame)	
THALER	J	OHN			Т	ı	
Home Address (street/route)	Post Office		City	SI	tate	Zip Code	
310 S MAIN ST	CHIPPEWA		CHIPPEWA I	FALLS	WI	54729	
Home Phone Number	3.2.2.2.2.2.7.7.2	Age	Date of Birth		lace of B	1	
715-829-5510		49	10/31/1967	E	EAU	CLAIRE	
The above named individual provides Applying for an alcohol beverage A member of a partnership which JOHN THALER (Officer/Director/Member/Manage which is making application for an The above named individual provides How long have you continuously re Have you ever been convicted of a violation of any federal laws, any or municipality? If yes, give law or ordinance violate status of charges pending. (If more) Are charges for any offenses prese for violation of any federal laws, an municipality? If yes, describe status of charges pending applic organization or member/manager/a beverage license or permit? If yes, identify.	license as an individual. In is making application for of J & of	as a per r an alco S SP to the lic to this da affic unr of any ot d penalt n reverse (other th ws of oth ficer, dire company	and Type of License/Permi	e. PPEWA FAL Liability Company or verages) for nces of any counties, description to alcohol bevences of any counties of any counties of any counties of any counties of any other and the comporation of the counties of any other and the counties of any other and the counties of the count	LS, Nonprofit unty and erages) hty or orofit	LLC (Organization) Yes	✓ No ✓ No
 Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesaled If yes, identify. 	d liability company holding	or appl	ying for a wholesale	e beer permit,			✓ No
	of Wholesale Licensee or Permittee)			(Address By (City and (County)	
6. Named individual must list in chron		ployers.		, .20,000 D) (,		
Employer's Name	Employer's Address			Employed From		То	
THALER OIL CO	310 S MAIN ST	CF	,WI 54729	01/01/198	38		
Employer's Name	Employer's Address			Employed From		То	
The undersigned, being first duly sworthe applicant has read and made a corundersigned further understands that penalty of state law, the applicant may Subscribed and sworn to before me this day of Brown (Clerk/Notary Public) My commission expires	mplete answer to each qu any license issued contra	estion, a ary to C	and that the answer hapter 125 of the V	s in each instar Visconsin Statu	nce are tes sh nection	e true and corr all be void, ar n with this appl	rect. The nd under lication.

Submit to municipal clerk.

AT-103 (R. 8-11)

Individual's Full Name (please print) (last nam	е)	(first name) (middle na		ame)			
THALER	S	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		
715-723-2822		64	09/16/195	2	CHIE	PEWA FA	LLS
The above named individual provides th	e following information	as a pers	on who is (check	one):			
Applying for an alcohol beverage lic	ense as an individual .						
A member of a partnership which i	s making application fo	r an alcol	nol beverage lice	nse.			
STEVEN THALER	of J &		LES OF CH		ALLS,	LLC	
(Officer/Director/Member/Manager/A			me of Corporation, Limi	led Liability Company	or Nonprof	it Organization)	
which is making application for an a	Icohol beverage license	∋.					
The above named individual provides the	e following information	to the lice	ensing authority:				
1. How long have you continuously resi	ded in Wisconsin prior	to this da	te? 63 YEAR	.S			
2. Have you ever been convicted of any	offenses (other than t	affic unre	elated to alcohol b	everages) for			
violation of any federal laws, any Wis		-		nances of any	county		
or municipality?						Yes	✓ No
If yes, give law or ordinance violated, status of charges pending. (If more ro				date, descript	ion and		
status of charges pending. (# more ro	om is needed, cominue o	ii ieverse s	side of this form.)				
3. Are charges for any offenses present	ly pending against you	(other that	an traffic unrelate	d to alcohol be	verages)	
for violation of any federal laws, any							
municipality?			• • • • • • • • • • • • • • • • • • • •			Yes	√ No
If yes, describe status of charges per			-1		C'4		
Do you hold, are you making applicat organization or member/manager/age							
beverage license or permit?	-		· · · ·	-			✓ No
If yes, identify.							<u></u>
			and Type of License/Per	•			
5. Do you hold and/or are you an officer		-				•	
member/manager/agent of a limited li						□ V	□Z Na
brewery/winery permit or wholesale li If yes, identify.	quor, manufacturer or r	ecuier pe	ermit in the State	OI VVISCONSIN?		Yes	✓ No
	(holesale Licensee or Permittee)			(Address	By City and	County)	
6. Named individual must list in chronolo		ployers.		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>-</i> ,		
Employer's Name	Employer's Address			Employed From		То	
THALER OIL CO	310 S MAIN ST	CF,	WI 54729	01/01/1	968		
Employer's Name	Employer's Address			Employed From		То	
The undersigned, being first duly sworn	on oath, deposes and	savs that	he/she is the pe	rson named in	the fore	aoina applica	ation: that
he applicant has read and made a comp	lete answer to each qu	iestion, a	nd that the answ	ers in each ins	tance ar	e true and co	rrect. The
undersigned further understands that an	y license issued contr	ary to Ch	apter 125 of the	Wisconsin Sta	atutes sh	all be void, a	ind under
penalty of state law, the applicant may be	e prosecuted for submi	ung laise	e statements and	anidavits in co	mecuor	i with this app	olication.
Subscribed and sworn to before me					_		
his 6 day of May	20 17			()			
The day of the day of	1,20		A		1/2		
Clerk/Notary Public	~ ` 	ANN I	<u></u>	(Signalure	of Named In	dividual)	
My commission expires 5-4-		**************************************					
viy cominission expires 🥥 🤊	1 ()	6 ⁰	200 E 0 B			1	
	TO G TO SE	10x	A CONTRACTOR OF THE PARTY OF TH			(Scintod er

