Date Received: 5-15-19

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

Application for	License to	Serve Ferme	ented Ma	alt Beverages a	nd Intoxicatiı	ng Liquors
Provisional Lice	ense	New License	_ <u>X_</u> R	enewal License	Fee: \$10.00 ea	
TO THE BOARD O	THE VILLAG	E OF COLFAX,	, WISCON	SIN:	,	
I, hereby apply for a Fermented Malt Bev and 125.68(2) of the hereby agree to con the sale of such bev	rerages and Into Wisconsin Stan Oply with all laws	oxicating Liquor tutes and all ac s resolutions, o	s, subject ts amenda rdinances	to the limitations in itory thereof and su and regulations, Fe	iposed by Section ipplementary the	n 125.32(2) reto, and
Answer the following	questions fully	and completely	y: (PLEAS	SE PRINT)		
NAME S	rett	Al	/6V		rogt	
FIRST	NAME		NAME	hootts	LAST NAME	l com
Telephone Number	11/2/2	<u>08-7682</u>	`	idress \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1091 6 31 14	((:0)/-
l o <i>⊘</i> [ Current Address	High Str	cet Colf	tax	(Zip Code)	(yrs. at addre	ess)
Previous Address	(Oliebl)	(Oily)		(—,	V	
Previous Address	(Street)		(0	ity)	(Zip Code)	
Date of Birth				Age	<u> </u>	
Place of Employme	ent Kyles	Marke	et			
POLICE DEPT APP A records check wisubstantially relate Colfax in determini Police Department Recommendation	ill be conducte to the license ng whether a l	ed for violation applied for. T icense will be ation is recomn	s of any l hose con granted.	victions are consi You will be notifie	dered by the Village lage Board.	llage or
				(Office of 1 office of deep	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, (1 ,
STATE OF WISCON	ISIN/ DUNN CO	OUNTY				
The above named a signed the foregoing	oplicant, being t application for	first duly sworn an operator's li	on oath sacense: the	at all the statement	s made by applic	ade and ant are true.
			X <u> 100</u>	Signature of App	olicant 	GGEMANNING
Subscribed and swo	rn before me th	is <u>15 M</u> da	y of <u>Ma</u>	4, 20 <u>Q17</u> .	NA NA	ARY X
Subscribed and swo	M. May A	eman		O 5~07~2023 (Commission Expires)	- III. 0:	PUBY
Date Received:S	5-15-19 Date	to the Board: _	6.10.19	Approved or Der	nied "///	ALE OF MAIN

Date to the Board: 6.10.19 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application Provisional License 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,  $20\underline{20}$ , 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 <u>715-96 ナース</u> Email Address \_\_\_\_\_ Current Address 510 E, 4TH AVE COLFAX WI 54730 9

(Street) (City) (Zip Code) (yrs. at address) 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 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. 

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

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 \_\_ New License \_\_\_\_\_ Renewal License Fee: \$10.00 each application Provisional License Receipt: 14334 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 20, 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 FIRST NAME MIDDLE NAME Telephone Number 715 704 - 91260 Email Address \_\_\_\_ Current Address 505 MAD 1851 (City) (Zip Code) (yrs. at address) Previous Address 305 MAIN ST. Colfax 54730
(Street) (City) (Zip Code) Date of Birth 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 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. Subscribed and sworn before me this 15th day of April, 20 19. Signature of Notativ Public)

O4-19-2019
(Commission Expires) Date Received: 4-15-19 Date to the Board: 6-10-19 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 -Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Renewal License Fee: \$10.00 each application **New License** Provisional License Receipt: **≸**/*v* TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>AO</u>, 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) Email Address Leslieburcham @ Odfarheathondretrab. Con Telephone Number 715-651-3019 Current Address 132 Pork Dr. TRIR 103 Colfay, WI 54BD (Street) (City) (Zip Code) (yrs. at address) Previous Address 118 Parc Dr. TRLR Colfar, wt 54730
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age \_40 Place of Employment Coifax Health and Rehabilitation 715-9623639 Fox 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 (Chief of Police or designated staff Signature) 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. Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_\_, 20 \_\_\_\_\_\_. (Signature of Notary Public) Date Received: 5-14-19 Date to the Board: 6-16-19 Approved or Denied

Phone 715-962-3311

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License Renewal License Fee: \$10.00 each application Provisional License Receipt: TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 20, 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 Chantel Marie Phillips

FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715 658-000 Email Address Charles Market Philips 350 gmal Current Address (Street) (City) Email Address Charles (Van S4757 Sys. at address) Age <u>33</u> Date of Birth Place of Employment / He 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. Approve Denv Recommendation 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. Subscribed and sworn before me this 35 day of April, 20 19 Date Received: 425-19 Date to the Board: 6.10-19 Approved or Denied

Phone 715-962-3311

PO Box 417 - Colfax, Wisconsin 54730 -

# SELLER / SERVER CERTIFICATION **MISCONSIN**

Trainee Name: Chantelle Phillips

Date of Completion: 04/25/2019

School Name: 360training.com, Inc.

