

July 1, 2018 - June 30, 2019  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors

Fee - \$10.00

RECEIVED

MAY 02 2018

To the Clerk of the Village of Colfax Wisconsin: Village of Colfax

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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 40 years of age.

*Lisa J Smestuen*  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Lisa Jean Smestuen

Address of Applicant 501 West St. Colfax

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

*Lisa J Smestuen*  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Lisa Smestuen 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.

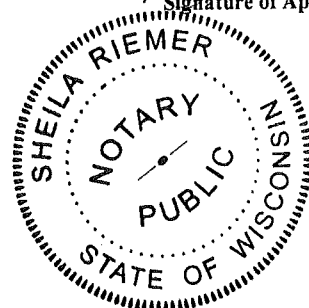
Subscribed and sworn to before me this 2nd day of May 2018

*Lisa J Smestuen*  
Signature of Applicant

*Sheila Riemer*

Notary Public, Dunn County, Wis.

Commission 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 Lisa Jean Smestuen

Business/Organization Name The Outhouse Bar

Full Prior Names (nicknames, maiden names, etc.) Lisa J Brinker, Lisa J Prieve

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 501 West St. Colfax

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Mike Nelson
2) Mark Nelson
3) Eva Gehman

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.
GED - Home Based

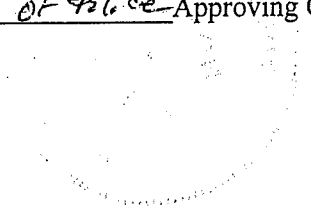
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Lisa J Smestuen Date 5-2-18

Official Use Only-Below This Line

Date Received 5/4/18 Date Approved 5/4/18 Date Denied \_\_\_\_\_

Researcher \_\_\_\_\_ Approving Officer Signature [Signature]



July 1, 2018 - June 30, 2019  
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I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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.

*Evia Gehrman*  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Evia Gehrman

Address of Applicant 305 main 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

*Evia Gehrman*  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

EVIA GEHRMAN, 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 27<sup>th</sup> day of April, 2018.

*Evia Gehrman*  
Signature of Applicant

*Jeanne Clark*  
Notary Public, Dunn County, Wis.

Commission Expires: 6/4/21

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 Evia Pearl Gehrman

Business/Organization Name Out House Bar

Full Prior Names (nicknames, maiden names, etc.) Elam, Finken, Davis

Date of Birth \_\_\_\_\_ Age 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? OUT  
If yes, list offense, date and place occurring. POLK city

List prior addresses for the past five years 305 main st Colfax

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Lisa Smeethen
- 2) Mike Nelson
- 3) Mark Nelson

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.

Madison Central Richmond Ky

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 Evia Gehrman Date 4/27/18

Official Use Only-Below This Line

Date Received 5/4/18 Date Approved 5/04/2018 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2018 - June 30, 2019  
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and Intoxicating Liquors

Fee - \$10.00

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MAY 01 2018

To the \_\_\_\_\_ Clerk \_\_\_\_\_ of the Village \_\_\_\_\_ of \_\_\_\_\_ Colfax \_\_\_\_\_ Wisconsin:  
Village of Colfax

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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 58 years of age.

Tamara Whinnery  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant TAMARA A. Whinnery  
Address of Applicant N8948 County Road 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

Tamara A. Whinnery  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Tamara Whinnery 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.

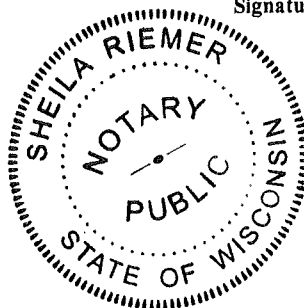
Subscribed and sworn to before me this 1st day of May 2018.

Tamara A. Whinnery  
Signature of Applicant

Sheila Riemer

Notary Public, Dunn County, Wis.

Commission 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 TAMARA Ann Whinnery

Business/Organization Name Outhouse Bar

Full Prior Names (nicknames, maiden names, etc.) TAMARA A Knutson  
TAMARA A Rihn

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? N/A  
If yes, list offense, date and place occurring. N/A

List prior addresses for the past five years Same

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Kayla Brown - Colfax
- 2) Ann Laramy - Colfax
- 3) Shelly Kistner - Elk Mound

Have you ever been a member of the Military Service? N/A Discharge? \_\_\_\_\_

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

Colfax High School Graduate  
CVTC - Eau Claire

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 Tamara A. Whinnery Date 5-1-2018

Official Use Only-Below This Line

Date Received 5/4/18 Date Approved 5/4/18 Date Denied \_\_\_\_\_

Researcher Crista Polve Approving Officer Signature [Signature]

July 1, 2018 - June 30, 2019  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors Fee - \$10.00

RECEIVED

MAY 04 2018

To the Clerk of the Village of Colfax Wisconsin:

Village of Colfax

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I certify that I am 25 years of age.

Jordan Logskett  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Jordan Lu Logskett

Address of Applicant 710 Stetten Street 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

Jordan Logskett  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Jordan Logskett, 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.

