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

| | | and Intoxicating Liquors | | | | | Fee - \$10.00 | |
|---------------------------------------|--|---|---------------------|----------------------------|--|------------------------------------|---|------------------|
| | | | | | | | RECEI | VED |
| | | | | | | | MAY 2 4 | 2018 |
| To the | Clerk | of the Vil | lage | _of | Colfa | X | Wisco | onsin: Colfax |
| Beverages and all acts regulations, F | nd Intoxicating Liquor amendatory thereof a | ise to serve, from July s, subject to the limitati and supplementary ther affecting the sale of suctive services. | ons imposeto, and h | ed by Secti ereby agree | on 125.32(2) and to comply with | all laws, resol | the wisconsin so | atutes |
| | | | | my | Signatur | e of Applicant | | |
| Answer t | he following que | stions fully and c | omplete | ely: | | | | |
| | γ. ο | | | | | | | |
| Address of A | pplicant 307 / | ubenzer nam St Coll | ax U | JI 54 | <u> 1730 </u> | | | |
| | | ony or of violating any l | | | | nited States? | | · |
| Date of such | conviction 07- 2 | 5-17 | | | | | | |
| Name of Cou | OI | | | | | | | |
| Nature of off | 75 | + FEW 5 | | | | | | |
| | en convicted or violatin | g any license law or ord | inance regu | lating the sa | le of beverages or | intoxicating liq | uors? | |
| | NG | | | | | | | |
| | | | . : | Carry | Signature | e of Applicant | | |
| ST | ATE OF WISCONSIN, | | | | Signatur (| , 01.1.pp | | |
| Dur | <u> </u> | ss. County. | | | | | | |
| | nade and signed the for | regoing application for a | | 's license; th | being fir at all the statemen | st duly sworn o its made by the | n oath says that he applicant are true | is the |
| 54030 | indea una dinomi to out | | | _ "", " | 9-1 | 7. | | _ |
| | | • | | | S | ignature of Ap | plicant | |
| | | | | min RIE | MED" | | • | |
| Si | hile of | Zem- | SHE | ÷ OTA | MER Y U | | | |
| Notary Public | (C)) | <u> 200</u> County, W 7-18 | is. | PU | IBN O' | | | |
| | | | Ĭ | MATE | OF Vinner | | | |

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 Mily Michell RuberZer Business/Organization Name The Blind Tiger Full Prior Names (nicknames, maiden names, etc._____ Date of Birtl Phone Phone Race Height Weight Have you ever been arrested for, or convicted of any laws, including traffic? Yes

If yes, list offense, date and place occurring. OW I - Ist Chippewa Courty 7-28-17 List prior addresses for the past five years N9094 CNY Rd M COLFEX List three personal references, not related to vou (no co-workers). Include name, address & phone number 1) Steve Beaudin - , Colfax

2) Karm Kulzer - Chippina

3) Tracey Grensing - Chippina Have you ever been a member of the Military Service? _____ Discharge? ____ O 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 Date DS-24-18 Official Use Only-Below This Line Date Received 5/24/18 Date Approved 05/35/18 Date Denied Researcher Approving Officer Signature Approving Officer Signature

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

| 1 | | | | | • | |
|---------------|------------------------|---|----------------|---------------------------------------|--|--|
| To the | Clerk | of the_ | Village | of | Colfax | Wisconsin: |
| Beverages at | nd Intoxicating Liquo | ors, subject to the ling and supplementar | mitations imp | d hereby agre | 2019, inclusive (unless sooner ion 125.32(2) and 125.68 (2) or e to comply with all laws, res rs if a license be granted to me, | I file wisconsin statutes |
| I certi | fy that I am <u>55</u> | years of age. | | | | |
| | | | | Suzas | Signature of Applica | ser) |
| Answer t | he following qu | estions fully a | nd compl | etely: | | |
| Name of App | licant <u>SUCC</u> | anne Ma | rie t | lagen | | |
| | pplicant N85 | | | | Colfax, WI. | 54730 |
| | | | | | consin or of the United States? | |
| Date of such | conviction | - | | | | |
| Name of Cou | rt | | | | | |
| Nature of off | ense | | | | | |
| Have you bee | en convicted or violat | ing any license law | or ordinance r | egulating the s | ale of beverages or intoxicating | liquors? |
| 120 | | - | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | My Man 2 | |
| | | | | HYPAN | M M HOGEN Signature of Applica | nt |
| ST | ATE OF WISCONSIN | | | | | |
| 1 | Junn | ss. County. | | | | |
| < | uzanne | Hagen | | | , being first duly swor | n on oath says that he is the |
| person who r | nade and signed the f | oregoing application | n for an opera | ator's license; t | hat all the statements made by t | he applicant are true. |
| | ribed and sworn to be | | 23 | day of _ | may o | <u> 2018 . </u> |
| | | | | ~ | 50 00 00 00 00 M T | (NAON) |
| | | | | _ | Signature of | Applicant |
| | | | | ,,,,,,,,, | RIEMER | |
| | 4 | | | | , DV | |
| 1 | | | (| THO. | oran Zi | |
| _> | Rule a | - comu | | _ ૄ૾૾ૺ∶≷ | NS | |
| Notary Public | o, <u>Uu</u> | COUNT COUNT | nty, Wis. | | PUBY OF | |
| Commission E | Expires: 8-6 | 27-18 | _ | A A A A A A A A A A A A A A A A A A A | TE OF White | |
| | | | | | | |

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

| NOTE: If any further explanation is needed, please continue on back of application. | RECEIVED |
|--|-----------------------------------|
| Full Name-First, Middle, Last Sucanne Marie Hagen | |
| Business/Organization Name Synergy Cooperative | -Village of Colfax |
| Full Prior Names (nicknames, maiden names, etc. <u>Suzanne Larson</u> | |
| Date of Birth Place of Birth hone hone | |
| SexRaceHeightWeight | |
| Social Security No Driver's License No. | - |
| Have you ever been arrested for, or convicted of any laws, including traffic? | - |
| List prior addresses for the past five years NB519 County rd M COlfax W 54730 | - |
| List three personal references, not related to you (no co-workers). Include name, address & phone 1) Chery Stene Colfax 2) Mary Bjork 15810 County Huy A Colfan 3) Jon Suckow N8177 Hwy M Colfan | |
| Have you ever been a member of the Military Service? Discharge? | |
| Education- include name of High School, location, grade completed and any training beyond high Memorial High School - Eau Claire 12th grade. | school. |
| I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted obey all provisions of such laws. I further certify that all information included in this application i and complete to the best of my knowledge. | a license, to s true, accurate |
| Signature Sugarne M. Wagon Date 5-9-2018 | ? |
| Official Use Only-Below This Line | |
| Date Received 5/34/12 Date Approved 5/25/12 Date Denied | |
| Researcher Cust 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

| To the | Clerk | of the_ | Village | of | Colfax | Wisconsin: |
|--|---|---|---------------------------|---|---|--|
| Beverages an and all acts a regulations, F | by apply for a Lice d Intoxicating Liquo | nse to serve, from rs, subject to the lin and supplementary , affecting the sale | July 1, 201 nitations imp | osed by Se d hereby ag | y, 2019, inclusive (unless soone action 125.32(2) and 125.68 (2) or ree to comply with all laws, reports if a license be granted to me, | solutions, ordinances and |
| 1 cortii | y tilut 1 um <u>-0 (</u> | _ years of age. | - | Kelsi | Signature of Applica | |
| A narron tl | ne following que | etions fully a | nd compl | etelv: | Signature of Applica | |
| | icant Kayls | J Brow. | | | | |
| | | | any law of th | ne State of W | isconsin or of the United States? | |
| Date of such of | conviction NA | | | | | · |
| Name of Cou | t_NA | | | | | |
| Nature of offe | nse NA | | | | | |
| Have you bee | n convicted or violating | ng any license law c | or ordinance r | egulating the | sale of beverages or intoxicating | liquors? |
| | | | | A C | | |
| STA | ATE OF WISCONSIN | , | | | Signature of Applica | nt |
| Du | inn | ssCounty. | | ' | | |
| nerson who m | y a Br | O LUIA | for an opera | ntor's license | , being first duly swor | rn on oath says that he is the the applicant are true. |
| | ibed and sworn to be | | 15 | day of | 100 100 100 18 | <u>.</u> |
| Notary Public | | | nty, Wis. | O. T. A. T. | OTARY NOTARY OF WIS CHARLES | |
| | | | | "Minne | OF WISCHMING | |