A SULCONSIN

Wisconsin Department of Revenue

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION	Applicant's WI Seller's Permit No.: FEIN N	Number:	50
Submit to municipal clerk. Read instructions on reverse side.	LICENSE REQUESTED	· Ualu · ·	30
For the license period beginning: 07 01 2017 ending: 06 30 2018	TYPE	FE	=
(MM DD YYYY) (MM DD YYYY)		\$	10
☐ Town of TO THE GOVERNING BODY of the: ☑ Village of COLFAX	·	\$	100
City of		\$	200
•	<i>T</i>	<u>\$</u>	50
County of DUNN Aldermanic Dist. No. (if required by ordinance)		\$ N/A	
CHECK ONE Individual Partnership Limited Liability Company	<u> </u>	\$	400
☐ Corporation/Nonprofit Organization		\$	
· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,	\$ 6 22	50
Complete A or B. All must complete C.		<u>\$ යුධු.</u> \$ 82.	
A. Individual or Partnership:	IOIAL FEE	<u> 2</u> 2 ×	<u> 50</u>
Full Name(s) (Last, First and Middle Name) Home Address	Post Office & Z	ip Code	
	<u> </u>		
//	We Kat Too	^	
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company	Marker Frie	7 14.	
	115 Main St-(0/500	542
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Lim Title		office & Zi	n Codo
- 11 D/ A			p Code
Vice President/Member Gandin Segn Fressin			
Secretary/Member Claudia I Pan Bressin			
Treasurer/Member			
Agent			
Directors/Managers Tyle Han Tressin			
C.1. Trade Name Busines	s Phone Number 715 562	a -35	583
2. Address of Premises Post Of		c WIT	54730
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin who			☐ No
 Premises description: Describe building or buildings where alcohol beverages are to be sold include all rooms including living quarters, if used, for the sales, service, consumption, and/o 	and stored. The applicant must	d records.	
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 licensetor, manager or agent for either a limited liability company licensee, corporation licen licensee been convicted of any offenses (excluding traffic offenses not related to alcoholaws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality.	see, or nonprofit organization I) for violation of any federal	☐ Yes	№ No
b. Are charges for any offenses presently pending (excluding traffic offenses not related to a licensee or any other persons affiliated with this license? If yes, explain fully on reverse s	lcohol) against the named		™No
7. Except for questions 6a and 6b, have there been any changes in the answers to the question last application for this license? If yes, explain.		☐ Yes	•
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on th	e Wisconsin Income or	1	
Franchise Tax return of the licensee? If not, explain.		Yes 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 p		PYes	□ N-
date of invoice and made available for inspection by law enforcement?			∐ No ⊠ Na
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 best of the knowledge of the signers. Signers agree to operate this business according to law and that the if granted, will not be assigned to another. (Individual applicants and each member of a partner ship applic of Limited Liability Companies must sign.)	e rights and responsibilities conferre	d by the lice	ense(s).
SUBSCRIBED AND SWORN TO BEFORE ME	5		
this 4th day of May 20 17 wy	han		
	/ /Member/Manager of Limited Liability Compar	ny /Partner/Inc	lividual)
(Officer of Corporation, My commission expires () () () ()	Member/Manager of Limited Liability Compar	ny /Partner)	
	Member/Manager of Limited Liability Company	y if Any)	
TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk Date reported to council/board	Date license granted		
5.23.17 6-12-17	-		
License number issued Date license issued	Signature of Clerk / Deputy Clerk		1

Submit to municipal clerk.		•		
Individual's Full Name (please print) (last name	· .	(first name)	\mathcal{L}	(middle name)
Tres		xyle	71	[Q]
Home Address (street/route) A Rd M	Post Office ()	City	Hay	State Zip Code S4730
Home Phone Number 115-962-2a	.9/	Age Date of Birth	1/62	Place of Birth Bloome, Wit
The above named individual provides the	e following information	as a person who is <i>(che</i>	ck one):	
Applying for an alcohol beverage lic				
A member of a partnership which is //esiden	of 8	Was Marks	T	or Nonprofit Organization)
which is making application for an a	,		тивеа главику Сотрапу	ог мопргоні Огдапіzаціон)
The above named individual provides the	e following information t	to the licensing authority	r: _/	
1. How long have you continuously resi			54 yz	ars
2. Have you ever been convicted of any	,		- 1 - 1	
violation of any federal laws, any Wis or municipality?			dinances of v any o	ounty Yes X No
If yes, give law or ordinance violated,	trial court, trial date an	d penalty imposed, and		
status of charges pending. (If more ro	om is needed, continue or	n reverse side of this form.)	1	
3. Are charges for any offenses present		The state of the s		= :
for violation of any federal laws, any municipality?	· · · · · · · · · · · · · · · · · · ·		=	
If yes, describe status of charges per	nding.			
4. Do you hold, are you making applicat		=	•	
organization or member/manager/age beverage license or permit?	•			parents
If yes, identify.	(Name)	ne, Location and Type of License/l	7	('
5. Do you hold and/or are you an officer	·	•	,	ation or
member/manager/agent of a limited li	ability company holding	or applying for a whole	sale beer permit,	
brewery/winery permit or wholesale li- If yes, identify.	quor, manufacturer or re	ectifier permit in the Sta	te of Wisconsin?	No Yes
	(holesale Licensee or Permittee)		(Address E	By City and County)
6. Named individual must list in chronolo	ogical order last two em	ployers.	Employed From	
Improver signate	11.5	; <i>S</i>	Employed From	007 Tresen
Employer's Name	Employer's Address	. <u>) .</u> < 1	Employed From	70 To
Kirkwood, Marke	115 Mai	n 0).	Def 197	1 1 hy 00 /
The undersigned, being first duly sworn the applicant has read and made a comp	on oath, deposes and s	says that he/she is the	person named in	the foregoing application; that
undersigned further understands that an	y license issued contra	ary to Chapter 125 of th	ne Wisconsin Sta	tutes shall be void, and under
penalty of state law, the applicant may be	prosecuted for submit	tting false statements a	nd affidavits in co	nnection with this application.
Subscribed and sworn to before me	_	1.24 C. C.		
this 4th day of May	, 20 <u>\\\</u>		T	
Margaret Bur	chan		(41/2)	255
(Clerk/Notary Public)	2010		(Signature o	f Named Individual)
My commission expires	10017			The state of the s

