

**Village of Colfax
Village Board
Regular Meeting Agenda
Monday, July 24, 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 - none
 - b. Training Request
 - i. Chief Anderson – National Drug Enforcement Children’s Conference – 8/29/17 to 08/31/17- Green Bay, WI
 - ii. Megan Schleusner – Advanced EMT Class – Fall 2017
 - c. Facility Rental
 - i. 22er’s 4-H – Fairgrounds – FFA Building – 8/3/17 to 8/5/17 - Request for Fee to be Waived
 - d. Licenses
 - i. Chicken License – Pam Moen – July 24, 2017 to June 30, 2018
 - ii. Chicken License – JoAnn Mayfield – July 24, 2017 to June 30, 2018
 - iii. Temporary Class “B”/“Class B” Retailer’s License – August 4th, 2017 – Annual Pig Roast
 - iv. Temporary Class “B”/“Class B” Retailer’s License – August 5th, 2017 – Founder’s Day
 - v. Operator’s License – July 24, 2017 to June 30, 2018 – Mark Johnson – Colfax Commercial Club
 - vi. Operator’s License – July 24, 2017 to June 30, 2018 – Tiffany Prince – Softball Association
 - vii. Operator’s License – July 24, 2017 to June 30, 2018–Bridgette Lentz–Cedar Country Co-op & A Little Slice of Italy
 - viii. Operator’s License – July 24, 2017 to June 30, 2018 – Don Braaten – American Legion
 - ix. Operator’s License – July 24, 2017 to June 30, 2018 – Katherine Walters – American Legion
 - x. Operator’s License – July 24, 2017 to June 30, 2018 – Tarris Turner – American Legion
6. Consideration Items –
 - a. Street Use Privilege Permit – Colfax Commercial Club – Founder’s Day Event – Request Fee to be Waived – August 5th, 2017
 - b. Salt Shed Appraisal/Sealed Bid
7. Committee/Department Reports – (no action)
 - a. *Colfax Police Report – June*
8. Review/Approval – Bills –July 10, 2017 – July 23, 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.

Meeting / Continuing Education Travel / Meeting Request Form

Name William Anderson
Date 07/11/2017

Position Chief of Police
Department Police
Estimated Costs \$125.00
Employee is / **NOT** required to attend (circle one)

Date(s) of meeting 08/29, 08/30, 08/31/2017

Name of Requested meeting:

National Drug Endangered Children's Conference

How will this improve your ability to perform your job? I will learn information on the latest trends throughout the state and country when it comes to drug endangered children, and the best practices and resources available when you deal with families affected by this.

What alternatives are there to attending this meeting? (In- house resources, literature review, participation in meetings closer to Eau Claire, etc.)

How will you share what you have learned with others? I will pass along to the department pertinent information and resources when respond to calls of this nature.

Please include any additional comments on the back of this form

Expense Estimate:	\$125.00	Requested	Approved
Tuition / Registration	\$75.00	*Are others attending this meeting	YES / <u>NO</u>
Mileage / Airfare	\$0		(If yes, list names)
Lodging	\$0		
*Would like the Registration Fee Miscellaneous pre paid and mailed with your registration <u>YES</u> / NO			
Total	\$125.00		
Time Request:	1300	Requested	Approved
Number of days absent:	3		
From Work Setting			
Vacation			
Paid Conference Time	<u>X</u>		
Absent Without Pay (own time)			
Other			

**A COPY OF THE MEETING DESCRIPTION AND AGENDA
MUST BE ATTACHED TO THIS REQUEST**

Lynn Niggemann
Supervisor

7/14/17
Date



NETWORKING EVENTS

**2017 DEC Conference!****Workshop Agenda-at-a-Glance**

Tuesday, August 29, 2017	
Registration / Check-In	7:00am - 8:00am
Opening Ceremony	8:00am - 9:00am
Plenary - <i>Values & Healing: The Pathway to Recovery</i> William Kellibrew, IV Global Advocate	9:00am - 10:30pm
Break	10:30am - 10:45am
Breakout Session A	10:45pm - 12:15pm
Lunch- Provided- Recognition of new WI DEC programs and National DEC Awards	12:15pm - 1:45pm
Plenary - <i>"Post-Traumatic Stress Disorder – To Protect and Serve Those Who Protect and Serve"</i> Chief Timothy Whitcomb Cattaraugus County Sheriff's Office, New York	1:45pm - 3:15pm
Break	3:15pm - 3:30pm
<i>Continuation - Chief Timothy Whitcomb (above)</i>	3:30pm - 5:00pm
Welcome Reception	5:30pm
Wednesday, August 30, 2017	
Conference Registration & Breakfast	7:00am - 8:00am
Good Morning & Welcomes	8:00am - 8:30am
Plenary - <i>Trauma & Recovery</i> Tonier Cain CEO & Founder Healing Neen, Inc.	8:30am - 10:00am
Break	10:00am - 10:15am
Breakout Session B	10:15am - 11:45am
Lunch on you own	11:45am - 1:15pm
Breakout Session C	1:15pm - 2:45pm
Break	2:45pm - 3:00pm
Breakout Session D	3:00pm - 4:30pm
Lambeau Tour & Cookout!	5:30pm
Thursday, August 30, 2017	
Breakfast	7:00am - 8:00am
Plenary - <i>Developing Safe Communities for Native DEC Families</i> Honorable Richard Blake Chief Judge Hoopa Valley Tribe	8:00am - 9:30am
Break	9:30am - 9:45am

