

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2019 ending: 06 30 2020
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } COLFAX
 City of }

County of DUNN Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 456000016554802	
FEIN Number 39-1347846	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 400
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 22.50
TOTAL FEE	\$ 522.50

A. Individual or Partnership:

Full Name (Last) NELSON	(First) MARK	(Middle Name) A	Home Address (Street, City or Post Office, & Zip Code) 30749 136TH ST NEW AUBURN WI 54757
Full Name (Last) NELSON	(First) MICHAEL	(Middle Name) E	Home Address (Street, City or Post Office, & Zip Code) 30749 136TH ST NEW AUBURN WI 54757
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name OUTHOUSE BAR Business Phone Number 715-962-3339

2. Address of Premises 413 MAIN ST Post Office & Zip Code PO 81 54730

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) GROUND FLOOR, STORAGE ROOM, DECK ON SOUTH SIDE

4. Legal description (omit if street address is given above): _____

5. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses presently pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
6. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
7. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
8. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
9. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
10. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
11. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) NELSON, MARK A	Title / Member OWNER	Date 5-6-19
Signature <i>Mark A. Nelson</i>	Phone Number 715-967-2425	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-15-19	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Nelson, Mark & Michael					
Home Address (street/route)		Post Office		City	
30749 136th St				New Auburn	
Home Phone Number		Age		Date of Birth	
715-967-2425		62			
				State	
				WI	
				Zip Code	
				54757	
				Place of Birth	
				Eau Claire, WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 60 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Self	30749 136th St. New Auburn	01/01/1978	05/01/2019
Employer's Name	Employer's Address	Employed From	To

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Mark A. Nelson
(Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2019 ending: 06 30 2020
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } COLFAX
 Village of }
 City of }

County of DUNN Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 45616264642902	
FEIN Number 271107309	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>10.00</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>22.50</u>
TOTAL FEE	\$ <u>32.50</u>

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>J+S Sales of Chippewa Falls LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>310 S. Main St.</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Demoe</u>	(First) <u>Randi</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>PO Box 251 Colfax, WI 54730</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Thaler</u>	(First) <u>John</u>	(Middle Name) <u>T</u>	Home Address (Street, City or Post Office, & Zip Code) <u>310 S. Main St Chippewa Falls</u>
Vice President / Member Last Name <u>Thaler</u>	(First) <u>Steve</u>	(Middle Name) <u>M</u>	Home Address (Street, City or Post Office, & Zip Code) <u>310 S. Main St Chippewa Falls</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Express Mart Business Phone Number 715-962-3241
 2. Address of Premises 6016 Main St Post Office & Zip Code Colfax, WI 54730

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
C-store

4. Legal description (omit if street address is given above): _____

5. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
6. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
7. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
8. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
9. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
10. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
11. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Steve Thaler</i>	Title / Member <i>Member</i>	Date <i>5-14-19</i>
Signature <i>[Signature]</i>	Phone Number <i>715-559-2090</i>	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5-17-19</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
THALER		STEVEN		M	
Home Address (street/route)		Post Office		City	
310 S MAIN ST		CHIPPEWA		CHIPPEWA FALLS	
Home Phone Number		Age		Date of Birth	
715-723-2822		66		Place of Birth	
				WI 54729	
				CHIPPEWA FALLS	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- STEVEN THALER** of **J & S SALES OF CHIPPEWA FALLS LLC**
- (Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

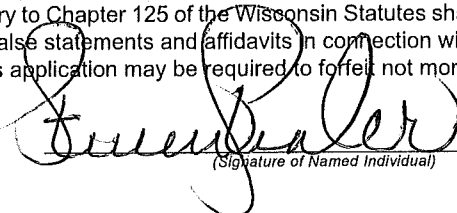
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? **66 YEARS**
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
THALER OIL CO	310 S MAIN ST CF, WI 54729	01/01/1968	PRESENT

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
THALER		JOHN		T	
Home Address (street/route)		Post Office	City	State	Zip Code
310 S MAIN ST		CHIPPEWA	CHIPPEWA FALLS	WI	54729
Home Phone Number		Age	Date of Birth	Place of Birth	
715-829-5510		51		CHIPPEWA FALLS	

The above named individual provides the following information as a person who is (check one):

Applying for an alcohol beverage license as an **individual**.

A member of a **partnership** which is making application for an alcohol beverage license.

JOHN THALER of J & S SALES OF CHIPPEWA FALLS LLC

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

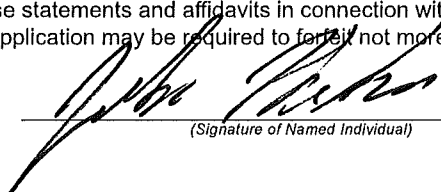
which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 51 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
THALER OIL CO	310 S MAIN ST CF, WI 54729	01/01/1968	PRESENT
Employer's Name	Employer's Address	Employed From	To

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2019 ending: 06 30 2020
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } COLFAX
 Village of }
 City of }

County of DUNN Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-1025071866-03</u>	
FEIN Number <u>26-0207158</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>10.00</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>50.00</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>22.50</u>
TOTAL FEE	\$ <u>82.50</u>

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Kyle's Market Inc.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Kressin</u>	(First) <u>Kyle</u>	(Middle Name) <u>A</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N 8441 Co Road M Colfax WI 54730</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Kressin</u>	(First) <u>Kyle</u>	(Middle Name) <u>Alan</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N 8441 Co. Rd M Colfax WI 54730</u>
Vice President / Member Last Name <u>Kressin</u>	(First) <u>Nicholas</u>	(Middle Name) <u>Noibert</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2789 23rd St Elk Mound 54739</u>
Secretary / Member Last Name <u>Kressin</u>	(First) <u>Claudia</u>	(Middle Name) <u>Jean</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N 8441 Co Rd M Colfax WI 54730</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Kyle's Market Business Phone Number 715-962-3585
 2. Address of Premises 115 Main St. Post Office & Zip Code Colfax, WI 54730

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Liquor is sold in room up front by registers.