Certification #: WI-96340

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

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

	1 - O P -			
	nse to Serve Fe	ermented Mal	t Beverages a	nd Intoxicating Liquors
Provisional License	New Licens	seRer	newal License	Fee: \$10.00 each application Receipt:
TO THE BOARD OF THE	VILLAGE OF COLI	FAX, WISCONS	IN:	
Fermented Malt Beverages and 125.68(2) of the Wiscon	and Intoxicating Linsin Statutes and a n all laws resolution	quors, subject to Ill acts amendato is, ordinances ai	o the limitations im ory thereof and su nd regulations, Fe	usive (unless sooner revoked), posed by Section 125.32(2) pplementary thereto, and deral, State or Local, affecting
Answer the following question	ons fully and comp	letely: (PLEASE	PRINT)	
NAME Brooklynn FIRST NAME	Robb	rie do	Dr	esel
Telephone Number <u>/ 71</u>				
Current Address <u>Reav</u> (Street	ucly Rd (C	olfax.	54730 (Zip Code)	E9503 830 <sup>th</sup> Ave (yrs. at address)
Previous Address Sw	ne			
Previous Address				(Zip Code)
Date of Birth			Age 18	·
Date of Birth/ Place of Employment⁄	+ Little SI	ice of 1	Haly	
POLICE DEPT APPLICABL A records check will be co substantially relate to the Colfax in determining whe Police Department if your	enducted for violatilicense applied fo ther a license will application is rec	tions of any law r. Those convi- be granted. Yo ommended for	ctions are consided to the consideration will be notified to the constitution of the c	d by the Village of Colfax age Board.
Recommendation <u></u>	Approve	Deny _ (	Chief of Police or design	Ated staff Signature) 5/13/20/
Recommendation <u></u>			Chief of Police or design	Ated staff Signature) 5/3/30/
			Chief of Police or design	Ated staff Signature) (Date)
STATE OF WISCONSIN/ DI	UNN COUNTY	orn on oath says	s that he/she is the	
STATE OF WISCONSIN/ DI	UNN COUNTY	orn on oath says	s that he/she is the	e person who made and made by applicant are true.

# SELLER / SERVER CERTIFICATION **WISCONSIN**

Trainee Name: brooklynn dresel

Date of Completion: 04/29/2019

School Name: 360training.com, Inc.

Certification #: WI-96563

Certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17,134.66



PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Provisional License TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 10, 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) Telephone Number 7/5-210-9/40 Email Address <u>Fubenzem @ Yahoo . Com</u>

Current Address 703 Main St Colfax 54730 (Street) (City) (Zip Code) (yrs. at address) Previous Address M9094 Caty Rd M ColFax 54730
(Street) (City) (Zip Code)

Date of Birth Age 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. Approve \_\_\_\_ Deny Recommendation 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. 

Date Received: 5-6-9 Date to the Board: 6.16.19 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X 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, 20 30, 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

FIRST NAME

MIDDLE NAME

LAST NAME Telephone Number 75-962 325/ Email Address \_\_\_\_\_ Current Address 5/2 6TH DUF COL FOX 54730 G/VRS.

(Street) (City) (Zip Code) (yrs. at address) Previous Address \_\_\_\_\_(Street) (City) (Zip Code)

Age \_\_\_\_\_/ Date of Birth \_\_\_\_ Place of Employment <u>EXPRESS</u> MAAT 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. Approve Deny Recommendation 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. 

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License 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, 20 <u>20</u>, 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 Brendo Lee Kettner
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 605-924-6568 Email Address Current Address 1/8 Park Dr. #230 Co Hax 54730 8 months (Street) (City) (Zip Code) (yrs. at address) Previous Address 909 University Ave Colfax 54730
(Street) (City) (Zip Code) Date of Birth Age 5-4 Place of Employment <u>Express</u> <u>Mart</u> 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

### STATE OF WISCONSIN/ DUNN COUNTY

Recommendation

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.

Approve Deny (Chief of Police or designated staff Signature) S/16/2019
(Chief of Police or designated staff Signature)

Police Department if your application is recommended for denial to the Village Board.

