| Renewal Alcohol | _ | • | plication | Applicant's Wisconsin Seller's Pe | rmit N | lumber |
|--|-------------------------------------|---|---|--|----------|----------------|
| (Submit to municipal clerk. I | | , | | FEIN Number 39-1347846 | | |
| For the license period beginn | ing: 07 01 20 (mm dd y | 19 ending: <u>0</u> | 6 30 2020 (mm dd yyyy) | TYPE OF LICENSE REQUESTED | | FEE |
| | ☐ Town of) | | | Class A beer | \$ | - |
| To the Governing Body of the | : 🗹 Village of 🥻 | COLFAX | | Class B beer | \$ | 100 |
| | ☐ City of → | | | Class C wine | \$ | 100 |
| County of DUNN | | | | Class A liquor | \$ | |
| County of Dorne | | | nic Dist. No ed by ordinance) | Class A liquor (cider only) | \$ | N/A |
| | | (ii require | ed by ordinance) | Class B liquor | \$ | 400 |
| Check one: Individual | Limited Lial | bility Company | | Reserve Class B liquor | \$ | |
| ✓ Partnership | | n/Nonprofit Organiza | ation | Class B (wine only) winery | | |
| | | | | Publication fee | \$ | 22.50 |
| Complete A or B. All must | complete C. | | | TOTAL FEE | \$ | 522.50 |
| A. Individual or Partnership | | • | | | 14 | 101017 |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street | , City or Post Office, & Zip Code) | | |
| NELSON | MARK | Γ ΄ | | | c • 2 | |
| Full Name (Last) | | A | | ST NEW AUBURN WI 547 | 5/ | |
| ` ' | (First) | (Middle Name) | | , City or Post Office, & Zip Code) | | |
| NELSON | MICHAEL | E | | ST NEW AUBURN WI 547 | 57 | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, | City or Post Office, & Zip Code) | | |
| B. LLC or Corporation (and | Agent): | | | | | |
| · | - , | mited Liability Company | Address of Corporation / I | imited Liability Company (if different fro | m line | and promises |
| The second secon | NOIN Organization / El | inited Elability Company | Address of Corporation / L | Enned Liability Company (if different no | III IICE | msed premises, |
| liquor must appoint an agent. Agent Last Name | (First) | (Middle Name) | | ell fermented malt beverages a | na/o | r intoxicating |
| All Officer(s) Director(s) of C | orporation and | Members / Manag | ers of Limited Liah | sility Company: | | · |
| President / Member Last Name | (First) | (Middle Name) | | City or Post Office, & Zip Code) | | |
| | , , , , | | nomo nadroos (Subou, | only or root office, a zip obder | | |
| 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) | | - Navo- |
| 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, 0 | City or Post Office, & Zip Code) | | |
| | | | | | | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, 0 | City or Post Office, & Zip Code) | | |
| 2. Business Information | | |] | | | |
| 1. Trade Name OUTHOUSE I | 3AR | | Rusiness Phor | ne Number 715-962-3339 | | |
| 2. Address of Premises 413 | | | | Zip Code PO 81 54730 | - | |
| 3. Premises description: Des applicant must include all r storage of alcohol beverag described.) GROUND FLOO | ooms including I es and records. | iving quarters, if us (Alcohol beverages | cohol beverages are ed, for the sales, se may be sold and s | to be sold and stored. The | | |
| Legal description (omit if stre | | | | | | |

| 5 | a. Since filing of the last applicat member, officer, director, man organization licensee been co for violation of any federal law or municipality? If yes, compl | age or agent for either a nvicted of any offense s, any Wisconsin laws, a | limited liability compa s (excluding traffic offonts on laws of other states | any licensee, enses not re s, or ordinan | or nonprofit lated to alcohol) ces of any county | | ☑ No |
|-------------------------|---|---|--|---|--|---|--------------------------------------|
| | b. Are charges for any offenses the named licensee or any other | presently pending (exclured persons affiliated with | uding traffic offenses n this license? If yes, e | ot related to xplain fully | alcohol) against on page 3 | . 🗌 Yes | № No |
| 6. | Except for questions 6a and 6b, by you on your last application for | ave there been any cha this license? If yes, ex | nges in the answers to | o the questic | ons as submitted | ☐ Yes | ✓ No |
| | | | | | | • | |
| 7. | Was the profit or loss from the sale or Franchise Tax return of the licens | of alcohol beverages for tee? If not, explain | the previous year repor | rted on the W | /isconsin Income | ☑ Yes | □No |
| | | | | | | | |
| 8. | Does the applicant understand they [phone (608) 266-2776] | must hold a Wisconsin S | Seller's Permit? | | | ✓ Yes | □No |
| 9. l | Does the applicant understand that from the date of invoice and made a | alcohol beverage invoice: vailable for inspection by | s must be kept at the li | censed pren | nises for 2 years | ✓ Yes | □No |
| 10. I | s the applicant indebted to any who | lesaler beyond 15 days f | for beer or 30 days for | liquor? | | ☐ Yes | ☑ No |
| (| Does the applicant owe municipal properties. Note: Renewal of licenses may be assessments or other fees). | operty taxes, assessmer denied pursuant to a loc | nts, or other fees? al ordinance, if the lice | ensee owes i | municipal taxes, | ☐ Yes | ☑ No |
| applicand coold, this a | D CAREFULLY BEFORE SIGNING truthfully answered to the best of the cation; that the applicant has read a correct. The undersigned further under under penalty of state law, the application. Any person who knowing \$1,000. | e knowledge of the signe nd made a complete ans derstands that any licens applicant may be prosect | r. The signer agrees th wer to each question, a e issued contrary to C uted for submitting fals | at he/she is t and that the a hapter 125 c se statements | he person named answers in each in of the Wisconsin S and affidavits in | in the fore nstance ar Statutes sh connectio | egoing e true all be n with |
| | ct Person's Name (Last, First, M.I.) SON, MARK A | | Title / Member | | Date / /C | | |
| Signati | | | OWNER Phone Number | | 5-C-/G Email Address | | |
| | Mank Co. Nelson | <u> </u> | 715-967-2425 | | | | |
| TO BE | COMPLETED BY CLERK | | | | | 2.0 | |
| | ceived and filed with municipal clerk | Date reported to council / be | oard | Date license gr | ranted | | |
| Linens | 5-15-19 | Data Farman | | | | | |
| License | number issued | Date license issued | | Signature of CI | erk / Deputy Clerk | | |

Submit to municipal clerk.

| | ne) | (first nam | e) | | (middle | e name) | |
|--|---|--|---|---|--|--------------------|--------------|
| Nelson, mark | & Michael | | | | · | , | |
| Home Address (street/route) | Post Office | | City | | State | Zip Code | |
| 30749 1364 SH | | | 120(1) | Auburn | w | T 5475 | ブ フ |
| Home Phone Number | | Age | Date of Birth | 7000077 | Place o | | |
| 715-947- 2425 | | 62 | | | 1 | u Claire, a | UI |
| The above named individual provides the Applying for an alcohol beverage line. A member of a partnership which a member of a partnership which which is making application for an at the above named individual provides the above named individual provides the state of | cense as an individual. is making application for of | (Na (Na o the lice to this da affic unre | me of Corporation ensing authorite? Lated to alcorer states or | e license. on, Limited Liability ority: oO year ohol beverage ordinances | ges) for of any county | ···· Yes | L N |
| status of charges pending. (If more researched) Are charges for any offenses present for violation of any federal laws, any municipality? | tly pending against you (Wisconsin laws, any law | other thats | n traffic unr r states or c | related to alcoordinances of | of any county or | | ₽ No |
| Do you hold, are you making applica organization or member/manager/ag- beverage license or permit? If yes, identify. | tion for or are you an offi ent of a limited liability co | ompany l | nolding or a | oplying for a | ny other alcoho | ol | V −No |
| . Do you hold and/or are you an officer member/manager/agent of a limited li | , director, stockholder, a ability company holding | gent or e or applyi | mploye of a | ny person o olesale beer | permit, | | L NO |
| brewery/winery permit or wholesale li If yes, identify. | | | | | | | |
| brewery/winery permit or wholesale lingly liftyes, identify. (Name of W | (holesale Licensee or Permittee) | *** | | | (Address By City and | County) | |
| brewery/winery permit or wholesale lif yes, identify. (Name of W) Named individual must list in chronology | holesale Licensee or Permittee) ogical order last two emp | loyers. | | | | County) | |
| brewery/winery permit or wholesale lif yes, identify. (Name of W) Named individual must list in chronolo Employer's Name | tholesale Licensee or Permittee) ogical order last two emp Employer's Address | | al (A) | Employe | | То | |
| brewery/winery permit or wholesale lif yes, identify. (Name of W) Named individual must list in chronolo Employer's Name Self | inclesale Licensee or Permittee) ogical order last two emp Employer's Address 30749 1347 | | New Ant | Employe | | То | 12019 |
| brewery/winery permit or wholesale lif yes, identify. (Name of W) Named individual must list in chronolo Employer's Name | tholesale Licensee or Permittee) ogical order last two emp Employer's Address | | New Ank | Employe | | To 05/01/ | 12019 |
| brewery/winery permit or wholesale lif yes, identify. (Name of W) Named individual must list in chronolo Employer's Name Self | inclesale Licensee or Permittee) ogical order last two emp Employer's Address 30749 1347 | | New Aut | Employe | | То | 12019 |
| brewery/winery permit or wholesale lif yes, identify. (Name of W) Named individual must list in chronolo Employer's Name Self | inclesale Licensee or Permittee) ogical order last two emp Employer's Address 30749 1347 | | New Ant | Employe | | То | 12019 |
| brewery/winery permit or wholesale lif yes, identify. (Name of W) Named individual must list in chronolo Employer's Name Self | inclesale Licensee or Permittee) Ogical order last two emp Employer's Address 30749 1347 Employer's Address | Ŀ St. | , | Employe Employe | d From 1 <u>101</u> / 978 d From | 05/01 ₁ | |

ct. 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.

