PO Box 417 - Colfax, Wisconsin 54730 — Phone 715-962-3311 Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors
Provisional License New License Receipt: \$10.00 each application R
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:
I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>20</u> , 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.
Answer the following questions fully and completely: (PLEASE PRINT)
NAME Jalene S HTMICK FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 7/5 699 04/9 Email Address Juvscatz & yahoo.com
Current Address 502/2 Cedar St Co/Fax 54730 7 mon-ths (Street) (City) (Zip Code) (yrs. at address)
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 409 E. R. Wer St Colfax 54736 (Street) (City) (Zip Code)
Date of Birth Age
Place of Employment Kyle's MarKef
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve Deny (Chief of Police or designated staff Signature)
STATE OF WISCONSIN/ DUNN COUNTY
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. X A Signature of Applicant
Subscribed and sworn before me this 10774 day of 101, 20 19. (Signature of Notary Public) (Commission Expires) OF WISCOMMISSION Expires)

Date Received: 5-2219 Date to the Board: 6.16.19 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 — Phone 715-962-3311 Fax 715-962-2221

	14 710 002 222
Application for License to Serve Fermented Malt Beverages a	and Intoxicating Liquors
Provisional License New License X Renewal License	Fee: \$10.00 each application Receipt: \$10.00
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:	
I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>Ab</u> , incompleted Malt Beverages and Intoxicating Liquors, subject to the limitations in and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and subhereby agree to comply with all laws resolutions, ordinances and regulations, F the sale of such beverages and liquors if a license be granted to me.	nposed by Section 125.32(2) upplementary thereto, and
Answer the following questions fully and completely: (PLEASE PRINT)	
NAME / COR S FIRST NAME MIDDLE NAME	SOFTIBSON LAST NAME
Telephone Number (715) 704-9335 Email Address Nicole Wolf Mail Current Address NS Dr. +11-#244 Colson WI 64730 (Zip Code)	act/bson_20030
NOTMAIN SULL CASCALLY GUT 30	Jon
(Street) (City) (Zip Code)	(yrs. at address)
Previous Address	
(Street) (City)	(Zip Code)
Date of Birth Age Age	and the second s
Place of Employment KYR'S Market	
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances substantially relate to the license applied for. Those convictions are consiculting of control of the	dered by the Village of d by the Village of Colfax
Recommendation Approve Deny (Chief of Police or design	nated staff Signature) /(Date)
STATE OF WISCONSIN/ DUNN COUNTY	1
The above named applicant, being first duly sworn on oath says that he/she is the signed the foregoing application for an operator's license: that all the statements	
x <u>Nicole Got Lib</u> Signature of App	licant
n 4n 21	
Subscribed and sworn before methis day of day of	
/ Kanne (lark 06/04/20.	3/ 1
(Commission Expires)	

Date Received: 5-22-19 Date to the Board: 6.10.19 Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License _______ Renewal License Fee: \$10.00 each application Provisional License Receipt: 8 10 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20 \underline{20}$, 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. Answer the following questions fully and completely: (PLEASE PRINT) NAME Dalton Victor Bradford
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-556-5073 Email Address dulton omnithix @ yahoo. com Current Address $\frac{5115^{th} Ave}{\text{(Street)}}$ $\frac{\text{Co} fox}{\text{(City)}}$ $\frac{54730}{\text{(Zip Code)}}$ $\frac{18 \text{ yrs}}{\text{(yrs. at address)}}$ Previous Address _____(Street) (Zip Code) (City) Age <u>19</u> Date of Birth Place of Employment Kyle's Market POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve ____ Deny Recommendation

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Subscribed and sworn before me this 20th day of May, 20 2018.

Lynn M. Mageman o5-07-2023
(Signature of Notary Public) (Commission Expires)

Date Received: 5-20-19 Date to the Board: 6.10.19 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311

PO Box 417 - Colfax, Wisconsin 54730 — Phone 715-962-3311 Fax 715-962-2221

Application for	License to Se	erve Fermente	d Malt Beverage	s and Intoxicatin	g Liquors
Provisional Lice	ense Ne	ew License <u>X</u>	Renewal License	Fee: \$10.00 ea	
TO THE BOARD OF	THE VILLAGE (OF COLFAX, WIS	CONSIN:	,	
Fermented Malt Bev and 125.68(2) of the	erages and Intoxi Wisconsin Statut pply with all laws r	cating Liquors, sul es and all acts am esolutions, ordinal	bject to the limitation lendatory thereof an nces and regulations	inclusive (unless soc as imposed by Sectior d supplementary ther s, Federal, State or Lo	n 125.32(2) eto, and
Answer the following				, <u> </u>	
NAME NICO	le	Daria		Nierenhause LAST NAME len 14@ hotmai	en
FIRST	NAME	MIDDLE NAM	E	LAST NAME	1 6200
Telephone Number	115-962-256	Ema	ail Address <u>೧۱८೦</u>	len 196 noima	1, CO/VI
Current Address	25 * 5	st. Colfax	54730	yrs. at addres	,C
	(Street)	(City)	(Zip Code)	(yrs. at addres	ss)
Previous Address _	NA				
	(Street)	a (84)	(City)	(Zip Code)	
Date of Birth			Age <u></u>		
Place of Employme	nt Kyle's Ma	acket			·
substantially relate	II be conducted to to the license ap ng whether a lice	for violations of a oplied for. Those ense will be grant on is recommend	ted. You will be no ed for denial to the	ces during the past onsidered by the Village tified by the Village Village Board.	lage or
STATE OF WISCON	SIN/ DUNN COU	NTY			
The above named ar	oplicant, being firs	t duly sworn on oa	ath says that he/she e: that all the statem Signature o	is the person who made by applicate made by applicate f Applicant	ade and ant are true.
Subscribed and swor					(1) (1) (1) (1)

