

# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 16362

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Brett Allen Foyt  
FIRST NAME MIDDLE NAME LAST NAME  
Telephone Number 715-308-7682 Email Address brettfoyt@gmail.com  
Current Address 1001 High Street Colfax 54730 12  
(Street) (City) (Zip Code) (yrs. at address)  
Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)  
Date of Birth \_\_\_\_\_ Age 18  
Place of Employment Kyles Market

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/16/2019  
(Chief of Police or designated staff Signature) (Date)

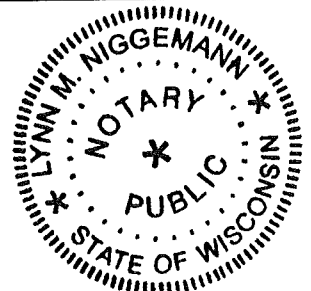
### STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]  
Signature of Applicant

Subscribed and sworn before me this 15<sup>th</sup> day of May, 2021.

[Signature] 05-07-2023  
(Signature of Notary Public) (Commission Expires)



Date Received: 5-15-19 Date to the Board: 6-10-19 Approved or Denied

# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 10.<sup>00</sup>-

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME TARRIS LEE TURNER  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-2 Email Address \_\_\_\_\_

Current Address 510 E. 4TH AVE COLFAX WI 54730 9  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 413 MAIN ST APT J COLFAX WI 54730  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 74

Place of Employment RETIRED

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    *Denise J. Dummer* 5/13/2019  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

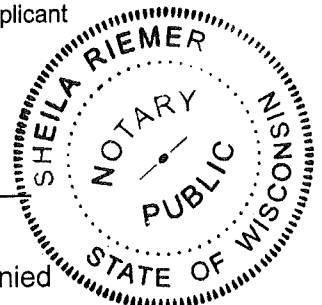
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x *Paris L. Dummer*  
Signature of Applicant

Subscribed and sworn before me this 24<sup>th</sup> day of April, 20 19.

*Shari Dummer*  
(Signature of Notary Public)

7-17-20  
(Commission Expires)



Date Received: 4-24-19 Date to the Board: 6-10-19 Approved or Denied

# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 16334

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Don Lee BRATEN  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-9260 Email Address \_\_\_\_\_

Current Address 505 Maple St. Colfax 54730 6 yrs  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 305 Main St. Colfax 54730  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 77

Place of Employment Retired

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 4/16/19  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

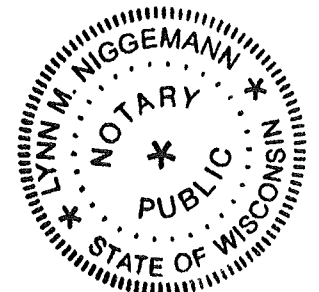
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 15<sup>th</sup> day of April, 20 19.

[Signature] 04-19-2019  
(Signature of Notary Public) (Commission Expires)

Date Received: 4-15-19 Date to the Board: 6-10-19 Approved or Denied



# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \$10

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Leslie Ann Burcham-McKee  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-3019 Email Address Leslieburcham @ colfaxhealthandrehab.com

Current Address 122 Park Dr. TRLR 103 Colfax, WI 54730 1  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 118 Park Dr. TRLR Colfax, WI 54730  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 40

Place of Employment Colfax Health and Rehabilitation 715-962-3639 Fax  
715-962-3186 - Phone

**POLICE DEPT APPLICABLE OFFENSE CRITERIA**  
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/15/2019  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

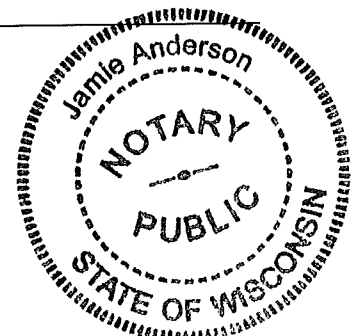
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]  
Signature of Applicant

Subscribed and sworn before me this 13 day of May, 2019.

