5		, I	<u></u>
			RECEIVED
			MAY 0 2 2018
To the Clerk	_ of theo	ofColfax	Wisconsin: Village of Colfax
I hereby apply for a License to Beverages and Intoxicating Liquors, sub and all acts amendatory thereof and surgulations, Federal, State, or Local, affect I certify that I am 40 years	pplementary thereto, and here ting the sale of such beverages a	by Section 125.32(2) and 125.00 by agree to comply with all lav	sooner revoked), Fermented Malt 8 (2) of the Wisconsin Statutes vs, resolutions, ordinances and o me,
Answer the following question	s fully and completely	•	
Name of Applicant LisCa	Jean S	mestuln_	
Address of Applicant 50 U	Jest St.	Coltex	
Have you been convicted of any felony or	of violating any law of the State	e of Wisconsin or of the United St	ates?
Date of such conviction			
Name of Court			
Nature of offense			
Have you been convicted or violating any	icense law or ordinance regulati	ing the sale of beverages or intoxic	At 10.
	0 102	Signature of Ap	plicant
	ss. anty.		
erson who made and signed the foregoing	Stulv :	being first duly	sworn on oath says that he is the e by the applicant are true.
Subscribed and sworn to before me	- 40	day of May () =	DO18 NESTEEN re of Applicant
Shule Ru	mr-	Signature RIEMER ARY ON ARY ON ARE ON ARE	MANAGE MA
ommission Expires: 8-27-	County, Wis.	THE OF	W.S. returned

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.

1012. It may familie displantation to be seen the seen th
Full Name-First, Middle, Last Lisa Jean Smesturn
Business/Organization Name The Outhouse Bar
Full Prior Names (nicknames, maiden names, etc. Lisa 5 Brinker, Lisa 5 Priev
Date of Birth Place of Birth Phone
SexRaceHeight, 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 501 West St. COLFAX
List three personal references, not related to you (no co-workers). Include name, address & phone number 1) Mill Nelson 2) Mark Nelson 3) Eva Coehyman 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 5-2-18
Official Use Only-Below This Line
Date Received 5/4/18 Date Approved 5/4/18 Date Denied
Researcher CHEF OF HIL CE-Approving Officer Signature

July 1, 2018 - June 30, 2019 Application for License to Serve Fermented Malt Beverages

Fee - \$10.00 and Intoxicating Liquors **RECEIVED** Colfax I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me, I certify that I am 52 years of age. Answer the following questions fully and completely: Name of Applicant Evia Gehrman Address of Applicant 305 main st. Colfax Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? Date of such conviction Name of Court Nature of offense Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? STATE OF WISCONSIN, County. , being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this Subscribed and sworn to before me this

Signature of Applicant

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 LVia-Business/Organization Name Out House Bal Full Prior Names (nicknames, maiden names, etc. Elam, Finken, Davis Date of Birth ace of Birth ?hone Race_____Height_____Weight____,___ Driver's License No.____ Social Security No Have you ever been arrested for, or convicted of any laws, including traffic? Dut If yes, list offense, date and place occurring. POK Ctv List prior addresses for the past five years 305 main List three personal references, not related to you (no co-workers). Include name, address & phone number 1) Lisa Smesthen 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.

Maduson Central, Richmond Ky I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Official Use Only-Below This Line Date Received 5/4/12 Date Approved 5/04/2012 Date Denied Researcher (Approving Officer Signature (Approving Officer Signature

						RECEIVED
		,	c 7111		Calfan	MAY 0 1 2018
To the	Clerk	of the	Village	of	Colfax	Wisconsin: Village of Colfax
Beverages and and all acts a regulations, F	d Intoxicating Liquors, amendatory thereof an ederal, State, or Local, a	subject to the limi d supplementary t ffecting the sale of	tations impo hereto, and	sed by Section hereby agree	n 125.32(2) and 125.68 (2)	ner revoked), Fermented Malt of the Wisconsin Statutes esolutions, ordinances and
I certif	y that I am <u>58</u> y	rears of age.		nna	IA WWW. Signature of Applic	Mery_
A 41	ne following quest	tions fully and	l complet	elv.	S.g.u.v.v	<i></i>
Answer u			A. /	(1)h1x	merci	
Address of Ap	1.6	10 101	100	, RM	ad Mi C	1/ax 11) 5473
-		v or of violating an	y law of the	State of Wisco	nsin or of the United States	?
Have you bee	n convicted of any feron		y law of the	State of Thise		
Date of such c	onviction N/A					
Name of Cour	- 1/1					·
Nature of offe	. // 0					
Have you beer	convicted or violating a	any license law or o	rdinance reg	ulating the sale	of beverages or intoxicating	g liquors?
STA	TE OF WISCONSIN,			Jama	MA U. U. Signature of Applica	Minnery
	unn	ss. County.				
Ta	mara W	Anory	r an operator	r's license: that	being first duly swo	rn on oath says that he is the
	need and signed the force	, (31 -	day of V	may 2	018
5405411				_	mara a.	Whenner
					Signature of	Applicant
Sotary Public,	ule Ku	County,	W/io	SHELINIA N	MAL Signature of RIEMER MARY ZON NO. NO. NO. NO. NO. NO. NO. NO. NO. N	
ommission Exp	nires: 8.2	1-18	1, 10.	THE OF	AS OF WISHIN	
опшизаюн ехј	0 0-	· · · · · ·		THE	William Charles	

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last TAMARA Ann Whinnery Business/Organization Name Outhouse Bar Full Prior Names (nicknames, maiden names, etc. TAMARA A 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 Same. List three personal references, not related to you (no co-workers). Include name, address & phone number Have you ever been a member of the Military Service? ______Discharge? _____ Education, include name of High School, location, grade completed and any training beyond high school. Colfax High School Graduate.
CVTC - Eau Claire 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. Damara a. Whennery Date 5-1-2018 Official Use Only-Below This Line Date Approved 5/4/ Date Denied Approving Officer Signature & Jakoben Researcher / War er de

					RECEIVED
To the	Clerk	of theVillage	of	Colfax	MAY 0 4 2018 Wisconsin:
Beverages and all act regulations	and Intoxicating Liquors, s amendatory thereof an	e to serve, from July 1, 2018 subject to the limitations import supplementary thereto, and ffecting the sale of such bevera	osed by Section I hereby agree	on 125.32(2) and 125.68 (2) to comply with all laws, re	of the Wisconsin Statutes esolutions, ordinances and
	the fellowing gues	tions fully and sample	toly:	V Signature of Applic	ant
Answer Name of Ar	the following ques	tions fully and comple	16 19.		
		vetten Street	^	ax W1 54	730
		y or of violating any law of the		onsin or of the United States	,
Date of suc	h conviction N/A				
Name of Co	ourt N/A				
Nature of o	ffense N/A				
Have you be	een convicted or violating	any license law or ordinance re	gulating the sal	e of beverages or intoxicating	ş liquors?
	TATE OF WISCONSIN,	SS.	rozelon	Signature of Applica	ınt
person who	orden Loc made and signed the foregoribed and sworn to before	County. 35 1-2+4 Soing application for an operator	or's license; tha	being first duly swo t all the statements made by	rn on oath says that he is the the applicant are true.
				Josdan Joseph Signature of	applicant
Notary Publi	2 17	County, Wis18	HS STANDARMAN	PUBLI OF WISHINGTON	

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last JOYDAY LU LOGSIETT Business/Organization Name COLFOX SOFT LOOM ASSOC Full Prior Names (nicknames, maiden names, etc. <u>bydan LU Buchnoiz</u> Date of Birth ____ Phone__

Sex ___ Race ___ Height ___ Weigh ____ Social Security No ______ Driver's License No._____ Have you ever been arrested for, or convicted of any laws, including traffic? If yes, list offense, date and place occurring. List prior addresses for the past five years <u>F16088</u> 390th AVENUE <u>Faw Clawe</u> List three personal references, not related to you (no co-workers). Include name, address & phone number 1) Alexa De Moe N8337 CARA M COIFOX 2) Bryana Repool 505 Fairview_ Coifox 3) Christie HIII 231 Railroad Ave Colfox Have you ever been a member of the Military Service? \(\subsection \) Discharge? Education- include name of High School, location, grade completed and any training beyond high school. EIKMOUND, WI, 12Th graduated UW-Strut, Ménomonie, W. Bachelor's I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature Joseph Date 5/4/18 Official Use Only-Below This Line Date Received 5/4/18 Date Approved 5/4/18 Date Denied Researcher Cuite of folice Approving Officer Signature Conformation

SELLER / SERVER CERTIFICATION **WISCONSIN**

Trainee Name: Jordan Logslett

Date of Completion: 04/27/2018

School Name: 360training.com, Inc.

