

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

Fee - \$10.00

RECEIVED
MAY 24 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 29 years of age.



Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Emily Rubenzer

Address of Applicant 307 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?

OWI - 1st

Date of such conviction 07-25-17

Name of Court Chippewa Falls

Nature of offense OWI - 1st

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

NO



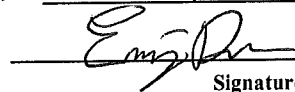
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Emily Rubenzer 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.

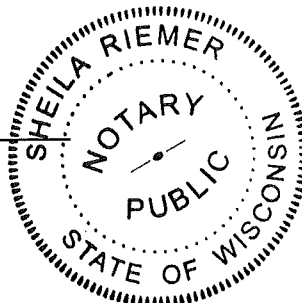
Subscribed and sworn to before me this 24 day of May 2018



Signature of Applicant

Notary Public, Sheela Riemer
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 Emily Michelle Rubenzer

Business/Organization Name The Blind Tiger

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. OWI - 1st Chippewa County 7-25-17

List prior addresses for the past five years 119094 Cnty Rd M Colfax

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

- 1) Steve Beaudin - Colfax
- 2) Karm Kulzer - Chippewa
- 3) Tracey Greasing - Chippewa

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.
Chippewa Falls Senior 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 Emily Rubenzer Date 05-24-18

Official Use Only-Below This Line

Date Received 5/24/18 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

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 55 years of age.

Suzanne M. Hagen
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Suzanne Marie Hagen

Address of Applicant N8519 County rd. M 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

Suzanne M. Hagen
Signature of Applicant

STATE OF WISCONSIN,
Dunn County, ss.

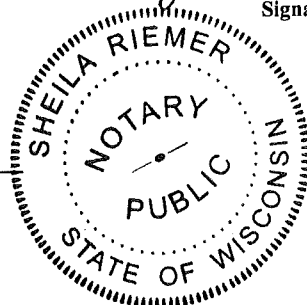
Suzanne Hagen being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

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

Suzanne M. Hagen
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.

RECEIVED

Full Name-First, Middle, Last Suzanne Marie Hagen MAY 24 2018

Business/Organization Name Synergy Cooperative Village of Colfax

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

Date of Birth _____ Place of Birth _____ none _____

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 NB519 County rd. M Colfax WI 54730

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

- 1) Cheryl Stone Colfax
- 2) Mary Bjork 15810 County Hwy A Colfax
- 3) Jon Suckow NB177 Hwy M 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.

Memorial High School - Eau Claire
12th 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 Suzanne M. Hagen Date 5-9-2018

Official Use Only-Below This Line

Date Received 5/24/18 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

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 34 years of age.

[Signature]
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Kayla J Brown

Address of Applicant N 8227 Cty Rd M

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?
NO

Date of such conviction NA

Name of Court NA

Nature of offense NA

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

[Signature]
Signature of Applicant

STATE OF WISCONSIN,
Dunn County, ss.

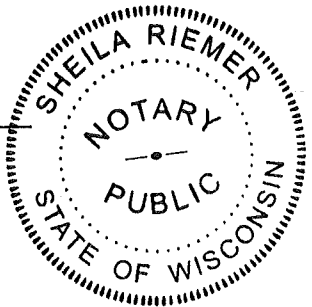
Kayla Brown, being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 15 day of May 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.

RECEIVED

MAY 24 2018

Full Name-First, Middle, Last Kayla Jane Brown

Business/Organization Name Synesy Cooperative

Village of Colfax

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. NA

List prior addresses for the past five years N8227 Cty Rd M Colfax
E8548 810th Ave Colfax

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

1) Tamara Whinnery N8948 Cty Rd M

2) Lyle Whinnery N8948 Cty Rd M

3) _____

4) Amy Young N8590 St. Rd 40 Colfax

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

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

Colfax High School

CUTE

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 5-15-18

Official Use Only-Below This Line

Date Received 5/14/18 Date Approved 5/05/18 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Handwritten Signature]

July 1, 2013 - June 30, 2014

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, 2011 to June 30, 2012, 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.