Date Received: 5 22 19 Date to the Board: 6.10-19 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 — Phone 715-962-3311 Fax 715-962-2221

7.100710411011101	ense to Serve F	ermented N	lalt Beverages a	and Intoxicating Liquors
Provisional License	New Licer	nse <u>X</u> F	Renewal License	Fee: \$10.00 each application Receipt: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
TO THE BOARD OF TH	E VILLAGE OF COL	.FAX, WISCOI	NSIN:	
Fermented Malt Beverag and 125.68(2) of the Wis	es and Intoxicating L consin Statutes and vith all laws resolutio	iquors, subjec all acts amend ns, ordinances	t to the limitations in atory thereof and s and regulations, F	clusive (unless sooner revoked), mposed by Section 125.32(2) upplementary thereto, and ederal, State or Local, affecting
Answer the following que				\$ A
NAME Celeb FIRST NAMI		S NAME		LAST NAME
FIRST NAMI	= 001-NO	Email A	ddross follow	LAST NAME
Telephone Number	-421-060/	Email A	ATTO	7
Current Address * 15 (Str	reet) ((City)	(Zip Code)	V. V. ngs 14 Damai).com
Previous Address				
	(Street)	(1		(Zip Code)
Date of Birth			Age	1
Place of Employment	Kulo's Mark	<i>(</i>		
	Kyles 1910	ei		
POLICE DEPT APPLICA A records check will be substantially relate to the	BLE OFFENSE CRI conducted for viola ne license applied fo hether a license wi ur application is red	TERIA ations of any or. Those cor Il be granted. commended f	nvictions are cons You will be notific or denial to the Vil	ed by the Village of Colfax lage Board.
POLICE DEPT APPLICA A records check will be substantially relate to th Colfax in determining w Police Department if you Recommendation	BLE OFFENSE CRI conducted for viola ne license applied for thether a license wi ur application is rec Approve DUNN COUNTY	TERIA ations of any or. Those cor II be granted. commended fo	rvictions are cons You will be notific or denial to the Vil	idered by the Village of ed by the Village of Colfax lage Board. July 10 (Date)
POLICE DEPT APPLICA A records check will be substantially relate to th Colfax in determining w Police Department if you Recommendation STATE OF WISCONSIN/	BLE OFFENSE CRI conducted for viola ne license applied for hether a license wi ur application is rec Approve DUNN COUNTY ant, being first duly sy	TERIA ations of any lor. Those cor li be granted. commended for the property of the property o	You will be notifice or denial to the Vil (Chief of Police or designarys that he/she is the visite of the Vil (Chief of Police or designarys).	idered by the Village of ed by the Village of Colfax lage Board. July 10 (Date)
POLICE DEPT APPLICA A records check will be substantially relate to th Colfax in determining w Police Department if you Recommendation STATE OF WISCONSIN/	BLE OFFENSE CRI conducted for viola ne license applied for hether a license wi ur application is rec Approve DUNN COUNTY ant, being first duly sy	TERIA ations of any lor. Those cor II be granted. commended for the property of the property o	ryictions are cons You will be notific or denial to the Vil (Chief of Police or designated) ays that he/she is the at all the statement	idered by the Village of ed by the Village of Colfax lage Board. gnated staff Signature) (Date) The person who made and s made by applicant are true.
POLICE DEPT APPLICA A records check will be substantially relate to th Colfax in determining w Police Department if you Recommendation STATE OF WISCONSIN/	BLE OFFENSE CRI conducted for viola ne license applied for thether a license wi ur application is rec Approve DUNN COUNTY ant, being first duly sy	TERIA ations of any lor. Those cor II be granted. commended for the property of the property o	You will be notifice or denial to the Vil (Chief of Police or designarys that he/she is the visite of the Vil (Chief of Police or designarys).	idered by the Village of ed by the Village of Colfax lage Board. gnated staff Signature) (Date) The person who made and s made by applicant are true.
POLICE DEPT APPLICA A records check will be substantially relate to th Colfax in determining w Police Department if you Recommendation STATE OF WISCONSIN/	Approve DUNN COUNTY ant, being first duly sylication for an operator fore me this	TERIA ations of any or. Those cor or those commended for the comme	ays that he/she is that all the statement Signature of App (Commission Expires)	idered by the Village of ed by the Village of Colfax lage Board. Ignated staff Signature) The person who made and s made by applicant are true. In the person who made and s made by applicant are true. If the public of Colfax (Date)