Certification #: WI-77973

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 6801 N Capital of Texas Hwy, Suite 150 Austin, TX 78731 P: 877.881.2235

P

To the							
To the Clerk of the Village of Colfax Wisconsin: I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, inclusive (unless sooner revoked), Fernented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me. I certify that I am 52 years of age. Answer the following questions fully and completely: Name of Applicant Answer the following questions fully and completely: Name of Applicant E 535 51 20 10 20 50 50 50 50 50 50 50 50 50 50 50 50 50						•	RECEIVED
I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, inclusive (unless sooner revoked), Fermented Matt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125,32(2) and 125,68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me. I certify that I am 52 years of age. Answer the following questions fully and completely: Name of Applicant Answer the following questions fully and completely: Name of Applicant Anddress of Applicant Answer the following any license law or ordinance regulating the sale of beverages or intoxicating liquors? Signature of Applicant State Of Wisconsin, Signature of Applicant Signature of Applicant Signature of Applicant Signature of Applicant Answer the following any license law or ordinance regulating the sale of beverages or intoxicating liquors? Signature of Applicant Signature of Applicant Signature of Applicant Answer the following application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this Answer the following Liquors and Italy Sources and Italy S							MAY U 9 2018
I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019 , inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125,32(2) and 125,68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me, I certify that I am	To the	Clerk	of the	Village	of	Colfax	Wisconsin: Village of Colfa
Answer the following questions fully and completely: Name of Applicant Address of Applicant E 635 51 20 10 16 16 16 1730 Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? Date of such conviction Name of Court Nature of offense Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? STATE OF WISCONSIN, Ss. County. Signature of Applicant Signature of Applicant Signature of Applicant Subscribed and signed the foregoing application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this	Beverages an	d Intoxicating Liquor mendatory thereof a	s, subject to the limi	tations important	osed by Sec hereby agr	ction 125.32(2) and 125.68 (2) of the to comply with all laws, resolute	oked), Fermented Malt ne Wisconsin Statutes
Answer the following questions fully and completely: Name of Applicant Address of Applicant E 838 St Ra Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? Date of such conviction Name of Court Nature of offense Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? STATE OF WISCONSIN, Signature of Applicant Subscribed and signed the foregoing application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this Again and Applicant Subscribed and sworn to before me this Subscribed and sworn to before me this Subscribed and sworn to before me this	I certif	fy that I am <u>52</u>	years of age.		Ch	1 - Land	and the state of t
Name of Applicant E 838 St 2a 16 Ca Cay W. 51730 Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? Date of such conviction Name of Court Nature of offense Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? State of Wisconsin, Signature of Applicant State of Wisconsin, Signature of Applicant Subscribed and sworn to before me this Aday of Applicant Signature of Applicant						Signature of Applicant	
Name of Applicant E 838 St 2a 16 Ca Cay W. 51730 Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? Date of such conviction Name of Court Nature of offense Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? State of Wisconsin, Signature of Applicant State of Wisconsin, Signature of Applicant Subscribed and sworn to before me this Aday of Applicant Signature of Applicant	Answer tl	ne following que	stions fully and	d comple	tely:		
Address of Applicant E 938 St 22 to State of Wisconsin or of the United States? Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? Nature of Such conviction Name of Court Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? STATE OF WISCONSIN. Signature of Applicant Subscribed and sworn to before me this Aday of Applicant Signature of Applicant Subscribed and sworn to before me this Algnature of Applicant							
Date of such conviction Name of Court Nature of offense Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? STATE OF WISCONSIN, SS. County. Chistander Again Scorn being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this Agy of Applicant Signature of Applicant			38 815	59 1	70 C	olfay We SUT	130
Name of Court Nature of offense Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? STATE OF WISCONSIN, Ss. County. County. County. Signature of Applicant being first duly sworn on oath says that he is the stream who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this Ago Applicant Signature of Applicant	Have you bee	n convicted of any felo	ony or of violating at	ny law of the	State of Wi	sconsin or of the United States?	
Name of Court Nature of offense Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? STATE OF WISCONSIN, SS. County. County. County. Signature of Applicant being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this Agy of Applicant Signature of Applicant	1/10						
STATE OF WISCONSIN, County. County. County. Subscribed and sworn to before me this Signature of Applicant	Date of such c	eonviction				:	
STATE OF WISCONSIN, St. County. County. County. Subscribed and signed the foregoing application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this Signature of Applicant Signature of Applicant Signature of Applicant	Name of Cour	t					
STATE OF WISCONSIN, Signature of Applicant Signature of Applicant Signature of Applicant being first duly sworn on oath says that he is the statements made by the applicant are true. Subscribed and sworn to before me this	Nature of offe	nse					
STATE OF WISCONSIN, Signature of Applicant Signature of Applicant Signature of Applicant Signature of Applicant being first duly sworn on oath says that he is the statements made by the applicant are true. Subscribed and sworn to before me this	Uava vou haar	n convicted or violating	g any license law or o	ordinance res	gulating the s	sale of beverages or intoxicating lique	ors?
STATE OF WISCONSIN, ss. County. County. being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this Aday of Signature of Applicant	ilave you been		g unly mooniso law or		5 ************************************		
STATE OF WISCONSIN, ss. County. County. being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this day of Signature of Applicant	<u></u>						
STATE OF WISCONSIN, ss. County. County. being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this Aday of Signature of Applicant							
STATE OF WISCONSIN, ss. County. County. being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this Aday of Signature of Applicant					0		
STATE OF WISCONSIN, ss. County. County. being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this Aday of Signature of Applicant				(رن		A COLUMN TO THE PARTY OF THE PA
County. Christe der Larson who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this day of May 3-018. Signature of Applicant	STA	TE OF WISCONSIN,				Signature of Applicant	
being first duly sworn on oath says that he is the berson who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this	and the second s	in . O					
Subscribed and sworn to before me this day of day of Signature of Applicant	<u> </u>	<u> </u>	i				
Subscribed and sworn to before me this	erson who m	ade and signed the for			or's license: t	, being first duly sworn on hat all the statements made by the ar	oath says that he is the oplicant are true.
Signature of Applicant			\wedge	th.		May Doll	8
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					_(. 4
Notary Public, Dunn County, Wis. Ommission Expires: 8-27-18						4	cant
Notary Public, Duly County, Wis. Ommission Expires: 8-27-18						BIEM SIL	
Notary Public, Dan County, Wis. Ommission Expires: 8-27-18		P s	<i></i>			THE PARTY OF THE P	
ommission Expires: 8-27-18 PUBLIC 8	a/ 1	hule.	Kuma		 ;	TARY	
ommission Expires: 8-27-18	Notary Public,	Dun	County.	Wis.	4 6 6 9	Z	
ommission expires.			7-18			PUBLIC S	
	ommission Ex	pnes. O	/			ELL AX	
OF White						OF Winner	

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last Christopher John Larson Business/Organization Name Russel Tonyson Post 131 Full Prior Names (nicknames, maiden names, etc.____ Date of Birth _____Place of Birth 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. Sanding 1992? List prior addresses for the past five years 87838 St Rd 170 Colfay Wi List three personal references, not related to you (no co-workers). Include name, address & phone number Have you ever been a member of the Military Service? U Discharge? Honava 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. Official Use Only-Below This Line Date Received o5/10/2018 Date Approved 05/10/3018 Date Denied_ Approving Officer Signature