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License 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, 20 <u>36</u>, 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 PORTICIA Daniel LESperance
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-704-600 7 Email Address pl-esperance Chotmail. com

Current Address 65 main St Coffax 54730 4

(Street) (City) (Zip Code) (yrs. at address) Previous Address 818 Main St. Ear Claire 54761

(Street) (City) (Zip Code)

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. Approve \_\_\_\_ Deny Recommendation 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 of Applicant Subscribed and sworn before me this 74h day of May, 20 19

Signature of Notary Public)

Commission Expires Date Received: 5-15-19 Date to the Board: 6.10.19 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application New License X Renewal License Provisional License 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, 20 30, 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) Email Address achagton (a) yahoo. Con Telephone Number 715-309-8924 Current Address 122 Park Dr 120 Colfax 52730 (Street) (City) (Zip Code) Previous Address F979 945th Ave Colfax 54730
(Street) (City) (Zip Code)

Date of Birth 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. Approve Deny Recommendation 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 of Applicant

Signature of Applicant

Signature of Applicant

ARY

ARY

Commission Expires)

Date Received: 5-15-19

Date to the Board: 6-10-19

Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application Renewal License New License Provisional License Receipt: 510 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 at , 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 Email Address Tanunu IMa Telephone Number / Current Address 4 **Previous Address** (Zip Code) (City) (Street) Date of Birth Place of Employment 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. **Approve** Recommendation 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. Subscribed and sworn before me this 16 day of May

(Signature of Notary Public)

(Com

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License 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, 20 <u>QO</u>, 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 Telephone Number 7159117 7879 Email Address 1505mes@gmax Current Address 501 West-St. Colfers W1 34730 15 yrs (Street) (City) (Zip Code) (yrs. at address) (City) Previous Address \_ (Zip Code) Date of Birth Place of Employment The Olithouse 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 STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/sne is the person who made and signed the foregoing application for an operator's license: //that all the statements made by applicant are true. 

Date Received: 515-19 Date to the Board: 6-10-19 Approved or Denied OF

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X Renewal License Fee: \$10.00 each application New License Provisional License 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, 20 <u>20</u>, 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 /AMARA AND
FIRST NAME MIDDLE NAME Telephone Number 715-704-0707 Email Address Tami Whin Camail. COM Current Address N8948 Cty Rd M Colfax 54730
(Street) (City) (Zip Code) Previous Address 70 7 Amble 54. Colfax 54030 (Street) (City) (Zip Code)

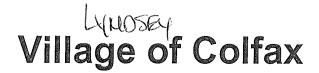
Date of Birth \_\_\_\_\_\_ Age \_\_\_\_\_\_\_ Place of Employment \_\_ Ou+ I POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered 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, Approve Deny Recommendation (Chief-of Police or designated staff Signature) 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. Subscribed and sworn before me this //e day of May, 20 19

May (Signature of Notary Public) (Commission Expi

Date Received: 5-16-19 Date to the Board: 6.10.19 Approved or Denied

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors						
Provisional License New LicenseX Renewal License	Fee: \$10.00 each application					
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:	,					
I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>Ab</u> , Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and hereby agree to comply with all laws resolutions, ordinances and regulations the sale of such beverages and liquors if a license be granted to me.	s imposed by Section 125.32(2) d supplementary thereto, and					
Answer the following questions fully and completely: (PLEASE PRINT)	Galasina					
NAME EVICE PEOPL  FIRST NAME MIDDLE NAME	LAST NAME					
Tolophone Number 7/5-651-5302 Email Address CVIC	19650 gmail. Con					
Current Address 305 Moun St. Coltax WI 52 (Street) (City) (Zip Code)	4730 15 yab (yrs. at address)					
Δ10	(Zip Code)					
Date of Birth Age						
Place of Employment <u>Out House Bar</u>						
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinance substantially relate to the license applied for. Those convictions are concerned in the control of the	onsidered by the Village of Colfax Village Board.					
STATE OF WISCONSIN/ DUNN COUNTY						
The above named applicant, being first duly sworn on oath says that he/she signed the foregoing application for an operator's license: that all the staten X Signature of	Jehman					
Subscribed and sworn before me this 16 day of May, 20 19  Mult Aumer 7-17-3  (Signature of Notary Public) (Commission Expired)	Denied Denied PUBLISHING TATE OF MAINTING					
Date Received: 5-16-19 Date to the Board: 6-10-19 Approved or	Denied TATE OF					



DE 5/2/19

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Provisional 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, 20 <u>Ab</u>, 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) Telephone Number 7/5 505-2381 Email Address Last Name

Current Address 507 wast ST Colow 54730 (City) (Zip Code) (yrs. at address) Date of Birth 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. Approve \_\_\_\_ Deny Recommendation 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 of Applicant Subscribed and sworn before me this 17 day of May, 2019.

