

**Village of Colfax
Village Board
Regular Meeting Agenda
Monday, June 26, 2017
Colfax Village Hall
7:00 p.m.**

1. Call to Order
2. Roll Call
3. Public Appearances
4. Communications from the Village President
5. Consent Agenda
 - a. Minutes
 - i. Special Board Meeting Minutes, June 12, 2017
 - ii. Regular Board Meeting Minutes, June 12, 2017
 - b. Training Requests - none
 - c. Facility Rental
 - i. Fairgrounds – Faith Lutheran of Running Valley – Sunday, August 27, 2017 to Wednesday August 30, 2017 – Request fee to be waived

d. Licenses

July 1, 2017-June 30, 2018 Domesticated Chickens Licenses

Jered & Katie Webb	813 Oliver Lane
Heather Pyka	504 High Street

July 1, 2017-June 30, 2018 Operator's License

Jessica Checkalski	Tina Marie Grill	Kristina Roths
Emily Sedahl	Bobbie Smith	Kecia Sundstrom

July 1, 2017-June 30, 2018 Alcohol License

Buck Snort Bar & Grill, Daniel & Brenda Dahl, Agents- Class "B" Beer and Class "B" Liquor – 512 Main Street 6-7-2017

July 1, 2017-June 30, 2018 Tobacco Retailer License

Buck Snort Bar & Grill	512 Main Street
------------------------	-----------------

6. Consideration Items – none
7. Committee/Department Reports – (not for discussion or actions)
 - a. *Colfax Police Department – April 2017 Report*
 - b. *Administrator-Clerk-Treasurer Report*
8. Review/Approval – Bills –June 12, 2017 – June 25, 2017
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.

Special Village Board Meeting – June 12, 2017

On June 12 2017, a Special Village Board meeting was held at 5:30 p.m. at the Village Hall, 613 Main Street, Colfax, WI. Members present: President Stene, Trustees Halpin, Davis, Burcham, Schieber and Wolff. Excused: Trustee Rihn. Others present included Police Chief Anderson, Administrator-Clerk-Treasurer Niggemann and Leann Ralph with the Messenger.

Review proposals from attorneys –

Each attorney's office was asked to give a short presentation about their firm and services and then open it up for questions.

5:30 p.m. Weld Riley. Steve Weld and Anders Helquist were the representatives that attended. They have local offices in Menomonie and Eau Claire. Their rate was \$160 per hour plus mileage at the IRS rate. There are other fees for specialized areas such as litigation and personnel issues.

5:50 p.m. Nelson & Lindquist S.C. Autumn Lindquist, Andrew Nelson and Ashley Herd attended the meeting. Their office is located in Hudson. Their rate was \$200/hour, but they do not charge for travel time, mileage, copies and insurance costs.

6:10 p.m. Rodli, Beskar, Neuhaus, Murray & Pletcher, S.C. Cathy Munkittrick and Roy O'Sullivan attended the meeting. The office is located in River Falls. The proposed fees would be billed at \$185/hour; travel time is billed and mileage is billed at the IRS rate. Specialized matters are billed at \$275/hour.

6:30 p.m. Bakke Norman Law Offices. Deanne Koll and Jason Brasch attended. They have a Menomonie office as well as other locations. The fee schedule is \$185/hour. The specialized rates are normally between \$275 and \$300.

A motion was made by Trustee Halpin and seconded by Trustee Burcham to recommend hiring Weld Riley as the Village attorney for a one year term. Voting For: Trustees Burcham, Schieber, Wolff, Davis, Halpin and Stene. Voting Against: none. Motion carried.

Adjourn: All business has been completed and the meeting is adjourned at 6:53 p.m.

Gary Stene, Village President

Attest: Lynn Niggemann
Administrator-Clerk-Treasurer

Regular Village Board Meeting – June 12, 2017

On June 12, 2017, the Village Board meeting was held at 7:00 p.m. at the Village Hall, 613 Main Street, Colfax, WI. Members present: President Stene, Trustees Burcham, Schieber, Wolff, Davis and Halpin. Excused: Trustee Rihn. Others present included Jerry Henthorn, Public Works Director Bates, Police Chief Anderson, Administrator-Clerk-Treasurer Niggemann and Leann Ralph with the Messenger.

Public Appearances – Jerry Henthorn disagrees that his landscaping at the corner of Ash Street and Hwy 40 is a public safety concern. There have not been any accidents as far as he is aware. Individuals need to look east before the landscaping to check for traffic and then proceed. He is willing to cut the shrubs back every time he mows if that will help. Before moving forward, Henthorn would like to make the Village Board aware that when his street was redone around 2000, the Village assessed him 100% of the cost for curb and gutter of approximately \$2,300. Soon after that street work was done, the Village changed their policy to split the cost in the future between Village and resident. He feels that he is being targeted.

Communications – Village President – Stene thanked the Public Works employees for their quick response to the water alarms that occurred on Saturday, June 10, 2017. They did a great job in completing necessary tasks prior to the Department of Natural Resources returning their phone call.

Minutes- Regular Board Meeting Minutes, May 22, 2017 - A motion was made by Trustee Halpin and seconded by Trustee Davis to approve the May 22, 2017 Regular Board minutes. Voting For: Trustee Halpin, Davis, Wolff, Schieber, Burcham and Stene. Voting Against: none. Motion carried.

Training Request – Samantha Engler – Advanced EMT class, August to December 2017 – A motion was made by Trustee Halpin and seconded by Trustee Wolff to approve the training for Samantha Engler, fall semester for Advanced EMT class. Voting For: Trustees Burcham, Schieber, Wolff, Davis, Halpin and Stene. Voting Against: none. Motion carried.

Licenses

Domesticated Chicken License – July 1, 2017 to June 30, 2018 – Sarah Teele – A motion was made by Trustee Halpin and seconded by Trustee Wolff to approve the Chicken License for Sarah Teele for July 1, 2017 to June 30, 2018. Voting For: Trustees Halpin, Davis, Wolff, Schieber, Burcham and Stene. Voting Against: none. Motion carried.

