

**Village of Colfax
Village Board
Regular Meeting Agenda
Monday, June 22, 2015
Colfax Village Hall
7:00 p.m.**

1. Call to Order
2. Roll Call
3. Public Appearances
4. Consent Agenda
 - a. Minutes
 - i. Regular Board Meeting Minutes, June 13, 2016
 - b. Training Requests – none
 - c. Facility Rental – none
 - d. Licenses

July 1, 2015-June 30, 2016 Domesticated Chickens Licenses

Pamela J Moen 705 University Avenue

July 1, 2016-June 30, 2017 Domesticated Chickens Licenses

Tom & Pam Moen 705 University Avenue

Heather Pyka 504 High Street

JoAnn Mayfield 204 Viking Drive

Lisa Ross 609 1st Avenue

July 1, 2016-June 30, 2017 Operator's License

Kecia Sundstrom	Edith McKee	Kari Reimann
Kim McEldowney	Brittney Moonen	Gary Stene
Tami Whinnery	Suzanne Hagen	Bobbie Jo Smith
Lisa Smestuen	Charles Brown	Mary Roehl
Evia Gehrman	Taliah Eiseth	Adrienne Ferry
Kyle Kressin	Kayla Brown	Brittany Rothbauer
Nicole Nierenhausen	Brandon Anderson	Penny Snyder
Mary Muza	Linda Henthorn	Carey Davis
Mikki McCutcheon	Jennifer Leach	Deborah Huebsch
Renee Goodell	Hannah DeMoe	Julie Brown
Candice Paffel	Rondi DeMoe	Daniel Schneider
Noelle Olson	Chris Lunn	Nicholas Kressin
Katelynn Olson	Tammy Dalhoe	Jeffrey Peterson
Elizabeth DeMoe	Brenda Wass	Jessica Checkalski
Mary Durand	Teren Kiekhafer	Mark Johnson
Emily Tuschl	Tana McKnight	Jade Roatch
Eden Logslett	Tina Nelson	Tina Grill
Julie Sommer	Vanessa Meyer	

July 1, 2016-June 30, 2017 Alcohol License

J & S Sales of Chippewa Falls, LLC- Class "A" Beer-616 Main Street
Mike & Mark Nelson/Outhouse Bar-Combination Class "B" Beer and Class "B" Liquor-413 Main Street
Kyle's Market-Combination -Class"A" Beer and Class "A" Liquor-115 Main Street
Cedar Counrty Co-op- Class "A" Beer-401 E Railroad Avenue
Mom's on Main-Class "B" Beer and Class "B" Liquor-225 Bremer Ave Suite 101
Buck Snort Bar & Grill-Class "B" Beer and Class "B" Liquor-512 Main Street
Little Slice of Italy-Class "B" Beer and Class "C" Wine-501 Main Street

July 1, 2016-June 30, 2017 Tobacco Retailer License

J & S Sales of Chippewa Falls/Express Mart	616 Main Street
Kyle's Market	115 Main Street
Mike & Mark Nelson/Outhouse Bar	413 Main Street
Cedar Country Co-op	401 E. Railroad Avenue
Dollar General	120 Main Street
Buck Snort Bar & Grill	512 Main Street

5. Communications – Village President

6. Consideration Items –

- a. Resolution 2016-01 – Resolution of Support for Colfax Health and Rehabilitation Center, Minneblom Assisted Living and Memory Care unit
- b. Resolution 2016-02 – Compliance Maintenance Annual Report for the Wastewater Treatment Facility
- c. Tom Prince Memorial Park Update – Jeff Prince
- d. Resolution 2016-03 - Possible Naming and Dedication of the Park by Hwy 170 and University Ave. – J.D. Simons Memorial Park
- e. Payment Request – A Breeze Construction, LLC
- f. Public Works General Laborer update/discussion
- g. Third Avenue alleys – Recommendation from Streets Committee
- h. Funding Possibilities for Street Projects

7. Committee/Department Reports – (not for discussion or actions)

- a. *Thank you letter to Sally Johnson*
- b. *Auditorium Usage Colfax Municipal Building Restoration Group*
- c. *Administrator-Clerk-Treasurer Report*
- d. *Village of Colfax Health Care Facility Survey*
- e. *Planning Commission Meeting Minutes – June 21, 2016*

8. Review/Approval – Bills –June 13, 2016 – June 26, 2016

9. 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 Niggemann, Administrator-Clerk-Treasurer, 613 Main Street, Colfax, WI (715) 962-3311 by 2:00 p.m. the Friday 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 – June 13, 2016

On June 13, 2016, the Village Board meeting was held at 7:00 p.m. at Village Hall, 613 Main Street. Members present: Trustees Halpin, Davis, Wolff, Rihn, Burcham and President Gunnufson. Excused: Trustee Schieber. Others present included Chad and Holly Berge, Rick Johnson, Public Works Director Bates, Rescue Squad Director Knutson, LeAnn Ralph with the Messenger and Administrator-Clerk-Treasurer Niggemann.

