

Village of Colfax
Village Board Meeting Agenda
Monday, June 14th, 2021
7:00 p.m.
Village Hall, 613 Main Street

1. Call to Order
2. Pledge of Allegiance
3. Roll Call
4. Public Comments
5. Communications from the Village President
6. Consent Agenda
 - a. Regular Board Meeting Minutes – May 24th, 2021
 - b. Training Request – none
 - c. Facility Rental
 - i. Colfax Municipal Building Elevator Commission – FFA Building at the Fairgrounds – 8/16 to 8/21/21 – Thrift Sales – Request to waive fee for non-profit organization
 - d. Licenses

Six Month-Class "B" Retailer's License-CMBRG-July 1, 2021 to December 31, 2021

July 1, 2021 - June 30, 2022 Operator's License

Roger Knutson	Cody Sault	Morgan Jensen
Tarris Turner	Julie Eiseth	Drew Gibson
Evia Gehrman	Nicole Gotlibson	Joshua Larson
Vicki Christenson	Jalene Amick	Mary Durand
Leah Scheffler	Holden Rudiger	Jeffrey Prince
Michael Buchner	Sydney Herrick	Bridgette Lenz
Tamara Whinnery	Nancy Taylor	Rachael Gunnufson
Deborah Petersen	Kyle Krall	Renee Tuschl
Katherine Walters	Elizabeth Dachel	Timothy Kettner
Davina Brenden	Mikki McCutcheon	Brenda Kettner
Christopher Larson	Mary Muza	Chris Lunn
Thomas Dunbar	Jeffrey Rene	Elizabeth Harshman
Mary Roehl	Tammy Briggs	Tammy Dalhoe
Tammy Simon	Jessica Checkalski	Jozie Buchanan
Amanda Lynn	Peggy Wallace	Suzanne Hagen
Elizabeth DeMoe	Tiffany Prince	Kayla Brown
Noah Heidorn	Joni Koehler	Robin Sarauer
Abby DeMoe	Bryana Buchanan	Carey Davis
Hannah DeMoe	Edith McKee	Gary Stene

July 1, 2021-June 30, 2022 Liquor License

Outhouse Bar, Mark Nelson & Lisa Johnson, Agents- Class "B" Beer and Class "B" Liquor-413 Main Street, 5/12/2021

Young Active Ventures LLC/Viking Bowl & Lounge, Alicia Young, Agent-Class "B" Beer and Class "B" Liquor-108 Main Street, 5/27/2021

J & S Sales of Chippewa Falls, LLC/Express Mart, Rondi DeMoe, Agent-Class "A" Beer-616 Main Street, 5/10/2021

Kyle's Market Inc., Kyle Kressin, Agent -Class "A" Beer and Class "A" Liquor-115 Main Street, 5/10/2021

Synergy Community Cooperative, Charles Brown, Agent- Class "A" Beer-401 E Railroad Avenue, 5/27/2021

Mom's Restaurant & Pub LLC, Mark Barstad, Agent-Class "B" Beer and Class "B" Liquor-225 Bremer Ave Suite 101, 5/5/2021

The Blind Tiger LLC, Nicholas Anderson, Agent-Class "B" Beer and Class "B" Liquor-512 Main Street, 5/19/2021

July 1, 2021 - June 30, 2022 Tobacco License

The Blind Tiger LLC-512 Main Street
DolgenCorp, LLC/Dollar General-402 Fifth Avenue
J & S Sales of Chippewa Falls, LLC/Express Mart-616 Main Street
Outhouse Bar-413 Main Street
Kyles Market Inc.-115 Main Street
Synergy Community Cooperative-401 E. Railroad Avenue