July 1, 2018 - June 30, 2019

Application for License to Serve Fermented Malt Beverages

		and Intoxica	Fee - \$10.00		
	v.				RECEIVED
To the	Clerk	of the Villag	eof	Colfax	MAY 0 4 2018 Wisconsin:
Beverages an and all acts a regulations, Fe	eby apply for a Licer d Intoxicating Liquor	ase to serve, from July 1, 2 s, subject to the limitations and supplementary thereto, affecting the sale of such be	2018 to June 30, imposed by Section and hereby agree	tion 125.32(2) and 125.68 te to comply with all laws	
Answer th	ne following and	stions fully and com	pletely:	Significant of rapp	
Name of Appli	11/10	ry Roch (· · · · · · · · · · · · · · · · · · ·	0	
Address of Ap	11001	0 9702 0	St C	affer WI	S4730
Have you been	n convicted of any fel	ony or of violating any law o	of the State of Wis	consin or of the United Sta	tes?
Date of such co	onviction Fall	1998			
Name of Court	XINO	County			
Nature of offer	133411	n n Marin	ukra		
Have you been	n convicted or violating	g any license law or ordinanc		lle of beverages or intoxical	ting liquors?
ርጥ ለ '	TE OF WISCONSIN,	 	101	Signature of Appl	licant
person who ma	acu Pr	ssCounty. _County. _coing application for an oper	erator's license; th day of	being first duly so at all the statements made	worn on oath says that he is the by the applicant are true.
2				Alffeld Signature	of Applicant
Notary Public, Commission Exp	Rule of Duni Dires: 80	County, Wis.	HILLIAN STRAIN	OTARL NEW SIGNATURE OF WISCHARD	

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 approximation.
Full Name-First, Middle, Last Mary Jane Roche
Business/Organization Name Myhouse
11/1
Full Prior Names (nicknames, maiden names, etc. NA
Date of Birtl. Place of Birtl. Phone Phone
Date of Birtl. Place of Birtl. Phone Phone 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. Fall 1998 Augus Co foscion of Marijuane.
List prior addresses for the past five years
List three personal references, not related to you (no co-workers). Include name, address & phone number
1) Lisa Smesteun, Colfax
2) Tam whinly Colfax 3) Wendy Turned Ridgeland
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.
Education- include name of High School, location, grade completed and any training beyond high school. Campbells port Public High School 1996 yearns tell UW Stout Meromone 1996-1997
UW Stout Meronovil 1996-1997
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 5/4//8
Official Use Only-Below This Line
Date Received 5/10/12 Date Approved 5/4/12 Date Denied
Researcher Charles Approving Officer Signature

		·,····				
						RECEIVED
T. 4.	GL 1	o d Vi	illaga		Colfax	MAY 1 0 2018
To the	Clerk	of the	illage (of	Collax	Wisconsin:
Beverages and all acts at regulations, Fe	d Intoxicating Liquors mendatory thereof a deral, State, or Local,	, subject to the limitated and supplementary the affecting the sale of su	tions imposed creto, and here	by Section by agree to	9 , inclusive (unless sooner 125.32(2) and 125.68 (2) of comply with all laws, reso a license be granted to me,	the Wisconsin Statutes
I certify	y that I am <u>30</u>	years of age.		SSIC	3 K Lacor	nu
					Signature of Applican	<u>t </u>
Answer th	e following que	tions fully and	completely	:		
Name of Appli	cant <u>0855</u>	ica Lore	enzer	J		
Address of App	plicant 103	Platt 3	1# 1	Eau	1 Claire	WI 54703
Have you beer	convicted of any felo	ny or of violating any	law of the Stat	e of Wiscons	sin or of the United States?	
<u> No</u>	relance:	s. Otho	<u>n lau</u>	MS' n	jes.	
Date of such co	onviction	04-200	9	()	
Name of Court	Chipper	va, Ea	u C	laire	Dunn	
Nature of offer	ise <u>Speed</u>	ing, DI	U, C	dison	derly, et	c. All pur
Have you been	convicted or violating	any license law or ord	linance regulat	ing the sale o	f beverages or intoxicating li	iquors?
	, O ·	1				
				Zóc Z	Signature of Applican	onzens
STA	TE OF WISCONSIN,		- 0		11	Ü
-	Dann	ss. _County.				
710		orenzen			, being first duly sworn	on oath says that he is the
person who ma	de and signed the fore	going application for	an operator's li	cense; that a	Il the statements made by th	e applicant are true.
Subscrib	ed and sworn to before	e me this(<u></u>	day-of /	nay 2918	
			(Signature of A	Manual X
				innin,	RIEMER	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
. 1	Bule de			OHER SHIMMON SAND	Signature of A RIEMED MARY ARY PUBLIC OF WIGHT	
Notary Public,	Dani	County, W	/is	**************************************	DIBY OF	
•		7_18	10,	ELL OX	16 ray	
Commission Exp	ones. 0 0	<u>/ </u>		" A A A A A A A A A A A A A A A A A A A	E OF White	

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 SSICO K LOVENTON
Business/Organization Name The Bund Tiger
Full Prior Names (nicknames, maiden names, etc
Date of Birth Place of Birth Place of Birth
Date of Birth Place of Birth Weight 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 PUDLIC RECETAL ONSTRUCTION ONSTRUCTIO
List three personal references, not related to you (no co-workers). Include name, address & phone number 1) TO Show Holm Deva Colffox 2) KOLCLE (John Schwarzen Der Hoomer) 3) ROLCHE DE
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. CVDC EC 3006 Some College Completed
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 1880 A TOON 200 Date 5/08/18
Official Use Only-Below This Line
Date Received 5/10/18 Date Approved 5/11/18 Date Denied
Researcher Chief of Police Approving Officer Signature Les Spall

To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages and all acts a regulations, Fe	d Intoxicating Liquo mendatory thereof	rs, subject to the lin and supplementary I, affecting the sale o	nitations imp thereto, and	osed by Sec I hereby agre	2019, inclusive (unless soone tion 125.32(2) and 125.68 (2) the to comply with all laws, re fors if a license be granted to me, Signature of Applica	of the Wisconsin Statutes solutions, ordinances and
Answer th	e following qu	estions fully an	d comple	tely:		
Name of Appli		nmy R	Brio	195		
Address of App	plicant <u>NSO</u>	76 577	世出	-, Co	fax WI 3	54/30
Have you been	n convicted of any fe	lony or of violating a			consin or of the United States?	
Date of such co	onviction					
Name of Court						
Nature of offen	ise					
	,			ounr	ny R. Brig)BO
STAT	TE OF WISCONSIN,				Signature of Applican	lt /
way the second and th)unn	ss. County.				
	manu l	Sriggs egoing application f	or an operato	r's license; th	being first duly sworn at all the statements made by the statement and statements made by the statement and statem	he applicant are true.
				<u>JO</u>	Signature of A RIEMER MARY	A AAA ppilicant
Notary Public, _	hul f Dunn ires: 8-2	2-18 County	, Wis.	HALINIAN SHELLING SHE	PUBL O MESTINE	
ommission Exp		, , ,		1111	WE OF WHITE	

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. Phone ', , 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 502 Pine. List three personal references, not related to you (no co-workers). Include name, address & phone number eggy Hallace Dave Melson 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. Hayward High School, Hayward, WI graduated I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Official Use Only-Below This Line Date Approved 5/15/18 Date Denied Researcher CHEF OF Folice Approving Officer Signature Democratic

To the	Clerk	of the	Village	of	Colfax	Wisconsin
Beverages and and all acts an regulations, Fe	I Intoxicating Liquors, mendatory thereof an	subject to the limid supplementary the sale of	tations impo hereto, and	sed by Sect hereby agree	2019, inclusive (unless sooner ion 125.32(2) and 125.68 (2) o e to comply with all laws, ress if a license be granted to me,	f the Wisconsin Statutes
				700	O Signature of Applican	ıt
Answer the	e following quest	tions fully and	l complet	tely: - e		
Address of App	licant /00 4	Univer	si't	Ave		
	convicted of any felon		y law of the	State of Wisc	onsin or of the United States?	
Date of such co						
Name of Court						
Nature of offens			·			
	No			Joff	luz W. Pri	r. Nej
	E OF WISCONSIN,	ss. County.		, ,	Signature of Applicant	
person who made	Sry Programme and signed the forego	ing application for	an operator	's license; that	, being first duly sworn o	on oath says that he is the applicant are true.
Subscribe	d and sworn to before r	ne this	3	_ day of	They well Signature of App	Puvey plicant
		♥a-		,	Signature of Application of Applicat	/a.

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

Supplemental – General License Application

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

NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last Jeffrey William Prince Business/Organization Name Colfqx Softball Assoc, Full Prior Names (nicknames, maiden names, etc._____ Date of Birth_____ Place of Birth_____ 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? Speeding If yes, list offense, date and place occurring. 5/3

List prior addresses for the past five years 1004 Univers, fy Ave

601697, WI 34730 List three personal references, not related to you (no co-workers). Include name, address & phone number 1) Noah Logslett Colfax

2) Tammy Briggs Colfax

3) Shaun Olson Colfax Have you ever been a member of the Military Service? ______Discharge? _____ Education- include name of High School, location, grade completed and any training beyond high school.

