AICOHOL	DEACH	age Retai	II LICEN	ise Ahl	Jiicalioi	45	cant's WI Seller's	554802 .	34-1347	846	
unicipal clerk.		_				13	LICENSE	REQUESTE))		
		7 1		20.2	'n :		TYP	E	1.	E	
se period beg	inning	7-1 6-30		20 -27	,		Class A beer		\$		-
€	ending	W-30		20 9		IV.	Class B beer		\$ 100	, 20	_
		Town of					Class C wine		\$		
JEDNING BOL)V of the	Village of	Call	Çax					\$		
VEKINING DOL)	City of		1 / / / -			Class A liquo	r (cider only) \$ N		200
		•				V	Člass B liquo	r	\$ 40	0.00	200
Dunr	_	Aldermanic D	ist. No.	(if requir	red by ordinan	nce)	Reserve Cla	ss B liquor	\$		
									ry \$		
hivinl	ual	Partnership		Limited Liabil	lity Company					.50	1
			ı								32
nakas annlication	for the alcoh	not beverage licer	nse(s) checke	ed above.		L					
acco application	aire foot no	ma firet middle	corporations	/limited liabilit	ly companies g	give register	ed name): 🕨		······································		
idividuai/pariners	give last har	Tab.	- em		, , ,	-					
1500 , Ma	XK H.				d to this ann	lication by	each individu	ual applicant.	, by each me	ember of	fa
ship, and by eac company. List th	he name, title	e, and place of res	sidence of ea	ach person.	bione or game.	Home Ac	•				
								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
)//wember	T Tak		501 11)	04+ S+.	Colfap	WI	54730				
	١٥١٠ ، ح										
-		0.00			Ri	usiness Pho	ne Number	715-9	42-33	39_	
ame ▶O	whous	se esur	۲,		Do	ant Office &	7in Code	P.O	Box 81	547	3 <u>0</u>
of Premises 🕨	413	main	→ ,		FC	OST Office &	Zip Codo F .	aonior			
					completion of t	the respons	ible beverage	Server	Yes	P	10
course for this lic	ense period?	?							□ Voc		
		af an acting on he	abalt at anvai	νης ανέφηι της	a nameo aooka	addite					
44 1 1 1 1 1		di liaanaaa ar wha	alocalo nermi	uttee nave anv	v interest in or	CONTROL OF IN	no puomicoo:.	, , , , , , , , , , , , , , , , , , ,			••
1 11	3 1417		ambu Incom	t ctata t		ann date		. 0,,09,000		[] N	.lo
anlicant corporati	ion/limited lia	shility company a	subsidiary of	t any other co	rporation of illi	iliteu liaumty	Company		L Yes		NO
										.	
at hold one intorc	act in any oth	ar alcohol hevera	age license o	or permit in Wi	isconsin?				· · · · Yes	14	VO
All applicants ov	oloin fully on	reverse side of the	his form ever	rv YES answe	er in sections 5	5, 6, 7 and 8	above.)				
					ua ta ba aald ar	nd ctored 1	na anniicani i	nust include			
ns including living sold and stored o	i quarters, if to only on the p	used, for the sale: remises describe	s, service, co ed.) <u>Grou</u>	onsumption, a	ind/or storage o	of alcohol be	everages and deck	records. (Alco	ohol beverag Vh. 5°, de	es 	
escription (omit if	i street addre	⊧ss is given abov€	e):						Vac		No
s this premises lic	censed for th	ne sale of liquor or	r beer during	the past licer	nse year?		,,,,,,,,,,,			' لــــا	· ·
es, under what na	ame was lice	nse issued?Ó	nuthous	x Bar				-1-1-3		///	
ne applicant unde	erstand they n Bureau (TTB	must register as a i) by filing (TTB fo	a Retail Bever orm 5630.5d)	erage Alcohol I before begin	Dealer with the ning business?	e federal gov ? [phone 1-	vernment, Alc 877-882-3277	onoi and]	⊌ Yes		No
o annlicant unde	retand they r	must hold a Wisco	onsin Seller's	s Permit?							No
						in wholesels	re broweries	and brewnish			
ie applicant unde	erstand that th	ney must purchas	e alcohol be	verages only	Trom vvisconsi	iii wiioiesale	SIO, DIEWEIICO	and prompan	J.,,		
	ed Individ Corpor nakes application dividual/partners Islamy Questionr ship, and by eac company. List th at/Member sident/Member sy/Member er/Member er/Member sy/Member and partners or course for this lic oplicant an emplo oporate/limited li poplicant corporation th hold any intere All applicants ex as description: De as including living sold and stored of escription (omit if as this premises li es, under what na the applicant unde to Tax and Trade the applicant unde	ed Individual Corporation / Nonporakes application for the alcoholdividual/partners give last nandershapped in the process of the sident/Member in the process of the sident/Member in the partners or agent of corporation for the sident/Member in the partners or agent of corporate/limited liability comporate/limited liability composition in the corporation, or any officion in the last in the corporation in the process of the proces	Aldermanic D and Individual Partnership Corporation / Nonprofit Organization nakes application for the alcohol beverage licer idividual/partners give last name, first, middle; idiliary Questionnaire," Form AT-103, must be ship, and by each officer, director and agent company. List the name, title, and place of res itle it/Member President sident/Member sy/Member	Aldermanic Dist. No. City of	Aldermanic Dist. No	Aldermanic Dist. No	Continued Cont	Class A lique Corporation / Nonprofit Organization Limited Liability Company Partnership Limited Liability Company Class B lique Corporation / Nonprofit Organization Nonprofit O	Class A liquor Class A liquor (cider only Class A liquor (cider only Class B liquor Class B liquor	/ERNING BODY of the:	/ERNING BODY of the:

AT-106 (R. 7-18)

Wisconsin Department of Revenue

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name))		(middle na	ame)	
mulvioual a Lan Harris (product product)		Marl			A		
Nelson	Post Office	, , ,,,,,	City		State	Zip Code	
Home Address (street/route)	1 000 01110		Cot New	Duburn	WI	54757	
30749 136th St.		Age	Date of Birth	,4045007.7	Place of E	3irth	
Home Phone Number 715 - 961 - 2425		63			Ear	i Claire	
The above named individual provides the foll Applying for an alcohol beverage licenses A member of a partnership which is ma (Officer / Director / Member / Manager / Agen which is making application for an alcoh The above named individual provides the fol How long have you continuously resided Have you ever been convicted of any offer violation of any federal laws, any Wiscon or municipality? If yes, give law or ordinance violated, trial status of charges pending. (If more room	e as an individual. Iking application fo of ol beverage licens lowing information in Wisconsin prior enses (other than the in laws, any laws) al court, trial date a	r an alco (N e. to the lice to this de traffic unit of any of nd penal	hol beverage licens ame of Corporation, Limite ensing authority: ate? (() () + related to alcohol be ther states or ordinity ty imposed, and/or	se. d Liability Compan d Liability Compan	county		₽No
 Are charges for any offenses presently p for violation of any federal laws, any Wis municipality? 	consin laws, any la	aws of ou	iei states oi ordina	illiona or arry v	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		∠-No
 If yes, describe status of charges pending Do you hold, are you making application organization or member/manager/agent beverage license or permit? If yes, identify. 	g. for or are you and of a limited liability	officer, di	rector or agent of a y holding or applyir 	corporation/ing for any oth	nonprofit er alcoh	ol \[Yes	ŲNo
 Do you hold and/or are you an officer, di member/manager/agent of a limited liab brewery/winery permit or wholesale lique If yes, identify. 	rector, stockholder	r, agent o ng or app r rectifier	r employe of any polying for a wholesa	erson or corp ale beer perm of Wisconsin	11.53	Yes	U No
and the state of t			s.				
6. Named Individual must list in Chronologi Employer's Name	nployer's Address			Employed From		To	_/
	30749 13	64 St	. New Aubur	n 1-1-	<u> 78</u>	Present	
Employer's Name En	nployer's Address			Employed From		То	

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.

May M. (Signature of Named Individual)

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first nar	ne)	(middle nar	me)	
Johnson		Lis	a		J		
Home Address (street/route)	Post Office		City	S	State	Zip Code	
501 West St.			Colcar	i	WI	5473	30
Home Phone Number		Age	Date of Birth	P	Place of Bir	Clarie	
715-942-2829		42			h	7)	
The above named individual provides the	following information	20.2.00	rean who is (check	ana).			
The above named individual provides the Applying for an alcohol beverage lice			19011 WHO IS (CHECK	one,.			
A member of a partnership which is			nhol heverage lice	nse			
A member of a partnership which is	of	arraioc	of of beverage noci	1100.			
(Officer / Director / Member / Manager / A		(1	Name of Corporation, Limi	ted Liability Company or	Nonprofit (Organization)	
which is making application for an alc	ohol beverage licens	e.					
The above named individual provides the			ensing authority				
How long have you continuously resident				urs			
Have you ever been convicted of any or a series of the convicted of t				peverages) for			
violation of any federal laws, any Wisc	onsin laws, any laws	of any o	ther states or ordir	nances of any cou	unty		
or municipality?						Yes	y −No
If yes, give law or ordinance violated, t	rial court, trial date ar	nd penal	ty imposed, and/or	date, descriptior	n and		
status of charges pending. (If more room	m is needed, continue o	n reverse	side of this form.)				
Are charges for any offenses presently	nending against you	(other th	nan traffic unrelate	d to alcohol beve	erages)		
for violation of any federal laws, any W							-
municipality?						Yes	₩No
If yes, describe status of charges pend	ing.						
4. Do you hold, are you making application	on for or are you an of	fficer, dir	ector or agent of a	corporation/non	profit		
organization or member/manager/ager beverage license or permit?						Yes	[JNo
If yes, identify.			* * * * * * * * * * * * * * * * * * * *				
n you, raonary.	(Nar	ne, Location	and Type of License/Per	mil)			
5. Do you hold and/or are you an officer, o					ion or		
member/manager/agent of a limited lial						···	
brewery/winery permit or wholesale liqu	uor, manufacturer or r	ectifier p	permit in the State	of Wisconsin?		Yes	→ No
If yes, identify.					000		
Name of Who. Named individual must list in chronolog.	ilesale Licensee or Permittee)	nlovere		(Address By 0	Uity and Uo.	unty)	
	mployer's Address	ipioyers.		Employed From	То	>	
2 d to an 12/1/	0.1	Link		08-7000		128-70	70.7
Employer's Name	Mchomonie mployer's Address			08 - Zoo C Employed From	To	,	
motel to	Menomonie	hi.	١	06-2002	. 0	9-2007	_

