

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 1423

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jeffrey William Prince  
FIRST NAME MIDDLE NAME LAST NAME

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

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

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 49

Place of Employment Catalytic Combustion Softball

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 06/17/22  
(Chief of Police or designated staff Signature) (Date)

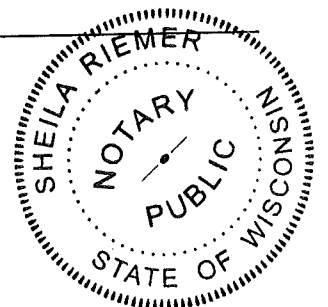
### STATE OF WISCONSIN/ DUNN COUNTY

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

x Jeffrey V. Prince  
Signature of Applicant

Subscribed and sworn before me this 29 day of May, 20 20

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



Date Received: 5-29-2020 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tiffany Ann Prince  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 507-951-7273 Email Address tiffanyprince@hotmail.com

Current Address 603 Iverson Rd. Colfax WI 54730 2 yrs.  
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 37 Softball

Place of Employment State of Wisconsin - Department of Workforce Development

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 6/1/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

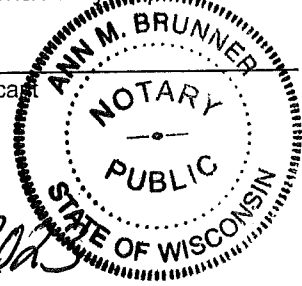
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license; that all the statements made by applicant are true.

x [Signature]  
Signature of Applicant

Subscribed and sworn before me this 5<sup>TH</sup> day of May, 2020.

[Signature]  
(Signature of Notary Public)

July 28, 2021  
(Commission Expires)



Date Received: 5-29-20 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \_\_\_\_\_

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Michael David Buchner  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-3747 Email Address mdbuchner@yahoo.com

Current Address 509 Fairview Dr Colfax WI 54730 13  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 607 5th Ave Colfax WI 54730  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 43 Fire Dept

Place of Employment Dunn County Highway Department

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 06/17/20  
(Chief of Police or designated staff Signature) (Date)

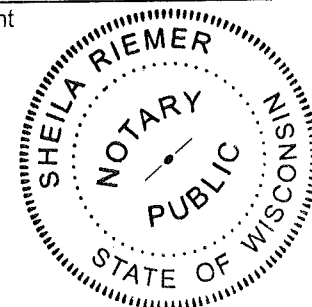
### STATE OF WISCONSIN/ DUNN COUNTY

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

x Michael Buchner  
Signature of Applicant

Subscribed and sworn before me this 29 day of May, 20 20

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



Date Received: 5-29-2020 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Andrew Merien De Raad  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-529-1728 Email Address andy\_DeRaad@Icloud.com

Current Address E 4971 1040<sup>th</sup> Ave Wheeler 54722 5  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 48

Place of Employment Colfax Health & Rehab ✓

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/17/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

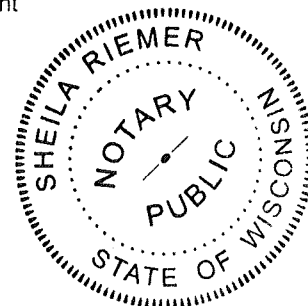
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 19<sup>th</sup> day of May, 20 20

[Signature] 7-17-20  
(Signature of Notary Public) (Commission Expires)

Date Received: 5-19-20 Date to the Board: 6/22/20 Approved or Denied





# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: OK 1623

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jessica Dawn Chockalski  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-4603 Email Address jdrebak@yahoo.com

Current Address E8007 770th Ave Colfax WI 54730 6  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 39

Place of Employment Colfax Sales

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/27/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

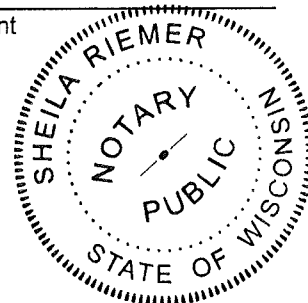
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

[Signature]  
Signature of Applicant

Subscribed and sworn before me this 8th day of May, 2020.

[Signature]  
(Signature of Notary Public)

7-17-22  
(Commission Expires)



Date Received: 5-8-2020 Date to the Board: 4/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: ck 1623

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tammy Renee Briggs  
FIRST NAME MIDDLE NAME LAST NAME  
Telephone Number 715-894-0454 Email Address tbriggs241@gmail.com  
Current Address 502 Pine St. Colfax 54730 14 yrs.  
(Street) (City) (Zip Code) (yrs. at address)  
Previous Address N8076 577th St. Colfax 54730  
(Street) (City) (Zip Code)  
Date of Birth [REDACTED] Age 48  
Place of Employment Elk Mound School District Softball

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 05/17/20  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

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

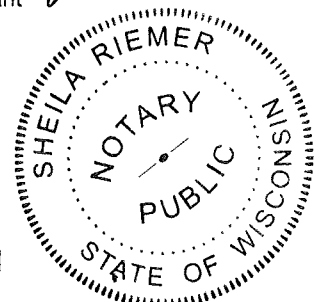
x Jammy R. Briggs  
Signature of Applicant

Subscribed and sworn before me this 7 day of May, 20 20.

Sheila Riemer  
(Signature of Notary Public)

7-17-22  
(Commission Expires)

Date Received: 5-7-2020 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: Cash

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

NAME Peagu R Wallace  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 651-3137 Email Address chloe-0384@yahoo.com

Current Address 807 E Railroad Ave Colfax 54730 10  
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 36

Place of Employment Mayo Clinic Softball

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

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Recommendation  Approve     Deny    [Signature] 5/27/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

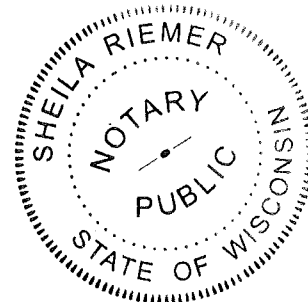
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Peagu Wallace  
Signature of Applicant

Subscribed and sworn before me this 7 day of May, 20 20.