Ally Heidorn
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Ally Heidorn

Address of Applicant N8287 948th 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?
N/A

Ally Heidorn
Signature of Applicant

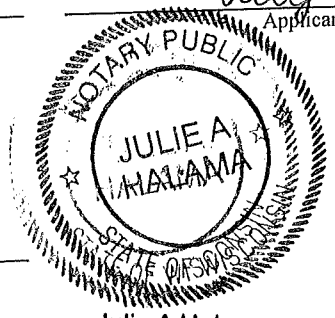
STATE OF WISCONSIN,
_____Dunn____ County, ss.

_____Ally Heidorn____, 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 15th day of May, 2018

Ally Heidorn
Applicant sign here

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



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.

RECEIVED

MAY 24 2018

Full Name-First, Middle, Last Ally Jane Heidorn Village of Colfax

Business/Organization Name Synergy Cooperative

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

Date of Birth _____ Place of Birth _____

Sex _____ Race _____ Height _____ Weight _____

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

Have you ever been arrested for, or convicted of any laws, including traffic? No
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. Include name, address & phone number

- 1) Mr. Timothy Devine - Saturn Ave. Eau Claire, WI 54703
- 2) Mrs. Lisa Neuburg - E9549 945th Ave. Colfax, WI 54730
- 3) Mr. John Dachel - 2641 125th Ave. Colfax, WI 54730

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 - graduated 2017
Currently enrolled at University of WI - 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 Ally Heidorn Date 05/15/18

Official Use Only-Below This Line
Date Received 5/24/18 Date Approved 5/25/18 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

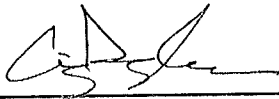
WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Ally Heidorn

School Name: 360training.com, Inc.

Date of Completion: 03/15/2018

Certification #: WI-75695

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

 learn²
serve

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

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.

Makayla Mattson
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Makayla Mattson

Address of Applicant E.9649 780th Ave Colfax, WI 54730

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?
no

Date of such conviction /

Name of Court /

Nature of offense /

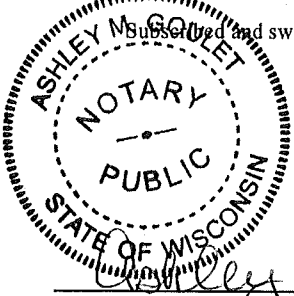
Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?
no

Makayla Mattson
Signature of Applicant

STATE OF WISCONSIN,
Dunn County, ss.

Makayla Mattson 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 15th day of May, 2018



Makayla Mattson
Signature of Applicant

Ashley M. Sulek
Notary Public, Dunn County, Wis.

Commission Expires: 10-23-20

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.

RECEIVED

Full Name-First, Middle, Last Mahayla Lee Mattson MAY 24 2018

Business/Organization Name Cenex / Subway Village of Colfax

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 none

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

- 1) Chuck Brown W8227 City RD N Colfax WI 54730
- 2) Lisa Hurlburt E9727 980th Ave. Colfax WI 54730
- 3) John Dickinsen II 215 W. River St Colfax, WI 54730
- John Dachel 2641 125th 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 11th 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 Mahayla Mattson Date 5/18/2018

Official Use Only-Below This Line

Date Received 5/24/18 Date Approved 5/25/18 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

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

To the Clerk of the Village of Colfax Wisconsin:

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

I certify that I am 18 years of age.

Bryana Buchanan
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Bryana Buchanan

Address of Applicant N12048 890 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?

Bryana Buchanan
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Bryana Buchanan 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.

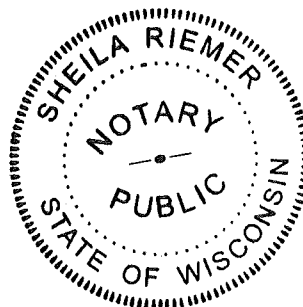
Subscribed and sworn to before me this 29th

Bryana Buchanan
Applicant sign here

day of September 2017

Sheila Riemer
Notary Public, Dunn County, Wis.

my comm. expires
8-27-18



COLFAX POLICE DEPARTMENT

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

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

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

RECEIVED
MAY 24 2018

Full Name-First, Middle, Last Bryana Lynn Buchanan
Business/Organization Name Cedar Country Co-Op Village of Colfax