Public Appearances – Ms. Berge, resident of Third Ave., wanted the Village Board to know that she is not in favor of the alley maintenance and feels that it is appropriate to do maintenance to solve the construction concern which will be for a three month construction period. She feels that the options should be presented and the Village should not rush to make a decision.

Minutes- Regular Board Meeting May 23, 2016 - A motion was made by Trustee Halpin and seconded by Trustee Davis to approve the Regular Board meeting minutes from May 23, 2016. Voting For: Trustees Burcham, Rihn, Wolff, Davis, Halpin and Gunnufson. Voting Against: none. Motion carried.

Operator's Licenses – June 13, 2016 to June 30, 2016 – Elizabeth DeMoe- Kyle's Market and Gary Stene – Outhouse Bar - A motion was made by Trustee Halpin and seconded by Trustee Wolff to approve both operators' licenses for Elizabeth DeMoe and Gary Stene through June 30, 2016. Voting For: Trustees Halpin, Davis, Wolff, Rihn, Burcham and Gunnufson. Voting Against: none. Motion carried.

Communications - Village President – President Gunnufson encouraged all Board members to visit the fairgrounds and look at the improvements. The Holden Church Stand and the Livestock Barn are complete. The Circus will be in Colfax at the fairgrounds on July 18, 2016 with shows at 5:00 p.m. and 7:30 p.m.

Rescue Squad request to purchase ambulance computers- A motion was made by Trustee Wolff and seconded by Trustee Rihn to approve the purchase of the rugged tablet for the ambulance at \$3,550 from 24-7 Telecom. Don explained that he had budgeted under small equipment for two ambulance computers and a desktop for his office. The Rescue Squad received one free rugged tablet in 2016 by participating in software beta test so only one computer needs to be purchased for the ambulances. The cost for a rugged tablet is more expensive, but more durable than the current equipment, Surface tablet. Don will wait one year for a new desktop which allows enough budgets to move forward with the rugged tablet purchase. Voting For: Trustees Halpin, Davis, Wolff, Rihn, Burcham and Gunnufson. Voting Against: none. Motion carried.

Funding Possibilities – Third Ave. – A motion was made by Trustee Halpin and seconded by Trustee Rihn to remove the televising of Pine St., Cedar St., and Maple St. from the Third Ave. funding. Director Bates will have the televising ordered for the three streets to see if there are any visible concerns. Voting For: Trustees Burcham, Rihn, Wolff, Davis, Halpin and Gunnufson. Voting Against: none. Motion carried.

A motion was made by Trustee Wolff and seconded by Trustee Rihn to get final numbers for the Iverson Rd. project, cost if curb and gutter are added to the Pine St., Cedar St. and Maple St. pulverizing projects and the north side of Third Ave. alley removal of trees and other obstacles.

Voting For: Trustees Halpin, Davis, Wolff, Rihn, Burcham and Gunnufson. Voting Against: none. Motion carried.

Review/Approval – Bills – May 23, 2016 to June 12, 2016– A motion was made by Trustee Rihn and seconded by Trustee Wolff to approve the May 23 to June 12, 2016 bills for payment. Voting For: Trustees Burcham, Rihn, Wolff, Davis, Halpin and Gunnufson. Voting Against: none. Motion carried.

Closed Session - A motion was made by Trustee Halpin and seconded to Trustee Davis 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 at 7:29 p.m. The Police Chief Yearly Performance Evaluation. Voting For: Trustees Burcham, Rihn, Wolff, Davis, Halpin and Gunnufson. Voting Against: none. Motion carried.

Open Session – A motion was made by Trustee Halpin and seconded by Trustee Wolff to convene into open session to take any action resulting from the closed session for Police Chief Yearly Performance Evaluation at 8:18 p.m. A voice vote showed all present voting yes. Motion carried. No press or public present.

A motion was made by President Gunnufson and seconded by Trustee Rihn to grant a 2% wage increase for the Police Chief. A voice vote showed all present voting yes. Motion carried.

Adjourn: A motion was made by Trustee Rihn and seconded by Trustee Davis to adjourn Village Board meeting at 8:19 p.m. A voice vote was taken with all members voting yes. Motion carried.