| Renewal Alcohol | _ | | olication | Applicant's Wisconsin Seller's 456102644641 | Permit Number |
|---|------------------------------|-------------------------|----------------------------|--|---------------------------|
| (Submit to municipal clerk. I | Read instruction | | | FEIN Number 2711073 | |
| For the license period beginn | ing: 07 01 201 (mm dd yyy | | (mm dd yyyy) | TYPE OF LICENSE REQUESTED | FEE |
| | ☐ Town of } | ~~~ ~~ | | Class A beer | \$ 10.00 |
| To the Governing Body of the | , pe village of 7 | COLFAX | | Class B beer | \$ |
| | ☐ City of | | | Class C wine | \$ |
| County of DUNN | | Alderman | ic Dist. No | Class A liquor | \$ |
| County of | | | d by ordinance) | Class A liquor (cider on | |
| | | ` . | • | Class B liquor | \$ |
| Check one: Individual | Limited Liab | | | Reserve Class B liquor | \$ |
| ☐ Partnershìp | ☐ Corporation/ | Nonprofit Organiza | ition | Class B (wine only) win | 30 6 |
| Complete A or B. All must | complete C. | | | Publication fee TOTAL FEE | \$ 33.50 \$ 33.50 |
| • | | | | LIOIALILL | <u> </u> |
| A. Individual or Partnership Full Name (Last) | (First) | (Middle Name) | Home Address (Street, | , City or Post Office, & Zip Code) | |
| Tun Hame (Lasty | () | (| , | • | redocutere et al. |
| 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 / Non | profit Organization / Lin | nited Liability Company | Address of Corporation / L | Limited Liability Company (if differen | t from licensed premises) |
| JUS Sales of | | _falls wc | - 3105 | s. Main St. | |
| All corporations/organizations | | | g for a license to se | ell fermented malt beverage | s and/or intoxicating |
| liquor must appoint an agent. | (Fire) | (Middle Name) | Home Address (Street. | City or Post Office, & Zip (200e) | |
| Demoe | Kondi | | PO BOX & | | , WI 54730 |
| All Officer(s) Director(s) of | Corporation and | Members / Manag | ers of Limited Liab | oility Company: | |
| President / Member Last Name | (First) | (Middle Name) | Home Address (Street, | City or Post Office, & Zip Code) | |
| Thaler | John | | 310 5 | Main St (1 | wooden tall |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, | City or Post Office, & Zip Code) | |
| Thater | Steve | M | 310 5. | Main St () | uppenatal |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, | City or Post Office, & Zip Code) | |
| | | 2011 | Address (Chart | City or Post Office, & Zip Code) | |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, | City of 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 | | | | | . 4 |
| T. V | DIPSS N | Nort . | Rusinass Pho | one Number <u>715-9</u> | 162-3241 |
| 1. Trade Name | (611) | d. | | $\alpha < \alpha$ | 1.5 5/73 |
| Address of Premises | 1916 M | an y | Post Office & | Zip Code COILAR, | WI 777 |
| Premises description: De applicant must include all storage of alcohol bevera described.) | rooms including l | iving quarters, if us | sed, for the sales, s | e to be sold and stored. The ervice, consumption, and/costored only on the premise | r |
| | | | | | |
| 4 Mary Mary Mary Mary Mary Mary Mary Mary | | | | 100-100-100-100-100-100-100-100-100-100 | |
| | | | | - | |
| | | | | | _ |
| 4. Legal description (omit if s | reet address is giv | ven above): | | | |

| | | | | | | | ļ |
|---------------------------|---|---|--|--|--|--|-------------------------------|
| Date re | eceived and filed with municipal clerk | Date reported to council / bo | ard | Date license gi | anted | | |
| то ві | COMPLETED BY CLERK | ······································ | | | | | • |
| J | | | | | | | _ |
| X | mentuler | | 715-559- | 2090 | Email Address | | |
| Signat | ure have | | Phone Number | | 5- 14 Email Address | -17 | |
| Conta | ct Person's Name (Last, First, M.) | / | Title / Member | - | Date | 119 | |
| applicand of void, this a | truthfully answered to the best of the cation; that the applicant has read and correct. The undersigned further unde and under penalty of state law, the application. Any person who knowingly \$1,000. | d made a complete answ rstands that any license oplicant may be prosecu | ver to each question, a s issued contrary to C ted for submitting fals | and that the a hapter 125 o e statements | answers in each in f the Wisconsin S and affidavits in | nstance ai Statutes st connectio | re true hall be on with |
| | D CAREFULLY BEFORE SIGNING: 1 | | | | | | |
| a | ssessments or other fees). | | | | | | |
| (| Does the applicant owe municipal prop Note: Renewal of licenses may be d | | | | | ☐ Yes | V No |
| | s the applicant indebted to any whole | | | | - | | M No |
| | rom the date of invoice and made ava | | | | • | | /. <i>,</i> |
| 9. [| Does the applicant understand that alk | cohol beverage invoices | must be kept at the li | censed prem | ises for 2 years | Av. | □ kt. |
| 8. | Does the applicant understand they m phone (608) 266-2776] | nust hold a Wisconsin S | eller's Permit? | . , , | · • • • • • • • • • • • • • • • • • • • | √ Yes | □No |
| | | | | | | / | |
| | | | | | | | |
| | or Franchise Tax return of the licensee | e? If not, explain | | | | Yes Yes | □No |
| 7. | Was the profit or loss from the sale of | alcohol beverages for th | ne previous year repor | ted on the W | sconsin Income | | _ |
| | | | | | | | |
| | | | | | | | |
| 6. | Except for questions 6a and 6b, have by you on your last application for the | | | | | ☐ Yes | □\N |
| | b. Are charges for any offenses pr the named licensee or any other | | | | | ☐ Yes | Ди |
| | or municipality? If yes, complet | | | | | ☐ Yes | M |
| 0. | a. Since filing of the last application member, officer, director, manag organization licensee been conv for violation of any federal laws, | e or agent for either a li | imited liability compa (excluding traffic offe | ny licensee, Inses not rela | or nonprofit ated to alcohol) | | |

Submit to municipal clerk.

| Individual's Full Name (please print) (last name) | | (first nam | θ) | | (middle n | ame) | |
|--|---|--|--|---|--|--|---|
| THALER | S | TEVEN | | | Ν | 1 | |
| Home Address (street/route) | Post Office | | City | | State | Zip Code | |
| 310 S MAIN ST | CHIPPEWA | | CHIPPEWA FA | ALLS | WI | 54729 | |
| Home Phone Number | OTHE LAW. | Age | Date of Birth | | Place of E | | |
| 715-723-2822 | | 66 | | | CHIP | PEWA FALL | S |
| 713-723-2022 | | | 1 | | 0, 11, 1 | | |
| The above named individual provides the following provides the follo | as an individual . ing application for of J & S | r an alco S SALE | | e. /A FALLS | | il Organization) | |
| The above named individual provides the follow | wing information | to the lic | ensing authority: | | | | |
| How long have you continuously resided in | | | | | | | |
| Have you ever been convicted of any offen violation of any federal laws, any Wisconsis or municipality? If yes, give law or ordinance violated, trial of status of charges pending. (If more room is a status) | ises (other than tr n laws, any laws o court, trial date an | raffic unrof of any ot nd penalt | elated to alcohol bev her states or ordinal y imposed, and/or d | nces of any o | | 🗌 Yes | ✓ No |
| A | | / 4l 4l- | Au-ffis consolisted | to alaskal ba | | \ | |
| Are charges for any offenses presently pen for violation of any federal laws, any Wisco municipality? If yes, describe status of charges pending. Do you hold, are you making application to | nsin laws, any lav | ws of oth | er states or ordinan ector or agent of a c | ces of any co | ounty or | ··· Yes | ✓ No |
| organization or member/manager/agent of beverage license or permit? | , | | | , | | | ✓ No |
| | · | | and Type of License/Permit | | unting o | | |
| Do you hold and/or are you an officer, direct member/manager/agent of a limited liability brewery/winery permit or wholesale liquor, If yes, identify. | / company holding manufacturer or r | g or appl ectifier p | ying for a wholesale | beer permit Wisconsin? | , | Yes | ✓ No |
| • | e Licensee or Permittee) | | | (Address | By City and | County) | |
| 6. Named individual must list in chronological | | npioyers. | | Employed From | | То | |
| | yer's Address S MAIN ST C | F, WI 54 | | 1/01/1968 | | PRESENT | |
| | yer's Address | 1, 1110- | | Employed From | | To | |
| Employers Name | yar a Address | | | | | - | |
| READ CAREFULLY BEFORE SIGNING: Undependent the best of the knot application; that the applicant has read and maccorrect. The undersigned further understands the under penalty of state law, the applicant may be tion. Any person who knowingly provides mate | wledge of the sig de a complete and hat any license iso e prosecuted for | ner. The swer to e sued cor submittir | signer agrees that leach question, and the arrary to Chapter 125 ag false statements a | ne/she is the lat the answe lof the Wisco and affidavits | person ers in eac onsin Sta n com | named in the f ch instance are atutes shall be ection with this | oregoing true and void, and applica- |