Operator's License – July 1, 2017 to June 30, 2018 –

A motion was made by Trustee Halpin and seconded by Trustee Burcham to approve the renewal operator's licenses for July 1, 2017 to June 30, 2018 list below excluding Carey Davis and Gary Stene. Voting For: Trustees Halpin, Davis, Wolff, Schieber, Burcham and Stene. Voting Against: none. Motion carried.

Christopher Larson
Penny Snyder
Jeffrey Prince
Evia Gehrman
Jasmine Hanson
Lisa Smestuen
Mary Roehl
Carey Davis
Tamara Whinnery
Davina Brenden
Kyle Kressin
Nicholas Kressin
Jeff Peterson
Kim McEldowney
Sophia Amick
Mikki McCutcheon
Mary Muza

Nicole Nierenhausen
Renee Goodell
Noelle Olson
Katelynn Olson
Elizabeth DeMoe
Daniel Schneider
Rondi Iverson-DeMoe
Chris Lunn
Tammy Dalhoe
Brenda Kettner
Patrick L'Esperance
Tana McKnight
Kari Reimann
Deborah Huebsch
Alexandra Popple
Shanna Sundstrom
Sally Steinke

Charles Brown
Taliah Eiseth
Bryce Kragness
Mary Durand
Edith McKee
Kayla Brown
Emily Tuschl
Kori Buchanan
Suzanne Hagen
Brittney Moonen
Hannah DeMoe
Eden Logslett
Gary Stene
Lisa Cook

A motion was made by Trustee Halpin and seconded by Trustee Wolff to approve operator's licenses for Carey Davis and Gary Stene. Voting For: Trustees Burcham, Schieber, Wolff and Halpin. Voting Against: none. Abstained: Trustees Davis and Stene. Motion carried.

Alcohol Licenses – July 1, 2017 to June 30, 2018

A motion was made by Trustee Halpin and seconded by Trustee Davis to approve the alcohol licenses for July 1, 2017 to June 30, 2018 as listed below. Voting For: Trustees Halpin, Davis, Wolff, Burcham and Stene. Voting Against: none. Abstained: Trustee Schieber. Motion carried.

Mike & Mark Nelson/Outhouse Bar-Combination Class "B" Beer and Class "B" Liquor-413 Main Street
Little Slice of Italy-Class "B" Beer and Class "C" Wine-501 Main Street
J & S Sales/Express Mart-Class "A" Beer-616 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

Tobacco Retailer License – July 1, 2017 to June 30, 2018

A motion was made by Trustee Davis and seconded by Trustee Halpin to approve the Tobacco Retailer licenses as listed below for July 1, 2017 to June 30, 2018. Voting For: Trustees Burcham, Schieber, Wolff, Davis, Halpin and Stene. Voting Against: none. Motion carried.

J & S Sales of Chippewa Falls/Express Mart
Kyle's Market
Mike & Mark Nelson/Outhouse Bar
Cedar Country Co-op
Dollar General

616 Main Street
115 Main Street
413 Main Street
401 E. Railroad Avenue
120 Main Street

Consideration Items

Attorney RFP – A motion was made by Trustee Halpin and seconded by Trustee Burcham to move forward with an attorney agreement for one year with Weld Riley. Voting For: Trustees Halpin, Davis, Wolff, Schieber, Burcham and Stene. Voting Against: none. Motion carried.

Maple Street Tree- Recommendation from the Streets Committee – A motion was made by Trustee Schieber and seconded by Trustee Wolff to approve the recommendation from the Streets Committee to split the Shackleton Tree Service bill 50 – 50 with Jane Dobbs and the sidewalk will be removed and seeded into grass. The Village will repair the lawn where the tree fell. Voting For: Trustees Burcham, Schieber, Wolff, Davis, Halpin and Stene. Voting Against: none. Motion carried.

Resolution 2017-02- Compliance Maintenance Annual Report for the Wastewater Treatment Facility – A motion was made by Trustee Halpin and seconded by Trustee Schieber to approve Resolution 2017-02 for the Compliance Maintenance Annual Report for the Wastewater Treatment Facility. Voting For: Trustees Halpin, Davis, Wolff, Schieber, Burcham and Stene. Voting Against: none. Motion carried.

Fair Booth – Advertise East View Development – The Board members discussed that a booth to advertise the East View Development would be a great idea and the Board members could volunteer their time to be available for questions.

Proclamation – EMT Week, June 12 -16, 2017

A motion was made by Trustee Schieber and seconded by Trustee Wolff to approve the Proclamation for EMT Week, June 12 to June 16, 2017. Voting For: Trustees Burcham, Schieber, Wolff, Davis, Halpin and Stene. Voting Against: none. Motion carried.

Sealed Bid – Salt Shed – Recommendation from the Planning Commission – A motion was made by Trustee Halpin and seconded by Trustee Davis to table the sealed bid approval until the appraisal has been complete. Voting For: Trustees Burcham, Schieber, Wolff, Davis, Halpin and Stene. Voting Against: none. Motion carried.

Budget Transfer Request – A motion was made by Trustee Davis and seconded by Trustee Wolff to approve the budget transfer request of \$4,300 from the undesignated fund balance to Streets-Buildings and Grounds. Voting For: Trustees Schieber, Stene, Halpin, Davis, Wolff and Burcham. Voting Against: none. Motion carried.

Emergency Operation Plan – A motion was made by Trustee Halpin and seconded by Trustee Schieber to approve and adopt the Emergency Operation Plan. Voting For: Trustees Halpin, Davis, Wolff, Schieber, Burcham and Stene. Voting Against: none. Motion carried.

Review/Approval – Bills –May 22, 2017 to June 11, 2017– A motion was made by Trustee Davis and seconded by Trustee Halpin to approve the bills for May 22 to June 11, 2017. Voting For:

Trustees Halpin, Davis, Wolff, Schieber, Burcham and Stene. Voting Against: none. Motion carried.