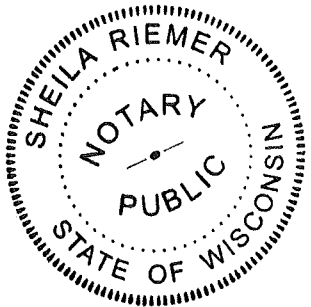
Subscribed and sworn to before me this 4th day of May 2018.

Jordan Logskett  
Signature of Applicant

Sheila Riemer

Notary Public, Dunn County, Wis.

Commission 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 Jordan Lu Logsieltt

Business/Organization Name Colfax Softball Assoe.

Full Prior Names (nicknames, maiden names, etc.) Jordan Lu Buchholz

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 E10088 390th Avenue Eau Claire WI 54703

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Alexa Demoe 28337 Cord M Colfax
- 2) Bryana Repol 509 Fairview Colfax
- 3) Christie Hill 231 Railroad Ave Colfax

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.  
Eikmound High School, Eikmound, WI, 12th graduated  
UW-Stout, Menomonie, WI, 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 Jordan Logsieltt Date 5/4/18

**Official Use Only-Below This Line**

Date Received 5/4/18 Date Approved 5/4/18 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]





# WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Jordan Logslott

School Name: 360training.com, Inc.

Date of Completion: 04/27/2018

Certification #: WI-77973

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  
6801 N Capital of Texas Hwy, Suite 150  
Austin, TX 78731  
P: 877.881.2235

12

July 1, 2018 - June 30, 2019

# Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Fee - \$10.00

RECEIVED

MAY 09 2018

To the Clerk of the Village of Colfax

Wisconsin: Village of Colfax

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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.

*Christopher J Larson*  
Signature of Applicant

### Answer the following questions fully and completely:

Name of Applicant Christopher J Larson

Address of Applicant 88538 St Rd 170 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?

-

*Christopher J Larson*  
Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

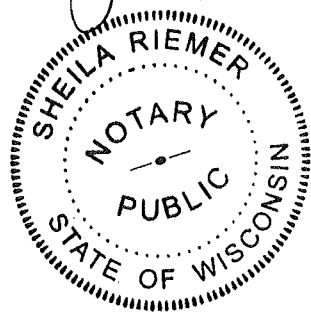
Christopher Larson, being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 9th day of May 2018.

*Sheila Riemer*  
Signature of Applicant

*Sheila Riemer*  
Notary Public, Dunn County, Wis.

Commission 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 Christopher John Larson

Business/Organization Name Russel Toyser Post 131

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. Speeding 1992?

List prior addresses for the past five years 25538 St Rd 170 Colfax WI 54730

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Dave Marton City W Colfax
- 2) Dave Shipman Hwy 40 Colfax
- 3) Roger Knutson City BB Colfax

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.

Colfax High 12  
Military Combat Engineer School, WI Fire School

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 [Handwritten Signature] Date 8 Apr 18

Official Use Only-Below This Line

Date Received 05/10/2018 Date Approved 05/10/2018 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Handwritten Signature]

July 1, 2018 - June 30, 2019  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors Fee - \$10.00

RECEIVED  
MAY 04 2018  
Village of Colfax

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I certify that I am 39 years of age.

*Mary Roehl*  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Mary Roehl

Address of Applicant N8420 97th 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 Fall 1998

Name of Court Dunn County

Nature of offense Possession of Marijuana

Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?  
No

*Mary Roehl*  
Signature of Applicant

STATE OF WISCONSIN,  
Dunn County, ss.

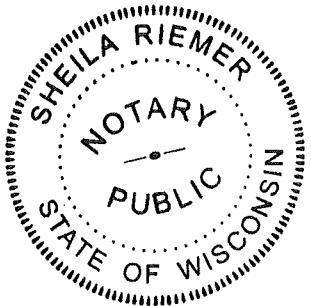
Mary Roehl being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 4th day of May 2018.

*Mary Roehl*  
Signature of Applicant

*Sheila Riemer*  
Notary Public, Dunn County, Wis.

Commission 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 Mary Jane Roehl

Business/Organization Name Outhouse

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? Yes  
If yes, list offense, date and place occurring. Fall 1998 Sun Co possession of Marijuana

List prior addresses for the past five years N/A

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Lisa Smetana Colfax
- 2) Tami Whinery Colfax
- 3) Wendy Turner 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.  
Campbelloport Public High School 1996 graduate  
UW Stout Menomonie 1996-1997

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 M. Roehl Date 5/4/18

Official Use Only-Below This Line

Date Received 5/10/18 Date Approved 5/11/18 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2018 - June 30, 2019  
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Fee - \$10.00

RECEIVED

MAY 10 2018

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I certify that I am 30 years of age.

Jessica K Lorenzen  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Jessica Lorenzen  
Address of Applicant 103 Platt St #1 Eau Claire WI 54703

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

No felonies. Other laws, yes.

Date of such conviction 2004 - 2009

Name of Court Chippewa, Eau Claire, Dunn

Nature of offense speeding, DUI, disorderly, etc. All public record.

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

No.

Jessica K Lorenzen  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Jessica Lorenzen 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.

