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

Edith McKee Kecia Sundstrom **Brittney Moonen** Kim McEldowney Suzanne Hagen Tami Whinnery Charles Brown Lisa Smestuen Evia Gehrman Taliah Eiseth Kayla Brown Kyle Kressin Nicole Nierenhausen Brandon Anderson Mary Muza Linda Henthorn Mikki McCutcheon Jennifer Leach Hannah DeMoe Renee Goodell Candice Paffel Rondi DeMoe Noelle Olson Chris Lunn Tammy Dalhoe Katelynn Olson Elizabeth DeMoe **Brenda Wass** Teren Kiekhafer Mary Durand Tana McKnight Emily Tuschl Eden Logslett Tina Nelson Julie Sommer Vanessa Meyer

Gary Stene
Bobbie Jo Smith
Mary Roehl
Adrienne Ferry
Brittany Rothbauer
Penny Snyder
Carey Davis
Deborah Huebsch
Julie Brown
Daniel Schneider
Nicholas Kressin
Jeffrey Peterson
Jessica Checkalski
Mark Johnson
Jade Roatch

Tina Grill

Kari Reimann

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 Kyle's Market Mike & Mark Nelson/Outhouse Bar

Cedar Country Co-op Dollar General Buck Snort Bar & Grill 616 Main Street
115 Main Street
413 Main Street
401 E. Railroad Avenue
120 Main Street

512 Main Street

- 5. Communications Village President
- 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

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

July 1, <u>2015</u> to June 30, <u>2016</u>
License Application for
Keeping Domesticated Chickens \$10.00 (non-refundable application fee)
(please print) for 2016 to
1. Name of Applicant Pamela II. Mosn
2. Address 705 University AUE, CoUFAY WIF. SY73
3. Phone 715-8007-1946 308-2377
4. Parcel Number 111- 30 8
5. Number of female chickens (maximum 10) / O
6. Application (circle one) (New) Reflewal
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.
Panula A Moen (co-13-16
Signature of Applicant / Date
Office use only
Date Application Received Date Board Reviewed Application Approved / Denied License Number

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

Approved / Denied License Number

July 1, <u>20/6</u> to June 30, <u>6</u>	2017
License Application for	7
Keeping Domesticated Chic	kens
\$10.00 (non-refundable application	
(please print)	
1. Name of Applicant On Elam Draw	
2. Address 705 Uniders: 12 AUE. Doc	Fry wt 54730
3. Phone 7/5 6002 - 1946 6 715	308-7377
4. Parcel Number 111	
5. Number of female chickens (maximum 10)	
6. Application (circle one) New	Renewal
In submitting this application, I hereby agree to comply with the regulations impose Ordinances. I understand the information requested on this form will be used by the license or processing of a renewal application. I understand the information supplication when received by the Village of Colfax. I have no intention or agreement person or to allow any other entity to operate under the authority of the license. It statements are true and correct to the best of my knowledge and that I agree to confident or confident this license is granted.	he Village of Colfax in the issuance of a led on this form will become public ent to transfer the license to another nereby affirm that the foregoing
Signature of Applicant E	0-13-16 Date
======================================	
Date Application Received D	eate Board Reviewed Application

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

July 1, <u>2016</u> to June 30, <u>2017</u> License Application for Keeping Domesticated Chickens

Keeping Domesticated Chickens \$10.00 (non-refundable application fee)							
(please prin							
1. Name of Applicant Heather Pola							
2. Address 504 High St Colf	at						
3. Phone <u>USI SQ3 8223</u>							
4. Parcel Number 111							
5. Number of female chickens (maximum 10)							
6. Application (circle one) New	Renewal						
	Hope Filly						
In submitting this application, I hereby agree to comply with the regordinances. I understand the information requested on this form volicense or processing of a renewal application. I understand the ininformation when received by the Village of Colfax. I have no interperson or to allow any other entity to operate under the authority of statements are true and correct to the best of my knowledge and the Ordinance under which this license is granted.	will be used by the Village of Colfax in the issuance of a formation supplied on this form will become public ntion or agreement to transfer the license to another f the license. I hereby affirm that the foregoing						
Hearth Reka	4.8.16						
Signature of Applicant ()	Date						
	=======================================						
Office use only							
4-18-16 Date Application Received	Date Board Reviewed Application Approved / Denied Hold until June License Number						
	License Number meeting.						

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

July 1, <u>2016</u> to June 30, <u>2017</u> License Application for Keeping Domesticated Chickens \$10.00 (pon-refundable application for)

\$10.00 (non-refundable ap	oplication fee)
1. Name of Applicant JoAnn May Led	
2. Address 204 Viking Dr. Cols	Tax
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)	
6. Application (circle one) New	Renewal
In submitting this application, I hereby agree to comply with the regula Ordinances. I understand the information requested on this form will be icense or processing of a renewal application. I understand the information when received by the Village of Colfax. I have no intention operation or to allow any other entity to operate under the authority of the statements are true and correct to the best of my knowledge and that Ordinance under which this license is granted.	ne used by the Village of Colfax in the issuance of a mation supplied on this form will become public or agreement to transfer the license to another elicense. I hereby affirm that the foregoing
John Mayfull Signature of Applicant	<u> </u>
Office use only しつるート Date Application Received	Date Board Reviewed Application Approved / Denied

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

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

4	mesticatéa on	
\$10.00 (non-re	efundable applicati	on fee)
1.	(please print)	
1. Name of Applicant LISO KOSS		
2. Address 609 15+ QW		
3. Phone (15) 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 Ordinances. I understand the information requested or license or processing of a renewal application. I undersinformation when received by the Village of Colfax. I happerson or to allow any other entity to operate under the statements are true and correct to the best of my knowled Ordinance under which this license is granted.	n this form will be used be stand the information su ave no intention or agre authority of the license.	by the Village of Colfax in the issuance of a applied on this form will become public ement to transfer the license to another. I hereby affirm that the foregoing
Malw85		6-2216
Signature of Applicant	and the second s	Date
Office use only	MANA DADA MINI SENS PETER PETER DESS PETER DANS ANNO SENS PETER DESS DANS SENS SENS SENS SENS SENS SENS SENS S	
6-23-16 Date Application Received		Date Board Reviewed Application Approved / Denied License Number

RENEWAL ALCOHOL BEVERAGE LICENSE A	PPLICATION Applicant's WI Seller's Permit No.: FEIN Number:
Submit to municipal clerk. Read instructions on reverse side.	456102644642902 27-1107309 LICENSE REQUESTED ▶
·	6 30 2017 TYPE FEE
(MM DD YYYY)	(MM DD YYYY)
Town of)	Class B beer \$
TO THE GOVERNING BODY of the: Village of \	Class C wine \$
☐ City of	Class A liquor \$
County of Number Aldermanic Dist. No (if	required by ordinance)
	Class B liquor \$
0,120,70,12	Liability Company Reserve Class B liquor \$
Corporation/Nonprofit Organization	Class B (wine only) winery \$
Complete A or B. All must complete C.	Publication fee \$ 23.50
A. Individual or Partnership:	TOTAL FEE \$ 33.50
	me Address Post Office & Zip Code CHIPPEWA FALLS, WI 54729
JOHN T. THALER 310 S. MAIN ST	CHIPPEWA FALLS, WI 54729
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Con	npany 🕨 J & S SALES OF CHIPPEWA FALLS, LLC.
Address of Corporation/Limited Liability Company (if different from lice	censed premises) 310 S. MAIN ST CF, WI 54729
All Officer(s) Director(s) and Agent of Corporation and Members/Mar	
Title Name (Inc. Middle Name)	Home Address Post Office & Zip Code
President/Member STEVEN M. THALER 310 S MAIN	
Vice President/Member JOHN T. THALER 310 S MAII	N ST CHIPPEWA FALLS, WI 54729
Secretary/Member	
Treasurer/Member Agent Demoe PO BOX 257	COLGARANT SYTO
	CONTRACT STILL
Directors/Managers C.1. Trade Name ► EXPRESS MART	Business Phone Number 715-962-324
	Post Office & Zip Code CO (CAX, WI 5473C
2. Address of Premises ▶ <u>() P P Q V ST VET ST VE</u>	
 Premises description: Describe building or buildings where alcohol be include all rooms including living quarters, if used, for the sales, servi (Alcohol beverages may be sold and stored only on the premises desc 	everages are to be sold and stored. The applicant must ce, consumption, and/or storage of alcohol beverages and records.
Legal description (omit if street address is given above):	
6 a. Since filing of the last application, has the named licensee, any me director, manager or agent for either a limited liability company lice licensee been convicted of any offenses (excluding traffic offens laws, any Wisconsin laws, any laws of other states, or ordinances of	ensee, corporation licensee, or nonprofit organization es not related to alcohol) for violation of any federal
 Are charges for any offenses presently pending (excluding traffic licensee or any other persons affiliated with this license? If yes, exp 	offenses not related to alcohol) against the named
Except for questions 6a and 6b, have there been any changes in the last application for this license? If yes, explain.	answers to the questions as submitted by you on your
Was the profit or loss from the sale of alcohol beverages for the previous Franchise Tax return of the licensee? If not, explain.	
9. Does the applicant understand they must hold a Wisconsin Seller's Po	V Yes No
10. Does the applicant understand that alcohol beverage invoices must be	e kept at the licensed premises for 2 years from the
date of invoice and made available for inspection by law enforcement	?
11. Is the applicant indebted to any wholesaler beyond 15 days for beer o	r 30 days for liquor?
best of the knowledge of the signers. Signers agree to operate this business acc if granted, will not be assigned to another. (Individual applicants and each memb of Limited Liability Companies must sign.)	olicant states that each of the above questions has been truthfully answered to the cording to law and that the rights and responsibilities conferred by the license(s), per of a partnership applicant must sign; corporate officer(s), members/managers and the state of the state o
Minda U. Brand	Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
My commission expires (Clerk/Notary Public) My commission expires	(Officer of Sorporation/Member/Manager of Limited Liability Company if Any)
TO BE COMPLETED BY CLERK	9494449
TO BE COMPLETED BY CLERK Date received and filed with municipal clerk Date received to council to get a co	Date license granted
5-17-16	
License number issued Date license issued	Signature of Clerk / Deputy Clerk