(101-4x High School - 1> I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature Jeffrey W. Pring Date 5-7-18 Official Use Only-Below This Line Date Received 5/12/18 Date Approved 5/18/18 Date Denied_____ Researcher Approving Officer Signature

To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages an and all acts a regulations, Fe	d Intoxicating Liquo mendatory thereof	rs, subject to the lir and supplementary , affecting the sale o	nitations imp thereto, an	oosed by Sect d hereby agre	2019 , inclusive (unless sooner ion 125.32(2) and 125.68 (2) of e to comply with all laws, resorts if a license be granted to me, Signature of Applican	the Wisconsin Statutes olutions, ordinances and
Answer th	e following que	estions fully ar	ıd comple	etely:		
Name of Appli	icant <u>Joseph</u>	me Lor	115e	Hans	i on	
Address of App	plicant N767	0 8001	h St	Free	Y	
Have you beer	n convicted of any fel	,		e State of Wisc	consin or of the United States?	
Date of such co	onviction					
Name of Court	- William					
Nature of offer	ise					
Have you been	convicted or violatin	g any license law or	ordinance re	gulating the sa	le of beverages or intoxicating lid	quors?
			***************************************		Jumme Hm)	gci
STAT	TE OF WISCONSIN,			,	Signature of Applicant	
<u> </u>	nn	ss. _County.				
	de and signed the for		-		being first duly sworn o	applicant are true.
Subscrib	ed and sworn to befo	re me this	φ	day of	May 2018	* ************************************
				-0	Signature of Ap	plicant
_Sh	uh f	James		_	Signature of Ap	ARY ZISNOO
Notary Public, _	Dun	County	, Wis.		ALBERT STATE OF THE STATE OF TH	PUBY SO
Commission Expi	ires: 8-27	-18			THE STATE OF THE S	OF WHILE

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 Jasmive Louise Hansel Business/Organization Name Cent & Full Prior Names (nicknames, maiden names, etc. Date of Birth_____ Place of Birth_____ Phone / / ... Social Security No. _____Driver's License No. _____ Have you ever been arrested for, or convicted of any laws, including traffic? No If yes, list offense, date and place occurring. List prior addresses for the past five years N7670800 the Street List three personal references, not related to you (no co-workers). Include name, address & phone number Have you ever been a member of the Military Service? NO Discharge? Education- include name of High School, location, grade completed and any training beyond high school. I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature Jumun Hombia Date 5-13-18 Official Use Only-Below This Line

July 1, 2018 - June 30, 2019 Application for License to Serve Fermented Malt Beverages

		and Intoxicat	ing Liqu	ıors	Fee - \$10.00
					RECEIVED
					MAY 2 3 2018
To the	Clerk	of the Village	of	Colfax	Village of CoMasconsin:
Beverages and and all acts as regulations, Fe	d Intoxicating Liquors, mendatory thereof and	subject to the limitations imp d supplementary thereto, and ffecting the sale of such bever	osed by Section d hereby agree to	125.32(2) and 125 comply with all l	ss sooner revoked), Fermented Malt .68 (2) of the Wisconsin Statutes aws, resolutions, ordinances and to me,
		Z	74	The state of the s) 1
		<i>/</i>		Signature of	Applicant
	, , ,	tions fully and comple	etely:		
Name of Appli	icant <i>Mic'HuL</i>	AS KDOSSIN			
Address of App	plicant <u>2789</u>	2378 STROE			
Have you been	n convicted of any felon	y or of violating any law of th	e State of Wiscon	sin or of the United	States?
100	0		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , 	
Date of such co	onviction <u>V/A</u>				
Name of Court	N/A			. Dr. 8 . (1	1. \ \ z \ /
Nature of offer	Λ		2 · · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	NO	any license law or ordinance re	Summing the Sum o		nouting inquois
			TV f	3=	
STA	ȚE OF WISCONSIN,		,	Signature of A	pplicant
Du	mu)	ss. County.			
person who ma	TCHOLAS KR	CESSIN poing application for an operat	or's license; that a	, being first du	y sworn on oath says that he is the
Subscrib	ped and sworn to before	me this 331d	day of /	May, 20	18
			7		The second control of the control of
					ure of Applicant
				CARY PUM	
				TARY PUBLISH	<i>1</i> 2.
Juli	A. Halam	a	_ **	JULIEA .	
Notary Public,	Dunn)	County, Wis.		HALAMA)	
Commission Exp	/11 03 .	Julie A Halama	Mos A		
		Public-State of Wisconsin ssion Expires June 20, 2020	Millian	OF MISCOLL	

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 Nichours N. Kizessin Business/Organization Name KYLES MAPKET Full Prior Names (nicknames, maiden names, etc._____ Date of Birth. Place of Birth. 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 three personal references, not related to you (no co-workers). Include name, address & phone number 1) RICH KNUTSON N8379 855+2 & COUFAX W.
2) JIM HERROW N 10695 CRM CUFAX W.
3) TORRY WOON 305 DAWN ST COUFAX WI Have you ever been a member of the Military Service? YES Discharge? YES Education- include name of High School, location, grade completed and any training beyond high school. UN STOUT BLOWNER HIGH I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Official Use Only-Below This Line Date Received 5/3/18 Date Approved 5/35/18 Date Denied______ Researcher Coller of lober Approving Officer Signature Company

					-	
						RECEIVED
						MAY 2 3 2018
To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
						Village of Colfax
Beverages and all acts a	d Intoxicating Liquors mendatory thereof a	s, subject to the lind and supplementary	nitations impo thereto, and	sed by Section hereby agree	on 125.32(2) and 125.68 (2) of to comply with all laws, reside a license be granted to me,	of the Wisconsin Statutes
I certif	y that I am <u>47</u>	years of age.	_	Ba L) sh	
				,	Signature of Applica	nt
Answer th	e following que	stions fully an	d complet	tely:		
Name of Appli	cant JEFF Pe	terson				
Address of App	plicant <u>302 4</u>	HAVE, COLF	ax, wi	54730		
			•		onsin or of the United States?	
·	·	NA				
Date of such co	onviction	N	A			
Name of Court		NA				
Nature of offer		NA				
		7771				
Have you been	convicted or violating	any license law or	ordinance reg	ulating the sale	e of beverages or intoxicating	liquors?
		NH				
				Mry	Signature of Applican	ıt
STA	TE OF WISCONSIN,					
	unn	ss. _County.				
50	efay b	uterso	\sim		being first duly sworn	on oath says that he is the
person who ma	de and signed the fore	going application	for an operato	r's license; tha	t all the statements made by the $\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}$	ne applicant are true.
Subscrib	ed and sworn to before	e me this	<u>8 – </u>	day of	MAY, 2018	•
				-W	frent =	>
	· · · · · · · · · · · · · · · · · · ·			V	Signature of A	pplicant
5	$\mathcal{L}_{\mathbf{A}}$	Min	k			
	yunie	Charre				
Votary Public.	_// 4	TVC Count	Win			