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

Date Received: 5-7-2020 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

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Receipt: Cash

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

NAME GARY L. STONE  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-3512 Email Address GARYSTONE45@GMAIL

Current Address 505 HIGH ST. COLFAX 54730 5+  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 715 JOHNSON - OLGA RD. COLFAX WI 54730  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 74

Place of Employment RETIRED SOFTBALL

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/6/2020  
(Chief of Police or Designated Staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

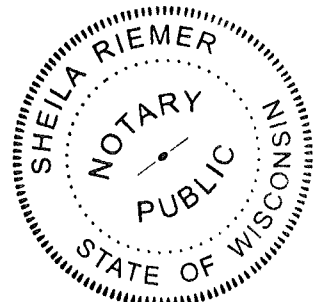
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 28<sup>th</sup> day of April, 20 20.

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

Date Received: 4-28-20 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME TARRIS LEE TURNER  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-2076 Email Address Tarry3170@gmail.com

Current Address 510 E. 4TH AVE COLFAX 54730 10  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 413 S. MAIN APT 2 COLFAX 54730  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 75

Place of Employment RETIRED American Legion

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 06/05/2020  
(Chief of Police or designated staff Signature) (Date)

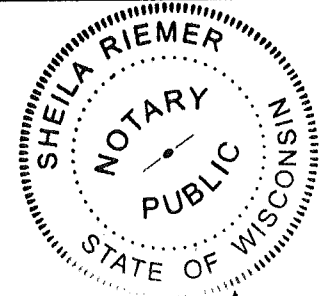
### STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]  
Signature of Applicant

Subscribed and sworn before me this 3<sup>rd</sup> day of June, 20 20

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



Date Received: 6-3-2020 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: Cash

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

NAME THOMAS J. DUNBAR  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 962-4128 Email Address diamond451p@yahoo.com

Current Address 502 ETERGREEN ST. COLFAX, WI 54730 44  
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 26

Place of Employment RESERVED American Legion

**POLICE DEPT APPLICABLE OFFENSE CRITERIA**  
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

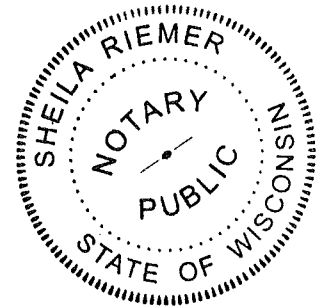
Recommendation  Approve     Deny    [Signature] 06/05/2020  
(Chief of Police or Designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 4th day of June, 2020.  
[Signature] 7-17-22  
(Signature of Notary Public) (Commission Expires)



Date Received: 6-4-2020 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

NAME Raelyn Noel Tretsven  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (651) 253-1890 Email Address rtretsven@gmail.com

Current Address 7507 Main St Danbury 54830 1  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 1932 Gress Ct Unit 4 Menomonie 54751  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 23

Place of Employment Colfax Softball

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 06/09/20  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

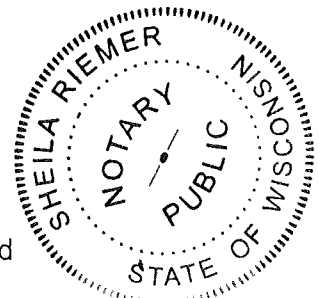
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license; that all the statements made by applicant are true.

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 8th day of June, 20 20

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

Date Received: 6-8-2020 Date to the Board: 6/22/20 Approved or Denied



OPERATOR'S LICENSE

NO: P.19 19-20

\$15.00

WHEREAS, The local governing body of the Town of Tainter, County of Dunn, Wisconsin, has, upon application duly made, granted and authorized the issuance of an "Operator's" License to:

TRETSUEN, RAELYN


AND WHEREAS, the said applicant has paid the treasurer the sum of \$15.00 as required by local ordinances and has complied with all requirements necessary for obtaining a license:

Now Therefore, An "Operator's" License, pursuant to Sections 125.32(2) and 125.68(2) of the Wisconsin State Statutes, and local ordinances, is hereby issued to said applicant.

FOR THE PERIOD ending June 30, 2020

Given under my hand and the corporate seal of the Town of Tainter, County of Dunn, State of Wisconsin, this 18<sup>th</sup> day of June 2019.

(Corporate Seal)

  
Gwen E Snyder, CPA  
Town of Tainter Clerk/Treasurer



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 163011

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Bryana Lynn Buchanan  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-0523 Email Address bryanabuchanan03@gmail.com

Current Address N12048 890st Colfax 54730 21  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 21

Place of Employment Synergy Cooperative

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/28/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

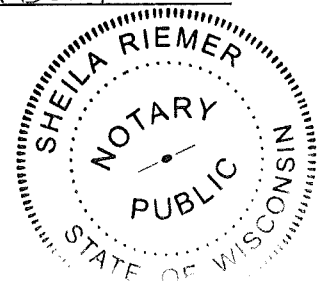
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Bryana Buchanan  
Signature of Applicant

Subscribed and sworn before me this 18 day of May, 20 20

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

Date Received: 5-27-20 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 163011

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Hailey Brianne Prince  
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address 2703 Thomas Dr Eau Claire 54701 less than 1  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 1004 University Ave Colfax 54730  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 19

Place of Employment Synergy Co-op

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    Sheila Riemer 5/27/20  
(Chief of Police or Designated staff Signature) (Date)

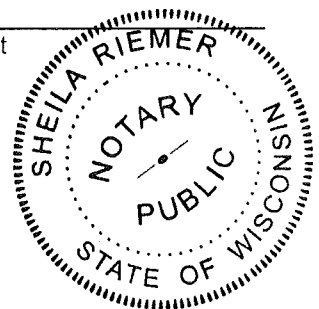
### STATE OF WISCONSIN/ DUNN COUNTY

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

x Hailey Prince  
Signature of Applicant

Subscribed and sworn before me this 12 day of May, 20 20

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



Date Received: 5-27-20 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 163011

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Robin Sue Thompson  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-8847 Email Address itinkso84@yahoo.com

Current Address 523 main st. P.O. box 92 Colfax 54730 2  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 1880 County Hwy A Eik Mound 54739  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 36

Place of Employment Synergy

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/28/2020  
(Chief of Police or designated staff Signature) (Date)

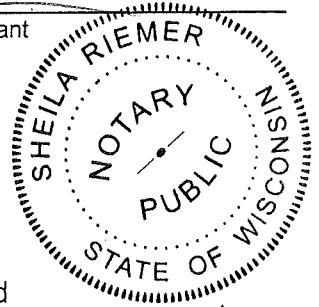
### STATE OF WISCONSIN/ DUNN COUNTY

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

x Robin Thompson  
Signature of Applicant

Subscribed and sworn before me this 8th day of May, 2020.