[Signature] 4-29-19  
(Signature of Notary Public) (Commission Expires)

Date Received: 5-14-19 Date to the Board: 6-16-19 Approved or Denied



# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \$10.00

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Chantell Marie Phillips  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 658-0020 Email Address ChantellPhillips85@gmail.com

Current Address 113334 936th St New Auburn 54757 5 yrs  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 12877 E Sutton Rd Solon Springs 54873  
(Street) (City) (Zip Code)

Date of Birth 03/11/1987 Age 33

Place of Employment Little Slice of Italy

**POLICE DEPT APPLICABLE OFFENSE CRITERIA**  
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    *[Signature]* 5/13/2019  
(Chief of Police or designated staff Signature) (Date)

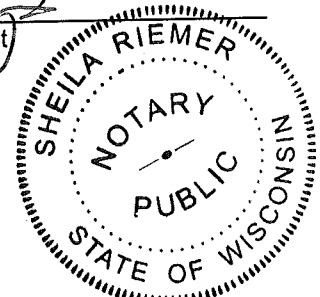
### STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X *[Signature]*  
Signature of Applicant

Subscribed and sworn before me this 25 day of April, 20 19.

*[Signature]* 7-17-22  
(Signature of Notary Public) (Commission Expires)



Date Received: 4.25.19 Date to the Board: 6.10.19 Approved or Denied

# WISCONSIN SELLER / SERVER CERTIFICATION

**Trainee Name:** Chantelle Phillips

**School Name:** 360training.com, Inc.

**Date of Completion:** 04/25/2019

**Certification #:** WI-96340

I, *Chantelle Phillips*

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

# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 14344

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Brooklyn Robbie Jo Dresel  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 1-715-704-9748 Email Address \_\_\_\_\_

Current Address Bear Valley Rd Colfax 54730 E9503 830th Ave  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address Same \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 18

Place of Employment A Little Slice of Italy

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/13/2019  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

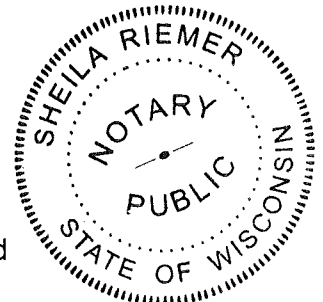
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Brooklyn Dresel  
Signature of Applicant

Subscribed and sworn before me this 30 day of April, 2019.

[Signature] 7-17-22  
(Signature of Notary Public) (Commission Expires)

Date Received: 4-30-19 Date to the Board: 6-10-19 Approved or Denied



# WISCONSIN

# SELLER / SERVER CERTIFICATION

Trainee Name: brooklyn . dresel

School Name: 360training.com, Inc.

Date of Completion: 04/29/2019

Certification #: WI-96563

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



# Village of Colfax

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

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

Provisional License     New License     Renewal License

Fee: \$10.00 each application  
Receipt: 16352

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Emily Michelle Rubenzel  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-210-9140 Email Address Rubenzem@yahoo.com

Current Address 703 Main St Colfax 54730 2  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N9094 City Rd M Colfax 54730  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 30

Place of Employment The Blind Tiger

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/13/2019  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

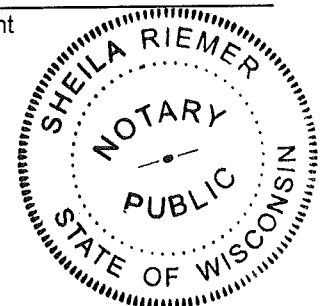
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 6<sup>th</sup> day of May, 20 19.

[Signature] 7-17-22  
(Signature of Notary Public) (Commission Expires)

Date Received: 5-6-19 Date to the Board: 6-10-19 Approved or Denied



# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 16360

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME CHRIS ALEX LUNN  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-3251 Email Address \_\_\_\_\_

Current Address 517 5TH AVE COLFAX 54730 61 YRS.  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 61

Place of Employment EXPRESS MART

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/16/2019  
(Chief of Police or designated staff Signature) (Date)

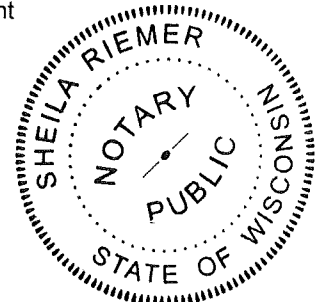
### STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 7th day of May, 20 19.

[Signature] 7-17-22  
(Signature of Notary Public) (Commission Expires)



Date Received: 5-15-19 Date to the Board: 6-10-19 Approved or Denied

# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 16360

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Brenda Lee Kettner  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 605-924-6508 Email Address —

Current Address 118 Park Dr #230 Colfax 54730 8 months  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 909 University Ave Colfax 54730  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 54

Place of Employment Express Mart

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/16/2019  
(Chief of Police or designated staff Signature) (Date)

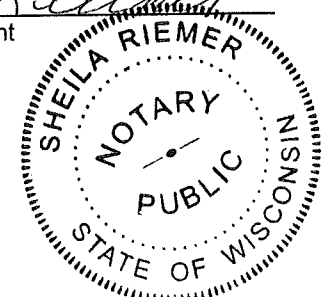
### STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Brenda L. Kettner  
Signature of Applicant

Subscribed and sworn before me this 7<sup>th</sup> day of May, 20 19.