Submit to municipal clerk.		/fixel new	-1		middle n	amal .	
Individual's Full Name (please print) (last name)	C)	fiirst nam) TEVEN		(middie n. M	•	
THALER	Post Office	LEVER	City	1	State	Zip Code	•
Home Address (street/route)						1	
310 S MAIN STREET Home Phone Number	CHIPPEWA	Age	CHIPPEWA FA		WI Place of E	54729	
715-723-2822		63	09/16/1952			PEWA FA	TTC
		L		L_	CIIII	LUWATA	
The above named individual provides the follo	-	as a pers	son who is <i>(check one</i>):			
Applying for an alcohol beverage license							
A member of a partnership which is mak STEVEN THALER (Officer/Director/Member/Manager/Agent)		SALE	ES OF CHIPPEW ame of Corporation, Limited L	A FALLS,			
which is making application for an alcoho	l beverage license).	, .			-	
The above named individual provides the follo	wing information t	o the lice	ensing authority:				
1. How long have you continuously resided in							
2. Have you ever been convicted of any offer violation of any federal laws, any Wisconsi or municipality?	n laws, any laws c court, trial date and	of any oth d penalty	ner states or ordinand imposed, and/or da	ces of any co		Tyes	√ No
for violation of any federal laws, any Wisco municipality?	r or are you an off a limited liability o	icer, dire	ctor or agent of a col holding or applying fo	poration/nonport any other a	profit		✓ No
	•		and Type of License/Permit)				
 Do you hold and/or are you an officer, direct member/manager/agent of a limited liability brewery/winery permit or wholesale liquor, in If yes, identify. 	company holding	or apply	ing for a wholesale b	eer permit, Visconsin?			☑ No
•	Licensee or Permittee)	alavora		(Address By (City and Co	ounty)	
Named individual must list in chronological Employer's Name Employer's Name	er's Address	Jioyers.	TEm	ployed From	T	Го	
	S MAIN ST CI	3. WI 5		/01/1968			
	er's Address	, ,,,,,,		ployed From	h	Го	
The undersigned, being first duly sworn on oat the applicant has read and made a complete a undersigned further understands that any licer	nswer to each que	estion, ar	nd that the answers i	n each instar	ice are	true and cor	rect. The

AT-103 (R. 8-11)

My commission expires

Printed on Recycled Paper Wisconsin Department of Revenue

H

Submit to municipal clerk.

	Individual's Full Name (please print) (last name)	(first name)			(middle name)				
	THALER	JOHN			T				
Ī	Home Address (street/route)	Post Office		City	State	Zip Code			
	310 S MAIN STREET	CHIPPEWA		CHIPPEWA FALLS	WI	54729			
ļ,	Home Phone Number		Age	Date of Birth	Place of B	irth			
	715-829-5510		48	10/31/1967	EAU	CLAIRE			
T	The above named individual provides the following information as a person who is (check one):								
	Applying for an alcohol beverage licens	e as an <mark>individual</mark> .							
G	A member of a partnership which is ma	aking application for	r an alcol	noi beverage license.					
	JOHN THALER	of J& 5		ES OF CHIPPEWA FALL					
	(Officer/Director/Member/Manager/Agent) which is making application for an alcoh	ol beverage license	·	rme of Corporation, Limited Liability Company	or Nonprolit	Organization)			
77	- ''			oneing outhority					
	he <i>above named individual</i> provides the fol How long have you continuously resided								
	Have you ever been convicted of any offer								
£	violation of any federal laws, any Wiscon	•			county				
	or municipality?					Yes	✓ No		
	If yes, give law or ordinance violated, tria	·		· · ·	on and				
	status of charges pending. (If more room i	s needed, continue or	n reverse s	side of this form.)					
3.	Are charges for any offenses presently pe	ending against you	(other tha	an traffic unrelated to alcohol be	verages)				
	for violation of any federal laws, any Wisc					_			
	municipality?					Yes	√ No		
,	If yes, describe status of charges pending Do you hold, are you making application to		lioar dira	ator or agent of a paragration/no	nnrofit				
4.	organization or member/manager/agent or								
	beverage license or permit?	•				Yes	✓ No		
	If yes, identify.			**************************************					
-	De very held and/on any very an efficient dis-	•		nd Type of License/Permit)	ation or				
5.	Do you hold and/or are you an officer, dire member/manager/agent of a limited liabili		-		ation of				
	brewery/winery permit or wholesale liquor					Yes	√ No		
	If yes, identify.								
_	•	ale Licensee or Permittee)		(Address B	y City and Co	ounly)			
6.	Named individual must list in chronologica	ıl order last two emp over's Address	ployers.	Employed From) T	o .			
	,,	S MAIN ST CI	F W/I 5			U			
		oyer's Address	r, WI 3	#129 01/01/1900 Employed From	т	0			
		- tht	!! !	1/-1	41 £	_!			
In:	e undersigned, being first duly sworn on o applicant has read and made a complete	ath, deposes and s answer to each due	says tnat estion ar	ne/sne is the person named in nd that the answers in each inst	tne foreg ance are	oing application	on; tnat ect. The		
und	dersigned further understands that any lic	ense issued contra	ry to Cha	apter 125 of the Wisconsin Star	tutes sha	ll be void, and	d under		
per	nalty of state law, the applicant may be pro	secuted for submitt	ting false	statements and affidavits in col	nnection	with this applic	cation.		
Sul	oscribed and sworn to before me				Cara Cara	_ %			
	17 NAGA	1/0	\$ \$ \$ \$ \$ \$	••		7////			
this	day of VUU	, 20 <u>I V</u>	LIND	ADADA					
\mathcal{D}	(Clerk/Notary Public)		eresocotorio	(Signature of	Named Indiv	idual)			
h.a		20 <u> </u>	~ (VO)	An 199	ve more	,			
iviy	commission expires		Plus.			Print	ed on		
		الله الله الله الله الله الله الله الله	SLIC			Recycle	ed Paper		
AT-10	03 (R. 8-11)	"GO	" "BOOOARS	46 ⁴ 69	Wis	consin Department o	f Revenue		
			WASCON						
			~ @ C. C.	w −					

RENEWAL ALCOHOL BEVER	AGE LICENSE APPLICATION	Applicant's WI Seller's Permit No.: FEIN	Number:	3000
Submit to municipal clerk. Read instruction	ns on reverse side.	156 - 60% 1655 48 0 3 LICENSE REQUESTED		1044
For the license period beginning: 07 01 2	2016 ending: <u>06 30 2017</u>	TYPE	FE FE	E
(MM D	D YYYY) (MM DD YYYY)	☐ Class A beer	\$	10
Tow	n of COTENY	Class B beer	\$	100
TO THE GOVERNING BODY of the:	ge of \ COLLAX	Class C wine	\$	200
☐ City		Class A liquor	\$	50
County of DUNN Alderm	anic Dist. No (if required by ordinance)		\$ N/	
		K Class B liquor	\$	400
	nership	Reserve Class B liquor	\$	
☐ Corporation/Nonprofit	Organization	Class B (wine only) winery		17 601
Complete A or B. All must complete C.			\$ 2 \$ 529	2.501
A. Individual or Partnership:		TOTAL PEE	1 Day	. 20
Full Name(s) (Last, First and Middle		Post Office & Z	•	
NEISON, Wichael E	All and the deliber Company			
B. Full Name of Corporation/Nonprofit Organiz	eation/Limited Liability Company mpany (if different from licensed premises)	The state of the s		
Address of Corporation/Limited Liability Co	oration and Members/Managers and Agent of Limit	ed Liability Company		
	e (Inc. Middle Name) Home A		Office & Zi	p Code
	, (mai middie name)			•
Vice President/Member				
				•
Agent >				
Directors/Managers			27 00	<u> </u>
C.1. Trade Name \ Outhouse Bo	Nain St. Business	Phone Number 115-943	- 255°	11100000
2. Address of Premises	nain 3. Post Offi	ce & Zip Code ▶ <u>P. 0. Bok</u>	81 5	9730
3. Does the applicant understand that they must	purchase alcohol beverages only from Wisconsin whol	esalers, breweries and brewpubs?	Yes	[₹] No
, ,				
4 Premises description: Describe building or	huildings where alcohol beverages are to be sold a	nd stored. The applicant must		
Premises description: Describe building or include all rooms including living quarters.	buildings where alcohol beverages are to be sold a fused, for the sales, service, consumption, and/or	ind stored. The applicant must storage of alcohol beverages and	d records.	
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Submit to municipal clerk.

Зирин во тинира светк.					
Individual's Full Name (please print) (last name)		(first nan	ne)	(mio	dle name)
Nelson max	* + Mich	zcæ Ö			
Home Address (street/route)	Post Office		City	State	Zip Code
30749 13683 St.			New Auburn	w	I 54-15-7
Home Phone Number		Age	Date of Birth	Plac	e of Birth
715-967-2425		59	7-28-56	Eq	u Claire Wit
The above named individual provides the foll	owing information	as a ner	son who is (check one		
Applying for an alcohol beverage license A member of a partnership which is make (Officer/Director/Member/Menager/Agent) which is making application for an alcohol	king application fo	r an alco	shol beverage license		nprofit Organization)
The above named individual provides the follo	owing information	to the lic	ensing authority:		
				OLAC S	
 How long have you continuously resided i Have you ever been convicted of any offe 	nses (other than t	raffic unr	elated to alcohol bev	erages) for	
violation of any federal laws, any Wiscons or municipality? If yes, give law or ordinance violated, trial status of charges pending. (If more room is	in laws, any laws court, trial date ar	of any ot ıd penalt	her states or ordinan 	ces of any count	Yes 🔀 No
3. Are charges for any offenses presently pe	nding against you	(other th	an traffic unrelated to	alcohol bevera	ges)
for violation of any federal laws, any Wisco	onsin laws, any lav	ws of oth	er states or ordinanc	es of any county	or
municipality?					Yes 🕍 No
If yes, describe status of charges pending.		··· 11···			fit
 Do you hold, are you making application for organization or member/manager/agent of 	or or are you an or	ncer, aire	ector or agent of a co holding or applying f	or any other alco	ohol
beverage license or permit?	a minicu hability t	ompany	notaing or applying i		Yes 🔀 No
If yes, identify.					
	(Nan	ne, Location	and Type of License/Permit)		
5. Do you hold and/or are you an officer, dire					or
member/manager/agent of a limited liability					
brewery/winery permit or wholesale liquor,	manufacturer or r	ectifier p	ermit in the State of \	Visconsin?	☐ Yes 🔀 No
If yes, identify.					
•	le Licensee or Permittee)			(Address By City	and County)
6. Named individual must list in chronological	l order last two em	ployers.			
Employer's Name Emplo			Em	ployed From	То
	last 401	year	> =	alayad From	То
Employer's Name	yer's Address) En	ployed From	10
The undersigned, being first duly sworn on or the applicant has read and made a complete a undersigned further understands that any lice penalty of state law, the applicant may be pros	answer to each quense issued contra	iestion, a ary to Ch	and that the answers napter 125 of the Wis	in each instance sconsin Statutes	are true and correct. The shall be void, and under
Subscribed and sworn to before me					
att m.	00 // mmm	RIEM	Weeken Commencer of the		
this GHZ day of May ,	20/Ontilly	- • • • • • • • • • • • • • • • • • • •	EAM, M	1 1/20	
Mille Kan		TARL	: 1// /ans	(Signature of Name	d Individual)
	_ § % ≥ %			,	
My commission expires $8-27-8$,(D-1-1-1
	E (n). P	UBLI			Printed on Recycled Paper
AT-103 (R. 8-11)	D SAPA		CO RIGHT		Wisconsin Department of Revenue
	"Manie	OF W	Contract.		
	· e ₁ .				