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



Date Received: 5.27.20 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 163011

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Joni Lynn Koehler  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 505-1944 Email Address Joni Koehler 79@yahoo.com

Current Address N7001 Le90th St. Menomonie, WI. 54751  
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 40

Place of Employment Synergy / Subway

**POLICE DEPT APPLICABLE OFFENSE CRITERIA**  
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/28/2020  
(Chief of Police or designated staff Signature) (Date)

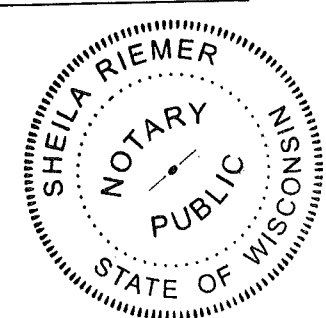
### STATE OF WISCONSIN/ DUNN COUNTY

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

X Joni Koehler  
Signature of Applicant

Subscribed and sworn before me this 6<sup>th</sup> day of May, 20 20.

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



Date Received: 5-27-20 Date to the Board: 6/22/20 Approved or Denied,

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 16301

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jozie Rae Buchanan  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-1607 Email Address volleysoftball10@gmail.com

Current Address N17048 890<sup>th</sup> St Colfax 54730 18  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 18

Place of Employment Synergy Co-op

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

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

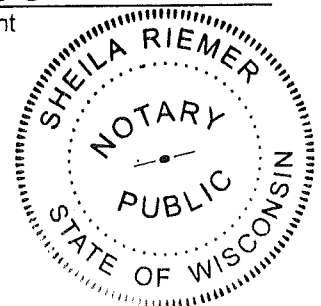
### STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]  
Signature of Applicant

Subscribed and sworn before me this 7 day of May, 2020.

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



Date Received: 5-27-20 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 163011

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Suzanne Marie Hagen  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-2280 Email Address Suehagen63@gmail.com

Current Address N8519 County rd. N. Colfax 54730 29  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 57

Place of Employment Synergy Cooperative

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    W. J. [Signature] 5/28/2020  
(Chief of Police or designated staff Signature) (Date)

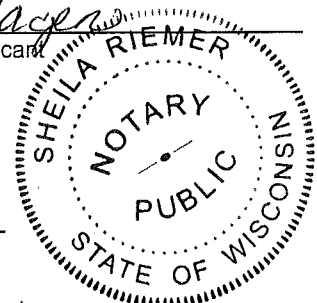
### STATE OF WISCONSIN/ DUNN COUNTY

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

x Suzanne M. Hagen  
Signature of Applicant

Subscribed and sworn before me this 28 day of May, 2020.

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



Date Received: 5.27.20 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 103011

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mary Ann Durand  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-440-1624 Email Address durandmadd@yahoo

Current Address P.O. Box 233 Colfax, WI 54730  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 808 University Colfax, WI 54730  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 59

Place of Employment Synergy

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    William A. Durand 5/27/2020  
(Chief of Police or designated staff Signature) (Date)

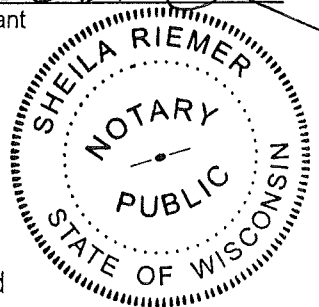
### STATE OF WISCONSIN/ DUNN COUNTY

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

x Mary Durand  
Signature of Applicant

Subscribed and sworn before me this 14 day of May, 2020.

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



Date Received: 5/27/20 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 163011

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kayla Jane Brown  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-9367 Email Address brown.kayk83@gmail.com

Current Address N5227 City Rd N Colfax 54730 6314  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address E8148 80th Ave Colfax 54730  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 37

Place of Employment Synurgy Cooperative

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/28/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

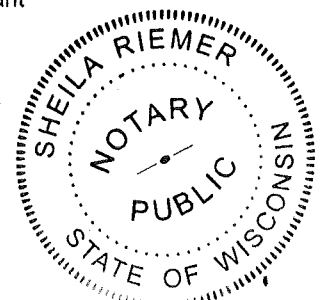
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license; that all the statements made by applicant are true.

x [Signature]  
Signature of Applicant

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

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

Date Received: 5-27-20 Date to the Board: 6/22/20 Approved or Denied





# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 163011

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Edith Marie McKee  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-4309 Email Address \_\_\_\_\_

Current Address E6885 Cnty Rd N Wheeler Wi 54772 20 yrs  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 62.5

Place of Employment Synergy Co-op Colfax

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    W. J. [Signature] 5/28/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

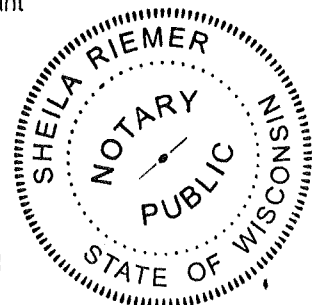
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Edith McKee  
Signature of Applicant

Subscribed and sworn before me this 15 day of May, 20 20

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

Date Received: 5-27-20 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 163011

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Joshua Christopher Larson  
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address E8538 State Road 170 Colfax WI. 54730 20  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 20

Place of Employment Colfax Cenex / Synergy

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    William Miller 5/28/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

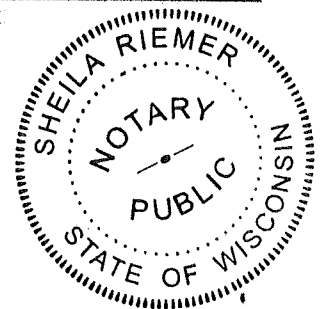
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Joshua C. Larson  
Signature of Applicant

Subscribed and sworn before me this 18 day of May, 20 20.

