Village of Colfax Village Board Meeting Agenda Monday, June 14th, 2021 7:00 p.m. Village Hall, 613 Main Street

- 1. Call to Order
- 2. Pledge of Allegiance
- 3. Roll Call
- 4. Public Comments
- 5. Communications from the Village President
- 6. Consent Agenda
 - Regular Board Meeting Minutes May 24th, 2021
 - b. Training Request none
 - c. Facility Rental
 - i. Colfax Municipal Building Elevator Commission FFA Building at the Fairgrounds 8/16 to 8/21/21 Thrift Sales Request to waive fee for non-profit organization
 - d. Licenses

Six Month-Class "B" Retailer's License-CMBRG-July 1, 2021 to December 31, 2021

July 1, 2021 - June 30, 2022 Operator's License

Roger Knutson	Cody Sault	Morgan Jensen
Tarris Turner	Julie Eiseth	Drew Gibson
Evia Gehrman	Nicole Gotlibson	Joshua Larson
Vicki Christenson	Jalene Amick	Mary Durand
Leah Scheffler	Holden Rudiger	Jeffrey Prince
Michael Buchner	Sydney Herrick	Bridgette Lenz
Tamara Whinnery	Nancy Taylor	Rachael Gunnufson
Deborah Petersen	Kyle Krall	Renee Tuschi
Katherine Walters	Elizabeth Dachel	Timothy Kettner
Davina Brenden	Mikki McCutcheon	Brenda Kettner
Christopher Larson	Mary Muza	Chris Lunn
Thomas Dunbar	Jeffrey Rene	Elizabeth Harshman
Mary Roehl	Tammy Briggs	Tammy Dalhoe
Tammy Simon	Jessica Checkalski	Jozie Buchanan
Amanda Lynn	Peggy Wallace	Suzanne Hagen
Elizabeth DeMoe	Tiffany Prince	Kayla Brown
Noah Heidorn	Joni Koehler	Robin Sarauer
Abby DeMoe	Bryana Buchanan	Carey Davis
Hannah DeMoe	Edith McKee	Gary Stene

July 1, 2021-June 30, 2022 Liquor License

Outhouse Bar, Mark Nelson & Lisa Johnson, Agents- Class "B" Beer and Class "B" Liquor-413 Main Street, 5/12/2021

Young Active Ventures LLC/Viking Bowl & Lounge, Alicia Young, Agent-Class "B" Beer and Class "B" Liquor-108 Main Street, 5/27/2021

J & S Sales of Chippewa Falls, LLC/Express Mart, Rondi DeMoe, Agent-Class "A" Beer-616 Main Street, 5/10/2021

Kyle's Market Inc., Kyle Kressin, Agent -Class"A" Beer and Class "A" Liquor-115 Main Street, 5/10/2021

Synergy Community Cooperative, Charles Brown, Agent- Class "A" Beer-401 E Railroad Avenue, 5/27/2021

Mom's Restaurant & Pub LLC, Mark Barstad, Agent-Class "B" Beer and Class "B" Liquor-225 Bremer Ave Suite 101, 5/5/2021

The Blind Tiger LLC, Nicholas Anderson, Agent-Class "B" Beer and Class "B" Liquor-512 Main Street, 5/19/2021

July 1, 2021 - June 30, 2022 Tobacco License

The Blind Tiger LLC-512 Main Street
Dolgencorp, LLC/Dollar General-402 Fifth Avenue
J & S Sales of Chippewa Falls, LLC/Express Mart-616 Main Street
Outhouse Bar-413 Main Street
Kyles Market Inc.-115 Main Street
Synergy Community Cooperative-401 E. Railroad Avenue

July 1, 2021 - June 30, 2022 Chicken License

Stephanie Johnstone-604 University Avenue Pamela Moen-705 University Avenue

- 7. Consideration Items
 - a. Resolution 2021-15 Constitutional Rights Protection Resolution
 - b. Assessment Revaluation Barb Zempel
 - c. Street Project Riverview/High/Dunn Gareth Shambeau
 - d. TID 5 creation discussion/possible action
 - i. Dunn Street
 - ii. Project Design
 - e. Rescue Squad Building Air Cooling Unit Repair Estimates
 - f. 2021 Myers Septic Service LLC Fair Estimate
 - g. Lexipol Proposal Police Department Memo
 - h. Resolution 2021-14 Wastewater Compliance Maintenance Resolution
- 8. Review/Approval Bills May 25th, 2021 to June 13th, 2021
- 9. Committee/Department Reports (no action)
 - a. Colfax Rescue Squad Department Report May 2021
 - b. Colfax Police Department Report May 2021
 - c. 2020 Work Comp Dividend payment from the League of Wisconsin Municipalities
 - d. Building Permits May 2021
 - e. ACT Report June 10th, 2021
 - f. Natural Lawn Application Permit Request
- 10. Closed Session Motion to convene into closed session pursuant to WI Statutes 19.85(1) (c) considering the employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises.
 - a. Public Works
- 11. Open Session Motion to convene into open session to take any action resulting from the closed session.
 - a. Public Works

12. Adjourn

Any person who has a qualifying disability as defined by the American With Disabilities Act that requires the meeting or materials at the meeting to be in an accessible location or format must contact: Lynn M. Niggemann - Clerk-Treasurer, 613 Main Street, Colfax, WI (715) 962-3311 by 2:00 p.m. the day prior to the meeting so that any necessary arrangements can be made to accommodate each request.

It is possible that members of and possibly a quorum of members of the governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information; no action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice.

Village Board Meeting - May 24th, 2021

On May 24th, 2021 the Village Board meeting was held at 7:00 p.m. at the Village Hall, 613 Main Street, Colfax, WI. Members present: Village President Albricht, Trustees Davis, Prince, Halpin, Stene, M. Burcham and Rud. Others present included Rich Jenson, Susan Norman, Andy DeMoe, Public Works Director Bates, Administrator-Clerk-Treasurer Niggemann and LeAnn with the Messenger.

Public Comments - none.

Communications from the Village President - None.

Consent Agenda

Regular Board Meeting Minutes May 10th, 2021- A motion was made by Trustee Stene and seconded by Trustee Halpin to approve the Regular Board meeting minutes of May 10th, 2021. A voice vote was taken with all Trustees voting in favor. Motion carried.

Training Request – none. Facility Rental – none.

Licenses – Temporary Class "B"/"Class B" Retailer's License – June 17th, 2021 to June 21st, 2021 – A motion was made by Trustee Stene and seconded by Trustee Prince to approve the Temporary Class "B"/"Class B" Retailer's License June 17th to June 21st, 2021 for the Colfax Fair to the Russell Toycen Post #131 American Legion. A voice vote was taken with all Trustees voting in favor. Motion carried.

Consideration Items

Copier- Included in the packet is an email from Colfax Lutheran Church indicating interest in the old copier that the Village Hall has recently replaced. It would be Niggemann's recommendation to gift the copier to the church. A motion was made by Trustee M. Burcham and seconded by Trustee Stene to approve the gift of the copier with any toner to the Colfax Lutheran Church. A voice vote was taken with all Trustees voting in favor. Motion Carried.

Planning commission recommendations – May 20th, 2021 Minutes attached Design of Phase Two

Consider moving forward with the Phase Two Major Sub Division State Plans – Cedar Corp – Not to exceed \$6,500 Consider Funding the Entire Phase Two Utilities and Street

Consider Moving Forward with the Discussion to Create TID 5

Niggemann, Albricht and Bates explained the documentation in the packet regarding the agenda items and recommendation of the Planning Commission's May 20th, 2021 meeting. A motion was made by Stene and seconded by Trustee Davis to approve the recommendations of the Planning Commission with the estimated 5% potential increase in cost above the 15% contingency already planned into the estimated costs. Voting For: Trustees Davis, M. Burcham, Halpin, Rud, Prince, Stene and Albricht. Voting Against: none. Motion Carried.