RENEWAL ALCOHOL BEVERA	AGE LICENSE APPLICATION	Applicant's WI Seller's Permit No.: FEIN	Number:	
Submit to municipal clerk. Read instruction	s on reverse side.	LICENSE REQUESTED	4	
For the license period beginning: 07 01 2	016 ending: <u>06 30 2017</u>	TYPE	<i>₽</i> FE	E
(MM DE	YYYY) (MM DD YYYY)	[위 Class A beer	\$	10
☐ Town		Class B beer	\$	100
TO THE GOVERNING BODY of the: 🗹 Villag	ge of \ COLFAX	Class C wine	\$	200
☐ City o	of)	☑ Class A liquor	\$	50
County of DUNN Alderma	anic Dist. No. (if required by ordinance)	Class A liquor (cider only)	\$ N/	'A
radomis		Class B liquor	\$	400
CHECK ONE Individual Partn	ership	Reserve Class B liquor	\$	
☑ Corporation/Nonprofit C	Organization	Class B (wine only) winery	\$	
	-	Publication fee		2.501
Complete A or B. All must complete C.		TOTAL FEE	\$ 83	3.50
A. Individual or Partnership:		Dank Office 9 7	in Cada	
Full Name(s) (Last, First and Middle	Name) Home Address	Post Office & Z	ip Code	
The state of the s				
	ation/Limited Liability Company		· · · · / · · · ·	5473
Address of Corporation/Limited Liability Cor	mpany (if different from licensed premises)		ax wi	<u>. 54 /54</u>
All Officer(s) Director(s) and Agent of Corpo	ration and Members/Managers and Agent of Limi (Inc. Middle Name) Home A	ddroge — / A A Poet (Office & Z	in Code
9 1 2		TRRIM /SITE	كرك ركيانا	T-547
President/Member /// Vice President/Member /// Vice President/Member		1.	,	7.0
		11 (1		- EF
	R BUILDING		7.777.00.00	
Treasurer/Member	1 >			
Agent Directors/Managers 1/e	29 Tressin			
	larket Business	Phone Number	-962	-3583
C. 1. Trade Name	Main ST. Post Offi	ce & Zip Code	WI	53/73
	urchase alcohol beverages only from Wisconsin who			□No
3. Does the applicant understand that they must be	buildings where alcohol beverages are to be sold a	and stored. The applicant must		
include all rooms including living quarters, if (Alcohol beverages may be sold and stored of	used, for the sales, service, consumption, and/or	storage of alcohol beverages and	d records.	
5. Legal description (omit if street address is given				
6 a Since filing of the last application has the	named licensee, any member of a partnership licensee.	ensee, or any member, officer,		
director, manager or agent for either a lig	nited liability company licensee, corporation licens	ee, or nonprofit organization		
licensee been convicted of any offense	s (excluding traffic offenses not related to alcohol)) for violation of any federal		C7(4)
laws, any Wisconsin laws, any laws of othe	r states, or ordinances of any county or municipality	? If yes, complete reverse side	∐ Yes	Ø No
b. Are charges for any offenses presently p	pending (excluding traffic offenses not related to al	cohol) against the named	□ Voc	∑Ø No
licensee or any other persons affiliated wil	th this license? If yes, explain fully on reverse sign		L 162	128,140
last application for this license? If yes, expl	been any changes in the answers to the questions ain.		☐ Yes	Mo №
Franchise Tax return of the licensee? If not,		Wisconsin income or	⊠ ∑Yes	□ No
9. Does the applicant understand they must ho [phone (608) 266-2776]			⊠ Yes	☐ No
10. Does the applicant understand that alcohol b	peverage invoices must be kept at the licensed pro	emises for 2 years from the	'Z Yes	M No
	ction by law enforcement?		Yes Yes	∐ No ⊠ No
				<i>(</i>
hast of the knowledge of the slaners. Slaners garee t	alty provided by law, the applicant states that each of the operate this business according to law and that the applicants and each member of a partnership applications.	rights and responsibilities conferre	a by the lic	cense(s),
of Limited Liability Companies must sign.)		,)		
SUBSCRIBED AND SWORN TO BEFORE	ME ,			
this 1976 MAY	20/6 10 10	Tros		
	Officer of Congoration//	lember/Manager of Limited Liability Compar	ny /Partner/Ind	dividual)
Flann Cla	WC Comments on the Management of the Management	Important Indicates the Indicate Indicates the Indicates t	v /Partner	
(Clerk/Notary Public)	7 (Onlicer of Corporation/N	отовниченедог от виниво втарину сотпрат	., ., ., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
My commission expires	(Additional Partner(s)/Mo	ember/Manager of Limited Liability Company	/ if Any)	
TO BE COMPLETED BY CLERK				ENGLISHED HUMBER
Date received and filed with municipal clerk	Date reported to council/board	Date license granted		
5-19-16		Signature of Clerk / Deputy Clerk		
License number issued	Date license issued	alignature of Clerk / Deputy Clerk		

Submit to municipal clerk. Individual's Full Name (please print) (middle name) Home Phone Number 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. tion, 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? 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 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 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 If yes, identify. (Name, Location and Type of License/Permit) 5. Do you hold and/or are you an officer, director, stockholder, agent or employe 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?..... **₩**No If yes, identify. (Address By City and County) (Name of Wholesale Licensee or Permittee) 6. Named individual must list in chronological order last two employers. 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

> Printed on Recycled Paner

of Named Individual

My commission expires

	ENEWAL ALCOHOL BEVER		LICATI	ON [Applicant's WI Seller's Pe 456000057133	rmit No FEIN N 3702 39-	lumber 0465	150
	bmit to municipal clerk. Read instructio				LICENSE RE	QUESTED	,	
For	the license period beginning: 07 01	2016 ending: <u>06</u>	30 2017	7	TYPE			FEE
	· · · · · · · · · · · · · · · · · · ·		(MM DD YYYY	7	✓ Class A beer			0.00
	☐ Tow	B.			Class B beer		\$	
10	THE GOVERNING BODY of the: Villa	.95 5. (Class C wine		\$	
	☐ City			<u>}_</u>	Class A liquor		5	
Co	unity of DUNN Alderm	nanic Dist. No (if requ	uired by ordi	inance)	Class A liquor (d	- 7/		N/A
					Class B liquor		<u> </u>	
СН	ECK ONE Individual Parti		ollity Comp	any	Reserve Class E		· 	
	✓ Corporation/Nonprofit	Organization			Class B (wine or			
Co	mplete A or B. All must complete C.			<u> </u>	Publication fe		The second secon	2.50
	•			L	TOTAL FEE	9	<u> 3 e</u>	2.50
Α.	Individual or Partnership: Full Name(s) (Last, First and Middle	e Name) Home A	Address	4.40	Pos	t Office & Zi _l	p Code	!
В.	Full Name of Corporation/Nonprofit Organiz	zation/Limited Liability Compar	ny ▶ CED	AR COU	NTRY COOPER	RATIVE		
	Address of Corporation/Limited Liability Co						, WI	54739
	All Officer(s) Director(s) and Agent of Corp	oration and Members/Manage	ers and Ager	nt of Limited	d Liability Company			
	Title Name	e (Inc. Middle Name)		Home Add	tress	Post Of		Zip Code
	President/MemberBRIAN JC		N11744			COLFAX,		54730
	Vice President/Member STEVE AC		111014			COLFAX,		54730
	Secretary/Member DUANE_KU	JESTER	N5709	330TH 3	ST MEN	OMONIE,	WI	54751
	Treasurer/Member	-0040			COLDAY LIT	E 4720		
	Agent CHARLES BROWN					54730	- 470	1
	Directors/Managers PAUL DIEMER		ALMADGE	RD	EAU CLAII		5470:	Ţ
C. 1	Trade Name COLFAX CENEX			Business F	Phone Number $\frac{71}{22}$	5/902-3	1/2	
2	Address of Premises \$\greve{401} E. RAII Does the applicant understand that they must	LROAD AVE			& Zip Code ▶ <u>CO</u>			
5. 6.	(Alcohol beverages may be sold and stored Legal description (omit if street address is g a. Since filing of the last application, has the director, manager or agent for either a li licensee been convicted of any offens laws, any Wisconsin laws, any laws of other sections.	iven above): ne named licensee, any membe mited liability company license es (excluding traffic offenses r	er of a partne ee, corporati	ership licen ion licenses o alcohol) fo	see, or any membe e, or nonprofit orgar or violation of any fe	r, officer, nization ederal		
	b. Are charges for any offenses presently licensee or any other persons affiliated w	pending (excluding traffic offe	nses not rela	ated to alco	hol) against the nar	ned	☐ Yes	_
7.	Except for questions 6a and 6b, have there last application for this license? If yes, exp	been any changes in the answ				on your	☐ Yes	. ☑ No
8.	Was the profit or loss from the sale of alcohoranchise Tax return of the licensee? If not,	nol beverages for the previous	year reporte	ed on the V	visconsin Income or	•	✓ Yes	. □ No
9.	Does the applicant understand they must he [phone (608) 266-2776]	old a Wisconsin Seller's Perm	it?	,			√ Yes	☐ No
10	Does the applicant understand that alcohol	beverage invoices must be ke	ept at the lice	ensed prem	nises for 2 years fro	m the	r	
	date of invoice and made available for inspe	ection by law enforcement?					✓ Yes	
11.	Is the applicant indebted to any wholesaler	beyond 15 days for beer or 30	days for liq	Juor?			☐ Yes	✓ No
REA pest f gra of Lir	D CAREFULLY BEFORE SIGNING: Under pen of the knowledge of the signers. Signers agree nted, will not be assigned to another. (Individua nited Liability Companies must sign.)	nalty provided By law Mac applicate to operate this business accord a applicants and each member of AR	nt states that	each of the	above questions has	been truthfull	y answe by the embers/	ered to the license(s), managers
SUE	SCRIBED AND SWORN TO BEFORE		1.	ر کست				
his	ay of May	20,162	10400000	and	nber/Manager of Limited L	iahilitu Comnani	Partner	Individuali
	Shall River (Clerk/Notary Public)			·	nber/Manager of Limited L			
Лу с	ommission expires \$\frac{\lambda 27.18}{}	. 176		•	her/Manager of Limited Li			
0	BE COMPLETED BY CLERK	<u>nema veri prot, de siti de de la ciunte de siti de e que referente de la filoso de media por a potención estidad</u>						
	received and filed with municipal clerk	Date reported to council/board		0	ate license granted			
1===	G-3-16	Date license issued		S	ignature of Clerk / Deputy	Clerk		
_icen:	se number issued	250 1051105 105604						
T	(P 7 15)					Wisconsin De	partment	of Revenue

Submit to municipal clerk.