Adjourn: A motion was made by Trustee Davis and seconded by Trustee Halpin to adjourn the Village Board meeting at 8:18 p.m. A voice vote was taken with all trustees voting yes. Motion carried.

Gary Stene, Village President

Attest: Lynn Niggemann
Administrator-Clerk-Treasurer

Village of Colfax

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

Gary Stene, President
Lynn M. Niggemann, Administrator-Clerk-Treasurer

6-12-17

To the Village Board

The Faith Lutheran of Running Valley is requesting the fee for use of the fairgrounds on August 27-30, 2017 be waived being they are a nonprofit organization. Please consider waiving the fee.

Thank You.

APPLICATION FOR COMMUNITY USE OF VILLAGE FACILITIES

Any person or organization intending to rent the fairground buildings or other park grounds must submit their rental agreement and payments at least fifteen (15) days prior to using the facilities. This will be handled the same as the Class B Picnic License, requiring approval by the Village Board.

Name of Renter or Organization: Faith Lutheran of Running Valley

Activity: Tent Meetings/Evangelist meetings

8-27-17 Date of Use 8-27-17 / 8-28-17 / 8-29-17 Circle ALL Days: FRI. SAT. SUN. MON. TUES. WED. THURS.

8-30-17 Time of Use: From 6:00 AM/PM To 7:00-7:30 AM/PM

Facility to be Used: FAIRGROUNDS and/or BUILDINGS, MUNICIPAL BLDG., PARKS

Type of Event: Thrift Sale Ball Game Wedding Reunion Concert

Non-Profit: Civic Church Charity Other: _____

Brief Description of activity: Preaching and singing

THE RENTER OR ORGANIZATION AGREES TO THE FOLLOWING RULES:

- 1.) The individual listed as renter must be a minimum of 21 years of age and will be responsible for the rules, supervision and proper conduct of all persons using the facility.
- 2.) The renter shall be responsible for damage, loss, and/or breakage of Village property.
- 3.) All property belonging to the activity must be removed at the close of the event, including garbage.
- 4.) Any property belonging to the Village shall not be removed from the premises.
- 5.) Where permitted by law, the applicant shall agree to indemnify, save and hold free and harmless, the Village of Colfax, their officers, agents, and employees, from and against all claims, demands, loss, liability, cost or expense of any kind or nature whatsoever which the Village of Colfax, their officers, agents or employees, or any of them may sustain or incur, or that may be imposed upon any of them, or injury to, or death of, persons or damages to property arising out of, connected with, or attributable to the rental, use and occupancy of the Village Facilities as provided herein.

Individual responsible Rod Mankstad

Date 6-12-17

Address E6890 871st Avenue Colfax

Phone number 715/556-3724

Phone Number for Weekend Contact 715/556-3724

Form of Identification _____

Village Clerk or Deputy Clerk Lynn Reggemann

Date 6-12-17

Village of Colfax

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

July 1, 2017 to June 30, 2018
License Application for
Keeping Domesticated Chickens
\$10.00 (non-refundable application fee)
(please print)

1. Name of Applicant Jered & Katie Webb
2. Address 813 Oliver Lane Colfax, WI 54730
3. Phone 715-556-7878
4. Parcel Number 17111-2-291109-440-0029
5. Number of female chickens (maximum 10) 3^{New} Bantam chickens 7 = 10 Total
6. Application (circle one) New Renewal

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

Katie Webb
Signature of Applicant

6-19-17
Date

Office use only

6-21-17 Date Application Received

Date Board Reviewed Application
Approved / Denied
License Number

Village of Colfax

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

July 1, 2017 to June 30, 2018
License Application for
Keeping Domesticated Chickens
\$10.00 (non-refundable application fee)

(please print)

1. Name of Applicant Heather Ryke
2. Address 504 High St. Colfax WI 54730
3. Phone 651 503 8223
4. Parcel Number 1711-2-29109-340-0019
5. Number of female chickens (maximum 10) 10
6. Application (circle one) New Renewal

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

Heather Ryke
Signature of Applicant

6.11.17
Date

=====

Office use only

6-19-17 Date Application Received

Date Board Reviewed Application

Approved / Denied

License Number

July 1, 2017 - June 30, 2018
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors

Fee - \$10.00

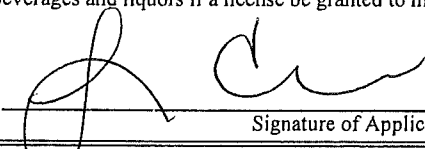
RECEIVED

MAY 30 2017

To the Clerk of the Village of Colfax Wisconsin:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 36 years of age.


Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Jessica Checkalski

Address of Applicant E8007 770th Ave, Colfax WI 54730

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

NO

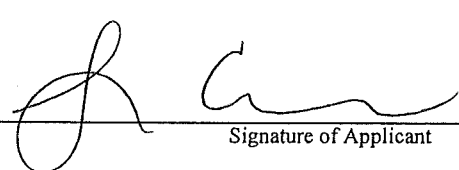
Date of such conviction NA

Name of Court NA

Nature of offense NA

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

NO


Signature of Applicant

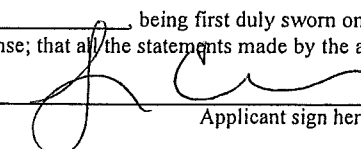
STATE OF WISCONSIN,

ss.

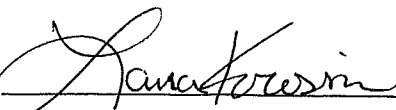
Dunn County.

Jessica Checkalski being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 17th


Applicant sign here

day of May, 2017


Notary Public, Dunn County, Wis.

COLFAX POLICE DEPARTMENT

Village of Colfax P.O. Box 417 Colfax, Wisconsin 54730
Supplemental - General License Application

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

NOTE: If any further explanation is needed, please continue on back of application.