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

| 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 Kay a Jane Brown | MAY 2 4 2018 |
| Business/Organization Name Synwsy Cooperction | Village of Colfax |
| Full Prior Names (nicknames, maiden names, etc. NA | |
| Date of Birtl Place of Birth Phone | |
| SexRaceHeightWeig | |
| Social Security No Driver's License No | |
| Have you ever been arrested for, or convicted of any laws, including traffic? No. | |
| List prior addresses for the past five years N8227 Ctyld M Colfax | |
| List three personal references, not related to you (no co-workers). Include name, address & pt 1) Tamara Whimay N8948 Ctylc/M 2) Lylc Whimay N8948 Ctylc/M 3) 4) Amy Young N859D St. RO4D Colfex Have you ever been a member of the Military Service? NO Discharge? WA | |
| Education- include name of High School, location, grade completed and any training beyond | nigh school. |
| I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if gran obey all provisions of such laws. I further certify that all information included in this application and complete to the best of my knowledge. | ted a license, to on is true, accurate |
| Signature Date 5 - 15 - 18 | · |
| Official Use Only-Below This Line | |
| Date Received 5/34/18 Date Approved 5/25/18 Date Denied | |
| Researcher Con Folice Approving Officer Signature | ~ |

July 1, 2013 - June 30, 2014 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee - \$10.00

| guargia e ¹⁸³ | Colf | fax | Wis., | |
|---|--|----------------------|---|--|
| To the Clerk | of theVillage | of | Colfax | Wisconsin: |
| and all acts amendatory thereof and regulations, Federal, State, or Local, at | I supplementary thereto, a ffecting the sale of such bev | nd hereby agree | | revoked), Fermented Malt f the Wisconsin Statutes olutions, ordinances and |
| I certify that I amy | ears of age. | | Ally Held Signature of Applicant | dorn |
| Answer the following quest | tions fully and comp | oletely: | | |
| 411 - 11-2 | PIDONA | | | |
| Address of Applicant NS 28 | 7 948th St. C | olfax. n | /1 54730 | |
| Have you been convicted of any felon | y or of violating any law of | the State of Wisc | consin or of the United States? | |
| Date of such conviction | | | | |
| Name of Court N/A | | | | |
| Nature of offense N/A | | | | |
| Have you been convicted or violating a | any license law or ordinance | e regulating the sa | ale of beverages or intoxicating | liquors? |
| | _ | | Ally 44ClC Signature of Applicant | loin |
| STATE OF WISCONSIN, | SS. | | | |
| - P.MARCH | County. | | | and the |
| person who made and signed the foreg | going application for an ope | erator's license; tl | nat all the statements made by t | n on oath says that he is the the applicant are true. |
| Subscribed and sworn to before | | | 17,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1, | |
| day of May, 2018 | | A COMPANY | Appricant sign | |
| Julie A Halus | ma | | MALAMA | |
| Notary Public, | County, Wis. | yeler. U | ulie A Halama ublic-State of Wisconsin | |

My Commission Expires June 20, 2020

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 wRECEIVED grounds for non-approval of this application. MAY 2 4 2018 NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last Ally Jane Herdom Village of Colfax Business/Organization Name SYNCIGY COOPCIATIVE 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? If yes, list offense, date and place occurring. List prior addresses for the past five years____NA List three personal references, not related to you. Include name, address & phone number 1) Mr. Timothy Devine - Saturn Ave. Eau Claire, wi 54703 (...) Mrs. Lisa Neuburg - E9549 945" Ave. Colfax. wi 54730 3) Mr. John Dachel - 2641 125th Avc. Colfdx, W1 54730 Education- include name of High School, location, grade completed and any training beyond high school. Colfax High School - graduated 2017
Currently chrolled at University of WI - Lau 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 14 cidoin 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 was whale

WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Ally Heidorn

Date of Completion: 03/15/2018

School Name: 360training.com, Inc.

Gertification #: WI-75695

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 | C1 1 | | V:11 | | Q 10 | |
|-------------------|--|--|-----------------------------|--------------------------------|--|--|
| To the | Clerk | of the_ | Village | of | Colfax | Wisconsin |
| and all acts a | d Intoxicating Liqu mendatory thereof | ors, subject to the lir f and supplementary | nitations im thereto, ar | posed by Sec ad hereby agre | 2019, inclusive (unless sooner tion 125.32(2) and 125.68 (2) of the to comply with all laws, resors if a license be granted to me, | f the Wisconsin Statutes |
| I certify | y that I am | years of age. | _ | Mole | Matur- Signature of Applican | • |
| Answer th | e following au | estions fully ar | nd compl | etely: | organical cor Applican | |
| | | | • | V | | |
| | | 49 780th | | | | ` |
| | | · · | | | consin or of the United States? | , |
| ή ο | | or or violating | | | | |
| Date of such co | | | | | | |
| Name of Court | | | | | | |
| | | | | | | |
| 1,44410 01 011011 | | | | | | · · · · · · · · · · · · · · · · · · · |
| Have you been | convicted or violati | ng any license law or | ordinance re | egulating the sa | le of beverages or intoxicating lic | juors? |
| <u>_no</u> | | | | | | |
| | | | | | | |
| | | | | Malka | J. Mattu- Signature of Applicant | · |
| STAT | E OF WISCONSIN, | | | l | Signature of Applicant | |
| 7 | ~ | SS. | | | | |
| <u> </u> | 10: 10 i | County. | | | | |
| person who mad | le and signed the fo | regoing application f | or an operate | or's license; the | being first duly sworn o | n oath says that he is the applicant are true. |
| William Wares | d and sworn to before | | 545 | day of | May 2018 | |
| TARL | | | | | March May | Th. |
| 40 | Name of the last o | | | | Signature of App | olicant |
| PUBLIC | NSIN Malin | | | | | |
| F WY | Marine M | Sulet | | | | |
| Notary Public, | Denr | County, | Wis. | | | |
| Commission Expir | es: $10-3$ | 3-20 | | | | |

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental - General License Application

| 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 Motton | MAY 2 4 2018 |
| Business/Organization Name Cenex / Subway | |
| Full Prior Names (nicknames, maiden names, etc | |
| Date of Birth Phone | |
| SexRaceHeightWeight | |
| Social Security No. Driver's License No | |
| Have you ever been arrested for, or convicted of any laws, including traffic? | - - |
| List prior addresses for the past five years <u>none</u> | - |
| List three personal references, not related to you (no co-workers). Include name, address & phone 1) Chuck Brown W8227 Church M Colfex WI 54730 2) Lisa Hurburt EA777 780 AV. Colfax WI 54730 3) John Dickinsen II 215 W. Kiver ST Colfax, WI 54730 Tohn Dackel 2041 125 Hove. Lolfax WI 54730 Have you ever been a member of the Military Service? | · |
| I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted obey all provisions of such laws. I further certify that all information included in this application and complete to the best of my knowledge. | is title, accurate |
| Signature May Motton Date 5/8/2019 | <u>b</u> |
| | |
| Official Use Only-Below This Line | |
| Date Received 5/24/18 Date Approved 5/25/18 Date Denied | |
| Researcher HIEF OF POLICE Approving Officer Signature Le de Julium | |

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: |
|--|--|--|----------------|----------------|--|--|
| Beverages and and all acts an regulations, Fed | Intoxicating Liquo nendatory thereof leral, State, or Loca | rs, subject to the lim and supplementary l, affecting the sale o | thereto and | herehv agr | 2018, inclusive (unless soone stion 125.32(2) and 125.68 (2) dee to comply with all laws, responsif a license be granted to me, | |
| I certify | that I am | _years of age. | _£ | Riyani | Budianan Signature of Applican | |
| Answer the | following qu | estions fully an | d comple | tely: | | |
| Name of Applic | ant BYUGNO | i Buchar | 1040 | | | |
| Address of Appl | icant 1/2021 | 3 890 St | Calfo | IW K | 54730 | |
| Have you been | convicted of any fe | lony or of violating a | any law of the | State of Wi | sconsin or of the United States? | |
| Date of such cor | viction | , | | : | | |
| Name of Court | - personal and a second | | | | | ACCONDITION OF THE PROPERTY OF |
| Nature of offens | e | | | 1 | | and the second s |
| | | | | Ziyan | OK Buchanay Signature of Applicant |) |
| | E OF WISCONSIN, | ss. | | V | | |
| Person who mad | e arld signed the fo | Buch anar | for an operato | r's license; t | being first duly sworr | ne applicant are true. |
| | ed and sworn to before ber | ore me this <u>29</u> 2017 | 19 | | Buyuna Bu Applicant sign | here |
| | | | | , st | MILA RIENE | |
| St | Ruile 9 | Rum | | THE SHAME | NOTARL Z | |
| Notary Public, _ | Dunn ny comm | County 1, USD174. 2718 | v, Wis. ک | E HARRING | PUBLIC OF WIS THE | |
| A 1865 x | 8- | 27-18 | | | The state of the s | |

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental - General License Application

| 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 Bryana Lynn Buchanan | MAY 2 4 2018 |
| Business/Organization Name Codar Country Co-Op | ─Village of Colfax |
| Full Prior Names (nicknames, maiden names, etc | |
| Date of Birth Place of Birth Phone | _ |
| Sex Race Heigh 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 (CHay W) 54730 | |
| List, three personal references, not related to you. Include name, address & phone number 1) John Dachel Sleff 125 to the Colfex WI 3) Paw Mareh Wilting Dr. William 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 Colfex High School, Colfex WI 12 I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granter obey all provisions of such laws. I further certify that all information included in this application | gh school. d a license, to |
| and complete to the best of my knowledge. Signature DM(100 Broken Och Date O') 10 17 | |
| Official Use Only-Below This Line Date Received 5/24/17 Date Approved 5/25/18 Date Denied Researcher Approving Officer Signature | ~ |
| TOPON TO ! | |

SELER SERTEGATION MSCONSIN

Trainee Name: Bryana Buchanan

Date of Completion: 05/21/2018

School Name: 360training.com, Inc.