Submit to municipal clerk.

| Individual's Full Name (please print) (i | last name) | (first na | тө) | (middle | name) | |
|--|---|---------------|---|-------------------|---------------------------------------|--------------|
| THALER | | JOHN | | • | Т | |
| Home Address (street/route) | Post Office | | City | State | Zip Code | |
| | CLUDDENA | | | 10/1 | 54729 | |
| 310 S MAIN ST Home Phone Number | CHIPPEWA | 14 | CHIPPEWA FALLS | WI | | |
| | | Age | Date of Birth | Place of | | 0 |
| 715-829-5510 | | 51 | | CHIP | PEWA FALL | .S |
| The above named individual provided Applying for an alcohol bever A member of a partnership was a part | age license as an individu a | al. | | | | |
| JOHN THALER | | | ES OF CHIPPEWA FAL | ISIIC | | |
| (Officer / Director / Member / I | | | Name of Corporation, Limited Liability Co | | ofit Organization) | |
| which is making application for | | | , | | , | |
| The above named individual provi | _ | | censing authority: | | | |
| How long have you continuous | - | | | | | |
| Have you ever been convicted | · | | | \ | · · · · · · · · · · · · · · · · · · · | |
| violation of any federal laws, a | • | | | • | | |
| or municipality? | - | | | | Yes | ✓ No |
| If yes, give law or ordinance vi | | | | | | |
| status of charges pending. (If | | | • • | oriparon and | | |
| | | | | | | |
| Are charges for any offenses p | | | | - | | |
| for violation of any federal laws | | | | | | <u></u> |
| municipality? | | | | | Yes | ✓ No |
| If yes, describe status of charg | | _£6:: | | / £14 | | |
| Do you hold, are you making a organization or member/manage | · · | | - | • | d. | |
| beverage license or permit? | | | | | | ✓ No |
| If yes, identify. | . , , , , , , , , , , , , , , , , , , , | | | | 103 | <u>•</u> 140 |
| ,,, | (/ | Vame, Locatio | on and Type of License/Permit) | | | |
| 5. Do you hold and/or are you an | officer, director, stockholde | r, agent o | r employe of any person or co | orporation o | r | |
| member/manager/agent of a lin | mited liability company hold | ing or app | olying for a wholesale beer pe | rmit, | | |
| brewery/winery permit or whole | esale liquor, manufacturer o | r rectifier | permit in the State of Wiscon | sin? | Yes | ✓ No |
| If yes, identify. | | | | | | |
| • | ame of Wholesale Licensee or Permitte | , | | dress By City and | County) | |
| 6. Named individual must list in cl | | employers | | | 1= | |
| Employer's Name | Employer's Address | o= | Employed F | | То | |
| THALER OIL CO | | CF, WI 5 | | | PRESENT | |
| Employer's Name | Employer's Address | | Employed Fi | om | То | |
| | | | | | | |
| | | | | | | |
| READ CAREFULLY BEFORE SIG | | | | | | |
| been truthfully answered to the be application; that the applicant has r | | | | | | |
| correct. The undersigned further ur | | | | | | |
| under penalty of state law, the app | | | | | | |
| tion. Any person who knowingly pro | | | | | | |
| | | | | 1/2 | ha | |
| | | | [[]] | /KM | | |
| | | | (Sign | ature of Named II | ndividual) | |
| | | | | | | |

| Renewal Alcohol | Beverage Lie | cense App | lication | Applicant's Wisconsin Seller's Per | |
|--|---|---------------------------------------|------------------------------|---|----------------------|
| (Submit to municipal clerk. R | ead instructions o | n page 3.) | | 456-7625 FEIN Number 5 | . • |
| | 07 01 2010 | O C | 20 2020 | 26.020 | 7158 |
| For the license period beginni | ng: 0 / 01 2019 (mm dd yyyy) | ending: <u>0 6</u> | (mm dd yyyy) | TYPE OF LICENSE REQUESTED | FEE |
| | ☐ Town of) | | | Class A beer | \$ 10.00 |
| To the Governing Body of the | Be village of 7 | LFAX | | Class B beer | \$ |
| | ☐ City of | | | Class C wine | \$ |
| County of DUNN | | Aldermania | c Dist. No | ☑Class A liquor | \$ 50.00 |
| County of | | | by ordinance) | Class A liquor (cider only) | \$ N/A |
| | | , . | , | ☐ Class B liquor | \$ |
| Check one: Individual | Limited Liability | , , | | Reserve Class B liquor | \$ |
| ☐ Partnership | ☐ Corporation/No | nprofit Organizati | ion | Class B (wine only) winery | |
| a la A B Allowed | | | | Publication fee | \$ 22.50 |
| Complete A or B. All must o | complete C. | | | TOTAL FEE | \$ 82.50 |
| A. Individual or Partnership | 1 | | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, C | City or Post Office, & Zip Code) | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, C | ity or Post Office, & Zip Code) | , , |
| | | | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, C | ity or Post Office, & Zip Code) | |
| B. LLC or Corporation (and a | Agent): | | | | |
| Full Legal Name of Corporation / None | rofit Organization / Limited | Liability Company A | Address of Corporation / Lin | nited Liability Company (if different fro | m licensed premises) |
| Kyle" M | arket Ir | \mathcal{L} . | | | |
| All corporations/organizations liquor must appoint an agent. | | npanies applying | for a license to sell | fermented malt beverages a | nd/or intoxicating |
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, C | ity or Post Office, & Zin Cool€ | |
| Fressin | Kyle | <u> </u> | N8441 6 | Road M Coltax 1 | JI 54730 |
| All Officer(s) Director(s) of C | orporation and Me | mbers / Manage | ers of Limited Liabil | lity Company: | |
| President / Member Last Name | (First) | (Middle Name) | Home Address (Street, C | ity or Post Office, & Zip Code) | ~//// |
| Kressin | Kyle | Hlan | N8441 6 | Rd M Colfax WI | .59150 |
| Vice President Member Last Name | (First) | (Middle Name) | Home Address (Street, C | ity or Post Office, & Zip Code) | 4 |
| Kressin | Nicholas | Nobert | 2789 23 | rd St EIK Mound | 54739 |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, C | ity or Post Office, & Zip Code) | - (72) |
| Kressin | (landia | Jean | N 8441 Co | , Rd M Colfax W. | 1 59 150 |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, C | ity or Post Office, & Zip Code) | |
| | | | | | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, C | ity or Post Office, & Zip Code) | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, C | ity or Post Office, & Zip Code) | |
| | | | | | |
| C. Business Information | 15 M. Kat | - | | 715-962 | -3585 |
| Trade Name Kyle | 's Market | | Business Phon | e Number // / / / / / / / / / / / / / / / / / | |
| 2. Address of Premises/ | 15 Mam | St | Post Office & Z | e Number 715-962 ip Code Colfax, UI | I 54730 |
| 3. Premises description: Des applicant must include all i storage of alcohol beverag described.) | rooms including livinges and records. (Al | g quarters, if use cohol beverages | ed, for the sales, sei | rvice, consumption, and/or | |
| Warm b | eer is 50 | old on 5 | ales floor h | y Deer Care | |
| <u> </u> | | <u> </u> | | 7 | |
| 4 Legal description (omit if str | eet address is diven | above). | | | |