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 N12048 890 St Colfax WI 54730

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

- 1) John Dachel 8041 125th Ave Colfax WI
- 2) Joe Doucette Viking Dr Colfax WI
- 3) Pam Meredith Elmwood 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

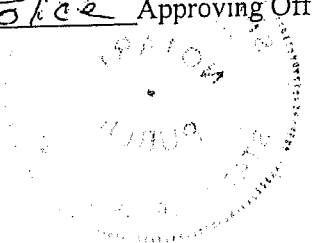
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Bryana Buchanan Date 09-16-17

Official Use Only-Below This Line

Date Received 5/24/18 Date Approved 5/25/18 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]



WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Bryana Buchanan

School Name: 360training.com, Inc.

Date of Completion: 05/21/2018

Certification #: WI-79737

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

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 30 years of age.

Caitlyn Flug
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Caitlyn Flug
Address of Applicant N8773 670th 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

Caitlyn Flug
Signature of Applicant

STATE OF WISCONSIN,
Dunn County, ss.

Caitlyn Flug, 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.

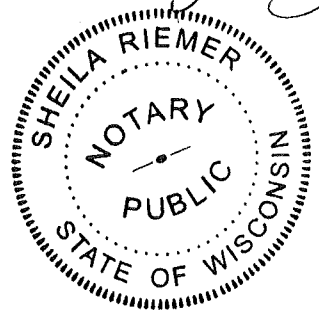
Subscribed and sworn to before me this 18 day of May 2018

Caitlyn Flug
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.

RECEIVED

Full Name-First, Middle, Last Caityn Marie Flug MAY 24 2018
Business/Organization Name Cenex Village of Colfax

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 _____

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

- 1) Kristen Hudson Menomonie WI
- 2) Mikki MacIntosh Colfax WI
- 3) Sam Hofes Eau Claire WI

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

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

Colfax Senior High Colfax WI 12th / HSD

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 Caityn Flug Date 5-18-18

Official Use Only-Below This Line

Date Received 5/24/18 Date Approved 25/25/18 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

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 198 years of age.

[Handwritten Signature]
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Kristine Ingram
Address of Applicant 506 Balsam 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?

~~Yes~~ 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

[Handwritten Signature]
Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

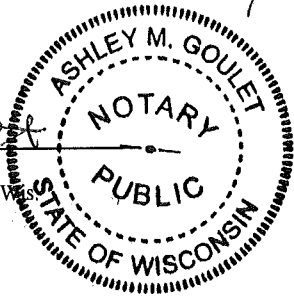
Kristine Ingram being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

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

[Handwritten Signature]
Signature of Applicant

[Handwritten Signature]
Notary Public, Dunn County, Wis.

Commission Expires: 10-23-20



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.

RECEIVED

MAY 24 2018

Full Name-First, Middle, Last Kristine Allison Ingram

Business/Organization Name Subway / Cenex

Village of Colfax

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 506 Balsam St. Colfax Wi

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

- 1) Rich Bowe / 1525 2nd St Chetek WI 54728
- 2) Bonnie Dierenhansen / 7971 25th St. Colfax WI 54730
- 3) Kim McElowney / 604 Evergreen St. 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 / 12th

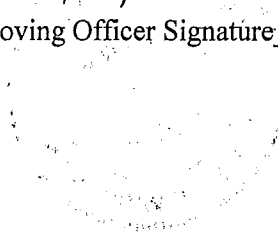
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature [Signature] Date 5/16/18

Official Use Only-Below This Line

Date Received 05/24/18 Date Approved 05/25/18 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]



WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Kristine Ingram

School Name: 360training.com, Inc.

Date of Completion: 05/30/2018

Certification #: WI-80657

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

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 57 years of age.

Mary Durand
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Mary Durand

Address of Applicant 808 University #14 Colfax WI

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

no

Date of such conviction -

Name of Court -

Nature of offense -

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

no

Mary Durand
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Mary Durand 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.

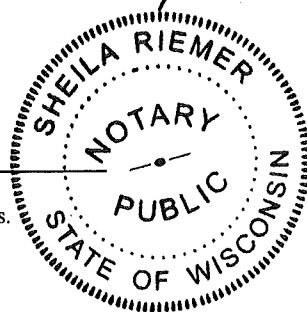
Subscribed and sworn to before me this 23 day of May 2018

Mary Durand
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.

