PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: /423 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 Jeffrey William Prince

FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-962-3447 Email Address Jeffprince 89@gmail. Com

Current Address 1004 University Ave Colfex w I 54730 20405

(Street) (City) (Zip Code) (yrs. at address) (City) Previous Address \_\_\_\_ (Zip Code) \_\_\_\_\_ Age <u>49</u> Date of Birth 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. Approve Deny Recommendation 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. 

Date Received: 5-39- 2020 Date to the Board: 6/22/20 Approved or Denied

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

(Signature of Notary Public) (Commission Expires)

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors \_\_\_\_ New License \_\_\_\_\_\_ Renewal License Fee: \$10.00 each application Provisional License 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, 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 Telephone Number 507-951-7273 Email Address + iffanyp - 02 Photmail. COM Current Address U03 VCY Son Rol. WIFAX W | 54730 21/V5.

(Street) (City) (Zip Code) (yrs. at address) Previous Address 27 PAYN DV. Colty) 54730

Date of Birth Age 37 Softball Place of Employment State of Wisconsin - Department of Workforg 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 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. Subscribed and sworn before me this 57H day of 1/24

(Commission Expires)

Date Received: 5-24-20 Date to the Board: 6/22/20 Approved or Denied

(Signature of Notary Public)

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

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

# 11 (1 F 1 to a	- to Comice Common	ted Malt R	ovorages	and Intoxicat	ing Liquors
Application for Licens					
Provisional License	New License _	_X_ Renewa	al License	Fee: \$10.00 ( Receipt:	each application
TO THE BOARD OF THE VI	LLAGE OF COLFAX, W	/ISCONSIN:			
I, hereby apply for a license t Fermented Malt Beverages a and 125.68(2) of the Wiscons hereby agree to comply with the sale of such beverages a	nd Intoxicating Liquors, in Statutes and all acts all laws resolutions, ordi	subject to the amendatory tl nances and re	limitations hereof and s egulations, l	imposed by Sect supplementary th	ereto, and
Answer the following question	ns fully and completely:	(PLEASE PR	NINT)		
NAME Milkhae FIRST NAME	MIDDLE N	AME	(;	SUCAME (	
Telephone Number 7/5-5	162-3747 E	mail Address	d 6m e	uchner @;	rahoo.com
Current Address 509 (Street)	Fadrulew Ar Co	JFax WI	<u> </u>	(yrs. at add	ress)
Previous Address <u>(。。)</u>	Street)	ColFax (City)	ωエ Age 4	<u>5473 の</u> (Zip Code)	ire Dupt
Place of Employment Du	un County	High	Nay D	epartme	nt
POLICE DEPT APPLICABLE records check will be consubstantially relate to the lice conformation whether police Department if your approximant approximation	ducted for violations of the constant of the c	se conviction anted. You wanded for deni	ns are cons vill be notificial to the Vi	sidered by the villag	e of Colfax
STATE OF WISCONSIN/ DUM	IN COUNTY				
he above named applicant, bigned the foregoing application	n for an operator's licen	oath says that se: that all the	ie statemen	ts made by appli	nade and cant are true.
wheerihad and sworn before I	22	f May . 2		oplicant Strumphing E.M.	AER MANAGER

7-/7- 22 (Commission Expires)

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application X Renewal License New License Provisional License 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, 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 Andrew Merien De Raad

FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-579-1728 Email Address and De Raad + I cloud.com Current Address £ 4971 1045 the Ave wheeler \$4772 5

(Street) (City) (Zip Code) (vrs. at address) Previous Address \_ (Zip Code) (City) (Street) Date of Birth Place of Employment Colfex Health & relab 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. Approve \_\_\_\_ Deny Recommendation 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. Subscribed and sworn before me this 19th day of May, 20 20 (Signature of Notary Public)

Date Received: 519-20 Date to the Board: 6/22/20 Approved or Denied

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X Renewal License New License Fee: \$10.00 each application Provisional License 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, 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) Previous Address (City) (Zip Code) Date of Birth Colfax Solaball Place of Employment 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. Approve Deny Recommendation 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: Ithat all the statements made by applicant are true. Subscribed and sworn before me this day of May, 20 20

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

(Signature of Notary Public)

Date Received: 5-8-3020Date to the Board: 6/20/20 Approved or Denied

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X Renewal License Fee: \$10.00 each application New License Provisional License 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, 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 Email Address Hongas 241 @ amai Telephone Number <u>115-894-045</u> Date of Birth Softball Place of Employment EIL Mound 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. Deny Recommendation 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. Subscribed and sworn before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 20 \_\_\_\_\_\_

Date Received: 57-2020 Date to the Board: 6/22/20 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License 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) Telephone Number (715) 651 - 3137 Email Address chloe - 0384 @yahoo.com E Railroad Ave Colfax 54730 // (City) (Zip Code) (yrs. at address) Current Address 807 Previous Address (City) (Zip Code) Date of Birth Softball Place of Employment <u>May o Clinic</u> 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. Approve Deny Chief of Police or designated staff Signature) Recommendation 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. Subscribed and sworn before me this \$\overline{16} 7 \quad day of \overline{16} \overl hale Kim (Signature of Notary Public)

Date Received: 5.7-2020 Date to the Board: 4/22/20 Approved or Denied

715-962-2221 Application for License to Serve Fermented Malt-Beverages and Intoxicating Liquors Renewal License Fee: \$10.00 each application New License Provisional License (ash 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) Telephone Number  $\frac{2/5 \cdot 96\lambda \cdot 35/2}{505 \cdot 4/9 \cdot 45}$  Email Address  $\frac{94 \cdot 456 \cdot 6000}{5000}$  Email Address  $\frac{505 \cdot 4/9 \cdot 457}{(Street)}$  (City) (Zip Code) (yrs. at address) Previous Address 7/5 Johnson - 0/501 Re. Collax wi 54730

(Street) (City) (Zip Code)

Age 74

Softball Place of Employment 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. Approve \_\_\_\_ Deny Recommendation 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. Date Received: 4 38 30 Date to the Board: 622 20 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 -

Phone 715-962-3311

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: Cook TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 31, 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) TARRIS LEE TURNER
FIRST NAME MIDDLE NAME LAST NAME NAME Telephone Number 715-962-2001 Email Address <u>Tarry 3170@gmail.com</u>

Current Address <u>510 E. 4TH AVE COLFAX 54730</u> 10

(Street) (City) (Zip Code) (yrs. at address) 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. Approve \_\_\_\_ Deny Recommendation 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.

Date Received: 6-3-2000 Date to the Board: 6/22/20 Approved or Denied

Subscribed and sworn before me this 3rd day of June, 20 20

(Signature of Notary Public)

| Commission Expires

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

Applicatio	n for License	to Serve Ferme	ented Malt	Beverages a	nd Intoxicatir	ıg Liquors
Provisiona	al License	New License	_X_Rene	ewal License	Fee: \$10.00 ea	ch application
TO THE BOAR	RD OF THE VILL	AGE OF COLFAX,	WISCONSII	N:	Тооори	
Fermented Mal and 125.68(2) of hereby agree to	It Beverages and of the Wisconsin to comply with all I	erve, from date here Intoxicating Liquors Statutes and all acts aws resolutions, ore liquors if a license b	s, subject to t s amendator dinances and	the limitations im y thereof and sup d regulations, Fed	posed by Section oplementary ther	n 125.32(2) eto, and
_		ully and completely				
NAME	FIRST NAME	J. MIDDLE	NAME	$\mathcal{Y}_{\nu}$	LAST NAME	
	_	12-4128			1	
		Cocker St. Coity)				
Previous Addre	ess	eet)	(City)		(Zin Code)	
Date of Birth			(Oity)	Age2		od.
Place of Emplo	ymentR	ETIRAD.		Am	rerican	Legion
A records check substantially re Colfax in determ	k will be conduct late to the licens nining whether a ent if your applic	FENSE CRITERIA ted for violations se applied for. The license will be greation is recomme prove D	of any law o ose convict anted. You	ions are conside will be notified inial to the Village	ered by the Villa by the Village o	age of
STATE OF WISC	CONSIN/ DUNN C	COUNTY		• •		
		g first duly sworn on r an operator's licer X			nade by applicar	
Mule (Sig	nature of Notary Pub	his <u>44</u> day o	(Comn	7-/7-22 nission Expires)	SA NO STREET	WIND SONSTITUTE
			·	· · · · · · · · · · · · · · · · · · ·	MATE	OL.