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

Renewal Alcoho	, -	- ,	plication	Applicant's Wisconsin Seller's Pe	
(Submit to municipal clerk.	Read instructions	s on page 3.)		FEIN Number	0.66
For the license period begin	nning: '7 - 1 - 2	1020 ending:	6-30-2021	FEIN Number 26 0269	185
To the hoshod period bogn		y)	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of	Calcar		Class A beer	\$
To the Governing Body of the	ne: Village of }_	Coltur		Class B beer	\$ 100.60
	☐ City of 🤳			Class C wine	\$ \$00.00
County of	Mn		nic Dist. No	Class A liquor	\$
County of			ed by ordinance)	Class A liquor (cider only)	\$ N/A
~		(// / 545//	33 S) 3/3///3//30/	Class B liquor	\$
Check one: 🍸 Individual 👚	Limited Liabil	lity Company		Reserve Class B liquor	\$
☐ Partnership	☐ Corporation/f	Nonprofit Organiza	ation	Class B (wine only) winery	\$
				Publication fee	\$ 22.50
Complete A or B. All mus	t complete C.			TOTAL FEE	\$ 222.50
۸. Individual or Partnersh	ip:				
Full Name (Last)	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Jenson	Anne	\mathcal{E} .	1805 €.	Railroal Au Colfe City or Post Office, & Zip Code)	w WI.547-
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)	
, ,			, , , , , , , , , , , , , , , , , , , ,	*	
. LLC or Corporation (an					
full Legal Name of Corporation / No	onprofit Organization / Limi	ited Liability Company	Address of Corporation / Li	imited Liability Company (if different fro	m licensed premises)
L corporations/organization	s or limited liability of	companies applyir	ng for a license to sel	Il fermented malt beverages a	nd/or intovicating
uor must appoint an agent.		sompanies applyii	ig for a licerise to ser	ii leimented mait beverages a	nd/or intoxicating
gent Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
Jenson	Anne	ξ.	865 8 8	Cai) road Acre. Coltas	1117 54721
					owr 317D
II Officer(s) Director(s) of					
resident / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
ice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
ecretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
reasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street C	City or Post Office, & Zip Code)	
	1	(,	
irectors / Managers Last Name	(First)	(Middle Name)	Home Address (Street O	Nity or Post Office 9 7in Cada	
rectors / managers Last Hame	(Filot)	(windle Name)	nome Address (Street, C	City or Post Office, & Zip Code)	
		40.10			
rectors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	lity or Post Office, & Zip Code)	
	1				
Business Information					
	n / 1.	-		7	A 11.1 45
Trade Name A Litt	le Slice of	Italy	Business Phon	e Number <u>115-94</u>	2-4444
Address of Premises	501 main	St		ip Code Colfoo WI	
				n Wisconsin wholesalers, brev	/
and brewpubs?				Yes	☐ No
Premises description: De	escribe building or t	buildinas where s	ilcohol beverages an	e to be sold and stored. The	applicant must
				ion, and/or storage of alcohol	
records. (Alcohol beverage	ges may be sold and	d stored only on t	he premises describe	ed.)	-
-				ns, kitchen, pat,	
_ Dining (com, par	ty room,	Storage Pody	ns Kitchen, Part	io.
•	, 1	,		' RECEI	VED
				MAY 2 R	2020

5.	Legal description (omit if street addr	ess is given on previous	page):			
6.	a. Since filing of the last application member, officer, director, managorganization licensee been confor violation of any federal laws, or municipality? If yes, complete	ger or agent for either a victed of any offenses any Wisconsin laws, ar	limited liability compa (excluding traffic offer try laws of other states	any licensee, or nonprofit enses not related to alcohol) s, or ordinances of any county		13 No
	b. Are charges for any offenses pa the named licensee or any other				. 🗌 Yes	□∕No
7.	Except for questions 6a and 6b, ha by you on your last application for t	his license? If yes, ex	plain		☐ Yes	No
8	Was the profit or loss from the sale of	f alcohol heverages for t				
	or Franchise Tax return of the license				1 Yes	□No
	Does the applicant understand they riphone (608) 266-2776]	nust hold a Wisconsin S	Seller's Permit?		Yes	□ No
	Does the applicant understand that all rom the date of invoice and made ava				Wes	□No
11. 1	s the applicant indebted to any whole	esaler beyond 15 days f	or beer or 30 days for	liquor?	☐ Yes	IJ No
(1	Does the applicant owe municipal pro Note: Renewal of licenses may be d ssessments or other fees).				☐ Yes	
been applicand coid, a this applicant than \$\frac{3}{2}\$	CAREFULLY BEFORE SIGNING: truthfully answered to the best of the cation; that the applicant has read and orrect. The undersigned further under and under penalty of state law, the application. Any person who knowingly \$1,000.	knowledge of the signer d made a complete answerstands that any license pplicant may be prosect	The signer agrees the wer to each question, as issued contrary to Cuted for submitting fals	at he/she is the person named and that the answers in each i hapter 125 of the Wisconsin S se statements and affidavits in	I in the fore nstance a Statutes sh connectio	egoing re true nall be on with
Signat	Real Jaison	d Armele.	Phone Number	Email Address	202	
			715556-41	O PEUABIAGO	AND COL	$\frac{\partial}{\partial}$
то ве	COMPLETED BY CLERK					
Date re	ceived and filed with municipal clerk	Date reported to council / bo	pard	Date license granted		
	5 26-2020	6.22.20				
License	number issued	Date license issued		Signature of Clerk / Deputy Clerk	Uner	

Submit to municipal clerk.

Home Address (Interestruction) Post Office City State Zip Code	Γ	Individual's Full Name (please print) (last na	me)	(first nan	pe)	(middle n	ame)	
Home Address (streetworker) Post Office City Co Fax Wit		Tenson Ann	o E.					
Home Prone Number The above named individual provides the following information as a person who is (check one): Place of Birth Portage Cutt Provided Place of Birth Portage Cutt Portage Cutt Place of Birth Portage Cutt Place of Birth Portage Cutt Place of Birth Portage Cutt Portage Cutt Place of Birth Portage Cutt Place of Birth Portage Cutt Portage Cutt Portage Cutt Place of Birth Portage Cutt Place of Birth	Ī	Home Address (street/route)	Post Office		City	State	Zip Code	
Place of Birth Portage Cutt The above named individual provides the following information as a person who is (check one): Applying for an alcohol beverage license as an individual. A member of a partnership which is making application for an alcohol beverage license. A member of a partnership which is making application for an alcohol beverage license. (Name of Corporation, Limited Liability Company or Nonprofit Organization) which is making application for an alcohol beverage license. He above named individual provides the following information to the licensing authority: How long have you continuously resided in Wisconsin prior to this date?		805 E. Reil road	Seve		Colfay	WI	54730	5
The above named individual provides the following information as a person who is (check one): A poplying for an alcohol beverage license as an individual. A member of a partnership which is making application for an alcohol beverage license. Of (Officer / Disector / Member / Manager / Agent)	1	Home Phone Number	400	Age	Date of Birth	Place of E	irth	
The above named individual provides the following information as a person who is (check one): A poplying for an alcohol beverage license as an individual. A member of a partnership which is making application for an alcohol beverage license. Of (Officer / Disector / Member / Manager / Agent)		715 556-4110		52		Por	tage lut	-
A member of a partnership which is making application for an alcohol beverage license. A member of a partnership which is making application for an alcohol beverage license.	_			I		 1		
A member of a partnership which is making application for an alcohol beverage license. Of					son who is (check one):			
Officer / Director / Member / Memager / Agent)	L							
Which is making application for an alcohol beverage license. The above named individual provides the following information to the licensing authority: 1. How long have you continuously resided in Wisconsin prior to this date? 2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.) 3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? If yes, describe status of charges pending. 4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? If yes, identify. (Name, Location and Type of License/Permiti) 5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, breweny/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? (Name of Wholesale Licensee or Permittee) (Address & City and County) 8. Named individual must list in chronological order last two employers. Employer's Name Employer's Name Employer's Name Employer's Name Employer's Name Employer's Name Employer Name	L	A member of a partnership which	is making application for	an alco	hol beverage license.			
which is making application for an alcohol beverage license. The above named individual provides the following information to the licensing authority: 1. How long have you continuously resided in Wisconsin prior to this date? 2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.) 3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? If yes, describe status of charges pending. 4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? If yes, identify. In Ame, Location and Type of License/Permit) 5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/Winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? If yes, identify. Image of Wholesale Licensee or Permittee) Address By City and County) Address By City and County) Named individual must list in chronological order last two employers. Employer's Address Employer's Address Employer's Address Employer From To Employer From To Employer From To Employer From Employer's Name Employer's Address Employer From To Employer From To Employer States Employer's Address	L	(Officer / Director / Member / Manage	of			0		
The above named individual provides the following information to the licensing authority: 1. How long have you continuously resided in Wisconsin prior to this date? 2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.) 3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? If yes, describe status of charges pending. 4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? If yes, identify. (Name, Location and Type of License/Permit) 5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? (Name of Wholesale Licensee or Permittee) (Name of Wholesale Licensee or Permittee) (Address By City and County) 6. Named individual must list in chronological order last two employers. Employer's Name Employer's Address Employer's Address Employer From To Charles Employer From To Employer From Employer's Address Employer's Address Employer's Address			,		ине от Согрогаціон, Сітіцва Сіавіні;	y Company or Nonpront	Organization)	
1. How long have you continuously resided in Wisconsin prior to this date? 52 44435 2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?		which is making application for an a	alconol beverage license) ,				
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?								
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?						ars		
or municipality?	2.	Have you ever been convicted of an	y offenses (other than tr	affic unre	lated to alcohol beverag	es) for	****	
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.) 3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?		violation of any federal laws, any Wi	sconsin laws, any laws o	of any oth	ner states or ordinances	of any county		
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?		or municipality?					Yes	No (X
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?		If yes, give law or ordinance violated	l, trial court, trial date an	d penalty	imposed, and/or date, d	lescription and		
for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?		status of charges pending. (If more re	oom is needed, continue or	reverse :	side of this form.)			
for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?	3.	Are charges for any offenses presen	tly pending against you	other th	an traffic unrelated to alco	nhal haverages)		
If yes, describe status of charges pending. 4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?		for violation of any federal laws, any	Wisconsin laws, any law	s of othe	er states or ordinances of	f any county or		
If yes, describe status of charges pending. 4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? [Name, Location and Type of License/Permit] 5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? [Name of Wholesale Licensee or Permittee] [Name of Wholesale Licensee or Permittee] [Maddress By City and County] [Employer's Name] [Employer's Address] [Employer's Address] [Employer's Address] [Employer's Address] [Employer's Address] [Employer's Name] [Employer's Address]		municipality?					Yes	(No
organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?		If yes, describe status of charges per	nding.					70.0
beverage license or permit?	4.							
If yes, identify. (Name, Location and Type of License/Permit) 5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?		organization or member/manager/ag	ent of a limited liability of	ompany	holding or applying for ar	ny other alcohol		
(Name, Location and Type of License/Permit) 5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?					·			DNo
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No If yes, identify. (Name of Wholesale Licensee or Permittee) (Name of Wholesale Licensee or Permittee) (Name of Individual must list in chronological order last two employers. Employer's Name Employer's Address Employer's Address Employer's Name		If yes, identify.						,
member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?	_	Decree had early and the first transfer of t						
brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes PNo If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County) 6. Named individual must list in chronological order last two employers. Employer's Name Employer's Address Employed From To	5.	Do you hold and/or are you an officer	r, director, stockholder, a	gent or e	mploye of any person or	corporation or		
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County) 6. Named individual must list in chronological order last two employers. Employer's Name								
(Name of Wholesale Licensee or Permittee) (Address By City and County) 6. Named individual must list in chronological order last two employers. Employer's Name			quor, manufacturer or re	ctitier pe	rmit in the State of Wisco	onsin?	💹 Yes 🖔	XINO
6. Named individual must list in chronological order last two employers. Employer's Name Employer's Address Employed From To								
Employer's Name Self Solmain St Colfup Employer's Name Employer's Address Employer's Name Employer's Address Employer's From To OCISENT Employer's Name Employer's Address Employer's Name	e		,	.1	ſ	Address By City and Co	unty)	
Self 501 main St G/F40 2007 Present Employer's Name Employer's Address Employed From To				loyers.	l emilional	(F		
Employer's Name Employer's Address Employed From To				0.		1	, Q	,
ampoyed Flori			Employer's Address	91	/	-	MISLIN	<i>-</i>
1.11/14/C +17 202 11/02/ St Without 1991 2001		. 1		010	1	ľ) 2657	
	L	VIVAGE +OO	sow mein st	UD Ho	yo 177	,	a 00 1	

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.