RECEIVED
MAY 24 2018

Full Name-First, Middle, Last Mary Ann Durand

Business/Organization Name Synergy Village of Colfax

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

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) Tim Coleman Colfax WI
- 2) Jimm Coleman Colfax WI
- 3) ~~Tim Coleman~~ Del Fisher Hastings, MN

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.

Hastings SR High U.W. Stout - Ba
masters

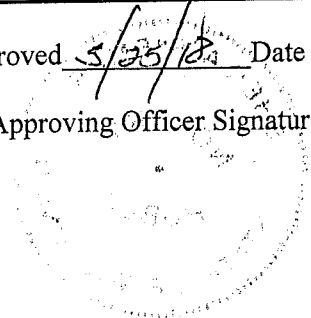
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Mary Ann Durand Date 5-23-18

Official Use Only-Below This Line

Date Received 5/24/18 Date Approved 5/25/18 Date Denied _____

Researcher CHICK OF Pol. ce 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 18 years of age.

Allison Tuschi
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Allison Tuschi

Address of Applicant 110228 600th St Wheeler, WI 54772

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

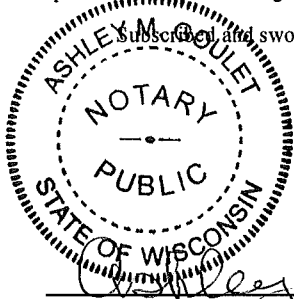
Allison Tuschi
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Allison Tuschi 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



Ashley M. Goulet
Signature of Applicant

Ashley M. Goulet
Notary Public, Dunn County, Wis.

Commission Expires: 10-23-20

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.

RECEIVED
MAY 24 2018

Full Name-First, Middle, Last Allison Irene Tuschl

Business/Organization Name Synergy Co-op

Village of Colfax

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. 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) Bobbie Jo Miller, Colfax WI, _____
- 2) Connie Becker, Wheeler WI, _____
- 3) Lisa Newburg, Colfax WI, _____

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 WI, 12 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 Allison Tuschl Date 5/9/18

Official Use Only-Below This Line

Date Received 5/24/18 Date Approved 5/25/18 Date Denied _____

Researcher Chief of Police Approving Officer Signature [Signature]

WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Allison Tuschl

School Name: 360training.com, Inc.

Date of Completion: 05/09/2018

Certification #: WI-78824

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

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 18 years of age.

Joshua C. Larson
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Joshua Christopher Larson

Address of Applicant E8538 State Road 170, Colfax WI

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?
No.

Date of such conviction N/A

Name of Court N/A

Nature of offense N/A

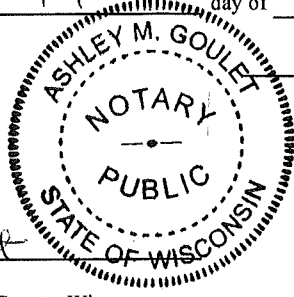
Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors?
No.

Joshua C. Larson
Signature of Applicant

STATE OF WISCONSIN,
Dunn County, ss.

Joshua 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 14th day of May, 2018



Joshua C. Larson
Signature of Applicant

Ashley M. Goulet
Notary Public, Dunn County, Wis.

Commission Expires: 10-23-20

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 Joshua Christopher Larson RECEIVED
Business/Organization Name Synergy Cooperative / Cenex MAY 24 2018
Full Prior Names (nicknames, maiden names, etc.) N/A Village of Colfax

Date of Birth _____ Place of Birth _____ Phone ~~XXXXXXXXXXXX~~

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 ~~N/A~~ E8538 State Road 170, Colfax WI 54730

List three personal references, not related to you (no co-workers). Include name, address & phone number
1) Derek Bazille, 1008 Ivy Street Bloomer WI 54724
2) Shannon Mounce, 118 Park Drive #245 Colfax WI,
3) Tiffany Tetzlaff, 309 Oliver Lane Colfax WI,

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, Colfax WI, Grade completed: 12th

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

Signature Joshua C. Larson Date 5/14/18

Official Use Only-Below This Line

Date Received 05/04/18 Date Approved 05/05/18 Date Denied _____
Researcher Chief of Police Approving Officer Signature [Signature]

WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Josh Larson

School Name: 360training.com, Inc.