AT-103 (R. 8-11)

Individual's Full Name (please print) (last name)	(first name)	(middle name)
(Órow)	n Charles	beautiful de la constant de la const
Home Address (street/route)	Post Office City	State Zip Code
N8227 Cty Rd M	Colf	ax 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 fol	lowing information as a person who is <i>(ched</i>	sk one):
Applying for an alcohol beverage license	as an individual.	
	king application for an alcohol beverage lic	ense.
X Agent	of Cedar Con	ntry Concerative
(Officer/Director/Member/Manager/Agent)	of <u>Cedar Cou</u>	mited Liability Company of Nonprofit Organization)
which is making application for an alcohol		
The above named individual provides the foll	owing information to the licensing authority	•
1. How long have you continuously resided		
2. Have you ever been convicted of any offer	enses (other than traffic unrelated to alcoho	l beverages) for
	sin laws, any laws of any other states or ord	dinances of any county
or municipality?		Yes X No
· · · · · · · · · · · · · · · · · · ·	court, trial date and penalty imposed, and/	or date, description and
status of charges pending. (If more room is	s needed, continue on reverse side of this form.)	
O A series of the series of th	adian against you (athor than traffic upyala	tod to alcohol havorages)
3. Are charges for any offenses presently pe	onsin laws, any laws of other states or ordi	
If yes, describe status of charges pending		—
4. Do you hold, are you making application f	or or are you an officer, director or agent of	a corporation/nonprofit
organization or member/manager/agent o	f a limited liability company holding or apply	ying for any other alcohol
beverage license or permit?		Yes 💢 No
If yes, identify.		
5 C	(Name, Location and Type of License/P	
Do you hold and/or are you an officer, dire member/manager/agent of a limited liabilit		
brewery/winery permit or wholesale liquor,		
If yes, identify.	Thanking are at realist period and are	
	le Licensee or Permittee)	(Address By City and County)
6. Named individual must list in chronologica	·	
	yer's Address	Employed From To
Charles L SNOW L	101 Kailroan Auc Coll	2N
	yer's Address	Employed From To
		arran named in the foregoing application; that
The undersigned, being first duly sworn on or the applicant has read and made a complete.	atn, deposes and says that he/she is the passwer to each question, and that the ansi	person named in the foregoing application; that wers in each instance are true and correct. The
undersigned further understands that any lice	ense issued contrary to Chapter 125 of the	e Wisconsin Statutes shall be void, and under
penalty of state law, the applicant may be pro	secuted for submitting false statements an	d affidavits in connection with this application.
0.1. 3. 5. 1		
Subscribed and sworn to before me	Manualling.	
this 20 day of 10 My	20 16 MILLA RIEWING	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
The Distriction	Sur Chi	(Machin)
(Clérk/Notary Public)	OTAP, "	(Signature of Named Individual)
My commission expires 827~/8		
wry dominiosion explices v · / / /	0: A	Printed on
	J. UBLIC S.	Recycled Paper
AT-103 (R. 8-11)		Wisconsin Department of Revenue

RENEWAL ALCOHOL BEVER	AGE LICENSE APPLICATION	Applicant's WI Seller's Permit No.: FEIt	Number:	***************************************		
Submit to municipal clerk. Read instruction	ns on reverse side.	LIOCHOT DECULECTED	<u> </u>			
For the license period beginning: 07 01 2	2016 ending: 06 30 2017	LICENSE REQUESTED TYPE		EE		
(MM E	DD YYYY) (MM DD YYYY)	Class A beer	\$	10		
	on of COLFAX	☑,Class B beer	\$	100		
TO THE GOVERNING BODY of the: 🗹 Villa	ige of }	Class C wine	\$	200		
☐ City	of J	☐ Class A liquor	\$	50		
County of DUNN Alderm	nanic Dist. No. (if required by ordinance)	Class A liquor (cider only)	\$ N	I/A		
			\$	400		
CHECK ONE Individual Parti		Reserve Class B liquor	\$			
☐ Corporation/Nonprofit	Organization	Class B (wine only) winery	\$			
Complete A or B. All must complete C.		Publication fee	\$ 5	12.50:		
A. Individual or Partnership:		TOTAL FEE	\$ 52	2.50		
Full Name(s) (Last, First and Middle	e Name) Home Address	Post Office & 2	Zip Code			
<i>▶</i>	,					
B. Full Name of Corporation/Nonprofit Organiz	zation/Limited Liability Company	Restaurerat + Pub				
Address of Corporation/Limited Liability Co	ompany (if different from licensed premises)					
All Officer(s) Director(s) and Agent of Corp	oration and Members/Managers and Agent of Lim	ited Liability Company:				
	e (Inc. Middle Name), Home A		Office & Z			
	e lynn Housen Eg	951810th Mue	COCCA	<u>uk 5</u> 4732		
Vice President/Member Wnda Sa	10201 122 Pai	11-10v =127 COI	tax a	54730		
Secretary/Member						
Treasurer/Member				discrete and the second second		
Agent Patt HOUSER						
Directors/Managers	7. (, , , , , , , , , , , , , , , , , ,	or in Chi		4 6 8 8		
C.1. Trade Name Many Restaus	Viat - Vub Busines	s Phone Number 715 - 91	22-7	146		
2. Address of Premises ▶ 225 Br						
	purchase alcohol beverages only from Wisconsin who		/Li¥es	☐ No		
4. Premises description: Describe building or	buildings where alcohol beverages are to be sold	and stored. The applicant must	d rooseds			
(Alcohol beverages may be sold and stored	only on the premises described) (A) Ooloo) St	Provide On locar Ich alcords	u records.	alluseus offic		
Legal description (omit if street address is gi	heb spoke).	() S () S) / *** (12	C- 21 in or		
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. Stovel & but She Unit in hall with 5. Legal description (omit if street address is given above): 6. a. Since filling of the last application, has the named licensee, any member of a partnership licensee, or any member, officer,						
	mited liability company licensee, corporation licens					
licensee been convicted of any offense	es (excluding traffic offenses not related to alcoho) for violation of any federal	_			
· · ·	er states, or ordinances of any county or municipalit		Yes	Ø No		
	pending (excluding traffic offenses not related to a			(S) (i)		
, ·	ith this license? If yes, explain fully on reverse si		. U Yes	□ ∠ No		
	been any changes in the answers to the question	s as submitted by you on your	□ Vaa	'Æ' No		
last application for this license? If yes, exp		Missessia Income	Yes	IF INO		
8. Was the profit or loss from the sale of alcoh Franchise Tax return of the licensee? If not,	ol beverages for the previous year reported on the	e vvisconsin income or	V Yes	□ No		
9. Does the applicant understand they must he			103			
	old a wisconsin Seller's Pernit?		₩ Yes	□No		
** * *	beverage invoices must be kept at the licensed pr		7			
	ection by law enforcement?		Yes	☐ No		
	beyond 15 days for beer or 30 days for liquor?		☐ Yes	Z-No		
				•		
READ CAREFULLY BEFORE SIGNING: Under pen	alty provided by law, the applicant states that each of t to operate this business according to law and that the	he above questions has been truthfu	ully answer	ed to the		
if granted, will not be assigned to another, (Individual	to operate this business according to law and that the I applicants and each member of a partnership applica	ant must sign; corporate officer(s), r	nembers/in	lanaters NIA		
of Limited Liability Companies must sign.)	, , , , ,		N. C.	Ar WAS		
SUBSCRIBED AND SWORN TO BEFORE	ME		2.16	· ATA . · E		
m	20/6 Dend	A Stockers		POLYAT:		
this 25 day of //lay	(Officeriot Corporation/	ember/Marager of Limited Liability,Compa	n /P mer/Inc	dividual		
(Clerk/Notary Public)	2 Vatac+to		600 to			
6 (1 (1	(Öfficer of Corporation/N	dember/Mailager of Limited Liability Compar	War abren	~UBLIV.		
My commission expires 8-76-77	(Additional Partner(s)/M	ember/Manager of Limited Liability Compan	I IF ARM	,		
TO DE COMPLETED DV CLEDY				OF DUSCY,		
TO BE COMPLETED BY CLERK Date received and filed with municipal clerk	Date reported to council/board	Date license granted	-7/	WHITH HERE		
6-3-16						
License number issued	Date license issued	Signature of Clerk / Deputy Clerk				
				<u> </u>		
AT-115 (R. 7-15)		Wisconsin I	Department of	Revenue		

AT-115 (R. 7-15)

Submit to municipal clerk.