Scott Gunnufson, Village President

Attest: Lynn Niggemann
Administrator-Clerk-Treasurer

Village of Colfax

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

July 1, 2015 to June 30, 2016

**License Application for
Keeping Domesticated Chickens**
\$10.00 (non-refundable application fee)

(please print)

~~\$~~ Paid \$20.00
for 2016 + 2017

1. Name of Applicant Pamela J. Moen
2. Address 705 University Ave, Colfax WI. 54730
3. Phone 715-~~900~~-1946 308-2377
4. Parcel Number 111-308
5. Number of female chickens (maximum 10) 10
6. Application (circle one) New New ~~Renewal~~

In submitting this application, I hereby agree to comply with the regulations imposed by the Village of Colfax Code of Ordinances. I understand the information requested on this form will be used by the Village of Colfax in the issuance of a license or processing of a renewal application. I understand the information supplied on this form will become public information when received by the Village of Colfax. I have no intention or agreement to transfer the license to another person or to allow any other entity to operate under the authority of the license. I hereby affirm that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the Ordinance under which this license is granted.

Pamela J. Moen
Signature of Applicant

6-13-16
Date

Office use only

_____ Date Application Received

Date Board Reviewed Application
Approved / Denied
License Number

Village of Colfax

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

July 1, 2016 to June 30, 2017
License Application for
Keeping Domesticated Chickens
\$10.00 (non-refundable application fee)

- (please print)
1. Name of Applicant Tom & Pamela
2. Address 705 University Ave. Colfax WI 54730
3. Phone 715 608-1946 @ 715 308-7377
4. Parcel Number 111- 308
5. Number of female chickens (maximum 10) 10
6. Application (circle one) New Renewal

In submitting this application, I hereby agree to comply with the regulations imposed by the Village of Colfax Code of Ordinances. I understand the information requested on this form will be used by the Village of Colfax in the issuance of a license or processing of a renewal application. I understand the information supplied on this form will become public information when received by the Village of Colfax. I have no intention or agreement to transfer the license to another person or to allow any other entity to operate under the authority of the license. I hereby affirm that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the Ordinance under which this license is granted.

[Signature]
Signature of Applicant

6-13-16
Date

=====

Office use only

_____ Date Application Received

_____ Date Board Reviewed Application
_____ Approved / Denied
_____ License Number

Village of Colfax

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

July 1, 2016 to June 30, 2017
License Application for
Keeping Domesticated Chickens
\$10.00 (non-refundable application fee)

(please print)

1. Name of Applicant Heather Ryka
2. Address 504 High St Colfax
3. Phone WSI 523 8223
4. Parcel Number 111-
5. Number of female chickens (maximum 10) 6
6. Application (circle one) New Renewal

In submitting this application, I hereby agree to comply with the regulations imposed by the Village of Colfax Code of Ordinances. I understand the information requested on this form will be used by the Village of Colfax in the issuance of a license or processing of a renewal application. I understand the information supplied on this form will become public information when received by the Village of Colfax. I have no intention or agreement to transfer the license to another person or to allow any other entity to operate under the authority of the license. I hereby affirm that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the Ordinance under which this license is granted.

Heather Ryka
Signature of Applicant

4.8.16
Date

Office use only

4-18-16 Date Application Received

04-25-16

Date Board Reviewed Application
Approved / Denied Hold until June
License Number meeting.

Village of Colfax

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

Fax 715-962-2221

July 1, 2016 to June 30, 2017

License Application for Keeping Domesticated Chickens \$10.00 (non-refundable application fee)

(please print)

1. Name of Applicant JoAnn Mayfield
2. Address 204 Viking Dr, Colfax
3. Phone 715-962-4272
4. Parcel Number 111-102-706-000 17111-2-291-109-340-0037
5. Number of female chickens (maximum 10) 10
6. Application (circle one) New Renewal

In submitting this application, I hereby agree to comply with the regulations imposed by the Village of Colfax Code of Ordinances. I understand the information requested on this form will be used by the Village of Colfax in the issuance of a license or processing of a renewal application. I understand the information supplied on this form will become public information when received by the Village of Colfax. I have no intention or agreement to transfer the license to another person or to allow any other entity to operate under the authority of the license. I hereby affirm that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the Ordinance under which this license is granted.

JoAnn E Mayfield
Signature of Applicant

6-17-16
Date

=====

Office use only

6-22-16

Date Application Received

Date Board Reviewed Application
Approved / Denied
License Number

Village of Colfax

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

July 1, 2016 to June 30, 2017
License Application for
Keeping Domesticated Chickens
\$10.00 (non-refundable application fee)
(please print)

1. Name of Applicant Lisa Ross
2. Address 609 1st Ave
3. Phone (715) 415-3180
4. Parcel Number 111-
5. Number of female chickens (maximum 10) 5
6. Application (circle one) New Renewal

In submitting this application, I hereby agree to comply with the regulations imposed by the Village of Colfax Code of Ordinances. I understand the information requested on this form will be used by the Village of Colfax in the issuance of a license or processing of a renewal application. I understand the information supplied on this form will become public information when received by the Village of Colfax. I have no intention or agreement to transfer the license to another person or to allow any other entity to operate under the authority of the license. I hereby affirm that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the Ordinance under which this license is granted.