Cold Beer is sold in beer cave.
Warm beer is sold on sales floor by beer cave

4. Legal description (omit if street address is given above): _____

5. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3 Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3. Yes No
6. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain Yes No
- _____
- _____
- _____
7. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain Yes No
- _____
- _____
- _____
8. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
9. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
10. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
11. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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Contact Person's Name (Last, First, M.I.) <i>Kressin, Kyle A</i>	Title / Member <i>Owner</i>	Date <i>5-7-19</i>
Signature <i>Kyle Kressin</i>	Phone Number <i>715-962-3585</i>	Email Address <i>Kylesmarket@centurytel.net</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5-22-19</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Kressin		(first name) Kyle		(middle name) Alan	
Home Address (street/route) N8491 Co Rd M		Post Office	City Wolfax	State WI	Zip Code 54730
Home Phone Number 715-962-2291		Age 56	Place of Birth Bloomer WI		

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.

President of **Kyle's Market**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

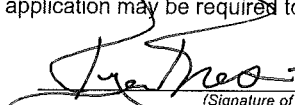
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 56 yrs.
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name Kyle's Market	Employer's Address 115 Main St	Employed From July 2007	To Present
Employer's Name Kirkwood's Market	Employer's Address 115 Main St	Employed From Sept 1991	To July 2007

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2019 ending: 06 30 2020
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } COLFAX
 City of }

County of DUNN Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company SYNERGY COMMUNITY COOPERATIVE	Address of Corporation / Limited Liability Company (if different from licensed premises) PO BOX 155, RIDGELAND, WI 54763
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name BROWN	(First) CHARLES	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) E8948 810TH AVE COLFAX WI 54730
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name SCORE	(First) DAVID	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) N12103 430TH ST BOYCEVILLE WI 54725
Vice President / Member Last Name MOLLS JR	(First) ROMAN	(Middle Name) A	Home Address (Street, City or Post Office, & Zip Code) 459 16TH AVE ALMENA WI 54805
Secretary / Member Last Name JOHNSON	(First) BRIAN	(Middle Name) R	Home Address (Street, City or Post Office, & Zip Code) N12038 890TH ST COLFAX WI 54730
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name KNUTSON	(First) KYLE	(Middle Name) L	Home Address (Street, City or Post Office, & Zip Code) N10037 CTY RD M COLFAX WI 54730
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name COLFAX CENEX Business Phone Number (715) 962-3172

2. Address of Premises 401 E. RAILROAD AVE Post Office & Zip Code COLFAX 54730

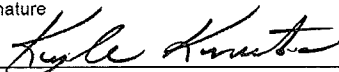
3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) INSIDE OF BUILDING INCLUDE COOLERS

4. Legal description (omit if street address is given above): _____

Applicant's Wisconsin Seller's Permit Number 456-1020420796-02	
FEIN Number 39-1764869	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>10.00</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>22.50</u>
TOTAL FEE	\$ <u>32.50</u>

5. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
6. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
7. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
8. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
9. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
10. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
11. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) KYLE L. KNUTSON	Title / Member COO	Date 04/29/2019
Signature 	Phone Number 715-704-0081	Email Address kylek@synergycoop.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-6-19	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2019 ending: 06 30 2020
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } COLFAX
 Village of }
 City of }

County of DUNN Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-1029438476-02</u>	
FEIN Number <u>82-2894508</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>400.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>22.50</u>
TOTAL FEE	\$ <u>522.50</u>

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>The Blind Tiger LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>512 Main St Colfax WI 54730</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Anderson</u>	(First) <u>Nicholas</u>	(Middle Name) <u>R.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>233 Olive St Chip FLS WI 54729</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Anderson</u>	(First) <u>Nicholas</u>	(Middle Name) <u>Rae</u>	Home Address (Street, City or Post Office, & Zip Code) <u>233 Olive St Chip FLS WI 54729</u>
Vice President / Member Last Name <u>Cutler</u>	(First) <u>Jessica</u>	(Middle Name) <u>Lyn</u>	Home Address (Street, City or Post Office, & Zip Code) <u>233 Olive St Chip FLS WI 54729</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name The Blind Tiger Business Phone Number 715-962-4281
 2. Address of Premises 512 Main St Post Office & Zip Code 54730

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Bar & Grill

4. Legal description (omit if street address is given above): _____

5. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
6. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
7. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
8. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
9. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
10. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
11. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Anderson Nicholas R.</i>	Title / Member <i>Owner</i>	Date <i>5/7/19</i>
Signature <i>Nicholas R. Anderson</i>	Phone Number <i>715-456-7453</i>	Email Address <i>blindtiger@outlook.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5-17-19</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Auxiliary Questionnaire Alcohol Beverage License Application

Anderson Nicholas R.

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Cutler Jessica L.					
Home Address (street/route)		Post Office	City	State	Zip Code
233 Olive St.		54729	Chipp Falls	WI	54729
Home Phone Number		Age	Date of Birth	Place of Birth	
715-456-7453		30+36		Eau Claire	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Member of The Blind Tiger LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation/ Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 36 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name <u>Lee Beverage</u>	Employer's Address <u>7714 Melby Eau Claire</u>	Employed From <u>2015</u>	To <u>2017</u>
Employer's Name <u>Alberville Tavern</u>	Employer's Address <u>8114 35th St Colfax WI</u>	Employed From <u>1999</u>	To <u>2015</u>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Nicholas R. Anderson
(Signature of Named Individual)

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

5.00 \$

MUNICIPAL USE ONLY

License Number
Period Covered Thru 6-30-2020
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-1026446429-02
--

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) J & S SALES OF CHIPPEWA FALLS LLC			Federal Employer Identification No. (FEIN) 27-1107309	
Trade or Business Name (if different than Legal Name) EXPRESS MART			Telephone Number (715) 723-2822	
Business Address (License Location) 616 MAIN ST		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (715) 962-3241
Municipality COLFAX	State WI	Zip Code 54730	County DUNN	
Mailing Address (if different than Business Address) 310 S MAIN ST		Municipality CHIPPEWA FALLS	State WI	Zip Code 54729

