

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 Jalene S Amick
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 699 0419 Email Address luvscatz@yahoo.com

Current Address 502 1/2 Cedar St Colfax 54730 7 months
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 409 E. River St Colfax 54730
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 51

Place of Employment Kyle's 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]
(Chief of Police or designated staff Signature)

5/24/2019
(Date)

STATE OF WISCONSIN/ DUNN COUNTY

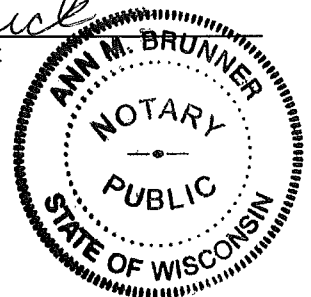
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Jalene Amick
Signature of Applicant

Subscribed and sworn before me this 10TH 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

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

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

NAME Nicole J Gotlibson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 704-9335 Email Address Nicole.gotlibson@northwest.com

Current Address 118 PK DR. #244 COLFAX WI 54730 2 YRS
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth 02/12/1988 Age 26

Place of Employment KYR'S Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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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 Nicole Gotlibson
Signature of Applicant

Subscribed and sworn before me this 20th day of MAY, 20 19.
[Signature] 06/04/2021
(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
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Answer the following questions fully and completely: (PLEASE PRINT)

NAME Dalton Victor Bradford
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-5073 Email Address dalton.omnitrix@yahoo.com

Current Address 511 5th Ave Colfax 54730 18 yrs
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth _____ Age 19

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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Recommendation Approve Deny

William J. Speiser
(Chief of Police or designated Staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

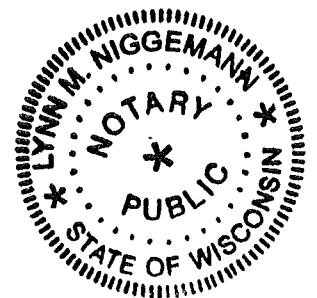
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Dalton Bradford
Signature of Applicant

Subscribed and sworn before me this 20th day of May, 20 2019.

Lynn M. Niggemann 05-07-2023
(Signature of Notary Public) (Commission Expires)

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



Village of Colfax

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Fax 715-962-2221

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

NAME Nicole Daria Nierenhausen
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-2309 Email Address nicolen14@hotmail.com

Current Address 25th St. Colfax 54730 18 years
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 21

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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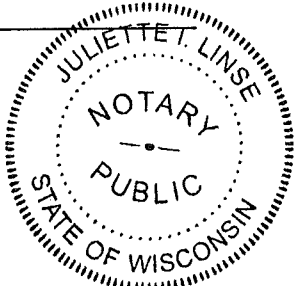
Recommendation Approve Deny [Signature] 5/24/2019
(Chief of Police or designated staff Signature) (Date)

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.

[Signature]
Signature of Applicant

Subscribed and sworn before me this 13th day of May, 2019.
[Signature] June 05, 2022
(Signature of Notary Public) (Commission Expires)



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

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

NAME Caleb S Korevaar
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-931-0687 Email Address colfax.villages14@gmail.com

Current Address E7546 850th Ave Colfax 54730 7
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth _____ Age 19

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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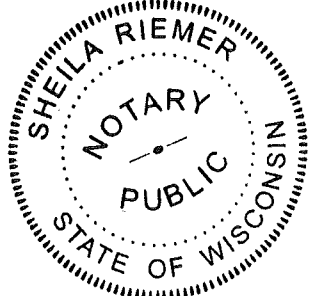
Recommendation Approve Deny [Signature] 5/24/20
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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X Caleb Korevaar
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: 5-22-19 Date to the Board: 6-10-19 Approved or Denied

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

NAME NICHOLAS NORBERT KRESIN
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-585-7373 Email Address nick_k34@hotmail

Current Address 2789 23rd ST ELK MOUND WI 54739 8
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth _____ Age 33

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 Dunn Jolera 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 14th day of MAY, 20 19.

[Signature] 06/04/21
(Signature of Notary Public) (Commission Expires)

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

Village of Colfax

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

NAME Mary Michele Muza
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-4801 Email Address Mabelpagels@yahoo.com

Current Address 308 11th St. Menomonie 54751 13
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth _____ Age 58

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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Recommendation Approve Deny

Wanda J. Dew July 2019
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

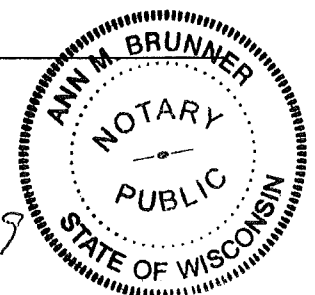
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X Mary M Muza
Signature of Applicant

Subscribed and sworn before me this 14TH day of May, 20 19.