Certification #: WI-79737

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 |
|------------------------------|---|---------------------------------------|--------------------------------|-----------------------------|--|-----------------------------|
| Beverages and and all acts a | I Intoxicating Liquo mendatory thereof | ors, subject to the land supplementar | mitations imp y thereto, an | oosed by Second hereby agre | 2019, inclusive (unless sooner tion 125.32(2) and 125.68 (2) o e to comply with all laws, res rs if a license be granted to me, | f the Wisconsin Statutes |
| - | that I am 30_ | = | | | _ | |
| . •••••• | | _ years of age. | | Cair | Signature of Applicar | ıt · |
| Answer th | e following qu | estions fully a | nd comple | etely: | | |
| Name of Appli | cant <u>Caitl</u> | un flu | 9 | | | |
| Address of App | olicant <u>N8</u> | M3 6 | 76th | St C | 080x 101 54 | 130 |
| Have you been | convicted of any fe | lony or of violating | any law of th | e State of Wis | consin or of the United States? | |
| No | | | | | | |
| Date of such co | onviction | | | | - N | |
| Name of Court | | | | | | |
| Nature of offen | se | | | | | |
| Have you been | convicted or violati | ng any license law o | or ordinance re | egulating the sa | lle of beverages or intoxicating l | iquors? |
| STAT | TE OF WISCONSIN, | | | Cair | Signature of Applican | <u> </u> |
| | 10.0 | SS. | | | | |
| On V | (=1 | County. | | | | |
| nerson who made | te and signed the fo | llG regoing annlication | for an operat | or's license: th | , being first duly sworn at all the statements made by th | on oath says that he is the |
| =" | ed and sworn to before | ore me this | 8 | day of | May 2 | 018 |
| | | | | ```, '` | To the state of | 1 1 01 |
| | | | | \leftarrow | Signature of A | pplicant |
| | | . 1 | | | MIENEN | |
| 1 | , , , | 0 | ` | HS HS | A PL | |
| XVI | rule of | Kum | | — " | Z | |
| Notary Public, _ | Dun | Coun | ty, Wis. | ********** | PUBL OF | |
| ommission Expi | res: 8 | 1-10 | | THE | 1775 OF Williams | |

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

| 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 Coitlyn Marie Flug | MAY 2 4 2018 |
| Business/Organization Name Cenex | -Village of Colfax |
| Full Prior Names (nicknames, maiden names, etc | - |
| Date of Birth Phone Phone | |
| SexRaceHeightWeight | - |
| Social Security No Driver's License No | _ |
| Have you ever been arrested for, or convicted of any laws, including traffic? \(\subseteq \) If yes, list offense, date and place occurring. | - - |
| List prior addresses for the past five years | _ |
| 1) Krister Hulson Menancie WI 2) Mikki McCutoneon Colfax WI 3) Sam Holes Eastlaire 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 Colfax Service WI Colfax Service High Colfax WI 13th HSD | |
| I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted obey all provisions of such laws. I further certify that all information included in this application is and complete to the best of my knowledge. Signature Date 5 - 18 - 18 | a license, to s true, accurate |
| Official Use Only-Below This Line Date Received 5/34/17 Date Approved 05/35/18 Date Denied Researcher Approving Officer Signature Approving Officer Signature | |
| | |

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

| To the | Clerk | C (1 | Village | C | Colfax | Wisconsin |
|---|---|--|---------------------------------|-------------------------------|---|---|
| To the | | of the_ | 8- | of | | W 15C0115111 |
| I her Beverages ar and all acts regulations, I | reby apply for a Lice and Intoxicating Liquo amendatory thereof | ors, subject to the ling and supplementary | nitations imp / thereto, and | osed by Sect i hereby agre | 2019 , inclusive (unless soone ion 125.32(2) and 125.68 (2) ce to comply with all laws, rests if a license be granted to me, | of the Wisconsin Statutes solutions, ordinances and |
| A A | he following qu | ogtions fully o | nd comple | talv: | | |
| | 4. | *************************************** | o Carro | | | |
| Address of App | pplicant 506 | Balso | in S | ot. Co | olfax Wi | 54730 |
| Have you bee | en convicted of any fe | lony or of violating | | | consin or of the United States? | |
| Date of such | conviction | | | | | |
| Name of Cou | rt •••••• | | | | | |
| Nature of offe | ense | | | | 1 | |
| Have you bee | n convicted or violati | ng any license law o | r ordinance re | egulating the sa | ale of beverages or intoxicating | liquors? |
| STA | ATE OF WISCONSIN | , | \mathcal{U} | | Signature of Applicar | nt |
| Dunn | | ssCounty | | | | |
| Kr. | istine | Inom | \sim | | being first duly sworn | on oath says that he is the |
| person who m | nade and signed the fo | oregoing application | for an operat | or's license; th | at all the statements made by the | he applicant are true. |
| Subscr | ibed and sworn to bet | Fore me this | PLES | day of | May 2019 | <u> </u> |
| | | , | | -\// | Signature of A | Applicant |
| | | \$ \$ *** | gringh! | EY M. GO | None (| |
| | h Qour M | VSel | est | NOTAPL | | |
| Notary Public | · Dun | Coun | ty, Vandanting | PUBLIC | N. Manager | |
| Commission E | xpires: <u>10-23</u> | b-90 | | OF WISCON | ET A STATE OF THE | |

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

| NOTE: If any further explanation is needed, pl | RECEIVED | |
|--|--|------------------------|
| Full Name-First, Middle, Last Mristy | e Allison Ingram | MAY 2 4 2018 |
| Business/Organization Name <u>Subw</u> | ay / Cenex | Village of Colfax - |
| Full Prior Names (nicknames, maiden nam | es, etc. | |
| Date of Birth Place of Birth | Phone' | ·) |
| SexRace | HeightWeight | |
| Social Security No | Driver's License No. | - |
| Have you ever been arrested for, or convict If yes, list offense, date and place occurring | ted of any laws, including traffic? No | - |
| List prior addresses for the past five years_ | 506 Balsam St. Colfax Wi | - |
| 2) Conniè Nieren hausen 7971 3) Kim M'Ebawney 1604 Eve Have you ever been a member of the Milita Education-include name of High School lo | ry Service? NA Discharge? NA Discharge? NA Discharge? | |
| | dinances and regulations, and hereby agree, if granted a ertify that all information included in this application is | |
| Signature | Date 5//6//8 | |
| Official Use Only-Below This Line | | |
| Date Received 05/34/18 Date Approved | 1 05/35/18 Date Denied | |
| Researcher GF OF Helice Appro | oving Officer Signature / (20) | - |
| | , | |

SELLER / SERVER CERTIFICATION **MISCONSIN**

Trainee Name: Kristine Ingram

Date of Completion: 05/30/2018

School Name: 360training.com, Inc.