AT-103 (R. 7-18)

Renewal Alcohol E	Beverage l	License App	lication	Applicant's Wisconsin Seller's Perr 456-1026446429-02	mit Number
(Submit to municipal clerk. R	ead instruction	s on page 3.)		FEIN Number 27-1107309	
For the license period beginning	ng: 07 01 202 (mm dd yy)	0 ending: 06	30 2021 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of `			✓ Class A beer	\$ 10
To the Governing Body of the:	☑ Village of }	COLFAX		Class B beer	\$
,	City of			☐ Class C wine	\$
	_ ,		Di CN	☐ Class A liquor	\$
County of DUNN			c Dist. No d by ordinance)	Class A liquor (cider only)	\$ N/A
		(ii required	by ordinance)	Class B liquor	\$
Check one: Individual	✓ Limited Liab	ility Company		Reserve Class B liquor	\$
☐ Partnership		/Nonprofit Organizat	tion	Class B (wine only) winery	\$
i aithership	ociporation	Tronprone organization		Publication fee	\$ 23.
Complete A or B. All must o	omplete C.			TOTAL FEE	\$ 3 2
A. Individual or Partnership				1 0 0 0 0 0 0 0 de)	
Full Name (Last)	(First)	(Middle Name)	1	t, Cky or Post Office, & Zip Code)	E 4 E 0 0
Thaler	Steven	M		St Chippewa Falls, WI	54729
Full Name (Last)	(First)	(Middle Name)	T T	t, City or Post Office, & Zip Code)	
Thaler	John	Т		St Chippewa Falls, WI	54729
Full Name (Last)	(First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)	
B. LLC or Corporation (and Full Legal Name of Corporation / Nong J & S Sales of Chipp All corporations/organizations liquor must appoint an agent. Agent Last Name DEMOE All Officer(s) Director(s) of Chipp Sales of	orofit Organization / Lipewa Falls, or limited liability (First) RONDI	LLC / companies applyin (Middle Name) I Members / Manag	g for a license to s Home Address (Stree PO BOX 251 ers of Limited Lia	Limited Liability Company (if different from the company) (if	
President / Member Last Name	(First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)	
Thaler	Steven	M	310 S Main	St Chippewa Falls,WI	54729
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)	
Thaler	John	lt	310 S Main	St Chippewa Falls, WI	54729
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)		et, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Stree	et, City or Post Office, & Zip Code)	
C. Business Information			1,		
1. Trade Name Express 1	Mart		Business Ph	none Number 715-962-3241	L
2. Address of Premises 616	MAIN ST		Post Office	& Zip Code <u>COLFAX</u> , WI 54	730
and brewpubs?					
Premises description: De include all rooms includin records. (Alcohol beverage)	a livina auarters	. if used. for the sale	es, service, consur	s are to be sold and stored. The mption, and/or storage of alcohoribed.)	ne applicant mus ol beverages and
Convenience Store					
					atera and a second a second and

5.	Legal description (omit if street address	is given on previous p	age): Convenience	e Store			
6.	a. Since filing of the last application, h member, officer, director, manager organization licensee been convict for violation of any federal laws, any or municipality? If yes, complete p	or agent for either a li ted of any offenses (y Wisconsin laws, any	mited liability compar excluding traffic offer laws of other states,	ny licensee, on nses not relat or ordinance:	r nonprofit ed to alcohol) s of any county	☐ Yes	☑ N
	b. Are charges for any offenses prese the named licensee or any other per					☐ Yes	☑ N
7.	Except for questions 6a and 6b, have by you on your last application for this					☐ Yes	☑ No
			,				
8.	Was the profit or loss from the sale of all or Franchise Tax return of the licensee?					✓ Yes	□N
9.	Does the applicant understand they mu [phone (608) 266-2776]	st hold a Wisconsin S	eller's Permit?			☑ Yes	□ No
10.	Does the applicant understand that alco from the date of invoice and made available.					✓ Yes	□ No
11.	Is the applicant indebted to any wholesa	aler beyond 15 days fo	or beer or 30 days for	liquor?		☐ Yes	☑ No
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be detassessments or other fees).					☐ Yes	⊘ No
bee app and void this	AD CAREFULLY BEFORE SIGNING: Use truthfully answered to the best of the killolication; that the applicant has read and discorrect. The undersigned further undersigned further undersigned further undersigned further undersigned, and under penalty of state law, the application. Any person who knowingly particular in \$1,000.	nowledge of the signer made a complete ansy stands that any licenso blicant may be prosect	. The signer agrees the wer to each question, e issued contrary to Cuted for submitting fal	nat he/she is the and that the a Chapter 125 o se statements	ne person name answers in each f the Wisconsin a and affidavits in	d in the fo instance : Statutes : n connect	regoing are true shall be ion with
	ntact Person's Name (Last, First, M.I.)		Title / Member Member		Date 5-14-2	1020	
-	maler, Steven M.		Phone Number		Email Address		
X	turn fialler		715-723-2822	···········	www.thalero	oil.com	1
)		Machine Market M			- 10 882 202 32 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
то	BE COMPLETED BY CLERK					·	
Date	e received and filed with municipal clerk	Date reported to council / b	oard	Date license g	ranted		
Lice	5-18-2020 ense number issued	Date license issued		Signature of C	lerk / Deputy Clerk	200	

Submit to municipal clerk.

Individual's Full Name (please print) (last ri	ame)	(first name	9)		(middle i	name)	
THALER	S	TEVEN				Ŋ	
Home Address (street/route)	Post Office	7227211	City		State	Zip Code	
310 S MAIN ST	CHIPPEWA		CITTODEWA				
Home Phone Number	CHIPPEWA	Age	CHIPPEWA Date of Birth	ГАЦЦЬ	Place of	54729 Birth	
7125-723-2822		67					
7123 723 2022		67	L	<u> </u>	CHIE	PPEWA FAI	S
The above named individual provides Applying for an alcohol beverage Amember of a partnership which STEVEN M THALER (Officer / Director / Member / Manage which is making application for an	license as an individual h is making application fo of J & ger/Agent) n alcohol beverage license	or an alcoh c S SA (Na e.	nol beverage licer LES OF CHI	nse. IPPEWA F.		LLC fit Organization)	
The above named individual provides				_			
1. How long have you continuously re							
 Have you ever been convicted of a violation of any federal laws, any V or municipality? If yes, give law or ordinance violate status of charges pending. (If more 	Visconsin laws, any laws 	of any oth nd penalty	er states or ordin imposed, and/or	ances of any	county	🗌 Yes	√ No
 Are charges for any offenses prese for violation of any federal laws, an municipality? If yes, describe status of charges p Do you hold, are you making applie organization or member/manager/a beverage license or permit? If yes, identify. 	ey Wisconsin laws, any law ending. cation for or are you an of agent of a limited liability o	ws of othe	r states or ordina ctor or agent of a nolding or applyin	corporation/n	ounty or onprofit	Yes	✓ No ✓ No
 Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesaled If yes, identify. 	er, director, stockholder, a d liability company holding e liquor, manufacturer or r	agent or e g or apply	mploye of any pe	rson or corpo le beer permit			√ No
	f Wholesale Licensee or Permittee)			(Address	By City and	County)	
Named individual must list in chron Employer's Name	ological order last two em	ipioyers.				T	
THALER OIL CO INC	1 ' '	7		Employed From	0.60	Dagger	
Employer's Name	310 S MAIN ST			01/01/1 Employed From	968	Present	
	ampio, or o / day ood			Linployed Profit		10	
READ CAREFULLY BEFORE SIGNIN peen truthfully answered to the best of application; that the applicant has read a correct. The undersigned further undersunder penalty of state law, the applicantion. Any person who knowingly provide	the knowledge of the sign and made a complete ans stands that any license iss t may be prosecuted for s	ner. The s wer to ead ued contr ubmitting	igner agrees that ch question, and t ary to Chapter 12 false statements	he/she is the hat the answe 5 of the Wisco and affidavits	person r ers in eac ensin Stat in conne	named in the formation in the formation in the following	oregoing true and roid, and applica-

Submit to municipal clerk.

Individual's Fuli Name (please print) (last name)	/fire	of name) '	/5-1	-H	
Denice		st name) ' SV Ch		die name) / CCSOO	
Home Address (street/route)			***************************************	•	
702 Pine St.	Post Office POPOXAS	SI COI	fox State	Zip Code 5472	0
Home Phone Number 715 - 556-37	196 G	Date of Birth	Place	of Birth Claire,	Wi
The above named individual provides the follo Applying for an alcohol beverage license A member of a partnership which is mak Cofficer / Director / Member / Manager / Agent) which is making application for an alcohol	as an individual. ing application for an of	alcohol beverage lice	·	nprofit Organization)	
The above named individual provides the follow	wing information to the	e licensing authority.			
How long have you continuously resided in			(S.		
Have you ever been convicted of any offen violation of any federal laws, any Wisconsir or municipality?	ses (other than traffic n laws, any laws of an ourt, trial date and pe	unrelated to alcohol ny other states or ordi	beverages) for nances of any county	Yes	X No
 Are charges for any offenses presently pend for violation of any federal laws, any Wiscommunicipality?	or are you an officer,	director of agent of a	ances of any county of the county of the corporation/nonprofing for any other alcol	or Yes	No □ No
5. Do you hold and/or are you an officer, direct member/manager/agent of a limited liability brewery/winery permit or wholesale liquor, n If yes, identify.	or, stockholder, agent company holding or a nanufacturer or rectifie	or employe of any papplying for a wholesa	erson or corporationale beer permit, of Wisconsin?		∏ No
·	licensee or Permittee)		(Address By Cily a	nd County)	
6. Named individual must list in chronological of Employer's Name Country o	rder last two employer's Address	ers.	Employed Esser	To.	
5+ Paul Catholic School Employer	Bloomer	c Wi	Employed From	To 2010	
	's Address		Employed From	To	
READ CAREFULLY BEFORE SIGNING: Under the peen truthfully answered to the best of the known application; that the applicant has read and made correct. The undersigned further understands that ander penalty of state law, the applicant may be on. Any person who knowingly provides material	ledge of the signer. To a complete answer to t any license issued co prosecuted for submit	The signer agrees that to each question, and contrary to Chapter 12 tting false statements	t he/she is the persor that the answers in ea 25 of the Wisconsin Si and affidavits in con	n named in the fore each instance are treat tatutes shall be voi nection with this a	egoing ue and id, and polica-

Renewal Alcohol			plication	Applicant's Wisconsin Seller's Peri 456 102 559 /	mit Number 866 03
(Submit to municipal clerk. R			4	FEIN Number 26 030 11	
For the license period beginni	ng: 7-1-20 (mm dd yyyy)) O ending:	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of)	A . A		P Class A beer	\$ 10.00
To the Governing Body of the	: Village of }_	Colfax		Class B beer	\$
•	City of			Class C wine	\$
			de Diet Nie	Class A liquor	\$ 50.00
County of <u>Dunn</u>		Aldermar	ed by ordinance)	Class A liquor (cider only)	\$ N/A
		(ii require	d by ordinarioo)	Class B liquor	\$
Check one: Individual	Limited Liabili	ty Company		Reserve Class B liquor	\$
☐ Partnership	Corporation/N		ation	Class B (wine only) winery	\$
		· · · · · ·		Publication fee	\$ 22.50
Complete A or B. All must o	complete C.			TOTAL FEE	\$ 82.50
A. Individual or Partnership	:				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Loot)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(1 1131)	(middio Hamo)	10.113 / 1031000 (01000)		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
2 11 Cor Corneration (and	Acant):				
3. LLC or Corporation (and	refit Organization / Limit	ed Liability Company	Address of Corporation / Li	mited Liability Company (if different fro	m licensed premises'
			At OULL!	Rd M Colfap WI	54720
Kyles /	narket I				
Il corporations/organizations quor must appoint an agent.	or limited liability of	ompanies applyir	ng for a license to sel	I fermented malt beverages a	nd/or intoxicatin
Agent Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Kressin	Kule	Д	N8441 Co1	RdM Colfax WF 5	54730
II Officer(s) Director(s) of C	Corporation and M	lembers / Manac	ers of Limited Liab	ility Company:	
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
	1 2		[1724
Kression / Member Last Name	Kyle (First)	(Middle Name)	Home Address (Street (d M COLFAR WI 5° City or Post Office, & Zip Code)	1730
ي د	1		ALAG ARM	SI 614 0000 0 107	- 41739
Secretary / Member Last Name	Nicholas	(Middle Name)	Hamp Address (Street (St. EIK Mound WI City or Post Office, & Zip Code)	
	(First)	1			
reasurer / Member Last Name	Claudia	し	N8441 W. Re	IM. Colfax WI 5 Dity or Post Office, & Zip Code)	4730
reasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	city or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
			(0)	Nitron Deat Office 9 7in Code)	
irectors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Durings Information	1				
Business Information	·	-	Rusiness Phon	ne Number 715-962-	3585
Address of Province	15 marie	C1	Post Office 8. 7	Zip Code Colfax WI	54420
and brewpubs?					☐ No
 Premises description: De include all rooms including records. (Alcohol beverage 	living quarters, if	used, for the sale	s, service, consumpt	re to be sold and stored. The fion, and/or storage of alcoho led.)	applicant must beverages and
Liquor is	sold in room	n by front	registers	,	
Cold beer	is sold	in beer co	we.		
Warm bee	r is sold	on sales fl	our by beer co	ave	