PO Box 417 - Colfax, Wisconsin 54730 — Phone 715-962-3311 Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquor	S
Provisional License New License Renewal License Fee: \$10.00 each applicati	on
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:	
I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 26, inclusive (unless sooner revoke 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, affective sale of such beverages and liquors if a license be granted to me.	
Answer the following questions fully and completely: (PLEASE PRINT)	
NAME VICULAS VICAGET KROSING LAST NAME	_
Telephone Number 715-505-7373 Email Address nick_E34@fatmail	
Current Address 2789 2325 ELK MOUND W 254739 S (Street) (City) (Zip Code) (yrs. at address)	
Previous Address (Street) (City) (Zip Code)	
Date of Birth Age 33	
Place of Employment Kyles Market	-
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years the substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.	
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years the substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.	
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years the substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve Deny	
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years the substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve Deny Chief of Police or designated staff Signature)	
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years the substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve Deny Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.	

Date Received: 5-22-19 Date to the Board: 6-16-19 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311

				Fa	1X 715-962-2221
Application for I	License to Ser	ve Fermented I	/lalt Beverages	s and Intoxicating	g Liquors
Provisional Licen	se New	License <u></u>	Renewal License	Fee: \$10.00 ead Receipt: _ \$ /b	
TO THE BOARD OF	THE VILLAGE OF	COLFAX, WISCO	NSIN:		
, hereby apply for a lic Fermented Malt Bever and 125.68(2) of the W nereby agree to compl he sale of such bever	ages and Intoxica Visconsin Statutes ly with all laws res	ting Liquors, subject and all acts amend colutions, ordinance	ct to the limitations datory thereof and s and regulations,	s imposed by Section supplementary there	125.32(2) eto, and
answer the following q	uestions fully and	completely: (PLE	ASE PRINT)		
IAME Man	d	Machele		Muza	
FIRST NA	W/ME	MIDDLE NAME		LAST NAME	
elephone Number _	715-505-45	<u>⟨ʊ∖</u> Email A	Address <u>Mab</u> e	clpagels@yaha.	Com
urrent Address $\underline{\mathcal{X}}$	Street)	Menamanie (city)		yrs. at address	
revious Address					
	(Street)		(City)	(Zip Code)	
ate of Birth _		1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	Age	8	
_ lace of Employment	Kulois M	anket		*	•
ace of Employment	10/14 7 111	arno.			**************************************
OLICE DEPT APPLICE records check will be abstantially relate to olfax in determining olice Department if yecommendation	pe conducted for the license appli whether a licens	violations of any ed for. Those co e will be granted.	nvictions are cor You will be noti for denial to the \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	nsidered by the Villa fied by the Village o	ige of
TATE OF WISCONSI	N/ DUNN COUNT	Y			
ne above named appli gned the foregoing ap	icant, being first du plication for an op	uly sworn on oath serator's license: th	ays that he/she is at all the statemen	the person who mad nts made by applicar	le and It are true.
		x	V Cerry W Signature of A	pplicant grant B	RUNN

Date Received: <u>6.32ハ</u> Date to the Board: <u>6.10.19</u> Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 -Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: \$10 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 30, 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. Answer the following questions fully and completely: (PLEASE PRINT) NAME Telephone Number (715) 505-5783 Email Address Katic 10/80/13@amail. Com Current Address E9101 St Cal 40 Previous Address <u>NIAD48</u> Age 👌 Date of Birth Place of Employment Kull'S Market POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Denv STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Signature of Applicant Subscribed and sworn before me this 7777 day of // day of

PO Box 417 - Colfax, Wisconsin 54730 — Phone 715-962-3311

Application for Licen	se to Serve Ferm	ented Malt E	Beverages an	d Intoxicating	Liquors
Provisional License	New License	Renew		Fee: \$10.00 each Receipt: \$ <i>[</i> 0	applicatior
TO THE BOARD OF THE V	ILLAGE OF COLFAX	, WISCONSIN:			
I, hereby apply for a license Fermented Malt Beverages and 125.68(2) of the Wiscon hereby agree to comply with the sale of such beverages a	and Intoxicating Liquor Isin Statutes and all ac all laws resolutions, o	rs, subject to the cts amendatory ordinances and	e limitations impo thereof and supp regulations, Fedo	osed by Section 1: plementary thereto	25.32(2) o, and
Answer the following questic	ons fully and completel	y: (PLEASE PI	RINT)		
NAME FIRST NAME	Jecso Middli	\ È NAME	McCu	AC MACON LAST NAME	
Telephone Number	5051388	Email Addres	SS		
Current Address (Street)	0 Main 3t (City)	Caffax	(Zip Code)	(yrs. at address)	200
Previous Address	(Street)	(City)	102 N/e	Zip Code)	<u> </u>
Date of Birth			Age <u> </u>	· · · · · · · · · · · · · · · · · · ·	
Place of Employment	yes Ma	WKA+ .		and the second of the second o	
POLICE DEPT APPLICABL A records check will be consubstantially relate to the liceling whet Police Department if your a	nducted for violation icense applied for. T her a license will be a application is recomn	s of any law or hose conviction granted. You nended for der	ons are conside will be notified	ered by the Village by the Village of ge Board.	e of
STATE OF WISCONSIN/ DU	INN COUNTY				
The above named applicant, signed the foregoing application of the foregoing application of the foregoing applicant, subscribed and sworn before	ion for an operator's lic	on oath says the cense: that all the cense the cense that all the cense that all the cense that all the cens	at he/she is the phe statements me statements me signature of Application 20	person who made hade law applicant a punker of ARY	and are true.
Signature of Note	nner	- U	1 2820 ission Expires)	TATE OF WHAT	,pt.