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application Provisional License 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, 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 Raelyn Moel Tretsver
FIRST NAME MIDDLE NAME LAST NAME Telephone Number (651) 253-1890 Email Address Ttrets ven @ gmail.com Current Address 7507 Man St Danbry 54830 (Zip Code) (yrs. at address) Previous Address 1932 Gypess (+ Unit 4 Menomonie 5475)
(Street) (City) (Zip Code) Date of Birth Place of Employment Col Fax 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 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. Subscribed and sworn before me this 8th day of June, 20 20

Shule for the Summa (Signature of Notary Public)

Date Received: 6-8-2000 Date to the Board: 6 22 20 Approved or Depied

## OPERATOR'S LICENSE

NO: P.19 19-20

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:

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

FOR THE PERIOD ending June 30, 2020

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

(Corporate Seal)

Gwen E Snyder, CPA

Town of Tainter Clerk/Treasurer

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X Renewal License Fee: \$10.00 each application New License Provisional License 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, 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 Email Address Duranabulnanan 036 amail Telephone Number <u>715-704-0523</u> Current Address NIZOHS 590St Previous Address \_ (Zip Code) (City) Date of Birth Age Place of Employment Synovay 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. Deny Recommendation

#### 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.

	× Bruano Bucho	noun
	Signature of Applicant	MEMENT
		REGISTRAL TO THE PARTY OF THE P
Subscribed and sworn before me this	_ day of <u>May</u> , 20 <u>20</u> .	TARY
Shale Rem	7-17-22	No A LIBY
(Signature of Notary Public)	(Commission Expires)	E CONTRACTOR OF THE STATE OF TH
onto Bonoivod: 5,27.20 Date to the Boar	rd: (122/20) Approved or Denied	ATE OF M

Date Received: 5-27-90

PO Box 417 - Colfax, Wisconsin 54730 -Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X Renewal License New License Fee: \$10.00 each application Provisional License 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, 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) Telephone Number (715) 577-4219 Email Address hailey prince De@gmail.com Current Address 2703 Thomas Dr Eau Claire Colfax (City) Previous Address 1004 University Ave Date of Birth Age Place of Employment 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 Deny 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. Subscribed and sworn before me this 12 day of May, 20 20 Luma (Signature of Notary Public)

Date to the Board: 422/20 Approved or Denied

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 X 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, 20 1, 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 POIN SUP TOMOSON LAST NAME
Telephone Number 75-308-8847 Email Address 11nkso84@yahoo.com  523 main St.  Current Address 0 box 92 Colfax 54730 2  (Street) (City) (Zip Code) (yrs. at address)
Current Address P.O box 92 Colfax 54730 2 (Street) (City) (Zip Code) (yrs. at address)
Previous Address 1880 County Hwy X Elk Mound 54739 (Street) (City) (Zip Code)
Date of Birth Age
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 (Chief of Police or designated staff Signature) 5/56/503
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 Rady S TJ Signature of Applicant RIEMER MER
Subscribed and sworn before me this 8th day of May, 20 20  RANGE HUM  (Signature of Notary Public)  (Commission Expires)
Date Received: 5. 27.20 Date to the Board: 6/22/20 Approved or Denied
Date Received: Date to the board Approved of Defiled

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 Fee: \$10.00 each application X Renewal License New License Provisional License 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, 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 SON LAST NAME

FIRST NAME

MIDDLE NAME

LAST NAME Telephone Number (715) 505-1944 Email Address Joni Koehler 79 Wyahous Com Current Address N7001 LeGoth St. Menomonie WI. 54751
(Street) (City) (Zip Code) (vrs. at address) Previous Address Scame (Street) (City) Date of Birth 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. Approve \_\_\_ Deny Recommendation 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. 

Date Received: 5-27-26. Date to the Board: 622 20 Approved or Denied.

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 X Renewal License Fee: \$10.00 each application
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:
I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 1, 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 RAME MIDDLE NAME LAST NAME
Telephone Number 715-704-1607 Email Address Volley Suft ball 10 0, gmail. con
Current Address N17048 890th St Colfax 54730 [8 (Street) (City) (Zip Code) (yrs. at address)
Previous Address(Street) (City) (Zip Code)
Date of Birth Age 18
Place of Employment Synergy (0-0p
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 (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 of Applicant RIEMERICAL
Subscribed and sworn before me this
(orginal or total)
Date Received: 5-27-20 Date to the Board: 6/22/20 Approved or Denied

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

Application fo	or License to Serve	e Fermented	Malt Beverages a	and Intoxicating	, Liquors
Provisional Lic	cense New L	icense <u>X</u>	Renewal License	Fee: \$10.00 each Receipt:	n applicatio 3∕0)∫
TO THE BOARD O	F THE VILLAGE OF (	COLFAX, WISCO	ONSIN:		
Fermented Malt Bevand 125.68(2) of the hereby agree to con	a license to serve, from verages and Intoxicatir e Wisconsin Statutes a nply with all laws resol verages and liquors if a	ng Liquors, subje and all acts amen utions, ordinance	ct to the limitations in datory thereof and su es and regulations, Fe	nposed by Section upplementary theref	125.32(2) to, and
Answer the following	g questions fully and co	ompletely: (PLE	ASE PRINT)		
NAME Suzai	711C NAME	Marie		Hagen	
	115-651-2280				
Current Address	<u> </u>	M. Colfax	54730	39 (vrs. at address)	
	(Street)	(City)	(Zip Code)	(yis. at address)	
Previous Address _	(Street)		(City)	(Zip Code)	
			Age <u>57</u>		
Place of Employme	ent <u>Synergy</u> C	eoperativ	2		
A records check wil substantially relate Colfax in determinir	LICABLE OFFENSE Of the conducted for vision to the license applied by whether a license if your application is	iolations of any d for.  Those co will be granted.	nvictions are conside You will be notified	dered by the Villag d by the Village of	ge of
Recommendation	Approve	Deny	(Chief of Police or design	nated staff Signature)	(Date)
STATE OF WISCON	SIN/ DUNN COUNTY				
The above named ap signed the foregoing a	plicant, being first duly application for an oper	sworn on oath s ator's license: th	ays that he/she is the lat all the statements	e person who made made by applicant	and are true.
	a		Signature of Appli	CARY RIEMER	WARANA TANA
Subscribed, and sworr	n before me this	day of <i>M</i>	lay, 20 <u>20</u> .	To O	NSN
Ahrile	# um		7-17-22	PUBL'	SCO 1000
(Signatur	re of Notary Public)		(Commission Expires)	MANATE OF	HILITA TO THE PARTY OF THE PART
Data Danabanda 6 0	7 16 Date to the B	pard: 10/22/2	Annroyed or Denis	ad "mummum".	