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) LIMITED LIABILITY COMPANY

- Yes No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
 Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
 Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
 Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
 Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
 Yes No 6. Does the applicant understand that they may not sell single cigarettes?
 Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
 Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

[Signature]
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

RECEIVED

MAY 17 2019

Village of Colfax

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk. \$5.00

MUNICIPAL USE ONLY

License Number
Period Covered THRU 6/30/2020
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number **456-1025591866-03** ← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Kyle's Market Inc.			Federal Employer Identification No. (FEIN) 26-0207158	
Trade or Business Name (if different than Legal Name) Kyle's Market			Telephone Number (715) 962-3585	
Business Address (License Location) 115 Main St.		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ()
Municipality Colfax	State WI	Zip Code 54730	of: Colfax	County Dunn
Mailing Address (if different than Business Address)		Municipality		State Zip Code

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 7/14/07
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

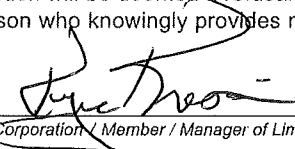
Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

RECEIVED

MAY 22 2019


 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk. \$5.00

MUNICIPAL USE ONLY

License Number
Period Covered THRU 6/30/2020
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000165548-02

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Mark & Michael Nelson		Federal Employer Identification No. (FEIN) 39-1347846	
Trade or Business Name (if different than Legal Name) Outhouse Bar		Telephone Number (715) 967-2425	
Business Address (License Location) 413 Main St.		Business Telephone (715) 962-3339	
Municipality Colfax	State WI	Zip Code 54730	County Dunn
Mailing Address (if different than Business Address) P.O. 81		Municipality Colfax	State WI
		Zip Code 54730	

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
 Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
 Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
 Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
 Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
 Yes No 6. Does the applicant understand that they may not sell single cigarettes?
 Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
 Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

RECEIVED

MAY 15 2019

Village of Colfax

Mark A. Nelson
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Application for Cigarette and Tobacco Products Retail License

RECEIVED

MAY 06 2019

MUNICIPAL USE ONLY

Submit to municipal clerk. \$5.00

Village of Colfax

License Number
Period Covered 7-1-2019-6-30-2020
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-1020420796-02
--

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) SYNERGY COMMUNITY COOPERATIVE		Federal Employer Identification No. (FEIN) 39-1764869	
Trade or Business Name (if different than Legal Name) SYNERGY COOPERATIVE		Telephone Number (715) 879-5454	
Business Address (License Location) 401 E. RAILROAD AVE		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town	
Municipality COLFAX	State WI	Zip Code 54730	Business Telephone (715) 962-3172
Mailing Address (if different than Business Address) P.O. BOX 70		of: COLFAX	County DUNN
Municipality ELK MOUND		State WI	Zip Code 54739

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 09/22/1993
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

July - June 06/30/20

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

11827

Submit to municipal clerk. 5.00

287922 COLFAX VILLAGE OF (TAX-WI) City Treasurer
613 Main St PO BOX 417 Colfax, WI 54730

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000208845-05

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered JULY 1 2019-JUNE 30 2020
Date of Issuance
Federal Employer Identification No. (FEIN) 61-0852764
Telephone Number 7159534134
Business Telephone (615) 855-4000
County DUNN
State TN
ZIP Code 37072

Legal Name (corporation, limited liability company, partnership or sole proprietorship) DOLGENCORP, LLC			Federal Employer Identification No. (FEIN) 61-0852764								
Trade or Business Name (if different than Legal Name) DOLLAR GENERAL STORE #11827			Telephone Number 7159534134								
Business Address (License Location) 120 MAIN ST			Business Located In City Village Town			Business Telephone (615) 855-4000					
City COLFAX	State WI	ZIP Code 54730-9107	COLFAX VILLAGE OF (TAX-WI) City Treasurer 613 Main St PO BOX 417 Colfax, WI 54730			County DUNN					
Mailing Address (if different than Business Address) 100 MISSION RIDGE ATTN: TAX/LICENSING			City GOODLETTSVILLE			State TN			ZIP Code 37072		

Organization (check one)

- Sole Proprietor
- Partnership
- Wisconsin Corporation - Enter date incorporated: _____
- Out-of-State Corporation - Are you registered to do business in Wisconsin?
- Other (describe) Out of State Limited Liability Company registered to do business in Wisconsin

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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RECEIVED

MAY 02 2019

(Office of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk. \$5.00

MUNICIPAL USE ONLY

License Number
Period Covered THRU 6/30/2020
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1029438476-02

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) The Blind Tiger LLC			Federal Employer Identification No. (FEIN) 82-2894508		
Trade or Business Name (if different than Legal Name)			Telephone Number (715) 456-7453		
Business Address (License Location) 512 Main St.		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (715) 962-4281	
Municipality Colfax	State WI	Zip Code 54730	of: Colfax		County Dunn
Mailing Address (if different than Business Address) 233 Olive St. Chip Fls WI 54729			Municipality	State WI	Zip Code 54729

Organization (check one)

- Sole Proprietor
 Partnership
 Other (describe) _____
- Wisconsin Corporation – Enter date incorporated: 2017
 Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No

- Yes No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
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RECEIVED

MAY 17 2019

Nick A. Andrew
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Lynn Niggemann

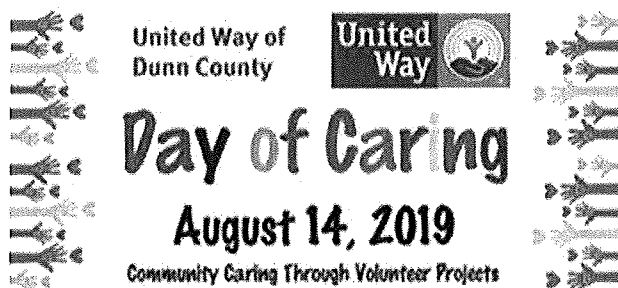
From: Ashley DeMuth <ademuth@uwaydunn.org>
Sent: Friday, May 31, 2019 11:22 AM
To: ClerkTreasurer@villageofcolfaxwi.org
Subject: Do You Need Volunteers? Day of Caring Project Application

Lynn,

Could you please pass along to the Village Board/Village Staff? We are seeking a few more projects throughout Dunn County. Thanks!