Full Name-First, Middle, Last Jessica D. checkalski

Business/Organization Name Buck Sport

Full Prior Names (nicknames, maiden names, etc.) Jessica D. Rebak

Date of Birth _____ Place of Birth Rice Lake WI Phone _____

Sex _____ Race _____ Height _____ Weight _____

Social Security No. _____ Driver's License No. _____

Have you ever been arrested for, or convicted of any laws, including traffic? NO
If yes, list offense, date and place occurring. _____

List prior addresses for the past five years Park Drive, Colfax WI 54730

List three personal references, not related to you. Include name, address & phone number

- 1) Marie Dicks, Colfax WI
- 2) Jeff Roland Colfax WI
- 3) Brenda Dahl Eau Claire WI

Have you ever been a member of the Military Service? NO Discharge? _____

Education- include name of High School, location, grade completed and any training beyond high school.

Weyerhaeuser High School, Weyerhaeuser WI 12th
WITC-Rice Lake - 2 year ASSOC. Degree- acting

I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature [Signature] Date 5/17/17

Official Use Only-Below This Line

Date Received 6/1/17 Date Approved 6/1/17 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2017 - June 30, 2018
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors

Fee - \$10.00

RECEIVED

MAY 30 2017

To the _____ Clerk _____ of the Village _____ of Colfax **Village of Colfax**

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 34 years of age.

Emily Sedahl
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Emily A Sedahl

Address of Applicant 3131 20th St. Elk Mound, WI 54739

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

NO

Date of such conviction NA

Name of Court NA

Nature of offense NA

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

NO

Emily Sedahl
Signature of Applicant

STATE OF WISCONSIN,

Eau Claire County.

ss.

Emily A. Sedahl being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 18

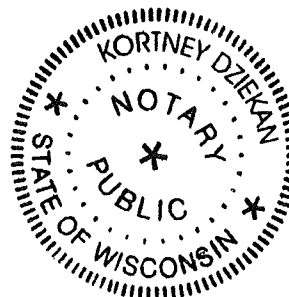
day of May 2017

Emily Sedahl
Applicant sign here

Kortney Dzik

Notary Public, Eau Claire County, Wis.

My commission expires 10-07-2018



COLFAX POLICE DEPARTMENT

Village of Colfax P.O. Box 417 Colfax, Wisconsin 54730
Supplemental - General License Application

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

NOTE: If any further explanation is needed, please continue on back of application.

Full Name-First, Middle, Last Emily A Sedahl

Business/Organization Name Bucksnort

Full Prior Names (nicknames, maiden names, etc.) Emily A Buck, Emily A Wiesner

Date of Birth _____ Place of Birth Rice Lake Phone _____

Sex _____ Race _____ Height _____ Weight _____

Social Security No. _____ Driver's License No. _____

Have you ever been arrested for, or convicted of any laws, including traffic? Yes
If yes, list offense, date and place occurring. Speeding; Elk Mound 4/2017

List prior addresses for the past five years 3131 20th St. Elk Mound, WI 54739
8058 770th Ave Colfax, WI 54730

List three personal references, not related to you. Include name, address & phone number

- 1) Gina Durch, Bloomer, _____
- 2) Nicole Crofton Colfax, _____
- 3) Jay Stuart Ridgeland _____

Have you ever been a member of the Military Service? NO Discharge? _____

Education- include name of High School, location, grade completed and any training beyond high school.

Prairie Farm High School (Diploma)
WITC - Associates Degree (Admin Assistant)

I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Emily Sedahl Date 5/18/17

Official Use Only-Below This Line

Date Received 5/1/17 Date Approved 5/1/17 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

Serving Alcohol Operator License

Emily Sedahl

has successfully completed the course

Wisconsin Alcohol Seller-Server

License Code

qIn7OhmUzy

Verify online at
servingalcohol.com

Serving Alcohol Inc.

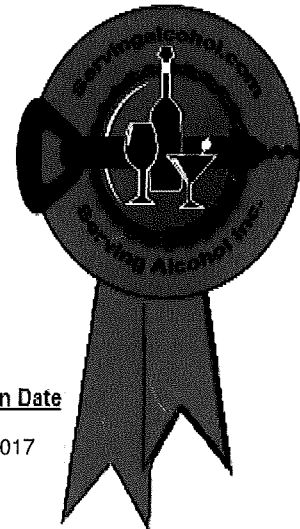
APPROVED BY THE STATE OF WISCONSIN SS-125.04; PROVIDER TRAINING IN COMPLIANCE WITH SS-134.66; STUDENT ACKNOWLEDGED UNDERSTANDING OF SS-134.88: Restrictions on sale or gift of cigarettes or tobacco products; that state law prohibits selling tobacco products to any person under the age of 18; and failure to comply with these restrictions may result in a citation.

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES:

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATIONS
- * DETERMINE THAT PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION AS TO THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

Certification Date

May 4th, 2017



VALID FOR 2 YEARS

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

Wisconsin Bartender License

Name: Emily Sedahl

Certification Date: May 4th, 2017

Certificate Code: qIn7OhmUzy

Verify Online: servingalcohol.com

Complies with: SS-125.04 SS-134.66

SERVING ALCOHOL INC

VALID FOR 2 YEARS

July 1, 2017 - June 30, 2018
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors

Fee - \$10.00

RECEIVED

MAY 31 2017

To the Clerk of the Village of Colfax, Wisconsin:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 55 years of age.