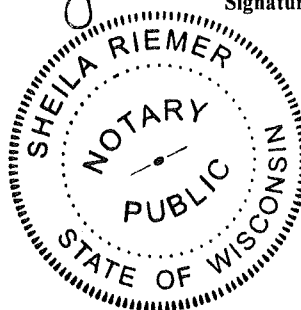
Subscribed and sworn to before me this 10th day of May 2018

Jessica K Lorenzen  
Signature of Applicant

Sheila Riemer

Notary Public, Dunn County, Wis.

Commission Expires: 8-27-18



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

Full Name-First, Middle, Last Jessica K Lorenzon

Business/Organization Name The Blind Tiger

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

Date of Birth \_\_\_\_\_ Place of Birth Minnesota

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. Public Records -> DUI, disorderly

List prior addresses for the past five years Public Records obstructing an officer

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Trisha Holmberg, Colfax
- 2) Bacile Young, Eau Claire
- 3) Rachel Schwarzenberger, 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.

Colfax High 2005  
CVTC EC 2006 some college completed

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 Jessica K Lorenzon Date 5/08/18

Official Use Only-Below This Line

Date Received 5/10/18 Date Approved 5/11/18 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2018 - June 30, 2019  
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, 2018 to June 30, 2019, 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.

Tammy R. Briggs  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Tammy R. Briggs

Address of Applicant N8076 577th 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?

Tammy R. Briggs  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

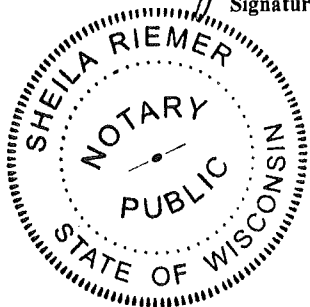
Tammy Briggs, being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 14th day of May 2018

Tammy R. Briggs  
Signature of Applicant

Shuk Run  
Notary Public, Dunn County, Wis.

Commission 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 Tammy Renee Briggs

Business/Organization Name Colfax Softball Association

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

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 502 Pine St. Colfax

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Liberty Aaron Colfax
- 2) Peggy Wallace Colfax
- 3) ~~Shirley Riener~~ Dave Nelson Colfax

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.

Hayward High School, Hayward, WI graduated  
UN-Eau Claire, Eau Claire, WI graduated

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 Tammy R. Briggs Date 5-7-18

Official Use Only-Below This Line

Date Received 5/14/18 Date Approved 5/15/18 Date Denied \_\_\_\_\_

Researcher CHIEF of Police Approving Officer Signature [Signature]

By 5-25-18

July 1, 2018 - June 30, 2019  
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, 2018 to June 30, 2019, 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 47 years of age.

Jeffrey W. Prince  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Jeffrey W. Prince

Address of Applicant 1004 University Ave

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

Jeffrey W. Prince  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Jeffrey 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.

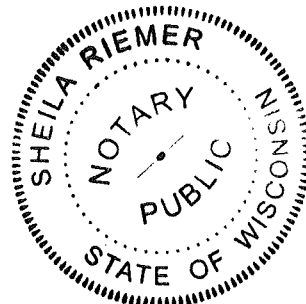
Subscribed and sworn to before me this 18 day of May 2018

Jeffrey W. Prince  
Signature of Applicant

Sheila Riemer

Notary Public, Dunn County, Wis.

Commission 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 Jeffrey William Prince

Business/Organization Name Colfax Softball Assoc.

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

Date of Birth 1/1 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? Speeding  
If yes, list offense, date and place occurring. 5/13

List prior addresses for the past five years 1004 University Ave  
Colfax, WI 54730

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Noah Loggseth Colfax
- 2) Timmy Briggs Colfax
- 3) Shaun Olson Colfax

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 - 12  
CVTC

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 Jeffrey W. Prince Date 5-7-18

Official Use Only-Below This Line

Date Received 5/12/18 Date Approved 5/18/18 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2018 - June 30, 2019  
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, 2018 to June 30, 2019, 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 19 years of age.

Jasmine Hanson  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Jasmine Louise Hanson

Address of Applicant N7670 800th Street

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

Jasmine Hanson  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

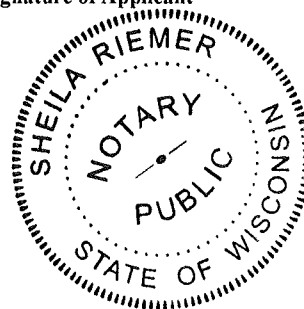
Jasmine Hanson being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 16 day of May 2018

Jasmine Hanson  
Signature of Applicant

Sheila Riemer  
Notary Public, Dunn County, Wis.

Commission 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 Jasmine Louise Hansen

Business/Organization Name Ceneo

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

List prior addresses for the past five years N7670 800th Street

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Kristine Ingran
- 2) Ann Ingran
- 3) \_\_\_\_\_

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

Education- include name of High School, location, grade completed and any training beyond high school.  
Colfax High School, 11th

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 Jasmine Hansen Date 5-13-18

**Official Use Only-Below This Line**

Date Received 5/7/18 Date Approved 5/17/18 Date Denied \_\_\_\_\_

Researcher C. ... Approving Officer Signature [Signature]

July 1, 2018 - June 30, 2019  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors

Fee - \$10.00

RECEIVED

MAY 23 2018

To the Clerk of the Village of Colfax Wisconsin:

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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 32 years of age.