Lisa Ross
Signature of Applicant

6-22-16
Date

=====

Office use only

6-22-16 Date Application Received

Date Board Reviewed Application

Approved / Denied

License Number

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

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

Complete A or B. All must complete C.

Applicant's WI Seller's Permit No.: <u>456102644642902</u> FEIN Number: <u>27-1107309</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>10</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>22.50</u>
TOTAL FEE	\$ <u>32.50</u>

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ J & S SALES OF CHIPPEWA FALLS, LLC.

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 310 S. MAIN ST CF, WI 54729

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	STEVEN M. THALER	310 S MAIN ST	CHIPPEWA FALLS, WI 54729
Vice President/Member	JOHN T. THALER	310 S MAIN ST	CHIPPEWA FALLS, WI 54729
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Ronda Demoe</u>	<u>PO BOX 257 Colfax, WI 54730</u>	
Directors/Managers			

C. 1. Trade Name ▶ EXPRESS MART

Business Phone Number 715-962-3241

2. Address of Premises ▶ 616 Main Street Post Office & Zip Code ▶ Colfax, WI 54730

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 17 day of May, 2016
Linda D. Brandt (Clerk/Notary Public)
My commission expires 5-4-18

(Official of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Steven Thaler
(Official of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-17-16</u>	Date reported to county clerk	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
THALER		STEVEN		M	
Home Address (street/route)		Post Office	City	State	Zip Code
310 S MAIN STREET		CHIPPEWA	CHIPPEWA FALLS	WI	54729
Home Phone Number		Age	Date of Birth	Place of Birth	
715-723-2822		63	09/16/1952	CHIPPEWA FALLS	

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

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

which is making application for an alcohol beverage license.

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

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

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

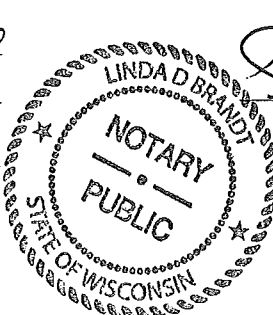
Employer's Name	Employer's Address	Employed From	To
THALER OIL CO.	310 S MAIN ST CF, WI 54729	01/01/1968	
Employer's Name	Employer's Address	Employed From	To

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

Subscribed and sworn to before me

this 17 day of May, 2016
Linda D. Brandt
(Clerk/Notary Public)

My commission expires 5-4-18



Steven Thaler
(Signature of Named Individual)



Printed on
Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
THALER		JOHN		T	
Home Address (street/route)		Post Office	City	State	Zip Code
310 S MAIN STREET		CHIPPEWA	CHIPPEWA FALLS	WI	54729
Home Phone Number		Age	Date of Birth	Place of Birth	
715-829-5510		48	10/31/1967	EAU CLAIRE	

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

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

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

☐ **JOHN THALER** of **J & S SALES OF CHIPPEWA FALLS, LLC.**

(Officer/Director/Member/Manager/Agent)

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

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 48 YEARS

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

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

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

If yes, describe status of charges pending.

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

If yes, identify.

(Name, Location and Type of License/Permit)

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

If yes, identify.

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

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

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

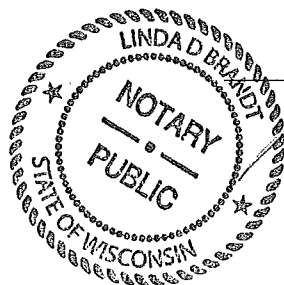
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that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

Subscribed and sworn to before me

this 17 day of May, 20 16

Linda D. Brandt
(Clerk/Notary Public)

My commission expires 5-4-18



(Signature of Named Individual)



Printed on
Recycled Paper

Wisconsin Department of Revenue

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 (MM DD YYYY) ending: 06 30 2017 (MM DD YYYY)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

Nelson, Mark A
Nelson, Michael E

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

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

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

Title

Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member

Vice President/Member

Secretary/Member

Treasurer/Member

Agent

Directors/Managers

C. 1. Trade Name

Business Phone Number 715-942-3339

2. Address of Premises 413 Main St.

Post Office & Zip Code P.O. Box 81 54730

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 9th day of May

Shirley Rene
(Clerk/Notary Public)

My commission expires 8-27-18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-9-16	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Nelson		Mark		Michael	
Home Address (street/route)		Post Office		City	State Zip Code
30749 136th St				New Auburn	WI 54757
Home Phone Number		Age	Date of Birth		Place of Birth
715-967-2425		59	7-28-56		Kenilworth WI