Plenary -	9:45am - 11:15am
<i>Suffer from Burnout?</i>	
<i>Give'em the F.I.N.G.E.R.!</i>	
Mark Yarbrough	
Motivational Speaker	
Closing Remarks	11:15am - 11:30am

[National DEC Home](#) | [Contact](#) | [Conference Archive](#)

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- [Already Registered?](#)

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- Information
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If paying by check, make out to National DEC and send to Patty Kurdi, 17 W Main St (or PO Box 7857), Madison, WI 53703-7857

Include the names of attendees on check stub.

Summary

National Drug Endangered Children's Conference

This national conference addresses emerging issues and best practices for identifying and responding to children endangered by their caregivers using, distributing or manufacturing drugs. It will be attended by law enforcement, social service personnel, medical personnel, educators, parents, tribal and community leaders, prosecutors, and other individuals.

Promote This Event

Registration Fee for WI residents: \$75.00

Registration Fee for Out of State: \$250.00

CLE and CEU credits have been applied for.

Deadline for registering for lodging scholarship is changed to July 26, 2017

 DEC Flyer

Details

For lodging needs, please contact one of the following Overflow Hotels, (Breakfast will be served at the Hyatt for all attendees, regardless of lodging location). Please mention you are with the National DEC Conference to receive the conference rate of \$82.00:

The Tundra Lodge Resort & Waterpark

(Deadline for reserving your room at the Tundra Lodge is August 7th)

1-877-886-3725

865 Lombardi Avenue

A free shuttle will take you to the Hyatt. If you choose to use your vehicle, you may park in the Hyatt main surface lot and have your parking pass validated to receive free parking.

Quality Inn & Suites

(Deadline for reserving your room at Quality Inn is August 10th)

1-920-437-8771


321 S. Washington Street

The conference hotel (Hyatt) is **SOLD OUT**, but we **STRONGLY** encourage you to check back regularly if you desire to stay at the conference hotel. More rooms will become available once lodging scholarships are awarded.

If you haven't applied for a lodging scholarship, we encourage you to do so.



- **When**

- Tuesday, August 29, 2017 - Thursday, August 31, 2017
7:00 AM - 12:00 PM
Central Time

-  [Add to Calendar](#)
Add to Calendar

- **Where**

- Hyatt Regency Green Bay
333 Main Street
Green Bay, Wisconsin 54301
USA
1-888-421-1442

-  [Get Driving Directions](#)
Get Driving Directions
-  [Hotel registration link](#)
Hotel registration link

- **Planner**

- [Patty Kurdi](#)

Already Registered?

 [Cvent Online Event Registration Software](#)

[Register](#)

Cvent Online Event Registration Software | Copyright Â© 2000-2017 Cvent, Inc. All rights reserved.

- [Event Management Software](#) |
- [Survey Software](#) |
- [Event Venues](#) |

Meeting / Continuing Education Travel / Meeting Request Form

Name Megan Schleusner Position EMT Basic
 Date 7/20/17 Department Rescue Squad
 Estimated Costs \$ 725.88 Approx
 Date(s) of meeting Fall 17 Employee is required to attend (circle one)

Name of Requested meeting EMT Advanced Class
 How will this improve your ability to perform your job? Higher level of care

Basic Skill set to render aid to the community. Advanced care

What alternatives are there to attending this meeting? (In- house resources, literature review, participation in meetings closer to Eau Claire, etc.) None

None
 How will you share what you have learned with others?