The United Way of Dunn County is accepting project applications for the 3rd Annual Day of Caring. The Day of Caring is a community engagement event where groups of volunteers join forces to make a difference in our community. Examples of previous projects include: landscaping, bicycle repairs, planting trees/flowers, cleaning, assisting with mailers, painting, assembling impact kits, packing meal kits and more.

Is there a project that your organization would like to complete but you need volunteers to help make it happen? Submit a project application today! **Applications are due by July 1, 2019.** Projects will be assigned volunteers as we accept of applications. This means, the sooner you submit a complete application, the sooner we can pair you with a volunteer group! Any organization serving our community is eligible to apply for a project.



To learn more about this event and to apply for a project, click here:

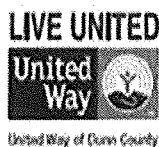
<http://events.constantcontact.com/register/event?llr=6t5b5qyab&oeidk=a07eg4fiww7472ff010>

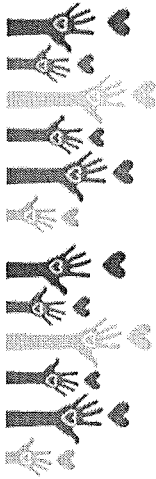
As this is our first year with online registration, please do not hesitate to contact us if you have any issues with registration or questions regarding the event.

We look forward to reading about your project,

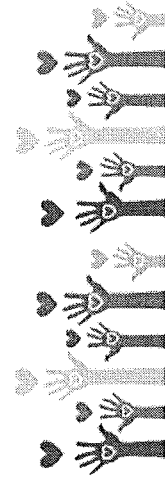
ASHLEY DEMUTH
Executive Director

3375 Koshlow Avenue, Suite 50
P.O. Box 3206
Menomonie, WI 54751
715-235-3800
ademuth@uwaydunn.org





United Way of
Dunn County



Day of Caring

August 14, 2019

Community Caring Through Volunteer Projects

When

Wednesday, August 14, 2019 from 9:00 AM to 4:00 PM
CDT

[Add to Calendar](#)

Where

Your location that serves residents of Dunn County

Contact

Ashley DeMuth
United Way of Dunn County
715-235-3800
ademuth@uwaydunn.org

2019 United Way Day of Caring Project Application

Does your organization/program need a volunteer team for a specific project? Have you been holding off on completing a 'to-do' list due to lack of helping hands? Submit a project application for the Day of Caring! Project applications are due by July 1, 2019.

The Day of Caring will take place on Wednesday, August 14, 2019 from 9 a.m. – 12 p.m. and from 1 p.m. – 4 p.m. Projects will be divided between shifts, based on volunteer availability and project needs. Your agency may choose to host a project for morning, afternoon or both. Each volunteer shift will include 3-5 volunteers. Larger groups may be requested and will be assigned based on availability. Agencies must appoint a "Project Leader" who will help coordinate the Day of Caring at the Agency, as well as provide leadership for the volunteer group during the action project. United Way will provide water and t-shirts for your volunteers during their project work time.

Partner Agency FAQs:

We appreciate everything your agency does for our community and hope this day helps give back to you. Below are some frequent questions and answers about this event.

What is Day of Caring? Day of Caring is a United Way event that deploys teams of volunteers on-site to Partner Agencies around the community to perform hands-on tasks. Projects should be simple enough that volunteers could accomplish the task in a three-hour timeframe. Examples include simple landscaping, painting, spring-cleaning, meal packaging or organizational projects. Please contact our office if you have questions about project ideas.

What happens if it rains? Day of Caring is a rain or shine event. If inclement weather prohibits volunteers from working at your agency on the Day of Caring, the call to reschedule a day to complete these projects will be between you and your assigned volunteer team.

How are supplies provided? Your agency is responsible for having all supplies necessary for the volunteers to complete your projects. You may want to make a checklist of needed supplies and review this list with your Volunteer Team Leader before the Day of Caring event so they know what type of project they are completing.

Who leads the project? Please have a "Project Leader" to oversee the volunteers. Your agency representative should be prepared 30 minutes before the volunteer team's start time. Leaders will welcome volunteers, thank them for their time, share a little about what goes on at your agency, and explain the details of the work to the group of volunteers. Check in periodically with your volunteers to make sure they are doing okay! At the close of the event, thank the volunteers (again) for coming. You are welcome to provide snacks or treats for your volunteers but it is not required. United Way will provide bottled water and t-shirts for your volunteers.

How will I know my volunteers? The volunteers will be easily identified by the United Way t-shirts they are asked to wear. You will also want to make sure that your "Project Leader" contacts the Volunteer Team Leader at least one week prior to the event. This will allow you to introduce yourself to

the Volunteer Leader for your project and go over any important information with them before the Day of Caring.

What else is needed from agency sites? Volunteers will be asked to sign a photograph waiver before they start their project. We ask that someone at your location takes photos during the event to send to United Way during project completion, for social media and website posting. Agencies are also encouraged to post on their social media and websites about this collaborative effort.

What is United Way's role? United Way of Dunn County's role is to recruit the volunteers, coordinate teams, and match those teams with projects throughout the community. In addition, our role is to contact the civic and business community regarding sponsorships and supply donations for volunteer t-shirts.

Why is United Way hosting this event? By hosting Day of Caring, the community is exposed to local service agencies that provide much-needed health and human services to Dunn County. It is also a chance for the community at large to get involved in making Dunn County a better place to work and live.

[Register Now!](#)



TIMBER TECHNOLOGIES *COMMUNITY ENRICHMENT PROGRAM*

GOAL:

To enrich the relationship between Timber Technologies Employees and the Colfax community.