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

- ☐ Applying for an alcohol beverage license as an individual.
- ☒ A member of a partnership which is making application for an alcohol beverage license.
- ☐ _____ of _____
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 59 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

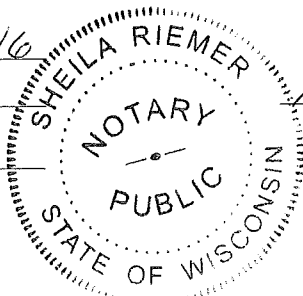
Employer's Name	Employer's Address	Employed From	To
Self employed	for last 40+ years		
Employer's Name	Employer's Address	Employed From	To

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

Subscribed and sworn to before me

this 9th day of May, 2016
Shirley Rom
(Clerk/Notary Public)

My commission expires 8-27-18



Mark Nelson
(Signature of Named Individual)



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Recycled Paper

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 (MM DD YYYY) ending: 06 30 2017 (MM DD YYYY)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Kyle's Market Inc.
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 115 Main St Colfax WI 54730
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Kyle Alan Kressin	115 Main St	Colfax WI 54730
Vice President/Member	Claudia Jean Kressin	"	"
Secretary/Member	Claudia Jean Kressin	"	"
Treasurer/Member			
Agent ▶	Kyle Alan Kressin		
Directors/Managers			

C. 1. Trade Name ▶ Kyle's Market Business Phone Number 715-962-3585
2. Address of Premises ▶ 115 Main St Post Office & Zip Code ▶ Colfax, WI 54730

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 19th day of MAY, 2016
Leanne Clark
(Clerk/Notary Public)
My commission expires 6/4/17

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-19-16	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Kressin</u> (first name) <u>Kyle</u> (middle name) <u>Alan</u>	
Home Address (street/route) <u>N 84th BTRM</u>	City <u>Colfax</u> State <u>WI</u> Zip Code <u>54730</u>
Home Phone Number <u>715-962-2291</u>	Age <u>53</u> Date of Birth <u>6/21/1962</u> Place of Birth <u>Bloomer, WI</u>

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

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

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

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 53 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) or violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
- If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

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

If yes, describe status of charges pending.

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

If yes, identify.

(Name, Location and Type of License/Permit)

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

If yes, identify.

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

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

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

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

Subscribed and sworn to before me

this 19th day of MAY, 2016
Jeannie Clark
(Clark/Notary Public)

My commission expires 6/4/17

[Signature]
(Signature of Named Individual)



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RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

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

Complete A or B. All must complete C.

A Individual or Partnership:

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

Home Address

Post Office & Zip Code

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	BRIAN JOHNSON	N11744 810TH ST	COLFAX, WI 54730
Vice President/Member	STEVE ACKERLUND	N11014 CTY RD M	COLFAX, WI 54730
Secretary/Member	DUANE KUESTER	N5709 330TH ST	MENOMONIE, WI 54751
Treasurer/Member			
Agent	CHARLES BROWN	E8948 810TH AVE	COLFAX, WI 54730
Directors/Managers	PAUL DIEMERT	6798 TALMADGE RD	EAU CLAIRE, WI 54701

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

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

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

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

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

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

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

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

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

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

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

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

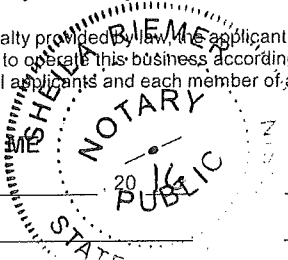
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the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

SUBSCRIBED AND SWORN TO BEFORE ME

this 30th day of May

Shirley Rinn
(Clerk/Notary Public)

My commission expires 8-27-18



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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6-3-16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Brown		Charles		L.	
Home Address (street/route)		Post Office		City	State Zip Code
N8227 Cty Rd M				Colfax	WI 54730
Home Phone Number		Age	Date of Birth		Place of Birth
715-704-5026		35	1-25-81		Chipp. Cty.