Department of Transportation – Highway 40 – 2026 estimated Project – Request for proposed option – Bates explained that DOT project would require the Village to be responsible for the parking lanes and any curb & gutter or sidewalk that they plan to replace or repair during the project. Bates is recommending Option 2 which is to resurface the parking land with 1.5" of asphalt for the approximate cost of \$81,670. At the same time Bates plans to get some cost estimates to repair curb & gutter from Kyle's Market to the University Apartments and the manhole by the Main Street Bridge needs to be repair prior to the project. A motion was made by Trustee M. Burcham and seconded by Trustee Halpin to approve the DOT Maintenance Agreement with Option 2 and the option to withdraw. Voting For: Trustees M. Burcham, Rud, Prince, Halpin, Davis, Stene and Albricht. Voting Against: none. Motion carried.

Dunn County Economic Development Corporation – The Village of Colfax has annually contributed \$2,000 to the Dunn County Economic Development. They share in their letter the projects that are currently working with. A motion was made by Trustee Stene and seconded by Trustee M. Burcham to contribute \$2,000 to the Dunn County Economic

Development for 2021. Voting For: Trustees Prince, M. Burcham, Rud, Stene, Davis, Halpin and Albricht. Voting Against: none. Motion carried.

Resolution 2021-02 – Bremer Bank Account Signer Resolution Resolutions 2021-03 to 2021-12 – Dairy State Bank Account Signer Resolutions

A motion was made by Trustee M. Burcham and seconded by Trustee Halpin to approve Resolution 2021-02 for Bremer Bank and Resolutions 2021-03 to 2021-12 from Dairy State Bank authorizing the approved signers Jody Albricht and Mark Halpin. Voting For: Trustees Stene, Halpin, Davis, M. Burcham, Prince, Rud and Albricht. Voting Against: None. Motion carried.

Review/Approval – Bills –May 10th, 2021 to May 23rd, 2021 – A motion was made by Trustee M. Burcham and seconded by Trustee Stene to approve the bills as presented for May 10th, 2021 to May 23rd, 2021. A voice vote was taken with all Trustees voting in favor. Motion carried.

Adjourn – A motion was made by Trustee M. Burcham and seconded by Trustee Halpin to adjourn the meeting at 7:58 p.m. A voice vote was taken with all members voting in favor. Meeting Adjourned.

		Jody Albricht, Village President
Attest:		
	Lynn Niggemann	
	Administrator-Clerk-Treasurer	

Will the board waive the rental fre since we are a non-profil?

APPLICATION FOR COMMUNITY USE OF VILLAGE FACILITIES & CHAIR RENTAL

Any person or organization intending to rent the fairground buildings, chairs or other park grounds must submit their rental agreement and payment prior to using the facilities.

Cost is \$30/day with \$100 deposit. Camping is \$5/night, \$10 with electricity.

Village chair rental is \$1/chair/day.

Name of Renter or Organization: Colfax Municipal Building Elevator Com	unission
Activity: Thrift sale (fundraises for CMB)	
Date of Use: 04/21/2 Circle ALL days MON, TUES, WED THURS FRE SAT SUN	n, T (set up)
	nite, Fridull day,
Facility to be Used FAIRGROUNDS and/or BUILDINGS, MUNICIPAL BLDG., PARKS, CHAIRS, OTHER S	at morning
Type of Event: Thrift Sale Ball Game Wedding Reunion Concert Benefit Graduation	(sali)
Non Profit: Civic Church Charity Other: Library & CMBRG	
Brief Description of Activity: Fundraises for the elevator project	
Chair Rental: How Many 12 (for people running sale to sit on)	
THE RENTER OR ORGANIZATION AGREES TO THE FOLLOWING RULES:	
 The individual listed as renter must be a minimum of 21 years of age and will be responsible for the rules, supervision and proper conduct of all persons using the facility. The renter shall be responsible for damage, loss, and/or breakage of Village property. All property belonging to the activity must be removed at the close of the event, INCLUDING GARBAGE. (Must be taken with you) Any property belonging to the Village shall not be removed from the premises. 	
5.) Where permitted by law, the applicant shall agree to indemnify, save and hold free and harmless, the Village of Colfax, their officers, agents, and employees, from and against all claims, demands, loss, liability, cost or expense of any kind or nature whatsoever which the Village of Colfax, their officers, agents or employees, or any of them may sustain or incur or that may be imposed upon any of them or injury to, or death of persons or damages to property arising out of, connected with, or attributable to the rental, use and occupancy of the Village Facilities as provided herein.	
Individual Responsible: Lisa Bragg-Hurlburt	
Address: E9727 1804 Aug., Colfax	
Phone Number: (715) 828 - 9329 cell Date: 6/1/21	

APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

See Additional Information on reverse side. Contact the municipal clerk if you have questions. Application Date: 4/28/2/ City of Calfax County of Diunn ☐ Town The named organization applies for: (check appropriate box(es).) A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis, Stats. A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stat. at the premises described below during a special event beginning $\frac{1}{2021}$ and ending $\frac{1}{2021}$ and agrees to comply with all law, resolution, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted. 1. ORGANIZATION (check appropriate box) 📈 Bona fide Club 🗌 Church 📗 Lodge/Society 🔲 Veteran's Organization 🔲 Fair Association (a) Name Colfax Municipal Building Restoration Group
(b) Address 613 Main St P.O. Box 238 (c) Date organized 2000 (d) If corporation, give date of incorporation (e) Names and addresses of all officers: President Troy Knutson Vice President Secretary Kathy Dunbar 502 Evergreen
Treasurer Marge Hernandez 208 Main St Name and address of manager or person in charge of affair: Troy Knutson P.O. Box 322 Colfax, Wi. 54730 2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD: (a) Street number 6/3 Main St. (c) Do premises occupy all or part of building? yes / Also Tower Park (d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: 3. NAME OF EVENT (a) List name of the event humerous Events (b) Dates of event **DECLARATION** The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief. Colfax Municipal Building Restoration Group (Treasurer) Officer_ (Signature/date) 04/28/2021 Date Filed with Clerk Date Reported to Council or Board _____ Date Granted by Council License No.

Wisconsin Department of Revenue

AT-315 (R. 4-09)

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

Application for Lic	ense to Serve Fe	rmented Mal	t Beverages a	nd Intoxicating	Liquors
Provisional License	New Licens	se <u>X.</u> Rer	ewal License	Fee: \$10.00 each Receipt:	application
TO THE BOARD OF TH	E VILLAGE OF COL	AX, WISCONS	IN:		
I, hereby apply for a licer Fermented Malt Beverag and 125.68(2) of the Wis hereby agree to comply with the sale of such beverage	es and Intoxicating Li consin Statutes and a vith all laws resolutior	quors, subject to Il acts amendato Is, ordinances ar	the limitations im bry thereof and sund regulations, Fe	posed by Section 12 pplementary thereto	25.32(2) , and
Answer the following que				4	
NAME ROCK/		COVENAME		LAST NAME	
Telephone Number _ 7					
Current Address(Str					
Previous Address		(City		(Zip Code)	
Date of Birth _			Age <u>6</u> /		
Place of Employment _	Lager				
POLICE DEPT APPLICA A records check will be substantially relate to th Colfax in determining w Police Department if you Recommendation	conducted for violate ne license applied fo hether a license will	tions of any law r. Those convi- be granted. Yo ommended for Deny	ctions are considu ou will be notified	dered by the Village of age Board.	e ot
STATE OF WISCONSIN/			41-41-41-34	a nasan who modo	and
The above named applica signed the foregoing appli	nt, being first duly sw cation for an operator	orn on oath says 's license: that	s that ne/sne is the all the statements	e person who made made by applicant	are true.
		x_ #	Signature of Appl	icant	m _m
. •	Notary Public)	`	7 / 7 - 22 ommission Expires)	STATE ON PUR	O No Shiring
Date Received: 5.4-20	🔾 । Date to the Boa।	.d:	Approved or Deni	ea ""umm"	1111