Helping the community
 Please include any additional comments on the back of this form

Expense Estimate:	X	Requested	Approved
Tuition / Registration attending this meeting	See Attached + \$625.88 testing YES / NO		*Are others
Mileage / Airfare	0		(If yes, list names)
Lodging	0		
*Would like the Registration Fee Miscellaneous pre paid and mailed with your registration NO			
Total	<u>725.88 estimated</u>		
Time Request:	<u>NA</u>	Requested	Approved
Number of days absent:	<u>NA</u>		
From Work Setting	<u>NA</u>		
Vacation	<u>NA</u>		
Paid Conference Time	<u>NA</u>		
Absent Without Pay (own time)	<u>NA</u>		
Other	<u>NA</u>		

**A COPY OF THE MEETING DESCRIPTION AND AGENDA
MUST BE ATTACHED TO THIS REQUEST**

Donald R. Knutson ^{47L}

7/20/ 17

Supervisor

Date

Colfax Rescue

Condition of Employment Agreement

I, Megan Schleusner, acknowledge that by accepting employment with Colfax Rescue as a Paid on call volunteer EMT, I am agreeing to the following condition of employment: Should I resign my employment voluntarily or be fired for cause within the first 24 months of my hire date I agree to reimburse Colfax Rescue the full cost of my pre-employment medical examinations. I also agree to reimburse Colfax Rescue for any and all training related expenses to gain certification which I did not possess at the time of hire. I understand these conditions and agree to accept such conditions of employment from Colfax Rescue. I hereby authorize Colfax Rescue to deduct any reimbursement from my wages and shall be responsible for any amount which my wages do not cover. Colfax Rescue will pursue collections from outside sources if not reimbursed.

In circumstances not addressed here, the Chief's discretion will prevail.

Agreed to this 18th day of July, 2017.

Printed name: Megan Schleusner

Signature: Megan Schleusner

Chief Signature Donald R. Knutson

Colfax Rescue

Tel: 715*962*3049
Fax: 715*962*2032

614C Railroad Ave
PO Box 417
Colfax WI 54730

Donald Knutson Director/Chief
dknutson@colfaxrescue.us

Please note the 4-5 digit CRN to register for the specific course.

Course Title	Course Number	CRN	Start/End Date	Days	Time	Weeks	Credit	Fees *	Book Info	Building/Room	Instructor	Seats Avail.
<u>Advanced EMT</u>	531-303-501	12471	8/30/2017 12/13/2017	W	5:00pm-9:55pm	16	4 Credits	\$625.88		Menomonie Campus - 109	Niemeyer, Jennifer R.	15
		AND	8/30/2017 12/13/2017	W	5:00pm-9:55pm					Menomonie Campus - 111		
		AND	9/23/2017 9/23/2017	S	8:00am-3:55pm					Menomonie Campus - 109		
		AND	9/23/2017 9/23/2017	S	8:00am-3:55pm					Menomonie Campus - 111		
		AND	10/14/2017 10/14/2017	S	8:00am-3:55pm					Menomonie Campus - 109		
		AND	10/14/2017 10/14/2017	S	8:00am-3:55pm					Menomonie Campus - 111		
		AND	11/04/2017 11/04/2017	S	8:00am-3:55pm					Menomonie Campus - 109		
		AND	11/04/2017 11/04/2017	S	8:00am-3:55pm					Menomonie Campus - 111		
		AND	12/02/2017 12/02/2017	S	8:00am-3:55pm					Menomonie Campus - 109		
		AND	12/02/2017 12/02/2017	S	8:00am-3:55pm					Menomonie Campus - 111		

* Fees are subject to change

* Fees may not include Books/Health fees

* Fees may vary based on location and number of credits registered for.

* Additional out-of-state tuition fees may apply to out-of-state students (Out-of-state tuition fees do not apply to distance education offerings).

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: 22ers 4-H

Activity: Fundraiser

Date of Use 8/3/17 Circle ALL Days: FRI SAT SUN. MON. TUES. WED. THURS - setup

Time of Use: From 7:00 4PM To 7:00 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: The 4-H club will be having a rummage sale to fund-raise for expenses of the club and support activities for the members/youth. We are asking that the building fee be waived.

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 Christie Hill

Date July 19, 2017

Address 231 W. Railroad Ave. Colfax

Phone number 715.962.4407

Phone Number for Weekend Contact 715.556.1468

Form of Identification _____

Village Clerk or Deputy Clerk 7-19-17 Lynn Heggemann

Date 7-19-17

* We are asking for the building fee to be waived.
Thank you !!!

THE COLFAX VILLAGE BOARD
P.O. Box 417
Colfax, WI 54730-0417
715-962-3311

Date of Use 8/3/17 - 8/5/17

DATE KEYS RETURNED: 1 / 1

_____/_____/_____ Police: _____ ☐ ☐

Deposit Refunded / /

Deposit Retained / /

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 Pam Moen
2. Address 705 University Ave Colfax WI 54730
3. Phone 715-308-1946
4. Parcel Number _____
5. Number of female chickens (maximum 10) 3
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.

Pamela J Moen
Signature of Applicant

07/17/2017
Date

=====

Office use only

7-17-17 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 JoAnn Mayfield
2. Address 204 Viking Dr, Colfax
3. Phone 715-962-4272
4. Parcel Number 1W1-2-29169-340-0031
5. Number of female chickens (maximum 10) 10
6. Application (circle one) New Renewal

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

JoAnn E Mayfield
Signature of Applicant

7-7-17
Date

Office use only

7.7.17 Date Application Received

Date Board Reviewed Application

Approved / Denied

License Number

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

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Date: 7-18-17

☐ Town ☒ Village ☐ City of Colfax County of Dunn

The named organization applies for: (check appropriate box(es).)

- ☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stat.

at the premises described below during a special event beginning 8-4-17 and ending 8-4-17 and agrees to comply with all law, resolution, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION (check appropriate box) ☒ Bona fide Club ☐ Church ☐ Lodge/Society ☐ Veteran's Organization ☐ Fair Association

(a) Name Colfax Women's Club

(b) Address _____
(Street) ☐ Town ☐ Village ☐ City

(c) Date organized _____

(d) If corporation, give date of incorporation _____

(e) Names and addresses of all officers:

President _____

Vice President _____

Secretary _____

Treasurer _____

(f) Name and address of manager or person in charge of affair: Jill Gengler + Olivia Larson
110 Park Dr. Colfax, WI 54730

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number 110 Park Dr

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? all

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. NAME OF EVENT

(a) List name of the event Annual Pig Roast 4th Annual

(b) Dates of event 8-4-17

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Colfax

Women's Club

(Name of Organization)

Officer Ramona Thoren
(Signature/date)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk 7-21-17

Date Reported to Council or Board 7-26-17

Date Granted by Council _____

License No. _____

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

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Date: 7-7-17

☐ Town ☒ Village ☐ City of Colfax County of Dunn

The ~~named~~ organization applies for: (check appropriate box(es).)

- ☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
- ☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stat.

at the premises described below during a special event beginning 8-5-17 and ending 8-6-17 and agrees to comply with all law, resolution, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION (check appropriate box) ☒ Bona fide Club ☐ Church ☐ Lodge/Society ☐ Veteran's Organization ☐ Fair Association

(a) Name Colfax Commercial Club

(b) Address 613 Main St P.O. Box 417 Colfax Wi
(Street) ☐ Town ☒ Village ☐ City

(c) Date organized 6/13 11/13

(d) If corporation, give date of incorporation 11/13

(e) Names and addresses of all officers:

President Mark Johnson 603 Main St Apt 4 Cb1Fax Wi

Vice President Herbert Sakaluk Jr. N1115 670TH ST. WHEELER, WY 84712

Secretary LeAnn Ralph EL689 970th Ave Co Hwy 601

Treasurer LeAnn Ralph

(f) Name and address of manager or person in charge of affair: ~~Mark~~ Same as above

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number Intersection of First & Main To River & Main & Tower Park

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? Main Street & Tower Park

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: no bldg.

3. NAME OF EVENT

(a) List name of the event Colfax Founders Day Block Party

(b) Dates of event August 5, 2017 ✓ ✓

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer M. J. [Signature] 7-7-17
(Signature/date)

Officer Joe P. Risher 7-7-17
(Signature/date)

Colfax Commercial Club
(Name of Organization)
Officer *[Signature]* 7/7/17
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk 7-7-17

Date Reported to Council or Board 7-26-17

Date Granted by Council

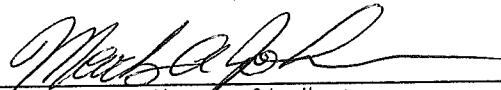
License No. _____

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.


Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Mark K Johnson

Address of Applicant 603 main St Apt 4 Colfax Wi

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

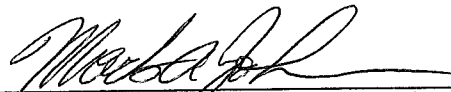
NA

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,

Dunn County.

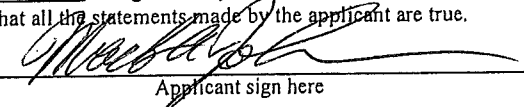
ss.

Mark Johnson 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

7th

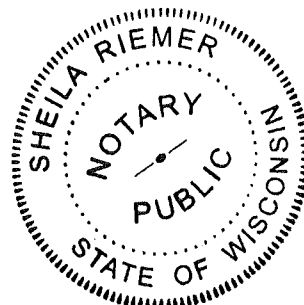
day of July 2017


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 Mark Alan Johnson

Business/Organization Name Colfax Commercial Club

Full Prior Names (nicknames, maiden names, etc.) N/A

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? No
If yes, list offense, date and place occurring. _____

List prior addresses for the past five years 603 Main St Apt 4
Colfax WI 54730

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

- 1) Pat Knutson Colfax WI
- 2) Nataya Gunderson Colfax WI
- 3) Nancy Knocke Eau Claire WI

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

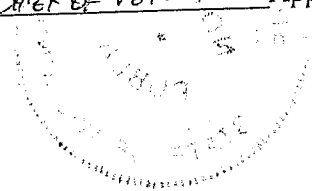
Education- include name of High School, location, grade completed and any training beyond high school.
Colfax High School 12th

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 7-6-17

Official Use Only-Below This Line

Date Received 07/07/17 Date Approved 07/10/17 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

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 34 years of age.