_	Legal description (omit if street addre	ess is given on previous	page):				
	Since filing of the last application member, officer, director, managorganization licensee been confor violation of any federal laws, or municipality? If yes, complete.	n, has the named license er or agent for either a victed of any offenses any Wisconsin laws, an	ee, any member of a p limited liability compar (excluding traffic offer y laws of other states,	ny licensee, nses not rela or ordinance	ted to alcohol) es of any county	☐ Yes	[v] No
	b. Are charges for any offenses prother named licensee or any other	esently pending (exclude persons affiliated with the	ding traffic offenses no is license? If yes, exp	t related to a	lcohol) against n page 3	☐ Yes	₽ No
7.	Except for questions 6a and 6b, ha by you on your last application for t	ve there been any chan his license? If yes, exp	ges in the answers to	the question	s as submitted	☐ Yes	⊋ ∕Nc
8.	Was the profit or loss from the sale o or Franchise Tax return of the license	f alcohol beverages for thee? If not, explain	ne previous year report	red on the Wi	sconsin Income	₽Yes	☐ No
9.	Does the applicant understand they [phone (608) 266-2776]	must hold a Wisconsin S	Seller's Permit?			₽ ′Yes	☐ No
10.	Does the applicant understand that a from the date of invoice and made a	lcohol beverage invoices allable for inspection by	s must be kept at the li- law enforcement?	censed prem	ises for 2 years	√ Yes	☐ No
11.	Is the applicant indebted to any who	esaler beyond 15 days f	or beer or 30 days for	liquor?		☐ Yes	IJN0
	Does the applicant owe municipal pr (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 r	nunicipal taxes,	☐ Yes	₽ No
peei appl and oid his han	AD CAREFULLY BEFORE SIGNING in truthfully answered to the best of the ication; that the applicant has read an correct. The undersigned further under and under penalty of state law, the application. Any person who knowing \$1,000. act Person's Name (Last, First, M.I.)	e knowledge of the signe nd made a complete ans ferstands that any licens applicant may be prosec	r. The signer agrees the wer to each question, the issued contrary to Couted for submitting falsise information on this	at ne/sne is t and that the chapter 125 c se statement	ne person name answers in each of the Wisconsin s and affidavits in any be required to	instance a Statutes s connection of forfeit no	are true shall be on with ot more
	Aressin Kyle	A	Phone Number		Email Address in 10 @ Kyl	<u> </u>	
oign.	Ly Thos		Phone Number 715-962-	3585	in/oekyl	esmark	el
		*.	A STATE OF THE STA				
	BE COMPLETED BY CLERK received and filed with municipal clerk	Date reported to council / I	poard	Date license g	ranted		
Jaie	6-14-2020	6.22.20					
Licer	se number issued	Date license issued	*	Signature of C	lerk / Deputy Clerk	J.	

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first nam	e)	(mida	dle name)	
Lressi	$\hat{}$	Kule		A	lan	
Home Address (street/route)	Post Office	<u> </u>	City	State	Zip Code	
N8441 COK	ld M		Colfax		IT 547	30
Home Phone Number	0.0.0	Age	Date of Birth	1501/04/04/04/04/04	of Birth	
715-962.	- 2391	57			loomer, W	J
Γhe <i>above named individual</i> prov	ides the following inform:	ation as a ners	on who is (check one)			
Applying for an alcohol bever			on who is (check one).	•		
A member of a partnership v			al bayaraga Kasasa			
		OHIOLAH AICO	on beverage license.			
President (Officer / Director / Member / I	of	KYIES	Market me of Corporation, Limited Lia	bility Company or Non-	profit Organization)	
which is making application for		cense		<i>----</i>	prom organization,	
	· ·					
he <i>above named individual</i> provi						
. How long have you continuous				lars		
. Have you ever been convicted	of any offenses (other th	nan traffic unre	lated to alcohol bever	rages) for		
	ny Misconsin Jawa any I	aws of any oth	or otatoo or andiname	es of any county	,	
violation of any federal laws, a	ny vvioconomiawo, any n	and of any on	iei states of ordinance			
violation of any federal laws, a						
violation of any federal laws, a or municipality?					Yes	\
violation of any federal laws, a or municipality?	 olated, trial court, trial da	te and penalty	imposed, and/or date		Yes	1 🔯
violation of any federal laws, a or municipality?	 olated, trial court, trial da	te and penalty	imposed, and/or date		Yes	1 🔯
violation of any federal laws, a or municipality?	plated, trial court, trial da	te and penalty	imposed, and/or date	e, description an	Yes	1 🔯
violation of any federal laws, a or municipality?	plated, trial court, trial da more room is needed, contir resently pending against	te and penalty nue on reverse s	imposed, and/or date ide of this form.) In traffic unrelated to a	e, description an	d Yes	1 🔯
violation of any federal laws, a or municipality?	plated, trial court, trial da more room is needed, contir resently pending against , any Wisconsin laws, ar	te and penalty nue on reverse s you (other than ny laws of othe	imposed, and/or date ide of this form.) In traffic unrelated to a r states or ordinances	e, description an	d Yes	
violation of any federal laws, a or municipality?	plated, trial court, trial da more room is needed, contin resently pending against , any Wisconsin laws, ar	te and penalty nue on reverse s you (other than ny laws of othe	imposed, and/or date ide of this form.) In traffic unrelated to a r states or ordinances	e, description an	d Yes	
violation of any federal laws, a or municipality?	plated, trial court, trial da more room is needed, continates resently pending against any Wisconsin laws, ar es pending.	te and penalty nue on reverse s you (other than ny laws of othe	imposed, and/or date ide of this form.) In traffic unrelated to a r states or ordinances	alcohol beverages of any county c	d es) or Yes	
violation of any federal laws, a or municipality?	plated, trial court, trial da more room is needed, conting resently pending against any Wisconsin laws, ar poplication for or are you a	te and penalty nue on reverse s you (other than ny laws of other	imposed, and/or date ide of this form.) In traffic unrelated to a r states or ordinances	alcohol beverage s of any county county county county	d Yes d	
violation of any federal laws, all or municipality?	plated, trial court, trial da more room is needed, conting resently pending against any Wisconsin laws, ar polication for or are you alter/agent of a limited liable.	te and penalty nue on reverse s you (other tha ny laws of othe an officer, direct	imposed, and/or date ide of this form.) In traffic unrelated to a r states or ordinances otor or agent of a corpholding or applying for	alcohol beverages of any county cooration/nonprofit	d es) or t not	[À
violation of any federal laws, an or municipality?	plated, trial court, trial da more room is needed, conting resently pending against any Wisconsin laws, ar polication for or are you alter/agent of a limited liable.	te and penalty nue on reverse s you (other tha ny laws of othe an officer, direct	imposed, and/or date ide of this form.) In traffic unrelated to a r states or ordinances otor or agent of a corpholding or applying for	alcohol beverages of any county cooration/nonprofit	d es) or t not	NK.
violation of any federal laws, all or municipality?	plated, trial court, trial da more room is needed, conting resently pending against any Wisconsin laws, ar polication for or are you alter/agent of a limited liable.	te and penalty nue on reverse s you (other tha ny laws of othe an officer, direct	imposed, and/or date ide of this form.) In traffic unrelated to a r states or ordinances otor or agent of a corpholding or applying for	alcohol beverages of any county cooration/nonprofit	d es) or t not	[À
violation of any federal laws, a or municipality?	plated, trial court, trial da more room is needed, conting resently pending against any Wisconsin laws, any Wisconsin laws, and the plate of the pla	te and penalty nue on reverse s you (other tha ny laws of othe an officer, direct illity company l	imposed, and/or date ide of this form.) In traffic unrelated to a r states or ordinances otor or agent of a corpholding or applying for	alcohol beverage s of any county cooration/nonprofir	es) or Yes t not Yes	[À
violation of any federal laws, a or municipality?	polated, trial court, trial da more room is needed, conting resently pending against any Wisconsin laws, are pending. population for or are you a per/agent of a limited liable pofficer, director, stockhold	te and penalty nue on reverse s you (other than ny laws of othe an officer, direct illity company l (Name, Location a der, agent or e	imposed, and/or date ide of this form.) In traffic unrelated to a restates or ordinances of the ordina	alcohol beverages of any county county of coration/nonprofination any other alcohological corporation	es) or Yes t not Yes	<u> </u>
violation of any federal laws, a or municipality?	polated, trial court, trial da more room is needed, conting resently pending against any Wisconsin laws, any Wisconsin laws, any es pending. poplication for or are you a per/agent of a limited liable.	te and penalty nue on reverse s you (other than y laws of othe an officer, direct illity company l (Name, Location a der, agent or e	imposed, and/or date ide of this form.) In traffic unrelated to a restates or ordinances of the corp and the	alcohol beverages of any county cooration/nonprofir any other alcohol or corporation	es) or t nol Yes	
violation of any federal laws, a or municipality?	polated, trial court, trial da more room is needed, conting resently pending against any Wisconsin laws, any Wisconsin laws, any es pending. poplication for or are you a per/agent of a limited liable.	te and penalty nue on reverse s you (other than y laws of othe an officer, direct illity company l (Name, Location a der, agent or e	imposed, and/or date ide of this form.) In traffic unrelated to a restates or ordinances of the corp and the	alcohol beverages of any county cooration/nonprofir any other alcohol or corporation	es) or t nol Yes	
violation of any federal laws, a or municipality?	plated, trial court, trial da more room is needed, conting resently pending against any Wisconsin laws, ar es pending. poplication for or are you alter/agent of a limited liable. pofficer, director, stockhold liability company ho sale liquor, manufacturer	te and penalty nue on reverse s you (other tha ny laws of othe litty company I (Name, Location a der, agent or e olding or applyi or rectifier pe	imposed, and/or date ide of this form.) In traffic unrelated to a restates or ordinances of the corp and the	alcohol beverage s of any county coration/nonprofit any other alcohol or corporation per permit, isconsin?	es) or Yes t not Yes or Yes	
violation of any federal laws, a or municipality?	plated, trial court, trial da more room is needed, conting resently pending against any Wisconsin laws, any Wisconsin laws, are spending. poplication for or are you alter/agent of a limited liable of the liable of the liable of the liable of the liable	te and penalty nue on reverse s you (other tha ny laws of othe litty company l (Name, Location a der, agent or e sliding or applyic or rectifier pe	imposed, and/or date ide of this form.) In traffic unrelated to a restates or ordinances of the corp and the	alcohol beverages of any county cooration/nonprofir any other alcohol or corporation	es) or Yes t not Yes or Yes	
violation of any federal laws, a or municipality?	plated, trial court, trial da more room is needed, conting resently pending against any Wisconsin laws, any Wisconsin laws, any population for or are you also be liable of the context of a limited liable of the liable liable of the liable liable liable of the liable l	te and penalty nue on reverse s you (other tha ny laws of othe litty company l (Name, Location a der, agent or e sliding or applyic or rectifier pe	imposed, and/or date ide of this form.) In traffic unrelated to a r states or ordinances of the corp and the corp and type of License/Permit) Imploye of any personing for a wholesale be rmit in the State of Wi	alcohol beverage s of any county correction/nonprofit any other alcohol or corporation per permit, sconsin?	es) or Yes t nol Yes or Yes	
violation of any federal laws, a or municipality?	polated, trial court, trial da more room is needed, continues resently pending against any Wisconsin laws, any Wisconsin laws, and espending. poplication for or are you alter/agent of a limited liable officer, director, stockhold ited liability company hosale liquor, manufacturer and of Wholesale Licensee or Permonological order last two Employer's Address	te and penalty nue on reverse s you (other that ny laws of other an officer, direct illity company l (Name, Location a der, agent or e olding or applying or rectifier pe	imposed, and/or date ide of this form.) In traffic unrelated to a restates or ordinances of the corporation of a corporation of any person of any person of any person of a wholesale bearmit in the State of Williams	alcohol beverages of any county of coration/nonprofit any other alcoholer permit, isconsin?	es) or Yes t nol Yes or Yes	\(\frac{1}{2}\)
violation of any federal laws, a or municipality?	polated, trial court, trial da more room is needed, continues resently pending against any Wisconsin laws, any Wisconsin laws, any Wisconsin laws, any polication for or are you a per/agent of a limited liable officer, director, stockhold in the diability company hosale liquor, manufacturer ronological order last two monological order last two	te and penalty nue on reverse s you (other that ny laws of other an officer, direct illity company l (Name, Location a der, agent or e olding or applying or rectifier pe	imposed, and/or date ide of this form.) In traffic unrelated to a restates or ordinances of the corporation	alcohol beverages of any county of coration/nonprofit any other alcoholer or corporation per permit, sconsin?	es) or t nol Yes or Yes	\(\frac{1}{2}\)
violation of any federal laws, a or municipality?	polated, trial court, trial da more room is needed, continues resently pending against any Wisconsin laws, any Wisconsin laws, and espending. poplication for or are you alter/agent of a limited liable officer, director, stockhold ited liability company hosale liquor, manufacturer and of Wholesale Licensee or Permonological order last two Employer's Address	te and penalty nue on reverse service on reverse service on reverse service on reverse service of the service o	imposed, and/or date ide of this form.) In traffic unrelated to a r states or ordinances of the corp and Type of License/Permit) Imploye of any person and Type of wholesale be rmit in the State of Williams and Type of Emplo	alcohol beverages of any county of coration/nonprofit any other alcoholer permit, isconsin?	es) or Yes t nol Yes or Yes	+