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 <u>Jeffrey harry Peterson</u> Business/Organization Name Kile's Market Full Prior Names (nicknames, maiden names, etc._____ Date of Birth Place of Birth 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 (no co-workers). Include name, address & phone number 1) Pat Davis 303 4th Ave. Colfax WI 54730
2) Doris Tusch 302 4th Ave. Colfax WI 54730
3) Faith Guidlach 310 West Main Street Wheeler WI 54772 Have you ever been a member of the Military Service? _____ Discharge? _____ Education- include name of High School, location, grade completed and any training beyond high school. COLFAX High School, Colfax WI, 1-12 I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature Date 5/8/2018 Official Use Only-Below This Line Date Received 5/33/18 Date Approved 5/25/18 Date Denied______ Researcher Conse of Police Approving Officer Signature & Com Mal

		and me	//\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4.	40.0	
					and the second of the second o	RECEIVED
						MAY 2 3 2018
To the	Clerk	of the_	Village	of	Colfax	Village Wiscansin
Beverages and and all acts a regulations, Fe	d Intoxicating Liquors mendatory thereof an ederal, State, or Local,	s, subject to the lin and supplementary affecting the sale o	itations impo thereto, and	osed by Section hereby agree t	n 125.32(2) and 125.68 (2	ner revoked), Fermented Mai) of the Wisconsin Statutes resolutions, ordinances and e,
I certify	y that I am 20	years of age.	<u>D</u>	remid.	9. Signature of Applic	Leant
Answer th	e following ques	stions fully an	d comple	tely:		
Name of Appli	cant Daniel	Glenn	Schneit	le-		
Address of App	olicant N75	58 Cty F	Ly U	New Au	burn WI 5	4757
			•		nsin or of the United States	?
Date of such co	onviction —					
Name of Court						
Nature of offen		· · · · · · · · · · · · · · · · · · ·	***		10. 144 T	4
Have you been Nの	convicted or violating	any license law or	ordinance reg	ulating the sale	of beverages or intoxicating	g liquors?
			De	mieles	Signature of Applica	ent .
STAT	E OF WISCONSIN,	SS.				1.00
Dunn	\	County.				a triffic in
Daniel person who mad	G Schne le and signed the fore	going application f	or an operato	r's license; that a	being first duly swo	rn on oath says that he is the the applicant are true.
Subscribe	ed and sworn to before	me this	941	_ day of	1ay 2018	next.
					Signature of	Applicant
Vichi F	Qued-	Vicke LT	weed			

Notary Public, Dunn County, Wis.

Commission Expires: 6-26-21

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental - General License Application

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last Daniel Glenn Schnewer Business/Organization Name 13 yle's Market Full Prior Names (nicknames, maiden names, etc._____ Date of Birth Place of Birth 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? Tnattentive Driving If yes, list offense, date and place occurring. Nov 13th 2516 List prior addresses for the past five years

703 University Aue Colton W1 54736 List three personal references, not related to you (no co-workers). Include name, address & phone number 1) Deb Taycen 609 Iverson Ad Colfax WI 54736

2) Sally Jahr 712 University Due Colfax WI 54730

3) Jordan Herrick 605 First RV1, 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. colfax High School Senior year complete 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 5-9-18 Official Use Only-Below This Line Date Received 5/33/18 Date Approved 5/35/18 Date Denied_____ Researcher 4 F CF Folice Approving Officer Signature Weller Haller

July 1, 2018 - June 30, 2019

Application for License to Serve Fermented Malt Beverages

		and Intox	cicating Li	quors	Fee - \$10.00 RECEIVED
					MAY 2 3 2018
To the	Clerk	of the	illage of	Colfax	Village of Colfar Wisconsin:
Beverages an and all acts a	d Intoxicating Liquors	s, subject to the limitated and supplementary the	tions imposed by Sectorations and hereby agree	ction 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 <u>20</u>	years of age.	Mess	A	
				Signature of App	licant
Answer th	0 7	stions fully and o	completely:		
Address of Ap	plicant 797	25" 57	. Colfex	NI 59730	
Have you beer	n convicted of any felo			consin or of the United State	es?
Date of such co	onviction				
Name of Court					
Nature of offen					
Have you been	convicted or violating	any license law or ordi	nance regulating the sa	ale of beverages or intoxicati	ng liquors?
			MA	Mbs	
STAT	TE OF WISCONSIN,			Signature of Applic	cant
Dun	. 1	ss. _County.			
Nivole	Nierenhaus	_County.		heing first duly sw	orn on oath says that he is the
person who mad	de and signed the fores	going application for a		at all the statements made by	y the applicant are true.
Subscribe	ed and skothy to pelon	me this 9t	机 day of	May 2018	•
Profession and the second seco	JULIF A			Mu A. Hala Signature o	MU) f Applicant
	HALAMA		·		
Julia	The House	ia			
Notary Public, _	Dunn	County, Wis	3.		
Commission Expi	res:				

Julie A Halama Notary Public-State of Wisconsin My Commission Expires June 20, 2020

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.

,	N).)	1	\		
· · · -	iddle, Last Nicole	A. J.			_
Business/Organizat	ion Name Kyks	Market			_
Full Prior Names (n	nicknames, maiden nan	nes, etc	***************************************		_
Date of Birth	Place of Birth	4	Phone		•
Sex	_ Race	Height	Weight	1 · · · ·	-
Social Security No.		Driver's License	No	5297 * 4	_
	arrested for, or convic		luding traffic?	NO	_
List prior addresses	for the past five years_	7971 251	St. Colfex.	MI	-
List three personal re 1) Vicki Males 2) Tracy Dove 3) Kathy Tage	eferences, not related to E4990 920 920 920 920 920 920 920 920 920	o you (no co-worker AVE BOYCEVILLE 23 CORRES UT CORRES UT 54	5472 54730	address & nhone	number
Have you ever been	a member of the Milita	ary Service?	Discharge? _		
	ame of High School, lo School , Collect Dankers A. S				school.
obey all provisions of and complete to the b	niliar with the laws, ord f such laws. I further co sest of my knowledge.	ertify that all inform	ation included in t		
Signature Mush	Mulana		Date S- @	7-19	
Official Use Only-Be	low This Line	<i>f</i> 1			
Date Received 5/3	<u>∕∕</u> Bate Approved	d <u>05/25/18</u> Da	te Denied		
Researcher Caren	a blive Appro	oving Officer Signat	ure Kellis	splen	_

July 1, 2018 - June 30, 2019

Application for License to Serve Fermented Malt Beverages

		and Int	oxicat	ing Liq	uors	Fee	- \$10.00
	 -						RECEIVED
						A	1AY 2 3 2018
To the	Clerk	of the	Village	of	Colfax	Vi	llage Witcomin
Beverages and all acts a	eby apply for a Licer d Intoxicating Liquor amendatory thereof a ederal, State, or Local,	s, subject to the li nd supplementar	mitations impo y thereto, and	osed by Section hereby agree	on 125.32(2) and 12 to comply with all	5.68 (2) of the laws, resolution	Wisconsin Statutes
I certify	y that I am <u>54</u>	years of age.	9 *	Jun X	SIII ELG	gwne	L.
					Signature of	Applicant	
	e following ques			tely:			
	cant Kim M			W.T.W			
Address of App	plicant 604 EV	RGESEN	St. Co	LFAX,	WI 547	30	
Have you been	convicted of any felo	ny or of violating	any law of the	State of Wisco	nsin or of the United	l States?	
Date of such co	onviction n/A	4					
Name of Court	ula						
Nature of offens	se 11/4 .	-					
	7						· · ·
Have you been	convicted or violating	any license law or	ordinance reg	ulating the sale	of beverages or into	xicating liquors?	
<u> </u>							
				/			
			(V	1/ 51	Zhi On De	N.	0
				XIMX	Signature of A	DCOMU	<i> </i>
STAT	E OF WISCONSIN,	co			te	//	
Dunn	<i>)</i>	ss. County.					
Ki	m R. Mei	Lolowne	<i>f</i>		being first du	y sworn on oath	says that he is the
	e and signed the foreg		,	s license; that a	all the statements ma	ide by the applic	ant are true.
Subscribe	d and sworn to before	me this	th	_ day of	nay Di 10	2018	•
	a and swom to before			×Xu	in X IVI E	ldown	eV
	JULIE A HALAN			, ,	Signat	ure of Applican	
۸ ،	HALAN	NA)					
Juli.	Hant FOE IN			_			
Notary Public,	MANNING OF A	Julie A Halam	Wis.				
Commission Expire	4.4	Public-State of W					