Date Received: 5-4-3031 Date to the Board: _____ 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 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 TARRY LEE TURNER
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 7/5 - 962 - 207/ Email Address _____ Current Address 510 E, 4TH AVE, COLFAX, W1 54730 3/1 (Street) (City) (Zip Code) (yrs. at address) Previous Address 4/3 MAIN ST, APT, Z, COLFAX, WI 54730 (City) (Zip Code) Age 76 Date of Birth Place of Employment RETIRED 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. 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

Date Received: 5-7-2/ Date to the Board: _____ 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: Cach
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>2</u> 3, 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 Evia Pearl Gehrman FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-651-5302 Email Address Evia 665 a gmail, Com
Current Address 305 Main St Colfax WI 54730 18 (Street) (City) (Zip Code) (yrs. at address)
Previous Address (City) (Zip Code)
Date of Birth Age
Place of Employment Out House
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 Signature of Applicant Signature of Applicant
Subscribed and sworn before me this 5 day of May, 20 21.
(Signature of Notary Public) (Commission Expires)

Date Received: 5-5-2021 Date to the Board: _____ Approved or Denied

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: QC 5135 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 715-704-0939 Email Address VC9295 & Yahoo. com Current Address E8620 CtyRd: EIKMOND 54739 GYRS:
(Street) (City) (Zip Code) (yrs. at address) Previous Address <u>E9922 810th Ave Colfax</u> <u>S4730</u>
(Street) (City) (Zip Code) Date of Birth Place of Employment Moms Restaurant and Pub 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 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

Date Received: 5-5-2021 Date to the Board: _____ Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: Ck5135 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 715-704-1313 Email Address Scheffler, leah a yahoo.com Current Address E8543 680th Ave Elkmond 54739 Wyrs. (City) (Zip Code) (yrs. at address) Date of Birth Place of Employment Mom'S Restauran 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 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 5 day of May, 20 21

Date Received: 5-5-201 Date to the Board: _____ Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: Cosk TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 Michael David Buchner
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-962-374> Email Address md buchner@ yahoo.com Current Address 509 Fairwiew Dr Colfax WI 54730 13
(Street) (City) (Zip Code) (yrs. at address) Previous Addr (City) Date of Birth Place of Employment Dunn County Highway Dept 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.

Date Received: 5.7.21 Date to the Board: _____ Approved or Denied

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: Cesh TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 115 704-0707 Email Address Jamiwhin @amail. Current Address N8948 Cty RM (City) Previous Address 707 High St. Date of Birth ___ Place of Employment ______ Outhouse 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 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

Date Received: 5-10-21 Date to the Board: _____ Approved or Denied

Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Provisional License Fee: \$10.00 each application Receipt: Pask TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 15 225 2595 Email Address Deters do 366 9 mul Current Address 1251 20th G (City) 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. (Chief of Police or designated staff Signature) 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.

Date Received: _____ Date to the Board: _____ 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: ____Cash_____ TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, 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 Katherine Ann Walters
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 320-761-9699 Email Address Kathya Faber @ gmail.com

Current Address N9544 640th St. Colfax WI 54730 7

(Street) (City) (Zip Code) (yrs. at address)

Previous Address 17177 State Hwy 24 NW Clear water MN 55320

(City) (Zip Code) Date of Birth Place of Employment Retired.

American Legion Post 131 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 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 Kalhere an Wal Subscribed and sworn before me this 12 day of May, 20 21.

Signature of Notary Public)

Aday of May, 20 21.

(Commission Expires)

Date Received: 5-12-21 Date to the Board: _____ Approved or Denied

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 Receipt: ______ 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, 2022, 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 715-962-4233 Email Address daving branden @gMail. Com

Current Address N8247 940 th St Coffax 54730 // (Street) (City) (Zip Code) (yrs. at address) Previous Addr (City) Date of Birth Place of Employment Outhouse 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. Signature of Applicant Subscribed and sworn before me this H day of May, 20 21

(Signature of Notary Public)

Automorphism T-17
(Commission Exp.

Date Received: 5-17-2/ Date to the Board: _____ Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors ____ New License X Renewal License Fee: \$10.00 each application Receipt: _____ Cosh____ 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, 2022, 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 Christopher John Carson

FIRST NAME MIDDLE NAME LAST NAME Telephone Number 75 509 9830 Email Address Previous Address Date of Birth Place of Employment Country Side Coop 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 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 20 day of May, 20 21.

(Signature of Notary Public) (Commission Expires)

Date Received: 5 20.21 Date to the Board: _____ Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application 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, 2022, 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 THOMAS

FIRST NAME

MIDDLE NAME

LAST NAME Telephone Number 715 962-4128 Email Address diamond 45 1 peyelog, com Current Address 502 FVEX 6X EEN 35: CIAFAX W, 34736
(Street) (City) (Zip Code) (yrs. at address)

Previous Address
(City) (Zip Code) Date of Birth _ 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 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 18th day of May, 20 21

Subscribed and sworn before me this 18th day of May, 20 21

(Signature Motary Public)

(Commission Expires)

Date Received: 5-18-2021 Date to the Board: _____ Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X. Renewal License Fee: \$10.00 each application Receipt: _______ 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, 2023, 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 7/5 · 308 · 6227 Email Address Wrolk 78 & gmail · Com

Current Address 18420 970 th St Culfax Wt 54730 11

(Street) (City) (Zip Code) (yrs. at address) (City) Previous Address Date of Birth 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. Signature of Applicant Subscribed and sworn before me this 19 day of 1904, 20 21.

(Signature of Notary Public) day of 1904, 20 21.

(Commission Expires)

Date Received: 5-19-21 Date to the Board: _____ 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 LicenseX 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, 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 TOMMY LUN SIMON LAST NAME FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-828-8365 Email Address tammy 526_too Quyu
Current Address E7546 620th Aw E16 Mound 54739 (Street) (City) (Zip Code) (yrs. at address)
Previous Address (City) (Zip Code)
Date of Birth
Place of Employment Viking Fowl / Whitetai) Gok
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) Date
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 NER
Subscribed and sworn before me this 38 day of May, 20 21 Total Total Sum To
(Signature of Notary Public) (Commission Expires) Date Received: 5-28-21 Date to the Board: Approved or Denied
Date Netletyeu

Date Received: 5-28-21 Date to the Board: _____ Approved or Denied

AMANDA

PO Box 417 - Colfax, Wisconsin 54730 - P

Phone 715-962-3311

Application for License to Serve Fermented Malt Beve	erages and Intoxicating Liquors
Provisional License New License Renewal L	icense 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 Fermented Malt Beverages and Intoxicating Liquors, subject to the limand 125.68(2) of the Wisconsin Statutes and all acts amendatory thereby agree to comply with all laws resolutions, ordinances and regulate sale of such beverages and liquors if a license be granted to me.	nitations imposed by Section 125.32(2) eof and supplementary thereto, and
Answer the following questions fully and completely: (PLEASE PRIN	Γ)
NAME AMANDA MODIE NAME	LYNN
Telephone Number <u>608-719-7584</u> Email Address	unnamanda 586@gnoil.com
(-1,)	30 / Marth and 1/2 Code) (yrs. at address)
Previous Address 136 Turtle Creek Dr. Delauc	53115 (Zip Code)
Date of Birth Ag	<u>. 37</u>
Place of Employment A Little Slice of Ite	aly
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ore substantially relate to the license applied for. Those convictions Colfax in determining whether a license will be granted. You will Police Department if your application is recommended for denial	are considered by the Village of be notified by the Village of Colfax
Recommendation Approve Deny(Chief of P	colice of designated staff Signature) 25/25/223/
STATE OF WISCONSIN/ DUNN COUNTY	
The above named applicant, being first duly sworn on oath says that he signed the foregoing application for an operator's license: that all the says that the says the says that the says the says that the says that the says the says the says that th	e/she is the person who made and statements made by applicant are true.
Sign	ature of Applicant
Subscribed and sworn before me this 34 day of 4my, 20	AL NARY Z
(Signature of Notary Public) (Commission	n Expires)