Date of Completion: 05/16/2018

Certification #: WI-79404

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

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 20 years of age.

Eden Logseeth
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Eden M Logseeth
Address of Applicant E8646 810th Ave Colfax, WI, 54730

Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States?
no

Date of such conviction no

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

Eden Logseeth
Signature of Applicant

STATE OF WISCONSIN,
Dunn County, ss.

Eden Logseeth, 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.

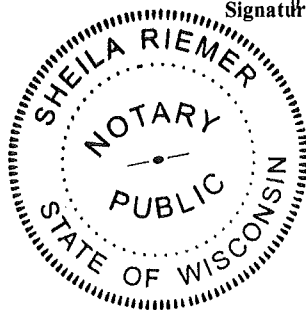
Subscribed and sworn to before me this 16 day of May 2018

Eden Logseeth
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 Eden Marie Logglett **RECEIVED**

Business/Organization Name Synergy Co-Op **MAY 24 2018**

Full Prior Names (nicknames, maiden names, etc.) _____ **Village of Colfax**

Date of Birth _____ Place of Birth _____ one _____

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 11000S CHURCH RD M Colfax, WI. 54730
E8646 810th Ave Colfax, WI. 54730

List three personal references, not related to you (no co-workers). Include name, address & phone number
1) Joel Hilson
2) Christie Hill
3) Joli Morning

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

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 Eden Logglett Date 5-7-18

Official Use Only-Below This Line

Date Received 5/24/18 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

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 33 years of age.

Tali R. Eiseh

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Taliah R. Eiseh

Address of Applicant N7595 510th Street Menomonie, WI 54751

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

Tali R. Eiseh

Signature of Applicant

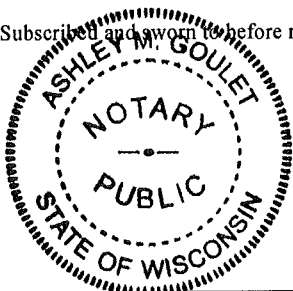
STATE OF WISCONSIN,

Dunn County.

ss.

Tali Eiseh 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.



Ashley M. Goulet
Signature of Applicant

Notary Public, Dunn County, Wis.

Commission Expires: 10-23-20

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 Taliah Rose Eseth

RECEIVED

Business/Organization Name Synergy Cooperative

MAY 24 2018

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

Village of Colfax

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 E5771 800th Ave Menomonie WI 54751

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

- 1) Haley Booth N8803 590th Ave Colfax, WI 54750
2) Charles Brown N9486 780th Ave Colfax, WI 54730
3) Suzanne Hagen N8519 Cty Rd. M 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 12th Grade
UW Platteville Bachelor of Science Degree

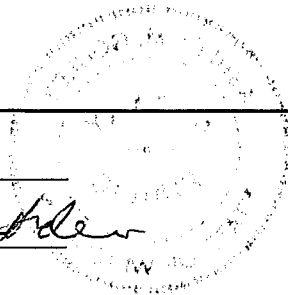
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature Tali R. Eseth Date 5/10/18

Official Use Only-Below This Line

Date Received 5/24/18 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

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 60 years of age.

Edith M McKee
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Edith M McKee

Address of Applicant E6885 Cnty Rd N Wheeler, WI 54772

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

Edith M McKee
Signature of Applicant

STATE OF WISCONSIN,

 Dunn ss. County.

 Edith McKee

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

Subscribed and sworn to before me this 17th day of MAY, 2018 .

Edith M McKee
Signature of Applicant

 Sanne 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.

RECEIVED

Full Name-First, Middle, Last Edith M McKee MAY 24 2018

Business/Organization Name Synergy Cooperative Village of Colfax

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 26885 Cnty Rd N
Wheeler, WI 54772

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

- Jean Anderson N9199 Cnty Rd W Colfax, WI 54730
- Jean Bjork 28909 760th Ave Colfax WI 54730
- Keith Burton N7766 State Hwy 40 Colfax, WI 5

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 12yrs

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 Edith M McKee Date 5-7-2018

Official Use Only-Below This Line

Date Received 5/24/18 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 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.