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant NICHOLAS KRESSIN

Address of Applicant 2789 23rd Street

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

Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

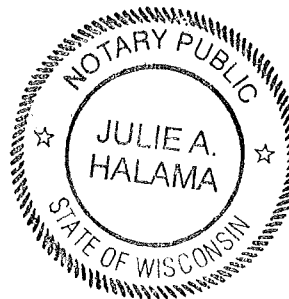
NICHOLAS KRESSIN, being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 23rd day of May, 2018

Signature of Applicant

Julie A. Halama  
Notary Public, Dunn County, Wis.

Commission Expires: Julie A Halama  
Notary Public - State of Wisconsin  
My Commission Expires June 20, 2020



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 NICHOLAS N. KRESSIN

Business/Organization Name KYLES MARKET

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? NO  
If yes, list offense, date and place occurring. N/A

List prior addresses for the past five years  
2789 23rd ST, ECK MONROE WI

List three personal references, not related to you (no co-workers). Include name, address & phone number  
1) RICH KNUTSON N8379 855th S Colfax WI  
2) JIM HERBICK N 10695 CRM Colfax WI  
3) TERRY WERTN 305 DUNN ST COLFAX WI

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

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

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 5-23-18

Official Use Only-Below This Line

Date Received 5/23/18 Date Approved 5/25/18 Date Denied \_\_\_\_\_

Researcher CHIEF OF POLICE Approving Officer Signature [Signature]

July 1, 2018 - June 30, 2019  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors Fee - \$10.00

RECEIVED

MAY 23 2018

To the Clerk of the Village of Colfax Wisconsin:

Village of Colfax

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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 47 years of age.

*[Handwritten Signature]*

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant JEFF Peterson

Address of Applicant 302 4th 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?  
NA

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?  
NA

*[Handwritten Signature]*

Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Jeffrey Peterson 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 8<sup>th</sup> day of MAY, 2018.

*[Handwritten Signature]*

Signature of Applicant

*[Handwritten Signature]*

Notary Public, Dunn County, Wis.

Commission Expires: 6/4/21



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 Jeffrey Harry Peterson

Business/Organization Name Kyle's Market

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? NA  
If yes, list offense, date and place occurring. NA

List prior addresses for the past five years \_\_\_\_\_

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Pat Davis 303 4th Ave Colfax WI 54730
- 2) Doris Tuschi 302 4th Ave Colfax WI 54730
- 3) Faith Guindlach 310 West Main Street Wheeler WI 54772

Have you ever been a member of the Military Service? NA Discharge? \_\_\_\_\_

Education- include name of High School, location, grade completed and any training beyond high school.  
Colfax High School, Colfax WI, 1-12

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 [Signature] Date 5/8/2018

Official Use Only-Below This Line

Date Received 5/23/18 Date Approved 5/25/18 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2018 - June 30, 2019  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors

Fee - \$10.00

RECEIVED  
MAY 23 2018

To the Clerk of the Village of Colfax Wisconsin: Village of Colfax

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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 20 years of age.

Daniel G. Schneider  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Daniel Glenn Schneider

Address of Applicant 217558 Cty Hwy U 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?  
NO

Daniel G. Schneider  
Signature of Applicant

STATE OF WISCONSIN,  
Dunn County, ss.

Daniel G. Schneider 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 9<sup>th</sup> day of May 2018.

Daniel G. Schneider  
Signature of Applicant

Vickie L Tweed - Vickie L Tweed

Notary Public, Dunn County, Wis.

Commission Expires: 6-26-21

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 Daniel Glenn Schneider

Business/Organization Name Kyle's Market

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? Inattentive Driving  
If yes, list offense, date and place occurring. Nov 13<sup>th</sup> 2016

List prior addresses for the past five years  
703 University Ave Colfax WI 54730

List three personal references, not related to you (no co-workers). Include name, address & phone number  
1) Deb Taysen 609 Iverson Rd Colfax WI 54730  
2) Sally Jahr 712 University Ave Colfax WI 54730  
3) Jordan Herrick 605 First Ave, Colfax WI, 54730

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 Senior year complete

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 Daniel G. Schneider Date 5-9-18

Official Use Only-Below This Line

Date Received 5/23/18 Date Approved 5/25/18 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

# July 1, 2018 - June 30, 2019 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Fee - \$10.00  
**RECEIVED**  
MAY 23 2018

To the \_\_\_\_\_ Clerk \_\_\_\_\_ of the Village \_\_\_\_\_ of \_\_\_\_\_ Colfax \_\_\_\_\_ Village of Colfax  
Wisconsin:

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019 , 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 20 years of age.

Signature of Applicant

### Answer the following questions fully and completely:

Name of Applicant Nicole Daria Nielsenhausen

Address of Applicant 7971 25<sup>th</sup> 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 \_\_\_\_\_

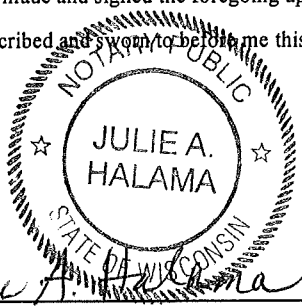
Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?  
NO

Signature of Applicant

STATE OF WISCONSIN,  
DUNN County. ss.