Printed on Recycled Paper

RENEWAL ALCOHOL BEVERA		Applicant's WI Seller's Permit No. FEIN 456000057133702 39	Number: -04651	50
Submit to municipal clerk. Read instruction	s on reverse side.	LICENSE REQUESTED		30
For the license period beginning: 07 01 20		TYPE	FE	E
(MM DD	****	✓ Class A beer	\$	10
TO THE GOVERNING BODY of the: Village	1	Class B beer	\$	
☐ City o		Class C wine	\$	
•		Class A liquor	\$	
County of DUNN Alderma	nic Dist. No (if required by ordinance)		\$ N/	/A
CHECK ONE ☐ Individual ☐ Partne	ership	Class B liquor	\$	
✓ Corporation/Nonprofit C	,,	Reserve Class B liquor	\$	
		Class B (wine only) winery Publication fee	\$ 23	2,50
Complete A or B. All must complete C.		TOTAL FEE		2,50
A. Individual or Partnership: Full Name(s) (Last, First and Middle)	Name) Home Address	t		x, 30
an Namo(3) (East, First and Windle)	Home Address	Post Office & Z	ip code	
B. Full Name of Corporation/Nonprofit Organiza	tion/Limited Liability Company CEDAR CO	UNTRY COOPERATIVE		
	npany (if different from licensed premises) PO), WI	54739
	ration and Members/Managers and Agent of Limit	· · · · · · · · · · · · · · · · · · ·		
	(Inc. Middle Name) Home Ad		Office & Z	•
President/Member BRIAN JOH			<u> </u>	
Vice President/Member STEVE ACK				
Secretary/Member DUANE KUI	ESTER N5709 330TH	ST MENOMONIE	, WI !	54751
Treasurer/Member Agent CHARLES BROWN	E8948 810TH A	VE COLFAX,	MT E/	1720
Agent CHARLES BROWN Directors/Managers KYLE L K				130
C.1. Trade Name COLFAX CENEX		M COLFAX, WI 5 Phone Number 715/962-3	14 / 3 U 3 1 7 2	
2. Address of Premises \ 401 E. RAILI		ce & Zip Code DCOLFAX, W		2 ∩
,	urchase alcohol beverages only from Wisconsin whole			∏ Nc
	uildings where alcohol beverages are to be sold a	•	Y Tes	L NC
	used, for the sales, service, consumption, and/or		d records	
(Alcohol beverages may be sold and stored o	nly on the premises described.) INSIDE OF	BUILDING INCLUDE	COOLE	ERS
5. Legal description (omit if street address is give	en above):			
	named licensee, any member of a partnership lice			
	ited liability company licensee, corporation license			
laws, any Wisconsin laws fany laws of other	s (excluding traffic offenses not related to alcohol) r states, or ordinances of any county or municipality'	for violation of any federal If yes, complete reverse side.	☐ Yes	V No
	ending (excluding traffic offenses not related to alc	• •	<u></u>	E INO
licensee or any other persons affiliated with	h this license? If yes, explain fully on reverse sid	le	☐ Yes	✓ No
	een any changes in the answers to the questions		Yes	
	beverages for the previous year reported on the	Wisconsin Income or	t-manual and a second	
Franchise Tax return of the licensee? If not, e	explain.		▼ Yes	☐ No
9. Does the applicant understand they must hol			_	
			✓ Yes	∐ No
10. Does the applicant understand that alcohol b	everage invoices must be kept at the licensed pre ation by law enforcement?	mises for 2 years from the	□ Vaa	□ No
	eyond 15 days for beer or 30 days for liquor?			□ No ☑ No
READ CAREFULLY BEFORE SIGNING: Under penal	ty provided by law, the applicant states that each of the	e above questions has been truthfu	ılly answer	red to the
pest of the knowledge of the signers. Signers agree to f granted, will not be assigned to another. (Individual a	o operate this business according to law and that the applicants and each member of a partnership applica	rights and responsibilities conferre nt must sign; corporate officer(s), ii	a by the lic nembers/n	cense(s), nanagers
of Limited Liability Companies must sign.)				,u,ugo.u
SUBSCRIBED AND SWORN TO BEFORE I	WE /			
		(Signa Lagara)		
tils 10th day of May	(Officer of Corporation/M	lember/Manager of Limited Liability Compar	ny /Partner/Ir	idividual)
Maweine	1			
(Clerk/Notary Public) My commission expires / - / 4 - 20	(Officer of Corporation/M	ember/Manager of Limited Liability Compar	ny /Partner)	
any securition expired W / / DO	(Additional Partner(s)/Me	ember/Manager of Limited Liability Company	y if Any)	
TO BE COMPLETED BY CLERK				
	Date reported to council/board	Date license granted		
5-24-17	6-12-17			
License number issued	Date license issued	Signature of Clerk / Deputy Clerk		