Gayle R. Hayton
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Gayle Robin Hayton

Address of Applicant 122 Park Dr #120 Colfax WI

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

NO

Date of such conviction -

Name of Court -

Nature of offense -

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

NO

Gayle R. Hayton
Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

Gayle R. Hayton 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.

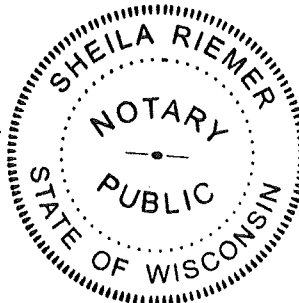
Subscribed and sworn to before me this 14th day of May 2018

Gayle R. Hayton
Signature of Applicant

Shak 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 Gayle Robin Hayton

Business/Organization Name Express Mart

Full Prior Names (nicknames, maiden names, etc.) Gayle Robin Jensen

Date of Birth _____ Place of Birth _____

Sex _____ Race _____ Height _____ Weight _____

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

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

List prior addresses for the past five years None

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

- 1) Amanda Hall
- 2) Matt Hall
- 3) Angie Swenby

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.
Bachelors in Accounting Lake Land College Sheyboagen

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 Gayle R Hayton Date 5-14-18

Official Use Only-Below This Line

Date Received 5/29/18 Date Approved 5/30/18 Date Denied _____

Researcher REC 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
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 36 years of age.

Summer K Hegge
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Summer Kim Hegge
Address of Applicant 806 University Avenue, Apt 2, Colfax WI 54730

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

Date of such conviction 2007

Name of Court Dunn County Court

Nature of offense OWI; Driving on Suspended licence

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

Summer K Hegge
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

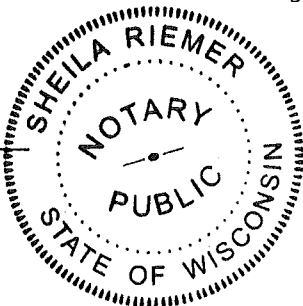
Summer Hegge, being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true.

Subscribed and sworn to before me this 22 day of May 2018

Summer K Hegge
Signature of Applicant

Shubert
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 Summer Kim Hegge

Business/Organization Name Express Mart

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

Date of Birth 11-1-81 Place of Birth Colfax, WI Phone

Sex Race Height Weight

Social Security No. Driver's License No.

Have you ever been arrested for, or convicted of any laws, including traffic? YES

If yes, list offense, date and place occurring. OWI; 2007; Menomonie, WI; Driving on Suspended licence; 2007; Menomonie, WI

List prior addresses for the past five years

806 University Ave, Apt 2, Colfax WI 54730

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

- 1) Megan VanDeLoo, Eau Claire, WI
2) Thomas Langland, Barron, WI
3) Cheyenna Searg, Barron, WI

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.

Elk Mound High School, Elk Mound, WI, 12th
Professional Hair Design Academy, Eau Claire WI -graduated
CVTC, Eau Claire WI, General Courses 2 yrs.

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 Summer K Hegge Date 05/22/18

Official Use Only-Below This Line

Date Received 5/29/18 Date Approved 5/30/18 Date Denied

Researcher Chief of Police Approving Officer 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: 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 29 years of age.

[Handwritten Signature]

Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Patrick L'Esperance

Address of Applicant 625 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?

Yes

Date of such conviction 6/14 - DISORDERLY CONDUCT - FINED 4/13 - DISORDERLY CONDUCT -

Name of Court 7/11 BATTERY, OBSTRUCTING - 12 MONTHS PROBATION COMMUNITY SERVICE

Nature of offense 7/10 FINE FOR DISORDERLY 4/09 - ORDINANCE TICKET FOR MARIJUANA

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

No

[Handwritten Signature]

Signature of Applicant

STATE OF WISCONSIN,

ss.

Dunn County.