July 1, 2021 - June 30, 2022 Chicken License

Stephanie Johnstone-604 University Avenue
Pamela Moen-705 University Avenue

7. Consideration Items
 - a. Resolution 2021-15 – Constitutional Rights Protection Resolution
 - b. Assessment Revaluation – Barb Zempel
 - c. Street Project – Riverview/High/Dunn – Gareth Shambeau
 - d. TID 5 creation discussion/possible action
 - i. Dunn Street
 - ii. Project Design
 - e. Rescue Squad Building – Air Cooling Unit Repair Estimates
 - f. 2021 Myers Septic Service LLC Fair Estimate
 - g. Lexipol Proposal – Police Department Memo
 - h. Resolution 2021-14 – Wastewater Compliance Maintenance Resolution
8. Review/Approval – Bills – May 25th, 2021 to June 13th, 2021
9. Committee/Department Reports – (no action)
 - a. Colfax Rescue Squad Department Report – May 2021
 - b. Colfax Police Department Report – May 2021
 - c. 2020 Work Comp Dividend payment from the League of Wisconsin Municipalities
 - d. Building Permits – May 2021
 - e. ACT Report – June 10th, 2021
 - f. Natural Lawn Application Permit Request
10. Closed Session - Motion to convene into closed session pursuant to WI Statutes 19.85(1) (c) considering the employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises.
 - a. Public Works
11. Open Session – Motion to convene into open session to take any action resulting from the closed session.
 - a. Public Works
12. Adjourn

Any person who has a qualifying disability as defined by the American With Disabilities Act that requires the meeting or materials at the meeting to be in an accessible location or format must contact: Lynn M. Niggemann - Clerk-Treasurer, 613 Main Street, Colfax, WI (715) 962-3311 by 2:00 p.m. the day prior to the meeting so that any necessary arrangements can be made to accommodate each request.

It is possible that members of and possibly a quorum of members of the governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information; no action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice.

Village Board Meeting – May 24th, 2021

On May 24th, 2021 the Village Board meeting was held at 7:00 p.m. at the Village Hall, 613 Main Street, Colfax, WI. Members present: Village President Albricht, Trustees Davis, Prince, Halpin, Stene, M. Burcham and Rud. Others present included Rich Jenson, Susan Norman, Andy DeMoe, Public Works Director Bates, Administrator-Clerk-Treasurer Niggemann and LeAnn with the Messenger.

Public Comments – none.

Communications from the Village President – None.

Consent Agenda

Regular Board Meeting Minutes May 10th, 2021- A motion was made by Trustee Stene and seconded by Trustee Halpin to approve the Regular Board meeting minutes of May 10th, 2021. A voice vote was taken with all Trustees voting in favor. Motion carried.

Training Request – none.

Facility Rental – none.

Licenses – Temporary Class “B”/“Class B” Retailer’s License – June 17th, 2021 to June 21st, 2021– A motion was made by Trustee Stene and seconded by Trustee Prince to approve the Temporary Class “B”/“Class B” Retailer’s License June 17th to June 21st, 2021 for the Colfax Fair to the Russell Toyce Post #131 American Legion. A voice vote was taken with all Trustees voting in favor. Motion carried.

Consideration Items

Copier- Included in the packet is an email from Colfax Lutheran Church indicating interest in the old copier that the Village Hall has recently replaced. It would be Niggemann’s recommendation to gift the copier to the church. A motion was made by Trustee M. Burcham and seconded by Trustee Stene to approve the gift of the copier with any toner to the Colfax Lutheran Church. A voice vote was taken with all Trustees voting in favor. Motion Carried.

Planning commission recommendations – May 20th, 2021 Minutes attached

Design of Phase Two

Consider moving forward with the Phase Two Major Sub Division State Plans – Cedar Corp – Not to exceed \$6,500

Consider Funding the Entire Phase Two Utilities and Street

Consider Moving Forward with the Discussion to Create TID 5

Niggemann, Albricht and Bates explained the documentation in the packet regarding the agenda items and recommendation of the Planning Commission’s May 20th, 2021 meeting. A motion was made by Stene and seconded by Trustee Davis to approve the recommendations of the Planning Commission with the estimated 5% potential increase in cost above the 15% contingency already planned into the estimated costs. Voting For: Trustees Davis, M. Burcham, Halpin, Rud, Prince, Stene and Albricht. Voting Against: none. Motion Carried.