Nicole Nielsenhausen 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 9<sup>th</sup> day of May 2018



Signature of Applicant

Notary Public, Dunn County, Wis.

Commission Expires: \_\_\_\_\_  
Julie A Halama  
Notary Public-State of Wisconsin  
My Commission Expires June 20, 2020

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 Nicole Daria Nielsenhausen

Business/Organization Name Kyhs Market

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? NO  
If yes, list offense, date and place occurring. \_\_\_\_\_

List prior addresses for the past five years 7971 25<sup>th</sup> St. Colfax, WI  
54730

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Vikki Mates 64990 920 ave. Bruceville, WI 54725
- 2) Tracy Doucette P.O. Box 423 Colfax, WI 54730
- 3) Kathy Tape 68442 110 ave Colfax WI 54730

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, Colfax WI, graduated  
St. Cloud State University, St. Cloud, MN, second year student

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 5-9-18

Official Use Only-Below This Line

Date Received 5/3/18 Date Approved 5/5/18 Date Denied \_\_\_\_\_

Researcher Cara of Police Approving Officer Signature [Signature]

July 1, 2018 - June 30, 2019  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors

Fee - \$10.00

RECEIVED  
MAY 23 2018

To the Clerk of the Village of Colfax Wisconsin

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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 54 years of age.

*Kim R. McEldowney*  
*Kim R. McEldowney*  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Kim McEldowney

Address of Applicant 604 EVERGREEN 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 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

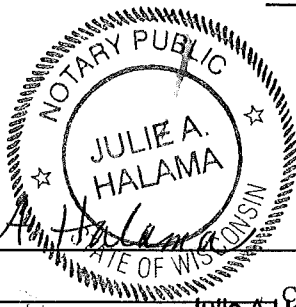
*Kim R. McEldowney*  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Kim R. McEldowney 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 9th day of May 2018



*Kim R. McEldowney*  
Signature of Applicant

*Julie A. Halama*  
Notary Public, Julie A Halama County, Wis.

Commission Expires: Notary Public-State of Wisconsin  
My Commission Expires June 20, 2020

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 Kim Renee McEldowney

Business/Organization Name Kyle's Market

Full Prior Names (nicknames, maiden names, etc.) Kim Renee Thompson

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? \_\_\_\_\_  
If yes, list offense, date and place occurring. \_\_\_\_\_

List prior addresses for the past five years N/A

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Anne Ingram Colfax
- 2) Ernie Sundstrom 18324 County Rd M, Colfax
- 3) Gretchen Herrick Colfax

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.

COLO. SPS. CHRISTIAN SCHOOL, COLO. SPS, CO 12<sup>th</sup> GRADE

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 Kim R. McEldowney Date 5-3-18  
Kim R. McEldowney 5-9-18

Official Use Only-Below This Line

Date Received 05/03/18 Date Approved 05/25/18 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2018 - June 30, 2019  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors Fee - \$10.00

RECEIVED  
MAY 23 2018  
Village of Colfax

To the \_\_\_\_\_ Clerk \_\_\_\_\_ of the Village \_\_\_\_\_ of \_\_\_\_\_ Colfax \_\_\_\_\_ Wisconsin:

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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 18 years of age.

[Signature]  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Caroline Dvorak

Address of Applicant E9299 949th Ave

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

[Signature]  
Signature of Applicant

STATE OF WISCONSIN,  
Dunn County, ss.

Caroline Dvorak 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.

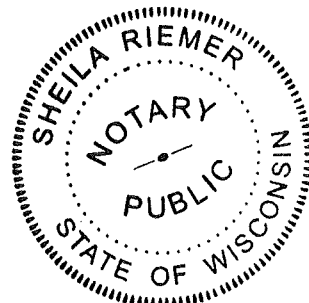
Subscribed and sworn to before me this May day of 10th 2018

[Signature]  
Signature of Applicant

[Signature]

Notary Public, Dunn County, Wis.

Commission 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 Caroline Rose Duorak

Business/Organization Name Kyles Market

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

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. NA

List prior addresses for the past five years NA

- List three personal references, not related to you (no co-workers). Include name, address & phone number
- 1) Carlotta Binson L 940th St Colfax, WI 54730
  - 2) Nate Abrahamson NA
  - 3) Robert Otto 1204 Vine St, Bloomer, WI 54724

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.  
Colfax High School, Colfax, 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 Caroline Duorak Date 4/10/18

**Official Use Only-Below This Line**

Date Received 5/23/18 Date Approved 5/25/18 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2018 - June 30, 2019  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors Fee - \$10.00

RECEIVED  
MAY 23 2018  
Wisconsin:  
Village of Colfax

To the Clerk of the Village of Colfax

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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 18 years of age.

Caleb S. Korevaar  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Caleb S. Korevaar

Address of Applicant E7546 850<sup>th</sup> Ave.

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

Caleb S. Korevaar  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Caleb Korevaar

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 10<sup>th</sup> day of MAY, 2018

Caleb S. Korevaar  
Signature of Applicant

Leanne Clark

Notary Public, DUNN County, Wis.