Date Received: 5 27.26 Date to the Board: U22/20 Approved or Denied

. Date Received: 527-20

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: 10300TO 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 Telephone Number 7/5 Email Address **Current Address** 808 Previous Address (Street) Age Date of Birth Place of Employment 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. Approve Deny Recommendation 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. Sign<del>atu</del>te of Applicant Subscribed and sworn before me this /4 Signature of Notary Public)

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

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: (6301) TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 31, 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 MIDDLE NAME Email Address Down Kayk 83@a mail.com Telephone Number 115-104 **Current Address Previous Address** Date of Birth Age Place of Employment 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 (Chief of Police or designated staff Signature) 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: Ithat all the statements made by applicant are true. Signature of Applicant (Signature of Notary Public) Date Received: 5 27.20 Date to the Board: 6/22/20 Approved or Denied

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 X Renewal License New License Provisional 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, 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) Telephone Number 7/5-942-4309 Email Address Current Address E6885 CntyRdN Wheeler Wi 54772 3 (Street) (City) (Zlp Code) (yrs. at addre Previous Address \_\_\_\_ (City) (Zip Code) Age 62.5 Date of Birth 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 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. Subscribed and sworn before me this 15 day of May, 20 30

(Signature of Notary Public)

(Commission Expires)

Approved or Denied

Signature of Notary Public

(Commission Expires)

Approved or Denied

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

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 \_\_\_\_New License X 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, 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 Joshua Christopher Larson
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-704-0546 Email Address Crazy 2 create 1924@Outlook.com

Current Address E8538 State Road 170 Colfax WI. 54730

(Street) (City) (Zip Code) (yrs. at address) Previous Address (City) Colfax Cenex 1 Synergy Date of Birth Place of Employment 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 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. 

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License 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, 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 Sawyer Michael Best First NAME MIDDLE NAME LAST NAME Telephone Number 715-704-9579 Email Address Sawyer but @ Ymail. Com Current Address E7966 C+1 RL 5 loifax 54730 18
(Sireet) (City) (Zip Code) (yrs. at address) Previous Address (Street) (Zip Code) Date of Birth Place of Employment Synergy (copelatives 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 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. Subscribed and sworn before me this 3/ day of May, 20 20

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

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

Fax 715-962-2221

Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License Renewal License Provisional 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, 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) -9435 Email Address Kaylee Mccawleya Current Address 509 High S (yrs. at address) Previous Address Date of Birth Place of Employment SYN EYGU 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 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. Subscribed and sworn before me this 30th day of May, 20 20 Date Received: 5-2020 Date to the Board: 6/22/20 Approved or Denied

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

# SELER SERVER CERTIFICATION MSCONSIN

Trainee Name: Kaylee McCawley

Date of Completion: 05/20/2020

School Name: Learn2Serve

Certification #: WI-188663

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, Bidg 1, Suite 250, Austin, TX 78731 P: 877.881.2235

			x, Wisconsin 54730 Phone 715-962-3311 Fax 715-962-2221
Application for Lice	ense to Serve Ferment	<u>ed Malt Beverages a</u>	and Intoxicating Liquors
Provisional License		X Renewal License	Fee: \$10.00 each application Receipt: 16301/
TO THE BOARD OF THE	VILLAGE OF COLFAX, WI	SCONSIN:	Neceipt. 143011
and 125,68(2) of the Wisconhereby agree to comply wi	s and intoxicating Liquors, su onsin Statutes and all acts ar	ubject to the limitations in mendatory thereof and su ances and regulations. Fe	lusive (unless sooner revoked), nposed by Section 125.32(2) applementary thereto, and ederal, State or Local, affecting
Answer the following quest	ions fully and completely: (F	PLEASE PRINT)	
NAME LUS MINE	Louise MIDDLE NAM	AC.	Hansou LAST NAME
			hanson Quunit co
rerepriorie Number	- 101010-7 Em	all Address Juzzzie	ranson (ayunit co
Current Address (Street	t) Coffaxo	54730 (Zlp Code)	18
Propositional Automorphis	(Oity)	(Zip Code)	(yrs. at address)
Previous Address	(Street)	(Clty)	(Zlp Code)
Date of Birth		Age \( \)	
Place of Employment <u>C</u>	enes		
POLICE DEPT APPLICABL A records check will be consubstantially relate to the line Colfax in determining whether the police Department if your a	nducted for violations of a lcense applied for. Those ther a license will be grante	convictions are considered. You will be notified	hy the Village of College
Recommendation <u></u>	Approve Deny	(Chief of Police or designate	him 5/00/2000
STATE OF WISCONSIN/ DU	NN COUNTY		
The above named applicant, he signed the foregoing application	peing first duly sworn on oath on for an operator's license:	n says that he/she is the p that all the statements m	person who made and hade by applicant are true.
		Jusum Jus	w
	/	Signature of Applica	MI RIEMAN
Subscribed and sworn before results the formal street of Notanger (Signature of Notanger)	me this $\frac{2}{}$ day of $\frac{1}{}$	Nay, 20 20.	AUBLIC OF WISHING
(Signature of Notar	y Public)	フルケースス (Commission Expires)	NIS
Date Received: 5-21-20		<ul><li>Approved or Denied</li></ul>	OF WISHING

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

Application for	License to Serv	e Fermente	d Malt Be	verages an	d Intoxicatin	g Liquors
Provisional Lice	ense New L	icense 🔀	Renewal	License	Fee: \$10.00 ead Receipt: <i>[ 4</i>	ch application
TO THE BOARD OF	THE VILLAGE OF (	COLFAX, WIS	CONSIN:		1	
I, hereby apply for a Fermented Malt Beve and 125.68(2) of the hereby agree to compthe sale of such beve	erages and Intoxicatir Wisconsin Statutes a ply with all laws resol	ng Liquors, sul and all acts am utions, ordinar	bject to the li endatory the nces and reg	imitations impereof and supp gulations, Fede	osed by Section plementary there	125.32(2) eto, and
Answer the following	questions fully and c	ompletely: (Pl	LEASE PRIN	VT)		
NAME Jecem	V VAME	Terre MIDDLE NAMI	<u>                                     </u>		AST NAME	
						iail.con
Telephone Number Current Address	E. river street ART.2	Colfax	54	730	<u> </u>	
	(Street)	(City)	<b>C</b> . (21	p Code)	(yrs. at address	)
Previous Address	(Street)	<u>(01</u>	(Ćity)	(2	Zip Code)	
Date of Birth			Ag	je <u>19</u>		
Place of Employmen	t Cennex -	- Syn	ergy			
POLICE DEPT APPLI A records check will substantially relate to Colfax in determining Police Department if	be conducted for viothe license applied whether a license your application is	olations of and for. Those of will be granted recommende	convictions ed. You will d for denial	are consider be notified b	red by the Villa by the Village of Board.	ge of
Recommendation	Approve	Deny	(Chief of F	Police or designate	d staff Signature)	(Date)
STATE OF WISCONS	N/ DUNN COUNTY					
The above named appl signed the foregoing ap						
		× <u></u> Je	cem/ (Sign	Outist ature of Applicar	it IEMEA	······································
Subscribed and sworn I	pefore me this	day of _/	7~17.6 (Commissio	20 22 n Expires)	SHE NON PUB	V/C SCONSIA
Pate Received: <u>5 27</u>					TATE C	K. W.