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

- ☐ Applying for an alcohol beverage license as an individual.
- ☐ A member of a partnership which is making application for an alcohol beverage license.
- ☒ Agent of Cedar Country Cooperative
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 35 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Charles L Brown	401 Railroad Ave Colfax		
Employer's Name	Employer's Address	Employed From	To

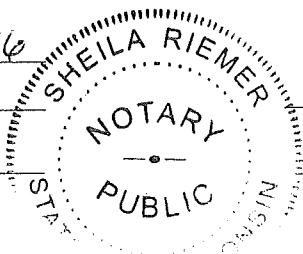
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that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

Subscribed and sworn to before me

this 20 day of May, 2016

Sheila Riemer
(Clerk/Notary Public)

My commission expires 8-27-18



Charles L Brown
(Signature of Named Individual)



Printed on Recycled Paper

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 (MM DD YYYY) ending: 06 30 2017 (MM DD YYYY)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Mom's Restaurant + Pub

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Patricia Lynn Houser	59451 810th Ave	Colfax 54730
Vice President/Member	Linda Salazar	122 Park Dr #127	Colfax 54730
Secretary/Member			
Treasurer/Member			
Agent	Pat Houser		
Directors/Managers			

C. 1. Trade Name ▶ Mom's Restaurant + Pub Business Phone Number 715-962-4146

2. Address of Premises ▶ 225 Bremer Ave S Suite 101 Post Office & Zip Code ▶ Colfax WI

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 25 day of May, 2016

Cheryl M. Ninneman
(Clerk/Notary Public)

My commission expires 8-16-19

Linda S. Salazar
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Pat Houser
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 6-3-16	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) HOUSER		(first name) Patricia		(middle name) Lynn	
Home Address (street/route) 8951 810th Ave		Post Office		City Colfax	State WI
Home Phone Number 715-704-0043		Age 49	Date of Birth 4-14-1967	Zip Code 54730	
Place of Birth Waukesha, WI					

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

☐ Applying for an alcohol beverage license as an individual.

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

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

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 13 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

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

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

(Name, Location and Type of License/Permit)

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

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

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

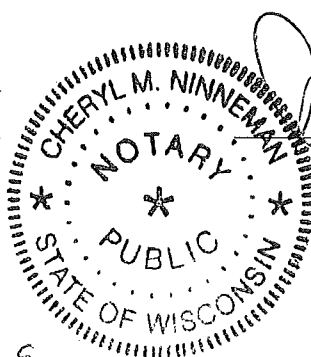
Employer's Name Moni on Main	Employer's Address Colfax	Employed From 2004	To Present
Employer's Name Betwena Park & Alehouse	Employer's Address PI Colfax	Employed From 1996	To 2007

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

Subscribed and sworn to before me

this 25th day of May, 20 16
Cheryl M. Ninnerman
(Clerk/Notary Public)

My commission expires Aug 16, 2019



Patricia Houser
(Signature of Named Individual)



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Salazar</u>		(first name) <u>Linda</u>		(middle name) <u>Sue</u>	
Home Address (street/route) <u>122 Park Dr #127</u>		Post Office <u>Cottax</u>	City <u>Cottax</u>	State <u>WI</u>	Zip Code <u>54730</u>
Home Phone Number <u>715-704-0198</u>		Age <u>69</u>	Date of Birth <u>2-14-47</u>	Place of Birth <u>Waukesha WI</u>	

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

- ☐ Applying for an alcohol beverage license as an individual.
- ☐ A member of a partnership which is making application for an alcohol beverage license.
- ☒ Member of Mom's on Main
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 19 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

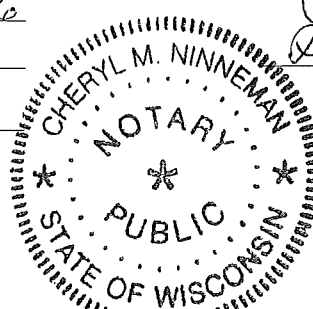
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that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

Subscribed and sworn to before me

this 25 day of May, 20 16
Cheryl M. Ninneman
(Clerk/Notary Public)

My commission expires 8-16-19

Linda S. Salazar
(Signature of Named Individual)



RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 (MM DD YYYY) ending: 06 30 2017 (MM DD YYYY)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Dahl Daniel A & Brenda L. 2155 Elk Creek Rd Eau Claire, WI 54703

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Buck Sport Bar & Grill LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

C. 1. Trade Name Buck Sport Bar & Grill LLC Business Phone Number 715-962-4281

2. Address of Premises 512 Main St. Colfax, WI Post Office & Zip Code 54730

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

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

5. Legal description (omit if street address is given above): basement. Ground floor accessible to license premises

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME OF WISCONSIN
this 2nd day of June, 2016

(Clerk/Notary Public)
My commission expires 6/7/19

Daniel A. Dahl
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Brenda L. Dahl
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 6-6-16	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Dahl Brenda		L.			
Home Address (street/route)		Post Office	City	State	Zip Code
2155 Elk Creek Rd			EAULDAIRE	WI	54703
Home Phone Number		Age	Date of Birth	Place of Birth	
715-874-4463		55	3-13-61	Kenosha, WI	