It's about the Culture:

Timber Technologies wants to collaborate within the community to establish projects that will not only enrich the lives of its' citizens, but will also create camaraderie in our company. By working together within the community, we can help others, stimulate morale, and demonstrate that Timber Technologies is a meaningful company to work for and with.

Our workers will get the enjoyment of doing something fun, learn new skills, and take a break from normal daily work responsibilities.

Needs: We are looking for input and collaboration opportunities, to identify needs within the community. Projects that would take place in the fall and springtime.

Help TT gain a positive impact within the Colfax Community

All TT Employees and Ownership Participate

Help others within the community during regular TT hours.

2-3 TT Committee Members Meet 1x Per Month

Help us utilize an annual budget for community projects

TIMBER TECHNOLOGIES

106 Bremer Avenue

Colfax, WI 54730

715-962-4242

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 5/28/2019 From Account:
Thru: 6/09/2019 Thru Account:

Check Nbr	Check Date	Payee	Amount
UHC	5/30/2019	UHS PREMIUM BILLING	1,089.46
XCEL	5/31/2019	XCEL ENERGY	3,976.69
75590	5/31/2019	24-7 TELCOM	24.95
75591	5/31/2019	AT&T MOBILITY	433.53
75592	5/31/2019	AYRES ASSOCIATES	19,309.31
75593	5/31/2019	BEAR VALLEY ELECTRIC	24,000.00
75594	5/31/2019	BREMER BANK	18,383.75
75595	5/31/2019	CENTURY LINK	102.98
75596	5/31/2019	CHARTER COMMUNICATIONS	253.23
75597	5/31/2019	CHILSON'S CORNER MOTORS	260.63
75598	5/31/2019	CHIPPEWA VALLEY DOOR COMPANY LLC	122.00
75599	5/31/2019	CITY OF MENOMONIE	200.00
75600	5/31/2019	COLFAX COMMUNITY FIRE DEPT	5,611.64
75601	5/31/2019	COLFAX FAIR BOARD	1,000.00
75602	5/31/2019	DUNCAN CO	218.30
75603	5/31/2019	DUNN COUNTY HUMANE SOCIETY	526.87
75604	5/31/2019	DUNN COUNTY RECYCLING	1,447.55
75605	5/31/2019	DUNN COUNTY REGISTER OF DEEDS	5.00
75606	5/31/2019	ENERGENECS	425.00
75607	5/31/2019	FARRELL EQUIPMENT & SUPPLY CO.	943.26
75608	5/31/2019	FIRST SUPPLY LLC-EAU CLAIRE	7.03
75609	5/31/2019	FREEDOM FLAG & POLE	566.00
75610	5/31/2019	GALE/CENGAGE	44.19
75611	5/31/2019	GILBERTS OF SAND CREEK	49.99
75612	5/31/2019	GRAINGER	18.85
75613	5/31/2019	HAAS SONS INC	110,238.95
75614	5/31/2019	HAWKINS, INC.	1,760.22
75615	5/31/2019	HUEBSCH	110.64
75616	5/31/2019	HYDROCORP	542.00
75617	5/31/2019	INTERSTATE AUTOMOTIVE	154.67
75618	5/31/2019	JERRYS TRANSMISSION SERVICE, INC	1,505.95
75619	5/31/2019	LISA BRAGG-HURLBURT	10.00
75620	5/31/2019	MARILYN HUBBARD	65.71

6/07/2019

8:28 AM

Reprint Check Register - Quick Report - ALL

Page: 2
ACCT

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 5/28/2019 From Account:
Thru: 6/09/2019 Thru Account:

Check Nbr	Check Date	Payee	Amount
75621	5/31/2019	MEDPRO MIDWEST GROUP	131.50
75622	5/31/2019	NORTHERN SEWER EQUIPMENT	242.54
75623	5/31/2019	R & R WASTE SYSTEMS CLEANING, INC	300.00
75624	5/31/2019	R.N.O.W INC	169.12
75625	5/31/2019	RICHARD JENSON	69.99
75626	5/31/2019	SHRED AWAY	25.00
75627	5/31/2019	STAPLES	468.65
75628	5/31/2019	TELEDYNE INSTRUMENTS, INC	398.00
75629	5/31/2019	WAL MART COMMUNITY/GEGRB	62.86
AFLAC	5/28/2019	AFLAC	660.99
EFTPS	5/31/2019	EFTPS-FEDERAL-SS-MEDICARE	5,677.66
WIDOR	5/30/2019	WI DEPARTMENT OF REVENUE	1,052.87
WIETF	6/05/2019	WI DEPT OF EMPLOYEE TRUST FUNDS	9,503.04
WIDCOMP	5/30/2019	WISCONSIN DEFERRED COMPENSATION	165.00
Grand Total			212,335.57

Administrator-Clerk-Treasurer
June 7, 2019

ICS 402 Training – This is a compliance class that in the early 2000's the Federal Government required municipalities to create a Resolution that says the Municipality will become Nation Incident Management System Compliant. There are online classes that help prepare you how to react if an incident occurs within the Municipality. It makes awareness to all the different things that need to think about or handled. Ways to plan and prepare prior to any incident. I have attached a FAQ sheet which answers some specific questions about NIMS.

The Village did adopt Resolution 05-2 on June 13, 2005. The unsigned resolution and the minutes are attached. I will make sure that I am able to locate the signed version.

Notices to Residents

We have been sending out notices on

- Long Grass
- Unsightly, Hazardous or Unsightly Materials
- Some other ordinance violations

Public Safety Committee Meeting- Committee members are Chad (Chair), Carey and Scott. The Emergency Operations Plan has been updated and is ready for review by the committee. Once approved by the Public Safety Committee, the Board will review it.

Computer Server Review- After discussions, I have talked with CIT regarding the Village's dissatisfaction with the server project. CIT has agreed to meet with the Village and Cramer Consulting on June 18, 2019 to review the project and confirm that the project is complete or incomplete and then how to come to resolution with any outstanding items.