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquor
Provisional License New License X Renewal License Fee: \$10.00 each applicati
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 revoke 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 PLLEN LUNN FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-962-3251 Email Address
Current Address 6/7 5/4 CD C/2/4 64730 L/FET/ma (Street) (City) (Zip Code) (yrs. at address)
Previous Address
Previous Address (City) (Zip Code)  Date of Birth Age 62
Place of Employment EAPRESS MANT,
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years the 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 Chief of Police or designated staff Signature) 55750
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 of Applicant RIEMER TONING
Subscribed and sworn before me this 12 day of May, 20 do  Signature of Notary Public)  ARY  ORRANGE  (Commission Expires)
Date Received: 522-2020 Date to the Board: 6/22/20 Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Provisional License Fee: \$10.00 each application Receipt: Caok TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20  $\mathcal{Q}(\cdot)$ , 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 // 8 Park DR Lot #230 Colfay 5473() //2 yR (Street) (City) (Zip Code) (yrs. at address) Previous Address 909 UNIVERSITY AUC Colfax 54730
(Street) (City) (Zip Code) Date of Birth Place of Employment <u>EXPRESS MART</u> 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 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 of Applicant

Signature of Applicant

RIEMER

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

(Signature of Notary Public)

Date Received: 5-22-209 Date to the Board: U22/20 Approved and Supremental Public Approved and Supremental Pub

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

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

Application for L	icense to Serve Fe	mented Malt	Beverages and	d Intoxicating Liquors
Provisional Licens	se New Licens	e <u>X</u> Rene	wal License	Fee: \$10.00 each application
TO THE BOARD OF T	HE VILLAGE OF COLF	AX, WISCONSIN		Coolpt.
Fermented Malt Bevera and 125.68(2) of the W hereby agree to comply	ages and Intoxicating Liq lisconsin Statutes and all	uors, subject to the acts amendatory and condinances and	ne limitations important thereof and supportegulations, Federations	ive (unless sooner revoked) osed by Section 125.32(2) llementary thereto, and eral, State or Local, affecting
Answer the following qu	uestions fully and comple	tely: (PLEASE P	RINT)	
NAME Brenda FIRST NA	ME MID	e e DLE NAME	K	ettner AST NAME
Telephone Number 🗾	715-705-6755	Email Addre	ss <u>pegasus</u>	160er_1964@
Current Address // (S	Park Dr. #2 Street) (City	30 Co/fax	(Zip Code)	Almost Yahoo yrs, at address)
	909 University (Street)			
Date of Birth			Age SS	
Place of Employment _	Express n	1RM		
POLICE DEPT APPLICA A records check will be substantially relate to the Colfax in determining we Police Department if yo	e conducted for violation the license applied for. Whether a license will b	ons of any law or Those conviction e granted. You	ons are consider will be notified b	y the Village of Colfax
Recommendation	Approve	_ Deny (Chie	of Police or designated	staff Signature) (Date)
STATE OF WISCONSIN	/ DUNN COUNTY			
The above named applications signed the foregoing app				
		X Brigge	<u>Ja</u> <u>L</u> K. Signature of Applican	tellines tellines
Subscribed and sworn be			20 <u>20</u> . 17-22 . ssion Expires)	ARY ON PUBLISHING ON PUBLISHING ON PUBLISHING ON SHARE OF THE PUBLISHING OF THE PUBL
Date Received: <u>ნაგე-ე</u>	Date to the Board:	6/22/20 App	roved or Denied	PUBL OF WEATHER

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

Application for License to Serve Fermente	ed Malt Beverages and Intoxicating Liquors
Provisional License New License	Renewal License Fee: \$10.00 each application
TO THE BOARD OF THE VILLAGE OF COLFAX, WIS	
I, hereby apply for a license to serve, from date hereof the Fermented Malt Beverages and Intoxicating Liquors, surand 125.68(2) of the Wisconsin Statutes and all acts and hereby agree to comply with all laws resolutions, ordinated the sale of such beverages and liquors if a license be grant to the sale of such beverages and liquors if a license be grant to the sale of such beverages and liquors if a license be grant to the sale of such beverages and liquors if a license be grant to the sale of such beverages and liquors if a license be grant to the sale of such beverages and liquors if a license be grant to the sale of such beverages and liquors if a license be grant to the sale of such beverages and liquors if a license be grant to the sale of such beverages and liquors if a license be grant to the sale of such beverages and liquors if a license be grant to the sale of such beverages and liquors if a license be grant to the sale of such beverages and liquors if a license be grant to the sale of such beverages and liquors if a license be grant to the sale of such beverages and liquors if a license be grant to the sale of such beverages and liquors if a license be grant to the sale of such beverages and liquors if a license be grant to the sale of such beverages and liquors if a license because the sale of such as a liquor to the sale of such as a liqu	bject to the limitations imposed by Section 125.32(2) nendatory thereof and supplementary thereto, and nces and regulations, Federal, State or Local, affecting
Answer the following questions fully and completely: (P	LEASE PRINT)
NAME Patrick Pariel FIRST NAME MIDDLE NAM	L'ESPERONCE LAST NAME
Telephone Number 715-704-6007 Ema	
Current Address 625 main St. Colfect (City)	(Zip Code) (yrs. at address)
Previous Address 818 Main St. Ear	u Claire 54701
(Street)  Date of Birth	(City) (Zip Code) Age 3(
Place of Employment <u>Express</u> Mart	Colfax
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of a substantially relate to the license applied for. Those Colfax in determining whether a license will be grante Police Department if your application is recommende Recommendation  Approve Deny	convictions are considered by the Village of ed. You will be notified by the Village of Colfax
STATE OF WISCONSIN/ DUNN COUNTY	
The above named applicant, being first duly sworn on oat igned the foregoing application for an operator's license:	
ubscribed and sworn before me this \( \begin{aligned} \beta \] day of \( \beta \)	May 20 20 NARY
(Signature of Notary Public)	(Commission Expires)
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Date Received: 5.22-2000 Date to the Board: 6/22/20 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License 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, 20  $2l_{\perp}$ , 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) Telephone Number 715-933 2474 Email Address Sethsilton 666@gna Current Address F8490 895th ave Colfax VT 54730 12 Previous Address (City) (Zip Code) (Street) Date of Birth Place of Employment 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. Approve \_\_\_\_ Deny Recommendation 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 of Applicant Subscribed and sworn before me this O day of May,

Date Received: 5-22-2000 Date to the Board: 6/22/20 Approved or Denied

(Signature of Notary Public)

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

Application	for License to	Serve Ferm	ented M	alt Beverages	and Intoxicating Liquors
Provisional L	icense	New License	<u>X</u> R	enewal License	Fee: \$10.00 each application Receipt:
TO THE BOARD	OF THE VILLAG	E OF COLFAX	, WISCON	SIN:	100,00
Fermented Malt B and 125.68(2) of t	Beverages and Int the Wisconsin Sta omply with all law	oxicating Liquo atutes and all ac s resolutions, c	rs, subject ets amenda erdinances	to the limitations in tory thereof and se and regulations, F	clusive (unless sooner revoked), mposed by Section 125.32(2) upplementary thereto, and dederal, State or Local, affecting
Answer the followi		•	• ,	•	
NAME Kell	1	Sue			ROC. LAST NAME
Telephone Numb	er( <u>715)-271-</u>	5877	Email Ad	dress <u>katt 2</u>	182002@hotmail.com
Current Address	LOOZ UNIVER	-situ Ave	Colfax	54730	(yrs. at address)
Previous Address	: Lo3Lo Har	em St.	OHA	ina wi	54720
Date of Birth	(Street)			Age <u>45</u>	
Place of Employm	ent Exores	ss mart	_		
substantially relat	vill be conducted to the license ning whether a li	d for violations applied for. Ti cense will be g	of any la nose conv granted. Y	ictions are consi ou will be notifie	during the past 10 years that dered by the Village of d by the Village of Colfax age Board.
Recommendation	Appro	ove	Deny _	(Chief of Police or design	nated staff Signature) 5/2-7/5090 (Date)
STATE OF WISCO	NSIN/ DUNN CO	UNTY			
		n operator's lic	ense: that		e person who made and made by applicant are true.
Subscribed and swo	rn before me this	<u> </u>	of May	_, 20 <u>20</u>	TARY X
Hynn Y (Signat	7. 1 Jugaren ture of Notad Public)	nam	(Co	DS-07-202 ommission Expires)	A A O SE
Date Received: <u>05-</u>	23-2020 Date to	o the Board: <u>៤</u>	22/20	Approved or Denie	ed This ATE OF WEIGHT