Tiffany A Prince

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Tiffany A Prince

Address of Applicant 207 Park Drive 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?

Yes

Date of such conviction October 2006 + April 2008

Name of Court District County Court

Nature of offense DWI

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

No

Tiffany A Prince

Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Tiffany A Prince

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 10th

Tiffany A Prince

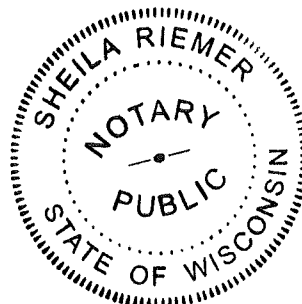
Applicant sign here

day of July

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 Tiffany Ann Prince

Business/Organization Name Softball Assoc.

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

Date of Birth _____ Place of Birth _____

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. DWI - October 2006 - April 2008

List prior addresses for the past five years 2037 Kenosha Ln NW Rochester, MN 55901
4444 3rd St. NW Rochester, MN 55901

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

- 1) Amy Lacey
- 2) Peggy Wallace
- 3) _____

Have you ever been a member of the Military Service? NO Discharge? N/A

Education- include name of High School, location, grade completed and any training beyond high school.
Colfax High School, Colfax WI, 12th grade; RCTC - Rochester, MN, Associate degree
Bemidji State University, Bemidji MN, Bachelor's

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 Tiffany Prince Date 7/16/17

Official Use Only-Below This Line

Date Received 07/17/17 Date Approved 07/10/17 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

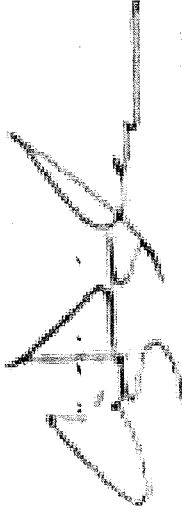
WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Tiffany Prince

Date of Completion: 05/24/2017

School Name: 360training.com, Inc.

Certification # WI-59462

I, 

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
13801 Burnet Rd., Suite 100
Austin, Texas 78727
P: 800-442-1149

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

Fee - \$10.00

RECEIVED

JUL 03 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 25 years of age.

Bridgette Lenz
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Bridgette Lenz

Address of Applicant 808 University Ave. Apt. 13 Colfax, WI

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

Bridgette Lenz
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Bridgette Lenz, 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.

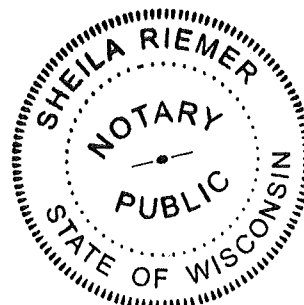
Subscribed and sworn to before me this 3rd

Bridgette Lenz
Applicant sign here

day of July, 2017

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 Bridgette Suzanne Lenz

Business/Organization Name Cedar Country Coop + A Little Slice of Italy's

Full Prior Names (nicknames, maiden names, etc.) None

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? No
If yes, list offense, date and place occurring. _____

List prior addresses for the past five years ~~090 20~~ 808 University Ave. Apt. 13

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

- 1) Bob Stary
- 2) Mary Durand
- 3) Dr. Jason Westcott

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.
Menomonie High School - Diploma

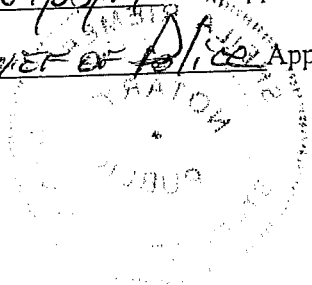
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Bridgette Lenz Date 7-3-17

Official Use Only-Below This Line

Date Received 07/05/17 Date Approved 07/05/17 Date Denied _____

Researcher CHIEF OF POLICE Approving Officer Signature [Signature]



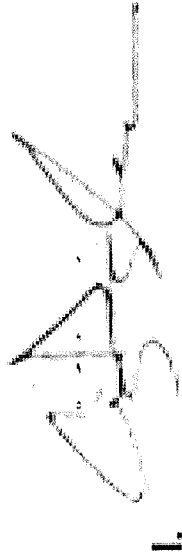
WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: bridgette lenz

School Name: 360training.com, Inc.

Date of Completion: 06/29/2017

Certification # WI-62524



I, _____
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
13801 Burnet Rd., Suite 100
Austin, Texas 78727
P: 800-442-1149

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

Fee - \$10.00

RECEIVED

JUN 28 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 75 years of age.