Certification #: WI-80657

I, Constant

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

| * | | | | | (| |
|---|---|---|----------------|---------------------------------|--|---|
| (II) | | | Village | | Colfax | **** |
| To the _ | Clerk | of the_ | Village | of | Collax | Wisconsin: |
| I her Beverages an and all acts regulations, I | nd Intoxicating Liquamendatory thereo dederal, State, or Loc | ors, subject to the lir f and supplementary cal, affecting the sale | nitations imp | oosed by Sect d hereby agree | 2019, inclusive (unless sooner ion 125.32(2) and 125.68 (2) o e to comply with all laws, res is if a license be granted to me, | f the Wisconsin Statutes |
| I certi | fy that I am <u></u> 5 | years of age. | | m | TIMI DING | mal |
| | | | | <u> </u> | Signature of Applican | it |
| Answer t | he following qu | uestions fully ar | nd comple | etely: | | |
| Name of App | \sim | any W | ma | nd | | |
| Address of A | oplicant <u>87</u> | 39 Un | wors | ity I | -14 Colfe | W WI |
| Have you bee | en convicted of any | felony or of violating | any law of th | e State of Wisc | consin or of the United States? | · |
| | MQ) | | | | | |
| Date of such | conviction | | *** | | | |
| Name of Cou | rt - | | | | | |
| Nature of offe | ense | | | | | |
| Have you bee | n convicted or violat | ting any license law o | r ordinance re | egulating the sa | le of beverages or intoxicating l | .quors? |
| | | | 1 | na | y Olycen | 0 |
| STA | ATE OF WISCONSIN | ٧, | | | Signature of Applicant | • |
| DW | m | ss. County. | | | | |
| | Mary | Durand | | | being first duly sworn | on oath says that he is the |
| person who m | ade and signed the f | foregoing application | for an operat | or's license; th | at all the statements made by th | |
| Subscr | ibed and sworn to be | efore me this | 23_ | day of | Mary L | <u>018 </u> |
| | | | | 1 | noug De | wand |
| | | | gri | MA RIEN | Signature of A | pplicant |
| St | lule # | Remir | SHin | NOTAR | N. N | |
| Notary Public, | \underline{Du} | DO Count | y, Wis. RANGE | PUBL | | |
| Commission Ex | pires: 8-2 | 1-18 | THAI | WILL OF V | Manner | |

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

| 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 May am Duranol | MAY 2 4 2018 |
| Business/Organization Name | Village of Colfax |
| Full Prior Names (nicknames, maiden names, etc. May MOZO ST | LDC |
| Date of BirthPlace of BirthPhone_ | |
| Sex Race Height Weight | |
| Social Security No Driver's License No | · ~/ |
| Have you ever been arrested for, or convicted of any laws, including traffic? | - |
| List prior addresses for the past five years | <u>-</u> |
| List three personal references, not related to you (no co-workers). Include name, address & phone 1) Two Coleman Colfrex W.T. 2) Two Coleman Colfrex W.T. 3) The Down Furker Howard Market M | |
| Education-include name of High School, location, grade completed and any training beyond high HASTING SR HIGH W. W. STORT - BA TO ANTONO | ı school. |
| I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted obey all provisions of such laws. I further certify that all information included in this application and complete to the best of my knowledge. Signature | a license, to is true, accurate |
| Official Use Only-Below This Line | |
| Date Received 5 Date Approved 5 Date Denied | |
| Researcher CHIEF OF Tol. ce Approving Officer 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 |
|--|---|---|---|--|
| Beverages and Intoxicating Liq and all acts amendatory thereo | uors, subject to the limi of and supplementary t | tations imposed by a hereto, and hereby a | 30, 2019 , inclusive (unless soon Section 125.32(2) and 125.68 (2) agree to comply with all laws, re quors if a license be granted to me | of the Wisconsin Statutes esolutions, ordinances and |
| I certify that I am 18 | years of age. | 01/11. | = 7.1.1 | |
| | | _ Clum | Signature of Applic | ant |
| Answer the following q | uestions fully and | | | |
| Name of Applicant AlliSc | | - • | | |
| Address of Applicant N102 | | n St Wi | neeler. WI | 54772 |
| 110 | felony or of violating an | • | Wisconsin or of the United States? | |
| Date of such conviction — | | | | |
| Name of Court | | | | |
| Nature of offense | | | | |
| 1 - | ting any license law or o | | e sale of beverages or intoxicating | liquors? |
| | | allon | Day 1. | |
| | | | Signature of Applica | nt |
| STATE OF WISCONSII | ss. | | | |
| Dunn | County. | | | |
| person who made and signed the t | oregoing application for | r an operator's license | , being first duly swor | n on oath says that he is the |
| person who made and signed the i | fore me this | day of | Λ | no apprount are true. |
| OTA OTA | *************************************** | | MIMM STOMM | <u> </u> |
| 40177 | | | Signature of A | Applicant |
| PUBLIC | | | | |
| OF WECOMMIT | Selo) | | | |
| Notary Public, Dieno | County, ' | Wis. | | |
| ommission Expires: | 3-20 | | | |

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

| NOTE: If any further explanation is needed, please continue on back of application. | RECEIVED |
|---|--------------------|
| Full Name-First, Middle, Last AlliSon Ivene Tuschl | - MAY 2 4 2018 |
| Business/Organization Name Syntry CO-Dp | ─Village of Colfav |
| Full Prior Names (nicknames, maiden names, etc. NAT | - |
| Date of Birt Phone Phone 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 NA | - |
| List three personal references, not related to you (no co-workers). Include name, address & phone 1) Pobble To Miller, Colfax WT, 2) Cornic Picter, whether WT, Have you ever been a member of the Military Service? Discharge? NA Education- include name of High School, location, grade completed and any training beyond high Colfax High School, (of Fax WT, 12 quarte) I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted obey all provisions of such laws. I further certify that all information included in this application in and complete to the best of my knowledge. | a school. |
| Signature Www Trend Date 5/9/18 | |
| Digitalio William (1) Of C | |
| Official Use Only-Below This Line | |
| Date Received 5/34/18 Date Approved 05/35/18 Date Denied | |
| Researcher W. EF OF Tolice Approving Officer Signature Many | |

SELER/SERVER CERTIFICATION MSCONSIN

Trainee Name: Allison Tuschl

Date of Completion: 05/09/2018

School Name: 360training.com, Inc.

Certification #: WI-78824

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: |
|-------------------------------|--|---------------------------|-------------------------------|------------------------------|---|--|
| Beverages and and all acts an | Intoxicating Liquors, subjunction that the contract of the con | ect to the line plementar | mitations im y thereto, an | posed by Se id hereby agi | ction 125.32(2) and 125.68 (| oner revoked), Fermented Malt 2) of the Wisconsin Statutes, resolutions, ordinances and ne, |
| I certify | that I am <u>(8</u> years | of age. | | Jos | hua C. Signature of App | Sarron |
| | | : | | 0 | Signature of App | icant |
| Answer the | e following question | s fully a | nd compl | etely: | | |
| Name of Applic | ant <u>Joshua</u> | <u> </u> | hrist | opher | Larson | |
| Address of App | licant <u>E8538</u> | 5+ | ate | Road | Larson 170, Colfax | (WI |
| | | | | he State of W | sconsin or of the United State | es? |
| Date of such cor | nviction V/A | | | | | |
| Name of Court | N/A | | | 1 | | |
| Nature of offens | . 7 7. | | | | | |
| | , , , , , , , , , , , , , , , , , , , | | ····· | | | |
| Have you been o | convicted or violating any li | icense law o | 1 | | sale of beverages or intoxicati | |
| | | | | 1 | | |
| | | | | 1 | | |
| | | | | Ma | Shu 2, S Signature of Appli | orson |
| | | | | 0 | Signature of Appli | cant |
| | E OF WISCONSIN, | SS. | | | | |
| | unnCour | nty. | , | Į. | | ÷ |
| 1 | oshua Chriz | topher | | won | , being first duly sw | vorn on oath says that he is the |
| person who mad | e and signed the foregoing | application | for an opera | tor's 'icense; | that all the statements made t | by the applicant are true. |
| Subscribe | ed and sworn to before me t | his | - 100 mini | men, day of | May, 29 |) 18 <u>.</u> |
| | | sri | MILLEY M. | GOUNNA | bosten d | . Sam |
| | | ana an | S. OTA | APLIX | Signature of | of Applicant |
| | | A SA SKERB SA SA | PUB | - ' L10 / & s | A 1 9 9 9 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | |
| ashl | ey Moder | let | ATE OF V | VISCONSTRUCT | | |
| Notary Public, | Dunn | Count | y, Wis. | fess | | |
| Commission Expir | res: 10-23-6 | DE | | | | |

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 Coopentive / Cenex MAY 24 2018

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

Village of Colfar Village of Colfax Date of Birth ____ Place of Birth ___ Phone Phon 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 WMA E8538 State Road 170, Colfax WI 54730 List three personal references, not related to you (no co-workers). Include name, address & phone number 1) Perek 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? _____ Discharge? Education- include name of High School, location, grade completed and any training beyond high school.

Lolfax High School, Colfax WI, Grade completed: 12 th 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 2. Louon Date 5/14/18 Official Use Only-Below This Line Date Received as | Date Approved as | Date Denied. Researcher CHIEF OF TO L'CE Approving Officer Signature

SELLER / SERVER CERTIFICATION WISCONSIN

Trainee Name: Josh Larson

Date of Completion: 05/16/2018

School Name: 360training.com, Inc.