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

- ☒ Applying for an alcohol beverage license as an individual.
- ☐ A member of a partnership which is making application for an alcohol beverage license.
- ☐ _____ of _____
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 39
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
NESTLE	5023 Venture DR EC	March 2000	July 2007
Employer's Name	Employer's Address	Employed From	To
3M	2020 Prairie LN EC.	Feb 1998	Feb 2000

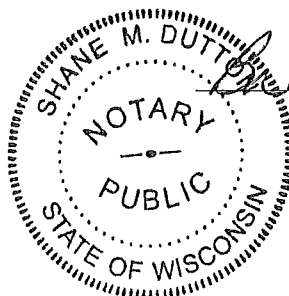
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that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

Subscribed and sworn to before me

this 2nd day of June, 2016

(Clerk/Notary-Public)

My commission expires 6/7/19



Brenda L. Dahl
(Signature of Named Individual)



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Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Dahl		Daniel		A	
Home Address (street/route)		Post Office	City	State	Zip Code
2155 Elk Creek Rd			Edgemoor	WI	54703
Home Phone Number		Age	Date of Birth	Place of Birth	
715-874-4463		56	6-2-60	Ladysmith WI	

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

- ☒ Applying for an alcohol beverage license as an individual.
- ☐ A member of a partnership which is making application for an alcohol beverage license.
- ☐ _____ of _____
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 56
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☒ Yes ☐ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
DUI 1996
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

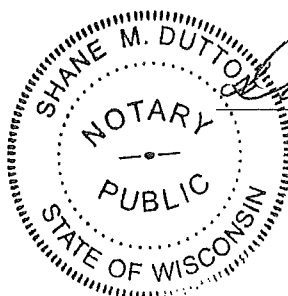
Employer's Name	Employer's Address	Employed From	To
Cascades Tissue	1200 Forest St.	June 1979	Present
Employer's Name	Employer's Address	Employed From	To

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

Subscribed and sworn to before me

this 24 day of June, 2016
[Signature]
(Clerk/Notary Public)

My commission expires 6/7/19



[Signature]
(Signature of Named Individual)



Printed on
Recycled Paper

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 (MM DD YYYY) ending: 06 30 2017 (MM DD YYYY)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) SCHIEBER, ANNE Home Address ELEMIA 805 E. PARKWAY Post Office & Zip Code COLFAX, 54730

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

C. 1. Trade Name A LITTLE SLICE OF ITALY Business Phone Number 715 942-4444

2. Address of Premises 501 MAIN STREET Post Office & Zip Code COLFAX, WI 54730

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 6-11 day of June, 2016

Shirley R. Rasmussen
(Clerk/Notary Public)

My commission expires 8-27-2018

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 6-6-16	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
SCHIEBEL		ANNIE		ELEANOR	
Home Address (street/route)		Post Office		City	State Zip Code
805 E. RAILROAD AVE				COFAY	WI 54730
Home Phone Number		Age	Date of Birth		Place of Birth
715 556-4110		48	12/17/67		PORTAGE, WI

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

☒ Applying for an alcohol beverage license as an individual.

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

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

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 48 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
VILLAGE INN	502 MAIN ST. COFAY, WI	8/1998	1/2004
OSTELL STAFFING	LACROSSE, WI		

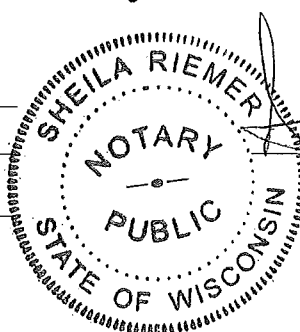
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that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

Subscribed and sworn to before me

this 6th day of June, 20 16

Shirley Riemer
(Clerk/Notary Public)

My commission expires 8-27-2018



(Signature of Named Individual)



Printed on
Recycled Paper

Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered <u>Thru June 30, 2017</u>
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number <u>456-1026446429-02</u>

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>J+S Sales of Chippewa Falls, LLC</u>			Federal Employer Identification No. (FEIN) <u>27-1107309</u>	
Trade or Business Name (if different than Legal Name) <u>Express Mart</u>			Telephone Number <u>(715) 723-2822</u>	
Business Address (License Location) <u>616 Main St.</u>			Business Telephone <u>(715) 942-3341</u>	
City <u>Colfax</u>	State <u>WI</u>	ZIP Code <u>54730</u>	County <u>Dunn</u>	
Mailing Address (if different than Business Address) <u>310 S. Main St.</u>			City <u>Chippewa Falls</u>	
			State <u>WI</u>	ZIP Code <u>54729</u>

Organization (check one)