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.

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name	e)	(middle	name)
KRESIN	\mathcal{N}	CHOUR.	5	Norga	8RI
Home Address (street/route)	Post Office		City	State	Zip Code
N9811 550+	~ S+		COLFAIX	Wι	54730
Home Phone Number		Age	Date of Birth	Place of	
715-605-737	3	34		CH	IPPEWA FALLS
The above named individual pro	ovides the following informat	tion as a pers	son who is (check one):		
*	verage license as an individ		· · ·		
	which is making application		nol beverage license.	<i>i</i> *	
P VICE PROS DON		X 1/2	* Market	The second second	
(Officer / Director / Member		(Na	me of Corporation, Limited Llab	IIIy Company or Nonpro	fit Organization)
which is making application	for an alcohol beverage lice	ense.			
The above named individual pro	vides the following informat	ion to the lice	ensing authority:		
How long have you continuo				e	
Have you ever been convicted					
violation of any federal laws,					
or municipality?					🗌 Yes 🔑 N
If yes, give law or ordinance	violated, trial court, trial date	e and penalty	imposed, and/or date,	description and	
status of charges pending. (If more room is needed, continu	ie on reverse s	ide of this form.)		
3. Are charges for any offenses	presently pending against y	ou (other tha	an traffic unrelated to a	lcohol beverages)
for violation of any federal lav					,
municipality?					Yes 🔀 No
If yes, describe status of char	rges pending.				
4. Do you hold, are you making					
organization or member/man					
beverage license or permit? If yes, identify.					··· les Auc
ii yes, identity.	1	(Name, Location a	nd Type of License/Permil)		
5. Do you hold and/or are you a	n officer, director, stockholde	er, agent or e	mploye of any person o	or corporation or	
member/manager/agent of a		-			
brewery/winery permit or who	lesale liquor, manufacturer o	or rectifier pe	rmit in the State of Wis	consin?	Yes 🔑 No
If yes, identify.					
	Name of Wholesale Licensee or Permitt	tee)		(Address By City and C	County)
. Named individual must list in		employers.			
Employer) Name	Employer's Address	Jan =	Sf Employ	ed From	To
Kyle's IlarLe)	Employer's Address	lain -	Employ	O \ (To To
Employs P 's Name	Employer's Address		1 1 1	od From	2017
"ILLT KEET			120	~~ <u>~</u>	00.Z

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

(Signature of Named Individual)

Renewal Alcohol	-	= =	olication	Applicant's Wisconsin Seller's Per 456-1020420796-02	mit N	lumber
(Submit to municipal clerk.	lead instructions	on page 3.)		FEIN Number 39-1764869		
For the license period beginni	ng: 07 01 2020 (mm dd yyy)	o ending: <u>06</u>	30 2021 (mm dd yyyy)	TYPE OF LICENSE REQUESTED		FEE
	☐ Town of)			✓ Class A beer	\$	10,00
To the Governing Body of the	: 🖊 Village of 📐	COLFAX		☐ Class B beer	\$	
	City of			Class C wine	\$	
CONTRACTOR		A 1 -1	in Dink Na	☐ Class A liquor	\$	
County of DUNN			ic Dist. No d by ordinance)	Class A liquor (cider only)	\$	N/A
		(ii require	u by ordinance,	☐ Class B liquor	\$	
Check one: Individual	Limited Liabil	ity Company		Reserve Class B liquor	\$	
☐ Partnership	_	Nonprofit Organiza	tion	Class B (wine only) winery	\$	
	<u>• </u>			Publication fee	\$	22.50
Complete A or B. All must of	complete C.			TOTAL FEE	\$	32.50
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	i, 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		ited Liability Company	Address of Corporation /	Limited Liability Company (if different fro	om lic	ensed premises
SYNERGY COMMUNITY CO		* ' '		IDGELAND, WI 54763		
All corporations/organizations liquor must appoint an agent.	or limited liability	companies applyin	g for a license to s	ell fermented malt beverages a	and/	or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)		
BROWN	CHARLES		E8948 810TH	AVE COLFAX, WI 547	30	
All Officer(s) Director(s) of (Corporation and	Members / Manag	ers of Limited Lia	hility Company:		
President / Member Last Name	(First)	(Middle Name)		, City or Post Office, & Zip Code)		
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		H ST, BOYCEVILLE, WI	EAT	725
SCORE Vice President / Member Last Name	DAVID	(Middle Name)		, City or Post Office, & Zip Code)	J# /	723
· ·	(First)		•	·		
MOLLS JR	ROMAN	A	459 16TH AVE			
Secretary / Member Last Name	(First)	(Middle Name)		, City or Post Office, & Zip Code)		
JOHNSON	BRIAN	R		H ST COLFAX, WI 5473	0	
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)		
KNUTSON	KYLE	т.	N10037 CTY I	RD M COLFAX, WI 547	3.0	
Directors / Managers Last Name	(First)	(Middle Name)		, City or Post Office, & Zip Code)		
C. Business Information						
Trade Name COLFAX CE	znex		Business Pho	one Number (715)962-317	12	
2. Address of Premises 401		AVE	··········	Zip Code COLFAX 54730		
	tand that they mu	st purchase alcoho		om Wisconsin wholesalers, bro	ewe	
4. Premises description: De	escribe building o	r buildings where a f used, for the sale	alcohol beverages s, service, consum	are to be sold and stored. Th ption, and/or storage of alcoho	e ap	oplicant mus everages and
INSIDE OF BUILDING	G INCLUDE CO	OLERS				

Wisconsin Department of Revenue

5.	Legal description (omit if street addre	ss is given on previous p	page):				
6.	a. Since filing of the last application member, officer, director, manage organization licensee been conv for violation of any federal laws, a or municipality? If yes, complete	er or agent for either a li icted of any offenses (any Wisconsin laws, any	mited liability compar excluding traffic offer laws of other states,	ny licensee, c nses not relat or ordinance	or nonprofit ed to alcohol) s of any county	☐ Yes	☑ No
	b. Are charges for any offenses pro the named licensee or any other p	esently pending (exclud persons affiliated with thi	ing traffic offenses no s license? If yes, ex p	t related to al- plain fully on	cohol) against page 3	☐ Yes	☑ No
7.	Except for questions 6a and 6b, have by you on your last application for the	re there been any chang his license? If yes, exp	es in the answers to	the questions	s as submitted	☐ Yes	☑ No
8.	Was the profit or loss from the sale of or Franchise Tax return of the licenses	e? If not, explain	e previous year report	,		☑ Yes	□ No
	Does the applicant understand they n [phone (608) 266-2776]	nust hold a Wisconsin S	eller's Permit?			[✓] Yes	□No
10.	Does the applicant understand that al from the date of invoice and made av	cohol beverage invoices ailable for inspection by I	must be kept at the lid aw enforcement?	censed premi	ses for 2 years	✓ Yes	□No
11.	Is the applicant indebted to any whole	esaler beyond 15 days fo	or beer or 30 days for	liquor?		Yes	⊘ No
	Does the applicant owe municipal pro (Note: Renewal of licenses may be c assessments or other fees).	perty taxes, assessmen lenied pursuant to a loca	ts, or other fees? al ordinance, if the lice	ensee owes m	unicipal taxes,	☐ Yes	☑ No
beer appl and void this	AD CAREFULLY BEFORE SIGNING: n truthfully answered to the best of the lication; that the applicant has read an correct. The undersigned further under, and under penalty of state law, the a application. Any person who knowingles \$1,000.	knowledge of the signer d made a complete answerstands that any license pplicant may be prosecu	. The signer agrees th ver to each question, a e issued contrary to C uted for submitting fals	at he/she is th and that the a hapter 125 of se statements	ne person named inswers in each f the Wisconsin and affidavits ir	d in the for instance a Statutes s n connecti	regoing are true shall be on with
Conf	act Person's Name (Last, First, M.I.)		Title / Member		Date		
	JE L. KNUTSON		C.O.O		04/27/2020 Email Address		
Sign	Kyled Amster		Phone Number (715)879-5454		kylek@syner	rgycoop	.com
TO E	BE COMPLETED BY CLERK				er men en e		MARCH THE PARTY OF
Date	received and filed with municipal clerk 5 - 29 - 2020	Date reported to council / b	oard	Date license gr	ranted		
Licer	ise number issued	Date license issued		Signature of CI	erk / Deputy Clerk	<i>(</i>	

Submit to municipal clerk.