Certification #: WI-79404

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: |
|---|--|---|--------------------------------|--|--|---|
| Beverages a and all acts regulations, | nd Intoxicating Liquor amendatory thereof a Federal, State, or Local | es, subject to the ling and supplementary , affecting the sale of | nitations imp / thereto, an | osed by Sect d hereby agre | 2019, inclusive (unless soon tion 125.32(2) and 125.68 (2) the to comply with all laws, re trs if a license be granted to me, | of the Wisconsin Statutes esolutions, ordinances and |
| I cert | ify that I am <u>A</u> | _years of age. | - | Eder | 1 Logseer | 4 |
| | | | | _ | Signature of Applica | ant |
| | the following que | estions fully a | nd comple | etely: | | |
| Name of App | | 10 00 | 10 U | <u>>1C 1 </u> | ? (C. 1.1± | 611770 |
| Address of A | pplicant <u>E86</u> | 16 810 | <u>''`</u> | the C | SOITAX, WIL | , 59750 |
| Have you be | en convicted of any fel | ony or of violating | any law of th | e State of Wis | consin or of the United States? | |
| Date of such | conviction |) | | | | |
| Name of Cou | irt N/A | | | | | |
| Nature of off | ense N/A | | | | | |
| Have you be | en convicted or violatin | g any license law o | r ordinance re | egulating the sa | ale of beverages or intoxicating | ; liquors? |
| | | | | Edn | Loopera | |
| ST | ATE OF WISCONSIN, | | | | Signature of Applica | nt |
| - | Dunn | SS. | | | | |
| | 5/ / | _County. | | | | |
| erson who n | nade and signed the for | egoing application | for an opera | tor's license; th | being first duly swor at all the statements made by | n on oath says that he is the the applicant are true. |
| Subsc | ribed and sworn to befo | ore me this | 16 | day of | May 20/8 | <i>.</i> |
| | | | | | Yolan Road | 1 A |
| | | | | | A RIENAM | Applicant |
| 56 | Kul g | Tum | | - Stin | OTARL NOTARLA OF WISHINGTON | |
| Notary Public | | | y, Wis. | - O | PUBLY S | |
| ommission E | xpires: 120 8 | 27-18 | | 7.11.14 7.11.11.11 | OF WISHINGTON | |

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 Business/Organization Name Synchology (C) - (O) MAY 2 4 2018 __ Driver's License No. ___ Social Security 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 1/10005 C+11 Rd M CO1fax, IUI. S4730 E8646 810th 14VE CO1fax, IUI. S4730 List three personal references, not related to you (no co-workers). Include name, address & phone number 1) Joel Hilson 2) Chirstle Hill Tali Morning Have you ever been a member of the Military Service? Discharge? _______ Education- include name of High School, location, grade completed and any training beyond high school.

Colfax Ligh 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. Official Use Only-Below This Line Date Approved 5/5// Date Denied___ Approving Officer Signature Den Heller

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

| To the | Cle | rk | of the_ | Village | of | | Colfax | Wisconsin: |
|--|---|--|---|------------------------------|-----------------------------|--------------------|--------------------------------|--|
| Beverages an and all acts a regulations, F | nd Intoxica amendator ederal, Sta | iting Liquors, sub ry thereof and su | eject to the lir applementary ating the sale of | nitations impo thereto, and | sed by Sect hereby agree | ion 125 e to co | 5.32(2) and 125.68 (2) o | revoked), Fermented Malt f the Wisconsin Statutes olutions, ordinances and |
| 7 001111 | ., | year | s of age. | <u></u> | Tau | 1 | R TUN Signature of Applican | nt |
| Answer tl | he follo | wing questio | ns fully ar | nd complet | tely: | | | |
| Name of Appl | | Taliah | R. Eise | th | • | | | |
| Address of Ap | oplicant _ | N7595 | 510th | Street | Men | omo | nie, WI 54 | 151 |
| Have you bee | n convicte | | | any law of the | | | or of the United States? | |
| Date of such o | conviction | (Income) | | | | | | |
| Name of Cour | τ | - | | | | | | |
| Nature of offe | ense | - | | | | | | |
| Have you been | n convicted | d or violating any | license law o | r ordinance reg | gulating the sa | le of be | everages or intoxicating l | iquors? |
| | | | | | | | | |
| | | | | | 90 | Úi | R Form | |
| STA | ATE OF W | ISCONSIN, | | | | | Signature of Applican | t |
| De | nn | Co | ss. unty. | | | | | |
| | Tal | i Friend | h | | | | , being first duly sworn | on oath says that he is the |
| | | | | | r's license; th | at all th | ne statements made by th | e applicant are true. |
| Subscri | bell and a | vorn to he fore me | this | 10th | day of | M | ay, 2018 | |
| A C. A. | Nr. | The state of the s | | | | 00 | Signature of A | BCOOL pplicant |
| Notary Public, | PUB VE OF W | LIC ASSOCIATION OF THE PROPERTY OF THE PROPERT | | | | |) | |
| Notary Public, | | <u>~~~</u> | Count | y, Wis. | ондамдана - | | | |

Commission Expires: 10-23-20

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 Eisth RECEIVED MAY 2 4 2018 Business/Organization Name Synergy Cooperative Village of Colfax Full Prior Names (nicknames, maiden names, etc. NIA Date of Birth Place of Birth N Phone Race Height Weight Sex : __ Driver's License No.___ Social Security 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 Menomonic WI 54751 List three personal references, not related to you (no co-workers). Include name, address & phone number 1) Haily Booth N8803 590th Ave Colfax, WI 54730 2) Charles Brown N9486 780th Ave Coffax, WI 54730 3) Sizanne Hagen N8519 Cty Rd. M Coffax, 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. Menomonic 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. Date 5/10/18 Signature Official Use Only-Below This Line Date Approved 5/35/18 Date Denied Researcher CHICF OF FOR Lee Approving Officer Signature

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

| To theClerk | of the_ | Village | of | Colfax | Wisconsin: |
|---|---|--|----------------------------------|-----------------------------------|---|
| I hereby apply for a Licens Beverages and Intoxicating Liquors and all acts amendatory thereof an regulations, Federal, State, or Local, | subject to the lind supplementary | nitations important the state of the state o | osed by Sectic I hereby agree | to comply with all laws, reso | the Wisconsin Statutes |
| I certify that I am <u></u> <u></u> | years of age. | | Stell | M M Sec Signature of Applican | <u>, </u> |
| | | ¥ 1 | 4-1 | Signature of Appreau | |
| Answer the following ques | | | | | |
| Name of Applicant Evit | <u>n /// </u> | McKe | 20 | | , 54772 |
| Address of Applicant 2688 | 5 Cnt | / Kd | N/le | sheeler, b) | ,547/2 |
| Have you been convicted of any felor | ny or of violating | any law of the | e State of Wisco | onsin or of the United States? | |
| Date of such conviction | | | | | |
| Name of Court | | | | | |
| Nature of offense | | | | | |
| Have you been convicted or violating | any license law o | r ordinance re | gulating the sale | e of beverages or intoxicating li | quors? |
| 700 | | | | | |
| | | | Edit | Signature of Applicant | Vee_ |
| STATE OF WISCONSIN, | | | | Signature of Applicant | • |
| Dunn | ss. _County. | | | | |
| Edith 1 | Vickée | | | , being first duly sworn | on oath says that he is the |
| erson who made and signed the fore | going application | for an operat | or's license; tha | t all the statements made by the | e applicant are true. |
| Subscribed and sworn to before | e me this | 1/ ==) | day of | MIAY, 2 | ,018. |
| | | | | dich m | Moter |
| | | | | Signature of A | pplicant |
| | 1 | | | | |

Commission Expires:

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

Supplemental – General License Application

| NOTE : If any further explanation is needed, please continue on back of application. | RECEIVED |
|---|-------------------|
| Full Name-First, Middle, Last Eciton M McKee | -MAY 2 4 2018 |
| Business/Organization Name Synergy Cooperative | Village of Colfax |
| Full Prior Names (nicknames, maiden names, etc. | _ |
| Date of Birth Place of Birth Phone | _ |
| SexRaceHeightWeight | _ |
| Social Security No. s Driver's License No. | |
| Have you ever been arrested for, or convicted of any laws, including traffic? | |
| List prior addresses for the past five years <u>26885</u> Cnty Rd N Wheeler, wi 54772 | _ |
| List three personal references, not related to you (no co-workers). Include name, address & phon 1) Dean Anderson N9199 Cnty Rd D (2) Cax, w. 54730 2) Jean Byork E8909 760th Ave ColFax w. 54730 3) Keith Burton N7766 State Huy 40ColFax, w. 5 | |
| Have you ever been a member of the Military Service? Discharge? | - |
| Education- include name of High School, location, grade completed and any training beyond hig | h school. |
| I certify that I am familiar with the laws, ordinances and regulations, and hereby agree, if granted obey all provisions of such laws. I further certify that all information included in this application and complete to the best of my knowledge. Signature Date 5-7-20/8 | is true, accurate |
| | |
| Official Use Only-Below This Line | |
| Date Received 3/24/18 Date Approved 5/35/18 Date Denied | |
| Researcher AFF OF TOLOR Approving Officer Signature | _ |