[Signature] 7-17-22  
(Signature of Notary Public) (Commission Expires)



Date Received: 5-15-19 Date to the Board: 6-10-19 Approved or Denied

# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 16360

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Patrick Daniel L'Esperance  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-6007 Email Address pl-esperance@hotmail.com

Current Address 625 main st Colfax 54730 4  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 818 main st Eau Claire 54701  
(Street) (City) (Zip Code)

Date of Birth 05/10/1989 Age 30

Place of Employment Express Mart

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/16/19  
(Chief of Police or designated staff Signature) (Date)

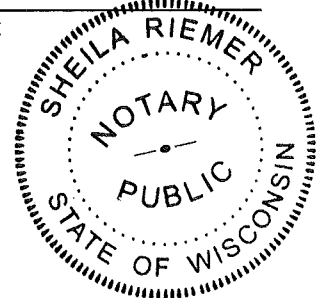
### STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]  
Signature of Applicant

Subscribed and sworn before me this 7th day of May, 20 19.

[Signature] 7-17-22  
(Signature of Notary Public) (Commission Expires)



Date Received: 5-15-19 Date to the Board: 6-10-19 Approved or Denied

# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 16360

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Gayle Robin Hayton  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-309-8924 Email Address grhayton@yahoo.com

Current Address 122 Park Dr #20 Colfax 54730 10  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address E9179 945th Ave Colfax 54730  
(Street) (City) (Zip Code)

Date of Birth 08/01/1978 Age 41

Place of Employment Express mart

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/16/2019  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

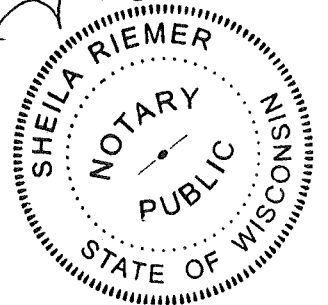
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]  
Signature of Applicant

Subscribed and sworn before me this 6th day of May, 2019.

[Signature] 7-17-22  
(Signature of Notary Public) (Commission Expires)

Date Received: 5-15-19 Date to the Board: 6-10-19 Approved or Denied



# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \$10

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Tammy Marie Dalhoe  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-4052 Email Address tammymariedalhoe@gmail.com

Current Address E8520 St. Rd. 170 Colfax, WI 54730 7+  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 40

Place of Employment Outhouse / Kwik Trip

**POLICE DEPT APPLICABLE OFFENSE CRITERIA**  
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

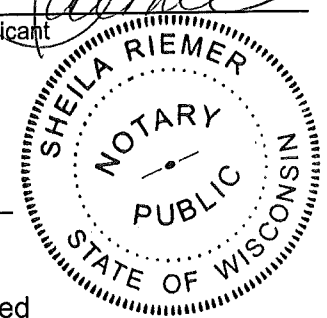
Recommendation  Approve     Deny    [Signature] 5/16/2019  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 16 day of May, 2019.  
[Signature] 7-17-22  
(Signature of Notary Public) (Commission Expires)



Date Received: 5-16-19 Date to the Board: 6-16-19 Approved or Denied

# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \$10

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Lisa Jean Smestuen  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 962 2829 Email Address lisasmes@gmail.com

Current Address 501 West St. Colfax WI 54730 15 yrs  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth 01/15/1979 Age 41

Place of Employment The Outhouse Bar

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/16/2019  
(Chief of Police or designated staff Signature) (Date)

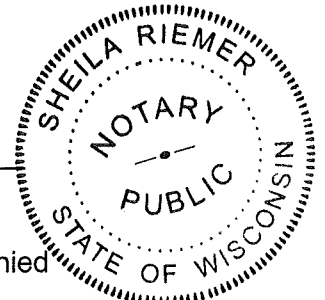
### STATE OF WISCONSIN/ DUNN COUNTY

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

[Signature]  
Signature of Applicant

Subscribed and sworn before me this 15 day of May, 20 19.