Tina M. Grill

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant

Tina Marie Grill

Address of Applicant

N 7635 800th St. Colfax, WI 54730

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

No

Date of such conviction

Name of Court

Nature of offense

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

No

Tina M. Grill

Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Tina Grill

being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this

31st

day of

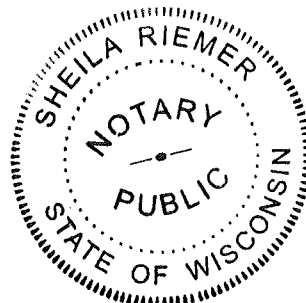
May 2017

Tina M. Grill
Applicant sign here

Sheila Riemer

Notary Public, Dunn County, Wis.

my comm. expires
8-27-18



COLFAX POLICE DEPARTMENT

Village of Colfax P.O. Box 417 Colfax, Wisconsin 54730
Supplemental - General License Application

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

NOTE: If any further explanation is needed, please continue on back of application.

Full Name-First, Middle, Last Tina Marie Grill

Business/Organization Name OutHouse Bar

Full Prior Names (nicknames, maiden names, etc.) Same

Date of Birth Place of Birth Bloomer Phone

Sex Race Height Weight

Social Security No. Driver's License No.

Have you ever been arrested for, or convicted of any laws, including traffic? No
If yes, list offense, date and place occurring.

List prior addresses for the past five years E8548 St. Rd. T40 Colfax (old)
N7635 800th St Colfax (now)

List three personal references, not related to you. Include name, address & phone number

- 1) Rose Sundstrom Colfax, WI
- 2) Pete Wang Colfax, WI
- 3) Eria Gantman Colfax, WI

Have you ever been a member of the Military Service? No Discharge?

Education- include name of High School, location, grade completed and any training beyond high school.
Graduate Bloomer Senior High 12 -

I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Tina M. Grill Date 5-31-2017

Official Use Only-Below This Line

Date Received 6/1/17 Date Approved 6/1/17 Date Denied
Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2017 - June 30, 2018
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors

Fee - \$10.00

RECEIVED

JUN 07 2017

To the Clerk of the Village of Colfax

Wisconsin:
Village of Colfax

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 46 years of age.

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant

Address of Applicant

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

Date of such conviction

Name of Court

Nature of offense

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

Bobbie J Smith being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

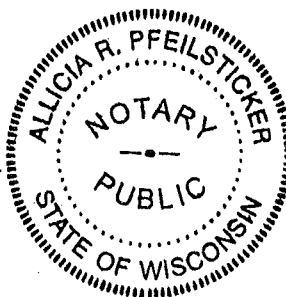
Subscribed and sworn to before me this

day of

June 2017

Applicant sign here

Notary Public, Dunn County, Wis.



COLFAX POLICE DEPARTMENT

Village of Colfax P.O. Box 417 Colfax, Wisconsin 54730
Supplemental - General License Application

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

NOTE: If any further explanation is needed, please continue on back of application.

Full Name-First, Middle, Last Bobbie J Smith

Business/Organization Name Buck Snow

Full Prior Names (nicknames, maiden names, etc.) _____

Date of Birth _____ Place of Birth _____ Phone _____

Sex _____ Race _____ Height _____ Weight _____

Social Security No. _____ Driver's License No. _____

Have you ever been arrested for, or convicted of any laws, including traffic? Yes
If yes, list offense, date and place occurring. _____

List prior addresses for the past five years 418 24th St Menomonie WI

List three personal references, not related to you. Include name, address & phone number

- 1) Penny Snyder
- 2) Kim Olson
- 3) Brenda Dahl

Have you ever been a member of the Military Service? No Discharge? _____

Education- include name of High School, location, grade completed and any training beyond high school.

St. Croix H.S. Solon Springs, WI

I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature [Signature] Date 6/2/17

Official Use Only-Below This Line

Date Received 6/1/17 Date Approved 6/1/17 Date Denied _____

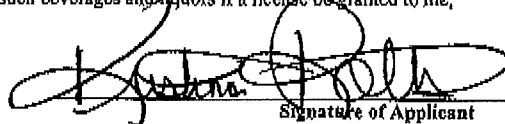
Researcher COF OF Dice Approving Officer Signature [Signature]

July 1, 2017 - June 30, 2018
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the Clerk of the Village of Colfax Wisconsin:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license is granted to me,

I certify that I am 29 years of age.


Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant: Kristina Roths

Address of Applicant: 408 North Front Street New Auburn WI 54757

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

No

Date of such conviction

Name of Court

Nature of offense

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?


Signature of Applicant

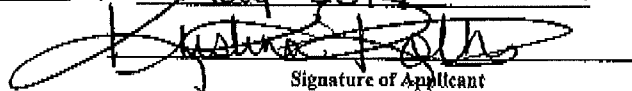
STATE OF WISCONSIN,

Dunn County.

ss.

Kristina Roths, being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

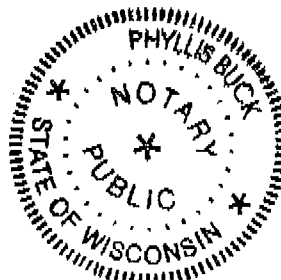
Subscribed and sworn to before me this 31 day of MAY 2017.


Signature of Applicant

Phyllis Buck

Notary Public, Chippewa County, Wis.

Commission Expires: 12-14-2019



COLFAX POLICE DEPARTMENT
Village of Colfax P.O. Box 417 Colfax, Wisconsin 54730
Supplemental - General License Application

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

NOTE: If any further explanation is needed, please continue on back of application.

Full Name-First, Middle, Last Kristina Roths

Business/Organization Name Colfax Softball Assoc.

Full Prior Names (nicknames, maiden names, etc.) Tina

Date of Birth _____ Place of Birth Eau Claire Phone _____

Sex _____ Race _____ Height _____ Weight _____

Social Security No. _____ Driver's License No. _____

Have you ever been arrested for, or convicted of any laws, including traffic? No
If yes, list offense, date and place occurring. _____

List prior addresses for the past five years 408 N. Front Street
New Auburn WI 54757

List three personal references, not related to you. Include name, address & phone number

- 1) Lori Boelkes 26092 State Hwy 40 New Auburn
- 2) Alicia Bonczyk 2018 City Hwy AA Bloomer
- 3) Annie Boese 3143 195th Ave Bloomer

Have you ever been a member of the Military Service? No Discharge? —

Education- include name of High School, location, grade completed and any training beyond high-school.