Individual's Full Name (please print) (last name	e)	(first nam	e)		(middle name)		
KNUTSON	K	YLE			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 E	Birth	
715-962-2054		44	07/11/197	2	EAU	CLAIRE	
The above named individual provides the	e following information	as a pers	son who is <i>(check)</i>	one):			
Applying for an alcohol beverage lid	cense as an <mark>individual</mark> .						
A member of a partnership which i	s making application fo	r an alco	hol beverage licer	ise.			
✓ MANAGER			UNTRY COOF				
(Officer/Director/Member/Manager/A							
which is making application for an a	alcohol beverage licens	e.					
The above named individual provides the							
1. How long have you continuously res	·						
2. Have you ever been convicted of any	•			o ,			
violation of any federal laws, any Wisor municipality?	•	-		•	county	TYes	V No
If yes, give law or ordinance violated					on and	🗀 163	V 140
status of charges pending. (If more re				, -,, -			
3. Are charges for any offenses presen		•)	
for violation of any federal laws, any municipality?	-			-	•	□ Voo	.Zl No
If yes, describe status of charges per			. ,		. ,	Yes	✓ No
4. Do you hold, are you making applica		fficer, dire	ector or agent of a	corporation/no	nprofit		
organization or member/manager/ag	•		_	•	•		
beverage license or permit?						🗸 Yes	☐ No
If yes, identify. BOYCEVILLE &			D EXIT 45 and Type of License/Pen		NT	· ·	
5. Do you hold and/or are you an office			**		ation or		
member/manager/agent of a limited l		-					
brewery/winery permit or wholesale I			_			Yes	✓ No
If yes, identify.							
	Vholesale Licensee or Permittee)			(Address E	By City and	County)	
 Named individual must list in chronol Employer's Name 		ipioyers.		Employed From		То	
COLFAX FARMERS UNION	401 RAILROAD	ልነንፑ' (COLEAY MT	09/01/20	ากร	01/01/2	011
Employer's Name	Employer's Address	77.77	COLLAX WI	Employed From	303	To	011
G&K SERVICES	5005 MONDOVI	RD, E	AU CLAIRE	04/01/20	003	09/01/2	003
The undersigned, being first duly sworn the applicant has read and made a comp							
undersigned further understands that ar	ny license issued contr	ary to Ch	napter 125 of the	Wisconsin Sta	itutes sh	all be void, a	nd under
penalty of state law, the applicant may b	e prosecuted for submi	itting fals	e statements and	affidavits in co	nnection	with this app	olication.
Subscribed and sworn to before me				2			
15th . 11 lan	00 11		1	/ ,.	/ .		
this 104 day of May	, 20 _/_/_			1.1			
Micaller	ner		190	1111	alley of	di dala ab	
(Člerk/Notary Public)	4-2019			(Signature o	n ivamed ind	ภงเดนลา) ม	60
My commission expires	1 6011						
						F Rec	Printed on ycled Paper

RENEWAL ALCOHOL BEVERA	AGE LICENSE APPLICATION	Applicant's WI Seller's Permit No.: FEIN	Number:
Submit to municipal clerk. Read instruction	ns on reverse side.	456 0002300137-02 43-	2081745
For the license period beginning: 07 01 2	017 ending: 06 30 2018	LICENSE REQUESTED	
	YYYY) (MM DD YYYY)	TYPE Class A beer	s 10
☐ Town	1	Class B beer	\$ 100
TO THE GOVERNING BODY of the: Villag		Class C wine	\$ 200
☐ City o	of)	Class A liquor	\$ 50
County of DUNN Alderma	anic Dist. No. (if required by ordinance)	Class A liquor (cider only)	\$ N/A
	***************************************	Class B liquor	\$ 400
CHECK ONE Individual Partn		Reserve Class B liquor	\$
☐ Corporation/Nonprofit (Organization	☐ Class B (wine only) winery	\$
Complete A or B. All must complete C.		Publication fee	\$ <u> </u>
A. Individual or Partnership:		TOTAL FEE	\$ 529.50
Full Name(s) (Last, First and Middle	Name) Home Address	Post Office & Z	ip Code
Address of Corporation/Limited Liability Corporation (S) and Agent of Corp	azav (22 Pave Or u	ed Liability Company: cldress Post Collag [7] Collag 50	Office & Zip Code 54730 4730 2-4617
2. Address of Premises MC OVERNE	V Kue 5 Svite 101 Post Offi	ce & Zip Code DCCCCC	54730
4. Premises description: Describe building or b	ourchase alcohol beverages only from Wisconsin wholouildings where alcohol beverages are to be sold a	nd stored. The applicant must	,
(Alcohol beverages may be sold and stored of	used, for the sales, service, consumption, and/or only on the premises described.) alcohol 540	red on Breshelving, in	hallung office
5. Legal description (omit if street address is given		•	vinace from
director, manager or agent for either a lin licensee been convicted of any offense	e named licensee, any member of a partnership licensinited liability company licensee, corporation licensing (excluding traffic offenses not related to alcohol) er states, or ordinances of any county or municipality	ee, or nonprofit organization for violation of any federal	☐ Yes 【¥∕No
licensee or any other persons affiliated will	pending (excluding traffic offenses not related to all th this license? If yes, explain fully on reverse sic	le	Yes KNo
last application for this license? If yes, expl	been any changes in the answers to the questions lain. It is a proving the previous year reported on the		☐ Yes ☐No
Franchise Tax return of the licensee? If not, 9. Does the applicant understand they must ho	explain.	vvisconsin income or	Yes No
[phone (608) 266-2776]	peverage invoices must be kept at the licensed pre		Yes 🗌 No
date of invoice and made available for inspe	ction by law enforcement?		Yes □ No □ Yes □ No
READ CAREFULLY BEFORE SIGNING: Under penaloest of the knowledge of the signers. Signers agree to figranted, will not be assigned to another. (Individual of Limited Liability Companies must sign.) SUBSCRIBED AND SWORN TO BEFORE his 25 day of May (Clerk/Nojary Public) My commission expires 4-25-201	, 20 17 (Office) of Corporation of the Corporation	e above questions has been truthfurights and responsibilities conferrent must sign; corporate officer(s), number/Madager of Limited Liability Companisher/Manager of Limited Liability Companisher/Manager of Limited Liability Companisher/Manager of Limited Liability Companisher/Manager	d by the license(s), nembers/managess
O BE COMPLETED BY CLERK			IN OF MINCOUNT
Date received and filed with municipal clerk	Date reported to council/board	Date license granted	The Williams
5-a5-17	6-12-17 Date Ilcense Issued	Signature of Clerk / Deputy Clerk	
	Sate weekle landed	Organization of Olora / Deputy Clark	