Department of Transportation – Highway 40 – 2026 estimated Project – Request for proposed option – Bates

explained that DOT project would require the Village to be responsible for the parking lanes and any curb & gutter or sidewalk that they plan to replace or repair during the project. Bates is recommending Option 2 which is to resurface the parking land with 1.5” of asphalt for the approximate cost of \$81,670. At the same time Bates plans to get some cost estimates to repair curb & gutter from Kyle’s Market to the University Apartments and the manhole by the Main Street Bridge needs to be repair prior to the project. A motion was made by Trustee M. Burcham and seconded by Trustee Halpin to approve the DOT Maintenance Agreement with Option 2 and the option to withdraw. Voting For: Trustees M. Burcham, Rud, Prince, Halpin, Davis, Stene and Albricht. Voting Against: none. Motion carried.

Dunn County Economic Development Corporation – The Village of Colfax has annually contributed \$2,000 to the Dunn County Economic Development. They share in their letter the projects that are currently working with. A motion was made by Trustee Stene and seconded by Trustee M. Burcham to contribute \$2,000 to the Dunn County Economic

Development for 2021. Voting For: Trustees Prince, M. Burcham, Rud, Stene, Davis, Halpin and Albricht. Voting Against: none. Motion carried.

Resolution 2021-02 – Bremer Bank Account Signer Resolution

Resolutions 2021-03 to 2021-12 – Dairy State Bank Account Signer Resolutions

A motion was made by Trustee M. Burcham and seconded by Trustee Halpin to approve Resolution 2021-02 for Bremer Bank and Resolutions 2021-03 to 2021-12 from Dairy State Bank authorizing the approved signers Jody Albricht and Mark Halpin. Voting For: Trustees Stene, Halpin, Davis, M. Burcham, Prince, Rud and Albricht. Voting Against: None. Motion carried.

Review/Approval – Bills –May 10th, 2021 to May 23rd, 2021 – A motion was made by Trustee M. Burcham and seconded by Trustee Stene to approve the bills as presented for May 10th, 2021 to May 23rd, 2021. A voice vote was taken with all Trustees voting in favor. Motion carried.

Adjourn – A motion was made by Trustee M. Burcham and seconded by Trustee Halpin to adjourn the meeting at 7:58 p.m. A voice vote was taken with all members voting in favor. Meeting Adjourned.

Jody Albricht, Village President

Attest:

Lynn Niggemann
Administrator-Clerk-Treasurer

Will the board waive the rental fee since we are a non-profit?

APPLICATION FOR COMMUNITY USE OF VILLAGE FACILITIES & CHAIR RENTAL

Any person or organization intending to rent the fairground buildings, chairs or other park grounds must submit their rental agreement and payment prior to using the facilities.
Cost is \$30/day with \$100 deposit. Camping is \$5/night, \$10 with electricity.
Village chair rental is \$1/chair/day.

Name of Renter or Organization: Colfax Municipal Building Elevator Commission

Activity: Thrift sale (fundraiser for CMB)

Date of Use: 08/06/21 - 08/28/21 Circle ALL days: MON. TUES. WED. THURS. FRI. SAT. SUN.

→ M, T (set up)
W (drop off day)
Th nite, Frid. all day
Sat. morning (sale)

Time of Use: From 7:00 AM/PM To 6:00 AM/PM

Facility to be Used: FAIRGROUNDS and/or BUILDINGS, MUNICIPAL BLDG., PARKS, CHAIRS, OTHER

Type of Event: Thrift Sale Ball Game Wedding Reunion Concert Benefit Graduation

Non Profit: Civic Church Charity Other: Library & CMBRG

Brief Description of Activity: Fundraiser for the elevator project

Chair Rental: How Many 12 (for people running sale to sit on)

THE RENTER OR ORGANIZATION AGREES TO THE FOLLOWING RULES:

- 1.) The individual listed as renter must be a minimum of 21 years of age and will be responsible for the rules, supervision and proper conduct of all persons using the facility.
- 2.) The renter shall be responsible for damage, loss, and/or breakage of Village property.
- 3.) All property belonging to the activity must be removed at the close of the event, **INCLUDING GARBAGE.** (Must be taken with you)
- 4.) Any property belonging to the Village shall not be removed from the premises.
- 5.) Where permitted by law, the applicant shall agree to indemnify, save and hold free and harmless, the Village of Colfax, their officers, agents, and employees, from and against all claims, demands, loss, liability, cost or expense of any kind or nature whatsoever which the Village of Colfax, their officers, agents or employees, or any of them may sustain or incur or that may be imposed upon any of them or injury to, or death of persons or damages to property arising out of, connected with, or attributable to the rental, use and occupancy of the Village Facilities as provided herein.

Individual Responsible: Lisa Bragg-Hurlburt

Address: E9727 780th Ave., Colfax

Phone Number: (715) 828-9329 cell Date: 6/1/21

APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 50.⁰⁰ (pd)

Application Date: 4/28/21

Town [] Village [x] City of Colfax County of Dunn

The named organization applies for: (check appropriate box(es).)

- [x] A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
[x] A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stat.

at the premises described below during a special event beginning July 1, 2021 and ending Dec 31, 2021 and agrees to comply with all law, resolution, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION (check appropriate box) [x] Bona fide Club [] Church [] Lodge/Society [] Veteran's Organization [] Fair Association

(a) Name Colfax Municipal Building Restoration Group

(b) Address 613 Main St P.O. Box 238 (Street)

(c) Date organized 2000 [] Town [x] Village [] City

(d) If corporation, give date of incorporation

(e) Names and addresses of all officers:

President Troy Knutson

Vice President

Secretary Kathy Dunbar 502 Evergreen Colfax

Treasurer Marge Hernandez 208 Main St Colfax

(f) Name and address of manager or person in charge of affair:

Troy Knutson P.O. Box 322 Colfax, Wi. 54730

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number 613 Main St. Colfax, Wi.

(b) Lot Block

(c) Do premises occupy all or part of building? yes / ALSO Tower Park

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. NAME OF EVENT

(a) List name of the event numerous Events

(b) Dates of event

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer Troy Knutson (President) (Signature/date)

Officer Kathy Dunbar (Secretary) (Signature/date)

Date Filed with Clerk 04/28/2021

Date Granted by Council

Colfax Municipal Building Restoration Group (Name of Organization)

Officer Marjorie Hernandez (Treasurer) (Signature/date)

Officer (Signature/date)

Date Reported to Council or Board

License No.

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 ROGER LENNAN Knutson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 505 2261 Email Address ROG.Knutson @ Hotmail!

Current Address E9051 CTY RdBB Colfax 54730 4 YRS
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 61

Place of Employment Legon

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

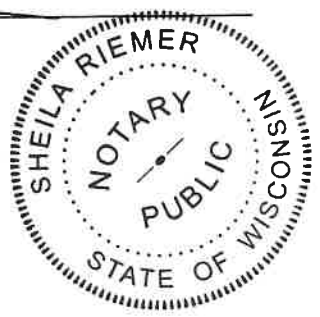
Recommendation Approve Deny [Signature] 05/05/21
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 4th day of May, 20 21
[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 5-4-2021 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

NAME TARRIS (TARRY) LEE TURNER
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-2071 Email Address _____

Current Address 510 E. 4TH AVE COLFAX, WI 54730 311
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 413 MAIN ST, APT. 2, COLFAX, WI 54730
(City) (Zip Code)

Date of Birth _____ Age 76

Place of Employment RETIRED

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/10/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

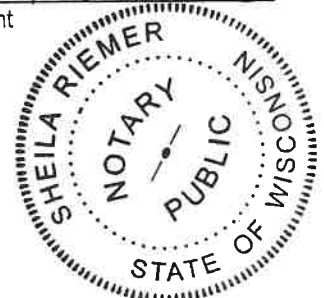
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 7 day of May, 20 21.