Date Received: 5-24-2001 Date to the Board: ______ Approved or Denied

Serving Alcohol

is proud to present this certificate to

Amanda Lynn

ILCOMO

for successful completion of the online course

Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE

- FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.
 - * CARD ANY PERSON 36 YEARS OF AGE OR YOUNGER
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL ARE OF LEGAL THEM POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT . RESPOND IMMEDIATELY TO ANY POSSIBLE PHOBLEM SITUATION
 - ENBURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION IF THERE IS ANY QUESTION ABOUT THEIR AGE

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compilance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

servingalcohol.com Verify online at

IDB6ykmSyP

Verification Code

Date Issued

May 24th, 2021

VALID FOR 2 YEARS

Ilcense from the Wisconsin city clerk's office in the municipality where you are working. This certificate will be requested to obtain a Wisconsin operators/bartenders Find your city clark's office here: https://elections.wi.gov/clerks/directory This is not a Wisconsin operators/bartenders license.

Wisconsin Alcohol Seller/Server Course Certification Date: May 24th, 2021 Name: Amanda Lynn

Certificate Code: IDB6ykmSyP

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats. Verify Online: servingalcohol.com

SERVING ALCOHOL INC

VALID FOR 2 YEARS

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

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: CK 104002 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 7/5-962-2464 Email Address Current Address //8 PARK DR. #10. Lolfax
(Street) (City) (Zip Code) Previous Addr (Zip Code) 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. Recommendation STATE OF WISCONSIN/ DUNN COUNTY

Current Address N8267 948th St. OLFAX
(Street) (City)

POLICE DEPT APPLICABLE OFFENSE CRITERIA

Provisional License

NAME

Previous Address

Date of Birth

Recommendation

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 Receipt: C/L TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, 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 715-651-5213 Email Address noah. heidarn 23 Damail. com (City) (Zip Code) Age \\% Place of Employment Synergy Cooperative 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.

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.

James MIDDLE NAME

signed the loregoing application for an operator a nee	noc. that an the elatements ma	so by apphoant are trace
X	(Noah) Heidorum Signature of Applicant	WHITE WEA
Subscribed and sworn before me this day	of <u>May</u> , 20 <u>21</u> .	SHELLA NOY 8/1C /SCONS
(Signature of Notary Public)	(Commission Expires)	STATE OF MILITARIA
Date Received: 527.21 Date to the Board:	Approved or Denied	THE PROPERTY OF THE PARTY OF TH

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: OL TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, 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 HOWY Lane DeMare

FIRST NAME MIDDLE NAME

LAST NAME Telephone Number 715-556-5003 Email Address abby ochec13@gmail.com Current Address N7401 State Road 40, Colfax, 54730
(Street) (City) (Zip Code) (yrs. at address) Previous Addre (City) Age 19 Date of Birth Place of Employment _ Cenex 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 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 Ully of Move Signature of Applicant

Date Received: 5.27.21 Date to the Board: _____ Approved or Denied

Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application New License X Renewal License Provisional License Receipt: 4 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 1 Telephone Number 715-556-271 7 Email Address hannahdem of 97 Previous Address (Zip Code) Date of Birth Place of Employment () Fax 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. Signature of Applicant

Date Received: 52721 Date to the Board: _____ Approved or Denied

Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: CK104002 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 715-308-9971 Email Address Csaultcodemaster @ go Previous Addre (Zip Code) 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. 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. Signature of Applicant Subscribed and sworn before me this 1914 day of May, 20 2

Date Received: 5.24.2031 Date to the Board: _____ Approved or Denied

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: CKI04002 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 715-505-0353 Email Address MC15eth6409MAVI. Om Current Address Previous Addr (City) (Zip Code) Date of Birth Place of Employment Kylts 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 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. LISA K. BIRD LISA K.
BIRD

OF WISCON Notary Public-State of Wisconsin My Commission Expires July 8, 2022 Subscribed and sworn before me this 17th day of May , 20 21 .

(Signature of Notary Public)

Subscribed and sworn before me this 17th day of May , 20 21 .

(Commission Expires)

Date Received: 5-24-2021 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application Receipt: (K 1640)2 New License X Renewal License 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, 2022, 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 (716) 704-9335 Email Address Ni well gottlibson_ 2003 @ hothai). Cou Current Address 118 Park Dr +111244 CORX 54730
(Street) (City) (7in Code) Previous Address (City) (Zip Code) Date of Birth Place of Employment Kyle's Maryet 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 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 20 day of May, 20 2/ 7-/7(Signature of Notary Public) (Commission Exp

Date Received: 5-24-200 Date to the Board: _____ 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: CK164002 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 dalene Sue Hmick
FIRST NAME MIDDLE NAME LAST NAME Telephone Number $\frac{715\ 699\ 04/9}{502\ 1/2\ CedarSt}$ Email Address $\frac{\text{/vVSratz}\ @\ y\ ahoo.com}{\text{(Street)}}$ Colfax wI 54730 3 (Street) (City) (Zip Code) (yrs. at address) Previous Address 409 E. River St. Colfax, wit 54730 (City) (Zip Code) Date of Birth Place of Employment Kyle's Mar Ket 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 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: 5-24-3031 Date to the Board: _____ Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: <u>CK 104002</u> TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, 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 715-619-0503 Email Address Rudge 898 @gmallon Previous Address (City) (Zip Code) 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. 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 18th day of May

(Signature of Notary Public)

(Signature of Notary Public) Date Received: 5-24-2031 Date to the Board: ______ Approved or Denied

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

Application f	or License to Se	erve Fermented	Malt Beverages	and Intoxicating Liquors
Provisional L	icenseNe	w License X	Renewal License	Fee: \$10.00 each application Receipt: Ck 104002
TO THE BOARD	OF THE VILLAGE C	OF COLFAX, WISC	ONSIN:	7.000.51
Fermented Malt Band 125.68(2) of the hereby agree to co	everages and Intoxic he Wisconsin Statute	cating Liquors, subje es and all acts amer esolutions, ordinanc	ect to the limitations in edatory thereof and s es and regulations, F	clusive (unless sooner revoked), mposed by Section 125.32(2) supplementary thereto, and Federal, State or Local, affecting
Answer the following	ng questions fully an	d completely: (PLE	ASE PRINT)	
NAME	dney	Marie		Herrick LAST NAME
BALUE SS	× 1. (1.00)=		6 ddun o e	
			±5 10€01	mich 802@gmail.com
Current Address	GOS First Ave (Street)	. Colfax	54730 (Zin Code)	(yrs. at address)
		(3.5)	(_,p ====)	V /
Previous Add			(City)	(Zip Code)
Date of Birth		<u> </u>	Age\9	b
Place of Employm	nent <u>Kyle's Ma</u>	rket		
, , , , ,				
A records check v substantially relat Colfax in determin	te to the license app	or violations of any plied for. Those co ase will be granted	onvictions are cons . You will be notifi	during the past 10 years that sidered by the Village of ed by the Village of Colfax llage Board.
Recommendation	Approve	e Deny	(Chief of Police or desi	gnated staff Signature) OS/OS/OS
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.				
signed the loregoni	g application for an c		Signature of Ap	
Ahrli (Signa	orn before me thisature of Notary Public)	13 day of <u>9</u>	Nay , 20 <u>2/</u> 7-/7-22 (Commission Expires)	- PUBLI OF WISHING
Hate Received . 3	and areal libertoit	be Rosta,	Approved or De	HIEU