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

Date Received: 5.27.20 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 163011

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Sawyer Michael Best  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-9579 Email Address Sawyer.best@gmail.com

Current Address E7966 CHARLES Colfax 54730 18  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 18

Place of Employment Synergy Cooperatives

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/28/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

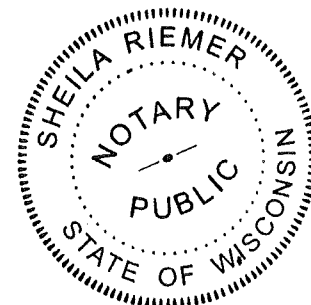
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Sawyer Best  
Signature of Applicant

Subscribed and sworn before me this 31 day of May, 20 20

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

Date Received: 5.27.20 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 163011

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kaylee Alexandra McCawley  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-931-9435 Email Address kayleemccawley@gmail.com

Current Address 509 Highest Colfax 54730 4 yrs  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address — Bear Creek WI —  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 18

Place of Employment Synergy Co-op

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/28/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

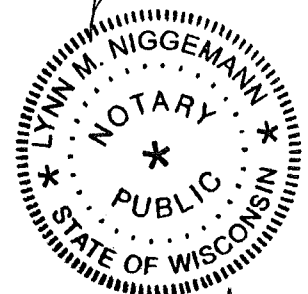
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Kaylee McCawley  
Signature of Applicant

Subscribed and sworn before me this 20<sup>th</sup> day of May, 20 20.

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

Date Received: 5-20-20 Date to the Board: 6/22/20 Approved or Denied




# WISCONSIN SELLER / SERVER CERTIFICATION

**Trainee Name:** Kaylee McCawley

**School Name:** Learn2Serve

**Date of Completion:** 05/20/2020

**Certification #:** WI-188663

I, 

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

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



**Corporate Headquarters**

6801 N Capital of Texas Hwy, Bldg 1,  
Suite 250, Austin, TX 78731  
P: 877.881.2235

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 163011

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jasmine Louise Hanson  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-931-8724 Email Address jazziehanson@gmail.com  
Current Address 800th Colfax 54730 18  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 21

Place of Employment Cenex

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/28/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

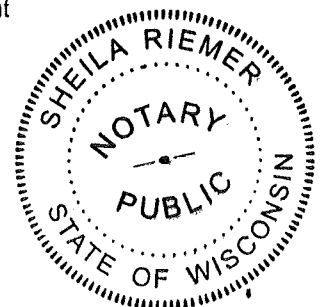
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 21 day of May, 20 20

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

Date Received: 5-21-20 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 143011

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jeremy Terrell Artist  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-1058 Email Address Jeremyartist12@gmail.com

Current Address 501 E. river street Apt. 2 Colfax 54730 2  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_ Colfax WI 54730  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 19

Place of Employment Cennex - Synergy

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 6/22/20  
(Chief of Police or designated staff Signature) (Date)

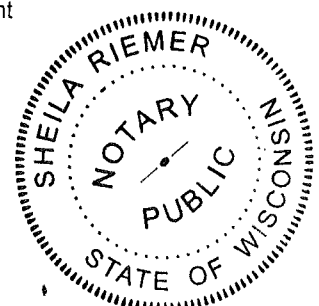
### STATE OF WISCONSIN/ DUNN COUNTY

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

X Jeremy Artist  
Signature of Applicant

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

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



Date Received: 5-27-20 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME CHRIS BLENN LUNN  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-3251 Email Address \_\_\_\_\_

Current Address 517 5TH AVE COLFAX 54730 LIFETIME  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 62

Place of Employment EXPRESS MART

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] [Signature]  
(Chief of Police or designated staff Signature) (Date)

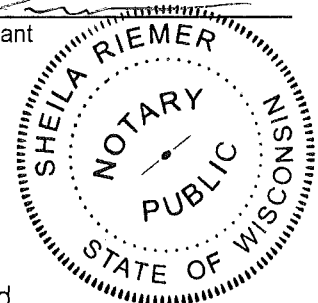
### STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 12 day of May, 20 20

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



Date Received: 5-22-2020 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME TIMOTHY PATRICK KETTNER  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 705-6752 Email Address timothy.kettner@yahoo.com

Current Address 118 Park Dr Lot #230 Colfax 54730 1 1/2 yr  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 909 University Ave Colfax 54730  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 55

Place of Employment Express MACT

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/27/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

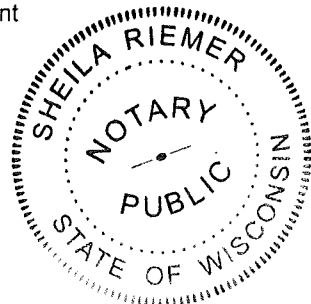
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Timothy P Kettner  
Signature of Applicant

Subscribed and sworn before me this 15 day of May, 20 20.

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

Date Received: 5-22-2020 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Brenda Lee Kettner  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-705-6755 Email Address pegasuslover1964@

Current Address 118 Park Dr #230 Colfax 54730 Almost 2 yrs  
(Street) (City) (Zip Code) (yrs. at address) yahoo.com

Previous Address 909 University Ave Colfax 54730  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 55

Place of Employment Express mart

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/27/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

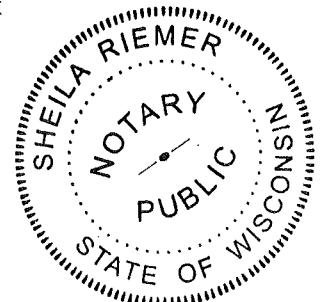
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Brenda L. Kettner  
Signature of Applicant

Subscribed and sworn before me this 15 day of May, 2020.

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

Date Received: 5.22.2020 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Patrick Daniel L'Esperance  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-6007 Email Address \_\_\_\_\_

Current Address 625 main st. Colfax 54730 5+  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 818 Main St Eau Claire 54701  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 31

Place of Employment Express Mart Colfax

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/17/2022  
(Chief of Police or designated staff Signature) (Date)

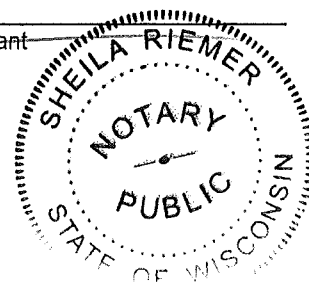
### STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 12 day of May, 20 20

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



Date Received: 5-22-2020 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kelly Sue ROE  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 271-5877 Email Address katt282002@hotmail.com

Current Address 602 University Ave Colfax 54730 10 mos  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 636 Harlem St. Altoona WI 54720  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 45

Place of Employment Express mart

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/7/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

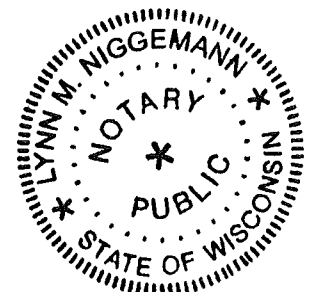
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Kelly D. Roe  
Signature of Applicant

Subscribed and sworn before me this 21<sup>st</sup> day of May, 20 20.