Submit to municipal cient.			
Individual's Full Name (please print) (last name)	(first name)	(midd	le name)
HOUSEL	Parriua		MNN
Home Address (street/route) Post Off	ice City	State	Zip Code 54730
Home Phone Number 115 - 704 - 004 3	Age Date of Birth		of Birth Ja Ula (ha W)
The above named individual provides the following in	nformation as a person who is <i>(chec</i>		
Applying for an alcohol beverage license as an i		n choj.	
A member of a partnership which is making app		ense.	
the member	of Many pro	Main il	(_
(Officer/Director/Member/Manager/Agent) Which is making application for an alcohol bevera		mited Liability Company or Nonp	orofit Organization)
The above named individual provides the following in			
How long have you continuously resided in Wisco			
2. Have you ever been convicted of any offenses (ot			
violation of any federal laws, any Wisconsin laws,			— `- /
or municipality?			····· Yes Y-No
status of charges pending. (If more room is needed,		i date, description and	u
Are charges for any offenses presently pending ag for violation of any federal laws, any Wisconsin law	- •		,
municipality?	The state of the s		
If yes, describe status of charges pending.			_ P
4. Do you hold, are you making application for or are			
organization or member/manager/agent of a limited beverage license or permit?			
If yes, identify.			···· les Of No
	(Name, Location and Type of License/Pe		A STATE OF THE STA
Do you hold and/or are you an officer, director, stormember/manager/agent of a limited liability compa		•	or
brewery/winery permit or wholesale liquor, manufac			☐ Yes 1 No
If yes, identify.	,		<u> </u>
(Name of Wholesale Licensee	•	(Address By City an	d County)
6. Named individual must list in chronological order la Employer's Name Employer's Addres	SS	Employed From	To A
monin on main (Co(Cax	2004	Present
Employer's Name Employer's Addres	os Calcav.	Employed From	To 7 COC 7
between a voil + Redher (11 WKMP	1996	100/
The undersigned, being first duly sworn on oath, depo	oses and says that he/she is the p	erson named in the for	regoing application; that
the applicant has read and made a complete answer to	o each question, and that the answ	ers in each instance a	re true and correct. The
undersigned further understands that any license issu- penalty of state law, the applicant may be prosecuted to	for submitting false statements and	f virisconsin Statutes s I affidavits in connection	on with this application.
Subscribed and sworn to before me			
Subscribed and sworn to before the	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, Î	/
this 35 day of	2 JULYL M. NINNA	1 m / M	
(hery M. Klimeman)	- II HO	AND TVI	
My commission expires Aug 16, 2019	きい、そのいろと、ない	(Signature of Named)	Adinigite 10
my commission expires /+1.4 /6 30/9	for submitting false statements and		Printed on
AT 400 (D. D. 44)	ES: PURIO: 23		Printed on Recycled Paper
AT-103 (R. 8-11)	S. S		Wisconsin Department of Revenue
	E MISCHIER		
	E "minimum"		

Submit to municipal clerk.

1	Individual's Full Name (please print) (last	name)	(first name)	do	(middle	name)	
L) Salut	(- (f /	<u> </u>	YU .	Jue	7: 0. 1	
1	Home Address (street/route)	Post Office	ak l	1) Hax	State	Zip Code	10
1	Home Phone Number	100	Age E	rate of Birth	Place o	Birth	
L	715-704-01	98	609	2-14-41	W	ules ha	r le
T	he <i>above named individual</i> provide:	=		n who is (check one):			
Ļ	Applying for an alcohol beverage			havana liaanaa	, ,		
X	A member of a partnership which		MO	of Corporation, Limited Liability	Q/N Company or Nonpri	ofit Organization)	
	which is making application for a	n alcohol beverage lic	ense.				,
T	he <i>above named individual</i> provides	the following informa	tion to the licens				
	How long have you continuously i						
2.	 Have you ever been convicted of violation of any federal laws, any 						1
	or municipality?					Yes	[☑ No
	If yes, give law or ordinance violation				escription and		1
	status of charges pending. (If mor	e room is needed, contin	ue on reverse sid	e of this form.)			
3.	Are charges for any offenses pres						
	for violation of any federal laws, a municipality?						M No
	If yes, describe status of charges						42.110
4.	Do you hold, are you making appli		n officer, directo	or or agent of a corpora	ation/nonprofit		***
	organization or member/manager/						/
	beverage license or permit?	_					No D
	If yes, identify.						
5	Do you hold and/or are you an offi	cer director stockhold	•	Type of License/Permit)	corporation o	nr.	
ა.	member/manager/agent of a limite					,,	. <i>1</i> :
	brewery/winery permit or wholesal					Yes	X No
	If yes, identify.		,				
	•	of Wholesale Licensee or Perm	•	(.	Address By City and	l County)	
	Named individual must list in chror Employer's Name	Employer's Address	empioyers.	Employed	From	То	
	Employer's Name	Employer's Address		Employed	From	То	
. 1							
	e undersigned, being first duly swo applicant has read and made a co						
und	dersigned further understands that	any license issued co	ontrary to Chap	ter 125 of the Wiscons	sin Statutes si	hall be void, and	d under
pei	nalty of state law, the applicant may	be prosecuted for su	bmitting false s	atements and affidavit	s in connectio	n with this appli	cation.
Su	bscribed and sworn to before me				в	Л	
thic	5_35 day of	20 1/2		10	/	11	
ume	Chery M.	, 20 70	11111111111111111111111111111111111111	ree Dudo	~ V.	Solan	0/1 -
			ST WINN	Engles (SI	gnature of Named Ir	ndividual)	
Му	commission expires		"COTAR	· The			
		# # # # # # # # # # # # # # # # # # #	- d				ited on led Paper
AT-10	03 (R. 8-11)	The second	· , , , , , , , , , , , , , , ,		,	Wisconsin Department o	of Revenue
		5 O's	. //DIN	· 20 80			

RENEWAL ALCOHOL BEVER	AGE LICENSE APPLICATION	Applicant's WI Seller's Permit No.: FEIN	Number:	the side
Submit to municipal clerk. Read instruction	ons on reverse side.			<u>4055</u> 2
For the license period beginning: 07 01	2016 ending: <u>06 30 2017</u>	LICENSE REQUESTED		
	DD YYYY) (MM DD YYYY)	TYPE Class A beer	\$	10
☐ Tow		Class A beer	\$	100
TO THE GOVERNING BODY of the: 🗹 Villa	age of COLFAX	Class C wine	\$	200
☐ City	of	Class & liquor	\$	50
County of DUNN Aldern	nanic Dist. No. (if required by ordinance)	Class A liquor (cider only)	+	I/A
Aldern Aldern	(ii required by diditiance)	✓ Class B liquor	φ 1	400
CHECK ONE Individual Part	nership 🛣 Limited Liability Company	Reserve Class B liquor	\$	
☐ Corporation/Nonprofit	• _	Class B (wine only) winery	1 :	
_ ,	Ü	Publication fee	φ ~	17.60
Complete A or B. All must complete C.		TOTAL FEE	φ = 4	1 66
A. Individual or Partnership:			\$ 506	·
_	e Name) Home Address Brenda L. 2155 EICCr		-	
Address of Corporation/Limited Liability Co All Officer(s) Director(s) and Agent of Corp Title Name President/Member	zation/Limited Liability Company Scholcompany Scholcompany (if different from licensed premises) oration and Members/Managers and Agent of Limi e (Inc. Middle Name) Home A	ted Liability Company: ddress Post	Office & Z	
Secretary/Member				
Directors/Managers				
C. 1. Trade Name > Buck Shows	BANEGIN LLC Business	s Phone Number <u>7/5-96</u>	2-4	281
2. Address of Premises 512 M	ain St. Colfax, WI Post Off	ce & Zip Code 🕨 <u>54 73</u>	0	
	purchase alcohol beverages only from Wisconsin who			☐ No
4. Premises description: Describe building or	buildings where alcohol beverages are to be sold a	and stored. The applicant must	/ \	
include all rooms including living quarters, i	f used, for the sales, service, consumption, and/or only on the premises described.)	storage of alcohol beverages an	d records.	
(Alcohol beverages may be sold and stored	only on the premises described.) ONC Story	Brick building & Sto	ragere	20115 W14
5. Legal description (omit if street address is gi	ven above): <u>basement.Grac</u>	ad Hoor accessible	e telu	iense pre
director, manager or agent for either a li licensee been convicted of any offense	e named licensee, any member of a partnership lic mited liability company licensee, corporation licens es (excluding traffic offenses not related to alcohol er states, or ordinances of any county or municipality	ee, or nonprofit organization for violation of any federal	☐ Yes	ÀI No
b. Are charges for any offenses presently	pending (excluding traffic offenses not related to al ith this license? If yes, explain fully on reverse side	cohol) against the named		Ž No
last application for this license? If yes, exp			☐ Yes	No
Franchise Tax return of the licensee? If not,			Yes	☐ No
9. Does the applicant understand they must he [phone (608) 266-2776]	old a Wisconsin Seller's Permit? M: DU bauerage invoices in the licensed pre		Yes	□No
date of invoice and made available for inspe	conor by law enforcement?		Yes	□ No
11. Is the applicant indebted to any wholes ക്ലീല്	beyond 15 days for beer of 30 days for liquor?		∐ Yes	X No
hest of the knowledge of the signers. Signers agree	alty provided by law, the applicant states that each of the to operate this business according to law and that the applicants and each manufer of a partnership application.	rights and responsibilities conferred	d by the lic	ense(s),
if granted, will not be assigned to another. (Individual of Limited Liability Companies must sign.) SUBSCRIBED AND SWORN TO BEFORE this	ME OF WISCOUTH	106).11		
this day of		ember/Manager of Limited Liability Compan	W /Padnarlin	dividual
C SWA	Company of Comporation of the Composition of the Co	2 2 Company	y ri aidiciriili	uvidualj
(Clerk/Netery Flubilc)	(Officer of Corporation/IM	ember/Manager of Limited Liability Compan	y /Partner)	
My commission expires	7A-MM1 Br	mbod language of the land the little of	If A med	
	(Additional Partner(s)/Me	mber/Manager of Limited Liability Company	ıı Any)	
TO BE COMPLETED BY CLERK				
Date received and filed with municipal clerk	Date reported to council/board	Date license granted]
(o-(o-)(o	Date license issued	Signature of Clerk / Deputy Clerk		
1	1	• •		1