My Commission Expires June 20, 2020

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

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

NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last Kim Kanes MCELDOWNEY Business/Organization Name KYLE'S MARKET Full Prior Names (nicknames, maiden names, etc. KIM RENEZ THOMPSON Date of Birth Phone Sex Race Height Weigh Social Security No. Driver's License No. Have you ever been arrested for, or convicted of any laws, including traffic? If yes, list offense, date and place occurring. List prior addresses for the past five years η/A List three personal references, not related to you (no co-workers). Include name, address & phone number 1) Anne Ingram Colford
2) Ernie Sundstrom 18324 County Rd M, Colford
3) Gretchen Herrick Colford Have you ever been a member of the Military Service? 70 Discharge? Education- include name of High School, location, grade completed and any training beyond high school. COLO. SPGS. CHRISTIAN SCHOOL, COLD. SPGS, CO 124 GRADE I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Signature X //// Official Use Only-Below This Line Date Received 05/03/18 Date Approved 05/05/18 Date Denied Researcher Court of Police Approving Officer Signature

			a 10	RECEIVED MAY 2 3 2018
To the Clerk	of the Village	of	Colfax	Wisconsin:
Beverages and Intoxicating Liquors, and all acts amendatory thereof an regulations, Federal, State, or Local, a	d supplementary thereto, and l affecting the sale of such beverag	sed by Sectic hereby agree	on 125.32(2) and 125.68 (2) to comply with all laws, re	of the Wisconsin Statutes
I certify that I am	rears of age.	/ Sen	Signature of Applica	nt
Answer the following ques	tions fully and complete	elv:		
NA .	u Dworak			
	99 949th And			
Have you been convicted of any felor		State of Wisco	nsin or of the United States?	
Date of such conviction				
Name of Court				
Nature of offense		-,		
Have you been convicted or violating	iny license law or ordinance regu	ulating the sale	of beverages or intoxicating	liquors?
		11	Aufil end	5
STATE OF WISCONSIN.			Signature of Applicar	1t
Dunn	SS.			
person who made and signed the foreg	County. Carolin Duor coing application for an operator		, being first duly sworr	on oath says that he is the
Subscribed and sworn to before	me this May	_ day of	10th 2018	
	d	7	and the	
			Signature of A	applicant
			WINNER LEWE	
	7		Bull A	Ann and a second
Shuh A	Unn	_	TARY ARY	
Notary Public, Dany	County, Wis.			NS.
Commission Expires: 8-27-			PUBLIC OF WILLIAM OF W	
			WILLIAM OF WHITE	ir.

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 Caroline Rose Dworak Business/Organization Name Kylls Market Date of Birth_____ Place of Birth_____ 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 N^A List three personal references, not related to you (no co-workers). Include name, address & phone number 1) Carlotta Binson (940th St Culfnx, w I 54730

2) Nate Abrahomson WA

3) Robert Otto 1204 vin St, Blueme, w I 54724 Education- include name of High School, location, grade completed and any training beyond high school.

ColFax High School J ColFax, 12 I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Date 4/10/18 Official Use Only-Below This Line Date Received 5/33/18 Date Approved 5/55/18 Date Denied_____ Researcher Colice Approving Officer Signature Colice Approving Officer Signature

						RECEIVE
						MAY 2 3 20
To the	Clerk	of the_	Village	of	Colfax	Wisconsin:
Beverages and Ir and all acts ame egulations, Feder	ntoxicating Liquors, s indatory thereof and ral, State, or Local, af	ubject to the lin supplementary fecting the sale o	nitations imp thereto, and	osed by Section I hereby agree	019, inclusive (unless sooner on 125.32(2) and 125.68 (2) of to comply with all laws, resource if a license be granted to me,	revoked), Fermented Malt the Wisconsin Statutes
I certify th	aat I am <u> </u> ye	ars of age.		Calle	J Kowa	W C
					Signature of Applicant	
	following questi			tely:		
lame of Applican	t Coleb	S. Ko	nevoar			
ddress of Applic	ant E754(850	740 F	re.		
(ave you been co	nvicted of any felony	or of violating a	ny law of the	State of Wisco	onsin or of the United States?	
		\mathcal{N}_{ϕ}	-			
ate of such convi	iction					
ame of Court		The same of the sa		****		
ature of offense						
ave you been con	victed or violating an	y license law or	ordinance reg	ulating the sale	of beverages or intoxicating liq	uors?
	no	-				
	•					
				Call	er Springer	7
የጥ ለ ጥ ር <i>(</i>	OF WISCONSIN,		Paktak *		Signature of Applicant	
SIAIEC	or wisconsin,	SS,				
Dun.	<u>n</u> c	ounty.				
Cal	eb X	ore V	aaf		, being first duly sworn or	oath says that he is the
son who made a	nd signed the foregoi	ng application fo	or an operato	r's license; that	all the statements made by the	applicant are true.
Subscribed a	nd sworn to before m	e this	0-1	day of <i>[</i>	WIAY, 2018	
					(-, 000 - 15m	usawi
					Signature of App	
					eignature of App	IIVAIII
)		<u>, </u>			
-	anne (''' KAR	K			

Commission Expires: _

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 Caleb Schuler Korevear Business/Organization Name Kyles Market Full Prior Names (nicknames, maiden names, etc. Caleb Schuyles Kere vear Date of Birth Place of Birth Race / Height Social Security No. _____ Driver's License No.____ Have you ever been arrested for, or convicted of any laws, including traffic? If ves, list offense, date and place occurring. List prior addresses for the past five years____ List three personal references, not related to you (no co-workers). Include name, address & phone number

1) Tasking term NT670 800 81.

2) Eriva Brantner Etids 1070th Ave wheeler wi N10228 600th St wheeler 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.

Calter High School, Coltax VI, graduating on May 18, 2018 I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Official Use Only-Below This Line Researcher Chief OF Whice Approving Officer Signature Chapter Signature

July 1, 2018 - June 30, 2019 Application for License to Serve Fermented Malt Beverages

						RECEIVED
						MAY 2 3 2018
To the	Clerk	of the_	Village	of	Colfax	Village & iconsix:
Beverages and all acts a regulations, F	d Intoxicating Liquors mendatory thereof a	s, subject to the lim nd supplementary affecting the sale o	nitations impo thereto, and	osed by Section hereby agree to	125.32(2) and 125.68 (treo
Answer tl	ne following que	stions fully an	d comple	tely:		
Name of Appl	icant MXX	- Mc	utch	760N		
Address of Ap	plicant '400	Main	St. C	Olfax V	VI 5478	33
Have you bee	n convicted of any felo	ny or of violating a	ny law of the	State of Wiscons	in or of the United State	es?
Date of such c	onviction	*,700 to a constitution				
Name of Cour	t					
Nature of offer			-			
Have you been	convicted or violating	any license law or	ordinance reg	ulating the sale o	f beverages or intoxicati	ng liquors?
STA Mikki erson who ma	TE OF WISCONSIN, J. MCCO	ss. _County. +Checy going application fo	Or an operator	Chlo	Signature of Appli	cant orn on oath says that he is the

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 Mikking Com Business/Organization Name KyleS Mow Full Prior Names (nicknames, maiden names, etc. Mix Place of Birth Date of Birth ____ 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 (no co-workers). Include name, address & phone number 1) KIVY 1 095/4 + 1910/ STRP40 COHOXNIS4780 Fluct NST13 1070th St CONFAXWT 54780 TO BURYOUT FUS34 CTYRDB CONEX 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. Manamorie High Echool 12 I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Official Use Only-Below This Line Date Received 5/23/18 Date Approved 5/55/19 Date Denied_____ Researcher CHIEF OF Police Approving Officer Signature and al

July 1, 2018 - June 30, 2019 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

				•		
			**************************************			RECEIVED
						MAY 2 3 2018
To the _	Clerk	of the_	Village	of	Colfax	Villa Wisconsin:
Beverages a and all acts regulations,	and Intoxicating Liquors amendatory thereof an	subject to the lired supplementary affecting the sale of	nitations impo thereto, and	sed by Section hereby agree	on 125.32(2) and 125.68 (2) to comply with all laws, re if a license be granted to me, Signature of Applica	solutions, ordinances and
Answer t	he following ques	tions fully ar	d complet	ely:		
	olicant <u>Sophia</u>		, -			
	pplicant 409 E			Hars, WI	54730	
Have you bee	en convicted of any felor	y or of violating a	_		nsin or of the United States?	
No						
Date of such	conviction					
Name of Cou	πt					
Nature of offe						
No STA	ATE OF WISCONSIN,	ss.	ordinance regu	liating the sale	of beverages or intoxicating leaves of Applican	,
	A MICK ade and signed the foreg		or an operator'	s license; that a	being first duly sworn all the statements made by the	e applicant are true. 2018. with
otary Public,	Dynr Durr Durr Durr	MALA S—County, 28, 201	wis.	STATE OF THE OWNER	Signature of A M. BRUNNING OTAP BLIC	pplicant