Commission Expires: 6/4/21

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 Caleb Schuyler Korevaar

Business/Organization Name Kyle's Market

Full Prior Names (nicknames, maiden names, etc.) Caleb Schuyler Korevaar

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weigh \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

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

List prior addresses for the past five years E 7546 850<sup>th</sup> Ave Colfax, WI 54730

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Jasmine Benson N7670 800<sup>th</sup> St.
- 2) Erika Brautner E1195 1070<sup>th</sup> Ave Wheeler WI
- 3) Allison Tuschl N10228 600<sup>th</sup> St Wheeler 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, Colfax WI, graduating on May 18, 2018

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 Caleb Korevaar Date May 10, 2018

Official Use Only-Below This Line

Date Received 5/3/18 Date Approved 5/5/18 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2018 - June 30, 2019  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors

Fee - \$10.00

RECEIVED  
MAY 23 2018

To the \_\_\_\_\_ Clerk \_\_\_\_\_ of the Village \_\_\_\_\_ of \_\_\_\_\_ Colfax ~~Village of Colfax~~ Wisconsin:

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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 31 years of age.

  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Mikki McCutcheon

Address of Applicant 404 Main 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

  
Signature of Applicant

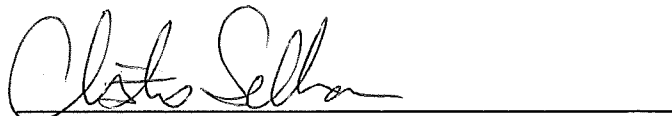
STATE OF WISCONSIN,

Dunn County, ss.

Mikki J. McCutcheon 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.

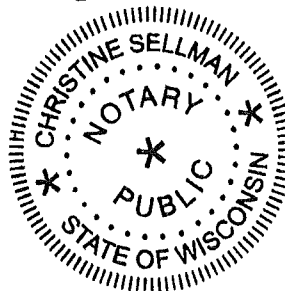
Subscribed and sworn to before me this 15<sup>th</sup> day of May

  
Signature of Applicant



Notary Public, Dunn County, Wis.

Commission Expires: 5-14-22



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 Mikki Jean McCutcheon

Business/Organization Name Kyles Market

Full Prior Names (nicknames, maiden names, etc.) Mikki Jean Andrews

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 \_\_\_\_\_  
\_\_\_\_\_

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Kirk Loggett 29101 St RD 40 Colfax WI 54730
- 2) Kaydi Flueg N8773 1070th St Colfax WI 54730
- 3) Billie Jo Burgett E1534 CTR DB Colfax WI 54730

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 - 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 Mikki McCutcheon Date April 26th 2018

Official Use Only-Below This Line

Date Received 5/23/18 Date Approved 5/25/18 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2018 - June 30, 2019  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors

Fee - \$10.00

RECEIVED  
MAY 23 2018

To the Clerk of the Village of Colfax Wisconsin  
Village of Colfax

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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.

*Sophia Amick*

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Sophia Amick

Address of Applicant 409 E River 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

*Sophia Amick*

Signature of Applicant

STATE OF WISCONSIN,

Dunn

ss.

County.

SOPHIA AMICK

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 1<sup>ST</sup> day of May, 2018.

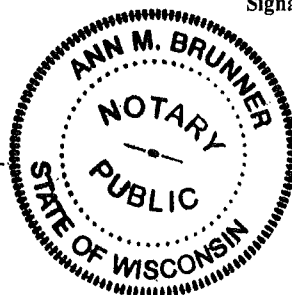
*Sophia Amick*

Signature of Applicant

*Ann M. Brunner*

Notary Public, Dunn County, Wis.

Commission Expires: July 28, 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 Sophia Louann Amick

Business/Organization Name Kyle's Market

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

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 122 Park Dr. Trl. #101 Colfax, WI 54730

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Candice Paffel ~~###~~ 940th St. Colfax, WI 54730
- 2) Josh McCutcheon 406 Main St. Colfax, WI 54730
- 3) Lisa Bragg-Hurlbut E 9727 780th Ave. Colfax, WI 54730

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 Colfax, WI 12<sup>th</sup> grade

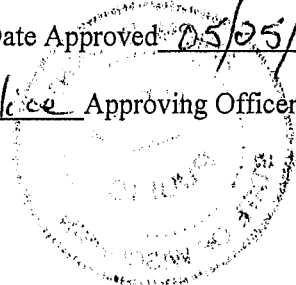
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Sophia Amick Date 5/11/2018

Official Use Only-Below This Line

Date Received 5/8/18 Date Approved 05/25/18 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]



July 1, 2018 - June 30, 2019  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors Fee - \$10.00

RECEIVED  
MAY 23 2018  
Wisconsin:  
Village of Colfax

To the Clerk of the Village of Colfax

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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 71 years of age.

*Elizabeth J. De Mae*  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant *Elizabeth J. De Mae*

Address of Applicant *118 Park Dr. Lot 254 #10, Colfax, Wis. 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*

*Elizabeth J. De Mae*  
Signature of Applicant

STATE OF WISCONSIN,  
*Dunn* County.