S	ubmit to municipal clerk.							
Ir	ndividual's Full Name (please print) (last na	me)	(first name	9)		(middle r	name)	
	Dahl Brends	7				L.		
F	lome Address (street/route)	Post Office		City	6	State	Zip Code	
	2155 EKK MERK	Rd		Equila	we	INE	5470	3
H	Iome Phone Number		Age	Date of Birth		Place of I	Birth	9
	715-8744463		55	-3-13-1	4	Ken	osha, le	DI
L_		h - fallanda y information	- Lugar	an who is (-bk	e f	I P ECON E	00.00	
	ne <i>above named individual</i> provides t	_		son wno is (cneck	one):			
1	Applying for an alcohol beverage l							
L	A member of a partnership which	is making application for	r an alcol	nol beverage lice	nse.			
L	(Officer/Director/Member/Manager/	of	/A1=	me of Corporation, Lim	ited Liability Company	or Monnrof	it Organization)	
				ше от согрогации, спи	нео ставшту сотрату	or Nonpror	n Organization)	
	which is making application for an	alconol beverage license	e.					
Th	ne <i>above named individual</i> provides t	ne following information t	to the lice	ensing authority:				
	How long have you continuously res							
2.	Have you ever been convicted of ar							
	violation of any federal laws, any W		_			ounty		rtd
	or municipality?						Yes	X No
	If yes, give law or ordinance violated			•	r date, descripti	on and		•
	status of charges pending. (If more i	oom is needed, continue or	i ieveise s	side of this form.)				
3.	Are charges for any offenses preser	ntly pending against you	(other tha	an traffic unrelate	ed to alcohol be	verages)	
	for violation of any federal laws, any							
	municipality?						Yes	D No
	If yes, describe status of charges pe	nding.						•
4.	Do you hold, are you making applica							
	organization or member/manager/agbeverage license or permit?					alconoi	Yes	M
	If yes, identify.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					, [] 163	A
	in you, idonary.	(Nam	e, Location a	and Type of License/Per	mit)			
5.	Do you hold and/or are you an office	r, director, stockholder, a	igent or e	employe of any p	erson or corpor	ation or		
	member/manager/agent of a limited						_	<u>_</u> /
	brewery/winery permit or wholesale	iquor, manufacturer or re	ectifier pe	rmit in the State	of Wisconsin?.		Yes	Mo No
	If yes, identify.							<i>2</i>)
_	•	Wholesale Licensee or Permittee)			(Address B	y City and C	County)	
з. Г	Named individual must list in chronol Employer's Name	logical order last two emp	pioyers.		Employed From		To	
	1 A TOTAL	50231/2 L	200	150	March 2	000	Tilua	وسب
-	MESIJE Employer's Name	Employer's Address	_ UC		Employed From		July de	201
	30	Employer's Address	OLA	r & C.	Feb/90	78	Ech 2	000
L	Of the		- Louis		10000	10 1	1 400	
Γhe	e undersigned, being first duly sworn	on oath, deposes and s	says that	he/she is the pe	rson named in	the fore	going applica	tion; that
	applicant has read and made a com dersigned further understands that a							
er	nalty of state law, the applicant may b	e prosecuted for submit	ting false	statements and	affidavits in cor	nection	with this app	lication.
	, , , , , , , , , , , , , , , , , , , ,	,	Ü				• •	
Sut	oscribed and sworn to before me							
his	day of) une	120/6	4 10 10 10 10 10 10 10 10 10 10 10 10 10	V. DUSW.				
1.0			in ME		10	\mathcal{A}	Dal	0
	_(Clerk/Nolary-Public)		Z.Y	(A)	(Signature of	Named Ind	ividual)	
A.	commission expires	1/10/	: 40	ハペト			6	
ıy	commission explies	20 / 6 minuman.	: ` -				y	inted on
		18 8 B	S. PU	BLIU . SE				cled Paper
T-10	3 (R. 8-11)		分	Cherry Charles		Wi	Isconsin Department	of Revenue
		**	MILE OF	WISCOHIL				
			THUM	minner.				

AT-103 (R. 8-11)

My commission expires

Submit to municipal clerk.							
Individual's Full Name (please print) (last name	е)	(first name	;)		(middle na	ame)	
Dahl	Daniel				H		
Home Address (street/route)	Post Office		City		State	Zip Code	
2155 EIKhel Ro	d		Foullas	in C	WI	5470	23
Home Phone Number		Age	Date of Birth		Place of B	Birth	
Home Phone Number 715-874-4463		56	6-2-6	O	100	ysmith	WI
The above pared individual provides th	o following information		on who is tohack	anal'		l	·
The above named individual provides the			OH WHO IS (CHECK)	one).			
Applying for an alcohol beverage lic							
A member of a partnership which i	_	r an alcor	nol beverage licen	ise.			
(Officer/Director/Member/Manager/A	of	(Na	me of Corporation, Limite	ed Liability Company	or Nonprofi	t Organization)	
which is making application for an a		·	, =,	,		,	
- , ,							
The above named individual provides th							
1. How long have you continuously resi	ded in Wisconsin prior	to this da	te? <u>5 Q</u>				
2. Have you ever been convicted of any	offenses (other than tr	affic unre	lated to alcohol b	everages) for			
violation of any federal laws, any Wis					ounty	🗹 Yes	□No
or municipality?					on and	🛌 163	
status of charges pending. (If more ro				date, descripti	on and		
DUI 1996			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
3. Are charges for any offenses present						ı	
for violation of any federal laws, any							Y-2/
municipality?						Yes	No.
If yes, describe status of charges per 4. Do you hold, are you making applicat		ficar dire	otor or agent of a	corporation/no	nnrofit		
organization or member/manager/age							
beverage license or permit?						🗌 Yes	No No
If yes, identify.							
	·		nd Type of License/Perm				
5. Do you hold and/or are you an officer							
member/manager/agent of a limited li brewery/winery permit or wholesale li						Yes	M No
If yes, identify.	quor, manufacturer or r	ecuiei pe	annic in the State C	VVISCONSIIT: .		103	Ye 140
	(holesale Licensee or Permittee)			(Address E	By City and C	County)	
6. Named individual must list in chronolo		ployers.		·			
Employer's Name	Employer's Address			Employed From		То	4
(rescades TISSUE)	1200 Englis	L SL	-	Junel	979	Preser	<i>if</i>
Employer's Name	Employer's Address			Employed From		То	
The undersigned, being first duly sworn	on oath, denoses and :	savs that	he/she is the per	son named in	the fored	going applicati	on: that
the applicant has read and made a comp	lete answer to each qu	estion, ar	nd that the answe	rs in each inst	ance are	true and corre	ect. The
undersigned further understands that an	y license issued contra	ary to Ch	apter 125 of the	Wisconsin Sta	tutes sha	all be void, and	d under
penalty of state law, the applicant may be				anidavits in co	nnection	with this appli	cation.
Subscribed and sworn to before me			the.				
	00/10	miniM.	DÜZZ	• • •		01	
this day of	1/20 / B suring	Apr		a. 11 A	. 2 1		
	150	OTA	AR DESERVE	(Signature o	Named Ind	ividual	
(Clerk/Notary Public)	119	40.		Digitalate 0	, some mai	<i>F</i>	
My commission expires	11						
· ·		∵ ~UB					ited on led Paper
AT-103 (R. 8-11)	TANK.	NOTA NOTA NOTA NOTA NOTA NOTA NOTA NOTA	COMILIA		Wi	sconsin Department o	of Revenue
		WILLOF V	Mex.""				
			133-1				

RENEWAL ALCOHOL BEVER	AGE LICENSE APPLICATION	Applicant's WI Seller's Permit No.: FEII	N Number:	***************************************
Submit to municipal clerk. Read instruction	ons on reverse side.			
For the license period beginning: 07 01	2016 ending: 0.6 30 2017	LICENSE REQUESTED		
	2016 ending: 06 30 2017	TYPE	F	EE 1.0
☐ Tow		Class A beer	13	10
TO THE GOVERNING BODY of the: Villa	1	Class B beer	\$	100
☐ City		Class C wine	\$	200
•		Class A liquor	\$	50
County of DUNN Aldern	nanic Dist. No (if required by ordinance)	Class A liquor (cider only)	\$ 1	J/A
		☐ Class B liquor	\$	400
CHECK ONE Individual Part		Reserve Class B liquor	\$	
☐ Corporation/Nonprofit	Organization	Class B (wine only) winery	\$	
Complete A or B. All must complete C.		Publication fee	\$	27.61
•		TOTAL FEE	\$ 23	9.50
A. Individual or Partnership: Full Name(s) (Last, First and Middle Control of Control o	e Name) Home Address HULL EUS F	Post Office & . E. VALLAND CANTAY	Zip Code	
SCHIEBER	. Henre Flether cost	E. MALLEAD CONFAY	1 59	(L)
All Officer(s) Director(s) and Agent of Corp Title Name President/Member Vice President/Member Secretary/Member Treasurer/Member	ompany (if different from licensed premises)	Address Post	Office & Z	ip Code
Agent ▶				
Directors/Managers				
C.1. Trade Name 🕨 🔱 LITUC SLICE	E OF TALY Busine	ss Phone Number <u>1560</u>	2-5101	15/
2. Address of Premises \ GO \ WIA	IN STREET POST O	ffice & Zip Code 🕨 COLFAY. (UN 54	730 ·
	purchase alcohol beverages only from Wisconsin wh			
(Alcohol beverages may be sold and stored 5. Legal description (omit if street address is gi 6. a. Since filing of the last application, has the	ven above): Nucleof National N	SO MANY SHOULT CO	od records	
licensee been convicted of any offense	mited liability company licensee, corporation licer es (excluding traffic offenses not related to alcoho er states, or ordinances of any county or municipali	ol) for violation of any federal	☐ Yes	√Q Ño
	pending (excluding traffic offenses not related to a lith this license? If yes, explain fully on reverse s		☐ Yes	√ V No
7. Except for questions 6a and 6b, have there last application for this license? If yes, exp	been any changes in the answers to the question lain.	ns as submitted by you on your	☐ Yes	X No
Franchise Tax return of the licensee? If not,		-	☐ Yes	VŽ No
9. Does the applicant understand they must he [phone (608) 266-2776]	old a Wisconsin Seller's Permit? By Eller's Permit? beverage invoices must be kept at the licensed p		χ(Yes	□ No
date of invoice and made available for inspe	ection by Yaw enforcement? 🗘 💪		Yes	□ No
11. Is the applicant indebted to any wholesaler t	peyond 15 days for heer or 30 days for liquor?		☐ Yes	No.
est of the knowledge of the signers. Signers agree :	ally provided by law the applicant states that each of to operate this business according to law and that the applicants and each member of a partnership applic	e rights and responsibilities conferre	d by the lic	cense(s).
UBSCRIBED AND SWORN TO BEFORE	(1) (C. N)			
is _ & _ day of _ filme	, 20 /6 (Office the Corporation)	Member/Manager of Limited Liability Compan	ıy /Partner/In	dividual)
	(Officer of Corporation)	Member/Manager of Limited Liability Compan	y /Partner)	
y commission expires 8-27-2018	(Additional Partner(s)/k	dember/Manager of Limited Liability Company	if Any)	
O BE COMPLETED BY CLERK		A CONTRACTOR OF THE PROPERTY O		Part of the Control o
ate received and filed with municipal clerk	Date reported to council/board	Date license granted		
6-6-16 cense number issued	Date license issued	Signature of Clerk / Deputy Clerk		