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

\$5.00 Fee

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

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

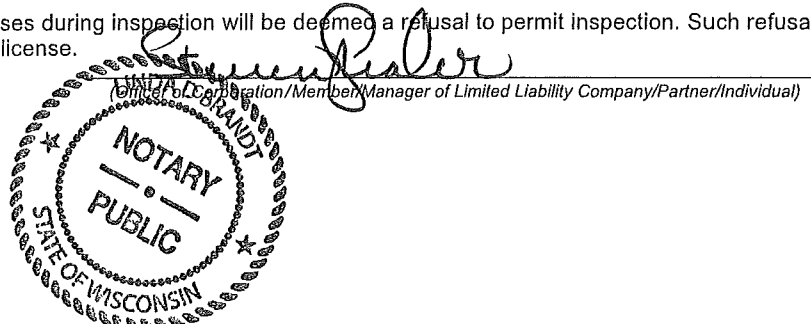
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 17 day of May, 2016
Anda O. Brandt
(Clerk / Notary Public)

My commission expires 5-4-18



Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-102559 1866-03

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

License Number
Period Covered Thru June 30, 2017
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Kyle's Market Inc.			Federal Employer Identification No. (FEIN) 26-0207158		
Trade or Business Name (if different than Legal Name) Kyle's Market			Telephone Number (715) 962-3585		
Business Address (License Location) 115 Main St.			Business Telephone (715) 962-3585		
City Colfax	State WI	ZIP Code 54730	County Dunn		
Mailing Address (if different than Business Address)			City		
			State		
			ZIP Code		

Organization (check one)

- ☐ Sole Proprietor ☒ Wisconsin Corporation – Enter date incorporated: July 14, 2007 ☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO ☐ Other (describe) _____

\$500 Fee

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 19th day of May 2016
Sharon Clark
(Clerk / Notary Public)

My commission expires 6/4/17

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

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered <i>Thru June 30, 2017</i>
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number <i>456-0000145548-02</i>

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <i>Mark & Michael Nelson</i>			Federal Employer Identification No. (FEIN) <i>39-1347846</i>		
Trade or Business Name (if different than Legal Name) <i>Outhouse Bar</i>			Telephone Number <i>(715) 964-2425</i>		
Business Address (License Location) <i>413 Main St.</i>			Business Telephone <i>(715) 962-3339</i>		
City <i>Colfax</i>	State <i>WI</i>	ZIP Code <i>54730</i>	Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		
			of: <i>Colfax</i>		
Mailing Address (if different than Business Address)			County <i>Dunn</i>		
			City	State	ZIP Code

Organization (check one)

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

\$5.00 Fee

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

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

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

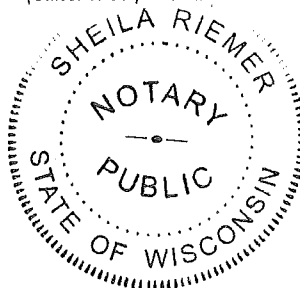
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this *9* day of *May*, 20 *16*
Sheila Riemer
(Clerk / Notary Public)

My commission expires *8-27-18*

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



Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

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

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

License Number
Period Covered
Date of Issuance

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

Organization (check one)

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

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

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

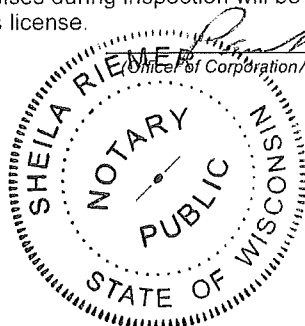
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of May, 20 16
Sheila Riener
(Clerk / Notary Public)

My commission expires 8-27-18



Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered 7-1-16 to 6-30-17
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-0000208845-05
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← This must be issued in the same Legal Name of the licensee below.

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

Organization (check one)

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

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

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

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

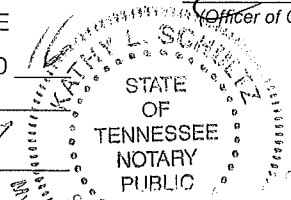
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 4th day of April, 2016

Kathy L. Schellen
(Clerk / Notary Public)

My commission expires 12-17-18



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

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1026807314-06

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

License Number
Period Covered <i>Three June 30, 2017</i>
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Buck Short Bar + Grill LLC			Federal Employer Identification No. (FEIN) 51-0640552	
Trade or Business Name (if different than Legal Name)			Telephone Number (715) 942-4281	
Business Address (License Location) 512 Main St.			Business Telephone (715) 942-4281	
City Colfax	State WI	ZIP Code 54730	County Dunn	
Mailing Address (if different than Business Address) 2155 Elk Creek Rd			City Eau Claire	State WI
			ZIP Code 54703	

Organization (check one)

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

\$5.00 Fee

- ☒ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- ☒ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- ☒ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- ☒ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- ☒ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
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Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 2nd day of June, 20 16
[Signature]
(Clerk/Notary Public)

My commission expires 6/7/19

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