Bloomer High School Diploma 2005
CVTC Hotel Restaurant Management Diploma 2008

I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature [Signature] Date 5/29/17

Official Use Only-Below This Line

Date Received 6/1/17 Date Approved 6/6/17 Date Denied _____
Researcher Chief of Police Approving Officer Signature [Signature]

WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Kristina Roth

Date of Completion: 05/26/2017

School Name: 360training.com, Inc.

Certification # WI-59721



I, Kristina Roth
certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



Corporate Headquarters
360training.com, Inc.
10000 W. Center Rd., Suite 100
Austin, Texas 78759
P: 202.442.1419

6-1-17

July 1, 2017 - June 30, 2018
Application for License to Serve Fermented Malt Beverages
and Intoxicating Liquors Fee - \$10.00

To the Clerk of the Village of Colfax Wisconsin:

I hereby apply for a License to serve, from July 1, 2017 to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68 (2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State, or Local, affecting the sale of such beverages and liquors if a license be granted to me,

I certify that I am 52 years of age.

Beccia Sandstrom
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant *Beccia Genele Sandstrom*
Address of Applicant *N-8381 Cty Rd. N Colfax, WI. 54730*

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?

NO

Date of such conviction *N/A*

Name of Court *N/A*

Nature of offense *N/A*

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?

no

Beccia Sandstrom
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Beccia Sandstrom being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this *1st*

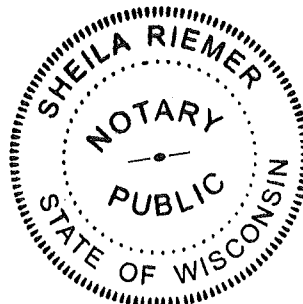
day of *June*, 2017

Beccia Sandstrom
Applicant sign here

Sheila Riemer

Notary Public, *Dunn* County, Wis.

*my comm. expires
8-27-18*



COLFAX POLICE DEPARTMENT

Village of Colfax P.O. Box 417 Colfax, Wisconsin 54730
Supplemental - General License Application

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

NOTE: If any further explanation is needed, please continue on back of application.

Full Name-First, Middle, Last Beia Janele Sundstrom

Business/Organization Name Out House

Full Prior Names (nicknames, maiden names, etc.) Reddicker - Davis

Date of Birth _____ Place of Birth Lafayette Ind Phone _____

Sex _____ Race _____ Height _____ Weight _____

Social Security No. _____ Driver's License No. _____

Have you ever been arrested for, or convicted of any laws, including traffic? NO

If yes, list offense, date and place occurring. _____

List prior addresses for the past five years N 8381 County Road M Colfax

List three personal references, not related to you. Include name, address & phone number

- 1) Patty Houser Colfax _____
- 2) Angie Winslow Colfax _____
- 3) Lisa Anderson Colfax _____

Have you ever been a member of the Military Service? NO Discharge? NA

Education- include name of High School, location, grade completed and any training beyond high school.

moon Valley High Pkwy WY 9
CITC Menominee WI

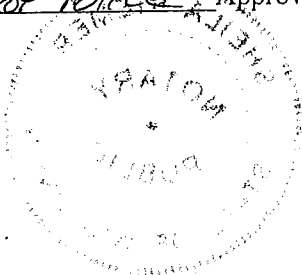
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Beia Sundstrom Date 5-30-17

Official Use Only-Below This Line

Date Received 04/17 Date Approved 04/17 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]



RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Dahl Daniel A & Brenda L. 2155 Elk Creek Rd Eau Claire, WI 54603

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Address of Corporation/Limited Liability Company (if different from licensed premises)
Buck Short Bar & Grill LLC

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member
Vice President/Member
Secretary/Member
Treasurer/Member
Agent
Directors/Managers

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

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

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

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

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

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

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

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

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

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

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

11. Is the applicant indebted to any wholesaler beyond 14 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 3rd day of JUNE, 2017

Gloria E. Ellis (Clerk/Notary Public)

My commission expires 10/06/2018

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 6-7-17	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Dahl Brenda		L.			
Home Address (street/route)	Post Office	City	State	Zip Code	
2155 Elk Creek Rd		Eau Claire	WI	54703	
Home Phone Number	Age	Date of Birth	Place of Birth		
715-874-4463	56	3-13-61	Kenosha, WI		

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

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

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

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

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 40
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

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

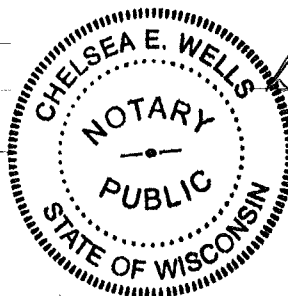
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that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

Subscribed and sworn to before me

this 3rd day of JUNE, 2017

Chelsea E. Wells
(Clerk/Notary Public)

My commission expires 10/06/2018



Brenda L. Dahl
(Signature of Named Individual)



Printed on
Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

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

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

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

(Officer/Director/Member/Manager/Agent)

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

which is making application for an alcohol beverage license.