Individual's Full Name (please print) (last name)	(first name)	415-141-141-141-141-141-141-141-141-141-	(midḍle name)
HOUSER	Patri	1a	Lynn
Home Address (street/route) E9951 8(04h AM)	ost Office (Collay	State Zip Code 4730
Home Phone Number 115 - 104 - 0043	Age 50	Oate of Birth U-14-le7	Place of Birth Waylesha W(
The above named individual provides the follow	ring information as a perso	n who is <i>(check one):</i>	
Applying for an alcohol beverage license as			
A member of a partnership which is makin W. L.W. D.V. (Officer/Director/Member/Menager/Agent)	of MOW	A/1	YUC y or Nonprofit Organization)
which is making application for an alcohol b	everage license.		
The above named individual provides the follow	ing information to the licen	sing authority:	
1. How long have you continuously resided in V			
2. Have you ever been convicted of any offense violation of any federal laws, any Wisconsin			county
or municipality?		· · · · · · · · · · · · · · · · · · ·	Yes No
If yes, give law or ordinance violated, trial co	, ,	•	ion and
status of charges pending. (If more room is ne	eaea, continue on reverse si	ie of this form.)	
3. Are charges for any offenses presently pend			
for violation of any federal laws, any Wiscons municipality?	-		[2000]
If yes, describe status of charges pending.		,	Tes And
4. Do you hold, are you making application for	· · · · · · · · · · · · · · · · · · ·	-	
organization or member/manager/agent of a beverage license or permit?			
If yes, identify.			Tes 140
		d Type of License/Permit)	
Do you hold and/or are you an officer, director member/manager/agent of a limited liability of			
brewery/winery permit or wholesale liquor, m		-	,
If yes, identify.			(
(Name of Wholesale L	·	(Address	By City and County)
6. Named individual must list in chronological of Employer's Name Employer	's Address	Employed From	To O
Mom's on Man	collax	7000	(Present
Employer's Name (Employer's Name Porth & New Porth & N	's Address	Employed From	To
MIXWELL & MUR ? Weasher P	r Colfax		e 200 /
The undersigned, being first duly sworn on oath			
the applicant has read and made a complete an undersigned further understands that any licens			
penalty of state law, the applicant may be prose			
Subscribed and sworn to before me			
this 25 day of May, 2	017 WHILLEAM		
Mathanine A Warner)	A A MINE	HIUUU
Katherine J. Wagner	STAPL'	(Signature	of Named Individual)
My commission expires $4-25-202$	/ ix: x	: * \(\frac{\pi}{2} \)	
·	Eg. ALDIC		Printed on Recycled Paper
AT-103 (R. 8-11)	The state of the s	NO LE	Wisconsin Department of Revenue
	OF WISCO	lite.	

Individual's Full Name (please prin	t) (last name)	Unda	pame)	S W	ddle name) C
Home Address (street/route)	V # (2)	Post Office Co(Ca4	ColCax	Stat	ul 54738
Home Phone Number	0(98	Age -1	Date of Birth	-47 V	ve of Birth Navlæsha W
The above named individual	provides the follow	ving information as a p	person who is <i>(check o</i>	ne):	
Applying for an alcohol	beverage license a	s an individual .			
A member of a partners	ship which is makir M D // mber/Manager/Agent)	ng application for an al	MOMIN a	SE. M. (M. A.) I Liability Company or No.	Onprofit Organization)
which is making applica	tion for an alcohol l	beverage license.	,		
The above named individual	provides the follow	ving information to the	licensing authority:		. <i>C</i>
1. How long have you conti	nuously resided in '	Wisconsin prior to this	date?	10 yea	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Have you ever been conviolation of any federal la or municipality?	ws, any Wisconsin nce violated, trial co	laws, any laws of any purt, trial date and pen	other states or ordina alty imposed, and/or o	nces of any coun	Yes No
status of charges pending	g. (If more room is n	eeaea, continue on revei	rse side of this form.)		
3. Are charges for any offer for violation of any federa municipality?	l laws, any Wiscon	sin laws, any laws of	other states or ordinar	nces of any count	y or
4. Do you hold, are you mal		or are you an officer,	director or agent of a	corporation/nonpr	ofit
organization or member/i beverage license or perm If yes, identify.	manager/agent of a	ı limited liability compa	any holding or applyinຸ 	g for any other ald	cohol
 Do you hold and/or are your member/manager/agent of brewery/winery permit or lf yes, identify. 	of a limited liability	or, stockholder, agent company holding or a	oplying for a wholesale	rson or corporatio e beer permit,	
of the Leavest with Missister Artists.	(Name of Wholesale	Licensee or Permittee)		(Address By Cit	y and County)
6. Named individual must lis		A-1			
Employer's Name	Employe	r's Address		Employed From	То
Employer's Name	Employe	r's Address	-1	Employed From	То
NA		,			
The undersigned, being first the applicant has read and mundersigned further understapenalty of state law, the appl Subscribed and sworn to beful this 35 day of Market August (Clerk/Nota)	nade a complete ar ands that any licen icant may be prose ore me y Wagne ry Public)	nswer to each question use issued contrary to	n, and that the answe Chapter 125 of the V	rs in each instand Visconsin Statute	te are true and correct. The es shall be void, and under ection with this application.
My commission expires	Y-25-202/	** * *	₩		Printed on Recycled Paper
AT-103 (R. 8-11)		ALL OF V	NISCORE		Wisconsin Department of Revenue
		***************************************	lilis.		