Wisconsin Department of Revenue

AT-115 (R. 4-19)

| 5 | a. Since filing of the last application, h member, officer, director, manage of organization licensee been convict for violation of any federal laws, any or municipality? If yes, complete p | or agent for either a l ted of any offenses v Wisconsin laws, an | imited liability compa (excluding traffic offery laws of other states | ny licensee, or nonprofit enses not related to alcohol) , or ordinances of any county | | № No |
|---|--|--|---|--|---|---|
| | b. Are charges for any offenses prese the named licensee or any other per | ently pending (exclu- sons affiliated with th | ding traffic offenses no nis license? If yes, ex | ot related to alcohol) against cplain fully on page 3 | ☐ Yes | Mo No |
| 6 | Except for questions 6a and 6b, have to by you on your last application for this | | | | ☐ Yes | Ø No |
| | | | | | | |
| 7. | Was the profit or loss from the sale of alc or Franchise Tax return of the licensee? | | | | ⊠ Yes | □No |
| | | | | | | |
| | Does the applicant understand they mus [phone (608) 266-2776] | t hold a Wisconsin S | eller's Permit? | | ∑ Yes | □No |
| | Does the applicant understand that alcoh from the date of invoice and made availat | | | | ∑ Yes | □No |
| 10. | s the applicant indebted to any wholesal | er beyond 15 days fo | or beer or 30 days for | liquor? | ☐ Yes | ŊNo |
| | Does the applicant owe municipal proper Note: Renewal of licenses may be deni- assessments or other fees). | ty taxes, assessmen ed pursuant to a loca | ts, or other fees? al ordinance, if the lice | ensee owes municipal taxes, | ☐ Yes | MNo |
| beer appli and void, this a than | D CAREFULLY BEFORE SIGNING: Unc truthfully answered to the best of the kno cation; that the applicant has read and mo correct. The undersigned further understa and under penalty of state law, the applic pplication. Any person who knowingly pro \$1,000. | wledge of the signer. ade a complete answands that any license cant may be prosecu | The signer agrees the ver to each question, a sissued contrary to Ci ted for submitting fals | at he/she is the person named and that the answers in each i hapter 125 of the Wisconsin S e statements and affidavits in | in the fore nstance a Statutes st connection | egoing re true nall be on with |
| Conta | ct Person's Name (Last, First, M.I.) | 7 | Title / Member | Date 5 | 7-19 | |
| Signa | | | Dwner Phone Number 715-962-3 | 575 Email Address Kylesmarket | e cent | watel. |
| | | | | | | <u> </u> |
| то в | E COMPLETED BY CLERK | | | | | |
| Date r | ceived and filed with municipal clerk 5-22-19 | ate reported to council / bo | ard | Date license granted | | |
| Licens | | ate license issued | | Signature of Clerk / Deputy Clerk | | |

Submit to municipal clerk.

| | • | | | | • |
|-----------|---|--|---|--|-------------------|
| | Individual's Full Name (please print) (last name) | (first hame) | | (middle name) | |
| | Tresoin | Kyle | | Man | |
| | Home Address (street/route) | / | 7/ / | State Zip Code | ~ ^ |
| ļ | N849/ (à Nt 11 | | Witax | WI 5472 | 50 |
| | Home Phone Number 715 - 962 - 229 (| Age | <i>f</i> | Place of Birth | |
| L | 110-162-0011 | 76 | | Bloome L | 5 |
| - | The above named individual provides the following info | rmation as a nerso | a who is (check and): | | |
| | Applying for an alcohol beverage license as an Inc | | WITO 13 (CHECK OHE). | | |
| 1 | A member of a partnership which is making applic | | heverage license | | |
| ¥ | | 1) (| | | |
| 7 | Officer / Director / Member / Manager / Agent) | (Name | of Corporation, Limited Liability Company | or Nonprofit Organization) | |
| | which is making application for an alcohol beverage | e license. | • | | |
| 7 | he above named individual provides the following info | rmation to the licens | sing authority: | | |
| | . How long have you continuously resided in Wiscons | | · | | |
| 2 | , | r than traffic unrela | ted to alcohol beverages) for | THE RESIDENCE OF THE PARTY OF T | |
| | violation of any federal laws, any Wisconsin laws, ar | ny laws of any other | states or ordinances of any c | ounty | t20 |
| | or municipality? | date and populty in | anagad and/or data dagarinti | ·····Yes | Mo. |
| | status of charges pending. (If more room is needed, co | ntinue on reverse side | nposed, and/or date, description of this form.) | on and | |
| | | | · | | |
| 3. | Are charges for any offenses presently pending agai | nst you (other than | traffic unrelated to alcohol bev | verages) | |
| | for violation of any federal laws, any Wisconsin laws, municipality? | any laws of other s | states or ordinances of any co | unty or | DZN. |
| | If yes, describe status of charges pending. | | , | Yes | No |
| 4. | Do you hold, are you making application for or are yo | ou an officer, directo | r or agent of a corporation/no | nprofit | |
| | organization or member/manager/agent of a limited li | lability company hol | ding or applying for any other | alcohol | |
| | beverage license or permit? | | | Yes | ₩No |
| | n you, raonary. | (Name, Location and | Type of License/Permit) | | |
| 5. | Do you hold and/or are you an officer, director, stock | nolder, agent or emp | oloye of any person or corpora | ation or | |
| | member/manager/agent of a limited liability company | holding or applying | for a wholesale beer permit, | | |
| | brewery/winery permit or wholesale liquor, manufactu If yes, identify. | rer or rectifier perm | it in the State of Wisconsin?. | ····· Yes | No |
| | (Name of Wholesale Licensee or F | Parmittee) | /Addross Bu | · Chi Ct | ******* |
| 6. | Named individual must list in chronological order last | | (Address by | City and County) | |
| | Employer's Name (Employer's Address | | Employed From | To | |
| | Nyle's Market /15 | Main 2 | = July o | 100/ dresew | £ |
| | Employer's Name Employer's Address Lickwood > Market /1.5 | il < | Employed From | 91 10 16 20 | 67 |
| ı | Kirkwood's Market 115 | Main 2 | 1, Dell 17. | 91 July 20 | |
| | AD CADEFILLY DEFORE CLOSUNG | | • | V | |
| ne Dee | AD CAREFULLY BEFORE SIGNING: Under penalty in truthfully answered to the best of the knowledge of | provided by law, th | e undersigned states that each | th of the above questio | ns has |
| зpр | ilication; that the applicant has read and made a comple | ete answer to each o | guestion, and that the answers | s in each instance are tr | ue and |
| cor | ect. The undersigned further understands that any lice | nse issued contrary | to Chapter 125 of the Wiscon | sin Statutes shall be vo | id and |
| ion | er penalty of state law, the applicant may be prosecute . Any person who knowingly provides materially false i | ed for submitting fall nformation on this a | se statements and affidavits in application may be required to | nconnection with this a forfeit not more than \$ | pplica- 1,000. |
| | | | | | |

(Signature of Named Individual)

| Renewal Alcohol | Beverage L | icense App | olication | Applicant's Wisconsin Seller's Per | mit Number |
|--|--|---|---|--|--|
| (Submit to municipal clerk, R | ead instructions | on page 3.) | | FEIN Number | |
| For the linear popular beginning | ~~. 07 01 2010 |) andina: 0.0 | - 20 2020 | 39-1764869 | |
| For the license period beginni | ng: 07 01 2013 (mm dd yyyy | 9 ending. <u>08</u> | (mm dd yyyy) | TYPE OF LICENSE REQUESTED | FEE |
| | Town of | COT FIRM | | ☑ Class A beer | \$ 10.00 |
| To the Governing Body of the | ∶ ☑ Village of | COLFAX | | ☐ Class B beer | \$ |
| | City of | | | Class C wine | \$ |
| County of DUNN | | Alderman | ic Dist. No | Class A liquor | \$ |
| County of | | | d by ordinance) | Class A liquor (cider only) | \$ N/A |
| | | | , , | ☐ Class B liquor | \$ |
| Check one: Individual | Limited Liabil | ity Company | | Reserve Class B liquor | \$ |
| Partnership | ✓ Corporation/N | Nonprofit Organiza | tion | Class B (wine only) winery | \$ |
| | | | | Publication fee | \$ 22.50 |
| Complete A or B. All must o | complete C. | | | TOTAL FEE | \$ 32,50 |
| A. Individual or Partnership | | | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Stree | t, City or Post Office, & Zip Code) | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Stree | t, City or Post Office, & Zip Code) | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street | t, City or Post Office, & Zip Code) | A 7-44-7-20-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- |
| | | | | AND HAVE BEAUTY AND THE STATE OF THE STATE O | |
| B. LLC or Corporation (and | | | | | |
| 1 | | ited Liability Company | | Limited Liability Company (if different fro | m licensed premises) |
| SYNERGY COMMUNITY CO | OPERATIVE | | PO BOX 155, R | RIDGELAND, WI 54763 | |
| All corporations/organizations liquor must appoint an agent. | or limited liability | companies applyir | ng for a license to s | ell fermented malt beverages a | ind/or intoxicating |
| Agent Last Name | (First) | (Middle Name) | Home Address (Street | t, City or Post Office, & Zip Code) | |
| BROWN | CHARLES | | E8948 810TH | AVE COLFAX WI 54730 | |
| All Officer(s) Director(s) of C | Corporation and I | Members / Manag | ers of Limited Lia | bility Company: | |
| President / Member Last Name | (First) | (Middle Name) | | , City or Post Office, & Zip Code) | |
| SCORE | DAVID | | N12103 430T | H ST BOYCEVILLE WI | 54725 |
| Vice President / Member Last Name | (First) | (Middle Name) | E . | t, City or Post Office, & Zip Code) | |
| MOLLS JR | ROMAN | A | 459 16TH AVI | | |
| Secretary / Member Last Name | (First) | (Middle Name) | | i, City or Post Office, & Zip Code) | |
| JOHNSON | BRIAN | R | | H ST COLFAX WI 5473 | n |
| Treasurer / Member Last Name | (First) | (Middle Name) | | , City or Post Office, & Zip Code) | |
| | | | | | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street | , City or Post Office, & Zip Code) | |
| KNUTSON | KYLE | L | 1 . | RD M COLFAX WI 54730 | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street | , City or Post Office, & Zip Code) | |
| C. Business Information | | | | | |
| Trade Name COLFAX CE | NEX | | Business Ph | one Number (715)962-317 | 2 |
| 2. Address of Premises 401 | | AVE | | Zip Code COLFAX 54730 | |
| | | | | | *************************************** |
| | rooms including li ges and records. | iving quarters, if u (Alcohol beverage | sed, for the sales, s es may be sold and | service, consumption, and/or stored only on the premises | |
| . 2270 200 01 | | | | | |
| | | | | | |
| | | | | | |
| Legal description (omit if st | reet address is giv | ren above): | | | |