Date Received: 5.22.19 Date to the Board: 6.10.19 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311

Application for License to Ser	ve Fermented N	/lalt Beverages a	nd Intoxicating Liqu	ors
Provisional LicenseNew	License <u>X</u>	Renewal License	Fee: \$10.00 each applic	
TO THE BOARD OF THE VILLAGE OF	COLFAX, WISCO	NSIN:	•	
I, hereby apply for a license to serve, fro Fermented Malt Beverages and Intoxica and 125.68(2) of the Wisconsin Statutes hereby agree to comply with all laws res the sale of such beverages and liquors it	iting Liquors, subject and all acts amen- olutions, ordinance	ct to the limitations im datory thereof and su es and regulations, Fe	posed by Section 125.32 pplementary thereto, and	((2)
Answer the following questions fully and	completely: (PLE	ASE PRINT)		
NAME JEFF 12/ FIRST NAME	harry MIDDLE NAME	}	eterson LAST NAME	
Telephone Number <u>715 - 308 - 4881</u>				
Current Address 115 A 362 4th Ave (Street)	(City)	(Zip Code)	(yrs. at address)	
Previous Address(Street)		(City)	(Zin Code)	
Date of Birth		(City) Age 48	(2)	
Place of Employment K/(e)	lar Ket			
POLICE DEPT APPLICABLE OFFENSI A records check will be conducted for substantially relate to the license application Colfax in determining whether a license Police Department if your application Recommendation Approve	r violations of any lied for. Those co se will be granted	onvictions are consider. You will be notifie	dered by the Village of d by the Village of Colfagge Board.	
		(onle) of Felice of Costs.	Y	
STATE OF WISCONSIN/ DUNN COUNT	ΓY			
The above named applicant, being first d signed the foregoing application for an op	perator's license: t	says that he/she is the hat all the statements Signature of Apple	made by applicant are tr	ue.
Subscribed and sworn before the this	$\frac{10^{90}}{2}$ day of M	AY, 20 19.		
(Signature of Notary Public)		(Commission Expires)	 .	
(Signature of Notary Public)		(COMMISSION EXPRESS)		

Date Received: 5-22-19 Date to the Board: 6-10-19 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311

Application for	License t	o Serve Ferm	ented Ma	ılt Bevera	iges an	d Intoxicating	Liquors
Provisional Lice	nse	New License	_X Re	enewal Lice		Fee: \$10.00 each	
TO THE BOARD OF	THE VILLA	GE OF COLFA	(, WISCON	SIN:			
I, hereby apply for a Fermented Malt Beve and 125.68(2) of the hereby agree to com the sale of such beve	erages and I Wisconsin S ply with all la	ntoxicating Liquo Statutes and all a aws resolutions, o	ors, subject cts amenda ordinances	to the limitat tory thereof and regulati	tions imp and sup	osed by Section plementary there	125.32(2) to, and
Answer the following	questions fu	ılly and complete	ly: (PLEAS	E PRINT)			
NAME Doniel FIRST I	NAME	Glen, MIDDL	E NAME		S _c	hneider LAST NAME	
Telephone Number	715-308-	ሄ ራ6'3	Email Ad	dress <u>കഹ</u> ം	schneidr 6	Qhotmail.com	
				54703		A	
Current Address _\)	(Street)	(City)	₩ -	(Zip Cod	de)	(yrs. at address)	
Previous Address _	√13558 (Stre	cty Hwy U	Neur Au (Ci	burn W1 ty)	. (54757 Zip Code)	
Date of Birth _				Age _	21		
Place of Employmer	nt <u>Kyle's</u>	market			w.w.		
POLICE DEPT APPL A records check will substantially relate to Colfax in determinin Police Department if Recommendation	be conducto the licens g whether a your applic	ted for violation se applied for. I a license will be	is of any la Those conv granted. N	ictions are ou will be denial to t	considence consideration consi	ered by the Village of ge Board.	ge of
				(Chief of Police	or designat	ed staff Signature)	/(Date)
STATE OF WISCONS	SIN/ DUNN (COUNTY			V	·	
he above named appigned the foregoing a						nade by applicant	
Subscribed and sworn	before me t	his <u>20 </u>	y of <u>MA</u>	4,20 <u>[</u> 4,20 <u>[</u>] 202	/	
/Signatur	o of Motory Du	alic\	10	ammission Ev	nires)	•	

Date Received: 522-19 Date to the Board: 6.10-19 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311