Submit to municipal clerk.

each to manelpar dom.				
Individual's Full Name (please print) (last na	me)	(first name)	(m	iddle name)
SCHIEBER	Λ	11116	FIE	14VO
Home Address (street/route)	Post Office	City	Sta	ate Zip Code
805 E. RAIURUAN AN		C. Par	TAU 16	1
	C		4747	41 54730
Home Phone Number		Age Date of Birth	Pla	ice of Birth
115556-4110		148 1 12/17	167	MAYOR WILL
The above named individual provides Applying for an alcohol beverage A member of a partnership which (Officer/Director/Member/Manager which is making application for an The above named individual provides t 1. How long have you continuously re 2. Have you ever been convicted of an violation of any federal laws, any W or municipality? If yes, give law or ordinance violated status of charges pending. (If more of the charges for any offenses present for violation of any federal laws, any municipality? If yes, describe status of charges pending the charges pending application or member/manager/action or member/manager/action or member/manager/action or member/manager/action. If yes, identify.	icense as an individual. is making application fo of of alcohol beverage license the following information sided in Wisconsin prior by offenses (other than trisconsin laws, any laws of the community of the continue of the community pending against your Wisconsin laws, any laws of the community pending against your wisconsin laws, any laws of the community pending against your wisconsin laws, any laws and the community pending against your wisconsin laws, any laws and the community pending against your winding. Inding against you are you an off gent of a limited liability of the community pending against your and the community pending against your winding.	r an alcohol beverage leads of the licensing authorists to the licensing authorists to this date? Taffic unrelated to alcoholof any other states or outhous areverse side of this form (other than traffic unrelates or other states or other states or or other states or	ty: ty: dol beverages) for rdinances of any courdinances of any country dinances of any other alcohol beverages.	eges) y or Ofit Ohol
 Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale if If yes, identify. 	liability company holding iquor, manufacturer or re	or applying for a whole	esale beer permit,	~ /
	Vholesale Licensee or Permittee)		(Address By City	and County)
6. Named individual must list in chronol				· ·
Employer's Name YILLAGE N N Employer's Name OSSEKL STAFFING	Employer's Address 502 MAM Str Employer's Address A CUSSE	. Catay. W	Employed From Employed From	To \ 2004
The undersigned, being first duly sworn the applicant has read and made a compundersigned further understands that ar penalty of state law, the applicant may be	plete answer to each que ny license issued contra	estion, and that the ans ry to Chapter 125 of th	swers in each instance ne Wisconsin Statutes	e are true and correct. The shall be void, and under
Subscribed and sworn to before me	411111	A RIFA	. ()	
this Uth day of June	, 20 <u>/{</u>	OTAR P	ca V	
(Clerk/Notary Public) My commission expires 8-27	-2018 BE 57.	OTARL NEW OTARLES	(Signature of Name	Printed on
AT-103 (R. 8-11)	The Mandallian	OF WISHINITE		Recycled Paper Wisconsin Department of Revenue

Application for Cinaratta and

		or Cigarette and		MUNICIPAL USE ONLY
Toba	cco Prod	ducts Retail License		License Number
S	Submit to r	municipal clerk.		Period Covered Thru June 30, 2017
1 1 1		14411 20 50	ust be issued in the same lame of the licensee below.	Date of Issuance
"		ed liability company, partnership or sole proprietorship)		Federal Employer Identification No. (FEIN)
	45 5	Sales of Chippewa Fa	Us, LLC	27~ //01309 Telephone Number
	•	different than Legal Name)		'
Business A	かん(パマン)	Mart Location)	Business Located In	(715) 123 - 2822 Business Telephone
		nain St.	City Village Town	(715) 942-3341
City	o Itax	State ZIP Code S4730	of: Co Day	County
		than Business Address)	Chippenoa Falls	State ZIP Code COT 54739
		nain St.	Compactor vects	
	tion <i>(check or</i> Proprietor	ne) Wisconsin Corporation – En	ter date incorporated:	\$5.00 Fee
_	•			Wisconsin? ☐ YES ☐ NO
	ership		Are you registered to do business in \	VISCOUSIII! 1E3 NO
_≝ Other	· (describe) _	Limited Liability Co.	npany	
YES	□ NO	Does the applicant understand who hold a permit with the Wisc	that they must purchase cigarette consin Department of Revenue?	es only from distributors or jobbers
YES	□ NO	 Does the applicant understand the untaxed tobacco products from available from the Wisconsin Do 129, revenue.wi.gov/forms/excis 	an out-of-state company? (Toba epartment of Revenue at 608-261	cco Products Distributor permit is
X YES	☐ NO	Does the applicant understand from another retailer, including t	that they cannot purchase/exchan ransferring existing stock to a new	
X YES	☐ NO	Does the applicant understand the by the Wisconsin Department of	nat they must provide employees w f Health Services?(SmokeCheck.	
YES YES	☐ NO	5. Does the applicant understand to products and nicotine products t	that they may not sell, give or oth to minors (including electronic ciga	
YES	□ NO	6. Does the applicant understand the	hat they may not sell single cigare	ttes?
YES	□ NO	7. Does the applicant understand licensed premises for two years	that cigarette and tobacco produ from the date of the invoice and nue/law enforcement and that failu	cts invoices must be kept on the be available for inspection by the
YES	□ NO		at only cigarettes and roll-your-owr stice's website labeled "Directory o .us/dls/tobacco-directory may be s	f Certified Tobacco Manufacturers
Cigarettes	s / Tobacco v	vill be sold over counter	through vending maching	ne Doth
been truth	fully answere	FORE SIGNING: Under penalty provide to the best of the knowledge of the aponsibilities conferred by the license(s),	oplicant. Applicant agrees to operate	this business according to law and
Any lack o is a misde	f access to ar meanor and g	ny portion of a licensed premises during grounds for revocation of this license.	g inspection will be deemed a refusa	al to permit inspection. Such refusal
this 17	day of Work / (Clerk /)		Offiller of Combagation/MembersManager of I	imited Liability Company/Partner/Individual)
	rtment of Revenue		NSCONSING SE	

Application for Cigarette and Tobacco Products Retail License

Tobacco Products Retail License	License Number				
Submit to municipal clerk.	Period Covered Thru June 30, 2017				
1 116 16 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1	st be issued in the same ame of the licensee below.	Date of Issuance			
Legal Name (corporation, limited liability company, partnership or sole proprietorship) Trade or Business Name (if different than Legal Name)		Federal Employer Identification No. (FEIN) 26-020*1158 Telephone Number			
Kyles Market		(715) 962-3585			
Business Address (License Location)	Business Located In	Business Telephone			
City State ZIP Code	City X Village Town	(715) 962-3585 County			
Colfax WT 54-130	of Colfax	Duna			
Mailing Address (if different than Business Address)	City	State ZIP Code			
Organization (check one) Sole Proprietor Wisconsin Corporation – Enter	er date incorporated: 고대나 14	,2007 (\$1500 Fe			
Partnership Out-of-State Corporation – Ar	re you registered to do business in W	/isconsin? YES NO			
Other (describe)					
YES NO 1. Does the applicant understand the who hold a permit with the Wisco		s only from distributors or jobbers			
	an out-of-state company?(Tobac partment of Revenue at 608-261-	cco Products Distributor permit is			
YES NO 3. Does the applicant understand the from another retailer, including tra	nat they cannot purchase/exchang ansferring existing stock to a new				
YES NO 4. Does the applicant understand the by the Wisconsin Department of H	at they must provide employees wit Health Services? (SmokeCheck.c				
YES NO 5. Does the applicant understand the products and nicotine products to	nat they may not sell, give or othe minors (including electronic cigar	erwise provide cigarettes/tobacco rettes containing nicotine)?			
YES NO 6. Does the applicant understand the	at they may not sell single cigaret	tes?			
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 tha the Wisconsin Department of Just and Brands" at www.doj.state.wi.u	ice's website labeled "Directory of	Certified Tobacco Manufacturers			
Cigarettes / Tobacco will be sold over counter	through vending machin	e Doth			
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 is a misdemeanor and grounds for revocation of this license.	inspection will be deemed a refusal	to permit inspection. Such refusal			
SUBSCRIBED AND SWORN TO BEFORE ME this 19 day of War Lank (Clerk / Notary Public) My commission expires 4/17					

MUNICIPAL USE ONLY

Application for Cigarette and

Application for Cigarette and	MUNICIPAL USE ONLY				
Tobacco Products Retail License		License Number			
Submit to municipal clerk.		Period Covered			
Applicant's Wisconsin 15-digit Sales Tax Account Number		Three June 30, 2017			
LIGHT TO DO STATE CALL OF THIS IN	oust be issued in the same Name of the licensee below.	Date of residence			
Legal Name (corporation, limited liability company, partnership or sole proprietorship)		Federal Employer Identification No. (FEIN)			
Mark & Michael Nelson		39-1347846			
Trade or Business Name (if different than Legal Name)		Telephone Number (46) 964-3435			
Business Address (License Location)	Business Located In	Business Telephone			
413 Mein St.	City Village Town	(715) 942-3339			
(City , , ,) Joiate (Zir Code	of: COHax	County			
Colfax WI 54730		State ZIP Code			
Mailing Address (if different than Business Address)	City	State ZIP Code			
Organization (check one)		\$5,00 Fee			
Sole Proprietor Wisconsin Corporation – Er	nter date incorporated:				
Partnership	Are you registered to do business in V	Visconsin? YES NO			
Other (describe)	,				
	I that they must purchase cigarette consin Department of Revenue?	s only from distributors or jobbers			
YES NO 2. Does the applicant understand the	hat they must obtain a Tobacco Prod	ucts Distributor permit if purchasing			
	n an out-of-state company?(Toba Department of Revenue at 608-261 ise/ctp-129.pdf.)				
	that they cannot purchase/exchan transferring existing stock to a new				
YES NO 4. Does the applicant understand to	hat they must provide employees wi of Health Services? (SmokeCheck.	th tobacco sales training approved			
YES NO 5. Does the applicant understand	that they may not sell, give or other	erwise provide cigarettes/tobacco			
• • • •	to minors (including electronic ciga that they may not sell single cigare				
	that cigarette and tobacco produc	cts invoices must be kept on the			
licensed premises for two years	s from the date of the invoice and l nue/law enforcement and that failur	be available for inspection by the			
YES NO 8. Does the applicant understand the Wisconsin Department of Ju	stice's website labeled "Directory of	Certified Tobacco Manufacturers			
(A	i.us/dls/tobacco-directory may be s				
Cigarettes / Tobacco will be sold	through vending machir	ne both			
READ CAREFULLY BEFORE SIGNING: Under penalty provident ruthfully answered to the best of the knowledge of the a that the rights and responsibilities conferred by the license(s),	pplicant. Applicant agrees to operate	this business according to law and			
Any lack of access to any portion of a licensed premises durin is a misdemeanor and grounds for revocation of this license.					
SUBSCRIBED AND SWORN TO BEFORE ME	(Officer of Corporation/Member/Manager of L	imited Liability Company/Partner/Individual)			
this 9 day of May 2016	EILA RIE				
Thile Rin	SIL				
My commission expires 8-27-18 CTP-200 (R. 9-15) Wisconsin Department of Revenue					
CTP-200 (R. 9-15)					
Wisconsin Department of Revenue	THE CONTRACTOR OF THE PARTY OF				
	WISO WISO				