[Signature] 7-17-22  
(Signature of Notary Public) (Commission Expires)



Date Received: 5-15-19 Date to the Board: 6-10-19 Approved or Denied

# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \$10

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME TAMARA Ann Whinnery  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-0707 Email Address Tamiwhin@gmail.com

Current Address N8948 Cty Rd M Colfax 54730 22  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 707 Amble St. Colfax 54730  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 59

Place of Employment Outhouse Bar

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

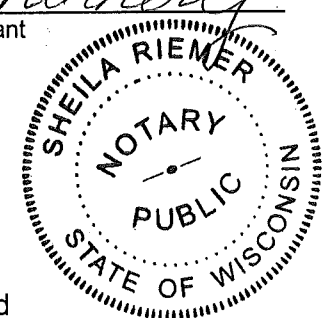
Recommendation  Approve     Deny    [Signature] 5/16/2019  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

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

Tamara A. Whinnery  
Signature of Applicant

Subscribed and sworn before me this 16 day of May, 2019.  
Sheila Riemer 7-17-22  
(Signature of Notary Public) (Commission Expires)



Date Received: 5-16-19 Date to the Board: 6-10-19 Approved or Denied



# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 410

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Erica Pearl Gehrman  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-5302 Email Address evia65@gmail.com

Current Address 305 Main St. Colfax WI 54730 15 yrs  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address NA  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 53

Place of Employment Out House Bar

**POLICE DEPT APPLICABLE OFFENSE CRITERIA**  
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

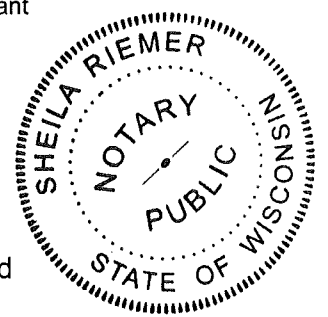
Recommendation  Approve     Deny    [Signature] 5/20/19  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Erica Gehrman  
Signature of Applicant

Subscribed and sworn before me this 16 day of May, 20 19.  
Sheila Riemer 7-17-22  
(Signature of Notary Public) (Commission Expires)



Date Received: 5-16-19 Date to the Board: 6-10-19 Approved or Denied

LYNDSEY  
**Village of Colfax**

DE STRA/19

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \$10

**TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:**

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Lyndsey Ina Pederson  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 505-2381 Email Address lyndseyina@gmail.com

Current Address 507 West ST Colfax 54730 1  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N9345 460<sup>th</sup> ST Bayreville 54725  
(Street) (City) (Zip Code)

Date of Birth 03/01/1985 Age 35

Place of Employment A Little Slice of Italy

**POLICE DEPT APPLICABLE OFFENSE CRITERIA**

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/20/2019  
(Chief of Police or designated staff Signature) (Date)

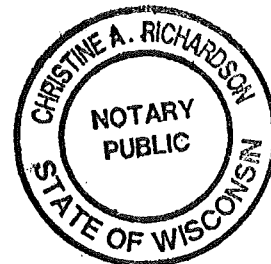
**STATE OF WISCONSIN/ DUNN COUNTY**

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]  
Signature of Applicant

Subscribed and sworn before me this 17 day of May, 2019.

Christine A Richardson Oct 6 2022  
(Signature of Notary Public) (Commission Expires)



Date Received: 5-17-19 Date to the Board: 6-10-19 Approved or Denied

# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \$10

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Braunna Marie Steen  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-529-0096 Email Address luvsno2006@yahoo.com

Current Address 702 pine st Colfax 54730 4  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 23

Place of Employment Blind Tiger

**POLICE DEPT APPLICABLE OFFENSE CRITERIA**  
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

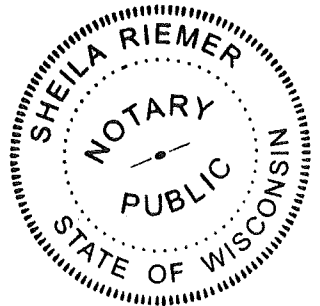
Recommendation  Approve     Deny    [Signature] 5/30/2019  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 20 day of May, 20 19.  
[Signature] 7-17-22  
(Signature of Notary Public) (Commission Expires)



Date Received: 5-20-19 Date to the Board: 6-10-19 Approved or Denied

# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \$10

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Mary Jane Roehl  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-6227 Email Address mjroehl78@gmail.com

Current Address N8420 970th St Colfax WI 54730 9 1/2 Years  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address E4526 430th Ave Menomonie WI 54751  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 40

Place of Employment Outhouse Bar

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/21/19  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

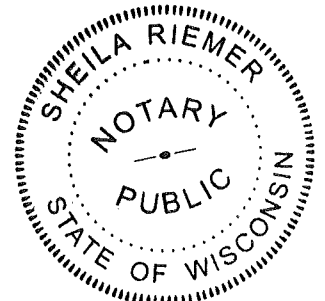
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 20 day of May, 20 19.