			FdX /10-302-2221
Application for Lice	nse to Serve Fermente	d Malt Beverages a	nd Intoxicating Liquors
Provisional License	New License	Renewal License	Fee: \$10.00 each application Receipt: \$10
TO THE BOARD OF THE	VILLAGE OF COLFAX, WIS	CONSIN:	
Fermented Malt Beverages and 125.68(2) of the Wisco hereby agree to comply with	s and Intoxicating Liquors, su onsin Statutes and all acts am	bject to the limitations im nendatory thereof and su nces and regulations, Fe	usive (unless sooner revoked), posed by Section 125.32(2) pplementary thereto, and deral, State or Local, affecting
	tions fully and completely:(P		^
NAME Leffney	MIDDLE NAM	Λ.	Prince
Telephone Number <u>7</u>	5-962-3447 Em	ail Address <u>jeffpni</u>	ice 89@gmail, com
(Street	et) (City)	(Zip Code)	(yrs. at address)
Previous Address			
/	(Street)	(City)	(Zip Code)
Date of Birth		Age <u>4</u> 8	<u> </u>
Disease of Function and	Bloomer / Softbal	1 Assoc	
Place of Employment	<u> </u>		
A records check will be on substantially relate to the Colfax in determining wh	BLE OFFENSE CRITERIA conducted for violations of elicense applied for. Those ether a license will be grant application is recommend. Approve Den	e convictions are consinted. You will be notified ded for denial to the Vill	lage Board.
STATE OF WISCONSIN/	nt being first duly sworn on o	ath says that he/she is th	ne person who made and
signed the foregoing applic	cation for an operator's licens	e: that all the statement	s made by applicant are true.
	X_ <u>(</u>	Signature of App	blicant winding
		y v	
Subscribed and sworn bef	ore me this day of	May, 20 19.	3 × × 3
Lunn M.V	haaiman	05-07-20	23 August 3
(Signature of I	votary Public)	(Commission Expires)	The same of the sa

Date Received: 5-10-19 Date to the Board: 6-10-19 Approved or Denied

Date Received: 5-13-19 Date to the Board: 6-10-19

PO Box 417 - Colfax, Wisconsin 54730 -Phone 715-962-3311 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application Renewal License New License Provisional License Receipt: \$10 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 20, 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. Answer the following questions fully and completely: (PLEASE PRINT) **Email Address Telephone Number Current Address** (yrs. at address) **Previous Address** Age **Date of Birth** Dot+ball ASSOC Place of Employment POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Denv Approve Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this _____ day of ______, 20 (Signature of Notary Public)

PO Box 417 - Colfax, Wisconsin 54730 -Phone 715-962-3311 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Renewal License Fee: \$10.00 each application New License Provisional License Receipt: \$10 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20_20, 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. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number <u>504 951 7273</u> Previous Address 207 POV DV (Street) (City) (Zip Code) Date of Birth -> hivision of Motor Vehicles Place of Employment N 5000 80 POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Date Received: 5-33-19 Date to the Board: 6-10-19 Approved or Denied

Subscribed and sworn before me this 3 day of May, 20 19

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License Renewal License Fee: \$10.00 each application Receipt: \$\frac{10.00}{00.00} X Provisional License TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 20, 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. Answer the following questions fully and completely: (PLEASE PRINT) NAME ROCER L Lava Kryt50FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715 505 7761 Email Address ROC Knutsa @ Hot Mat (, Com Current Address F6057 Ctg, Rd Rh Colta, Wt 51730 2
(Street) (City) (Zip Code) (yrs. at address) Previous Address _______________________________(Street) Previous Address (Street) (City) (Zip Code)

Date of Birth Age 59 Place of Employment Legion Legion POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation (Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 8th day of May, 20 17. 22. (Signature of Notary Public) (Commission Expires)

Date Received: 5-8-19 Date to the Board: 6.16.19 Approved or Denied



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

Wisconsin Bartender License

Name: Roger Knutson

Certification Date: May 8th, 2019

Certificate Code: P9HYzZuifn

Verify Online: servingalcohol.com 125.17(6) & 125.04(5)(a)5. Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311

Application for	License to S	erve Ferme	ented Ma	It Beverages a	nd Intoxicating	, Liquors
Provisional Lice	ense Ne	ew License	Re	newal License	Fee: \$10.00 eacl Receipt: \$ (0	n application
TO THE BOARD OF	THE VILLAGE	OF COLFAX	, WISCONS	SIN:		
I, hereby apply for a Fermented Malt Bev and 125.68(2) of the hereby agree to com the sale of such beve	erages and Intoxi Wisconsin Statut pply with all laws r	cating Liquor tes and all ac esolutions, o	s, subject t ts amendal rdinances a	o the limitations im ory thereof and su and regulations, Fe	posed by Section pplementary there	125.32(2) to, and
Answer the following	questions fully a	nd completely	y: (PLEAS	E PRINT)		
NAME Rober						
Telephone Number	(715)495-	1127	Email Ad	dress <u>i finkso</u>	84 @ GMail	com
Current Address	523 Mair (Street)	9 5 t Co (City)	Hax w	(Zip Code)	(yrs. at address)
Previous Address _	,,,		•	* :		
Date of Birth				Age <u>35</u>	<u> </u>	
Place of Employme	nt <u>Cenex</u>	Syner	gy			
POLICE DEPT APPI A records check wi substantially relate Colfax in determinii Police Department i	II be conducted to to the license ap ng whether a lice	for violations oplied for. T ense will be g on is recomn	s of any la hose conv granted. Y nended for	ictions are consid ou will be notified	dered by the Villa d by the Village o age Board.	ge of
Recommendation	Approv	/e	Deny	(ChileFor Police or design	nated staff Signature)	5//5/20/ (Date)
STATE OF WISCON	SIN/ DUNN COU	NTY			·	
The above named ap signed the foregoing	application for an	operator's lic	cense: that x_ <i>RA</i> 7	all the statements Signature of Appl	made by applican	e and t are true.
Subscribed and swor			_	4, 20 <u>19</u> . 7-17-22 Commission Expires)	ed ed ed	RA NISA
Date Received: _5.4	0/19 Date to	the Board: _	6.10.19	Approved or Deni	ed Thin OF V	Mismin