Ann M Brunner
(Signature of Notary Public)

July 28, 2019
(Commission Expires)



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

Village of Colfax

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

NAME Kate Lynn Lee Olson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 505-5783 Email Address KatieOlson13@gmail.com

Current Address E9101 St Rd 40 Colfax 54730 4 1/2 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N12048 890th St. Colfax 54730
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 27

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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Recommendation Approve Deny [Signature] 3/28/2019
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

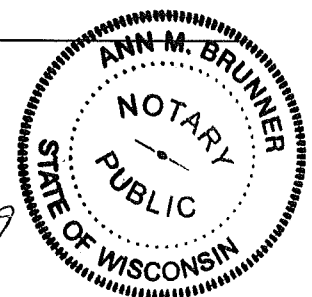
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Kate Lynn Olson
Signature of Applicant

Subscribed and sworn before me this 9TH day of May, 2019.

[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

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
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Answer the following questions fully and completely: (PLEASE PRINT)

NAME Mikki Jean McCutcheon
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 7155051388 Email Address _____

Current Address 4010 Main St Colfax 54730 8 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N101093 4700 St Lot 102 Menomonee 54751
(Street) (City) (Zip Code)

Date of Birth _____ Age 32

Place of Employment Kyle's Market

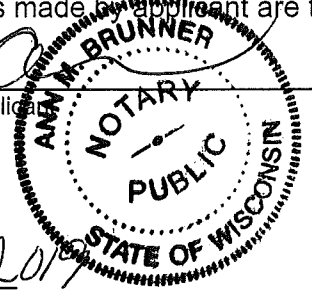
POLICE DEPT APPLICABLE OFFENSE CRITERIA
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Recommendation Approve Deny [Signature] 5/24/2019
(Chief of Police or designated staff Signature) (Date)

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.

[Signature]
Signature of Applicant



Subscribed and sworn before me this 20TH day of May, 2019.

[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

Village of Colfax

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

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

NAME Jeffrey Harry Peterson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-4881 Email Address _____

Current Address 115th 362 4th Ave. Colfax 54730 10 15
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth _____ Age 48

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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Recommendation Approve Deny *Dawn Johnson* 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 *Jeffrey Peterson*
Signature of Applicant

Subscribed and sworn before me this 10th day of MAY, 2019.

Shanne Clark 6/4/21
(Signature of Notary Public) (Commission Expires)

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

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

NAME Daniel Glenn Schneider
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-8663 Email Address danschneider@hotmail.com

Current Address 1114 1st Ave East Claire WI 54703 4
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N13658 City Hwy U New Auburn WI 54757
(Street) (City) (Zip Code)

Date of Birth _____ Age 21

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

STATE OF WISCONSIN/ DUNN COUNTY

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X [Signature]
Signature of Applicant

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

[Signature] 06/04/2021
(Signature of Notary Public) (Commission Expires)

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

NAME Jeffrey William Prince
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-3447 Email Address jeffprince89@gmail.com

Current Address 1004 University Ave Colfax 54730 20yrs
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth _____ Age 48

Place of Employment Bloomer / Softball Assoc.

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

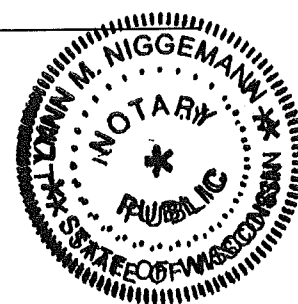
STATE OF WISCONSIN/ DUNN COUNTY

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[Signature]
Signature of Applicant

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



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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 Renee Briggs
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-894-0454 Email Address tbriggs241@gmail.com

Current Address 502 Pine St. Colfax 54730 10+ (w/ 1 move
(Street) (City) (Zip Code) (yrs. at address) +back)

Previous Address N8076 577th St. Colfax 54730
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 47

Place of Employment Elk Mound School District / 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] 5/14/19
(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.

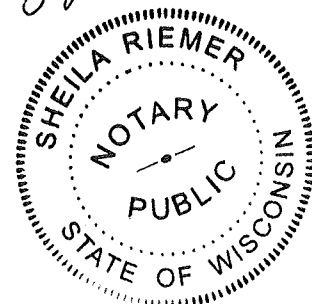
x Tammy B. Briggs
Signature of Applicant

Subscribed and sworn before me this 13 day of May, 20 19.

[Signature]
(Signature of Notary Public)

7-17-22
(Commission Expires)

Date Received: 5-13-19 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 Tiffany Ann Prince
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 507 951 7273 Email Address tiffany.p-47@hotmail.com

Current Address 1003 Iverson Rd Colfax 54730 1 yr
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 207 Park Dr. Colfax 54730
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 36

Place of Employment State of Wisconsin -> Division of Motor Vehicles / 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.