	(first nam	2)	(middle name)
Individual's Full Name (please print) (last name)	6		
Brown	C May	City	State Zip Code
Home Address (street/route)	Post Office	City Co. I C.	15 5(1720
108227 Cty 20 M		Coltax	Place of Birth
Home Phone Number	Age	Date of Birth	C () SS / A A
715-962-3545	37		Place of Birth Chippewa Lounty
The above named individual provides the fo	ollowing information as a per	son who is (check one):	·
Applying for an alcohol beverage licent			
A member of a partnership which is m	aking application for an alco	hol beverage license.	
Charles Brown (Officer / Director / Member / Manager (Age	of Syr	ergy Cooperation, Limited Liability Co.	y & mpany or Nonprofit Organization)
which is making application for an alco			
The above named individual provides the for	ollowing information to the lic	ensing authority:	
How long have you continuously resident	d in Wisconsin prior to this d	ate? 39 years	<u> </u>
2. Have you ever been convicted of any of	fenses (other than traffic unr	elated to alcohol beverages) for
violation of any federal laws, any Wisco	nsin laws, any laws of any o	ther states or ordinances of a	Yes No
or municipality?	iol court trial date and nenal	ty imposed and/or date, des	cription and
status of charges pending. (If more room	ai court, that date and pendi is needed, continue on reverse	side of this form.)	
3. Are charges for any offenses presently	pending against you (other the	nan traffic unrelated to alcoh	ol beverages)
for violation of any federal laws, any Wi	sconsin laws, any laws of oth	ner states or ordinances of a	ny county or Yes No
municipality?			······································
If yes, describe status of charges pendi 4. Do you hold, are you making application	ng. n for or are you an officer dir	ector or agent of a corporati	on/nonprofit
Do you hold, are you making application or member/manager/agen	t of a limited liability compan	y holding or applying for any	other alcohol
beverage license or permit?			Yes No
If yes, identify.			
		n and Type of License/Permit)	ownerstion or
5. Do you hold and/or are you an officer, d	irector, stockholder, agent of	employe of any person of c	orporation of
member/manager/agent of a limited liab brewery/winery permit or wholesale liqu	on manufacturer or rectifier	nermit in the State of Wiscor	nsin? Yes No
If yes, identify.	of, manufacturer of rectiner	pointing the otate of thiose.	
•	lesale Licensee or Permittee)	(Ac	ddress By City and County)
6. Named individual must list in chronolog	•),	
	mployer's Address	Employed F	from To
Sunerus (ODD W/kex	401 Kallmapthe	10-	OS PROPERT.
Employer's Name E	mployer's Address	Employed F	From 1 24 To 15 405
EKMOUND CORNERS fore	State of Wy #2/29	1 /0.	9.01 10.1.034
,			
READ CAREFULLY BEFORE SIGNING:	Under penalty provided by la	aw, the undersigned states t	hat each of the above questions has
been truthfully answered to the hest of the	knowledge of the signer. The	e signer agrees that he/she/	is the person hamed in the loreyoning
application; that the applicant has read and correct. The undersigned further understan	made a complete answer to	each question, and that the a	/////////////////////////////////////
	sy ha pracacutad tar cubmiti	na taise statements auti aux	TRANS IN CONTROLLON WILL THIS ADDRESS.
tion. Any person who knowingly provides n	naterially false information or	this application may be req	y ed to forfeit not more than \$1,000.
			//
		(1/ Chit M	/

(Signature of Named Individual)

	45	\lcohol Be ` icipal clerk.	verage Retail Li	cense Application	Applicant's WI Seller's Permit No.: FEIN 456/03033186704 8: LICENSE REQUESTED	5 /32 <u>3689</u>
		•	ក (20 20 ;	TYPE	FEE
For	the license	period beginning			Class A beer	\$
		ending	g <u> </u>	²⁰ 20	☑ Class B beer	\$ 100.00
			Town of		Class C wine	\$
דה ז	THE GOVE	RNING BODY of	the: 🔀 Village of	Coifax	Class A liquor	\$
10	ITIL OOVL	WING BOD! OF	City of	LOTTON	Class A liquor (cider only)	\$ N/A
			· ·		☑ Class B liquor	\$ 200.00
Cou	nty of	Sunn	Aldermanic Dist. No	o (if required by ordinance	e) Reserve Class B liquor	\$
					Class B (wine only) winery	
1.	The named	Individual	Partnership	X Limited Liability Company	Publication fee	\$ 22.50
		Corporation /	Nonprofit Organization		TOTAL FEE	\$ 322.50
	hereby make	es application for the	e alcohol beverage license(s) cl	hecked above.	TOTALFEE	* 3 aq . 30
2.		Mom	s Restaura	tions/limited liability companies giv	LLC	
4. 5. 6. 7	partnership liability con President/M Vice Preside Secretary/M Treasurer/M Agent Directors/Ma Trade Name Address of I is individual training cour is the applic Does any of (a) Corpora (b) Is applic (c) Does the agent he	and by each office pany. List the name the moder with Member ember	er, director and agent of a co le, title, and place of residence e Name (ember Ba) S Restraint of S Gremer Ave of corporation/limited liability core eriod?	rporation or nonprofit organization of each person. Last, First, M.I.) PSTAD MARK S. Busi #101 Confax will Post mpany subject to completion of the anyone except the named applican nermittee have any interest in or consert state will ar ry of any other corporation or limiter r agent or limited liability company, se or permit in Wisconsin?	ness Phone Number Office & Zip Code responsible beverage server tt? ntrol of this business? d date 06-04-20 of registration. ed liability company? or any member/manager or	The agent of a limited Office & Zip Code M Co Fax WI 5 473 4 -0163 Ves No Ves No Ves No Ves No
9.	Premises de	scription: Describe I	building or buildings where alco	consumption and/or storage of a	stored. The applicant must include alcohol beverages and records. (Alcoho ing, tail way, office	, rurnance com
10	Legal descri	ntion (omit if street a	address is given above): 50	ee above		
11	(a) Was this	premises licensed	for the sale of liquor or beer du	ring the past license year?		. 🔀 Yes 🗌 No
	(b) If yes in	nder what name was	s license issued? Mom	s on Main LLC		
12.	Dogs the an	nlicant understand t	hev must register as a Retail B	everage Alcohol Dealer with the fe	deral government, Alcohol and phone 1-877-882-3277]	. ⊠ Yes
13.	Does the ap	plicant understand t	hey must hold a Wisconsin Sel	ler's Permit?		
	Inhone (608) 266-2776]				. Yes No
14.	Does the ap	plicant understand t	hat they must purchase alcoho	I beverages only from Wisconsin w	vholesalers, breweries and brewpubs?.	. Yes 🗌 No
know this b	ledge of the si ousiness accor tnership appli	gner. Any person who ding to law and that the cant must sign: one co	knowingly provides materially false e rights and responsibilities confer proprate officer, one member/mana	e information on this application may be rred by the license(s), if granted, will n ager of Limited Liability Companies m al is a misdemeanor and grounds for i	e above questions has been truthfully answer required to forfeit not more than \$1,000. So to be assigned to another. (Individual applicants sign.) Any lack of access to any portion revocation of this license.	or a licensed premises
		TED BY CLERK	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk	
Date	4.	ed with municipal clerk	is a 22 · 20	Date provisional needs is succe		
Date	license granted		Date license issued	License number issued	- Lynn m. niggen	nam
ı	-				1 0	

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name	e)	-	niddle nan	ne)
Barstad	Mark) 350	ξ	,),	
Home Address (street/route)	Post Office	City	S	tate	Zip Code
N8080 County Rd M		Colfax		NI	54736
Home Phone Number	Age	Date of Birth	PI	lace of Bir	
715-704-0163	64			Ea	u claire
The above named individual provides the fo	ollowing information as a ner	son who is <i>(check o</i>	ae).		
Applying for an alcohol beverage licens		SOLI WILO IO (GINGON OI	10).		
		hal havaraga ligans			
A member of a partnership which is m	aking application for an alco	noi beverage licens	Note hands On the	J D	1116
Member (Officer / Director / Member / Manager / Age	of Mom's	S Restau ame of Corporation, Limited	Liability Company or	Nonprofit (Organization)
which is making application for an alco					
- · · ·					
The above named individual provides the fo	ollowing information to the lic				
1. How long have you continuously resided			years		
2. Have you ever been convicted of any of	fenses (other than traffic unre	elated to alcohol be	verages) for		
violation of any federal laws, any Wisco					
or municipality?					Yes 🗶 No
If yes, give law or ordinance violated, tri			date, description	i and	
status of charges pending. (If more room		side of this form.)			
Are charges for any offenses presently	na pending against you (other th	an traffic unrelated	to alcohol beve	erages)	4.577
for violation of any federal laws, any Wis	sconsin laws, any laws of oth	er states or ordinar	nces of any cou	nty or	
municipality?					Yes XNo
If yes, describe status of charges pendir	ng.				
4. Do you hold, are you making application	for or are you an officer, dire	ector or agent of a	corporation/non	profit	
organization or member/manager/agent	of a limited liability company	holding or applying	g for any other a	alcohol	
beverage license or permit?					Yes 🔀 No
If yes, identify. na		17 11 11	20		
	·	and Type of License/Perm		tion or	
Do you hold and/or are you an officer, d member/manager/agent of a limited liab				1011 01	
brewery/winery permit or wholesale liqu	or, manufacturer or rectifier r	ermit in the State o	of Wisconsin?		Yes 🔀 No
If yes, identify.	or, mandiacturer or rectiner p	ommens the otate t			
•	esale Licensee or Permittee)		(Address By	City and Ci	ounty)
Named individual must list in chronologi	·		,,		•
9	nployer's Address		Employed From	1	ro .
Walnut Distribution	alza 3M Nr. Mer	omoniew	1995	;	Current
Walmart Distribution (Employer's Name En	nployer's Address		Employed From	1	Го
Self-employed	N8080 Cty Rd M	Corfax WI	1980	,	1995
7,000	VUVU				

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

Mark & Barton

Deputy Clerk Treasurer

From:

Sent: To:

Patricia Houser <purplerock@me.com> Thursday, June 4, 2020 2:23 PM deputy@villageofcolfaxwi.org Markbarstad56@gmail.com Liquor License

Cc:

Subject:

Good Day-

I am surrendering the liquor license granted to Mom's on Main, LLC to be transferred to Mark Barstad and his LLC.

Thank you, Patricia Houser Mom's on Main, LLC 715-704-0043

Renewal Alcoho	. —			454 10294	2 X 4 1/2 () &
(Submit to municipal clerk.				FEIN Number 82 3896	3047004
For the license period begin	oning: 4-1-9	DOO anding	6-30-2021	82 3896	5 <i>0</i> 8
For the license period begin		yy) ending	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of	1010		Class A beer	\$
To the Governing Body of the	he: Village of }	401+ax		Class B beer	\$ /00.00
	City of			☐ Class C wine	\$
County of Dun			and Disk N	☐ Class A liquor	\$
County of	<u> </u>	Alderma	anic Dist. No red by ordinance)	Class A liquor (cider only	
		(ii requii	red by ordinance)	Class B liquor	1) \$ N/A \$ 400.00 D
Check one: Individual	Limited Liab	ility Company		Reserve Class B liquor	\$ 400.00 W
Partnership		Nonprofit Organiz	zation		D
	ourporation	Horipront Organiz	Lation	Class B (wine only) winer	
Complete A or B. All mus	t complete C.			Publication fee	\$ 22.50
	•			TOTAL FEE	\$ 4522.50
A. Individual or Partnersh					\$ 322.50
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)	
, ,	((madic Hame)	Lionie Vadiass (Stidet,	ony of Fost Office, & ZIP Code)	
3. LLC or Corporation (and	d Agent):				
		u-1:	1.71		
TI- 1	inprofit Organization / Lim	/ A	Address of Corporation / Li	imited Liability Company (if different fr	rom licensed premises)
The Blind			512 Mais	> St Coffee u	正 54730
II	. *				
ar corporations/organizations quor must appoint an agent.	s or limited liability	companies applyir	ng for a license to sel	Il fermented malt beverages	and/or intoxicating
dir corporations/organizations quor must appoint an agent. Agent Last Name					and/or intoxicating
guor must appoint an agent. Agent Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Agent Last Name Anderson	(First) Nicholas	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code) er St. Chippewa-Fal	
Agent Last Name AnderSon II Officer(s) Director(s) of	(First) Nicholas	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code) er St. Chippewa-Fal	
guor must appoint an agent. Agent Last Name	(First) Nicholas	(Middle Name)	Home Address (Street, C 233 Olive gers of Limited Liabi	City or Post Office, & Zip Code) EV St. Chippewe Fall ility Company:	
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5.	Legal description (omit if street a	ddress is given on previous	s page):				
6.	a. Since filing of the last applica member, officer, director, man organization licensee been c for violation of any federal law or municipality? If yes, comp	nager or agent for either a onvicted of any offenses vs, any Wisconsin laws, ar	limited liability comp (excluding traffic of ny laws of other state	pany licensee fenses not re es, or ordinan	e, or nonprofit lated to alcohol) ces of any county		Pho
	b. Are charges for any offenses the named licensee or any oth					☐ Yes	□ Kid
7.	Except for questions 6a and 6b, by you on your last application for					☐ Yes	No
8.	Was the profit or loss from the sale or Franchise Tax return of the licer	e of alcohol beverages for t nsee? If not, explain	he previous year repo	orted on the V	visconsin Income	√Yes	□No
	Does the applicant understand the phone (608) 266-2776]	y must hold a Wisconsin S	Seller's Permit?			☑ Yes	□No
	Does the applicant understand that from the date of invoice and made					Yes	□ No
11. Is	the applicant indebted to any wh	olesaler beyond 15 days f	or beer or 30 days fo	r liquor?		☐ Yes	14 No
()	oes the applicant owe municipal plote: Renewal of licenses may be seessments or other fees).					☐ Yes	Ū√No
oeen applicand coold, a void, a his ap	CAREFULLY BEFORE SIGNING truthfully answered to the best of truthfully answered to the best of truther that the applicant has read prect. The undersigned further urand under penalty of state law, the oplication. Any person who knowing 1,000.	he knowledge of the signer and made a complete ans nderstands that any license applicant may be prosect	The signer agrees the contract to each question, it is issued contrary to the contract to fall the contract to the contract to the contract the contract to the contract the c	hat he/she is and that the Chapter 125 d se statement	the person named answers in each i of the Wisconsin S s and affidavits in	in the fore nstance a statutes st connectio	egoing re true nall be n with
Contac	t Person's Name (Last, First, M.I.)	· · · · · · · · · · · · · · · · · · ·	Title / Member		Date 5/30/2030	-)	
Signatu //	ioholas K. Anderson		OWN 67 Phone Number 715-962-42	81	5/30/2020 Email Address blind_fige(@	out look.	com
O BE	COMPLETED BY CLERK						Vientini de la compansión de la compansi
Date re	ceived and filed with municipal clerk	Date reported to council / bo	pard	Date license g	ranted		
	number issued	Date license issued		Signature of C	lerk / Deputy Clerk		

Submit to municipal clerk.