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311

Application for Lice	ense to Serve Ferme	ented Malt Beverages	and Intoxicating Liquors
Provisional License	New License	Renewal License	Fee: \$10.00 each application Receipt: \$(0)
TO THE BOARD OF THE	VILLAGE OF COLFAX,	WISCONSIN:	
Fermented Malt Beverage and 125.68(2) of the Wisc	s and Intoxicating Liquors onsin Statutes and all act ith all laws resolutions, or	s, subject to the limitations is amendatory thereof and idinances and regulations,	nclusive (unless sooner revoked), imposed by Section 125.32(2) supplementary thereto, and Federal, State or Local, affecting
Answer the following ques			₽ A À .
NAME Edith FIRST NAME	₩ MIDDLE	NAME	McKee LAST NAME
Telephone Number 7/5	5-962-4309	Email Address	
Current Address Eb88	5 CntyRdN L' (City)	Theeler 5477 (Zip Code)	yrs. at address)
Previous Address	(Street)	(City)	(Zip Code)
Date of Birth		Age 61	
Date of Birth Place of Employment	ynergery C	o-op Colfax	
substantially relate to the	conducted for violations e license applied for. The ether a license will be g r application is recomm	of any law or ordinance nose convictions are con granted. You will be notif ended for denial to the V	ied by the Village of Colfax illage Board.
Recommendation	ApproveI	Deny (Chier of Police or de	signated staff Signature) /(Date)
STATE OF WISCONSIN/	DUNN COUNTY	V	
The above named applican signed the foregoing applic	it, being first duly sworn o ation for an operator's lic	on oath says that he/she is ense: that all the statemer	the person who made and nts made by applicant are true.
o.g., o. 2 a. 3 a. 5 a. 5 a. 7		X Solution Signature of A	ſ
Subscribed and sworn before			NSIN INSIN
Shuk Su (Signature of N	VY LV otary Public)	7-17-6 (Commission Expires)	PUBY ON THE
Date Received: 5-7-19	Date to the Board: (e·10·19 Approved or De	enied William OF

Date Received: 5-7-19 Date to the Board: 6.16.19 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors		
Provisional License New License Renewal License	Fee: \$10.00 each application Receipt: \$10	
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:		
I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>30</u> , inclusive fermented Malt Beverages and Intoxicating Liquors, subject to the limitations impand 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplied by agree to comply with all laws resolutions, ordinances and regulations, Fed the sale of such beverages and liquors if a license be granted to me.	posed by Section 125.32(2) oplementary thereto, and	
Answer the following questions fully and completely: (PLEASE PRINT)	t Λ	
NAME Jasuine Louise FIRST NAME MIDDLE NAME	Hanson	
Telephone Number 715-931-8724 Email Address Suming Current Address NT670 800+WSt Cofew S4730 (Street) (City) (Zip Code)	hansen 2020 grun	
1)7677 800 Hu St collins 54730	19	
(Street) (City) (Zip Code)	(yrs. at address)	
Previous Address		
(Street) (City) Date of Birth Age 20 Place of Employment Cewey - Synergy (0-0P	(Zip Code)	
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances of substantially relate to the license applied for. Those convictions are considered to considered to the license will be granted. You will be notified Police Department if your application is recommended for denial to the Village Recommendation Approve Deny (Chief of Police or design)	lered by the Village of I by the Village of Colfax	
STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the signed the foregoing application for an operator's license: that all the statements	made by applicant are true.	
X Jamure of Appli	WILL W. N/COM	
Subscribed and sworn before me this 16 th day of May, 20 2019. Lynn M. Nageman 05-07-2023 (Signature of Notary Public) (Commission Expires)	TAN AOTAS Z	
Date Received: 5-10-19 Date to the Board: 6-10-19 Approved or Denie		