July 1, 2018 - June 30, 2019

Application for License to Serve Fermented Malt Beverages

| | | and Intoxio | Fee - \$10.00 | | |
|-----------------------------|---|------------------------------|--|--|--|
| | | | | | RECEIVED |
| | | | | | MAY 2 5 2018 |
| To the | Clerk | of theVilla | geof | Colfax | Wisconsin: Village of Colfax |
| Beverages an and all acts a | d Intoxicating Liquor amendatory thereof a | s, subject to the limitation | s imposed by Section, and hereby agree | on 125.32(2) and 125.68 to comply with all law | cooner revoked), Fermented Malt (2) of the Wisconsin Statutes (2), resolutions, ordinances and |
| I certif | y that I am <u>40</u> | years of age. | | | |
| | | | May | Signature of App | pinant |
| Answer th | e following que | stions fully and con | npletely: | | |
| Name of Appli | ^ ~ - | | lauton | | |
| Address of App | plicant 122 | PACK DE | #120 Co | olfax Di | |
| Have you beer 人)ひ | convicted of any felo | ny or of violating any law | | | tes? |
| Date of such co | onviction | | | | - A-148 - 1484 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 |
| Name of Court | | | | | |
| Nature of offen | | | | | |
| NO NO | convicted of violating | any license law or ordinan | ee regulating me sale | or beverages of intoxicat | ing nquots: |
| | | (| Hayl | R Rational April | LEADY LEADY |
| STAT | TE OF WISCONSIN, | | . (1 | Signatureorrippi | ······ |
| - Dec | nn | ss. County. | | | |
| 691 | | enton. | | being first duly sw | vorn on oath says that he is the |
| • | | oing application for an op | ≺ | all the statements made b | by the applicant are true. |
| Subscribe | ed and sworn to before | me this | day of | Tray de | 7/0 |
| | | | | Signature | Nay h of Applicant |
| <u> A</u> k | ul fi |) in | STA THINING STATE OF | OTAPL DIA | |
| Notary Public, | Dun | County, Wis. | N. P | | |
| Commission Expir | res: 8.2- | 7-18 | THE THE PARTY OF | WISCOMMUNITED TO THE WISCOMMUNITED THE WISCOMMUNITED THE WISCOMMUNITED THE WISCOMMUNITED THE WISCOMMUNITED THE WIS | |

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 Oayle Robin Hayton Business/Organization Name Express Man Full Prior Names (nicknames, maiden names, etc. () Cu x Lo Date of Birth Place of Birth hone ` 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 None List three personal references, not related to you (no co-workers). Include name, address & phone number 1) Amanda Hall 2) matt Hall 3) Angre Swenby Have you ever been a member of the Military Service? ND Discharge? Education- include name of High School, location, grade completed and any training beyond high school. Bachlors in Accounting Lake Land College Sheybouger 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. un Date 5-14-18 Official Use Only-Below This Line Date Approved 5/30/10 Date Denied Date Received 5/24/18 Researcher Aug Volice Approving Officer Signature Light Abelevier

July 1, 2018 - June 30, 2019

Application for License to Serve Fermented Malt Beverages

| To the Clerk of the Village of Colfax Village General State of Colfax Village General State of the Clerk of the Village of Colfax Village General State of S | | | and Intoxica | ating Liq | uors | Fee - \$10.00 |
|--|---|--|--|--|---|--|
| To the Clerk of the Village of Colfax Village Vis Celsius I hereby apply for a License to serve, from July 1, 2018 to Juno 30, 2019, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125,32(2) and 125.66 (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, Ferdent, Statute, to Local, affecting the sale of such hereby agree to comply with all laws, resolutions, ordinances and regulations, Ferdent, Statute, to Local, affecting the sale of such severages and liquors if a license be granted to me. I certify that I am July years of age. Answer the following questions fully and completely: Name of Applicant Answer the following questions fully and completely: Name of Applicant License Law July Law | | Program program des com | | | W-1944 | RECEIVED |
| 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 July years of age. Answer the following questions fully and completely: Name of Applicant Answer the following questions fully and completely: Name of Applicant Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? Note of such convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? State of Wisconsin, Signature of Applicant State of Wisconsin, Signature of Applicant Signature of Applicant Signature of Applicant RIE Manney | | | | | | MAY 2 5 2018 |
| Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.3(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 3 L years of age. Answer the following questions fully and completely: Name of Applicant College Miles of the Wisconsin or of the United States? Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? Name of Court County. Signature of Applicant State Of Wisconsin or oath says that he is the berrow who made and signed the forefoling application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this 3 day of Many County Reference of Applicant | To the | Clerk | of the Village | of | Colfax | Village Viscensin: |
| Answer the following questions fully and completely: Name of Applicant Address of Applicant Bole Inversity Are nuc, Art 2, Colfax WI STATE OF WISCONSIN, STATE OF WISCONSIN, State of Wisconsin or of the United States? Subscribed and sworn to before me this Answer the following questions fully and completely: Name of Applicant Separature of Applicant Signature of Applicant Signature of Applicant Signature of Applicant Subscribed and sworn to before me this Advantage Applicant Signature of Applicant | Beverages and and all acts an regulations, Fe | d Intoxicating Liquors mendatory thereof ar ederal, State, or Local, | s, subject to the limitations in and supplementary thereto, a affecting the sale of such bev | mposed by Section by Section by agree and hereby agree | on 125.32(2) and 125.68 (to comply with all laws, | 2) of the Wisconsin Statutes resolutions, ordinances and |
| Name of Applicant Support Find Heavy Department States of Applicant Support States of Wisconsin or of the United States? Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? STATE OF WISCONSIN, State of Wisconsin, Signature of Applicant Support Heavy Support States of Wisconsin or of the United States? Support States of Wisconsin, Signature of Applicant Support States of Wisconsin, Signature of Applicant Signature of Applicant Signature of Applicant Signature of Applicant Subscribed and sworn to before me this Signature of Applicant RIEMER MARKET STATES OF ARREST SIGNATURE STA | | | | | Signature of Appl | icant |
| Address of Applicant BOLE MINESTY Avenue, At 2, Calgar WI SY Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? WES Date of such conviction 2007 Name of Court Nature of offense DUT; Driving on Set Spender Licence. Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? STATE OF WISCONSIN, State of Wisconsin, Signature of Applicant 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 day of May 2018 Signature of Applicant NIEMANIA NIEMANIA | | | tions fully and comp | 11" | | |
| Have you been convicted of any felony or of violating any law of the State of Wisconsin or of the United States? He S Date of such conviction 2007 Name of Court Nature of offense OUT; Driving on Suspended Icence. Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? State of Wisconsin, Signature of Applicant Suspended Icence State of Wisconsin, Signature of Applicant Suspended Icence Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? Signature of Applicant Suspended Icence Suspended Icence Applicant Signature of Applicant are true. Subscribed and sworn to before me this 20 day of May 2018 Signature of Applicant RIEMANNAMA RIEM | | 0 0 | st riv | Heapye | | 0 10 - 0 1- |
| Date of such conviction 2007 Name of Court Nature of offense ODT; Driving on Suspended Licence Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? NO STATE OF WISCONSIN, State of WISCONSIN, State of WISCONSIN, State of WISCONSIN, State of Applicant Subscribed 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 20 day of May 2018 Signature of Applicant RIEMARY RIEMARY SIGNARY ALLALLA RAMA SIGNARY | Address of App | olicant SUG | University | Aveni | ie, Art Z, | Colar WI 391 |
| Name of Court Denty Courty Nature of offense OWT; Dring on Suspended Licence. Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? STATE OF WISCONSIN, Signature of Applicant Summer Head Subscribed and sworn to before me this Odday of Way 2018 Signature of Applicant | Have you been | convicted of any felor | ny or of violating any law of | the State of Wisco | nsin or of the United States | 5? |
| Name of Court Denty County County Nature of offense OWT; Dring on Suspended Licence. Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? STATE OF WISCONSIN, Signature of Applicant Summer Head Subscribed and sworn to before me this Odday of Way Dold Signature of Applicant | yes_ | 0. | | | ····· | W |
| Nature of offense OUT DOWNG ON Suspended Greenee Have you been convicted or violating any license law or ordinance regulating the sale of beverages or intoxicating liquors? NO State of Wisconsin, Signature of Applicant Summer Hage County. Summer Hage Subscribed and sworn to before me this Aday of Way 2018 Signature of Applicant Signature of Applicant Signature of Applicant RIEMENTALIAN RIEM | Date of such con | nviction 200 | 3 1 4 | | | |
| STATE OF WISCONSIN, State of Applicant State of Applicant State of Applicant are true. Subscribed and sworn to before me this Signature of Applicant | Name of Court | Denn (| busty (ou | urt_ | | |
| STATE OF WISCONSIN, Signature of Applicant Summer Head Signature of Applicant Summer Head 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 Advis Applicant Signature of Applicant | Nature of offens | ICUO O | Driving o | o Susp | ended lice & | nre. |
| STATE OF WISCONSIN, Signature of Applicant Standard Head being first duly swom on oath says that he is the sterson who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this day of May 2018 Signature of Applicant Signature of Applicant Signature of Applicant | Have you been | onvioted or violatina | | | | |
| State of Wisconsin, Summer Head County. Summer Head Derson 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 Aday of Signature of Applicant RIEMARY OTARY | have you been t | convicted or violating a | any license law or ordinance | regulating the sale | of beverages or intoxicatin | g liquors? |
| State of Wisconsin, Summer Head County. Summer Head Derson 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 Aday of Signature of Applicant RIEMS And RIEMS And RIEMS And RIEMS AND ARRY White Riems And Riems | 110 | | | | 100000000000000000000000000000000000000 | |
| State of Wisconsin, Summer Head County. Summer Head Derson 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 Aday of Signature of Applicant RIEMS And RIEMS And RIEMS And RIEMS AND ARRY White Riems And Riems | | | (|). | | |
| State of Wisconsin, Summer Head County. Summer Head Derson 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 Aday of Signature of Applicant RIEMER AND RIEMER AND ARRY White Arrangement | | | \mathcal{L} | /` • | - 1.1 | |
| State of Wisconsin, Summer Head County. Summer Head Derson 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 Aday of May 2018 Signature of Applicant RIEMS Mannagement RIEMS R | | | C II | inner ! | _ltw | |
| Summer Head being first duly sworn on oath says that he is the person who made and signed the foregoing application for an operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this day of May 2018 Signature of Applicant RIEMANARY Signature of Applicant | STATE | E OF WISCONSIN, | | | Signature of Applica | ant |
| Summer Hoggl Derson 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 Additional operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this Additional operator's license; that all the statements made by the applicant are true. Signature of Applicant Signature of Applicant Additional operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this Additional operator's license; that all the statements made by the applicant are true. Subscribed and sworn to before me this Additional operator's license; that all the statements made by the applicant are true. Signature of Applicant | Dur | 10 | | | | |
| Subscribed and sworn to before me this 22 day of May 2018 Signature of Applicant RIEMANIAN TARY | | 11 | • | | | |
| Subscribed and sworn to before me this 22 day of May 2018 Signature of Applicant RIEMANIAN TARY | person who made | and signed the forego | oing application for an opera | tor's license; that a | , being first duly swor all the statements made by | rn on oath says that he is the the the applicant are true. |
| Signature of Applicant RIEMEDIA Otary Public, Dunn County, Wis. PUBLIC OF WISHINGTON OF W | | | \sim | | May 201 | 8 . |
| Signature of Applicant Notary Public, Dunn County, Wis. PUBLIC OF WISCOURTS OF W | | | | | emmer | the |
| John County, Wis. County, Wis | | | | | Signature of | Applicant |
| Shule Fundamental County, Wis. Otary Public, Dunn County, Wis. Public State of Wishington OF Wishi | | | | HILLA RI | EMERINA | |
| iotary Public, Dunn County, Wis. Sommission Expires: 8-27-18 OF Wishington OF Wishin | 00 | ~ | • | E T X | RL | |
| ommission Expires: 8-27-18 County, Wis. OF WISHINGTON | She | le Ku | · · · · · · · · · · · · · · · · · · · | 10 50 V | - Z | |
| ommission Expires: 8-27-18 OF Williams OF Williams | otary Public, | Dunn | County, Wis. | | alo si | |
| THE OF WILLIAM | ommission Expire | s: 8-27-1 | 18 | EN COL | COLUM | |
| | | | | MININE OI | = Winning | |