Fairgrounds – Carey Davis has painted the pavilion, band shell, storage shed, entrance pillars and the flower pot by the playground equipment at the Fair Grounds. The fence has been removed around the beer garden. Week of June 10, 2019, Plank Construct will be working on the roof of the pavilion and the installation of the fence. The accent colors for the pillars and the flower pot will be finalized next week and the bell will be placed near the entrance.

Tom Prince Memorial Park – Public Works picked up the flagpole, flag and solar light. Installation is hoped to also be the week of June 10, 2019.



FEMA

FAQs

October 3, 2011
National Integration Center
202-646-3850

NIMS Training Program

Q: What is the *NIMS Training Program*?

A: The *National Incident Management System (NIMS) Training Program* defines the national NIMS training program as it relates to the NIMS components of Preparedness, Communications and Information Management, Resource Management, and Command and Management. It specifies the National Integration Center (NIC) and stakeholder responsibilities and activities for developing, maintaining, and sustaining NIMS training. The *NIMS Training Program* outlines responsibilities and activities that are consistent with the National Training Program, as mandated by the *Post-Katrina Emergency Management Reform Act of 2006*. This program integrates with FEMA training offered through the Emergency Management Institute (EMI) and United States Fire Administration (USFA).

Q: I still have not received my training certificate for a course that I took on the Emergency Management Institute (EMI) Web site. What should I do?

A: If you have inquiries regarding certificates or EMI online courses, please contact the Emergency Management Institute's Independent Study Office at: (301) 447-1200 or e-mail them at: Independent.Study@dhs.gov.

Q: Is the *Five-Year NIMS Training Plan* still in effect?

A: No, the *Five-Year NIMS Training Plan* is superseded by the *NIMS Training Program*.

Q: Who should read the *NIMS Training Program*?

A: The *NIMS Training Program* is intended for emergency management officials and administrators responsible for budgets, planning, and procurement, who require guidance on the development and provision of NIMS training. The *NIMS Training Program* informs Federal, State, tribal and local policy-makers; elected and appointed officials; government emergency management agencies and trainers (i.e. State, tribal, and local NIMS Coordinators); managers overseeing those in mission-critical positions and organizations and professional development; human resource managers setting and overseeing personnel policies; and personnel with responsibility to develop NIMS-related guidance or training, credentialing, or personnel qualifications information.

Q: If I follow the guidance within the *NIMS Training Program* will I be compliant with NIMS?

A: No, the implementation of NIMS consists of much more than just completing the training courses. It also includes the adoption and use of the Incident Command System (ICS), a plain language requirement, the inventorying and typing of resources, and more. Your organization should coordinate its NIMS implementation efforts with the local and state emergency management agencies.

Q: Can my jurisdiction require that I complete more training beyond what is recommended in the *NIMS Training Program*?

FAQs

NIMS Compliance

September 12, 2006
FS: tracking # COMPFAQ01
NIMS Integration Center
202-646-3850

A: Yes, your organization will also have to adhere to any additional NIMS requirements that are passed down through local governing bodies. Some jurisdictions and organizations may take the initiative to train their personnel beyond the scope of the current training recommendations.

Q: Is the *NIMS Training Program* just for firefighters and law enforcement officers?

A: No, the training is intended for all personnel who are directly involved in emergency management and response. This includes all emergency services related disciplines such as EMS, hospitals, public health, fire service, law enforcement, public works/utilities, skilled support personnel, and other emergency management response, support and volunteer personnel. This training is intended to aid people who don't usually work together or even know each other to seamlessly respond to and recover from a disaster either natural or man-made.

Q: Has the NIMS coursework contained in the *NIMS Training Program* changed from those that were in the *Five-Year NIMS Training Program*?

A: Yes. The categories for each level of training have been simplified from those that were in the *Five-Year NIMS Training Plan*. Training recommendations are now based upon the level of an incident's complexity (Complexity Guide found on pages 16-17 of the *NIMS Training Program*) that a person may become involved in, from Type 1 to Type 5. Organizations should consider the complexity of incidents that their jurisdictions are most likely to face and tailor the NIMS training for their personnel to meet those needs.

Q: Who should take NIMS and ICS training?

A: Everyone involved in emergency management (to include emergency operation center personnel in support of the field), regardless of discipline or level of government, should take the NIMS baseline curriculum courses (Independent Study-700 and ICS-100). Incident command occurs in the field; therefore, the NIC recommends that only individuals with a command and general staff role take advanced ICS courses. Fulfilling the training associated with this plan helps emergency management organizations, departments, and agencies to develop preparedness capabilities for effective and efficient incident management. As a result, trained emergency responders are available as mutual aid to support incident management in other jurisdictions, if requested. The *NIMS Training Program* should sustain a personnel qualification system that is coordinated, maintained, and meets the needs of the emergency management community.

Q: What qualifications does an instructor need to meet in order to deliver the NIMS and ICS courses?

A: The NIC develops and regularly reviews the courses that are considered part of the NIMS core curriculum according to professionally-recognized instructional standards that include adherence to established adult learning models. The NIC collaborates with course managers to define instructor qualifications and the number of required instructors per course. However, this does not prevent any stakeholder from prescribing stricter instructor

FAQs

NIMS Compliance

September 12, 2006
FS: tracking # COMPFAQ01
NIMS Integration Center
202-646-3850

qualifications. To assist in course instruction, FEMA publishes subject matter guidelines and instruction requirements for specific courses.

Course instructors have a responsibility to deliver course materials and activities according to the minimum standards identified in the NIMS curriculum instructor guides and/or course summaries.

Q: Which courses are recommended for Elected and appointed officials?