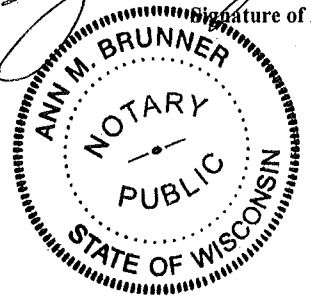
being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this *4TH* day of *May* *2018*  
*Elizabeth J. De Mae*  
Signature of Applicant

*Ann Brunner*

Notary Public, *Dunn* County, Wis.

Commission Expires: *July 28, 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 Elizabeth Jayne De Mae B.J.

Business/Organization Name Keyes Market

Full Prior Names (nicknames, maiden names, etc.) B.J. Swanson

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? Speeding  
If yes, list offense, date and place occurring. Many yrs. ago in Elk Mound, Wis.

List prior addresses for the past five years Above

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) BRIAN LANGRISH 118 PARK DR. COLFAX WI.
- 2) GRATHAN SCHINDLER 11472-55<sup>th</sup> ST. COLFAX WI. 54730
- 3) TENDR LARSON E 9325-214<sup>th</sup> AVE COLFAX WI. 54730

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.  
Mary B. Bradford H.S. Kenosha, Wis.  
J.E.D. Bookkeeping

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 Elizabeth J. De Mae Date 5-4-2018

Official Use Only-Below This Line

Date Received 5/3/18 Date Approved 5/25/18 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2018 - June 30, 2019  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors

Fee - \$10.00

RECEIVED

MAY 23 2018

To the Clerk of the Village of Colfax Wisconsin Village of Colfax

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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 26 years of age.

Katelynn Olson

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Katelynn Olson

Address of Applicant 8901 St. Rd. 40 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?

Katelynn Olson

Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

KATELYNN L OLSON, 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 27th day of April 2018.

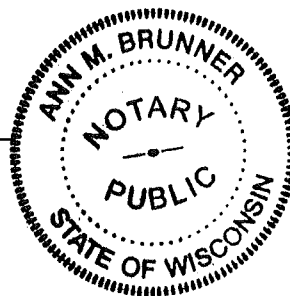
Katelynn Olson

Signature of Applicant

Ann M Brunner

Notary Public, Dunn County, Wis.

Commission Expires: July 28, 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 Katelynn Lee Olson

Business/Organization Name Kyle's Market

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

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. NA

List prior addresses for the past five years E9101 8<sup>th</sup> Rd 40. Colfax, WI 54730

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Josh McCutcheon 406 Main St. Colfax WI 54730
- 2) Candice Daffer N7033 940th St. Colfax WI 54730
- 3) Wendy Lausted N7235 740th St Menomonie WI 54751

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.

Colfax High School, Colfax, 12<sup>th</sup>

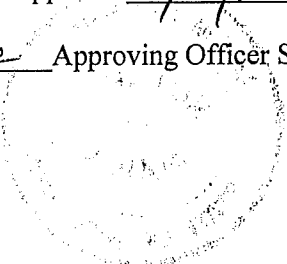
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Katelynn Olson Date 4/27/18

Official Use Only-Below This Line

Date Received 5/23/18 Date Approved 5/25/18 Date Denied \_\_\_\_\_

Researcher CHIEF OF Police Approving Officer Signature [Signature]



July 1, 2018 - June 30, 2019  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors

Fee - \$10.00

RECEIVED

MAY 23 2018

To the Clerk of the Village of Colfax Wisconsin:  
Village of Colfax

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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 21 years of age.

Noelle Olson

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Noelle Olson

Address of Applicant 212 Viking 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?

NA

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?

NA

Noelle Olson

Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

Noelle Olson 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 May, 2018

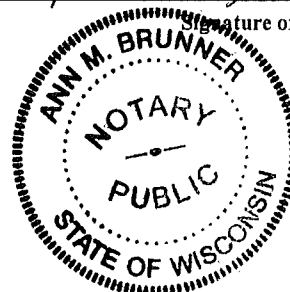
Noelle Olson

Signature of Applicant

Ann M. Brunner

Notary Public, Dunn County, Wis.

Commission Expires: July 28, 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 Noelle Lauren Olson

Business/Organization Name Kyle's Market

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

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? NA  
If yes, list offense, date and place occurring. NA

List prior addresses for the past five years 212 Viking Drive Colfax, WI 54730

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Jason Taylor, N10041 County Rd. S Wheeler, WI 54772
- 2) Derek Westholm, E 8391 & 330th Avenue New Auburn, WI 54757
- 3) Jeff Williams, E 5501 County Rd G Colfax, WI 54730

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

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

Colfax High School, Colfax, WI 12<sup>th</sup> grade  
Chippewa Valley Technical College, Eau Claire, WI 2 years of general

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 Noelle Olson Date 5-1-18

Official Use Only-Below This Line

Date Received 5/23/18 Date Approved 5/25/18 Date Denied \_\_\_\_\_

Researcher CHIEF OF POLICE Approving Officer Signature [Signature]

July 1, 2018 - June 30, 2019  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors

Fee - \$10.00

RECEIVED

To the Clerk of the Village of Colfax Wisconsin:

MAY 23 2018

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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 50 years of age.