| | BE COMPLETED BY CLERK received and filed with municipal clerk $5-6-19$ | Date reported to council | / board | Date license gra | anted | | |
|----------------------------------|--|--|---|---|---|---|--|
| | | | | 1 | - | | |
| ~·ฮ'' | Lyle Knut | | 715-704-008: | | kylek@syner | gycoop. | .com |
| | LE L. KNUTSON | | COO Phone Number | | 04/29/2019 Email Address | · · · · · | |
| | act Person's Name (Last, First, M.I.) | | Title / Member | | Date | | |
| appl and oid his han | AD CAREFULLY BEFORE SIGNING in truthfully answered to the best of the ication; that the applicant has read a correct. The undersigned further under and under penalty of state law, the application. Any person who knowing \$1,000. | e knowledge of the sign nd made a complete an derstands that any licen applicant may be prose | er. The signer agree aswer to each questing ase issued contrary acuted for submitting alse information on t | es that he/she is the on, and that the a to Chapter 125 of false statements this application ma | e person named nswers in each i the Wisconsin S and affidavits in ay be required to | in the for nstance a Statutes s connection | egoing ire true hall be on with |
| | Does the applicant owe municipal pr (Note: Renewal of licenses may be assessments or other fees). | | | | | Yes | ☑ No |
| 10. | Is the applicant indebted to any who | lesaler beyond 15 days | for beer or 30 days | for liquor? | | ☐ Yes | ✓ No |
| 9. | Does the applicant understand that a from the date of invoice and made a | | | | | ✓ Yes | □N |
| 8. | Does the applicant understand they [phone (608) 266-2776] | must hold a Wisconsin | Seller's Permit? | | . , , , , , , , , , , , , , , , | ✓ Yes | □N |
| | | | | | | | |
| 7. | Was the profit or loss from the sale or Franchise Tax return of the license | | | | | ☑ Yes | □N |
| 6. | Except for questions 6a and 6b, haby you on your last application for | | | | | ☐ Yes | √ 1 |
| | b. Are charges for any offenses p the named licensee or any other | | | | | ☐ Yes | 1 🔽 |
| | a. Since filing of the last application member, officer, director, manager organization licensee been confor violation of any federal laws, or municipality? If yes, complete | ge or agent for either a Ivicted of any offense , any Wisconsin laws, a | s (excluding traffic only laws of other sta | offenses not relat ites, or ordinance | ed to alcohol) s of any county | ☐ Yes | 1 |

| Renewal Alcohol (Submit to municipal clerk. | | Applicant's Wisconsin Seller's Permit Number 4らく -1039438474-03 FEIN Number | | | |
|---|------------------------------|---|--------------------------|--|-----------------------|
| , | | | • | 82-2896 50 | 8 |
| For the license period beginn | ing: 07 01 201 (mm dd yyy | 9 ending: <u>06</u> | 30 2020 (mm dd yyyy) | TYPE OF LICENSE REQUESTED | FEE |
| | ☐ Town of ¬ | | | Class A beer | \$ |
| To the Governing Body of the | : 🔽 Village of 🔪 | COLFAX | | Class B beer | \$ /00.00 |
| , | City of | | | Class C wine | \$ |
| | _ , | | | Class A liquor | \$ |
| County of DUNN | | | c Dist. No | Class A liquor (cider only) | \$ N/A |
| | | (ir required | d by ordinance) | Class B liquor | \$ 400.00 |
| Charle and Individual | V Limited Liabi | ility Company | | Reserve Class B liquor | \$ |
| Check one: Individual | | • • • | iion | Class B (wine only) winery | |
| ☐ Partnership | Corporation/ | Nonprofit Organizat | 1011 | Publication fee | \$ 22.50 |
| Complete A or B. All must | complete C | | | TOTAL FEE | \$ 522.50 |
| Complete A of B. All mast | Joinpiele C. | | | TOTAL PEE | 1 Day 3.30 |
| 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 / None | profit Organization / Lin | nited Liability Company | Address of Corporation / | Limited Liability Company (if different fro | om licensed premises) |
| The Blind Tice | LLC | | 512 Main 51 | Colfax WI 54730 | |
| All comparations (organizations | or limited liability | gampanian applying | | ell fermented malt beverages a | nd/or intoxicating |
| liquor must appoint an agent. | or innited hability | companies applying | g for a ficefise to se | en lettiletited mait bevoluges a | ind/or intoxicating |
| Agent Last Name | (First) | (Middle Name) | Home Address (Street | , City or Post Office, & Zip Code) | |
| Ande 150 | Nicholas | R | 273 Alive 5 | t chip Fls wt 547 | 29 |
| | | | | , | |
| All Officer(s) Director(s) of C | | | ers of Limited Liai | oility Company: | |
| President / Member Last Name | (First) | (Middle Name) | Home Address (Street, | City or Post Office, & Zip Code) | 70/2 |
| Anderson | Nicholas | (Middle Name) | 233 Olive 3 | 51 Chip PIS WW 591 | 7 9 |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, | St Unip Fls WJ 547 City or Post Office, & Zip Code) | ('T)a |
| Cutler | Jessica | COOD Lyn | 233 Olve | St Chip Fls lut 54 | 1/27 |
| 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) | 1 MW 9 W |
| | | | | | |
| | | | | | |
| C. Business Information | 1 | | | .0.4 0/1 | (110/ |
| 1. Trade Name The Olice | d liver | | Business Pho | one Number 7/5-960-5 | 1881 |
| | 2 100: 11 | | | (1/77/) | |
| 2. Address of Premises 5/2 | 2 1/1914 34 | | Post Office & | one Number <u>7/5 - 962 - 7</u> Zip Code <u>5</u> -4730 | |
| 3. Premises description: De | scribe building or | buildings where ald | | | |
| applicant must include all | rooms including I | iving quarters, if us | ed, for the sales, s | ervice, consumption, and/or | |
| storage of alcohol beverage | ges and records. | (Alcohol beverages | may be sold and | stored only on the premises | |
| described.) But \ | Scill | . 5 | - | • | |
| 44,10 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4 Legal description (omit if st | reet address is div | en above): | | | |

| License | number issued | Date license issued | | Signature of C | lerk / Deputy Clerk | | |
|---|--|--|--|---|--|---|--------------------------------------|
| Date re | ceived and filed with municipal clerk 5-17-19 | Date reported to council / bo | ard | Date license g | ranted | | |
| | COMPLETED BY CLERK | | | | | | |
| 1/6 | (1) 1 (1) . uuwe | | 715-456- | 17)3 | Wind-Tijer C | OUTPOK. | <i>(01</i>) |
| Signati | in A Culture | | Phone Number | 7057 | Email Address blind-tijer Co | 2 . Lhort | ~ ~ ~ |
| 1 | deison Nicholus R. | | OWNE | | 5/7/19 | | |
| been applic and c void, this a than \$ | truthfully answered to the best of the test of the attion; that the applicant has read a correct. The undersigned further under penalty of state law, the oplication. Any person who knowing 11,000. | he knowledge of the signer. and made a complete answ nderstands that any license applicant may be prosecu | The signer agrees wer to each questice issued contrary to ted for submitting | s that he/she is on, and that the o Chapter 125 of false statement | the person named answers in each i of the Wisconsin S s and affidavits in | in the fore nstance ar Statutes sh connectio | egoing e true all be n with |
| REAL | CAREFULLY BEFORE SIGNING | 3: Under penalty provided i | by law, the undersi | igned states tha | at each of the abov | e auestior | ns ha |
| (1 | oes the applicant owe municipal polynome. Renewal of licenses may be ssessments or other fees). | oroperty taxes, assessmen e denied pursuant to a loca | ts, or other fees? al ordinance, if the | licensee owes | municipal taxes, | ☐ Yes | id N |
| 10. l: | s the applicant indebted to any wh | olesaler beyond 15 days fo | or beer or 30 days | for liquor? | - | | Ď N |
| | Does the applicant understand that rom the date of invoice and made | | | | | Yes | □ N |
| 8. [[| Does the applicant understand the phone (608) 266-2776] | y must hold a Wisconsin S | eller's Permit? | | | ∀ Yes | |
| - | | | | | | / | |
| , . | or Franchise Tax return of the licen | isee? If not, explain | | | | ₩ Yes | □ 1 |
| 7. | Was the profit or loss from the sale | | ne previous vear re | | | | |
| | | | | | | | |
| 6. | Except for questions 6a and 6b, by you on your last application for | | | | | ☐ Yes | |
| | b. Are charges for any offenses the named licensee or any oth | | | | | ☐ Yes | Ø |
| | organization licensee been conformed to the formulation of any federal law or municipality? If yes, compared to the federal law or municipality? | vs, any Wisconsin laws, an | (excluding traffic y laws of other sta | offenses not re ates, or ordinan | lated to alcohol) ces of any county | | |