Date Received: 5-24-202 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application ____ New License X Renewal License Provisional License Receipt: CK 104002 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 715-962-2433 Email Address Manay 85, 5@ hot mail. com Previous Addres (Zip Code) Date of Birth 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 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 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 6^{h} day of 8^{h} , 20 2^{h}

Date Received: 5-24-202 Date to the Board: _____ Approved or Denied

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 Provisional License Fee: \$10.00 each application Receipt: <u>Ck 104003</u> TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 715-556-2062 Email Address KyleKmii fishing Sooo Ogmail-Com Current Address U8310 855 th ST colfat ut 5473 (City) (Zip Code) Previous Addr (Zip Code) (City) Date of Birth Kyle's Market 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 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. Subscribed and sworn before me this 1974 day of

(Commission Expires

Date Received: 5.24.2021 Date to the Board: _____ Approved or Denied

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: CK 104002 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, 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 <u>Emdacl4 & gmail, CDM</u> Telephone Number 115-962-4480 Previous Address (City) (Zip Code) Age 19 Date of Birth Place of Employment <u>RUICIS MARKET</u> 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 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 18th day of May, 20 2

Date Received: 524.2021 Date to the Board: _____ Approved or Denied

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: Ck 104002 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 W.K.K.
FIRST NAME Telephone Number 715-505-1388 Email Address mikkimcc 50 gmail.com Current Address 400 Main & Cufax 54730 (Street) (City) (Zip Code) Previous Address (City) Date of Birth 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 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. Signature of Applicant Subscribed and sworn before me this 20 4 day of May, 20 2

Date Received: 5-24-202\ Date to the Board: ______ Approved or Denied

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: _ ck 104003 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 Email Address Mabel pagels Waho.com Telephone Number 115-505-4801 Previous Address (Zip Code) (City) 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 STATE OF WISCONSIN/ DUNN COUNTY

	The above named applicant, being first duly sworn on oath says that he/she is the person who made signed the foregoing application for an operator's license: that all the statements made by application	oe ano nt are true.
	x Mary M Maya	THE PARTY OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER, THE OWNER OWNER, THE OWNER, TH
	Signature of Applicant	ANN BAURE
	Subscribed and sworn before me this	NOIAPLE
	(Commission Expires)	BLIC
/	Date Received: 5343031 Date to the Board: Approved or Denied	WISCON WINE
		*

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: <u>CK 10 4002</u> TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, 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 JEFFREY LATRY RELEAST NAME

FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-308-4881 Email Address Manatucshie yahoo.com Current Address 302 4th Ave. Colfax 54730 /5
(Street) (City) (Zip Code) (yrs. at address) Previous Address (City) (Zip Code) 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. 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 5777 day of / Ju (Signature of Notary Public)

Date Received: 5-24-20 Date to the Board: _____ Approved or Denied

Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: CK1063 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 115-894-0454 Email Address Honor 241@ amuli com Current Address (Street) Previous Address 502 Pine St. Colfo 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 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

Date Received: 22521 Date to the Board: _____ Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: CK1663 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 JOSSICA FIRST NAME Telephone Number 715-651-4603 Email Address Jovebak (a, 4ahoo Com Current Address E8007 770th Ave Coffax w 54730 8 (Street) (City) (Zip Code) (yrs. at address) Date of Birth Place of Employment Maro Hurova Residential Alterna Live 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 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 35 day of May, 20 31

Shell Rums

(Signature of Notary Public)

(Commission Even

Date Received: 52521 Date to the Board: _____ Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Provisional License Fee: \$10.00 each application Receipt: CL1663 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 guestions fully and completely: (PLEASE PRINT) NAME Telephone Number (715) 651-3137 Email Address chloe 0384@ ya hoo: Com Current Address Street) Previous Address (City) Age 37 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 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 25 day of May, 20 21

(Signature of Notary Public)

Aug of May, 20 21

(Commission Exp

Date Received: 5-25-31 Date to the Board: _____ Approved or Denied

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

			AX 110 002 2221
Application for License to Serve	e Fermented	Malt Beverages a	nd Intoxicating Liquors
Provisional License New L	icense X	_Renewal License	Fee: \$10.00 each application Receipt: CK 1463
TO THE BOARD OF THE VILLAGE OF	COLFAX, WISC	ONSIN:	
I, hereby apply for a license to serve, from Fermented Malt Beverages and Intoxicating and 125.68(2) of the Wisconsin Statutes a hereby agree to comply with all laws resolute sale of such beverages and liquors if a	ng Liquors, subj Ind all acts ame utions, ordinand	ect to the limitations im ndatory thereof and su ces and regulations, Fe	posed by Section 125.32(2) pplementary thereto, and
Answer the following questions fully and c	ompletely: (PL	EASE PRINT)	8 .
NAME	Ann MIDDLE NAME	Ţ	VINCE LAST NAME
			of protonail Com
Telephone Number 507 951 727	NA God	547-2D	2
Current Address (Street)	(City)	(Zip Code)	(yrs. at address)
Previous Address			
Fievious Au		(City)	(Zip Code)
Date of Birth		Age <u> </u>	
Place of Employment State of Wiscon	Sin		
POLICE DEPT APPLICABLE OFFENSE A records check will be conducted for v substantially relate to the license applie Colfax in determining whether a license Police Department if your application is Recommendation Approve	riolations of an ed for. Those of will be grante	d. You will be notified for denial to the Villa	dered by the Village of d by the Village of Colfax age Board.
		(Chief of Police of design	nated staff Signature) (Date)
STATE OF WISCONSIN/ DUNN COUNTY	,	a.	
The above named applicant, being first dul signed the foregoing application for an ope	y sworn on oath	n says that he/she is the that all the statements	e person who made and made by applicant are true.
	× M	Signature of Appl	icant HEMER
Subscribed and sworn before me this 6	35_day of _9	May, 20 21. 7-17-22 (Commission Expires)	SHELL NON NO Y
Date Received: 53531 Date to the	Board:	Approved or Deni	ed OFATE OF

Date Received: 52521 Date to the Board: _____ 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 I	ntoxicating Liquors
	e: \$10.00 each application ceipt: _<\
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:	
I, hereby apply for a license to serve, from date hereof to JUNE 30, $20\underline{22}$, inclusive Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations impose and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supple hereby agree to comply with all laws resolutions, ordinances and regulations, Federathe sale of such beverages and liquors if a license be granted to me.	ed by Section 125.32(2) mentary thereto, and
Answer the following questions fully and completely: (PLEASE PRINT)	
NAME JONG Koch FIRST NAME MIDDLE NAME LAS	TNAME
Telephone Number (715) 505-1944 Email Address Joni Koch	Ler 79 Dijahoos.C
Current Address N 7001 690th St. Meromonie (City) (Zip Code)	(yrs. at address)
Previous Address (City) (Zip	Code)
Place of Employment Synergy Subway	
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during substantially relate to the license applied for. Those convictions are considere Colfax in determining whether a license will be granted. You will be notified by Police Department if your application is recommended for denial to the Village	d by the Village of the Village of Colfax
Recommendation Approve Deny Chief of Police or designated	staff Signature) (Date)
STATE OF WISCONSIN/ DUNN COUNTY	
The above named applicant, being first duly sworn on oath says that he/she is the pe signed the foregoing application for an operator's license: that all the statements made	rson who made and de by applicant are true.
X Jon Rochus Signature of Applicant	HARTEN ER PROPERTY
Subscribed and sworn before me this 21 day of May, 20 21. Signature of Notary Public) Subscribed and sworn before me this 21 day of May, 20 21. (Commission Expires)	ARY ON PUBLICATION OF THE PUBLIC
Date Received: 5,27,21 Date to the Board: Approved or Denied	ATE OF