Christine A Richardson Oct to 2022

(Signature of Notary Public) (Commission Expires) NOTARY Date Received: 5-17-19 Date to the Board: 6.16.19 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 -Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors ✓ Renewal License Fee: \$10.00 each application New License Provisional License Receipt: TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I. hereby apply for a license to serve, from date hereof to JUNE 30, 20 ab, 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 Telephone Number 715-629-0096 Email Address 1 UVSho 26006 Con Previous Address (City) (Zip Code) Date of Birth Place of Employment \_ 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. Approve Recommendation Denv Chief of Police or designated staff Signature) 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. Subscribed and sworn before me this <u>30</u> day of <u>May</u>,

Date Received: 5 30 19 Date to the Board: 6.10-19 Approved or Denied

Phone 715-962-3311

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License 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, 20 <u>20</u>, 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) Telephone Number 7/5 308 6227 Email Address Miroch/ 78 @ gMail, com

Current Address N8420 970th St Colfax WI S4730 9 1/2 Years

(Street) (City) (Zip Code) (yrs. at address) Previous Address <u>E4826 430th Ave Menomenic W1 S47S1</u>
(Street) (City) (Zip Code)

Place of Employment <u>Outhouse Bar</u> 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 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. Subscribed and sworn before me this 30 day of May, 20 19, 20 (Commission Expression Expr

Date Received: 5-20-19 Date to the Board: 6.10-19 Approved or Denied

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

				Fax	715-962-2221
Application for Licens	e to Serve Fermeı	nted Malt B	everages ar	nd Intoxicating l	_iquors
Provisional License				Fee: \$10.00 each : Receipt:2585.	application _
TO THE BOARD OF THE VIL	LAGE OF COLFAX, \	WISCONSIN:		£	100- cash
I, hereby apply for a license to Fermented Malt Beverages an and 125.68(2) of the Wisconsi hereby agree to comply with a the sale of such beverages an	nd Intoxicating Liquors, n Statutes and all acts Il laws resolutions, ord	, subject to the amendatory t linances and r	e limitations im thereof and sup regulations, Fe	posed by Section 12 oplementary thereto	25.32(2) , and
Answer the following questions	s fully and completely:	(PLEASE PF	RINT)	17 : 0	
NAME Teren FIRST NAME Telephone Number 7/5-	Charles	2	/	Kiekhoter	
FIRST NAME	MIDDLE	NAME	12 , ,	LAST NAME	1011
Telephone Number <u>7/5-</u>	579-3696	Email Addres	s <u>Rickha</u>	Te e gmail.	
Current Address 807 10 (Street)	rest Coffee	<i>C</i> ,	54730		
(Street)	(City)	(10	(Zip Code)	(yrs, at address)	
Previous Address 504 (	Iniversity Ave_	CoHax (City)		54730 (Zip Code)	
Date of Birth _			Age		
Place of Employment <u>Exp</u>	ress Mart				
POLICE DEPT APPLICABLE A records check will be cond substantially relate to the lic Colfax in determining whethe Police Department if your ap Recommendation	ducted for violations ense applied for. The er a license will be good plication is recomme	of any law or ose conviction ranted. You wended for der	ons are considered will be notified hial to the Villa	dered by the Villag d by the Village of	e or
STATE OF WISCONSIN/ DUN	eina first dulv sworn o	n oath says th	at he/she is the	e person who made	and
signed the foregoing application	n for an operator's lice	ense: that all t	ne statements	made by applicant	are true.
	>	feller	- leke	La fee	
			Signature of Appl	igant RIEME	Runn
Subscribed and sworn before r	me this <u></u> <u> </u>	of May,	20 <u>/9</u> .	ARY	Z

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

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors \_\_\_\_ New License Renewal License Provisional 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, 20 20, 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) Telephone Number (715) 651-3137 Email Address \_ chloe\_0384@yahoo.com Place of F Current Address 807 E Roulroad AVE Colfax 54730 3 (Street) (City) (Zip Code) (yrs. at address) Place of Employment 507thall 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 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. Subscribed and sworn before me this <u>aa</u> day of <u>May</u>, 20 19

Date Received: 5-32-19 Date to the Board: 6.10.19 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License 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, 20 20, 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 IC SAVIS
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 7/5-505-5336 Email Address Current Address 122 Pork by Lot 100 Courage wit \$4739 34.5 (Street) (City) (Zip Code) (yrs. at address) Previous Address 122 Park Dr Lot 105 Courage ws 54739

(Street) (City) (Zip Code)

Age S9 Place of Employment Andrea Bridges outtouse Bor 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. Approve Deny (Chief of Police or designated staff Signature) (Date Recommendation 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. Subscribed and sworn before me this 3 day of May, 20 19.

(Signature of Notary Public)

| Commission Expires

Date Received: 6-2319 Date to the Board: 6-16-19 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X Renewal License Fee: \$10.00 each application Provisional License New License Receipt: \$16 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 20, 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) Telephone Number Email Address Current Address Previous Address (City) (Zip Code) Date of Birth Age Place of Employment 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 (Chief of Police or designated staff Signature) 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. Subscriped and sworn before me this \_\_\_\_/\_O77+

Date Received: 5-32-19 Date to the Board: 6-10-19 Approved or Denied