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

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

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

Employer's Name	Employer's Address	Employed From	To
Cascades Tissue	1200 Forest St.	June 79	Present
Employer's Name	Employer's Address	Employed From	To

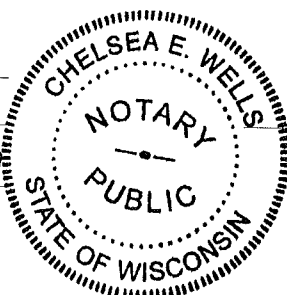
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that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

Subscribed and sworn to before me

this 3RD day of JUNE, 2017

[Signature]
(Clerk/Notary Public)

My commission expires 10/01/2019



[Signature]
(Signature of Named Individual)



Printed on
Recycled Paper

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

RECEIVED

JUN 07 2017

Village of Colfax

MUNICIPAL USE ONLY

License Number
Period Covered Thru June 30, 2018
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-10268 07314-06

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Buck Short Bar & Grill LLC			Federal Employer Identification No. (FEIN) 51-0640552	
Trade or Business Name (if different than Legal Name)			Telephone Number (715) 962-4281	
Business Address (License Location) 512 Main St.		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (715) 962-4281
City Colfax	State WI	ZIP Code 54730	County Dunn	
Mailing Address (if different than Business Address) 2155 Elk Creek Rd			City Eau Claire	State WI
			ZIP Code 54703	

Organization (check one)

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

Fee: \$5.00

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

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

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

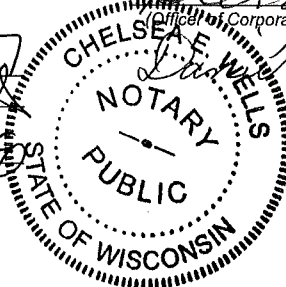
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 3rd day of JUNE 2017

(Notary Public)

My commission expires 10/01/2018



WILLIAM J. ANDERSON
CHIEF OF POLICE

PHONE (715) 962-3136
FAX (715) 962-4357

COLFAX POLICE DEPARTMENT

PO BOX 417, 613 MAIN ST.

COLFAX, WI 54730

MAY 2017 MONTHLY POLICE REPORT

CALLS FOR SERVICE: 49

TRAFFIC STOPS: 21

- ASSIST OTHER AGENCY: 1
 - TRAFFIC CRASH OUT OF TOWN
- WELFARE CHECK: 1
 - CONCERNS FOR AN ELDERLY MALE
- AMBULANCE ASSIST: 1
- 911 MISDIAL: 1
- DOMESTIC: 2
 - ALTERCATIONS BETWEEN BOYFRIEND AND GIRLFRIEND
- VEHICLE LOCKOUT: 1
- PROBATION HOLDS: 2
 - DRUG RELATED
 - CRIMINAL TRAFFIC RELATED
- ANIMAL COMPLAINT: 4
 - DOGS AT LARGE
 - NUISANCE SKUNK
 - CAT COMPLAINT
- JUVENILE: 3
 - RUNAWAY
 - DISORDERLY
 - SCHOOL ISSUE
- HARASSMENT: 3
 - ON GOING NEIGHBOR ISSUES
 - HARASSING PHONE CALLS
- TRAFFIC COMPLAINT: 2
 - VEHICLE DAMAGE TO LIGHT POLE

- ERRATIC DRIVER

- SUSPICION: 5
 - SUSPICIOUS CAR AT SCHOOL
 - SUSPICIOUS CAR AT BANK
 - SUSPICIOUS CAR AT BALL FIELDS
 - JUVENILES RUNNING FROM AREA OF DOLLAR GENERAL
 - SUSPICIOUS CAR WITH MALE ACTING STRANGELY ON SLETTEN ST
- DAMAGE TO PROPERTY: 2
 - DOORS DAMAGED TO CABOOSE AT COLFAX RR MUSEUM
 - PLEXI GLASS WINDOW BROKEN AT COLFAX RR MUSEUM

Administrator-Clerk-Treasurer Report June 23, 2017

July Utility Bill – The Village will utilize the Dunn County Code RED system for future emergencies and other information that might affect their area. We will announce this information in the July Utility Bill. This system can provide residents with voice, text and email notifications. If residents still have a land line, this number is already programed into the Code RED system.

****If residents want notifications via wireless phone number, text or email, they MUST REGISTER THAT INFORMATION ONLINE through Dunn County, www.co.dunn.wi.us/911 site.**

Please find some information about Code RED attached to these notes.

Don Knutson has been working with the Dunn County Emergency Center to finalize the set-up.

East View Residential Development – We gave out two packets to families interested.



Dunn County has a mass notification system available to all residents of Dunn County. The system is known as Code Red and can provide residents with voice, text and email notifications of emergencies and other information that may affect their area. The Code Red system is activated by the Dunn County 911 Center and Emergency Management Office. Residents with a traditional land line telephone are already in the system. For residents with wireless telephones, you must self register with the system to receive messages. Self registration can be completed by clicking on the Code Red logo or click [HERE](#).

Website: [Dunn County WI Emergency Management and Communication](#)

To Register :

Already have an account? [Login](#)



Keeping citizens informed.

This site is optimized for current and supported common browsers (i.e. IE, Chrome, Firefox). For the best user experience, please ensure your browser is up-to-date.

Dunn County, WI

Please take a moment to fill in the appropriate information below to be notified by your local emergency response team in the event of emergency situations or critical community alerts. Examples include: evacuation notices, bio-terrorism alerts, boil water notices, and missing child reports.

Contact Information

First name

Last name

Contact Addresses and Communication Methods

Address is:

☒ Residential ☐ Business

Address name:

Home

Address to be notified

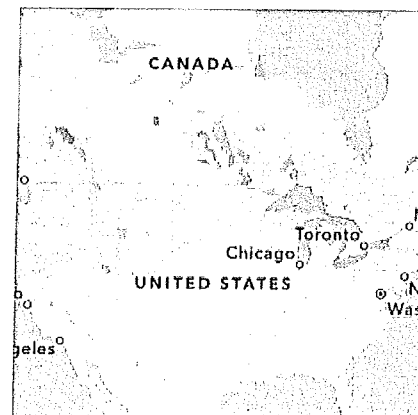
(please no P.O. boxes)

City

State

Zip

Choose State...



Phones

Phone Number:

☐ TDD/TTY device - Tone delivery, for hearing impaired

☐ Send text messages - 1 message per alerting event. Message and data rates may apply.