Jalene Amick  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Jalene Amick

Address of Applicant 409 E. River 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

Jalene Amick  
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

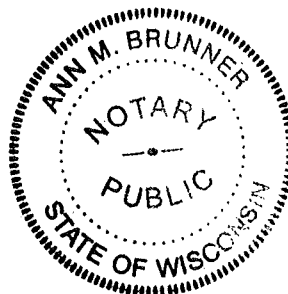
Jalene Amick being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 2nd day of May, 2018

Jalene Amick  
Signature of Applicant

Ann M Brunner  
Notary Public, Dunn County, Wis.

Commission Expires: July 28, 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 Jalene Sue Amick

Business/Organization Name Kyle's Market

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

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 122 Park Dr. Trlr. #101  
Colfax WI 54730

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Condace Dattel N8033 940th Street Colfax, WI
- 2) Josh McCutcheon 406 Main St Colfax WI 54730
- 3) Lisa Bragg-Hurlburt E9727 780<sup>th</sup> Ave. 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.

Ashland High School Ashland, WI graduated 12<sup>th</sup> grade  
Chippewa Valley Technical College

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 Jalene Amick Date 5/2/18

Official Use Only-Below This Line

Date Received 5/3/18 Date Approved 5/25/18 Date Denied \_\_\_\_\_

Researcher Chief of Police Approving Officer Signature [Signature]

July 1, 2018 - June 30, 2019  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors

Fee - \$10.00

RECEIVED

MAY 23 2018

To the Clerk of the Village of Colfax Wisconsin: Village of Colfax

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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 57 years of age.

Mary M Muza

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Mary M Muza

Address of Applicant 308 11th St Menomonie WI 54757

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

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? N/A

Mary M Muza

Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Christine Sellman

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 23 day of May

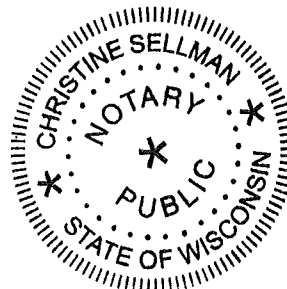
Mary M Muza

Signature of Applicant

Christine Sellman

Notary Public, Dunn County, Wis.

Commission Expires: 5-14-2022





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 Mary Michele Muza

Business/Organization Name Kyle's Market

Full Prior Names (nicknames, maiden names, etc.) Mary Michele Mueller Pagels

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? N/A  
If yes, list offense, date and place occurring. \_\_\_\_\_

List prior addresses for the past five years N/A

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Kirk Secor E 8898 240th Ave Elk Mound WI 54739
- 2) Faith Siler E 4290 330th Ave Menomonie WI 54757
- 3) Brian Jorgenson 115 4th Ave W Menomonie WI 54757

Have you ever been a member of the Military Service? N/A Discharge? N/A

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

SCC Hammond WI 12 graduated  
CVTC - Eau Claire WI 3 semesters

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 Mary M Muza Date 5-22-18

Official Use Only-Below This Line

Date Received 5/23/18 Date Approved 5/25/18 Date Denied \_\_\_\_\_

Researcher CHIEF OF POLICE Approving Officer Signature [Signature]

July 1, 2018 - June 30, 2019  
Application for License to Serve Fermented Malt Beverages  
and Intoxicating Liquors

Fee - \$10.00

RECEIVED  
MAY 25 2018

To the Clerk of the Village of Colfax Wisconsin

I hereby apply for a License to serve, from July 1, 2018 to June 30, 2019, 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 41 years of age.

*Michael Buchner*  
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Michael Buchner

Address of Applicant 509 Fairview Dr.

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

*Michael Buchner*  
Signature of Applicant

STATE OF WISCONSIN,  
Dunn County, ss.

Michael Buchner 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.

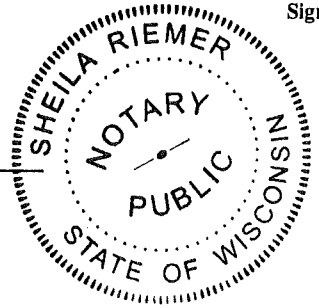
Subscribed and sworn to before me this 25 day of May 2018

*Michael Buchner*  
Signature of Applicant

*Sheila Riemer*

Notary Public, Dunn County, Wis.

Commission 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 Michael David Buchner

Business/Organization Name Colfax Firemen

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. Dunn County 2002

List prior addresses for the past five years -

List three personal references, not related to you (no co-workers). Include name, address & phone number

- 1) Peggy Wallace 807 Railroad Ave. Colfax WI 54730
- 2) John Dickenson 215 River St Colfax WI
- 3) Tammy Sauer 811 Railroad Ave 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.

Colfax High School Colfax WI  
12<sup>th</sup> grade

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 Michael Buchner Date 5-25-18

**Official Use Only-Below This Line**

Date Received 5-25-18 Date Approved \_\_\_\_\_ Date Denied \_\_\_\_\_

Researcher \_\_\_\_\_ Approving Officer Signature \_\_\_\_\_

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# WISCONSIN

# SELLER / SERVER CERTIFICATION

Trainee Name: Michael Buchner

School Name: 360training.com, Inc.

Date of Completion: 05/25/2018

Certification #: WI-80223

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



360training.com, Inc.  
1000 West Wisconsin Avenue  
Suite 200  
West Allis, WI 53227  
Phone: 414.438.3600  
Fax: 414.438.3601  
www.360training.com