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

Application for Licen	se to Serve Fermer	nted Malt Beverages	and Intoxicating Liquors
Provisional License	New License	X Renewal License	Fee: \$10.00 each application
TO THE BOARD OF THE V	LLAGE OF COLFAX, V	VISCONSIN:	
Fermented Malt Beverages a and 125.68(2) of the Wiscon	and Intoxicating Liquors, sin Statutes and all acts all laws resolutions, ord	subject to the limitations amendatory thereof and inances and regulations,	nclusive (unless sooner revoked), imposed by Section 125.32(2) supplementary thereto, and Federal, State or Local, affecting
Answer the following questio	ns fully and completely:	(PLEASE PRINT)	
NAME 10 MM	Hand Middle N	IAME	Dalhoe
Telephone Number <u>715</u> -	<u>497-5418</u>	mail Address	
Current Address ESB (Street)	20 St. Rd. 17 (City)	O COHAX, LL (Zip Code)	)\ 54730\ 8+ (yrs. at address)
Previous Address	(Street)	(City)	(Zip Code)
Date of Birth	<u>Tonooly</u>	Age	
Place of Employment <u>K</u> L	WIKTrup	5 Outhous	e Bar
POLICE DEPT APPLICABLE A records check will be con substantially relate to the lic Colfax in determining wheth Police Department if your ap Recommendation	ducted for violations of cense applied for. Tho her a license will be gra oplication is recommen	se convictions are consanted. You will be notifinded for denial to the Vieny	ied by the Village of Colfax
STATE OF WISCONSIN/ DUI	IN COUNTY		
The above named applicant, be signed the foregoing application	eing first duly sworn on on for an operator's licen	oath says that he/she is to se: that all the statemen	ts made by applicant are true.
Subscribed and sworn before i	·	f Muy, 20 20.  7-17-22  (Commission Expires)	- AUBLIC AUBLIC AND AU
Date Received: 5-27-20			nied PUBLIC OF WISCHINGTON

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

						rax /15-902-222
Application for	License to Se	rve Ferment	ed Malt Bev	erages a	nd Intoxicati	ng Liquors
Provisional Lice	nse Nev	v License	K Renewal I	_icense	Fee: \$10.00 ea	ach applicatior الد
TO THE BOARD OF	THE VILLAGE O	F COLFAX, W	SCONSIN:		1 (000)pti	
I, hereby apply for a I Fermented Malt Beve and 125.68(2) of the Nereby agree to compute sale of such beve	rages and Intoxica Wisconsin Statute bly with all laws res	ating Liquors, s s and all acts a solutions, ordin	ubject to the lir mendatory the ances and regu	nitations impreof and sur	posed by Section posed by Section by the posed by the pos	on 125.32(2) ereto, and
Answer the following	questions fully and	l completely: (	PLEASE PRIN	T)		
NAME Carey FIRST N		Kim			Davis	
Telephone Number	715-505-53	Em <u>کا</u>	nail Address _			
Current Address(	22 Park D	r. Lot/or	Colfax	54730	3	
	•					
Previous Address <u>l</u>	ZZ RUK D.	1. Lot105	Colfar	5473	5	
Date of Birth _			Age	e <u>60</u>	<del></del>	
Place of Employment	Anderson	Brigde	Owthouse	Ber		
POLICE DEPT APPLICA records check will substantially relate to Colfax in determining Police Department if y	be conducted for the license appl whether a licens	violations of ied for. Those se will be gran	convictions ted. You will	are conside be notified	ered by the Vill by the Village	lage of
Recommendation	Approve	Den	y alu	- Ind	ted staff Signature)	5/27/2020
			(Chief of P	olice or designat	ied staff Signature)	(Date)
STATE OF WISCONSI The above named appli signed the foregoing ap	cant, being first du	uly sworn on oa erator's license	e: that all the s	tatements n	nade by applica	
Subscribed and sworn b	pefore me this/		Signa May , 20 <u>a</u>	20 .	THE A LANGE	MER ZISZ
Subscribed and sworn b	of Notary Public)		(Commission	Expires)	N PI	JBL O
Date Received: <u>5-/4</u>		· ·			W. ATT	OF William

Date Received: 5-14-2030 Date to the Board: 4/22/20, Approved or Denied

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

1 dx / 10-002-221
Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors
Provisional License New License Kenewal 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, 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 Evia Pearl Gehrman FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-651-5302 Email Address Evice 653 gmail. Com
Current Address 305 Main 5+ Col Fax 54730 (Street) (City) (Zip Code) (yrs. at address)
Previous Address
(Street) (City) (Zip Code)  Date of Birth 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 (Chief of Police or designated staff Signature) 5b7bc3c
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 Elia Dehrman
Subscribed and sworn before me this day of may, 20 20  ARY  7-17-22  PUBLOS
(Signature of Notary Public) (Commission Expires) (Signature of Notary Public) (Commission Expires) (Commission Ex

Date Received: 5-8-80 Date to the Board: 6/22/20 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors K Renewal License Fee: \$10.00 each application Provisional License New License 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) Email Address Tami W. Telephone Number 1/5-704-0707 Date of Birth Place of Employment 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. Denv Recommendation 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 of Applicant Subscribed and sworn before me this /8 day of May, 20 H (Signature of Notary Public)

Date Received: 5-18-20 Date to the Board: LIZZIZO Approved or Denied

(Signature of Notary Public)

Date Received: 52/20 Date to the Board: 6/22/20 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: Oscil 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 Telephone Number 75-308-622 Email Address Wrolk 78 @ gMail

Current Address N8420 970 th St Coffax S4730 //

(City) (Zip Code) (yrs. at address) **Previous Address** (Zip Code) (City) Date of Birth Place of Employment Synerau Coap 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. Approve Denv Recommendation 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. Subscribed and sworn before me this A day of May, 20 20

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

Application for	License to Ser	ve Fermente	d Malt Beverages	and Intoxicating Liquors
Provisional Lice	nse New	License	Renewal License	Fee: \$10.00 each application Receipt:
TO THE BOARD OF	THE VILLAGE OF	COLFAX, WIS	CONSIN:	ι ζαυσίμι
Fermented Malt Beve and 125.68(2) of the V	rages and Intoxicat Wisconsin Statutes bly with all laws reso	ting Liquors, sul and all acts am olutions, ordinar	oject to the limitations i endatory thereof and s nces and regulations, F	clusive (unless sooner revoked), imposed by Section 125.32(2) supplementary thereto, and Federal, State or Local, affecting
Answer the following	•		•	
NAME OR FIRST N	<u>lene</u>	MIDDLE NAME	<i></i>	Amiek LAST NAME
Telephone Number	715 699 0	<u>04/9</u> Ema	il Address	Manager or proper security and the second security and the second security and the second sec
Current Address	502 1/2 Ceday . (Street)	<u>St</u> <u>Colf</u> (City)	ax, wx 54730 (Zip Code)	yrs. at address)
				54730 (Zip Code)
Date of Birth				
Place of Employment	Kyle's	MarKe	+	
substantially relate to	be conducted for vother license applied whether a license	violations of ar ed for. Those o will be grante	convictions are consi d. You will be notifie	sluon a/01/2020
STATE OF WISCONSI	N/ DUNN COUNTY	•	·	
		rator's license:		e person who made and smade by applicant are true.
ubscribed and sworn b	efore me this	<i>∫ST</i> day of <u>∪</u>	May, 20 20.	MOTAPY S