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

Date Received: 05-22-2020 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tammy Marie Danoë  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-497-5418 Email Address \_\_\_\_\_

Current Address E8520 St. Rd. 170 Colfax, WI 54730 8+  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 41

Place of Employment Kwik Trip 3 Outhouse Bar

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 06/01/2020  
(Chief of Police or designated staff Signature) (Date)

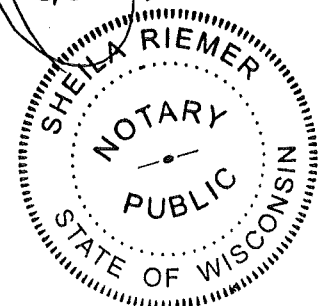
### STATE OF WISCONSIN/ DUNN COUNTY

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

[Signature]  
Signature of Applicant

Subscribed and sworn before me this 27 day of May, 20 20.

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



Date Received: 5-27-20 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Carey Kim Davis  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-5336 Email Address \_\_\_\_\_

Current Address 122 Park Dr. Lot 101 Colfax 54730 3  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 122 Park Dr. Lot 105 Colfax 54730  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 60

Place of Employment Anderson Bridge Outthouse Bar

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/27/2020  
(Chief of Police or designated staff Signature) (Date)

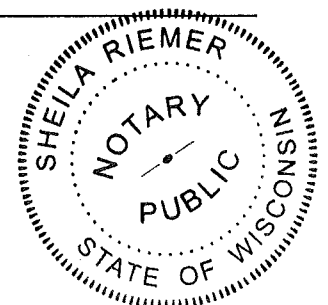
### STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 14 day of May, 2020.

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



Date Received: 5-14-2020 Date to the Board: 6/22/20, Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Evia Pearl Gehrman  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-5302 Email Address Eviag65@gmail.com

Current Address 305 main st Colfax 54730 Wis  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 54

Place of Employment Out House Bar

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/22/20  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

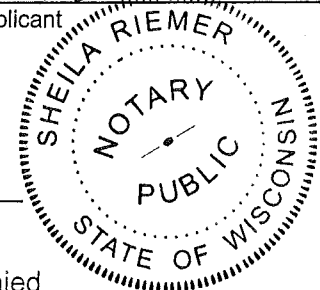
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license; that all the statements made by applicant are true.

x Evia Gehrman  
Signature of Applicant

Subscribed and sworn before me this 8 day of May, 2020

[Signature]  
(Signature of Notary Public)

7-17-22  
(Commission Expires)



Date Received: 5-8-20 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME TAMARA A. Whinnery  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-0707 Email Address Tamiwhin@gmail.com

Current Address N8948 Cty Rd M Colfax WI 54730 22 yrs  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 704 Amble Street Colfax 54730  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 60

Place of Employment OutHouse Bar

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/17/20  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

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

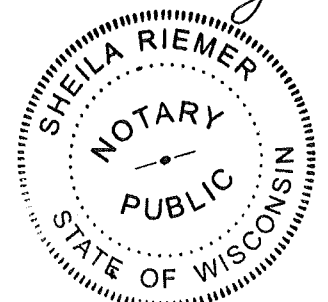
[Signature]  
Signature of Applicant

Subscribed and sworn before me this 18 day of May, 20 20.

[Signature]  
(Signature of Notary Public)

7-17-20  
(Commission Expires)

Date Received: 5-18-20 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mary Jane Roehl  
FIRST NAME MIDDLE NAME LAST NAME  
Telephone Number 715-308-6227 Email Address myroehl78@gmail.com  
Current Address N8420 970th St Colfax 54730 11  
(Street) (City) (Zip Code) (yrs. at address)  
Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)  
Date of Birth \_\_\_\_\_ Age 41  
Place of Employment Synergy Coop / Outhouse Bar

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 5/21/2021  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

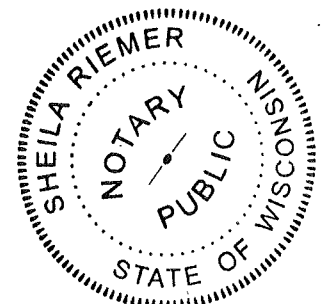
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 21 day of May, 2020.

[Signature] 7.17.22  
(Signature of Notary Public) (Commission Expires)

Date Received: 5-21-20 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \_\_\_\_\_

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jalene Amick  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 699 0419 Email Address \_\_\_\_\_

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

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

Date of Birth \_\_\_\_\_ Age 52

Place of Employment Kyle's Market

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 2/1/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

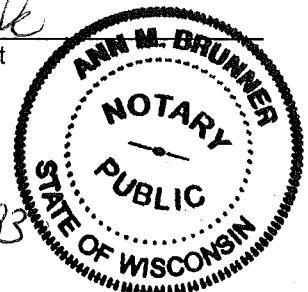
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Jalene Amick  
Signature of Applicant

Subscribed and sworn before me this 21<sup>ST</sup> day of May, 2020.