| Anderson Nicho | las R. | Submit to municipa | clerk. | | |
|---|--|---|---|-----------------------------------|-------------------|
| Individual's Full Name (please print) Cufler Jessiau | (last name) , L , | (first name) | | (middle n | ame) |
| Home Address (street/route) 233 Olive 51 Home Phone Number | Post Of | 1729 | Chip Fls | State W.L. | Zip Code 547)9 |
| 715-456-7453 | | 30 + 36 | to at Rirth | Place of B | Claire |
| The above named individual properties. Applying for an alcohol bever a partnership of a partnership of the following conficer / Director / Member 1 | erage license as an l | i ndividual. plication for an alcohol | peverage license. | LC billiy Company or Nonprofit | Ornanization) |
| which is making application | | | z corporation zamica ziaz | any company or rumpion | Organizationy |
| The above named individual pro How long have you continuo Have you ever been convicted violation of any federal laws, or municipality? If yes, give law or ordinance status of charges pending. Are charges for any offenses for violation of any federal law | usly resided in Wisco ed of any offenses (ot any Wisconsin laws, violated, trial court, tr If more room is needed, presently pending ag | ther than traffic unrelated any laws of any other signal date and penalty improverse side against you (other than transports) | 36 y C d d to alcohol bever states or ordinance cosed, and/or date of this form.) | s of any county , description and | Yes No |
| municipality? | ges pending. | | | | Yes No |
| Do you hold, are you making organization or member/man beverage license or permit? If yes, identify. | ager/agent of a limite | d liability company hold | ing or applying for | any other alcohol | Yes No |
| Do you hold and/or are you as member/manager/agent of a labrewery/winery permit or who lf yes, identify. | imited liability compa lesale liquor, manufad | ckholder, agent or empl ny holding or applying t cturer or rectifier permit | oye of any person or a wholesale bea | er permit, sconsin? | _ ~ |
| 6. Named individual must list in | | st two employers. | | (Address By City and Co | unty) |
| Employer's Name LCC Bluplage Employer's Name Allockille Tayer D | Employer's Addres | helby Eau Clos | Employ Employ | yed From To | 2014 |
| ויין פין אווי ואידואלן איזן | 81/7 | 1) 3' CONAF | wr | 1177 | 101) |

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)

Application for Cigarette and Tobacco Products Retail License

NUNICIPAL USE ONLY

License Number

Period Covered

Thru 4-30-2020

Date of Issuance

Submit to municipal clerk. Applicant's Wisconsin 15-digit Sales Tax Account Number This must be issued in the same 456-1026446429-02 Legal Name of the licensee below. Federal Employer Identification No. (FEIN) Legal Name (corporation, limited liability company, partnership or sole proprietorship) 27-1107309 J & S SALES OF CHIPPEWA FALLS LLC Telephone Number Trade or Business Name (if different than Legal Name) (715) 723-2822 **EXPRESS MART** Business Address (License Location) Business Located In Business Telephone 616 MAIN ST City √ Village Town (715) 962-3241 County Municipality Zip Code State of: COLFAX **COLFAX** 54730 DUNN WI State Zip Code Mailing Address (if different than Business Address) Municipality 54729 CHIPPEWA FALLS WI 310 S MAIN ST Organization (check one) Wisconsin Corporation – Enter date incorporated: Sole Proprietor Yes Πο Partnership Out-of-State Corporation - Are you registered to do business in Wisconsin? ✓ Other (describe) LIMITED LIABILITY COMPANY √ Yes 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers No who hold a permit with the Wisconsin Department of Revenue? √ Yes 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing No 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.) 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products √ Yes □No from another retailer, including transferring existing stock to a new owner? 4. Does the applicant understand that they must provide employees with tobacco sales training approved √ Yes No by the Wisconsin Department of Health Services? (https://witobaccocheck.org) 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco √ Yes No products and nicotine products to minors (including electronic cigarettes containing nicotine)? √ Yes 6. Does the applicant understand that they may not sell single cigarettes? No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the √ Yes □Nο 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? 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on √ Yes No 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?

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.

✓ over counter

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 17 2019

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

through vending machine

Cigarettes / Tobacco will be sold

both

Application for Cigarette and **Tobacco Products Retail License**

Submit to municipal clerk. \$5.00

| | MUNICIPAL USE ONLY | | | | |
|-------------|--------------------|--|--|--|--|
| License N | umber | | | | |
| | | | | | |
| Period Co | vered | | | | |
| THRU | 6/30/2020 | | | | |
| Date of Iss | suance | | | | |
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| Applicant's | | | | |
|-----------------|---|--|--|---|
| 1 //4 | s Wisconsin 15-d | ligit Sales Tax Account Number | This must be issued in the same | Date of Issuance |
| 7~ | 56-100 | 75591846-03 | Legal Name of the licensee below. | |
| Legal Nan | ne (côrporation, limi | ited liability company, partnership or sole prop | | Federal Employer Identification No. (FEIN) |
| Logarran | Kyle's | Market Inc | | 26-0207158 |
| Trade or B | | f different than Legal Name) | • | Telephone Number |
| | Kyle | > Market | | (7/5) 962-3583 |
| Business A | Address (Vicense | Location) | Business Located In | Business Telephone |
| W: | 5 Ma. | in St. | City Village | Town () |
| Municipalit |) fax | State Zip Code | 730 of: (6) fax | County |
| Mailing Add | dress (if different | than Business Address) | Municipality | State Zip Code |
| Organiza | tion (check o | ne) | 7/ | // - |
| Sole | Proprietor | Wisconsin Corpora | ation – Enter date incorporated: /// | 107 |
| Partn | ership | Out-of-State Corpo | oration – Are you registered to do busine | ss in Wisconsin? Yes No |
| | r (describe) | | , 0 | |
| | | | | |
| Yes | ☐ No | | derstand that they must purchase cig | arettes only from distributors or jobbers ue? |
| VI., | No | O Desether applicant and | | |
| ∆ J/Yes | | untaxed tobacco produ available from the Wis | ucts from an out-of-state company? | (Tobacco Products Distributor permit is |
| | □ No | untaxed tobacco produ available from the Wis 129, revenue.wi.gov/fo 3. Does the applicant und | ucts from an out-of-state company? consin Department of Revenue at 60 orms/excise/ctp-129.pdf.) | (Tobacco Products Distributor permit is 8-266-6701. See application form CTP- xchange cigarettes or tobacco products |
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| ∑PYes ₹) Yes | ☐ No | untaxed tobacco productive available from the Wis 129, revenue.wi.gov/fo. 3. Does the applicant under the applicant under the applicant under the Wisconsin Department of the Wisconsin Department of the applicant under products and nicotine products. | ucts from an out-of-state company? consin Department of Revenue at 60 orms/excise/ctp-129.pdf.) derstand that they cannot purchase/excluding transferring existing stock to erstand that they must provide employer artment of Health Services? (https://wderstand that they may not sell, give derstand that they may not sell, | ees with tobacco sales training approved itobaccocheck.org) or otherwise provide cigarettes/tobacco c cigarettes containing nicotine)? |
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| Yes ₹ | No No No No No | untaxed tobacco productive available from the Wis 129, revenue.wi.gov/for 129, | consin Department of Revenue at 60 orms/excise/ctp-129.pdf.) derstand that they cannot purchase/excise/stand that they cannot purchase/excise/stand that they must provide employed artment of Health Services? (https://www.derstand.that they may not sell, give coroducts to minors (including electronic derstand that they may not sell single of the derstand that they may not sell single of the derstand that cigarette and tobacco products from the date of the invoice of Revenue/law enforcement and that so f cigarettes/tobacco products? | (Tobacco Products Distributor permit is 8-266-6701. See application form CTP-exchange cigarettes or tobacco products a new owner? Des with tobacco sales training approved itobaccocheck.org) Der otherwise provide cigarettes/tobaccoccigarettes containing nicotine)? Digarettes? Digarettes? Diroducts invoices must be kept on the and be available for inspection by the trailure to comply can result in criminal aur-own (RYO) tobacco products listed on tory of Certified Tobacco Manufacturers |

that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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RECEIVED