Date Received: 5.27.2 Date to the Board: _____ Approved or Denied

•		PO Box 417 - Colfax,	Wisconsin 54730 - Phone 715-962-331 Fax 715-962-2221
Application for License to	Serve Fermented M	alt Beverages ar	nd Intoxicating Liquors
Provisional License	New License X. F	Renewal License	Fee: \$10.00 each application Receipt: _CK
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	atoxicating Liquors, subject catutes and all acts amenda as resolutions, ordinances	to the limitations impatory thereof and sup atory thereof and sup and regulations, Fed	posed by Section 125.32(2) oplementary thereto, and
Answer the following questions ful	ly and completely: (PLEA	SE PRINT)	
NAME Bryana FIRST NAME	MIDDLE NAME	B	LAST NAME
Telephone Number <u> </u>	-0523 Email A	ddress <i>brycunolou</i> u	nanan 03@gmail.com
Current Address <u>NI20488908</u> (Street)	t (alfax (City)	64730 (Zip Code)	(yrs. at address)
Previous Address	10	\;\.\	(Zip Code)
Date of Birth	(0	Age22	•
Place of Employment Sylve	ny cooperative/C		
POLICE DEPT APPLICABLE OFF A records check will be conduct substantially relate to the license Colfax in determining whether a Police Department if your applic	ed for violations of any la e applied for. Those con license will be granted.	victions are consid You will be notified	ered by the Village of by the Village of Colfax
Recommendation App	prove Deny	(Chief of Police of designation	etted staff Signature) (Date)
STATE OF WISCONSIN/ DUNN C	OUNTY		
The above named applicant, being signed the foregoing application for	first duly sworn on oath sa an operator's license: tha	ays that he/she is the at all the statements	person who made and made by applicant are true.
	× Bry	Cuna Buchan Signature of Applic	cant RIEMER PROPERTY
Subscribed and sworn before me the	nis 13 day of Ma	•	PUBL SISNO
(Signature of Notary Publicate Received: <u>527-21</u> Date			d TRE OF WHATE

Date Received: 527-21 Date to the Board: _____ 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 X Renewal License Fee: \$10.00 each application Receipt: CV
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>2</u> 3, 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 Edith Marie McKee FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 115 76 2 150 Email Address 1100 Mail
Telephone Number 715 962 4309 Email Address Momma Edye 0 6 Mail Current Address E6885 Cryp Rd N Whaler 54772 25 (Street) (City) (Zip Code) (yrs. at address)
Previous Address
(City) (Zip Code)
Date of Birth Age <u>43</u>
Place of Employment Snyengry Co-op (Cenex) Colfax
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 of 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 Solth M Moles Signature of Applicant Signature of Applicant
Subscribed and sworn before me this \(\begin{align*} \lambda \) day of \(\begin{align*} \lambda \) may, 20 \(\begin{align*} 21 \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
(Signature of Notary Public) 7-17-22 (Commission Expires)
The state of the s

Date Received: 5-27-2/ Date to the Board: ______ Approved or Denied

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

Application fo	r License to Serve	Fermented M	alt Beverages a	nd Intoxicating Liquors
Provisional Lice	ense New Li	cense X.F	Renewal License	Fee: \$10.00 each application Receipt:
TO THE BOARD O	F THE VILLAGE OF C	OLFAX, WISCO	NSIN:	
Fermented Malt Bevand 125.68(2) of the hereby agree to con	verages and Intoxicatin Wisconsin Statutes a	ig Liquors, subject nd all acts amend utions, ordinances	to the limitations in atory thereof and su and regulations, Fe	lusive (unless sooner revoked), nposed by Section 125.32(2) upplementary thereto, and ederal, State or Local, affecting
	g questions fully and co			
NAME MORGAN		Joele		Jensen LAST NAME Sen leginail. Com 5 (yrs. at address)
FJRST	NAME 715-801-0240	MIDDLE NAME	ddraga Maidiel	rente amail. Com
Telephone Number	113 000 03 10	Email A	daress <u>molo (* 5</u>	
Current Address_	3675 82nd Ave (Street)	(Oltax (City)	5 473 O (Zip Code)	(yrs. at address)
Previous Add	(6.554)	-	• • • • • • • • • • • • • • • • • • • •	
Previous Aud		((City)	(Zip Code)
Date of Birth			Age	
	ent Synegy/Sub	way		
A records check wi substantially relate Colfax in determini	to the license applie ng whether a license if your application is	iolations of any l d for. Those cor will be granted, recommended fo	ivictions are consi You will be notifie	un 5/28/2021
	NSIN/ DUNN COUNTY		avs that he/she is th	ne person who made and
signed the foregoing	application for an ope	rator's license: th	at all the statements	s made by applicant are true.
		× Myn	Signature of App	olicant RIEMER MARINE
Subscribed and swo	rn before me this	day of <u>///</u>	24, 20 2/ 7-/4-22 (Commission Expires)	N NONSIN
(Signal	ture of Notary Public)		(Commiscolor Expires)	Marin Charles
Date Received: <u>5</u>	27.21 Date to the	Board:	_ Approved or Der	nied William ALE Or William

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application Receipt: New License X Renewal License 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, 2022, 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 Drew Richard
FIRST NAME MIDDLE NAME Telephone Number 715-450-9691 Email Address dgib 710@ gmail . Com Current Address 219 Telemark Circle Colfax 54730 18 (Street) (City) (Zip Code) (yrs. at add (City) (Zip Code) ___ Age __*|\green \limits*______ Date of Birth Place of Employment Synetay Cooperative - Cenex 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 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. Jrlw Jklgov Signature of Applicant Subscribed and sworn before me this 20 day of May, 20 21.

(Signature of Notary Public) (Commission Expires)

Date Received: 5.27.21 Date to the Board: _____ 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 X 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, 2023, 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 Joshua Christopher Larson FIRST NAME MIDDLE NAME LAST NAME
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-704-0546 Email Address Crazy 2 create 1924@Octlook.co Current Address E6536 State Road 170 Colfax W1 54730 14 years (Street) (City) (Zip Code) (yrs. at address)
Summer Address F6536 State Road 170 Colfax W1 54730 14 years
(Street) (City) (Zip Code) (yrs. at address)
(City) (Zip Code)
Date of Birth Age
Place of Employment Colfax Cenex
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) (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 Signature of Applicant Signature of Applicant
Subscribed and sworn before me this <u>20</u> day of <u>May</u> , 20 <u>21</u> (Signature of Notary Public) April 19-22 (Commission Expires)

Date Received: 527.21 Date to the Board: _____ Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application New License X. Renewal License Provisional License Receipt: CK TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, 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 Email Address Mound Telephone Number 7 Current Address Previous Address (Zip Code) (City) 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. Approve 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.
× May OMA Signature of Applicant
J. Z. Z.
Subscribed and sworn before me this 26 day of Man, 20 21
(Signature of Notary Public) T-17-22 (Commission Expires)
Date Received: 5.27.21 Date to the Board: 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: TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 JESSFrey William Prince
EIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-556-3471 Email Address jeffprince 890 gmail. com Current Address 1004 University Ave Colfax 54730 JZ

(Street) (City) (Zip Code) (yrs. at address) Previous Address 104 River St Colfax 54730
(City) (Zip Code) Date of Birth Place of Employment Self 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 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 Subscribed and sworn before me this 27 day of May, 20 21

(Signature of Notary Public)

Signature of Notary Public)