[Signature] 7-17-22  
(Signature of Notary Public) (Commission Expires)

Date Received: 5-20-19 Date to the Board: 6-10-19 Approved or Denied



# Village of Colfax

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

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

Provisional License     New License     Renewal License

Fee: \$10.00 each application  
Receipt: 25853684 (c.e.)  
*pro-cash*

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Teren Charles Kiekhofe  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-579-5696 Email Address Kiekhofe@gmail.com

Current Address 807 Pine st Colfax 54730 1  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 504 University Ave Colfax 54730  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 26

Place of Employment Express Mart

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/22/2019  
(Chief of Police or designated staff Signature) (Date)

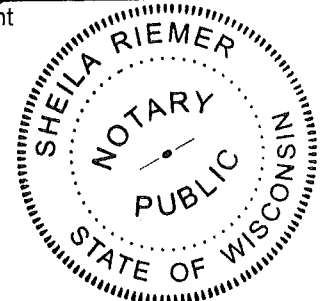
### STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 21 day of May, 20 19.

[Signature] 7-17-22  
(Signature of Notary Public) (Commission Expires)



Date Received: 5-21-19 Date to the Board: 6-10-19 Approved or Denied

---

# WISCONSIN SELLER / SERVER CERTIFICATION

**Trainee Name:** Teren Kiekhafer

**School Name:** 360training.com, Inc.

**Date of Completion:** 05/20/2019

**Certification #:** WI-97959

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



learn<sup>2</sup>  
serve

**Corporate Headquarters**

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

# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \$10

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Peary Renee Wallace  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 651-3137 Email Address chloe\_0384@yahoo.com

Current Address 807 E Railroad Ave Colfax 54730 3  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 210 Main St Colfax 54730  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 35

Place of Employment Softball Assoc

**POLICE DEPT APPLICABLE OFFENSE CRITERIA**  
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

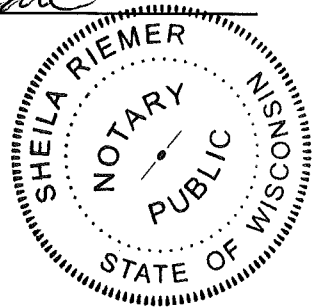
Recommendation  Approve     Deny    [Signature] 5/24/2019  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]  
Signature of Applicant

Subscribed and sworn before me this 22 day of May, 2019.  
[Signature] 7-17-22  
(Signature of Notary Public) (Commission Expires)



Date Received: 5-22-19 Date to the Board: 6-10-19 Approved or Denied

# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \$10

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Carey K DAVIS  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-5336 Email Address \_\_\_\_\_

Current Address 122 Park Dr Lot 101 Colfax WI 54739 3yrs  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 122 Park Dr Lot 105 Colfax WI 54739  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 59

Place of Employment Anderson Bridges OutHouse Bar

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/24/19  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

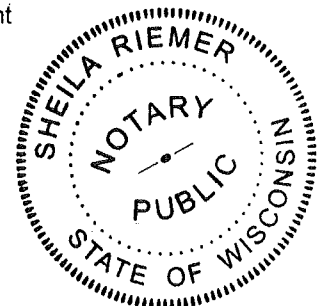
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 23 day of May, 20 19.

[Signature] 7-17-22  
(Signature of Notary Public) (Commission Expires)

Date Received: 5-23-19 Date to the Board: 6-10-19 Approved or Denied





# Village of Colfax

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

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

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \$10

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, 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.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Elizabeth Jayne (B.J.) De Moe  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-2464 Email Address - - -

Current Address 118 Park Dr. #10 Colfax 54730 8  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 72

Place of Employment Kyles Market Colfax

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/4/2019  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

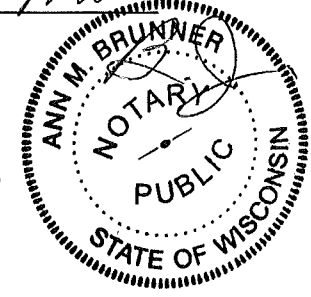
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license; that all the statements made by applicant are true.

[Signature]  
Signature of Applicant

Subscribed and sworn before me this 10<sup>TH</sup> day of May, 20 19.

[Signature]  
(Signature of Notary Public)

July 28, 2019  
(Commission Expires)



Date Received: 5-22-19 Date to the Board: 6-10-19 Approved or Denied