Application for Cigarette and

Tobac	cco Pro	ducts R	etail	Licer	nse			License	Number		
S	ubmit to i	municipa	l clerk.						Covered	2219	
1	Wisconsin 15-di		count Num	nber		ist be issued in the same ame of the licensee below.			Thru June 30, 2018 Date of Issuance		
Legal Name	e (corporation, limi	ted liability compar	ny, partnershi	ip or sole pr	roprietorship)			Federa	Employer Identifi	cation No. (FEIN)	
	SALES				LS LLC				1107309		
1	usiness Name (li		egal Name)				'	ne Number	22	
1	SS MART					Business Located	l In) 723-28 s Telephone		
1	adiess (License IAIN ST	Location						1) 962-32	41	
City			State	ZIP Cod	ie	-		County	<u>, </u>		
COLFA	Х		WI	5473	3 0	of: COLFA	X	DUN	N		
1	lress (if different		Address)	<u>. 1</u>		CHIPPEWA	A FALLS	State WI	ZIP Code 54729		
	tion (check o									15,00	
	Proprietor		Wiscons	in Corpo	oration – En	ter date incorpo	rated:		160	ال	
	ership			•		•	ed to do busines	s in Wiscons	in? □ Y	ES NO	
_	·				•		ca to ao basines	3 111 111000110	"''		
V Other	(describe)	PTMT.T.ED	ТТАЕ	<u>8 T T T T.T.</u>	Y COMPA	7IN X					
✓ YES	☐ NO						t purchase ciga nent of Revenue		from distribu	lors or jobbers	
√ YES	□ NO	untax availa	ed toba ble from	cco pro 1 the W	ducts from <i>l</i> isconsin D	an out-of-stat	otain a Tobacco e company? (Revenue at 608)	Tobacco Pr	oducts Distril	butor permit is	
√ YES	☐ NO						ot purchase/ex sting stock to a			acco products	
√ YES	Пио						rovide employe es? (SmokeCt		cco sales trai	ining approved	
✓ YES	☐ NO						not sell, give o uding electronic				
✓ YES	□ NO	6. Does	the appl	licant u	nderstand t	that they may i	not sell single c	igarettes?			
√ YES	☐ NO	licens Wisco	ed prem	nises fo partme	r two years nt of Rever	from the date	and tobacco pe of the invoice ement and that products?	and be ava	ilable for ins	pection by the	
√ YES	☐ NO	the W	isconsin	Depar	tment of Ju	stice's website	tes and roll-you labeled "Direct o-directory may	ory of Certit	ied Tobacco		
Cigarette	s / Tobacco	will be sold		√ ove	er counter	thre	ough vending m	achine	both		
been truth	ifully answer	ed to the be	st of the	knowle	dge of the a	pplicant. Applic	e applicant state ant agrees to op not be assigned	erate this bu	of the above siness accor	questions has ding to law and	
Any lack o is a misde	of access to emeanor and	any portion o I grounds for	of a licen revocat	sed pre	emises durir nis license.	ng inspection wi	be deemed a	refusal to pe	rmit inspection	n. Such refusal	
- 17 .	BED AND S	WORN TO E	EFORE	, ,	7	(Officer of Corpo	ration/Member/Mana	ger of Limited L	ability Company/F	Partner/Individual)	
his 1	day of 10	Ling	1 + '	, 20 <u>\</u>	<u>1</u>	LINDAD	999				
My commi	(Clerk	/ Notary Public)	-4-1º	8		general NOT	RENDA .		RECEI	VED	
				-		(AA)			MAY 1 8	2017	

CTP-200 (R. 9-15) Wisconsin Department of Revenue

Village of Colfax

MUNICIPAL USE ONLY

Application for Cigarette and MUNICIPAL USE ONLY License Number **Tobacco Products Retail License** Submit to municipal clerk. Period Covered Thru June 30, 2018 Date of Issuance Applicant's Wisconsin 15-digit Sales Tax Account Number This must be issued in the same 56-1025591866-0. Legal Name of the licensee below. Federal Employer Identification No. (FEIN) 26-0207158 ss Name (if different than Legal Name Business Located In Business Telephone Business Address (Lice City Village ZIP Code County City State of: COLFAX WI State ZIP Code Mailing Address (if different than Business Address) Organization (check one) Wisconsin Corporation – Enter date incorporated: Sole Proprietor Partnership Out-of-State Corporation - Are you registered to do business in Wisconsin? NO Other (describe) 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers NO who hold a permit with the Wisconsin Department of Revenue? 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing NO 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.) 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products ON [from another retailer, including transferring existing stock to a new owner? l 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) 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)? NO 6. Does the applicant understand that they may not sell single cigarettes? 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the NO 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? 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on NO the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin? over counter through vending machine Cigarettes / Tobacco will be sold 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 desired a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. (Officer of Corporation / Member/Manager of Limited Liability Company/Partner/Individual) SUBSCRIBED AND SWORN TO BEFORE ME RECEIVED (Clerk / Notary Public) My commission expires

CTP-200 (R. 9-15) Wisconsin Department of Revenue MAY 2 3 2017

RECEIVED

Application for Cigarette and Tobacco Products Retail License

MAY 08 2017

MUNICIPAL USE ONLY
License Number

Submit to municipal clerk.