[Signature]  
(Signature of Notary Public)

July 28, 2023  
(Commission Expires)



Date Received: 6-1-2020 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \_\_\_\_\_

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mikki Jean McCutcheon  
FIRST NAME MIDDLE NAME LAST NAME  
Telephone Number 715-505-1388 Email Address mikkimecc5@gmail.com  
Current Address 401e Main St Colfax 54730 9 yrs  
(Street) (City) (Zip Code) (yrs. at address)  
Previous Address N6693 470th St lot 102 Menomonie 54751  
(Street) (City) (Zip Code)  
Date of Birth [REDACTED] Age 33  
Place of Employment Kyle's Market

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

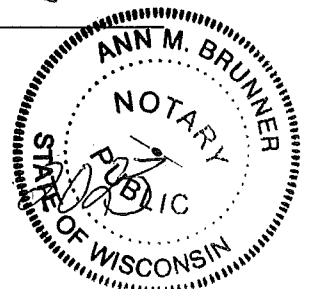
Recommendation  Approve     Deny    [Signature] 06/01/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]  
Signature of Applicant

Subscribed and sworn before me this 21<sup>st</sup> day of May 2020.  
[Signature] July 28,  
(Signature of Notary Public) (Commission Expires)



Date Received: 6-1-2020 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \_\_\_\_\_

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Nathaniel Patrick Lee  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-619-1903 Email Address nathaniellee314@gmail.com

Current Address 88965 810th Ave. Colfax 54730 18  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 18

Place of Employment Hyle's Market

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

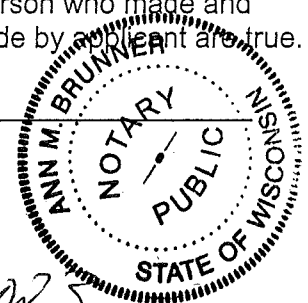
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 06/01/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

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

x Nathaniel Lee  
Signature of Applicant



Subscribed and sworn before me this 28<sup>TH</sup> day of July, 2020.  
[Signature] July 28, 2020  
(Signature of Notary Public) (Commission Expires)

Date Received: 6-1-2020 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \_\_\_\_\_

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jeffrey Harry Peterson  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-4881 Email Address mamatuehl@yahoo.com

Current Address 302 4th AVE. Colfax 54730 14  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 49

Place of Employment Kyles Market

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 06/01/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

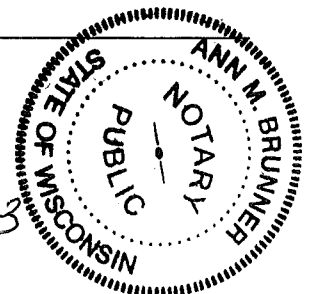
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 28<sup>TH</sup> day of May, 2020.

[Signature]  
(Signature of Notary Public)

July 28, 2023  
(Commission Expires)



Date Received: 6-1-2020 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \_\_\_\_\_

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tiffany Ann Reed  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-781-6389 Email Address tdanielson17@outlook.com

Current Address 122 Park DR ELRL 108 Colfax W154730 6  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 32

Place of Employment Kyles Market

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 26/01/2020  
(Chief of Police or designated staff Signature) (Date)

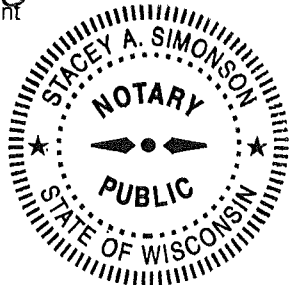
### STATE OF WISCONSIN/ DUNN COUNTY

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

x Tiffany A Reed  
Signature of Applicant

Subscribed and sworn before me this 26th day of May, 2020.

[Signature] 3/25/22  
(Signature of Notary Public) Stacey A. Simonson (Commission Expires)



Date Received: 6-1-2020 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \_\_\_\_\_

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Elizabeth Marie Dachel  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-4480 Email Address em.dachel@gmail.com

Current Address 10435 20<sup>th</sup> Street Colfax 54730 18  
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth \_\_\_\_\_ Age 18

Place of Employment Kyle's Market

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 6/10/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

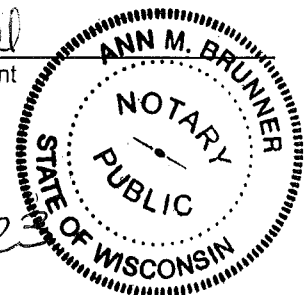
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Elizabeth Dachel  
Signature of Applicant

Subscribed and sworn before me this 27<sup>TH</sup> day of May, 2020.

[Signature]  
(Signature of Notary Public)

July 28, 2023  
(Commission Expires)



Date Received: 6-1-2020 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \_\_\_\_\_

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME ELIZABETH JAYNE DE MOE (B.G.)  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-2464 Email Address — 0 —

Current Address 119 PARK DR. #10. COLFAX 54730 9  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address BOYCEVILLE WI.  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 73

Place of Employment KYLES MARKET

**POLICE DEPT APPLICABLE OFFENSE CRITERIA**  
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 06/01/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

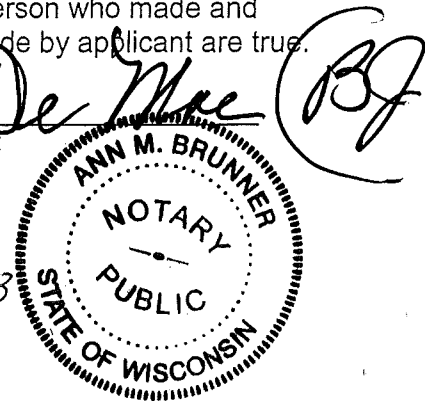
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license, that all the statements made by applicant are true.

[Signature]  
Signature of Applicant

Subscribed and sworn before me this 26<sup>TH</sup> day of May, 2020

[Signature]  
(Signature of Notary Public)

[Signature]  
(Commission Expires)



Date Received: 6-1-2020 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \_\_\_\_\_

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jazmyne Raye Peterson  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-0553 Email Address petersonjazmyne24@gmail.com

Current Address 301 Main St. Colfax 54730 4  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address E 8702 760<sup>th</sup> AVE Colfax 54730  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 18

Place of Employment Kyle's Market

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 6/1/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

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

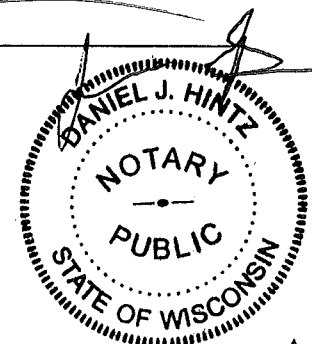
State of Wisconsin  
County of Eau Claire

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 30th day of May, 20 20.