Individual's Full Name (please print) (last name	e) (first	name)		(middle n	ame)
Andry Som	Nicho	las		R	
Home Address (street/route) 333 Olive 5t.	Post Office 54779	City	F/S.	State	Zip Code 54729
1/5- 456- 7453	Age 37	Date of Birth		Place of I	Birth Laile, UI
The above named individual provides the Applying for an alcohol beverage like A member of a partnership which	cense as an individual . is making application for an a of	ilcohol beveraç		Company or Nonprof	īl Organizalion)
which is making application for an a		,			
The above named individual provides the How long have you continuously rest. Have you ever been convicted of an violation of any federal laws, any Wistor municipality? If yes, give law or ordinance violated status of charges pending. (If more restricted)	ided in Wisconsin prior to this y offenses (other than traffic of sconsin laws, any laws of any	s date? unrelated to all other states of nalty imposed,	cohol beverage or ordinances of and/or date, de	f any county	
for violation of any federal laws, any municipality?	nding. tion for or are you an officer, ent of a limited liability comp	director or age	ent of a corporal applying for an	tion/nonprofit y other alcoho	·
	• •	ation and Type of Lic		corporation of	r
 Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale I If yes, identify. 	liability company holding or a iquor, manufacturer or rectific	pplying for a w	holesale beer p State of Wisco	permit, pnsin?	Yes
(Name of Named individual must list in chronol	Wholesale Licensee or Permittee)	are	(/	Address By City and	County)
Employer's Name	Employer's Address Fau Clair WI		Employed 20		To 2017
Employer's Name Albert ville Tovern	Employer's Address 35 th St Coltax L	UI	Employed	From 1999	0017
READ CAREFULLY BEFORE SIGNING seen truthfully answered to the best of the pplication; that the applicant has read a orrect. The undersigned further understander penalty of state law, the applicant on. Any person who knowingly provides	he knowledge of the signer. I nd made a complete answer t ands that any license issued may be prosecuted for subm	The signer agre to each questic contrary to Cha itting false stat	ees that ne/sne on, and that the apter 125 of the ements and affition may be rec	answers in each Wisconsin Sta Idavits in conn	named in the lonegon instance are true a atutes shall be void, a ection with this applic t not more than \$1,00

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first na	me)	(middle i	name)
Cutter	Jessi	(a	4	
Home Address (street/route) 333 Olive St.	Post Office 54779	cho F/S	State	Zip Code 59779
715 - 829 - 1406	Age 3	Date of Birth	Place of	Birth
The above named individual provides the foll Applying for an alcohol beverage license		rson who is (check one):		
A member of a partnership which is ma	king application for an alc			
which is making application for an alcoho		Name of Corporation, Limited Liabil	lily Company or Nonprof	īt Organizalion)
The above named individual provides the folication. How long have you continuously resided in the law you ever been convicted of any offer violation of any federal laws, any Wiscons or municipality? If yes, give law or ordinance violated, trial status of charges pending. (If more room is the law you have a status of charges pending.) Are charges for any offenses presently perfor violation of any federal laws, any Wiscomunicipality? If yes, describe status of charges pending. Do you hold, are you making application for organization or member/manager/agent of beverage license or permit?	n Wisconsin prior to this d nses (other than traffic unit in laws, any laws of any o court, trial date and penal needed, continue on reverse nding against you (other the onsin laws, any laws of other or or are you an officer, dire a limited liability company	ate? 3/VS/ related to alcohol beverage ther states or ordinances ty imposed, and/or date, side of this form.) nan traffic unrelated to alcohol er states or ordinances of ector or agent of a corpor holding or applying for a	description and cohol beverages) of any county or ration/nonprofit	Yes No
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 or appl	ying for a wholesale beer	r permit,	Yes No
(Name of Wholesale Named individual must list in chronological	e Licensee or Permittee)		(Address By City and C	ounty)
reamon marriaga must list in chilohological	er's Address	I Canalana	ed From	Γο
Employer's Name Sandbor Bort Gill Employ		2 Propiose	016	2017

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.



Application for Cigarette and Tobacco Products Retail License

						4.6
Submit to m	unicipal (clerk.			1 .	Covered /20 TO 6/30/2 1
Applicant's Wisconsin 15-digit		ount Numb	← Inis mus	st be issued in the same ame of the licensee below.		Issuance
Legal Name (corporation, limited	liability company	nartnershir			Federal	Employer Identification No. (FEIN)
J & S SALES (1	1107309
Trade or Business Name (if di			•		E .	ne Number
EXPRESS MART					(715) 723-2822
Business Address (License Lo	cation)			Business Located In	Busines	s Telephone
616 MAIN ST				City Village Town	(715) 962-3241
Municipality		State	Zip Code	of COLEAN	County	
COLFAX		WI	54730	of: COLFAX	DUN.	N
Mailing Address (if different the		dress)		Municipality	State	Zip Code
310 S MAIN ST				CHIPPEWA FALLS	MI	54729
Organization <i>(check one</i>						
Sole Proprietor	∐ W	isconsii	n Corporation – Ente	er date incorporated:		
Partnership	□ 0	ut-of-St	ate Corporation – Aı	re you registered to do business in \	Viscons	in? Yes No
✓ Other (describe) L	IMITED	LIAB	ILITY COMPA	NY		
✓ Yes				that they must purchase cigaretteers, who hold a permit with the W		
✓ Yes	untaxed availabl	l tobac le from	co products from	at they must obtain a Tobacco Proc an out-of-state company? (Toba epartment of Revenue at 608-26 p-129.pdf.)	acco Pr	oducts Distributor permit is
✓ Yes				hat they cannot purchase/exchar ransferring existing stock to a nev		
✓ Yes				at they must provide employees w Health Services? (<u>https://witoba</u>		
✓ Yes	Does the product	e appl s and r	icant understand t nicotine products to	hat they may not sell, give or oth o minors (including electronic cig	nerwise arettes	provide cigarettes/tobacco containing nicotine)?
✓ Yes	6. Does th	e appli	cant understand th	hat they may not sell single cigare	ettes?	
☑ Yes ☐ No	licensed Wiscon	d premi sin Der	ises for two years partment of Reven	that cigarette and tobacco produ from the date of the invoice and ue/law enforcement and that failu ettes/tobacco products?	be ava	ilable for inspection by the
Yes No	the Wis	consin	Department of Jus	at only cigarettes and roll-your-ow stice's website labeled "Directory o .us/dls/tobacco-directory may be	of Certif	ied Tobacco Manufacturers
Cigarettes / Tobacco w	ill be sold	[✓ over counter	through vending mach	ine	☐ both
peen truthfully answered hat the rights and responsed pr	d to the best onsibilities of emises duri of this licens	of the leconferre onferre ng insp se. Any	knowledge of the ap od by the license(s) ection will be deen person who know	rided by law, the applicant states the oplicant. Applicant agrees to operate, if granted, cannot be assigned to ned a refusal to permit inspection. Vingly provides materially false information of Corporation / Member / Manager of	e this but another Such representation	usiness according to law and er.Any lack of access to any fusal is a misdemeanor and on this application may be
			Annlicable	o Laws and Pules		

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

MUNICIPAL USE ONLY

License Number

Application for Cigarette and Tobacco Products Retail License

Applicant's Wisconsin 15-digit Sales Tax Account Number

Submit to municipal clerk. Fee \$ 5.00

MUNIC	IPAL USE ONLY
License Number	
Period Covered	
	1 20 2021
Inru	6-30-2021
Date of Issuance	

This must be issued in the same 456-102559 1866 03 Legal Name of the licensee below. Federal Employer Identification No. (FEIN) orporation, limited liability company, partnership or sole proprietorship) 26-020 7158 Telephone Number (715) 962-3585 Business Telephone Business Located In Village Town (' County Municipality Zip Code Dunn V: Nage of 54730 Zip Code Mailing Address (if different than Business Address) Municipality Organization (check one) Wisconsin Corporation – Enter date incorporated: Sole Proprietor Out-of-State Corporation - Are you registered to do business in Wisconsin? No Partnership Other (describe) 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from No distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue? Y 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/dorforms/ctp-129.pdf.) 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products Y 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 V 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 ΠNο products and nicotine products to minors (including electronic cigarettes containing nicotine)? 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 ΠNο 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 V 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? both Cigarettes / Tobacco will be sold **Ø** over counter through vending machine

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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 1360 (139.00) 139.76, 995.10, and 995.12, Wis. Stats.

rporation / Member / Manager of Limited Liability Company / Partner / Individual)

MUNICIPAL USE ONLY Application for Cigarette and License Number **Tobacco Products Retail License** Submit to municipal clerk. Fee \$ 5.00 Period Covered Thru 6-30-2021 Date of Issuance Applicant's Wisconsin 15-digit Sales Tax Account Number This must be issued in the same 456000016554802 Legal Name of the licensee below. Federal Employer Identification No. (FEIN) Legal Name (corporation, limited liability company, partnership or sole proprietorship) 39 1347846 Telephone Number Trade or Business Name (if different than Legal Name) (715)967-2425 Outhouse Bar Business Telephone Business Located In Business Address (License Location) (715) 962-3339 Village Town County State Zip Code Municipality Dunn 54730 WI Zip Code State Mailing Address (if different than Business Address) Municipality 54730 WI BOX P. O. Organization (check one) Wisconsin Corporation – Enter date incorporated: Sole Proprietor No Out-of-State Corporation - Are you registered to do business in Wisconsin? | Yes Partnership Other (describe) 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from No distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue? 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing V Yes 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/dorforms/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 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 No products and nicotine products to minors (including electronic cigarettes containing nicotine)? 6. Does the applicant understand that they may not sell single cigarettes? No Yes 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the No Yes 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? both through vending machine Cigarettes / Tobacco will be sold over counter READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any por-tion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

MAY 2 0 2020

Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

\$5.00

Period Covered

Thru 6-30 2021

Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

456-1020420796-02

Tegal Name (corporation limited liability company partnership or sole proprietorship)