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages	and Intoxicating Liquors
Provisional License New License Renewal License	Fee: \$10.00 each application Receipt:
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:	
I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>30</u> , in Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and hereby agree to comply with all laws resolutions, ordinances and regulations, the sale of such beverages and liquors if a license be granted to me.	imposed by Section 125.32(2) supplementary thereto, and
Answer the following questions fully and completely: (PLEASE PRINT)	
NAME WISTING HISON FIRST NAME MIDDLE NAME	LAST NAME
Telephone Number (608) 778-6633 Email Address Vristin	e ingram 47@gmail.co
Current Address Sto Balsam St. Colfax 54730 (Street) (City) (Zip Code)	(yrs. at address)
Previous Address(Street) (City)	(Zip Code)
Date of Birth Age	(Zip Gode)
Place of Employment Subway - Synergy Co-c	ρ <u></u>
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinance substantially relate to the license applied for. Those convictions are concolfax in determining whether a license will be granted. You will be noting the Police Department if your application is recommended for denial to the Recommendation Approve Deny (Chief of Police or definition)	sidered by the Village of fied by the Village of Colfax
STATE OF WISCONSIN/ DUNN COUNTY	the person who made and
The above named applicant, being first duly sworn on oath says that he/she is signed the foregoing application for an operator's license: that all the statement	nts made by applicant are true.
X M Signature of A	HIM NIGGENANI
Subscribed and sworn before me this 16th day of May, 20 2019 Lynn M. Diggenary 05-07-202 (Commission Expires	TARL TAR
(Commission Expires	NO PUBLIC OF
Date Received: 5-10-19 Date to the Board: 6.10.19 Approved or De	enied Wishing

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311

Application for License to Se	erve Fermented Mal	t Beverages and	Intoxicating Liquors
Provisional LicenseNe			
Provisional License Ne	ew License Rei	newai Licerise F	Receipt: \$10
TO THE BOARD OF THE VILLAGE (OF COLFAX, WISCONS	IN:	
I, hereby apply for a license to serve, to Fermented Malt Beverages and Intoxic and 125.68(2) of the Wisconsin Statut hereby agree to comply with all laws rethe sale of such beverages and liquors	cating Liquors, subject to es and all acts amendato esolutions, ordinances a	o the limitations impo ory thereof and supp nd regulations, Fede	lementary thereto, and
Answer the following questions fully ar	nd completely: (PLEASE	PRINT)	
NAME <u>Suzanne</u> FIRST NAME	Marie		Hagen
Telephone Number 715-651-2	<u> </u>	lress_ <u>Suchag</u>	en 65@gmail.com
Current Address N8519 County (Street)	Ird. M Colfax	54730	<u> </u>
Previous Address	(City	<u>(</u>)	7in Code)
(Sireel)		, Ann 5/a	<u></u>
Date of Birth		Age <u>J Ø</u>	
Date of Birth	y Cooperative		
POLICE DEPT APPLICABLE OFFEN A records check will be conducted f substantially relate to the license ap Colfax in determining whether a lice Police Department if your application	for violations of any lav oplied for. Those convi ense will be granted. Y	ctions are conside ou will be notified l	red by the Village of by the Village of Colfax
Recommendation Approv	ve Deny	Dungh	Deren 5/14/2019
		(Chief of Police or designate	ed staff Signature) / (Date)
STATE OF WISCONSIN/ DUNN COU		- that ha laba is the r	porcon who made and
The above named applicant, being first signed the foregoing application for an	t duly sworn on oath say operator's license: that	s that he/she is the p all the statements m	nade by applicant are true.
	x Suz	Signature of Applica	agev
	Λθ	Signature of Applica	int
Subscribed and sworn before me this	(C	4, 20 <u>19</u> . フークラン ommission Expires) Approved or Denied	% 11 E 11\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Mannaman Ma

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311

Application for Lice	nse to Serve Fermen	ted Malt Beverages	and Intoxicating Liquors
Provisional License	X_ New License	Renewal License	Fee: \$10.00 each application Receipt: \$10.00
TO THE BOARD OF THE	VILLAGE OF COLFAX, W	/ISCONSIN:	
Fermented Malt Beverages and 125.68(2) of the Wisco	and Intoxicating Liquors, s nsin Statutes and all acts a h all laws resolutions, ordir	subject to the limitations amendatory thereof and s nances and regulations, l	iclusive (unless sooner revoked), imposed by Section 125.32(2) supplementary thereto, and Federal, State or Local, affecting
Answer the following questi			
NAME Hailey FIRST NAME	Brianne MIDDLE N	AME	Yrince LAST NAME
Telephone Number (715))577-4219 E	mail Address <u>hailey</u> .	prince 1060 gmail com
Current Address 1004 UV	niversity Ave Colfo	X 54730 (Zip Code)	Prince 1000 gmail com 18 (yrs. at address)
Previous Address	(Street)	(City)	(Zip Code)
Date of Birth		Age \ {	3
Place of Employment	Synergy Cour	pertive	
substantially relate to the	onducted for violations on license applied for. Tho other a license will be gra	se convictions are cons anted. You will be notif aded for denial to the V	ied by the Village of Colfax illage Board.
Recommendation <u></u>	Approve De	eny /selv-a	signated staff Signature) 5/24/20
STATE OF WISCONSIN/ D	UNN COUNTY		
The above named applicant signed the foregoing applica	ition for an operator's licen	oath says that he/she is ise: that all the statemen Hully Signature of A	poplicant are true.
Subscribed and sworn before			
Date Received: 5.22-19	Date to the Board: 6.1	Approved or De	enied FILL OF WHITE

SELER SERVER CERTIFICATION MSCONSIN

Trainee Name: Hailey Prince

Date of Completion: 05/22/2019

School Name: 360training.com, Inc.