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 Business/Organization Name +x) 1755 Full Prior Names (nicknames, maiden names, etc. Date of Birth ____ Place of Birth ____ Race Height Weight Social Security No. ____ Driver's License No Have you ever been arrested for, or convicted of any laws, including traffic? UES If yes, list offense, date and place occurring. Ow I : 2007; Henomonie, wI; Driving Suspended Wence; 2007; Henomonie, wI List prior addresses for the past five years 806 University Ave, Apt 2, Colfex UT 54730 List three personal references, not related to you (no co-workers). Include name, address & phone number 1) Mynith Mill Mean Van De Loo, Fau Claire, WI (2) Mindelli Wellde, Thomas Langland, Barron, WI 3) Jakhadh Wellde Cheyenna Sarg, Barron, WI Have you ever been a member of the Military Service? UCS Discharge? Honorce Discharge? Education- include name of High School, location, grade completed and any training beyond high school. High School, Elk Mound, WI, 12th Professional Hair Design Academy, East Claire LOI -graduated CVTC, East Claire WI, General Courses 2415.

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. Official Use Only-Below This Line Date Approved 5/30// Date Denied Date Received 5/29/18 Approving Officer Signature Macel

July 1, 2018 - June 30, 2019

Application for License to Serve Fermented Malt Beverages

| | | and Int | oxicat | Fee - \$10.00 — RECEIVED | | |
|--|---|--|----------------------------------|---------------------------------|--|--|
| | | | | | | MAY 2 5 2018 |
| To the | Clerk | of the | Village | of | Colfax | Village of Colfax Wisconsin: |
| Beverages and and all acts and regulations, Fe | d Intoxicating Liquor mendatory thereof a | s, subject to the liming supplementary, affecting the sale | mitations impo y thereto, and | osed by Secti I hereby agree | on 125.32(2) and 125.6 | sooner revoked), Fermented Malt 8 (2) of the Wisconsin Statutes ws, resolutions, ordinances and o me, |
| | | | | | Signature of Ap | pplicant |
| | e following que | | nd comple | - | | |
| Address of App | olicant 625 | main | SX. | Colfi | 76.) × | 54730 |
| Have you been | | | | | ensin or of the United Sta | ates? |
| Date of such co | nviction / LIH - | D: 3000 FG | 2), C. | | - Train | 4/13 - Disorderly Robbin COMMUNITY Service NOCE TICKET FOR MARIJUANA uting liquors? |
| | 1 · · · · · · · · · · · · · · · · · | OFOORECH | 200 | 00000 | 13 | O COMMUNITY SERVICE |
| Name of Court | THE DAY | ILERY DE | <u>3571200</u> | TING - | I A MONTHS | <u> </u> |
| Nature of offens | 00 7/10 Fix | E FOR D | isorbee | ly t | 1109- ORDING | ince licket |
| Have you been o | convicted or violating | any license law or | ordinance reg | ulating the sale | of beverages or intoxica | ting liquors? |
| NO | | | | | | |
| 7 | | | | , | ************************************** | |
| | | | D | 2 4 | 2) | |
| | | | | | Signature of App | licant |
| STATI | E OF WISCONSIN, | SS. | | | | |
| <u>.1)ur</u> | <u>) (</u> | .County. | | | | |
| person who made | and signed the foreg | ONGNCE oing application for | or an operator | 's license; that | , being first duly stall the statements made | worn on oath says that he is the by the applicant are true. |
| Subscribed | d and sworn to before | me this | 3rd | _ day of | may & | <i>2018</i> |
| | | | | | | And the second section of the sectio |
| | | | | | Signature Signature | of Applicant |
| Sk | üle K | an. | | 11416166 | Signature Signature A RIENTS COTARL | |
| lotary Public, | Dun | County, | Wie | 194999999999 | | N |
| | C* 1- | County, | vv IS. | and the same | ON CUBLY | SAU |
| ommission Expire | s. <u>0 0 /</u> | 7.0 | | · | MANA OF WISOM | re de la companya de |