Date Received: 6-1-2000 Date to the Board: 6/22/20 Approved or Denied

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

			T &X 713-302-2221
Application for Li	cense to Serve Ferm	ented Malt Beverages	and Intoxicating Liquors
Provisional License	New License	X Renewal License	Fee: \$10.00 each application Receipt:
TO THE BOARD OF TH	E VILLAGE OF COLFAX	, WISCONSIN:	
ermented Malt Beverage and 125.68(2) of the Wis nereby agree to comply	es and Intoxicating Liquo consin Statutes and all ac	rs, subject to the limitations its amendatory thereof and ordinances and regulations,	nclusive (unless sooner revoked), imposed by Section 125.32(2) supplementary thereto, and Federal, State or Local, affecting
~ .	stions fully and completel		_
NAME MIKK	) CC	NAME	CUTCH CON LAST NAME
elephone Number	15-50513	Email Address <u>MiKK</u>	incco amail con
Surrent Address (Str	eet) Wain St (City)	Colfax 547; (Zip Code)	30 QUS (yrs. at address)
revious Address <u>NU</u>	(Street)		omonie 54751 (Zip Code)
ate of Birth		Age <u>2</u>	3
lace of Employment	Kyles Mar	Ket.	
records check will be ubstantially relate to th olfax in determining wi	e license applied for.  The nether a license will be g	s of any law or ordinances hose convictions are cons	ed by the Village of Colfax
ecommendation <u> </u>	ApproveI	Deny (Chief of Police or desi	Ignated staff Signature) Object (Date)
TATE OF WISCONSIN/	DUNN COUNTY		
e above named applicar gned the foregoing applic	nt, being first duly sworn o ation for an operator's lice	×MANWI to	ts made by applicant are true.
bscribed and sworn before the state of North Signature of North Signat	unnen	of	ANN M. O.

Date Received: 6-1-2020 Date to the Board: 622/20 Approved or Denied

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

Application fo	r License to	Serve Ferm	nented Ma	alt Beverages a	and Intoxicating L	_iquors
Provisional Lice	ense	_ New License	_X_ R	enewal License	Fee: \$10.00 each a	
TO THE BOARD OF	THE VILLA	GE OF COLFAX	(, WISCON	SIN:	1 (000)pt.	
Fermented Malt Bev and 125.68(2) of the	erages and In Wisconsin St pply with all law	toxicating Liquo atutes and all a ws resolutions, o	rs, subject cts amenda ordinances	to the limitations in tory thereof and su and regulations, Fe	lusive (unless sooner nposed by Section 12 upplementary thereto, ederal, State or Local	25.32(2) and
Answer the following	questions full	ly and complete	ly: (PLEAS	E PRINT)		
NAME Nathaniel		Pat	rick		Lee LAST NAME	
CIDOT	NAME	MIDDL	E NAME	11	LAST NAME	1.
Telephone Number Current Address	715-614-	1903	Email Ad	dress <u>n@7hanie</u>	llee 3/7 @ gmais	1.com
Current Address	965 810th	Ave. Colbax	,	54730	18	
	(Street)	(City)		(Zip Code)	(yrs. at address)	
Previous Address _	(Street	-	(Cit		(Zip Code)	· · · · · · · · · · · · · · · · · · ·
Date of Birth _/	(30,666		(Ci	Age <u>18</u>	(Zip Code)	
Place of Employmer	nt <u>layle's</u>	Market			······································	
POLICE DEPT APPL A records check will substantially relate t Colfax in determinin Police Department if Recommendation	be conducte to the license g whether a l	ed for violation applied for. T icense will be g ition is recomm	s of any lav hose conv granted. Y	ictions are conside ou will be notified denial to the Villa	dered by the Village d by the Village of C	of
STATE OF WISCONS	SIN/ DUNN CC	DUNTY				
The above named appigned the foregoing a					made by applicant an	nd bytrue.
ubsyribed and sworn	before me thi	s <u>26</u> 774 day	of /ay	_, 20 <u>20</u>	Z PUB	OF LILE
mn Signature	W/M e of Notary Public	<u>(m.)</u>		July 28, ammission expires)	2025 STATE	anner.
, , ,	•	· ·	`			

Date Received: 6-1-2000 Date to the Board: 4/22/20 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License 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 JEFFREY LARRY Peterson

FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-308-4881 Email Address Manuatuch & yahoo. Com

Current Address 302 44 AVE. Colfut 54730 14

(Street) (City) (Zip Code) (yrs. at address) Previous Address (Street) (City)

Date of Birth (Zip Code) Place of Employment Kyle) 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. Approve \_\_\_\_ Deny Recommendation 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.

Subscribed and sworn before me this <u>ASTH</u> day of <u>Muly</u>, 20 <u>Dolly 28, 20 (Commission Expires)</u>

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License 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) Telephone Number 715-781-6389 Email Address tdanielson17@outlook. Com Current Address 122 Park DR ERLR 108 Colfax W154730 (Street) (City) (Zip Code) (yrs. at addi Previous Address \_\_\_ (City) (Zip Code) (Street) Age 32 Date of Birth 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 (Chief of Relink of designature) (Chief of Relink of designature) (Chief of Relink of designature)

## 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.

Subscribed and sworn before me this Old day of Mul, 20 D.

(Signature of Notary Public) Statey-A.S.Manson (Commission Expires)

Date Received: 6-1-200 Date to the Board: 6/22/20 Approved or Denied

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

nted Malt Beverages a	nd Intoxicating Liquors
	Fee: \$10.00 each application Receipt:
WISCONSIN:	
, subject to the limitations im s amendatory thereof and su dinances and regulations, Fe	
(PLEASE PRINT)	
NAME	Dachel LAST NAME
Email Address <u>Ely dac l</u>	lagmail.com
(City)	(Zip Code)
Age <u>18</u>	
· · · · · · · · · · · · · · · · · · ·	
ose convictions are considented. You will be notified nded for denial to the Villa	by the Village of Colfax ge Board. Lollan— <u>86/or/20</u> 3
•	19
Elizabeth Dach Signature of Application  f May 20 20.	ant washing NO A DE LETT
	s, subject to the limitations im amendatory thereof and surdinances and regulations, February to granted to me.  : (PLEASE PRINT)  NAME  Email Address

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X Renewal License Fee: \$10.00 each application Provisional License New License TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 31, 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) Age Date of Birth 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 Denv

## STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that signed the foregoing application for an operator's license; that all the	
Elizabet	h & De Mare 10 f
Sig	nature of Applicant M. BAUNINI
Subscribed and sworn before me this	20
Ann Marines ( Oul	y d8,2013 BLIC
	on Expires)  WISCONSTITUTE  Ved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Provisional License Fee: \$10.00 each application 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) Telephone Number 715-704-0583 Email Address petersonjazmyne 24 Damail.com Current Address 301 Main St. CoHax 54730
(Street) (City) (Zip Code) (y Previous Address <u>F8702 760 th</u> AVE <u>Colfox</u> <u>54730</u> (Street) (City) (Zip Code) Date of Birth Place of Employment Kule'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. Approve \_\_\_\_ Deny Recommendation 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 Canty of Ear Clare Subscribed and sworn before me this SCHh day of May, 20 20.