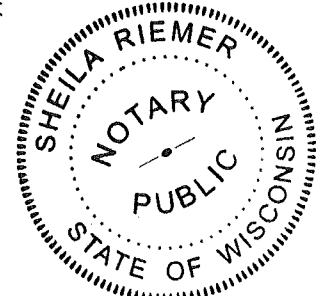
Recommendation Approve Deny [Signature] 5/24/2019
(Chief of Police or designated staff Signature) (Date)

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.

[Signature]
Signature of Applicant

Subscribed and sworn before me this 23 day of May, 2019.
[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: \$20.00

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 ROGER L LaVian Knutson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 505 2761 Email Address ROC.knutson@Hotmail.com

Current Address FCO57 Cty Rd Bb Colfax WI 54730 2
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N/A
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 59

Place of Employment Legion Legion

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)

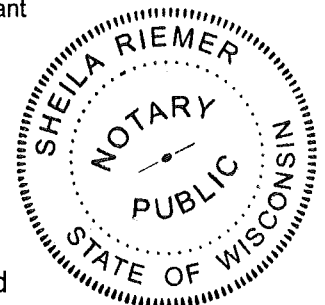
STATE OF WISCONSIN/ DUNN COUNTY

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.

[Signature]
Signature of Applicant

Subscribed and sworn before me this 8th day of May, 2019.

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



Date Received: 5-8-19 Date to the Board: 6-10-19 Approved or Denied

Serving Alcohol Incorporated

is proud to present this certificate to

Roger Knutson

for successful completion of the online course

Wisconsin Alcohol Seller-Server



PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6) and 125.04 (5) (a) 5. Wis. Stats.

Verify online at
servingalcohol.com

Verification Code

P9HYzZuifn

Date Issued

May 8th, 2019

VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

Wisconsin Bartender License

Name: Roger Knutson

Certification Date: May 8th, 2019

Certificate Code: P9HYzZuifn

Verify Online: servingalcohol.com

125.17(6) & 125.04(5)(a)5. Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

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: Robin FIRST NAME Sue MIDDLE NAME Thompson LAST NAME

Telephone Number (715) 495-1127 Email Address itink3084@gmail.com

Current Address 523 Main St Colfax WI 54730
(Street) (City) (Zip Code) (yrs. at address) 1

Previous Address 1980 County Hwy X Elk Mound WI 54739
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 35

Place of Employment Cenex / Synergy

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.

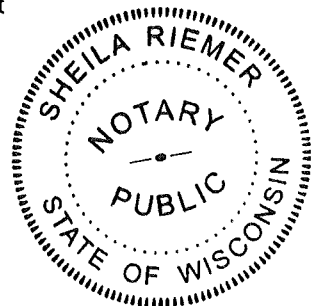
Recommendation Approve Deny [Signature] (Chief of Police or designated staff Signature) 5/13/2019 (Date)

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 9th day of May, 20 19.
[Signature] (Signature of Notary Public) 7-17-22 (Commission Expires)



Date Received: 5-9-19 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 Kristine Allison Ingram
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (608) 778-6633 Email Address Kristine.ingram47@gmail.com

Current Address 506 Balsam St. Colfax 54730 10+
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth _____ Age 18

Place of Employment Subway - Synergy Co-op

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] 5/13/19
(Chief of Police or designated staff Signature) (Date)

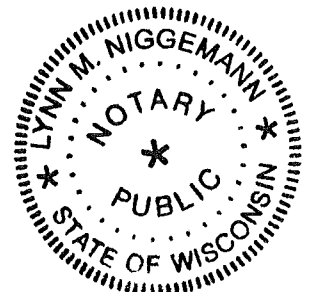
STATE OF WISCONSIN/ DUNN COUNTY

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 10th day of May, 20 2019.

Lynn M. Niggemann 05-07-2023
(Signature of Notary Public) (Commission Expires)



Date Received: 5-10-19 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 Suzanne Marie Hagen
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-2280 Email Address suehagen63@gmail.com

Current Address N8519 County rd. M Colfax 54730 27
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 56

Place of Employment Synergy Cooperative

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] 5/14/2019
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

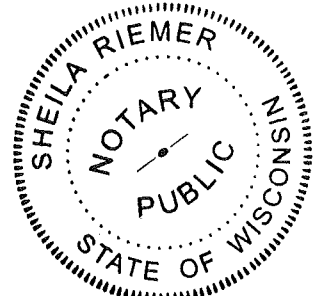
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Suzanne M. Hagen
Signature of Applicant

Subscribed and sworn before me this 13 day of May, 20 19.