[Signature]  
(Signature of Notary Public)

June 7th, 2022  
(Commission Expires)



Date Received: 6-1-2020 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \_\_\_\_\_

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Nicole Daria Nierenhausen  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-933-0060 Email Address nicolen14@hotmail.com

Current Address 7971 25<sup>th</sup> St Colfax 54730 18+ years  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 22

Place of Employment Kyles Market

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 06/20/2020  
(Chief of Police or Designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

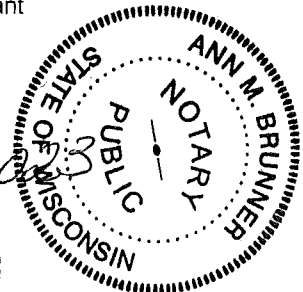
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 1<sup>ST</sup> day of June 2020

[Signature]  
(Signature of Notary Public)

July 28, 2023  
(Commission Expires)



Date Received: 6-1-2020 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \_\_\_\_\_

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Nicole Josie Gottlibson  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-9335 Email Address Nicole\_gottlibson\_2003@hotmail.com

Current Address 118 Park Dr Lot 244 Colfax, WI 54730 3 yrs  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 28

Place of Employment Kyle's Market

**POLICE DEPT APPLICABLE OFFENSE CRITERIA**  
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

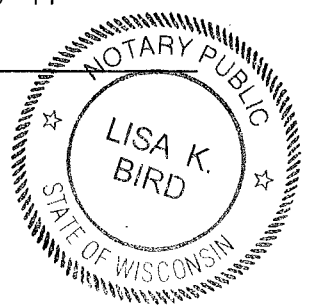
Recommendation  Approve     Deny    [Signature] 06/01/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

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

LISA K. BIRD  
Notary Public-State of Wisconsin  
My Commission Expires July 8, 2022

x Nicole Gottlibson  
Signature of Applicant



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

Lisa K Bird July 8 2022  
(Signature of Notary Public) (Commission Expires)

Date Received: 6-1-2020 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 1653

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2020, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kyle James Krall  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-2062 Email Address KyleKrall.fishingsoos@gmail.com

Current Address N8310 855<sup>th</sup> Colfax 54730 18 years  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 18

Place of Employment Kyle's Market

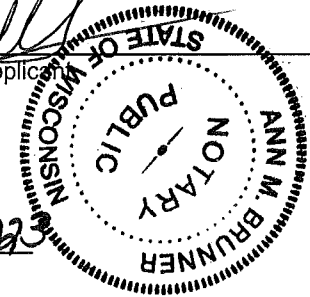
**POLICE DEPT APPLICABLE OFFENSE CRITERIA**  
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 04/27/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

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

[Signature]  
Signature of Applicant



[Signature]  
(Signature of Notary Public)

24<sup>th</sup> day of April, 2020  
July 28, 2023  
(Commission Expires)

Date Received: 4-24-2020 Date to the Board: 6/22/20 Approved or Denied

# WISCONSIN SELLER / SERVER CERTIFICATION

**Trainee Name:** Kyle Krall

**School Name:** Learn2Serve

**Date of Completion:** 04/22/2020

**Certification #:** WI-110518

I, *Kyle Krall*

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

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



**Corporate Headquarters**

6801 N Capital of Texas Hwy, Bldg 1,  
Suite 250, Austin, TX 78731  
P: 877.881.2235

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \_\_\_\_\_

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Elizabeth Bailey Affolter  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-9170 Email Address elizabethaffolter@gmail.com

Current Address E 7520 770<sup>th</sup> Ave, Colfax, WI 54730 15  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 19

Place of Employment Kyle's Market

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

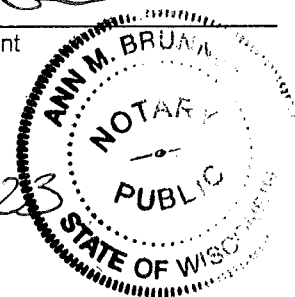
Recommendation  Approve     Deny    [Signature] 06/05/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]  
Signature of Applicant

Subscribed and sworn before me this 27<sup>th</sup> day of May, 2020.  
[Signature] July 28, 2023  
(Signature of Notary Public) (Commission Expires)



Date Received: 6/2/2020 Date to the Board: 6/22/20 Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \_\_\_\_\_

### TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kara Lynn Buchner  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-3747 Email Address Karabuchner0923@yahoo

Current Address 509 Fairview Dr. Colfax 54730 12.5  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 607 5th Ave. Colfax 54730  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 42

Place of Employment Kyle's Market

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 06/09/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

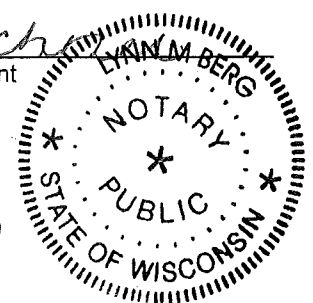
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

[Signature]  
Signature of Applicant

Subscribed and sworn before me this 5th day of June 2020

[Signature]  
(Signature of Notary Public)

06/03/2021  
(Commission Expires)



Date Received: 06-05-2020 Date to the Board: 6/20/20 Approved or Denied



# WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Kara Buchner

Date of Completion: 03/15/2018

School Name: 360training.com, Inc.

Certification #: WI-75693

I, 

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

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66

learn<sup>2</sup>  
serve

Corporate Headquarters  
6801 N Capital of Texas Hwy, Suite 150  
Austin, TX 78731  
P: 877.881.2235

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: # 110564

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Bridgette Suzanne Lenz  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 608-519-6705 Email Address bridgette1992@notmail@gmail.com

Current Address N12176 890<sup>th</sup> St. Colfax WI 54730 1 yr.  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 1403 Bedford St. LaCrosse 54601  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 28

Place of Employment Little Slice of Italy's

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 06/05/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

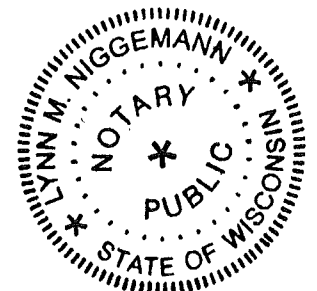
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 2<sup>nd</sup> day of June, 2020.