The above harmon application for an operator's license: that all the statement with the statement of Applicant and the statement of Applicant Signature of Notary Public (Commission Expires) signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Date Received: 5-27-21 Date to the Board: _____ 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 Liquor	rs
Provisional License New License X Renewal License Fee: \$10.00 each applicat	ion
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:	ナ
I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>22</u> , 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, 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 Bridgette Suzanne Lenz FIRSTNAME MIDDLE NAME LAST NAME	
Telephone Number 715) 440-1128 Email Address Echo 12. I. 20; on a gentle	K
Current Address VI2176 890th St ColFax 54730 2/2 years (Street) (City) (Zip Code) (yrs. at address)	_
Previous Address	
Date of Birth (City) (Zip Code)	
Place of Employment A Little Slice of Traly	27
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 designature)	at
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 Buidgette Signature of Applicant	
Subscribed and sworn before me this 27^{th} day of May , 20 21	
Signature of Noteh (Public) OS-07-2023 (Commission Expires)	
Date Received: 5-27-202 Date to the Board: Approved or Denied	

Date Received: 5-27-202 Date to the Board: _____ Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Y New License ____ Renewal License Fee: \$10.00 each application Receipt: ____ 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, 2022, 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 Kachael Beth Gunnutson

FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-642-5608 Email Address Rachael Gunufsomagnail com

Current Address 3143 El Dordo Rlvd. Fay Claire 54701 8 months

(Street) (City) (Zip Code) (yrs. at address) Previous Address N11065 736th Street Wheeler 54772 (City) (Zip Code) Age 20 Date of Birth Place of Employment <u>express</u> mart 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 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 3 day of May, 20 21

Signature of Notary Public)

| Commission Expires

Date Received: 526-21 Date to the Board: _____ Approved or Denied



) LEARN 2 SERVE

CERTIFICATE OF COMPLETION

This certifies that

Rachael Gunnufson

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

Completion Date 05/12/2021

Expiration Date 05/12/2023

Certificate # WI-00591869

Official Signature

Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats. This certificate is non-transfereable and represents the successful completion of an approved

6801 N Capital of Texas Hwy, Bldg 1, Suite 250 | Austin, TX 78731 | 877.881.2235 | www.360training.com

	Fax 715-962-22
Application for License to Serve Fermented	Malt Beverages and Intoxicating Liquors
Provisional License New LicenseX	Renewal License Fee: \$10.00 each applicatio
TO THE BOARD OF THE VILLAGE OF COLFAX, WISC	
I, hereby apply for a license to serve, from date hereof to a Fermented Malt Beverages and Intoxicating Liquors, subjected and 125.68(2) of the Wisconsin Statutes and all acts amen hereby agree to comply with all laws resolutions, ordinance the sale of such beverages and liquors if a license be grant	ect to the limitations imposed by Section 125.32(2) ndatory thereof and supplementary thereto, and es and regulations, Federal, State or Local, affecting
Answer the following questions fully and completely: (PLE	EASE PRINT)
NAME CULL TO MIDDLE NAME	TUSCUL LAST NAME
Telephone Number 715-(158-2327 Email	Address tuschlie yahoo com
Current Address NIW6 730th St U	Wellon W S4772 34P (yrs. at address)
Previous Address	(7in Codo)
Date of Birth	(City) (Zip Code) Age 3
Place of Employment XMD EXPUSS MAY	
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any substantially relate to the license applied for. Those concludes in determining whether a license will be granted Police Department if your application is recommended. Recommendation Approve Deny	onvictions are considered by the Village of d. You will be notified by the Village of Colfax
STATE OF WISCONSIN/ DUNN COUNTY	
The above named applicant, being first duly sworn on oath signed the foregoing application for an operator's license:	says that he/she is the person who made and that all the statements made by applicant are true. Signature of Applicant ARY
Subscribed and sworn before me this day of	7-17-22 PUBL SNO
(Signature of Notary Public)	(Commission Expires)

Date Received: ______ Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: Lach TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, 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 7/5) 705-6752 Email Address timothy Kettner Q ya hoo Cam Current Address 118 PACK dr. Colfax 54730 3urs (Street) (City) (Zip Code) (yrs. at address) Previous Address (City) (Zip Code) Date of Birth Place of Employment v Express Mart (Colfax) 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 Deny Chief of Police of designated staff Signature)

Approve Deny Chief of Police of 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 5 day of May, 20 21

(Signature of Notary Public) (Commission Expires)

Date Received: 5 24 a) Date to the Board: _____ Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 Brenda Lee Kettner
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-705-6755 Email Address pegasus lover 1969@ yaheo. Current Address 118 Park Pr. #230 Colfax 54730 3 yrs.
(Street) (City) (Zip Code) (yrs. at address) Previous Address (City) (Zip Code) Date of Birth Place of Employment Colfax Express Mart 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 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

Date Received: _____ Date to the Board: _____ Approved or Denied

	Fax 715-962-222
Application for License to Serve Fermented M	lalt Beverages and Intoxicating Liquors
Provisional License New License F	Renewal License Fee: \$10.00 each application
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCO	NSIN:
I, hereby apply for a license to serve, from date hereof to JL Fermented Malt Beverages and Intoxicating Liquors, subject and 125.68(2) of the Wisconsin Statutes and all acts amend hereby agree to comply with all laws resolutions, ordinances the sale of such beverages and liquors if a license be granted.	t to the limitations imposed by Section 125.32(2) latory thereof and supplementary thereto, and s and regulations, Federal, State or Local, affecting
Answer the following questions fully and completely: (PLEA	SE PRINT)
NAME CHRIS PLLET FIRST NAME MIDDLE NAME	
Telephone Number 715.96 2-325/ Email A	ddress
Current Address 517 57 BAF COLFAX (Street) (City)	(Zip Code) (yrs. at address)
Previous Address	City) (Zip Code)
Date of Birth	Age
Place of Employment <u>EXPRESS MART</u>	
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any leads substantially relate to the license applied for. Those core Colfax in determining whether a license will be granted. Police Department if your application is recommended for the Recommendation Approve Deny	rvictions are considered by the Village of You will be notified by the Village of Colfax
STATE OF WISCONSIN/ DUNN COUNTY	
The above named applicant, being first duly sworn on oath sasigned the foregoing application for an operator's license: the	ays that he/she is the person who made and at all the statements made by applicant are true.
Shale Frum	Signature of Applicant Signature of Applicant ARY SNO PUBLO PUBLO
(Signature of Notary Public)	(Commission Expires)

Date Received: 526-21 Date to the Board: _____ Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Receipt: ______ 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, 2021, 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) Previous Address (60) oins St. Colfax WT S4730 (City) (Zip Code) Date of Birth 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 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 26 day of May, 20 21.

(Signature of Notary Public)

(Commission Expires)

Date Received: 52621 Date to the Board: _____ Approved or Denied

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: CAM TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 Email Address Thinky Willed Telephone Number / Current Address Previous Addre (Zip Code) (City) 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 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

Date Received: 5-96-9) Date to the Board: _____ Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application New License X Renewal License Provisional License Receipt: CL TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 JOZIE RACE Buchanan

FIRST NAME MIDDLE NAME LAST NAME Telephone Number $\frac{745-704-1607}{15-704-1607}$ Email Address $\frac{10184506450114069mail.com}{19}$ Current Address $\frac{19}{(Street)}$ (City) (Zip Code) (yrs. at address) Previous Address (Zip Code) (City) 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 (Chief of Police or designated staff Signature) 5 b 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 36 day of May, 20 21

(Signature of Notary Public)

Date Received: 5.27.21

Date to the Board: ______ Approved or Denied

Date Received: 5.27.21 Date to the Board: _____ Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application New License X Renewal License Provisional License Receipt: CK TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 SUZANNE MIDDLE NAME LAST NAME Telephone Number 1/5-651-3280 Email Address <u>Suchagen 63@gmail.com</u>

Current Address <u>N8519 Caunty M.M. Cdfa x</u> 54730 30

(Street) (City) (Zip Code) (yrs. at address) Previous Address (Zip Code) (City) ____ Age <u>58</u> Date of Birth 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 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. y of May 20 2/ Signature of Applicant

y of May 20 2/ Signature of Applicant

Y-17-22
(Commission Expires)

Approved or Denied Subscribed and sworn before me this <u>a5</u> day of <u>May</u>, 20 <u>a1</u>.