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 Sophice Lower Amich
Business/Organization Name huge's Market
Full Prior Names (nicknames, maiden names, etc. NA
Date of Birth Place of Birth 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? \(\subseteq \cdot\)
List prior addresses for the past five years 122 Park Dr. Trl. #101 Colfan, WI 54780
List three personal references, not related to you (no co-workers). Include name, address & phone number. 1) Candice Paffel # 940th St. Colfer INT 54730 2) Josh Mchitcheon 406 Main St. Colfer INT 54730 3) Lisa Brog - Hulburt E 9727 780th Ave. Colfer, WI 54730 Have you ever been a member of the Military Service? No Discharge?
Education- include name of High School, location, grade completed and any training beyond high school. Colfer High School Colfer, WI 12th grade
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.
Signature Sophia Amich Date 5/1/2018
Official Use Only-Below This Line
Date Received 6/25/17 Date Approved 0.5/0.5/18 Date Denied
Researcher Chief OF Police Approving Officer Signature Well

July 1, 2018 - June 30, 2019 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

	·					
						RECEIVED
						MAY 2 3 2018
To the	Clerk	of the_	Village	of	Colfax	Wisconsin: Village of Colfax
Beverages an and all acts a regulations, F	d Intoxicating Liquors amendatory thereof an ederal, State, or Local,	, subject to the lired in the lired supplementary	nitations impo thereto, and	sed by Sect hereby agre	2019 , inclusive (unless sooner roion 125,32(2) and 125,68 (2) of e to comply with all laws, resolers if a license be granted to me,	evoked), Fermented Malt the Wisconsin Statutes
Answer th	ne following ques	etions fully a	id comple	telv.	/	
Name of Appl	A 1)	a los d		1)0	Mae	
Address of Ap	74-1	Pas	Al A) 8.	Let 254#	D. Calla
Have you bee	n convicted of any felo	ny or of violating	any law of the	State of Wisc	consin or of the United States?	
Date of such c	onviction —					
Name of Court				٠.		
Nature of offer	nse —			·		
Have you been	a convicted or violating	any license law or	ordinance reg	ulating the sa	le of beverages or intoxicating liqu	iors?
STA	TE OF WISCONSIN,	ss. _County.	FI.	lezaki	Signature of Applicant	Mae
nerson who ma	ide and signed the fore	going application	for an operato	r's license: the	being first duly sworn or at all the statements made by the	oath says that he is the
•	ped and sworn to before		477	_ day of	May 2018	e Moc
Notary Public,	Brunner Dunn ires: Inter	.) County 2B , 20 /	y, Wis.	Continuo manamana de la Continuo de	ANNERS OF WISHING	ilicant

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 Checketh, Jacque De Mac
Business/Organization Name Heles Market
Full Prior Names (nicknames, maiden names, etc.
Date of Birtl Place of Birth thone
SexRaceHeightWeight
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, Many your ago in Elk Mound,
List prior addresses for the past five years
List three personal references, not related to you (no co-workers). Include name, address & phone number 1) DRIAN LINGIN IIS PARK DR. COLFAY WI. 2) G CO HALL SCHINGLES 11472-55 55. COLPAX WI.54730 3) T C VOR LARSON E 9325-714 AVE (OLFAX WI.5473C
Have you ever been a member of the Military Service? Discharge?
Education- include name of High School, location, grade completed and any training beyond high school.
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.
Signature Septeth J: De Mac Date 5-4-2018
Official Use Only-Below This Line
Date Received 5/25/19 Date Approved 5/25/20 Date Denied
Researcher Chese of Color Approving Officer Signature

July 1, 2018 - June 30, 2019 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

		.9 - 9	-	
		•		RECEIVED
				MAY 2 3 2018
To the Clerk	of the Village	_of	Colfax	Village Wir confinx
I hereby apply for a Licens. Beverages and Intoxicating Liquors, and all acts amendatory thereof and regulations, Federal, State, or Local, a	I supplementary thereto, and I ffecting the sale of such beverage	ed by Section 1 hereby agree to	25.32(2) and 125.68 (2 comply with all laws,	c) of the Wisconsin Statutes resolutions, ordinances and
		atelynn	Signature of Appli	cant
Answer the following quest Name of Applicant	1 0/8011 1- Rd. 40 Colfo	x, W1 5	54736	
NO	y of of violating any law of the c	tate of Wisconsi		
Date of such conviction				
Name of Court —				
Have you been convicted or violating a	iny license law or ordinance regu	lating the sale of	beverages or intoxicating	g liquors?
	Ka	tolunn	()BON	
STATE OF WISCONSIN, SATEINAIL L	ss. County.	<u></u>	Signature of Applic	ant
erson who made and signed the foreg Subscribed and sworn to before	^-77 1 √	s license; that all	the statements made by April April	the applicant are true.
Sonn M Bridger Down	County, Wis.	AND TO	Signature of UNACATAMAN ARY	Аррисапт
ommission Expires: July	28.2019		Charles.	

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 10th Unn LC Business/Organization Name KUUS MCV WA Full Prior Names (nicknames, maiden names, etc. / Otte Date of Birth Race Height Sex Social Security No. ______ Driver's License Nc ______ Have you ever been arrested for, or convicted of any laws, including traffic? \(\)\(\)\(\)\(\) If yes, list offense, date and place occurring. NList prior addresses for the past five years <u>F9101</u> St. Rd 40 . WI FUTST List three personal references, not related to you (no co-workers). Include name, address & phone number 1) JOSH McClatcheon 406 Main St. Calfax W184780 Dendy Lausted N7235 74048+ Menominic Wis 54751 Have you ever been a member of the Military Service? UD 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. Official Use Only-Below This Line Date Approved 5/18 Date Denied Researcher CHIEF OF Toline Approving Officer Signature buch frolen

July 1, 2018 - June 30, 2019

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

						RECEIVED
						MAY 2 3 2018
To the	Clerk	of the_	Village	of	Colfax	Wisconsin
Beverages and and all acts as	l Intoxicating Liquors, nendatory thereof an	subject to the lim d supplementary	itations impo thereto, and	sed by Section hereby agree	on 125.32(2) and 125.68 (2)	Village of Colfax er revoked), Fermented Malt of the Wisconsin Statutes esolutions, ordinances and
I certify	that I am 21	ears of age.	*************	Noelle		
					Signature of Applica	int
	e following quest	•	d complet	tely:		
Name of Applic	cant Noelle					
Address of App	licant <u>212 /</u>	Wing Di	ive (Colfax,	WI 5473	0
Have you been		1 /	y law of the	State of Wiscon	nsin or of the United States?	
Date of such cor	nviction 1/A					
Name of Court	<u> </u>					with the second
-	1017					
Nature of offens	/// / +					
Have you been o	convicted or violating a	ny license law or c	rdinance regi	ulating the sale	of beverages or intoxicating	liquors?
		75.7				
				Noelle		
STATE	E OF WISCONSIN,				Signature of Applican	t
Duna	n .	SS.				
1/00	1/2 0/2	County.				
erson who made	and signed the forego	ing application for	an operator	s license: that a	, being first duly sworn all the statements made by the	on oath says that he is the
	d and sworn to before n	,	37	day of	M. 201	P
				_ day or	n Collinson	<u>.</u>
				/	Tolle USO	<u>n</u>
,				. Sel	BRUNN Signature of A	pplicant

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otary Public,	- DUNN	County, V	Vis.	THE CO	being first duly swom all the statements made by the statement made and the statements made by the statements made and the statements made an	
mmission Expire	s: Tulis o	28,201	9	****	OF WISCHING	

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 Noelle Lauren Olson Business/Organization Name Kyle's Market Full Prior Names (nicknames, maiden names, etc. NA Date of Birth Phone Phone Race Height_ Sex Driver's License No Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? Λ/Λ If yes, list offense, date and place occurring. List prior addresses for the past five years 212 Viking Orive Colfax, WI 54730 List three personal references, not related to you (no co-workers). Include name, address & phone number 1) Jason Taylor, N1004 | County Rd. S Wheeler, WI 54772 2) Devek Westholm, E8391 of 330th Avenue New Auburn, WI 54757 3) JESF: Williams, E5501 County Rd G Colfax, WI 54730 Have you ever been a member of the Military Service? NA Discharge? NA Education- include name of High School, location, grade completed and any training beyond high school. Colfax High School, Colfax WI 12th grade.
Chippewa Valley Technical College, Fan Claire, WI 2 years of generals I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Official Use Only-Below This Line Date Received 5/33/18 Date Approved 5/55/12 Date Denied______ Researcher Chief OF Folice Approving Officer Signature Waller