[SMS Terms & Conditions and Privacy Policy](#)

Reply STOP to 31678 or 76127 or 76933 to stop receiving messages from that number

Alert Types

☒ Emergency Notifications

☒ General Notifications

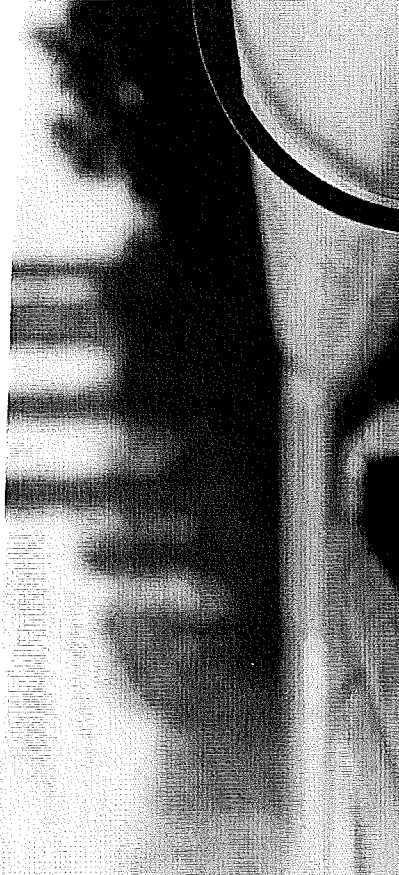
Critical Event Management and Mass Notification

Solutions for every critical event management scenario to protect people and property

Whether critical events impacting public safety or business operations are man made or natural, ensuring all stakeholders have the most current information available is often the most important factor in effectively managing every situation. OnSolve offers the most comprehensive set of mass notification and alerting solutions for public and private organizations of every size in virtually any industry.

Every Industry has Unique Notification and Alerting Needs

Whether it's an oil and gas producer experiencing problems at a processing facility or a manufacturing firm trying to avoid interruptions in the supply chain, every industry has unique operating requirements and events that can impact operations. In order to ensure continuity of operations, as well as employee and public safety, every organization needs the ability to easily and effectively share critical information.



6/23/2017

8:06 AM

Reprint Check Register - Quick Report - ALL

Page: 1
ACCT

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 6/12/2017 From Account:
Thru: 6/25/2017 Thru Account:

Check Nbr	Check Date	Payee	Amount
73917	6/15/2017	ASPEN MILLS	94.61
73918	6/15/2017	BAUER BUILT TIRE	229.80
73919	6/15/2017	BLOOMER ADVANCE	210.00
73920	6/15/2017	BOOKPAGE	324.00
73921	6/15/2017	CEDAR COUNTRY CO-OP	1,156.67
73922	6/15/2017	CHARTER COMMUNICATIONS	195.41
73923	6/15/2017	CITY OF EAU CLAIRE	228.71
73924	6/15/2017	COLFAX MESSENGER	1,413.72
73925	6/15/2017	COMMERCIAL TESTING LAB	163.00
73926	6/15/2017	CREATIVE PRODUCT SOURCE INC	331.04
73927	6/15/2017	DIGGERS HOTLINE	161.60
73928	6/15/2017	DUNN CO HIGHWAY DEPT	608.40
73929	6/15/2017	DUNN ENERGY COOPERATIVE	92.00
73930	6/15/2017	E.O. JOHNSON	129.00
73931	6/15/2017	EXPRESS MART	424.54
73932	6/15/2017	GEORGE ENTZMINGER	100.00
73933	6/15/2017	HUEBSCH	157.46
73934	6/15/2017	JOLENE ALBRICHT	22.47
73935	6/15/2017	LISA BRAGG-HURLBURT	102.72
73936	6/15/2017	MEDPRO MIDWEST GROUP	129.50
73937	6/15/2017	MENARDS-EAU CLAIRE	9.67
73938	6/15/2017	MICRO MARKETING LLC	49.68
73939	6/15/2017	MIDAMERICA BOOKS	101.70
73940	6/15/2017	MORAINES PARK TECHNICAL COLLEGE	6.00
73941	6/15/2017	OFFICE DEPOT	47.99
73942	6/15/2017	ORVILLE LARSON	45.00
73943	6/15/2017	POSTMASTER OF COLFAX	186.00
73944	6/15/2017	RB PLUMBING LLC	44.52
73945	6/15/2017	ROGER'S REPAIR	56.00
73946	6/15/2017	RONCO ENGINEERING	12.27
73947	6/15/2017	SCHOFIELD, PARENT, MAYER & HUFF, S.C.	262.50
73948	6/15/2017	SHEILA WILLIAMS	22.47
73949	6/15/2017	SUNDSTROMS PIT PUMPING	175.00

6/23/2017 8:06 AM

Reprint Check Register - Quick Report - ALL

Page: 2
ACCT

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 6/12/2017 From Account:
Thru: 6/25/2017 Thru Account:

Check Nbr	Check Date	Payee	Amount
73950	6/15/2017	UHS PREMIUM BILLING	1,979.32
73951	6/15/2017	VIKING DISPOSAL, INC	154.00
73952	6/15/2017	WEA INSURANCE TRUST	8,905.76
73953	6/15/2017	WI DNR	125.00
73954	6/15/2017	WI SCTF	63.62
73955	6/15/2017	WISCONSIN DNR-ENVIRONMENTAL FEES	891.39
73956	6/15/2017	WOODS RUN FOREST PRODUCTS	6.82
73957	6/22/2017	COLFAX FAIR BOARD	100.00
EFTPS	6/15/2017	EFTPS-FEDERAL-SS-MEDICARE	5,348.86
WIDOR	6/15/2017	WI DEPARTMENT OF REVENUE	1,717.68
AMAZON	6/20/2017	AMAZON.COM	1,086.91
WIDCOMP	6/15/2017	WISCONSIN DEFERRED COMPENSATION	255.00
VERIWIRE	6/16/2017	VERIZON WIRELESS	263.27
WEENERGIES	6/12/2017	WE ENERGIES	69.58
WEENERGIES	6/12/2017	WE ENERGIES	96.83
Grand Total			28,357.49