Don Braaten
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant DON BRAATEN

Address of Applicant Box 213

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

Don Braaten
Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

Don Braaten

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 28th

day of June 2017

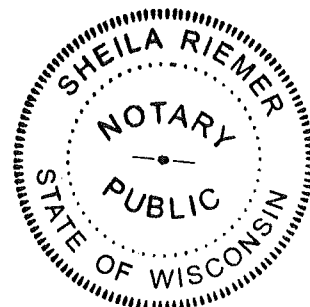
Don Braaten
Applicant sign here

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

Don Lee BRANTON

Business/Organization Name

American Legion Post 131

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

Date of Birth

Place of Birth

Colfax

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

505 Maple St
Colfax, WI 54730

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

1) Terry Turner2) Tom Dunbar3) Billy SmithHave you ever been a member of the Military Service? Yes Discharge? Honorable

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

Colfax High - 12Technical School - Drafting & Electronics

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

Date 6-23-17

Official Use Only-Below This Line

Date Received 07/05/17 Date Approved 07/05/17 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 28 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 65 years of age.

Katherine A. Walters
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Katherine A. Walters

Address of Applicant N9544 640th St. Colfax, WI 54230

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

Katherine A. Walters
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

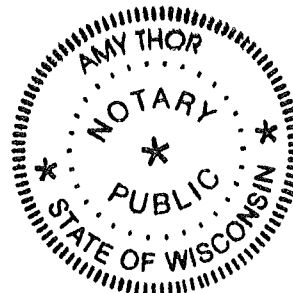
Katherine Ann Walters being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 6/24/2017

Katherine A. Walters
Applicant sign here

day of 6/24/2017

Amy Thor
Notary Public, Dunn County, Wis.
expire 04/06/2018



COLFAX POLICE DEPARTMENT

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

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

Full Name-First, Middle, Last Katherine Ann Walters

Business/Organization Name American Legion Post 131

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

Date of Birth 1-1-1944 Place of Birth Winchester, MA

Sex _____ Race _____ Height 5' Weight 120

Social Security No. _____ Driver's License No. WI 54730

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 9544 - 640th St, Colfax WI 54730 9/13 to present,
17177 State Hwy 24 NW, Clearwater MN 55320 9/87 to 8/13

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

- 1) Linda Townsend, 3415 E. Silverwood Dr. Phoenix, AZ 85048;
- 2) Steve Albeck, 11320 85 Ave. SE, Clearlake, MN 55319
- 3) Tom Dunbar, P.O. Box 155, Colfax WI 54730;

Have you ever been a member of the Military Service? Yes Discharge? Honorable

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

High School - Custer High School, Milwaukee, WI graduated 1970
College - Univ of WI - Milwaukee WI; BS. criminal justice, grad. 1974

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 Katherine A. Walters Date 6/24/2017

Official Use Only-Below This Line

Date Received 07/05/17 Date Approved 07/05/17 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 28 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 22 years of age.

Tarris L. Turner
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant TARRIS L. TURNER

Address of Applicant 510 E. 4TH AVE, COLEFAX, 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 FELONY - TRAFFIC VIOLATIONS

Date of such conviction 1987 - 1997

Name of Court DUNN COUNTY - COLEFAX

Nature of offense SPEEDING & DWI

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

NO

Tarris L. Turner
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Tarris Turner 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

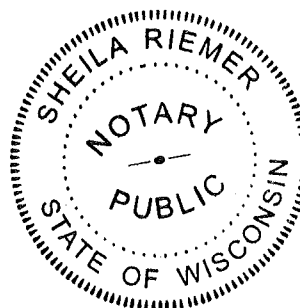
28th

Tarris L. Turner
Applicant sign here

day of June 2017

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

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

Full Name-First, Middle, Last TARRIS LEE TURNER

Business/Organization Name AMERICAN LEGION, COLFAX, WI

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

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. DWI - 1987-1997 - WISC SPEEDING - EARLY 2000 - WI

List prior addresses for the past five years N/A

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

- 1) Tom Dunbar, 502 EVERGREEN, COLFAX, WI 54730
- 2) MARK NELSON, 6527 35TH ST, ELK MOUND, WI 54739
- 3) MIKE NELSON, 413 MAIN, COLFAX, WI 54730

Have you ever been a member of the Military Service? YES-USN Discharge? RET - 1985

Education- include name of High School, location, grade completed and any training beyond high school.
11 YHS, YANKTON, SD - COLLEGE: DELMAR CORPUS CHRISTI, TX -
UNIV OF NEBR AT OMAHA, NEBR

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 Tarris L. Turner Date 6-28-17

Official Use Only-Below This Line

Date Received 07/05/17 Date Approved 07/05/17 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

Village of Colfax

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

Scott A. Gunnufson, President
Lynn M. Niggemann, Administrator-Clerk-Treasurer

STREET USE/PRIVILEGE PERMIT RECOMMENDATION AND APPROVAL

Request fee to
be waived.