Application for Cigarette and MUNICIPAL USE ONLY Tobacco Products Retail License License Number Submit to municipal clerk. Period Covered Applicant's Wisconsin 15-digit Sales Tax Account Number Date of Issuance This must be issued in the same 456-0000571337-02 Legal Name of the licensee below Federal Employer Identification No. (FEIN) Legal Name (corporation, limited liability company, partnership or sole proprietorship) 39-0465150 CEDAR COUNTRY COOPERATIVE Telephone Number Trade or Business Name (if different than Legal Name) (715) 879 - 5454COLFAX CENEX Business Telephone Business Address (License Location) Business Located In (715) 962 - 3172City √ Village Town 401 E. RAILROAD AVE County City ZIP Code State of: COLFAX 54730 COLFAX WI **DUNN** State Mailing Address (if different than Business Address) City ZIP Code ELK MOUND P.O. BOX 70 WI 54739 Organization (check one) Sole Proprietor ✓ Wisconsin Corporation – Enter date incorporated: 05/31/1934 Out-of-State Corporation - Are you registered to do business in Wisconsin? Partnership YES NO Other (describe) NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers / YES who hold a permit with the Wisconsin Department of Revenue? VES YES ОИГ 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.) **V** YES ОИ 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? 4. Does the applicant understand that they must provide employees with tobacco sales training approved ✓ YES NO by the Wisconsin Department of Health Services? (SmokeCheck.org) 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco ✓ YES NO products and nicotine products to minors (including electronic cigarettes containing nicotine)? 6. Does the applicant understand that they may not sell single cigarettes? **V** YES ✓ YES 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? 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on **V** YES □ ио 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? through vending machine ✓ over counter Cigarettes / Tobacco will be sold READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal ON PUE is a misdemeanor and grounds for revocation of this license Edite of Corporation/Member/Manager of Limited Liability Company/Partner/Individual) SUBSCRIBED AND SWORN TO BEFORE ME 20 16 (Clerk / Notary Public) My commission expires

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

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

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

MUNICIPAL USE ONLY License Number						
Period Covered 7-1-16 to 6-30-17						
Date of Issuance						
Federal Employer Identification No. (FEIN) 61-0852764						
Telephone Number						
(615)855-4000 Business Telephone						
(715)953-4134						
County Dunn						
State ZIP Code						
TN 37072						
Wisconsin? YES NO						
stered to do busines						
es only from distributors or jobbers						
ducts Distributor permit if purchasing acco Products Distributor permit is I-6435. See application form CTP-						
nge cigarettes or tobacco products v owner?						
ith tobacco sales training approved .org)						
ierwise provide cigarettes/tobacco						
arettes containing nicotine)?						
ettes?						
cts invoices must be kept on the be available for inspection by the						
re to comply can result in criminal						
n (RYO) tobacco products listed on						
f Certified Tobacco Manufacturers						
sold in Wisconsin?						
ne both						
at each of the above questions has a this business according to law and nother.						
al to permit inspection. Such refusal						
imited Liability Company/Partner/Individual)						

	,,,,,,,		0.077	•			7-1	1-16 to 6-30-17	
Applicant	's Wisconsin 15-o	digit Sales Tax Ac	count Nur	mber	ist be issued in the same		Date of	Issuance	
456-	0000208	845-05			ame of the licensee below	W.			
Legal Nar	me (corporation, lim	ited liability compar	y, partnersh	nip or sole proprietorship)			Federa	Employer Identification No. (FEIN)	
Dolgencorp, LLC							61-0852764		
Trade or Business Name (if different than Legal Name)						Telephone Number			
Dollar General Store #11827					(615)855-4000				
Business Address (License Location)					Business Located In	Π-	Business Telephone		
120 l	Main Sti	<u>ceet</u>	State	ZIP Code	City X Village	Town		5) 953-4134	
Colf	2 V		WI	54730	of: Colfax		County Duni	n	
i	dress (if different	than Business A		34730	City		State	ZIP Code	
1	Tax Lic		•	Mission RDC	1	lle	TN	37072	
L	ation <i>(check d</i>				1		L		
	Proprietor		Viscons	in Corporation – Ent	er date incorporated:				
Partr	nership	\Box	Out-of-S	tate Corporation – A	re you registered to do bu	ısiness in W	liscons	in? TYES NO	
	•				,				
	i (describe) <u>(</u> Lsconsin	JUL-OI-S	tate	Limited Li	ability Compan	y regis	ster	ed to do busines	
X YES	∐ №	Does to the second	the app old a be	licant understand t ermit with the Wisc	that they must purchase onsin Department of Re	e cigarettes evenue?	only f	rom distributors or jobber	
X YES	□ NO				•		icte Die	stributor permit if purchasing	
22 120								educts Distributor permit is	
		availab	le from	the Wisconsin De	partment of Revenue a			See application form CTP	
		129, <u>re</u>	venue.	wi.gov/forms/excis	e/ctp-129.pdf.)				
X YES	☐ NO	3. Does t from a	he appl nother r	licant understand t etailer, including tr	hat they cannot purcha ansferring existing stoc	se/exchano k to a new	ge ciga owner'	rettes or tobacco products?	
X YES	'ES 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)								
X YES	YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco								
X YES	☐ NO				nat they may not sell sin	_		,	
X YES	☐ NO	7. Does tl	ne appl	licant understand t	hat cigarette and tobac	cco produc	ts invo	ices must be kept on the	
		license Wiscon	d premi sin Dep	ises for two years partment of Revenเ	from the date of the inv ue/law enforcement and	oice and b	e avai	lable for inspection by the mply can result in criminal	
		penaltie	es, inclu	iding loss of cigare	ttes/tobacco products?				
X YES	Пио	the Wis	consin	Department of Just		Directory of	Certifie	tobacco products listed on ed Tobacco Manufacturers	
	- / Tabassa.		_	<u> </u>		•			
Cigarettes	s / Tobacco v	wiii be sola	<u>L</u>	X over counter	through vend	ing machin	e 	both	
been truth	fully answere	ed to the best	of the k	knowledge of the ap	ded by law, the applicant plicant. Applicant agrees f granted, cannot be assi	to operate	this bus	of the above questions has siness according to law and	
Any lack o	f access to a meanor and	ny portion of grounds for r	a licens evocatio	sed premises during on of this license.	inspection will be deeme	ed a refusal	to perr	nit inspection. Such refusal	
SUBSCRI	ED AND SW	ORN TO BE	FORF N	ME / MARKETER	(Officer of Corporation/Member	Manager of Lin	nited Liai	bility Company/Partner/Individual)	
i ttsk	day of	h hid a		1/214 - 26	N. S. C.	.		. , ,	
this 7	Taylor - May	(SISMAR)	11	20 STATE	2 17 0				
-	(Clerk /	Notary Public))	OF グミ: TENNESS	EE				
My commis	ssion/expires	12-	<u> </u>	NOTARY					

Application for Cigarette and	MUNICIPAL USE ONLY					
Tobacco Products Retail License	License Number					
Submit to municipal clerk. Applicant's Wisconsin 15-digit Sales Tax Account Number	Period Covered Three June 30, 2017					
This must be issued in the same Legal Name of the licensee below.	Date of Issuance					
Legal Name (corporation, limited liability company, partnership or sole proprietorship) Buck Short Burt Grill LLC	Federal Employer Identification No. (FEIN) 51-0(4055)					
Trade or Business Name (if different than Legal Name)	Telephone Number					
Business Address (License Location) Business Located In	(715) 942-4281					
	Business Telephone (715) 963 - 4281					
City Colfay State ZIP Code of: Colfay of: Colfay	County Dun					
City Co Fay State ZIP Code of: Co Ifay Mailing Address (if different than Business Address) 2155 CIK Creek Rd State ZIP Code of: Co Ifay City Eau Claire	State ZIP Code UIF 54703					
Organization (check one) Sole Proprietor Wisconsin Corporation – Enter date incorporated:	(\$ 5.00 Fee					
	Wisconsing DV50 DN0					
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 cigarett who hold a permit with the Wisconsin Department of Revenue?	es only from distributors or jobbers					
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/exchargement from another retailer, including transferring existing stock to a new						
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 oth products and nicotine products to minors (including electronic cigar	nerwise provide cigarettes/tobacco arettes containing nicotine)?					
YES NO 6. Does the applicant understand that they may not sell single cigare	- ,					
YES NO 7. Does the applicant understand that cigarette and tobacco produlicensed premises for two years from the date of the invoice and Wisconsin Department of Revenue/law enforcement and that failupenalties, including loss of cigarettes/tobacco products?	be available for inspection by the					
YES NO 8. Does the applicant understand that only cigarettes and roll-your-ow the Wisconsin Department of Justice's website labeled "Directory of and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be s	of Certified Tobacco Manufacturers					
Cigarettes / Tobacco will be sold	ne both					
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states the been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to an	this business according to law and					
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusation a misdemeanor and grounds for revocation of this license.	al to permit inspection, Such refusal					
700	Limited Liability Company/Partner/Individual)					
My commission expires CTP-200 (R. 9-15) Wisconsin Department of Revenue OF WISCONSIN Department of Revenue						
CTP-200 (R. 9-15) Wisconsin Department of Revenue						