Legal Name (corporation, limited liability company, partnership or sole proprietorship)					Federal	Employer Identification No. (FEIN)
SYNERGY COMMUNITY COOPERATIVE					39-	1764869
Trade or Business Name (if different than Legal Name)					1 .	ne Number
SYNERGY COOPERATIVE					(715) 879-5454
Business Address (License Location)			Business Located In	Į.	s Telephone	
401 E RAILROAD AVE			City Village Town	(715)) 962-3172	
Municipality State Zip Code			of: COLFAX	County		
COLFAX WI 54730				DUNN		
Mailing Address (if different th	nan Business Ad	'dress)		Municipality	State	Zip Code
P.O. BOX 70				ELK MOUND	WI	54739
Organization (check on	e)					
Sole Proprietor	√ W	/isconsii	n Corporation – Ente	er date incorporated: 09/22/1	L993	
Partnership	□ 0	ut-of-St	ate Corporation – Ai	re you registered to do business in \	 Viscons	in? Yes No
Other (describe)						
✓ Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, 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/dorforms/ctp-129.pdf.)						
✓ Yes No	3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?					
✓ Yes No	4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org)					
✓ Yes	7es No Solution No					
✓ Yes	6. Does th	. Does the applicant understand that they may not sell single cigarettes?				
Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?						
✓ Yes ☐ No	the Wis	consin	Department of Jus	at only cigarettes and roll-your-ow tice's website labeled "Directory c <u>us/dls/tobacco-directory</u> may be s	of Certifi	ied Tobacco Manufacturers
Cigarettes / Tobacco will be sold						
READ CAREFULLY BE	FORE SIGN	NING:	Under penalty prov	ided by law, the applicant states th	at each	of the above questions has

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any por-tion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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

Applicable Laws and Rules

This document provides state for pyriger pretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Application for Tobacco Produ	Cigarette cts Retail	and License		License	MUNICIPAL USE ONLY e Number
			0X 417Colfax, WI 54730		Covered
COLFAX VILLAGE OF (TAX-WI)613 Main St PO BOX 417Colfax, WI 54730 Applicant's Wisconsin 15-digit Sales Tax Account Number					/2020-6/30/2021
456-000020884	Date of	Issuance			
Legal Name (corporation, limited lia	ability company, partnersh	nip or sole proprietorship)		Federa	I Employer Identification No. (FEIN)
DOLGENCORP, LI	LC			ı	-0852764
Trade or Business Name (if diffe	/	11007	\ \		one Number
DOLLAR GENERAL	STORE \	11827) 	(615	5)855-4000
Business Address (License Local 120 MAIN ST	ition)		Business Located In	ı	ss Telephone
Municipality	Ciata	17: 0.1	│	n () 2622999755
COLFAX	State W I	Zip Code 54730-9107	of: COLFAX	County DUN	1N
Mailing Address (if different than			Municipality	State	Zip Code
ATTN: TAX 100 Organization (check one)	MISSION R	IDGE	GOODLETTSVILLE	TN	37072
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `				Tr	otal- 5
☐ Sole Proprietor			er date incorporated:		
Partnership	Uut-of-St	ate Corporation – A	re you registered to do businessi	n Wisconsi	n? Yes No
Other (describe) OUT			ERED TO DO BUSINES		
Yes No 1. Do	oes the applicar ibutors, jobbers,	et understand that t or subjobbers, wh	hey must purchase cigarettes a o hold a permit with the Wiscon	nd tobacco	o products only from
Yes No 2. Do unta	oes the applicar xed tobacco pro able from the W	t understand that to ducts from an out-	hey must obtain a Tobacco Pro of-state company? (Tobacco Pr ont of Revenue at 608-266-6701	ducts Distr	ibutor permit if purchasing
Yes No 3. Do	oes the applican	t understand that th	ney cannot purchase/exchange	cigarettes w owner?	or tobacco products
Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approve by the Wisconsin Department of Health Services? (https://witobaccocheck.org)					
Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?					
Yes No 6. Does the applicant understand that they may not sell single cigarettes?					
licens	sed premises for onsin Departmei	two years from the nt of Revenue/law e	garette and tobacco products in e date of the invoice and be ava enforcement and that failure to d tes/tobacco products?	ilable for in	genection by the
✓ Yes ☐ No 8. Do the W	изсоный рерац	ment of Justice's w	nly cigarettes and roll-your-own rebsite labeled "Directory of Cer s/dls/tobacco-directory may be	tified Toba	acco Manufacturers
Cigarettes / Tobacco will b	_	over counter	through vending mach		both
hat the rights and responsition of a licensed premises of	pilities conferred during inspection e. Any person wi	by the license(s), if will be deemed a re no knowingly provid	ed by law, the applicant states to blicant. Applicant agrees to opera granted, cannot be assigned to a fusal to permit inspection. Such ries materially false information of ON REISER	ite this bus nother.Any efusal is a n this appl	iness according to law and lack of access to any por- misdemeanor and grounds ication may be required to

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Applie	cation f	or Cig	arette	and		MUNICIPAL USE ONLY License Number
Tobac	co Pro	ducts	Retail	License		Election (Manager
Submit to municipal clerk. Fee \$ 5.00					Period Covered Thru 6-30 2021	
Applicant's Wisconsin 15-digit Sales Tax Account Number 454 103943847602 ← This must be issued in the same Legal Name of the licensee below.					Date of Issuance	
Legal Name	(corporation, limi	ted liability con	npany, partnersh	ip or sole proprietorship)		Federal Employer Identification No. (FEIN)
TI	4	T bo	000	LLC		82 2896508
Trade or Bu	siness Name (ii		, , , , , , , , , , , , , , , , , , , ,))		Telephone Number
				***		(715) 456-7453
J	Idress (License	Location)	St		Business Located In City Village Tow	Business Telephone (715) 962-4281
Municipality Col-	fax		State	Zip Code 54736	of: Golfax	County Dun
	ess (if different		ss Address)		Chippewa Falls	State Zip Code WI 54729
Organizati	on (check o	ne)				
Sole F	Proprietor	1	Wiscons	in Corporation – Ent	er date incorporated: <u> </u>	
Partne	ership		Out-of-S	tate Corporation – A	re you registered to do business	in Wisconsin?
Other	(describe)					
Yes	☐ No					ettes and tobacco products only from
Yes	distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue? 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 CTF					
				wi.gov/dorforms/ct		200 0701. Oce application form 071
Yes						
Yes						
Yes						
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	the V	Visconsin	Department of Just		own (RYO) tobacco products listed on y of Certified Tobacco Manufacturers ee sold in Wisconsin?
Digarettes	/ Tobacco v	vill be sol	ld [over counter	through vending made	chine both
been truthfuthat the right por-tion of a prounds for	ully answere nts and resp a licensed p	d to the boonsibilities remises of this lic	est of the less conferred during insponence. Any	knowledge of the ap d by the license(s), ection will be deem person who knowi	plicant. Applicant agrees to oper if granted, cannot be assigned ed a refusal to permit inspection ngly provides materially false in	that each of the above questions has ate this business according to law and to another. Any lack of access to any n. Such refusal is a misdemeanor and nformation on this application may be

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulati**RECEIVES** of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

JUN 0 3 2020 Wisconsin Department of Revenue

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

· · · · · · · · · · · · · · · · · · ·	1.4X /10-702-2221
June 22, 202	0 June 30, <u>2020</u>
July 1, " to	June 30, <u>2020</u>
	oplication for
Keeping Domes	sticated Chickens
1 -72P	dable application fee)
(plea	se print)
1. Name of Applicant SARAH JEELモ	
2. Address 410 East River St.	
3. Phone 920. 371. 5493	
4. Parcel Number	
5. Number of female chickens (maximum 10)	and I deckling - we are fastering as the
6. Application (circle one)	w Renewal duckling was injured in extra case (2 no max)
· · · · · · · · · · · · · · · · · · ·	extra care (2no max)
In submitting this application, I hereby agree to comply with to Ordinances. I understand the information requested on this license or processing of a renewal application. I understand information when received by the Village of Colfax. I have no person or to allow any other entity to operate under the authoritatements are true and correct to the best of my knowledge.	form will be used by the Village of Colfax in the issuance of a the information supplied on this form will become public intention or agreement to transfer the license to another brity of the license. I hereby affirm that the foregoing
Ordinance under which this license is granted.	
Sattale	12 June 2020
Signature of Applicant	Date
<u></u>	
Office use only	
<u>しー / 2~ 2 0</u> Date Application Received	Date Board Reviewed Application Approved / Denied License Number

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

Fax 715-962-2221

July 1, <u>2020</u> to June 30, <u>202/</u> License Application for Keeping Domesticated Chickens
\$10.00 (non-refundable application fee) (please print)
1. Name of Applicant Stephanie Johnstone
2. Address 604 University Avenue Colfax WI 54730
3. Phone 712-310-8458
4. Parcel Number 1 11
5. Number of female chickens (maximum 10) 3 (Blanch, Hot-Pocket, & Red)
6. Application (circle one)
In submitting this application, I hereby agree to comply with the regulations imposed by the Village of Colfax Code of Ordinances. I understand the information requested on this form will be used by the Village of Colfax in the issuance of a license or processing of a renewal application. I understand the information supplied on this form will become public information when received by the Village of Colfax. I have no intention or agreement to transfer the license to another

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

July 1, <u>2020</u> to June 30, <u>2021</u> License Application for Keeping Domesticated Chickens \$10.00 (pon-refundable application fee)

N N	on-refundable app		
	(please print)		
1. Name of Applicant Heather	Pyka		
2. Address 504 High Str	reet		
3. Phone <u>Q51 S03 8</u>	223		
4. Parcel Number 17111-2-29	1109-340-0	5019	
5. Number of female chickens (maximum 10)_5		
6. Application (circle one)	New	Renewal	
In submitting this application, I hereby agree to confine the confinences. I understand the information reques license or processing of a renewal application. I information when received by the Village of Colfaperson or to allow any other entity to operate undustatements are true and correct to the best of my Ordinance under which this license is granted.	sted on this form will be understand the informa x. I have no intention of ler the authority of the I	e used by the Village of Colfax in the issuance ation supplied on this form will become public or agreement to transfer the license to anoth license. I hereby affirm that the foregoing	ce of a c c ner
Signature of Applicant		<u> </u>	_
======================================			id (van) (van) prije (van) 19 (van) (van) prije (van)
6-18-2020 Date Application Received		Date Board Reviewed Application Approved / Denied	

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

License Number

License Application for **Keeping Domesticated Chickens**

\$10.00 (non-refundable application fee) (please print) 1. Name of Applicant Pamela Moen 7111-2-291109-430-0040 4. Parcel Number 5. Number of female chickens (maximum 10) currently New (Renewal 6. Application (circle one) In submitting this application, I hereby agree to comply with the regulations imposed by the Village of Colfax Code of Ordinances. I understand the information requested on this form will be used by the Village of Colfax in the issuance of a license or processing of a renewal application. I understand the information supplied on this form will become public information when received by the Village of Colfax. I have no intention or agreement to transfer the license to another person or to allow any other entity to operate under the authority of the license. I hereby affirm that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the Ordinance under which this license is granted. Office use only Date Application Received Date Board Reviewed Application Approved / Denied

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

July 1, <u>adac</u> to June 30, <u>adal</u> License Application for Keeping Domesticated Chickens \$10.00 (non-refundable application fee)

φτοιου (ποιπτοιαπααρίο αρβποαιπ	011 100)
(please print)	
1. Name of Applicant SARAH JEELE	
2. Address 1010 East River St.	
3. Phone 920. 371. 5493	
4. Parcel Number	
5. Number of female chickens (maximum 10) 2 and I due	kling - we are fastering as to
6. Application (circle one) New	Renewal duckling was injured of extra care (2mo mase
In submitting this application, I hereby agree to comply with the regulations imported on this form will be used by the information requested on this form will be used by the complete or processing of a renewal application. I understand the information substitution when received by the Village of Colfax. I have no intention or agreed or so allow any other entity to operate under the authority of the license. Statements are true and correct to the best of my knowledge and that I agree to Ordinance under which this license is granted.	by the Village of Colfax in the issuance of a pplied on this form will become public ement to transfer the license to another. I hereby affirm that the foregoing
Sakteele	12 June 2020
Signature of Applicant	Date
:=====================================	on him had not been not not seen and our him had not had been had not not not had been had been had not seen him year, pag year
	B / B IB / IA II II
<u>012 d6</u> Date Application Received	Date Board Reviewed Application Approved / Denied License Number