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last Patrick Daniel LEsperance Business/Organization Name Express Want Full Prior Names (nicknames, maiden names, etc._____ Date of Birth Phone Phone Sex_____ Race_____ Height_____ Weight____ Have you ever been arrested for, or convicted of any laws, including traffic? If yes, list offense, date and place occurring. See front page List prior addresses for the past five years \$18 Main St. Eau Clair [NI S4702] List three personal references, not related to you (no co-workers). Include name, address & phone number 1) Vicker Lowson 2) Charles Flod guist Edward Ctewart Have you ever been a member of the Military Service? ______ Discharge? _____ Education- include name of High School, location, grade completed and any training beyond high school. Dorand High - 2007 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 // Official Use Only-Below This Line Date Approved 32/3 Date Denied 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 2 5 2018 |
| To the | Clerk | of the Village | of | Colfax | Wisconsin: |
| Beverages and and all acts as regulations, Fe | d Intoxicating Liquor mendatory thereof a | s, subject to the limitations in nd supplementary thereto, a affecting the sale of such bev | nposed by Section by Section by agree | on 125.32(2) and 125.68 (2) to comply with all laws, re if a license be granted to me, | of the Wisconsin Statutes |
| | | | Drene | Signature of Applica | ellny nt |
| Answer th | e following que | stions fully and comp | letely: | | |
| Name of Applic | cant Bre | nda Lee | Kod | Iner | |
| Address of App | olicant 969 | Universi | ty Aur | · Colfax | WI 5473 |
| Have you been | convicted of any felo | ny or of violating any law of | the State of Wisco | nsin or of the United States? | |
| 20 | | · · · · · · · · · · · · · · · · · · · | | 1100 1100 | |
| Date of such con | nviction | - And the second se | | | |
| lame of Court | | | | | |
| lature of offens | se | , | | | |
| | | J. | Brendl | a Lee Ke | ttne 1 |
| STATE | E OF WISCONSIN, | | y WILLIAM | Signature of Applicant | |
| Du | | ss. County. | | | |
| Br | renda x | extner. | | , being first duly sworn (| on oath says that he is the |
| | | | tor's license; that a | ill the statements made by the | applicant are true. |
| Subscribed | d and sworn to before | me this | day of | April 20 | <u> </u> |
| | | | \mathcal{B}_{i} | renda Lee | Kettne |
| | | | | Signature of Ap | plicant |
| | | | : | HILL RIEMEDING | |
| SK | will po | Umir | | Signature of Ap Signature of Ap RIEMEDIAN VIOLE OTARY PUBLIC OF WESTIMATION OF OF OF OF OF OF OF OF OF | |
| tary Public, | Danr | County, Wis. | | To lo lo | |
| nmission Expire | s: 8-27 | 1-18 | E. H. | O THE | |
| | | | · | OF White | |
| | | | | | |

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 Birtl 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? |
| List prior addresses for the past five years 909 University Ave, 715 Johnson-Olson St. E |
| List three personal references, not related to you (no co-workers). Include name, address & phone number 1) Marcy Wilder E 6773 87/ Ave Colfax 2) Lirry Wilder E 6773 87/ Ave Colfax 3) Phyllis Love of E 6773 87/ Ave Colfan |
| Have you ever been a member of the Military Service? Discharge? |
| Education- include name of High School, location, grade completed and any training beyond high school. MCVIII Public School MCVIII ND graducted |
| 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 S/24/18 Date Approved S/20/18 Date Denied |
| Researcher Approving Officer Signature War Alex |
| |

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

and Intoxicating Liquors

Fee - \$10.00

| y apply for a Licens Intoxicating Liquors, | of the_ | Village | of | Colfax | RECEIVED MAY 2 5 2018 |
|--|--|--|--|--|--|
| y apply for a Licens Intoxicating Liquors, | of the_ | Village | of | Colfax | |
| y apply for a Licens Intoxicating Liquors, | | | 171 | COLLUIT | Wisconsin |
| tendatory thereof an leral, State, or Local, a that I am | subject to the lim d supplementary ffecting the sale o | itations impo thereto, and | to June 30, seed by Secondary | tion 125.32(2) and 125.6 | Village of Colfax s sooner revoked), Fermented Mal 58 (2) of the Wisconsin Statutes ws, resolutions, ordinances and |
| that I am Jy | ears of age. | | | Signature of A | Dollcant |
| ant TO-M icant E852(| my Do | alhox 2 Box | ad 17 | O COLAX | (.W) 54730 tates? |
| viction | NC |) | | 10000 45-1-1-1-1-1 | 5 111 111 |
| VICTION | | | | | 777 WWW 72 |
| | | | | | |
| onvicted or violating a | ny license law or o | ordinance regu | ilating the sal | e of beverages or intoxic | eating liquors? |
| | | | | alpel | |
| nn c | alhoe | | | Signature of App | sworn on oath says that he is the |
| and signed the forego | ing application fo | A operators | day of | May C | by the applicant are true. |
| Jule L | County, V | Vis. | A A A | RIEMENTALINA NIS | |
| | onvicted of any felony onvicted or violating and signed the forego and sworn to before m | onvicted of any felony or of violating an NO OF WISCONSIN, County. Count | onvicted or violating any license law or ordinance regularity. OF WISCONSIN, County. Count | orwicted or violating any license law or ordinance regulating the sale of Wisconsin, OF WISCONSIN, County. C | following questions fully and completely: ant TO MAL DOC Second TO COMMAN CONVICTION OF WISCONSIN OF WISCONSIN, OF WISCONSIN, OF WISCONSIN, Ss. County. County. Signature of Application for an operator's license; that all the statements made and sworn to before me this day of Signature of Application. Signature of Application for an operator's license; that all the statements made and sworn to before me this day of Signature. RIEMAN RIEMA |

Village of Colfax

P.O. Box 417 Colfax, Wisconsin 54730

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NOTE: If any further explanation is needed, please continue on back of application. Full Name-First, Middle, Last Business/Organization Name LXDVP55 Full Prior Names (nicknames, maiden names, etc. / Place of Birth. Date of Birtl 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 <u>F8580</u> List three personal references, not related to you (no co-workers). Include name, address & phone number 1) Alisa King 122 Park Dr. Lotloi Colfax T 2) Kelli Stahenou) 5th Ave. Colfax 3) Vicki Christinson Ctyld E Elk Mound Have you ever been a member of the Military Service? ______ 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. ______Date *04-27-1*8 Signature ` Official Use Only-Below This Line Date Approved 5/36/18 Date Received 5/59 Date Denied Researcher CHIEF OF TORCE Approving Officer Signature Weder Approving

July 1, 2018 - June 30, 2019

Application for License to Serve Fermented Malt Beverages

Fee - \$10.00

and Intoxicating Liquors

| | | | | RECEIVED |
|--|--|--|--|----------------------------------|
| | of the Villa | | Colfax | MAY 2 5 2018 Wisconsin: |
| and all acts amendatory thereof regulations, Federal, State, or Loca | rs, subject to the limitation and supplementary theret I, affecting the sale of such l | s imposed by Section, and hereby agree | on 125.32(2) and 125.68 to comply with all law | vs, resolutions, ordinances and |
| I certify that I am 60 | _ years of age. | | Signature of Ap | Deplicant Deplicant |
| Answer the following que | estions fully and con | npletely: | | |
| <u> </u> | HRIS A | 1/1/1/1/ | 1 | |
| Address of Applicant 5/7 | 5TH | BJF | COLFM | Χ |
| Have you been convicted of any fel | ony or of violating any law | of the State of Wisco | onsin or of the United Sta | ates? |
| Date of such conviction | | | | |
| Name of Court | | | | |
| Nature of offense | | <u> </u> | | |
| Have you been convicted or violating | g any license law or ordinan | ce regulating the sale | e of beverages or intoxica | ating liquors? |
| | 7 7 0 | | | * |
| | | | 0 | 76/ |
| | - | | Signature of App | licant |
| STATE OF WISCONSIN, | ss. _County. | | | |
| Chais ka | 100 · | | , being first duly sy | worn on oath says that he is the |
| erson who made and signed the fore | egoing application for an op | erator's license; that | all the statements made | by the applicant are true. |
| Subscribed and sworn to before | | day of | may 2 | 018 |
| | | STATE STATE OF THE | Signature | of Applicant |
| | | STRIPPILL A | RIEMERINA | |
| Aprile of | 1-1-1 | | TARL | |
| otary Public, Dalin | County, Wis. | | NE CONTRACTOR | |
| mmission Expires: 8-2 | 7-/8 | THE TAX | CO True | |
| | | THE THE PERSON OF THE PERSON O | or Mismur | |

Village of Colfax

P.O. Box 417

Colfax, Wisconsin 54730

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

Signature _______ Date 4/26/18

and complete to the best of my knowledge.

Date Received 5/39/18 Date Approved 5/39/18 Date Denied

Researcher Approving Officer Signature 4 4444