Applicant (s)/Responsible Party:

Colfax Commercial Club

Address & Phone Number:

613 Main Street, Colfax, WI 54730 715-962-3311

Date and Duration of Requested Permit: August 5th, 2016 to August 6th, 2016 (2 a.m.)

Purpose/Description:

Founder's Day Main Street Celebration

Location/Street

Main Street (Railroad Ave./Main St. to Hwy 170/Hwy 40)

The undersigned applicant(s) hereby request from the Colfax Village Board, a temporary permit to occupy and use municipal streets for the above stated purpose, and to operate necessary equipment thereon. The applicant(s) will be required to execute and file with the Village Clerk-Treasurer a bond in an amount determined by the Director of Public Works, not exceeding Ten Thousand Dollars (\$10,000.00), conditioned that the applicant indemnify, defend, and hold the Village and its employees and agents harmless against all claims, liability, loss, damage or expense incurred by the Village on account of any injury to or death of any person or any damage to property caused by or resulting from the activities for which the permit is granted. Upon request, the Village Board may waive this requirement. As evidence of the applicant's ability to perform the conditions of the permit, the applicant may be required to furnish a Certificate of Comprehensive General Liability Insurance with the Village of Colfax. The applicant may be required to furnish a performance bond prior to being granted the permit.

A Street Use Permit for an event in progress may be terminated by the Village President or a law enforcement officer if the health, safety or welfare of the public appears to be endangered by activities generated as a result of the event, or the event is in violation of any of the conditions of the permits or ordinances of the Village of Colfax. The Village President or a law enforcement officer has the authority to revoke a permit or terminate an event in progress if the event organizers fail to comply with any of the regulations in the street use permit policy or conditions stated in the permit.

Colfax Commercial Club – Mark Johnson

(Applicant)

7-17-17
(Date)

(Applicant)

(Date)

DPW/Police Dept. /Building Inspector
Recommendation:

R.B. B.A.

(Signature)

(Date)

Approved By
Village Board President:

(Signature)

(Date)

Project Name: Founder's Day Main Street Celebration Parcel #: 111-1035-08

Fee: \$5.00 Received on _____ day of _____, 20____ BY: _____

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

JUNE 2017 MONTHLY POLICE REPORT

CALLS FOR SERVICE: 94

TRAFFIC STOPS: 23

- ASSIST OTHER AGENCY: 5
 - MISSING CHILD
 - BRUSH FIRE
 - DISORDERLY MALE
 - GAS SMELL
 - TRAFFIC ACCIDENT
- TRAFFIC ACCIDENT: 3
 - PARKING LOT
 - HIT AND RUN
 - ROLLOVER CRASH
- AMBULANCE ASSIST: 3
- DISORDERLY: 3
 - ARGUMENT BETWEEN DATING COUPLE
 - ROOMMATES ARGUING
- CIVIL: 1
 - PROPERTY EXCHANGE
- 911 HANGUP/MISDIAL: 4
- PROPERTY WATCH: 1
 - SCHOOL CONSTRUCTION

- ANIMAL COMPLAINT: 4
 - CAT AT LARGE
 - AGGRESSIVE CAT
 - DOG IN DISTRESS
 - BARKING DOG
- SUSPICIOUS VEHICLE: 3
 - LATE NIGHT OCCUPIED CAR IN CEMETERY
 - LATE NIGHT OCCUPIED CAR AT BALLFIELD
 - LATE NIGHT OCCUPIED CAR AT SCHOOL
- ABATEMENT: 1
 - CARS AND MISCELLANEOUS ITEMS ON PROPERTY
- WARRANT: 2
 - FAIL TO APPEAR
 - CHILD SUPPORT
- FRAUD : 1
 - WORTHLESS CHECK
- TRESPASS: 2
 - COLFAX RR MUSEUM
 - MALE SUBJECT LIVING IN BASEMENT OF COLFAX MANOR APARTMENTS
- JUVENILE: 4
 - MISSING CHILD
 - CURFEW
 - DISORDERLY
 - SUSPICIOUS ACTIVITY
- TRAFFIC COMPLAINT: 1
 - RECKLESS DRIVER
- CHECK WELFARE: 3
 - 2 DIFFERENT CALLS OF A SUICIDAL FEMALE
 - MALE THREATENING TO KILL HIMSELF ARMED WITH A SHOTGUN
- SUSPICIOUS PERSON: 5
 - INTOXICATED MALE
 - PEOPLE HANGING AROUND CULVERT
 - JUVENILES WITH A HATCHET
 - PERSON CREEPING AROUND BUSINESS AND ALLEY