Signature of Notary Public)

Subscribed and sworn before me this <u>a5</u> day of <u>May</u>, 20 <u>a1</u>.

(Commission Expires)

Date Received: 5.27.21 Date to the Board: _____ Approved or Denied

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: CL TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 22, 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 115-704-9367 Email Address brown, Keyk 83@sma, Loom Current Address NS227 Cty Rd N 54736 7
(Street) (City) (Zip Code) (yrs. at address) Age 37 Date of Birth Place of Employment Synacy Coop 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 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 20 day of My, 20 21.

(Signature of Notary Public) (Commission Expires)

Date Received: 5.27.21 Date to the Board: _____ Approved or Denied

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: CK TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, 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 Sile Sorguer
FIRST NAME MIDDLE NAME LAST NAME Telephone Number (715) 226-5819 Email Address Ainkgo 848 Gmail Com Current Address 619 7Th Ave Bloomer 54734 (City) (Zip Code) (yrs. at address)

Previous Address 1980 County Huy Y Elk Mound 54739 (City) (Zip Code)

Date of Birth Age 37 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 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 12 day of May, 2021.

Subscribed and sworn before me this 12 day of May, 2021.

(Signature of Notary Public) (Commission Expires)

Date Received: 5-27.2 Date to the Board: _____ Approved or Denied

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

Application for	or License to Se	rve Fermente	ed Malt B	everages a	nd Intoxicating	g Liquors
Provisional Li	censeNew	v License	✓ Renew	al License	Fee: \$10.00 eac Receipt:	h application
TO THE BOARD (OF THE VILLAGE O	F COLFAX, WI	SCONSIN:		by C	wey-
Fermented Malt Be and 125.68(2) of th hereby agree to co the sale of such be	I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>23</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	ng questions fully and	d completely: (F	PLEASE P	RINT)		
NAME Carey	TNAME	K			DAVIS	
Telephone Numbe	715-505-533	Em	ail Addres	s <u>Cdavisi</u>	rodiak & Gunail	.com
Current Address	122 Park Dr. 4	0+101 COLFA	عرب م	54730	1041	:
_	(Street)	(City)		(Zip Code)	(yrs. at address	5)
Previous Address						
			(City)		(Zip Code)	
Date of Birth				Ageoı		
Place of Employm	ent <u>Anderson B</u>	indge Col	درب مرع	<u> </u>		
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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 Signature of Applicant						
					HILLINGG	EMANNIN
Subscribed and sworn before me this 18th day of May 20 21. Subscribed and sworn before me this 18th day of May 20 21. (Signature of Notary Public) (Commission Expires)						
Lynn	M. Diggen ature of Notary Public)	an	(Comn	5-07-202 nission Expires)	3	* O : S
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Date Received: 5-18-21 Date to the Board: _____ Approved or Denied

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 23_, 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 FIRST NAME MIDDLE NAME Telephone Number 7/5-762-351 Email Address GARY STENE 45 (G MAI). COR Current Address 505 Hight St. Box 447 (City) (Zip Code) (yrs. at address) Previous Address 707 ORK ST. (DIMA SY720 City (Zip Code) Place of Employment RETIRED 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.					PO Box 417 - Colfax	, Wisconsin 54730 – Pho Faz	one 715-962-3311 x 715-962-2221
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20.23, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.83(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	Application f	or License to	Serve Ferm	ented Malt	Beverages a	ind Intoxicating	Liquors
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20.23, inclusive (unless sooner revoked), Fermented Mall Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.83(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	Provisional L	icensef	New License	X Rene	ewal License	Fee: \$10.00 each	h application
Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.88(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 FIRST NAME MIDDLE NAME Telephone Number 715-962-351 Email Address 9844 Stave 45 66 mont. Conference of the sale of such beverages and liquors if a license of the sale of such beverages and liquors if a license of the sale of such beverages and liquors if a license of the sale of such beverages and liquors if a license of the sale of such beverages and liquors if a license of the sale of such beverages and liquors if a license of the sale of such beverages and liquors if a license of the sale of such beverages and liquors if a license of the sale of such beverages and liquors if a license of the sale of such beverages and liquors if a license of the sale of such beverages and liquors if a license of the sale of such beverages and liquors if a license of the sale of such beverages and liquors if a license of the sale of such beverages and liquors if a license of the sale of such beverages and liquors if a license of the sale of such as a liquid such	TO THE BOARD	OF THE VILLAGE	OF COLFAX	, WISCONSII	N:	Troodipt.	
NAME FIRST NAME Telephone Number 7/5-962-351 Email Address GARY Steve 45 © 6 mail. Con. Current Address 5/5 High St. Box 447 Collax S4730 5 + (Street) (City) (Zip Code) (yrs. at address) Previous Address 707 ONK ST. (Ollax S4730 (Zip Code)) Date of Birth Age 75 Place of Employment RETIRED 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 of designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly swom 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 37 day of May 20 21. Subscribed and sworn before me this 37 day of May 20 21.	Fermented Malt Be and 125.68(2) of the hereby agree to co	everages and Into ne Wisconsin Stat omply with all laws	xicating Liquor utes and all ac resolutions, o	rs, subject to its amendator rdinances an	the limitations im y thereof and su d regulations, Fe	nposed by Section upplementary there	125.32(2) to, and
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Previous Address 707 OAK ST (city) (Zip Code) Date of Birth Age 75 Place of Employment AFFINE 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 of 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 7 day of May, 20 21 Subscribed and sworn before me this 7 day of May, 20 21	Current Address	505 High ST.	Box 447	COLFAX	54730	51	<u></u>
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) Fine 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 A day of May, 20 A Signature of Applicant Subscribed and sworn before me this A day of May, 20 A A Signature of Applicant A day of May, 20 A A A A A A A A A A A A A A A A A A							
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) Fine 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 A day of May, 20 A Signature of Applicant Subscribed and sworn before me this A day of May, 20 A A Signature of Applicant A day of May, 20 A A A A A A A A A A A A A A A A A A	Previous Address	707 OAK	ST	COLFAX		S4730	
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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 Signature of Applicant Subscribed and sworn before me this 27 day of May, 20 21 The foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 27 day of May, 20 21 The foregoing application for an operator's license: that all the statements made by applicant are true.	A records check v substantially relat Colfax in determir	vill be conducted e to the license a ning whether a lic t if your applicat	I for violation applied for. To cense will be ion is recomm	s of any law hose convicgranted. You nended for deny	tions are consi u will be notifie enial to the Vill	dered by the Villa d by the Village o age Board.	ge of
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Subscribed and sworn before me this 27 day of May, 2021	STATE OF WISCO	NSIN/ DUNN CO	UNTY				
Subscribed and sworn before me this $\frac{27}{200}$ day of $\frac{2021}{2000}$	The above named a signed the foregoing	applicant, being fir g application for a	st duly sworn n operator's lic	on oath says cense: th a t/a	that he/she is th	e person who mad made by applican	e and t are true.
Subscribed and sworn before me this $\frac{27}{200}$ day of $\frac{2021}{2000}$				x Har	y Ten		u.
Mule flenn 7.17-22 50 200				/	Signature of App	licant STITEMER	
STATE OF THE Parallel of Notary Public) Approved or Depied	Subscribed and swo	orn before me this	27_da	y of May	, 20 <u>21</u> .	NOV NOV A	WISCONSIN
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Date Received: 5-27.21 Date to the Board: _____ Approved or Denied