A: Elected and appointed officials should have a clear understanding of their roles and responsibilities for successful emergency management and incident response. To that end, it is vital that elected and appointed officials understand and receive NIMS training. Therefore, FEMA recommends the following training for senior elected and appointed officials:

- G-402 *Incident Command System (ICS) Overview for Executives/Senior Officials*
- G-191 *Incident Command System/Emergency Operations Center Interface*
- Additional training based on jurisdiction risk and/or specific interest

Village of Colfax

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

Gary L. Stene, President
John A. Jahr, Clerk-Treasurer

RESOLUTION NO. 05-2

DESIGNATION OF THE NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) AS THE BASIS FOR ALL INCIDENT MANAGEMENT IN THE VILLAGE OF COLFAX AND AS THE OPERATIONAL SYSTEM FOR COLFAX RESCUE SQUAD AND THE COLFAX POLICE DEPARTMENT IN THE COUNTY OF DUNN, STATE OF WISCONSIN

WHEREAS, The President of Homeland Security Directive (HSPD)-5, directed the Secretary of the Department of Homeland Security to Develop and administer a National Incident Management System, (NIMS), which would provide a consistent nationwide approach for Federal, State, local and tribal governments to work together more effectively and efficiently to prevent, prepare for, respond to and recover from domestic incidents, regardless of cause, size or complexity; and

WHEREAS, the collective input and guidance from all Federal, State, local and tribal homeland security partners has been, and will continue to be, vital to the development, effective implementation and utilization of a comprehensive NIMS; and

WHEREAS, it is necessary and desirable that all Federal, State, local and tribal emergency agencies and personnel coordinate their efforts to effectively and efficiently provide the highest levels of incident management; and

WHEREAS, to facilitate the most efficient and effective incident management it is critical that Federal, State, local and tribal organizations utilize standardized terminology, standardized organizational structures, interoperable communications, consolidated action plans, unified command structures, uniform personnel qualification standards, uniform standards for planning, training, and exercising, comprehensive resource management, and designated incident facilities during emergencies or disasters; and

WHEREAS, the NIMS standardized procedures for managing personnel, communications, facilities, and resources will improve the State's ability to utilize federal funding to enhance local and state agency readiness, maintain first responder safety, and streamline incident management processes; and

WHEREAS, the Incident Command System components of NIMS are already an integral part of various incident management activities throughout the State, including current emergency management training programs; and

WHEREAS, the National Commission on Terrorist Attacks (9-11 Commission) recommended adoption of a standardized Incident Command System.

NOW, THEREFORE be it resolved, I, Gary Stene, Village of Colfax President, County of Dunn, by the virtue of the authority vested in me by the Constitution and Laws of the State, Dunn County, and the Village of Colfax, do hereby establish the National Incident Management System (NIMS) as the Village of Colfax's standard for incident management, as well as the Management system used by Colfax Rescue Squad, and Colfax Police Department.

BE IT FURTHER RESOLVED that publication of this resolution may occur through posting in accordance with section 985.02 Wisconsin Statutes.

Dated this _____ day of _____, 2005, at Colfax, Wisconsin.

FISCAL IMPACT: NO FISCAL IMPACT

OFFERED BY THE PUBLIC SAFETY COMMITTEE:

_____ Mark Halpin, Committee Chair

_____ Paul Wittrock

_____ Beverly Schauer

ADOPTED ON: _____

SIGNED: _____
Gary Stene, Village President

ATTEST: _____
John Jahr Village Clerk

OFFICIAL PROCEEDINGS OF THE COLFAX VILLAGE BOARD OF TRUSTEES
REGULAR MEETING-JUNE 13, 2005

ROLL CALL

The meeting was called to order at 7:00 pm., by President Stene. The following members were present: Gibson, Halpin, Johnson, Wittrock, and Schauer. Absent: Keilholz.

MINUTES APPROVED

Motion offered by Halpin, second by Wittrock that the minutes of the meeting held May 23, 2005, be approved. The motion carried. Absent: Keilholz.

COMMUNICATIONS FROM CHIEF GEHRING

The Chief asked the Board to consider the following: revise the ordinances governing weeds, grass, junk, vehicles, and sidewalk snow removal; increase the parking ticket fines; support for a grant application to Homeland Security for a \$1,500 squad car camera system; and the replacement of the present squad car to keep with the vehicle replacement cycle. These items will be directed to the Public Safety Committee for their consideration.

COMMUNICATIONS FROM DON AND MARCIA HENDERSON REGARDING PROPERTY/FENCE LINE LOCATION

An eight foot strip of land enclosed by a fence is within the property line of land purchased by the Village. The Village and Henderson's wish to resolve the boundary issue before any further property is sold or transferred. Henderson later indicated that a property swap and fence relocation could be a solution to the situation, then a motion was offered by Wittrock, second by Halpin to devise the land/fence/boundary alteration acceptable to both parties. The motion carried. Absent: Keilholz.

COMMUNICATIONS FROM JOHN IVERSON-AYRES ASSOCIATES

Iverson stated that Maxim Technologies would charge about \$400 to test the quality of the crushed concrete/asphalt materials. A-1 and the DOT will inspect on site the landscaping along the STH-40 project. He will meet with members of the Board, developer, and designer this Thursday regarding the north side development. Motion offered by Gibson, second by Wittrock to approve the revised master agreement with Ayres Associates. The motion carried. Absent: Keilholz. Specs will be written for the north end of the Park Drive project, for bid letting.

RESOLUTION NO. 05-2 (NIMS) APPROVED

After discussion and a presentation by EMS Director Knutson, a motion was offered by Gibson, second by Schauer to adopt Resolution #05-2 designating the National Incident Management System (NIMS) as the basis for all incident management in the Village of Colfax, and as an operational system for the Colfax Rescue Squad and the Colfax Police Department. The motion carried. Nay: Johnson, Stene. Absent: Keilholz.

OPERATOR AND PICNIC LICENSE GRANTED

Motion offered by Wittrock, second by Schauer to grant a Class "B" Picnic License to Russell-Toycen Post 131, at the Colfax Fairgrounds, for the period from June 15, 2005, to June 20, 2005; an Operator License expiring June 30, 2005 to Jon A. Suckow, Kathleen M. Dunbar, and Thomas J. Dunbar; an Operator License expiring June 30, 2006, to Lisa J. Smestuen, John A. Domagala, Brenda L. Dahl, Barbara A. Krause, Anne E. Scheiber, Amanda L. Lathrop, Carrie A. Pomeroy, Cynthia T. Siemer, Betty J. Lemler, Thomas J. Dunbar, and Brandi M. Connell. The motion carried. Absent: Keilholz.