Village of Colfax

Period Covered
Thru June 30, 2018

	_		Thru June 30, 2018					
Applicant's Wisconsin 15-digit Sa	₹ Inis mus	st be issued in the same ame of the licensee below.	Date of Issuance					
	-	ante of the licensee below.	Federal Employer Identification No. (FEIN)					
Legal Name (corporation, limited lial	bility company, partnership or sole proprietorship) Nichaeul Nelson		39-134 7846					
Trade or Business Name (if diffe			Telephone Number					
Outhouse	2 Bar		(715) 967-2425					
Business Address (License Loca		Business Located In	Business Telephone					
413 ma		City Village Town	(915) 962-3339					
Colfax	State ZIP Code WI (5472)	of: COLFAX	County					
Mailing Address (if different than		City	State ZIP Code					
P.O. BOX 8		Colsap	WI 54730					
Organization (check one)			\$5.00 Fe					
Sole Proprietor	Wisconsin Corporation – Ent	er date incorporated:	<u> </u>					
Partnership	Out-of-State Corporation – A	re you registered to do business in V	Visconsin? YES NO					
Other (describe)								
VI YES NO 1	. Does the applicant understand t who hold a permit with the Wisco		s only from distributors or jobbers					
√M YES □ NO 2	 Does the applicant understand the untaxed tobacco products from available from the Wisconsin De 129, revenue.wi.gov/forms/excis 	an out-of-state company? (Toba epartment of Revenue at 608-261	ucts Distributor permit if purchasing cco Products Distributor permit is -6435. See application form CTP-					
YES NO 3	 Does the applicant understand t from another retailer, including tr 	that they cannot purchase/exchan ransferring existing stock to a new						
YES NO 4	 Does the applicant understand th by the Wisconsin Department of 	at they must provide employees will Health Services? (SmokeCheck.						
YES NO 5	 Does the applicant understand t products and nicotine products to 	that they may not sell, give or oth o minors (including electronic ciga	erwise provide cigarettes/tobacco arettes containing nicotine)?					
Y YES □ NO 6	6. Does the applicant understand th	hat they may not sell single cigare	ettes?					
YES NO 7		from the date of the invoice and nue/law enforcement and that failu	cts invoices must be kept on the be available for inspection by the re to comply can result in criminal					
YES NO 8		at only cigarettes and roll-your-own stice's website labeled "Directory o .us/dls/tobacco-directory may be s	of Certified Tobacco Manufacturers					
Cigarettes / Tobacco will	be sold 🔀 over counter	through vending machi	ne 🗌 both					
been truthfully answered t	ORE SIGNING: Under penalty provous the best of the knowledge of the apsibilities conferred by the license(s),	pplicant. Applicant agrees to operate	this business according to law and					
	portion of a licensed premises during bunds for revocation of this license.	g inspection will be deemed a refusi	al to permit inspection. Such refusal					
SUBSCRIBED AND SWO	RN TO BEFORE ME	Officer of Corporation/Member/Manager of	Limited Liability Company/Partner/Individual)					
this 8, day of	20 / 7 6	S. M. E. M.						
Shile &	21	AD						
(Clerk / No My commission expires	(Clerk / Notary Public)							
CTP-200 (R. 9-15) Wisconsin Department of Revenue	OF PUR	WISCONTER TO THE WAR T						