- ALARM: 1
 - ALARM AT SCHOOL
- THEFT: 3
 - GAS DRIVE OFF
 - DONATION JAR STOLEN AT DOLLAR GENERAL (RECEOVERED AND MONEY RETURNED)
 - CELLPHONE STOLEN
- PROPERTY DAMAGE: 7
 - POOL, TIRES ON BICYCLES, CAR TIRES CUT / SLASHED
- MISCELLANEOUS: 1
 - UNFOUNDED REPORT OF UNDERAGE DRINKING
- PARKING COMPLAINT: 2
 - UNAUTHORIZED VEHICLE IN PARKING LOT
 - SEMI PARKED ON SIDE STREET
- NOISE COMPLAINT: 1
 - LOUD MUSIC
- MOTORIST ASSIST: 2
- MENTAL: 1
 - HEAVILY INTOXICATED FEMALE TRANSPORTED FROM COLFAX TO HOSPITAL IN MENOMONIE
- DOMESTIC: 1
 - DISORDERLY MALE ARRESTED
- UTILITY: 1
 - LIGHTS FLASHING IN WELLHOUSE
- LITTERING: 1
 - GARBAGE ON LAWN FROM NEIGHBOR
- PROBATION VIOLATION: 1
 - PERSON ON A 'NO DRINK' ARRESTED
- DRUGS: 2
 - PERSON ARRESTED FOR ATTEMPTING TO SELL
 - COMPLAINT OF PERSON TRYING TO PROVIDE DRUGS
- FIREWORKS COMP: 1

7/21/2017 4:14 PM

Reprint Check Register - Quick Report - ALL

Page: 1
ACCT

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 7/10/2017 From Account:
Thru: 7/23/2017 Thru Account:

Check Nbr	Check Date	Payee	Amount
73917	6/15/2017	ASPEN MILLS	-94.61
73997	7/14/2017	ARROW INTERNATIONAL, INC	560.39
73998	7/14/2017	BAUMAN ASSOCIATES	6,730.00
73999	7/14/2017	BOUND TREE MEDICAL, LLC	9.30
74000	7/14/2017	CEDAR COUNTRY CO-OP	3,455.57
74001	7/14/2017	CHARTER COMMUNICATIONS	195.34
74002	7/14/2017	CHIPPEWA VALLEY DOOR COMPANY LLC	520.00
74003	7/14/2017	CITY OF EAU CLAIRE	292.72
74004	7/14/2017	CLIMB THEATRE INC	450.00
74005	7/14/2017	COLFAX COMMUNITY FIRE DEPT	2,109.89
74006	7/14/2017	COLFAX MESSENGER	486.53
74007	7/14/2017	COMMERCIAL TESTING LAB	541.50
74008	7/14/2017	COMPUTER INTEGRATION TECHNOLOGIES INC	995.00
74009	7/14/2017	DUNN CO HIGHWAY DEPT	80.00
74010	7/14/2017	DUNN COUNTY HUMANE SOCIETY	457.62
74011	7/14/2017	DUNN ENERGY COOPERATIVE	105.00
74012	7/14/2017	E.O. JOHNSON	71.20
74013	7/14/2017	EXPRESS MART	394.74
74014	7/14/2017	GEORGE ENTZMINGER	100.00
74015	7/14/2017	HAWKINS, INC.	968.00
74016	7/14/2017	HENRY SCHEIN	179.40
74017	7/14/2017	HUEBSCH	157.46
74018	7/14/2017	KYLES MARKET	26.70
74019	7/14/2017	LE PHILLIPS MEMORIAL PUBLIC LIBRARY	16.00
74020	7/14/2017	MICRO MARKETING LLC	40.00
74021	7/14/2017	MINNESOTA'S JACK SPARROW	230.00
74022	7/14/2017	MODERN MARKETING	521.76
74023	7/14/2017	QUILL CORP.	242.62
74024	7/14/2017	SENN BLACKTOP, INC	245.85
74025	7/14/2017	TIM RUNDLE	13.69
74026	7/14/2017	TIM SWENSON	8.65
74027	7/14/2017	VIKING DISPOSAL, INC	154.00
74028	7/14/2017	VILLAGE OF COLFAX	1,176.13

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74029	7/14/2017	WEA INSURANCE TRUST	8,905.76
74030	7/14/2017	WI SCTF	63.62
74031	7/14/2017	ZOLL MEDICAL CORP	215.25
EFTPS	7/17/2017	EFTPS-FEDERAL-SS-MEDICARE	5,438.69
WIDOR	7/14/2017	WI DEPARTMENT OF REVENUE	869.06
AMAZON	7/18/2017	AMAZON.COM	514.71
BREMER	7/10/2017	CARDMEMBER SERVICE	1,476.95
WIDCOMP	7/17/2017	WISCONSIN DEFERRED COMPENSATION	255.00
VERIWIRE	7/16/2017	VERIZON WIRELESS	361.58
WEENERGIES	7/11/2017	WE ENERGIES	35.16
WEENERGIES	7/11/2017	WE ENERGIES	21.07
Grand Total			39,597.30