Jue 7H, 2022

(Signature of Notary Public) (Commission Expires)

Date Received: 61-1090 Date to the Board: 622/26 Approved or Denied

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

			Fax 715-962-2221
Application for Lic	ense to Serve Ferme	ented Malt Beverages	s and Intoxicating Liquors
Provisional License	New License	Renewal License	Fee: \$10.00 each application Receipt:
TO THE BOARD OF THE	VILLAGE OF COLFAX,	WISCONSIN:	recoupt.
Fermented Malt Beverage and 125.68(2) of the Wisc	es and Intoxicating Liquors consin Statutes and all act rith all laws resolutions, or	s, subject to the limitations s amendatory thereof and dinances and regulations,	nclusive (unless sooner revoked), imposed by Section 125.32(2) supplementary thereto, and Federal, State or Local, affecting
Answer the following ques		: (PLEASE PRINT)	· <b>A</b>
NAME VICOLE FIRST NAME	MIDDLE	NAME	Nierenhausen LAST NAME
Telephone Number	5-933-0060	Email Address <u>McG</u>	en 14 @ hotmail. con
Current Address (Stre	$\frac{11}{\text{et}} \frac{25^{14}}{\text{S}} \frac{5}{\text{C}} \frac{6}{\text{(City)}}$	(Zip Code)	en 14 Chotma, L. con  18 + years  (yrs. at address)
Previous Address			
Date of Birth	(Street)  Kyles Market	(City) Age	(Zip Code)
substantially relate to the	onducted for violations license applied for. The ether a license will be gr	of any law or ordinance: ose convictions are con anted. You will be notif	ied by the Village of Colfax
Recommendation	Approve D	eny (Chief of Police or des	signated staff Signature) Out of Date)
STATE OF WISCONSIN/ D	UNN COUNTY		
The above named applicant signed the foregoing application			ts made by applicant are true.
Subscribed and sworn before Subscribed and sworn before Signature of No.	tary Public)	of July 28, (Commission Expires)	ANN AND AND AND AND AND AND AND AND AND

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X Renewal License New License Provisional License Fee: \$10.00 each application 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) Telephone Number 716-774-9335 Email Address Wille - 9141 bonn Current Address Previous Address (City) (Street) (Zip Code) Date of Birth Place of Employment 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 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

BIRL BIRL WISCONS!

Subscribed and sworn before me this <u>22</u> day of <u>May</u>, 20 <u>20</u>

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

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

			142 110 00	)
Application for Lice	nse to Serve Fermer	nted Malt Beverages	and Intoxicating Liquo	ors
Provisional License	X New License	Renewal License	Fee: \$10.00 each application of the second s	
TO THE BOARD OF THE	VILLAGE OF COLFAX, V	VISCONSIN:	Receipt: 1653	
Fermented Malt Beverages and 125.68(2) of the Wisco	and Intoxicating Liquors, nsin Statutes and all acts h all laws resolutions, ord	subject to the limitations in amendatory thereof and s inances and regulations, F	clusive (unless sooner revol mposed by Section 125.32( upplementary thereto, and rederal, State or Local, affec	(2)
Answer the following questi	· · · · · · · · · · · · · · · · · · ·	•	17 11	
NAME SIRST NAME	<u>Jame</u>	S IAME	Krall LAST NAME	
Telephone Number 715	-556-2662 E	imail Address <u>Kule K</u> v	allfishingson war	neil
Current Address(Street	0 855 th Colfa (City)	K 54730 (Zip Code)	(yrs. at address)	
Previous Address	(0)	(Oii )		
Date of Birth	(Street)	(City) Age	(Zip Code)	
Date of Birth/ / Place of Employment	Kyes Man	Ket		
POLICE DEPT APPLICABLA records check will be consubstantially relate to the Colfax in determining whe Police Department if your Recommendation	onducted for violations of license applied for. Tho ther a license will be gra application is recommen	ese convictions are cons anted. You will be notifie	idered by the Village of ed by the Village of Colfax lage Board.  Mur oyan	
STATE OF WISCONSIN/ DU	JNN COUNTY			
The above named applicant, signed the foregoing applicat			s made by applicant are true	e.
Subsembed and sworn before	e me this <u>7</u> day &	[Nory, 20 20.	10 0 / 15 / 51	

Date Received: 4-24-2070 Date to the Board: 6/22/20 Approved or Denied

(Signature of Notary Public)

# SELLER / SERVER CERTIFICATION **MISCONSIN**

Trainee Name: Kyle Krall

Date of Completion: 04/22/2020

School Name: Learn2Serve

Certification #: WI-110518

I, And Metally 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

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

1 dx 110-502-2221
Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors
Provisional License New License X 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, 20 1, 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 elizabethafolter @gmail.com
Current Address E7530 776th Auf, Cdfax WI 54730 15 (Street) (City) (Zip Code) (yrs. at address)
Previous Address(Street) (City) (Zip Code)
Date of Birth Age 19
Place of Employment MILLES MAYKET
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 Chief of Police of designated staff Signature)  Ob/05/2026
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 Elizabet Water BRUAN BRUAN AND BRUAN AND AND AND AND AND AND AND AND AND A
Signature of Applicant BROAN

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

MMMIA
(Signature of Notary Public)

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

		TOX TO COL ME
	Application for License to Serve Fermented Malt Beverages an	nd Intoxicating Liquors
	Provisional License X New License Renewal License	Fee: \$10.00 each application
	TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:	
	I, hereby apply for a license to serve, from date hereof to JUNE 30, 20	posed by Section 125.32(2) oplementary thereto, and
	Answer the following questions fully and completely: (PLEASE PRINT)	
	NAME KARA LYNN . FIRST NAME MIDDLE NAME	Buchner
	Telephone Number 715-962-3747 Email Address Karah	uchner 09236
	Current Address 509 FairView Dr. Colfax 54 (Street) (City) (Zip Code)	730 13.5 (yrs. at address)
j	Previous Address 607 5th Ave. Colfax 5473 (Street)	(Zip Code)
	Date of Birth Age	<u>h</u>
F	Place of Employment <u>KY1e.5 Market</u>	
S	POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances dusubstantially relate to the license applied for. Those convictions are considered in determining whether a license will be granted. You will be notified Police Department if your application is recommended for denial to the Village.	ered by the Village of by the Village of Colfax
R	Recommendation Approve Deny (Chief of Police or designate	ed staff Signature) (Date)
S	TATE OF WISCONSIN/ DUNN COUNTY	
	the above named applicant, being first duly sworn on oath says that he/she is the igned the foregoing application for an operator's license: that all the statements m	
	X. M. A. Signature of Applica	ant JUNE NO TAP
Si	ubscribed and sworn before me this 500 day of 420 20 20.	*********
	(Signature of Notary Publis)  (Commission Expires)	MISCONSTITUTE OF WISCONSTITUTE OF THE PROPERTY
		1711 97 8 4 5 7 1

Date Received: 06-65-2020 Date to the Board: 6/20/20 Approved or Denied

# MISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Kara Buchner

Date of Completion: 03/15/2018

School Name: 360training.com, Inc.