Application for Cigarette and Tobacco Products Retail License

Tobacco P	License Number		
Submit	to municipal clerk.		Period Covered
	,		Thru June 30, 2018
Applicant's Wisconsin $456-00005$	15-digit Sales Tax Account Number 171337-02	This must be issued in the same Legal Name of the licensee below.	Date of Issuance
i	n, limited liability company, partnership or sole prop	orietorship)	Federal Employer Identification No. (FEIN)
	TRY COOPERATIVE		39-0465150
COLFAX CEN	ne (if different than Legal Name) IF:X		Telephone Number (715) 879-5454
Business Address (Lic		Business Telephone	
401 E. RAI	LROAD AVE	☐ City 🗸 Village	Town (715) 962-3172
city COLFAX	State ZIP Code WI 5473	of community	County DUNN
Mailing Address (if difference of P.O. BOX 7	erent than Business Address)	city ELK MOUND	State ZIP Code WI 54739
Organization (che		0.5	Fee: \$5.00
Sole Proprieto	process	ation – Enter date incorporated: 05/	
Partnership		oration – Are you registered to do busine	ess in Wisconsin? YES NO
U Other (describ	e)		
		The state of the s	
YES NO		derstand that they must purchase cion the Wisconsin Department of Reven	garettes only from distributors or jobbers lue?
✓ YES NO	• •		o Products Distributor permit if purchasing
			(Tobacco Products Distributor permit is 08-261-6435. See application form CTP-
	129, <u>revenue.wi.gov/fo</u>	orms/excise/ctp-129.pdf.)	30-201-0435. See application form CTF-
YES NO		derstand that they cannot purchase/encluding transferring existing stock to	exchange cigarettes or tobacco products a new owner?
✓ YES NO		lerstand that they must provide employ artment of Health Services?(Smoke(yees with tobacco sales training approved Check.org)
YES NO	 5. Does the applicant unproducts and nicotine 	derstand that they may not sell, give products to minors (including electror	or otherwise provide cigarettes/tobacco nic cigarettes containing nicotine)?
✓ YES NO	6. Does the applicant und	derstand that they may not sell single	cigarettes?
✓ YES □ NO	7. Does the applicant un	nderstand that cigarette and tobacco	products invoices must be kept on the
	licensed premises for Wisconsin Department	two years from the date of the invoice	e and be available for inspection by the at failure to comply can result in criminal
YES NO	the Wisconsin Departm		our-own (RYO) tobacco products listed on ctory of Certified Tobacco Manufacturers ay be sold in Wisconsin?
Cigarettes / Tobac		counter through vending	·
been truthfully ans	wered to the best of the knowledg	enalty provided by law, the applicant stage of the applicant. Applicant agrees to license(s), if granted, cannot be assigned	ates that each of the above questions has operate this business according to law and ed to another.
Any lack of access		nises during inspection will be deemed	a refusal to permit inspection. Such refusal
SUBSCRIBED AND	SWORN TO BEFORE ME	(Officer of Corporation/Member/Ma.	nager of Limited Liability Company/Partner/Individual)
this // day of	May, 20 17		
	Salleiner Public		RECEIVED
My commission exp	Clerk / Notary Public) Dires <u>6 - 14 - 2019</u>		MAY 2.4 2017

CTP-200 (R. 9-15) Wisconsin Department of Revenue

Village of Colfax

MUNICIPAL USE ONLY

Application for Cigarette and Tobacco Products Retail License

Submit to municipal	clerk.				Period Cover	red
					7-1-1	7 to 6-30-18
Applicant's Wisconsin 15-digit Sales Tax According 456-0000208845-05	ount Number		st be issued in the same ame of the licensee belov	v .	Date of Issua	ince
Legal Name (corporation, limited liability company,	nartnershin or sole i				Federal Emp	loyer Identification No. (FEIN)
Dolgencorp, LLC	partiers lip or sole i	proprietorarily)			61-085	• • • • • • • • • • • • • • • • • • • •
Trade or Business Name (if different than Leg	ial Name)				Telephone No	
Dollar General Store	= #11827	7			(615)8	55-4000
Business Address (License Location)	<u> </u>		Business Located In		Business Tele	ephone
120 Main Street			City X Village	Town	(715)9	53-4134
City	State ZIP Co		of: Colfax		County Dunn	
Colfax	<u> </u>	730				
Mailing Address <i>(if different than Business Ad</i> Attn:Tax Licensing,	•	sion RDG	c ity Goodlettsvi	116		Code 37072
	TOO MID	STOIL KDG	, doodiccesvi		TN	31012
Organization <i>(check one)</i> Sole Proprietor W	liagangin Carr	poration Ent	or data incorporated:			
	•		er date incorporated:			
•		•	re you registered to do b			☐ YES ☐ NO
X Other (describe) Out-of-S	tate Lim	nited Li	ability Compan	y regi	stered	to do busines
in Wisconsin						
			hat they must purchas		s only from	n distributors or jobbers
	•		•		ucte Dietrih	outor permit if purchasing
						cts Distributor permit is
availab	le from the V	Nisconsin De	epartment of Revenue			e application form CTP-
129, <u>re</u>	venue.wi.go\	v/forms/excis	<u>e/ctp-129.pdf</u> .)			
			hat they cannot purchar ansferring existing stoo			tes or tobacco products
			at they must provide en Health Services? (Sm			sales training approved
			hat they may not sell, o minors (including elec			vide cigarettes/tobacco
<u> </u>		•	nat they may not sell si	_		,
X YES NO 7. Does the	ne applicant	understand	that cigarette and toba	acco produ	cts invoice	es must be kept on the
license Wiscon	d premises for sin Departme	or two years ent of Reven	from the date of the in	voice and d that failu	be availab	le for inspection by the
the Wis	consin Depa	rtment of Jus		Directory o	f Certified	pacco products listed on Tobacco Manufacturers isconsin?
Cigarettes / Tobacco will be sold	X ov	er counter	through ven	ding machi	ne	☐ both
READ CAREFULLY BEFORE SIGN	IING: Under	penalty provi	ided by law, the applica	nt states th	at each of t	the above questions has
peen truthfully answered to the best hat the rights and responsibilities c	of the knowle	edge of the ap	oplicant. Applicant agree	s to operate	this busine	
Any lack of access to any portion of s a misdemeanor and grounds for r	a licensed pr evocation of	remises durih this liçenຈຸອີ່.	g inspection will be deen	ned a refus	of to permit	inspection. Such refusal
SUBSCRIBED AND SWORN TO BE	FORE ME	<i>ૣઽ૾</i> ૢૺ૾ૢ૾૾૽ઙ	The officer of Corporation/Memb	er/Manager of	Limited Liability	y Company/Partner/Individual)
his day of	, 20 <u><i>j''</i></u>		NESSEE			
(Clerk / Notary Public).		是: , , , PL	BLIC 🐧 😤 🔊			
(Clerk / Notary Public) My commission expires	18/19	- Onnie MAVER	2000 Marie 300			
TP-200 (R 6-14)		Sion E	shisee July			

MUNICIPAL USE ONLY

License Number

CTP-200 (R. 6-14) Wisconsin Department of Revenue