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

MAY 2 2 2019

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk. \$5.00

| | MUNICIPAL USE ONLY |
|-------------|--------------------|
| icense N | umber |
| | |
| Period Co | vered |
| 000 | 70.00 |
| CHRU | 6/30/2020 |
| Date of Iss | suance |
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| | 0000/45 | | 8-02 | ♦ This mu: | st be issued in the same ame of the licensee below. | | | | |
|--------------|----------------------------------|--------|--------------------------------------|---|---|------------------------------|---|--|--|
| | | | ity company, partnership | | | 1 | al Employer Identification No. (FEIN) | | |
| Trade as Bus | rk4 Mic | ha | el Nelson nt than Legal Name) | | | | 39-/347846 Telephone Number | | |
| 1 | • | | | | | | 10) 96 7 • 2425 | | |
| Rusiness Ad | OWHY) u.s.c dress (License Lo | ncatio | rgur on) | | Business Located In | i | ess Telephone | | |
| 1 | | | | | City Village | | 5) 962 - 3339 | | |
| Municipality | 413 m | KC1 | State | Zip Code | | Coun | | | |
| | Colfax | | WI | 54730 | of: Colfax | | Dunn | | |
| Mailing Addr | ess (if different th | _ | | | Municipality Colfan | State | Zip Code | | |
| | P.O. | | | | Coltan | w: | 54730 | | |
| | on (check on | e) | | | | | | | |
| | roprietor | | Wisconsir | n Corporation – Ent | er date incorporated: | | norte nom | | |
| Partne | rship | | Out-of-Sta | ate Corporation – A | re you registered to do busin | ess in Wiscor | nsin? Yes No | | |
| Other | (describe) | | | | | | | | |
| | ☐ No | 1. | | | that they must purchase ci onsin Department of Rever | | r from distributors or jobbers | | |
| 1 Yes | ☐ No | 2. | untaxed tobac available from | co products from | an out-of-state company? epartment of Revenue at 6 | (Tobacco F | Distributor permit if purchasing Products Distributor permit is . See application form CTP- | | |
| Yes | ☐ No | | | | hat they cannot purchase/oransferring existing stock to | | garettes or tobacco products er? | | |
| ✓ Yes | ☐ No | 4. | Does the applications by the Wiscons | cant understand th sin Department of | at they must provide employ Health Services? (https://v | yees with tob witobaccoch | acco sales training approved eck.org) | | |
| ✓ Yes | ☐ No | 5. | Does the appli products and r | icant understand thicotine products to | hat they may not sell, give o minors (including electror | or otherwis | e provide cigarettes/tobacco containing nicotine)? | | |
| Yes | ☐ No | 6. | Does the appli | cant understand th | nat they may not sell single | cigarettes? | | | |
| Yes | ☐ No | | licensed premi Wisconsin Dep | ses for two years partment of Reven | from the date of the invoice | e and be av | voices must be kept on the railable for inspection by the comply can result in criminal | | |
| Yes | ☐ No | | the Wisconsin | Department of Jus | | ctory of Cert | D) tobacco products listed on ified Tobacco Manufacturers wisconsin? | | |
| Cigarettes | / Tobacco w | ıll b | e sold | over counter | through vending | machine | □ both | | |
| READ CAF | REFULLY BE | FOI | RE SIGNING: I | Under penalty prov | ided by law, the applicant st | ates that eac | h of the above questions has | | |

that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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RECEIVED

MAY 1 5 2019

Man A Julyson (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

RECEIVED

MAY 0 6 2019

Village of Colfax

| MUNICIPAL USE ONLY | |
|--------------------|----|
| License Number | |
| | |
| Period Covered | |
| | ١. |
| 7-1-2019-6-30.202 | (|
| Date of Issuance | |
| | 1 |

Applicant's Wisconsin 15-digit Sales Tax Account Number ← This must be issued in the same 456-1020420796-02 Legal Name of the licensee below. Legal Name (corporation, limited liability company, partnership or sole proprietorship) Federal Employer Identification No. (FEIN) 39-1764869 SYNERGY COMMUNITY COOPERATIVE Trade or Business Name (if different than Legal Name) Telephone Number SYNERGY COOPERATIVE (715) 879-5454 Business Address (License Location) Business Located In Business Telephone Town City √ Village 401 E. RAILROAD AVE (715) 962 - 3172Municipality County State Zip Code of: COLFAX COLFAX WI 54730 DUNN Mailing Address (if different than Business Address) Zip Code Municipality State P.O. BOX 70 \mathtt{WI} 54739 ELK MOUND Organization (check one) ✓ Wisconsin Corporation – Enter date incorporated: Sole Proprietor Out-of-State Corporation – Are you registered to do business in Wisconsin? Partnership 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 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products No from another retailer, including transferring existing stock to a new owner? ✓ Yes 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 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 6. Does the applicant understand that they may not sell single cigarettes? ✓ Yes 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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(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 | | License Number | | | |
| 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 | This payed he issued in the same | Period Covered JULY 1 2019—JUNE 30 2020 | | | |
| 1 //56-0000/088//5-05 | This must be issued in the same Legal Name of the licensee below. | Date of Issuance | | | |
| Legal Name (corporation, limited liability company, partnership or sole propriet DOLGENCORP, LLC | orship) | Federal Employer Identification No. (FEIN) 61-0852764 | | | |
| Trade or Business Name (if different than Legal Name) | _ | Telephone Number 7159534134 | | | |
| DOLLAR GENERAL STORE (#11827 Business Address (License Location) | Business Located In | Business Telephone | | | |
| 120 MAIN ST | City Village Tov | | | | |
| City State ZIP Code WI 54730-910 | GOLFAX VILLAGE OF (TAX-WI) City Treasurer 613 Main St PO BOX 417 Colfax, WI 54730 | | | | |
| Mailing Address (if different than Business Address) 100 MISSION RIDGE ATTN: TAX/LICENSING | City ———————————————————————————————————— | State ZIP Code TN 37072 | | | |
| □ NO State Corpora □ X Other (describe) □ Out-of-State Corpora □ X YES □ NO □ 1. Does the applicant under untaxed tobacco product available from the Wisconstant under untaxed tobacco products from another □ X YES □ NO □ N | ation – Enter date incorporated: ation – Are you registered to do business lity Company registered to do business erstand that they must purchase cigar ermit with the Wisconsin Department of stand that they must obtain a Tobacco Process from an out-of-state company? (Toonsin Department of Revenue at 608-2008) erstand that they cannot purchase/excise/etp-129.pdf.) erstand that they cannot purchase/exciseration that they must provide employer onsin Department of Health Services? erstand that they may not sell, give or ducts and nicotine products to minors erstand that they may not sell single citerstand that cigarette and tobacco process. | rettes only from distributors or f Revenue? roducts Distributor permit if purchasing obacco Products Distributor permit is 266-6701. See application form CTP-change cigarettes or tobacco a stock to a new owner? es with tobacco sales training (https://witobaccocheck.org) rotherwise provide (including electronic cigarettes) | | | |
| 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 | counter through vending m | nachine both | | | |
| READ CAREFULLY BEFORE SIGNING: Under penalty pro answered to the best of the knowledge of the applicant. A responsibilities conferred by the license(s), if granted, cannot | applicant agrees to operate this business ac t be assigned to another. | cording to law and that the rights and | | | |
| Any lack of access to any portion of a licensed premises misdemeanor and grounds for revocation of this license. An required to forfeit not more than \$1,000. RECEIVED | | | | | |
| MAY 0 2 2019 | (Stride Lor Corporation Miember/Manag | er of Limited Liability Company/Partner/Individual) | | | |
| MWI A T TOIL | 1 | | | | |

CTP-200 (R. 7-18)