Certification #: WI-75693

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

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17,134.66



Corporate Headquarter's 6801,N Capital of Texas Hwy, Sufte 150 Austin, TX 78731

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

Application for License to Serve Ferment	ed 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, W	SCONSIN:
Fermented Malt Beverages and Intoxicating Liquors, s and 125.68(2) of the Wisconsin Statutes and all acts a	mendatory thereof and supplementary thereto, and ances and regulations, Federal, State or Local, affecting
Answer the following questions fully and completely: (	PLEASE PRINT)
NAME Bridgette Suzarv FIRST NAME MIDDLE NA	ME LAST NAME
Telephone Number <u>608 - 519 - 6705</u> En	_
Current Address N12176 890th St. Colfe (Street) (City)	= 2: M2011 / 'O'N.
Previous Address 1403 RedField St. (Street)	LaCrosse 54(e01 (City) (Zip Code)
Date of Birth	Age <u>28</u>
Place of Employment Little Slice of I	talys
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of substantially relate to the license applied for. Those Colfax in determining whether a license will be gran Police Department if your application is recommend	ted. You will be notified by the Village of Colfax ed for denial to the Village Board.
Recommendation Approve Den	y follow 86/05/202 (Chief of Police or designated staff Signature) (Date)
STATE OF WISCONSIN/ DUNN COUNTY	
The above named applicant, being first duly sworn on or signed the foregoing application for an operator's license	e: that all the statements made by applicant are true.
X_	Briefylle Signature of Applicant
	WIND EMAN
Subscribed and sworn before me this 2nd day of 3  Hynn M. Mageman  (Signature of Note Public)	05-07-2023 (Commission Expires)
Date Received: 6 2 3020 Date to the Board: 6 22	

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License Renewal License Fee: \$10.00 each application √) Provisional License 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 guestions fully and completely: (PLEASE PRINT) NAME Hailey Revee Kluhas
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 1715) 533-1932 Email Address hailey. Klukas Eyahoo.com

Current Address 1011 High Street (offax 94730 8

(Street) (City) (Zip Code) (yrs. at address) 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 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.

Subscribed and sworn before me this 3nd day of June, 20 20.

Zyn M. Nageman 05-67-2023

(Signature of Noted Public) (Commission Expires)

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

# SELLER / SERVER CERTIFICATION **MISCONSIN**

Trainee Name: Hailey Klukas

Date of Completion: 05/30/2020

School Name: Learn2Serve

Certification #: WI-111557

I, And Methods of the served successfully completed an approved Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17,134.56



Corporate Headquarters 6801 N Capital of Texas Hwy, Bldg 1, Suite 250, Austin, TX 78731 P: 877 881.2235

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

Application for License to Serve Fermented Malt E	Beverages and Intoxicating Liquors
Provisional License New License Renev	val 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 3 Fermented Malt Beverages and Intoxicating Liquors, subject to the and 125.68(2) of the Wisconsin Statutes and all acts amendatory hereby agree to comply with all laws resolutions, ordinances and the sale of such beverages and liquors if a license be granted to respect to the sale of such beverages and liquors if a license be granted to respect to the sale of such beverages and liquors if a license be granted to respect to the sale of such beverages and liquors if a license be granted to respect to the sale of such beverages and liquors if a license be granted to respect to the sale of such beverages and liquors if a license be granted to respect to the sale of such beverages and liquors if a license be granted to respect to the sale of such beverages and liquors if a license be granted to respect to the sale of such beverages and liquors if a license be granted to respect to the sale of such beverages and liquors if a license be granted to respect to the sale of such beverages and liquors if a license be granted to respect to the sale of such beverages and liquors if a license be granted to respect to the sale of such beverages and liquors if a license because the sale of the sale of such as the sale of such as the sale of the	e limitations imposed by Section 125.32(2) thereof and supplementary thereto, and regulations, Federal, State or Local, affecting
Answer the following questions fully and completely: (PLEASE Pl	RINT)
NAME JAKEY That FIRST NAME MIDDLE NAME	Pederson LAST NAME
Telephone Number (7/5) 505-238/ Email Address	s /gnckeyina@gmail.com
Telephone Number 715 505-2381 Email Address  Current Address 507 West 57 Colfey (City)	54730 2, 5 (Zip Code) (yrs. at address)
Previous Address N9345 460 MST Boyteville (City)	54725 (Zip Code)
	Age _ <i>36</i>
Place of Employment A Little Slice of It	aly
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or substantially relate to the license applied for. Those convictio Colfax in determining whether a license will be granted. You we police Department if your application is recommended for den Recommendation  Approve  Deny	ns are considered by the Village of vill be notified by the Village of Colfax ial to the Village Board.
	of Police or designated staff Signature)  (Date)
STATE OF WISCONSIN/ DUNN COUNTY	
The above named applicant, being first duly sworn on oath says that signed the foregoing application for an operator's license: that all the X	
Subscribed and sworn before me this	0 20 REPRINTED ON 2
	17-02 JAK U SZ
(Signature of Notary Public) (Commis	sion Expires)

Date Received: 6-5-200 Date to the Board: 6/22/20 Approved or Denied

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 LicenseX_ 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, 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 Elizabeth Louise Havehman Last NAME
Telephone Number 115-704-073 Email Address
Current Address 307 park Dr. Colfa x WI S4730 (Zip Code) (yrs. at address)
Previous Address 601 Pine 81 Colfax WI S4730 (Street) (City) (Zip Code)
Date of Birth Age
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
(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 of Applicant RIEMES NO.
Subscribed and sworn before me this 8th day of May, 20 30.  ARY  PUBLO 8
(Signature of Notary Public) (Commission Expires)
Date Received: 58-20 Date to the Board: 0120120 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X New License Renewal License Fee: \$10.00 each application Provisional License Receipt: Cask TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20  $\mathcal{J}$ , 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) Telephone Number (2) 2-5 0992\_Email Address\_ Current Address Previous Address \( \square\) (Zip Code) Date of Birth Place of Employment 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 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. Subscribed and sworn before me this \_26 day of \_\_\_\_\_\_\_\_, 20 (Signature of Notary Public)

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

## SELLER / SERVER CERTIFICATION:

Trainee Name: Kathryn Earsom

School Name: Learn2Serve

Date of Completion: 08/04/2019

Certification #: WI-102399

1. Sank May 10

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

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17,134.66

serve

Corporate Headquarters

6901 N Capital of Yesas Huly, 18dg 1, Suite 250, Austin, FR 79731 P: 877,881,2735

## WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Kathryn Earson Date of Completion: 08/04/2019 School Name: Learn2Serve Certification #: WI-102399

L Sandy The Certify that the above named person successfully completed an approved

COMPLIES WITH WISCONSHI STATUTES 124 94, 125 17.15

serve<sup>2</sup>

Corporate Headquarters aux causer lauxes, but 1 bee 100 speed, to 1751 F. street 201

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors \_\_\_\_ New License \_\_\_X\_ Renewal License Fee: \$10.00 each application Provisional License TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 2 , 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 MICHAL KOPAZE (
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 add Previous Address N 90 94 County Road M Colfax 54730

(Street) (City) (Zip Code)

Date of Birth Age 31 Place of Employment The Blind Tige 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. Approve Deny Recommendation 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.

Subscribed and sworn before me this 5th day of Ture, 20 20.

Shale Hum 7-17-22

(Signature of Notary Public) (Commission Expires) Date Received: 6-5-200 Date to the Board: 6/22/20 Approved or Denied

Date Received: 6-5-2020 Date to the Board: 6/22/w

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X Renewal License Provisional License New License Fee: \$10.00 each application Receipt: (Wh) 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 4) Email Address <u>& CMWU AW</u> Telephone Number **Current Address Previous Address** Date of Birth 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 Deny 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 of Notary Public)

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