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

Date Received: 6/2/2020 Date to the Board: 6/2/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: 16565

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 21, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Hailey Renee Klukas  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 533-1932 Email Address hailey.klukas@yahoo.com

Current Address 1011 High Street Colfax 54730 8  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address E8868 730<sup>th</sup> Ave. Colfax 54730  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 18

Place of Employment A Little Slice of Italy

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 06/05/2020  
(Chief of Police or Designated Staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

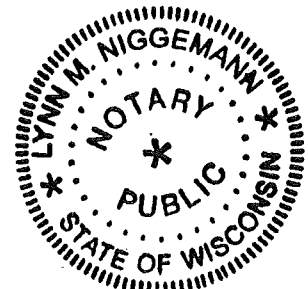
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]  
Signature of Applicant

Subscribed and sworn before me this 2<sup>nd</sup> day of June, 20 20

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

Date Received: 6/2/2020 Date to the Board: 6/22/20 Approved or Denied



# WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Hailey Klukas

School Name: Learn2Serve

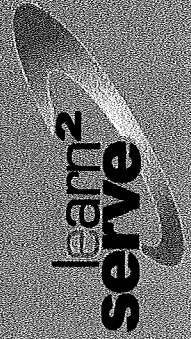
Date of Completion: 05/30/2020

Certification #: WI-111557

I, *South McPherson*

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

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



Corporate Headquarters  
6801 N Capital of Texas Hwy, Bldg 1,  
Suite 250, Austin, TX 78731  
P: 877.881.2235

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Lyndsey Ina Pederson  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 505-2381 Email Address lyndseyina@gmail.com

Current Address 507 West ST Colfax 54730 2,5  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N9345 460<sup>th</sup> ST Boyceville 54725  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 36

Place of Employment A Little Slice of Italy

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 06/09/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

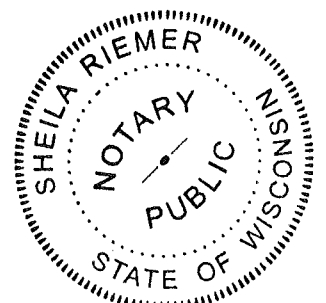
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 5<sup>th</sup> day of June, 2020.

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

Date Received: 6-5-2020 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: \_\_\_\_\_

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Elizabeth Louise Harshman  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-0731 Email Address \_\_\_\_\_

Current Address 207 park Dr. Colfax WI 54730 1 1/2  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 601 Pine St Colfax WI 54730  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 31

Place of Employment The Blind Tiger

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    Dana Polson    5/17/2020  
(Chief of Police or designated staff Signature) (Date)

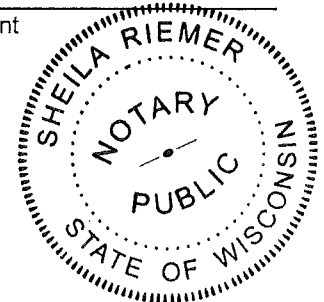
### STATE OF WISCONSIN/ DUNN COUNTY

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

X E.L.H.  
Signature of Applicant

Subscribed and sworn before me this 8<sup>th</sup> day of May, 2020.

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



Date Received: 5-8-20 Date to the Board: 6/22/20, Approved or Denied

# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kathryn Denise EARSON  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-558-0992 Email Address \_\_\_\_\_

Current Address 122 Park Drive Colfax 54730 1  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N11488 940<sup>th</sup> St Colfax 54730  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 29

Place of Employment The Blind Tiger

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 06/16/2020  
(Chief of Police or designated staff Signature) (Date)

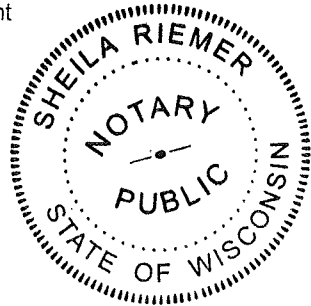
### STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]  
Signature of Applicant

Subscribed and sworn before me this 26 day of May, 20 20

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



Date Received: 5-26-20 Date to the Board: 6/22/20 Approved or Denied

# SELLER / SERVER CERTIFICATION

Trainee Name: Kathryn Earsom

School Name: Learn2Serve

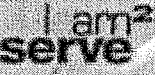
Date of Completion: 08/04/2019

Certification #: WI-102399

I, *Kathryn Earsom*

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

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17,134.66



**Corporate Headquarters**  
6801 N Capital of Texas Hwy, Bldg J,  
Suite 150, Austin, TX 78731  
P: 877.881.2235

## WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Kathryn Earsom

School Name: Learn2Serve

Date of Completion: 08/04/2019

Certification #: WI-102399

I, *Kathryn Earsom*

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

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17,134.66



**Corporate Headquarters**  
6801 N Capital of Texas Hwy, Bldg J,  
Suite 150, Austin, TX 78731  
P: 877.881.2235



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Emily Michelle Rubenzel  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-210-9140 Email Address \_\_\_\_\_

Current Address 307 Main St Colfax 54730 2  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N9094 County Road M Colfax 54730  
(Street) (City) (Zip Code)

Date of Birth \_\_\_\_\_ Age 31

Place of Employment The Blind Tiger

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 06/09/2020  
(Chief of Police or designated staff Signature) (Date)

### STATE OF WISCONSIN/ DUNN COUNTY

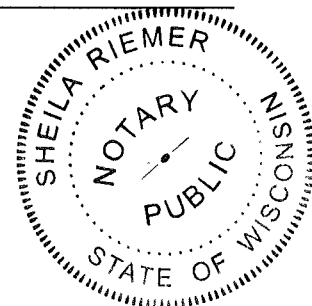
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]  
Signature of Applicant

Subscribed and sworn before me this 5<sup>th</sup> day of June, 20 20

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

Date Received: 6-5-2020 Date to the Board: 6/22/20 Approved or Denied



# Village of Colfax

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

## Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License     New License     Renewal License    Fee: \$10.00 each application  
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Emily Amber Sedahl  
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 308-6942 Email Address emmyaw@yahoo.com

Current Address 3131 20th St Elk Mound, WI 54739 4  
(Street) (City) (Zip Code) (yrs. at address)

Previous Address E8058 770th Ave Colfax WI 54730  
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 37

Place of Employment Blind Tiger

### POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation  Approve     Deny    [Signature] 06/09/2020  
(Chief of Police or designated staff Signature) (Date)

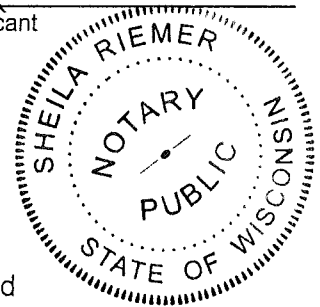
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