OLD/NEW BUSINESS

Employee-Only parking signs need to be installed behind the municipal building. The Personnel Committee will meet with the WPPA Local 306 to begin negotiations. Scott Mueller's READY camp training request will be considered at the next meeting when department coverage has been determined. Motion offered by Wittrock, second by Gibson to permit the Clerk-Treasurer to attend the annual WMCA conference for continuing education credits. The motion carried. Absent: Keilholz. The Board gave permission to CTL to proceed with its parking lot improvement project.

COMMITTEE REPORTS

Gibson advised that the utility was authorized to purchase a boat and accessories to service the Solar Bee system. Halpin advised that the CRS and CPD May reports have been distributed. Wittrock advised that the Property committee will meet before the next Board meeting to review heating plant options for the village hall.

CLOSED MEETING

Motion offered by Johnson, second by Wittrock to go into closed session under WI Statute 19.85(1)(g) to consider advice of legal counsel regarding the Railroad Avenue right-of-way claim. The motion carried. Absent: Keilholz. The Village President stated that the motion to go into closed session under WI Statute 19.85(1)(g) to consider advice of legal counsel regarding the Railroad Avenue right-of-way claim, and declared THE MEETING CLOSED. Motion offered by Halpin, second by Schauer that the closed session is adjourned and that the Board reconvene in open meeting to conduct further business, if any. The motion carried. Absent: Keilholz. President Stene stated that the Board will follow the advice of legal counsel regarding one of the options presented.

AUDITING AND ALLOWANCE FOR THE PAYMENT OF BILLS

Motion offered by Wittrock, second by Gibson that the following bills be paid, except as noted. The motion carried. Absent: Keilholz.

Colfax Wisconsin Emergency Medical Services

Colfax Rescue

May 2019 Report

Municipalities Responded to:

Village of Colfax	9	
Village of Elk Mound	4	
Village of Wheeler	1	
Township of Elk Mound	8	
Township of Colfax	3	
Township of Grant	2	
Township of Sand Creek	3	
Township of Otter Creek	7	
Menomonie Mutual Aid Given	1	
<u>Boyceville Mutual Aid Given</u>	<u>1</u>	<u>Received 2</u>
Total	39	

Receiving Facilities:

Mayo Clinic Health Systems Eau Claire	12
Mayo Clinic Health Systems Bloomer	3
Mayo clinic Health Systems Menomonie	7
Hospital Sisters Health Systems Sacred Heart	2
Cancelled	4
Standby	2
No Transport	3
<u>Event Standby</u>	<u>6</u>
Total	39

Financials:

Old system Collected: \$1,7770.23

CRS Notes:

- M8 Had oil change and service at Interstate Automotive. They found a coolant leak and thought it may be warrantied suggested going to Chilson- Was not warranty eligible. Neither Interstate Automotive or Chilson wanted to tackle the leaking Suspension. Parts are ordered and here scheduled to be fixed Friday June 7, at Truckaline in Altoona.
- Met with Elk Mound Village Board to review their Emergency Operation Plan on May 20th.
- Meeting with Bill Yingst to review the Colfax schools Emergency Operation Plan with Chief Anderson June 11th.
- Meeting with Colfax PSC committee soon to review Colfax Emergency Operation Plan.
- Scheduled a free Incident Command Class/EOC class for elected officials June 6th 6:30 P.M. at Colfax High school, Rick Merryfield donating the instruction.
- Celebrated EMS week in May. Recognized years of service of EMT's 1 year through 29 years of Service to our communities.
- May Training Lifelink 111 flew in for safety presentation.
- Received our after-action report from last November's functional exercise in Colfax. Some of the key takeaways:
 - Develop training how to produce written messages and get them on social media.
 - Conduct additional trainings to improve incident command.
 - Work on improving the understanding of each position in the command structure.
 - Develop training on activating and EOC (Emergency Operation Center) and how the Village Board fits in to this Structure.
 - Review and update the Village Emergency Operation Plan to fit deficiencies noted in the drill.
 - Continue to develop relationships with businesses and schools to incorporate theirs plans with the Villages plan.

- Who can activate and put messages on the Code Red messaging system.
 - Develop a system of notifying hospitals of a chemical disaster so they could be prepared for self-transporting patients (not Recommended).
 - Getting the public to understand in a disaster if they are hurt to respond to a triage center instead of going to a hospital and overloading the facility. The triage center is in touch with many medical facilities and will transport you to the one that can render the best and quickest aid for their condition.
 - Work with incident command on how they establish briefings.
 - Great Job laying out command staff positions – but need work with people understanding those positions. (Remember people used in this drill had very little command experience – on purpose. So others could gain experience).
 - Suggested that this would build towards a full-scale exercise to continue to improve on weak areas.
 - If we do not use incident command on a regular basis it becomes very hard to use when you really need it.
- Remember the first Monday of the month at 10 a.m. the County has resumed outdoor warning siren testing. The county will activate the siren 's for Severe Thunderstorm Warning's (Hail, strong winds, out of these storms tornados develop) – Monitor local weather and be prepared to seek shelter! and Tornado Warnings (either Radar indicated or tornado's spotted) – Seek shelter Immediately!
 - F.Y.I. Colfax Rescue policy in the event of a warning, CRS Staff will check the Radar and take 1 ambulance away from the storm either toward Sand Creek or Elk Mound. The reason we do this resulted from the Barneveld tornado a few years back. Their fire department had all their equipment in the fire station when the station was hit with the tornado losing all ability to respond to their community. With our policy the worst-case scenario, we will always have one ambulance to respond with.
 - June CRS Training will be on stroke by Sacred Heart Staff.
 - I wish everyone a good time at Elk Mounds Thrift Sales June 7-8 and at the Colfax Fair June 20-23.