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

Date Received: 5-13-19 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 Hailey Brienne Prince
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 577-4219 Email Address hailey.prince106@gmail.com

Current Address 1004 University Ave Colfax 54730 18
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth 13/11/2001 Age 18

Place of Employment Synergy Cooperative

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

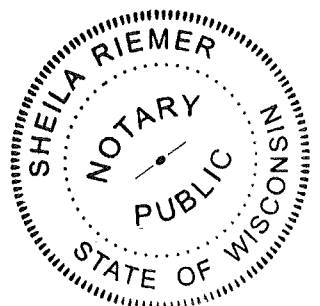
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Hailey B Prince
Signature of Applicant

Subscribed and sworn before me this 22 day of May, 20 19.

[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



WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Hailey Prince

School Name: 360training.com, Inc.

Date of Completion: 05/22/2019

Certification #: WI-98107

I, Smith M. G. P.

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: \$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 , 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 Kayla Jane Brown
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-3545 Email Address brown.kayla83@gmail.com

Current Address N8227 Cheryl Ln Colfax WI 54730 40
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 5848 81st Ave Colfax WI 54730
(Street) (City) (Zip Code)

Date of Birth 05/18/1987 Age 35

Place of Employment Synergy Cooperative

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] 5/17/19
(Chief of Police or designated staff Signature) (Date)

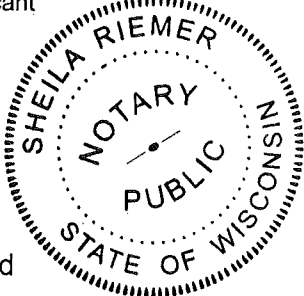
STATE OF WISCONSIN/ DUNN COUNTY

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 22 day of May, 20 19.

[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 Eden Marie Loaslett
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-503-4946 Email Address eden110@gmail.com

Current Address E 8646 810th Ave Colfax 54730 3
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 110003 CH Rd M Colfax 54730
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 21

Place of Employment Synergy Co-Op

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] 5/29/19
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

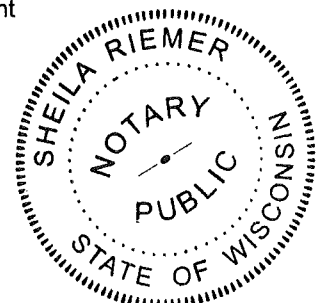
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 10th day of May, 20 19.

[Signature]
(Signature of Notary Public)

7-17-22
(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: \$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 Joshua Christopher Larson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-0546 Email Address crazy2create1924@Outlook.com

Current Address E 8538 State Road 170 Colfax 54730 12
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth _____ Age 19

Place of Employment Cenex

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 K. Anderson 6/5/2019
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

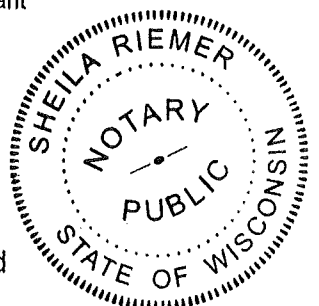
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Joshua C. Larson
Signature of Applicant

Subscribed and sworn before me this 24 day of May, 20 19.

Sheila Riemer _____ 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 5-24-19 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: \$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 Louise Harshman
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 704-0731 Email Address _____

Current Address 207 Park Drive Colfax WI 54730 1
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 661 Pine Street Colfax WI 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] 5/29/19
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

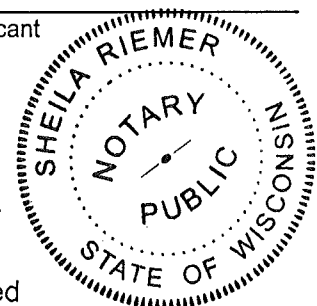
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 24 day of May, 20 19.

[Signature]
(Signature of Notary Public)

7-17-22
(Commission Expires)



Date Received: 5-24-19 Date to the Board: 6-10-19 Approved or Denied

Village of Colfax

DUE 5/24/19

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 # ~~163~~ 16368

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 Marian FIRST NAME C MIDDLE NAME Daniel LAST NAME

Telephone Number 715-933-4143 Email Address lynn-marian@yahoo.com

Current Address 507 Cedar Street Colfax, WI 54730 2
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 103 Main Street Bloomer, WI 54724
(Street) (City) (Zip Code)

Date of Birth 5/28/1981 Age 38

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] (Chief of Police or designated staff Signature) 5/29/19 (Date)

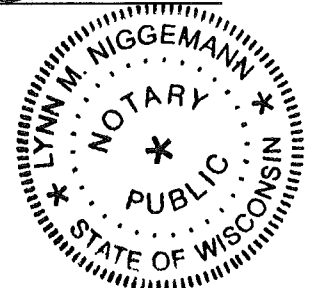
STATE OF WISCONSIN/ DUNN COUNTY

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 Marian C Daniel
Signature of Applicant

Subscribed and sworn before me this 24th day of May, 20 19.

Lynn M. Niggemann 05-07-2023
(Signature of Notary Public) (Commission Expires)



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