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

Subscribed and sworn to before me this 3rd day of May 2018

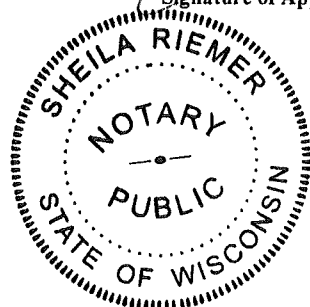
[Handwritten Signature]

Signature of Applicant

[Handwritten 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 Patrick Daniel L'Esperance

Business/Organization Name Express Mart

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. see front page

List prior addresses for the past five years 818 main St. Eau Claire WI 54703

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

- 1) Neddy Lawson
- 2) Charles Flodquist
- 3) Edward Stewart III

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.
Durand High - 2007 uw stout

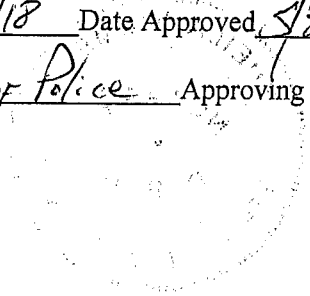
I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted a license, to obey all provisions of such laws. I further certify that all information included in this application is true, accurate and complete to the best of my knowledge.

Signature [Signature] Date 4/27/18

Official Use Only-Below This Line

Date Received 5/2/18 Date Approved 5/30/18 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
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 53 years of age.

Brenda Lee Kettner
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Brenda Lee Kettner

Address of Applicant 909 University Ave Colfax WI 54730

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

no

Date of such conviction

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

Brenda Lee Kettner
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Brenda Kettner

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.

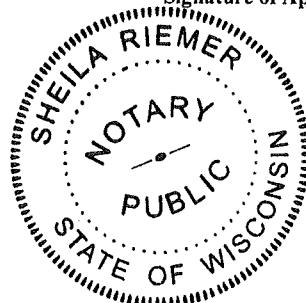
Subscribed and sworn to before me this 26 day of April 2018

Brenda Lee Kettner
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 Brenda Lee Kettner

Business/Organization Name Express Mart

Full Prior Names (nicknames, maiden names, etc.) Brenda Lee Wass

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 909 University Ave, 715 Johnson-Dison St. E

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

- 1) Mary Wilder E 6773 871 Ave Colfax
- 2) Larry Wilder E 6773 871 Ave Colfax
- 3) Phyllis Lovejoy E 6773 871 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.

McVille Public School McVille ND - 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 Brenda Lee Kettner Date 04-26-18

Official Use Only-Below This Line

Date Received 5/29/18 Date Approved 5/30/18 Date Denied _____

Researcher S. J. O'Brien 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:

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 39 years of age.

Tammy Dalhoe
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant Tammy Dalhoe
Address of Applicant E8520 State Road 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?

NO

Tammy Dalhoe
Signature of Applicant

STATE OF WISCONSIN,

Dunn County, ss.

Tammy Dalhoe 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.

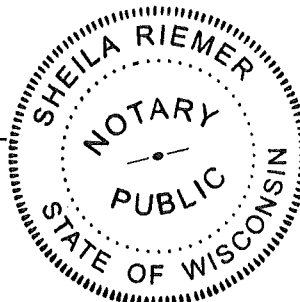
Subscribed and sworn to before me this 9th day of May 2018

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 Tammy Marie Dalhoe

Business/Organization Name Express Mart - Outhouse

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

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 E8580 State Road 170
Colfax, WI 54730

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

- 1) Alisa King 122 Park Dr. Lot 101 Colfax WI
2) Kelli Stabenow 5th Ave. Colfax
3) Vicki Christinson Cty Rd. E Elk Mound

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

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 04-27-18

Official Use Only-Below This Line

Date Received 5/29/18 Date Approved 5/31/18 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:

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 60 years of age.

Chris A. Lunn
Signature of Applicant

Answer the following questions fully and completely:

Name of Applicant CHRIS A LUNN

Address of Applicant 517 5TH AVE COLFAX

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

Yes

Date of such conviction

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

Chris A. Lunn
Signature of Applicant

STATE OF WISCONSIN,

Dunn County.

ss.

Chris Lunn

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

Chris A. Lunn
Signature of Applicant

Sheila Riemer
Notary Public, Dunn County, Wis.

Commission Expires: 8-27-18