July 1, 2018 - June 30, 2019 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

						RE	CEIVED
To the _	Clerk	of the_	Village	of	Colfax	MAY	2 Wi 2018
and all acts a regulations, Fe	d Intoxicating Liquors imendatory thereof a	s, subject to the lin nd supplementary affecting the sale o	nitations imp thereto, and	osed by S I hereby ag ages and liq	0, 2019 , inclusive (unless sociection 125.32(2) and 125.68 (2) gree to comply with all laws, nuors if a license be granted to m	2) of the Wisresolutions, ne,	sconsin Statut
Answer th	e following ques	stions fully an	d comple	tely:			
Name of Appli	cant <u>Jale</u>	ne An	rick_				
Address of App	plicant <u>409</u>	E. R	wer S	3+, 1	Colfax, WI 3	4730	
Have you been	convicted of any felor	ny or of violating a	ny law of the	State of W	isconsin or of the United States	s?	
Date of such co	nviction			,			
Name of Court	and the same of th				,		-
Nature of offens	se						
			_	Ja	- leno Ami	ick	
STAT	E OF WISCONSIN,		-		Signature of Applica	int	
\mathcal{L}) NNN	ss. County.					
121	lene Am				, being first duly swor	m on ooth sore	a that ha ia tha
erson who made	e and signed the foreg	oing application fo	r an operator	's license; t	that all the statements made by	the applicant	are true.
Subscribe	d and sworn to before	me this		_ day of _	May , 2018	1 222 /	<u>.</u>
				*****	Signature of A	Applicant	
	MR		,	griff	MAN BRUNNON		
Sprn.	/ In	unnel	<i>'</i>	- 1 ×	OTARL		
otary Public, nmission Expire	DUNN 1	County, \ 28 2015	Wis.	O'TOGHINININININININININININININININININININ	AIRI C		
minssion Expire	ss. <u>Suly</u> o	20,001		III O	7) COLUMN		
	~			•	WINDE MISSION		

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 <u>A a lene 3 ve Am ick</u> Business/Organization Name Kyle's Market Full Prior Names (nicknames, maiden names, etc. Jalene Bouchard Date of Birth _____ Place of Birth____ , Race Height ____ _____Driver's License No. Social Security No. Have you ever been arrested for, or convicted of any laws, including traffic? $\cap O$ If yes, list offense, date and place occurring. List prior addresses for the past five years 122 Park Dr. Trlc. # 101 List three personal references, not related to you (no co-workers). Include name, address & phone number 1) Condice Ochlet N8033 940th Street Colfax, WI 2) Josh McCurcheon 406 Main St Colfax WI 54730 3)/ Isa Bragg-Hurlburt E9727 780th Aue. Colfax w= 64730 Have you ever been a member of the Military Service? VES Discharge? honorable Education- include name of High School, location, grade completed and any training beyond high school. Ashland High School Ashland, wit graduated 12th grade Chippewa Valley Techical College I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Malene Hmich Date 5/2/18 Official Use Only-Below This Line Date Received 5/3/18 Date Approved 5/55/18 Date Denied Researcher CHIEF OF Volice Approving Officer Signature Weden Andon

July 1, 2018 - June 30, 2019 Application for License to Serve Fermented Malt Beverages

		and Intoxicati	ng Liq	uors	Fee - \$10.00 RECEIVED
					MAY 2 3 2018
To the	Clerk	of the Village	of	Colfax	Village of Colfax Wisconsin:
Beverages and and all acts as regulations, Fe	d Intoxicating Liquors mendatory thereof ar	ise to serve, from July 1, 2018 s, subject to the limitations imported supplementary thereto, and affecting the sale of such beverage years of age.	sed by Section hereby agree	on 125.32(2) and 125.68 (to comply with all laws if a license be granted to i	(2) of the Wisconsin Statutes, resolutions, ordinances and me,
			0	Signature of App	licant
	e following ques	stions fully and complet	tely:		
Name of Appli Address of App			Monoun	onie W 54	757
• • • • • • • • • • • • • • • • • • • •		ny or of violating any law of the		, , ,	
	NIA				
Date of such co	onviction //				
Name of Court	NIA	L			
Nature of offen	se NA				
Have you been	convicted or violating	any license law or ordinance reg	ulating the sale	e of beverages or intoxicati	ing liquors?
			M_{α}	acy M Ming	<u>. </u>
STAT	TE OF WISCONSIN,			(Signature of Appli	cant
Dung	\	ss. _County.			
	the Sellm de and signed the foreg ed and sworn to before	going application for an operator me this 23	's license; that day of	all the statements made b	· · · · · · · · · · · · · · · · · · ·
				Signature o	of Applicant
otary Public, _	Sella Dunn res: 5-14-	County, Wis.	-	Signature of the Signat	A SOUTH AND THE WASHINGTON

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 Nany Michele Myza Business/Organization Name Kyle's Market Full Prior Names (nicknames, maiden names, etc. Many Michele Mueller Pagels Date of Birth Phone Phone Social Security No. ____ Driver's License No. Have you ever been arrested for, or convicted of any laws, including traffic? N/A If yes, list offense, date and place occurring. List prior addresses for the past five years List three personal references, not related to you (no co-workers). Include name, address & phone number 1) Kirk Section E8898 240th Ave Elle Mound (v) 54739 2) Faith Siler E4290 330th Ave Menomorie, W 54757 3) Brian Jorgenson 115 4th Ave W Menomorie, W 54757 Have you ever been a member of the Military Service? NA Discharge? U/A Education- include name of High School, location, grade completed and any training beyond high school. 5CC Hammond WI 12 graduated CVTC - Eau Claire WI 3 semsters I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge. Official Use Only-Below This Line Date Received 5/33/18 Date Approved 5/55/18 Date Denied HIEF OF TO LEE Approving Officer Signature Manual

July 1, 2018 - June 30, 2019 Application for License to Serve Fermented Malt Beverages

	and Intoxicat	Fee - \$10.00 - RECEIVED		
				MAY 2 5 2018
To the Clerk	of theVillage	of	Colfax	Village of Colfax Wisconsin:
Beverages and Intoxicating Liq and all acts amendatory thereo	cense to serve, from July 1, 2018 uors, subject to the limitations import and supplementary thereto, and cal, affecting the sale of such bevera	osed by Section 1: I hereby agree to c	25.32(2) and 125.68 (comply with all laws	(2) of the Wisconsin Statutes, resolutions, ordinances and
I certify that I am <u>4/</u>	years of age.	mila	O Sunt	2
			Signature of App	icant
	uestions fully and comple have buchne			
Address of Applicant 50	9 Fairview D) r.		
Have you been convicted of any i	felony or of violating any law of the			s?
Date of such conviction				
Name of Court —				
				MARKET CO.
Tave you been convicted or violat		ulating the sale of b		ng liquors?
	-	Mucha	Signature of Applic	
STATE OF WISCONSIN			Signature of Applic	ant
Dunn	ss. County.			
rson who made and signed the for Subscribed and sworn to bef	regoing application for an operator or me this 25	's license; that all th	being first duly swo te statements made by an 2018	orn on oath says that he is the the applicant are true.
		- · -	ila D	2.6
tary Public,	a Run County, Wis. 7-18	ARY PUBLINGS ATE OF	Signature of Announce of No.	Applicant

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 Michael David Buchner Business/Organization Name ColFax Firemen Full Prior Names (nicknames, maiden names, etc. Date of Birth Phone - Phone Sex Race Height Weight Social Security No. ___ Driver's License No. ____ Have you ever been arrested for, or convicted of any laws, including traffic? Yes If yes, list offense, date and place occurring. List prior addresses for the past five years List three personal references, not related to you (no co-workers). Include name, address & phone number Tammy Source 811 Railroad Ave Colfax WI Have you ever been a member of the Military Service? o Discharge? Education- include name of High School, location, grade completed and any training beyond high school. Colfax High School Colfax WF 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 Michael Official Use Only-Below This Line Date Received 5-25-18 Date Approved _____ Date Denied_____

Researcher_____Approving Officer Signature_____

SELLER / SERVER CERTIFICATION **WISCONSIN**

Trainee Name: Michael Buchner

Date of Completion: 05/25/2018

School Name: 360training.com, Inc.

Certification #: WI-80223

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

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17,134.66