Certification #: WI-98107

 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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquo	ors
Provisional License New License Renewal License Fee: \$10.00 each application Receipt:	ation
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:	
I, hereby apply for a license to serve, from date hereof to JUNE 30, 20, inclusive (unless sooner revolution for the limitation of limitatio	2)
Answer the following questions fully and completely: (PLEASE PRINT)	
NAME TOUR SOUND SOUND LAST NAME MIDDLE NAME LAST NAME	
Telephone Number 15-962-3545 Email Address brown, Kayk 83 @ Smarl Com	<u></u>
Current Address (Street) (City) (Zip Code) (yrs. at address)	
Previous Address E8948 8106 We City) Color Super	
(Street) (City) (Zip Code)	
Date of Birth Age35	
Place of Employment Synergy Cooperative	
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years t substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.	
Recommendation Approve Deny (Chief of Police or designated staff Signature) (Date	<u> </u>
STATE OF WISCONSIN/ DUNN COUNTY	
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license; that all the statements made by applicant are true Signature of Applicant	€.
Subscribed and sworn before me this OO day of May, 20 19 (Signature of Notary Public) Subscribed and sworn before me this OO day of May, 20 19 (Commission Expires)	
Date Received: 5 22-19 Date to the Board: 6.10.19 Approved or Denied Minimum	

(Signature of Notary Public)

Date Received: 5 6-19 Date to the Board: 6.10.19 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Renewal License Fee: \$10.00 each application New License Provisional License \$10 Receipt: TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20, 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. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-5 Email Address (yrs. at address) Previous Address /// Age Date of Birth Place of Employment < POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation (Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311

Application for License to	Serve Fermented	/lalt Beverages a	nd Intoxicating Liquors
Provisional License	New License X	Renewal License	Fee: \$10.00 each application
TO THE BOARD OF THE VILLAG	GE OF COLFAX, WISCO	NSIN:	
I, hereby apply for a license to ser Fermented Malt Beverages and In and 125.68(2) of the Wisconsin St hereby agree to comply with all law the sale of such beverages and liq	toxicating Liquors, subject atutes and all acts amend ws resolutions, ordinance	ct to the limitations im datory thereof and su s and regulations, Fe	posed by Section 125.32(2) pplementary thereto, and
Answer the following questions full		1.00 m	
NAME Joshua FIRST NAME	Christopher	L	arson
FIRST NAME	MIDDLE NAME		LAST NAME
Telephone Number 715-700 Current Address E8538 State Food 1 (Street)	1-0546 Emall A	ddress crazy2c	reate 1924@Outlook.co
Current Address = 9538 tate Pond 1	70 Colfax	54730	12
(Street)	(City)	(Zlp Code)	(yrs. at address)
Previous Address(Stree		to a second second	
그는 그는 그는 그는 그는 그는 그는 그는 그는 그를 보고 있는 것이 되었다. 그는 그는 그는 그는 그를 받는 것이 없는 것이다.	of a contract to the contract of the contract	_	(Zlp Code)
Date of Birth		Age	and the state of
Date of Birth	ex		
POLICE DEPT APPLICABLE OFF A records check will be conducted substantially relate to the license Colfax in determining whether a Police Department if your application. Recommendation App	ed for violations of any e applied for. Those co license will be granted. ation is recommended f	nvictions are consider You will be notified	lered by the Village of distribution of the Village of Colfax age Board.
		(Sind of Folios of design)	acod stati Olgitatoro, (Dynas)
STATE OF WISCONSIN/ DUNN C	OUNTY		
The above named applicant, being signed the foregoing application for	first duly sworn on oath s an operator's license: th	ays that he/she is the at all the statements Muo Signature of Appli	made by applicant are true.
Subscribed and sworn before me the Subscribed and sworn before me the Subscribed (Signature of Notary Publication Date Received: 524-19 Date		ay, 20 <u>9</u> . 7-17-23 (Commission Expires) Approved or Denie	ARY PUBLISHED TO STATE OF WILLIAM
			Manual Ma

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License Ν Renewal License Provisional License Fee: \$10.00 each application Receipt: \$10 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 AD, 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. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number (715) 754-673) Email Address Current Address 207 Park Drive Colfax WT S4730 \ (Street) (City) (Zip Code) (yrs. at address) Previous Address 601 pine Street Colfax wit 84730 (Zip Code)

Date of Birth _____ Age 30 Place of Employment The Blind Tiger POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve ____ Deny (Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 34 day of May, 20 19 7-17-26
(Signature of Notary Public) (Commission Expi

Date Received: 5-24-19 Date to the Board: 6-10-19 Approved or Denied

DE 5/24/19

PO Box 417 - Colfax, Wisconsin 54730 -Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: \$10 # 163 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>20</u>, 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. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-933-4143 Email Address Junn-marian @ yahoo Com

Current Address 507 Cedar Street Colfax WI 54730 2

(Street) (City) (Zip Code) (yrs. at address) Previous Address 103 Main Street Bloomer, WI 54724
(Street) (City) (Zip Code)

Date of Birth Age 38

Place of Employment A little Slice of Italy POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve ____ Deny STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 24th day of hay, 20 19 Lynn M. Niggeman 05-07-2023
(Signature of Notary Public) (Commission Expires)

Date Received: 5-24-19 Date to the Board: 6.10.19 Approved or Denied