Application for Cigarette and **Tobacco Products Retail License**

Submit to municipal clerk. \$5.00

| | MUNICIPAL USE ONLY | |
|-------------|---------------------------------------|--|
| License N | umber | |
| | | |
| Period Co | vered | |
| THRU | 6/30/2020 | |
| Date of Iss | suance | |
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| | · · · · · · · · · · · · · · · · · · · | |

| | s Wisconsin 15-0 6-10291 | 5 X U 1/2 × 213 | t be issued in the same me of the licensee below. | |
|-------------|-----------------------------|--|--|---|
| The | Blind | ed liability company, partnership or sole proprietorship) | | Federal Employer Identification No. (FEIN) 22-2399503 Telephone Number |
| | | | | (715) 456-7453 |
| 512 | Address (License Main | 51. | Business Located In City Village Town | Business Telephone (715) 962 - 4281 |
| Municipalit | ax | State Zip Code WT 54730 | of: Colfax | County |
| 233 | Olive St. | than Business Address) (hip F/S WI 547)9 | Municipality | State Zip Code WI 54739 |
| _ | tion (check c | ` <u>\</u> | 21/7 | 1 |
| | Proprietor | Wisconsin Corporation – Ente | , , , , | |
| | iership | Ut-of-State Corporation – Ar | e you registered to do business in \ | Visconsin? Yes No |
| Other | r (describe) _ | | | |
| $ \pm $ | | | | ······································ |
| Yes | No | Does the applicant understand the who hold a permit with the Wisco | | s only from distributors or jobbers |
| ☑ Yes | ☐ No | | an out-of-state company? (Toba partment of Revenue at 608-266 | ucts Distributor permit if purchasing cco Products Distributor permit is -6701. See application form CTP- |
| Yes | ☐ No | Does the applicant understand the from another retailer, including trans | | |
| Yes | ☐ No | Does the applicant understand that by the Wisconsin Department of I | | |
| Yes | ☐ No | Does the applicant understand the products and nicotine products to | | |
| V√Yes | ☐ No | 6. Does the applicant understand the | at they may not sell single cigare | ttes? |
| Yes | ☐ No | Does the applicant understand the licensed premises for two years of Wisconsin Department of Revenus penalties, including loss of cigaret | rom the date of the invoice and e/law enforcement and that failu | be available for inspection by the |
| ¥ Yes | ☐ No | Does the applicant understand tha the Wisconsin Department of Just and Brands" at www.doj.state.wi.u | ice's website labeled "Directory o | f Certified Tobacco Manufacturers |
| Cigarette | s / Tobacco | vill be sold over counter | through vending maching | ne Doth |
| oeen truth | fully answer | EFORE SIGNING: Under penalty provided to the best of the knowledge of the appropriate the street of the specific provided by the linear of the street of the specific provided by the linear of the street of the st | olicant. Applicant agrees to operate | at each of the above questions has this business according to law and |

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RECEIVED

MAY 1 7 2019

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

Lynn Niggemann

From:

Ashlev 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=6t5b5gyab&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 Overtor

3375 Kothlow Avenue, Suite 50 P.O. Box 3266 Mesomonie, WI 54751 715-235-3800 ademot/Clawaydawa.org



WAS INTRODUCED & BANGACIEUX CANACIENTANION AND SALE CANACIEN



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 responsibilites.

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

Page:

ACCT Accounting Checks

POOLED CHECKING ACCOUNT

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 |
| XCEI | 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 |
| | | | |

2

6/07/2019 8:28 AM

Reprint Check Register - Quick Report - ALL

Page:

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/GECRB | | 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 |
| | | G | rand 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.



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.

O: 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?



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.

O: 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 manmade.

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



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.

| Date | d this | day of | , 2005, at Colfax, Wisconsin. |
|-----------|-------------|-----------------|-------------------------------|
| FISCAL I | IMPACT: NO | FISCAL IMPA | CT |
| OFFERED | BY THE PU | BLIC SAFETY | COMMITTEE: |
| | | Marl | K Halpin, Committee Chair |
| | | Paul | Wittrock |
| | | Beve | erly Schauer |
| ADOPTED | ON: | | |
| SIGNED: _ | | Village Preside | |
| ATTEST: | Gary Stene, | village Preside | nı |
| _ | John Jahr V | Illage 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 Rescue

May 2019 Report

| Municipalities Responded to: | | 1 |
|--|-----|--|
| 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 | · |
| Boyceville Mutual Aid Given | 1 | Received 3 |
| 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 Hea | ırt | 2 |
| Cancelled | | 4 |
| Standby | | 2 |
| No Transport | | 3 |
| Event Standby | | <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.
 - o 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).
- o 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).
- O 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.

| | | | | | i | 0 | | | | | | |
|---|-----------|------------|------------|------------|------------|-------------------|-------|-------|-------|-------|------|-------|
| | | | | | Financia | Financial Summary | | | | | | |
| ians amyony | - San | Q O | Mar | Apr | May | ş | 胃 | Aug | Sep | Odt | Nov | Ď. |
| Solfax Rescue, 2,019 | | | | | | | | | | | | |
| Seginning A/R | 22,171.49 | 72,415.29 | 129,735.98 | 91,504.57 | 100,135.55 | 97,329.16 | 0.00 | 00.00 | 0.00 | 0.00 | 0.00 | 00.00 |
| Charges | 50,243.80 | 59,944.99 | 33,632.74 | 38,780.02 | 39,166.20 | 2,610.24 | 0.00 | 00'0 | 0.00 | 0.00 | 0.00 | 0.00 |
| Johnstments Adjustments | 0.00 | -1,316.11 | 42,840.16 | -14,036.82 | -25,037.28 | -1,252.65 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| gross Net Charges | 50,243.80 | 58,628.88 | -9,207.42 | 24,743.20 | 14,128.92 | 1,357.59 | 0.00 | 00'0 | 0.00 | 0.0 | 0.00 | 00:00 |
| Courtesy Discounts | 0.00 | 0.00 | 0.00 | 00.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3ad Debt Write Off | 00.0 | 0.00 | 0.00 | 00:00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Sankruptcy | 0.00 | 0.00 | 0.00 | 00.00 | 00.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Misc Adjustments | 0.00 | -5.20 | -362.08 | -351.32 | -161.11 | -11,89 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Adjusted Charges | 50,243.80 | 58,623.68 | -9,569.50 | 24,391.88 | 13,967.81 | 1,345.70 | 0.00 | 00.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| nsurance Refunds | 0.00 | 0.00 | 0.00 | 596.03 | 65.71 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Patient Refunds | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 00.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0,00 | 0.00 |
| Returned Checks | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 00:00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Fotal Refunds | 0.00 | 0.00 | 0.00 | 596.03 | 65.71 | 00.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| nsurance Payments | 0.00 | -1,302.99 | -28,396.91 | -11,326.55 | -16,490.62 | -582,64 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Patient payments | 0.00 | 0.00 | -265.00 | -5,030.38 | -349.29 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3ad Debt Recovery | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| fotal Payments | 0.00 | -1,302.99 | -28,661.91 | -16,356.93 | -16,839,91 | -582.64 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Vet Payments | 0.00 | -1,302.99 | -28,661.91 | -16,356.93 | -16,839,91 | -582.64 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Ending A/R | 72,415.29 | 129,735.98 | 91,504.57 | 100,135,55 | 97,329.16 | 98,092,22 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Seginning Collections | 0.00 | 00.0 | 00.00 | 00'0 | 0.00 | 00'0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 00.0 |
| Accounts Sent to Sollections | 0.00 | 0.00 | 0.00 | 00.00 | 0.00 | 0.00 | 0.00 | 0.00 | 00'0 | 0.00 | 0.00 | 0.00 |
| Adjustments | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3ad Debt Recovery | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 00.00 |
| Ending Collections | 0.00 | 00.00 | 00.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| fotal # of Claims Filed | 41.00 | 107.00 | 64.00 | 51.00 | 82.00 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| total Lines Filed On Ail | 76.00 | 202.00 | 136.00 | 96.00 | 152.00 | 4.00 | 00.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Gross Days in AR | 60.00 | 88.22 | 57.26 | 68.09 | 78.51 | 109.59 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| duns | 45.00 | 46.00 | 26.00 | 31.00 | 36.00 | 2.00 | 0000 | 0.00 | 00.00 | 0.00 | 0.00 | 00:0 |
| Denial # of Runs | 0.00 | 0.00 | 4.00 | 2.00 | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 00'0 | 000 |
| Charge/Transport | 1,116.53 | 1,303,15 | 1,293,57 | 1,250.97 | 1,087.95 | 1,305.12 | 00:0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Revenue/Transport | 0.00 | 28.33 | 1,102.38 | 527.64 | 467.78 | 291.32 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 00.0 |
| NON EMERGENT) | 0.00 | 0.00 | 0.00 | 0.00 | 00:00 | 00.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| EMERGENT) | 18.00 | 17.00 | 7.00 | 10.00 | 10.00 | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| EMERGENT) | 15.00 | 24.00 | 18,00 | 18.00 | 17.00 | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| NON EMERGENT) | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| NOTO (AUTO) - ALS LEVEL 2) A0434 (A0434 - | 0.00 | 2.00 | 0.00 | 0.00 | 0.00 | 00'0 | 0.00 | 0.00 | 0.00 | 00.00 | 0.00 | 00'0 |
| SPECIALTY CARE TSPT) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 00.00 | 0.00 | 0.00 | 0.00 | 00.00 | 0.00 | 0.00 |
| A0998 (A0998 - TNT) | 11.00 | 5.00 | 4.00 | 4.00 | 2.00 | 00.0 | 0.00 | 0.00 | 0.00 | 00:00 | 0.00 | 0.00 |
| SROUND MILEAGE) | 00.909 | 711.10 | 188.10 | 409.70 | 428.90 | 19.40 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 00.00 |
| A0999 (A0999 - NTNT) | 9.00 | 0.00 | 0.00 | 00'0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 00.0 | 0.00 |