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

Date Received: 5-7-21 Date to the Board: _____ Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Evia Pearl Gehrman
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-5302 Email Address EviaG65@gmail.com

Current Address 305 Main St Colfax WI 54730 18
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 55

Place of Employment Out House

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/05/21
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Evia Gehrman
Signature of Applicant

Subscribed and sworn before me this 5 day of May, 20 21.

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



Date Received: 5-5-2021 Date to the Board: _____ Approved or Denied _____

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: OK 5135

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Vicki Lynn Christenson
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-704-0939 Email Address VC9295@yahoo.com
Current Address E8620 Ct. Rd. Elk Mound 54739 6 YRS.
(Street) (City) (Zip Code) (yrs. at address)
Previous Address E9922 810th Ave Colfax 54730
(Street) (City) (Zip Code)
Date of Birth Age 60
Place of Employment Mom's Restaurant and Pub

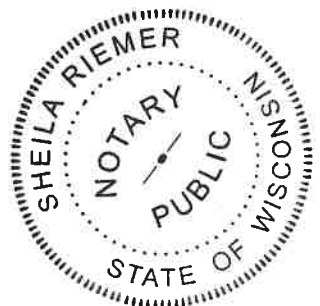
POLICE DEPT APPLICABLE OFFENSE CRITERIA
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.
Recommendation Approve Deny *Sheila Riemer* 05/06/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x *Vicki L. Christenson*
Signature of Applicant

Subscribed and sworn before me this 5 day of May, 20 21.
Sheila Riemer 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 5-5-2021 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK5135

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

NAME Leah Marie Scheffler
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-1313 Email Address scheffler.leah@yahoo.com

Current Address E8543 680th Ave Elk mound 54739 11 yrs.
(Street) (City) (Zip Code) (yrs. at address)

Previous Address ~~E8620~~ E8620 City Rd E Elk mound 54739
(City) (Zip Code)

Date of Birth [Redacted] Age 38

Place of Employment Mom's Restaurant and Pub

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/05/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Leah M. Scheffler
Signature of Applicant

Subscribed and sworn before me this 5 day of May, 20 21.

[Signature]
(Signature of Notary Public)

7-17-22
(Commission Expires)



Date Received: 5-5-2021 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Michael David Buchner
FIRST NAME MIDDLE NAME LAST NAME

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

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

Previous Address [Redacted] (City) (Zip Code)

Date of Birth [Redacted] Age 44

Place of Employment Dunn County Highway Dept

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/07/21
(Chief of Police or designated staff Signature) (Date)

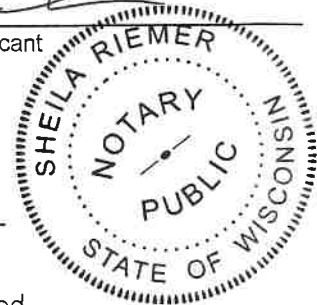
STATE OF WISCONSIN/ DUNN COUNTY

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

[Signature]
Signature of Applicant

Subscribed and sworn before me this 7 day of May, 2021.

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



Date Received: 5-7-21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME TAMARA Ann Whinnery
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-704-0707 Email Address Tamiwhin@gmail.com
Current Address N8948 Cty Rd M Colfax 54730 23
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 707 High St. Colfax 54730
(City) (Zip Code)
Date of Birth [Redacted] Age 61
Place of Employment Outhouse Bar

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/10/21
(Chief of Police or designated staff Signature) (Date)

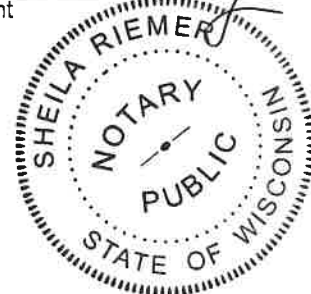
STATE OF WISCONSIN/ DUNN COUNTY

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.

Tamara Whinnery
Signature of Applicant

Subscribed and sworn before me this 10 day of May, 20 21.

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



Date Received: 5-10-21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 Deborah Lynne Petersen
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 225 2595 Email Address Petersdlc366@gmail

Current Address 11251 20th St. Colfax WI 54730 2
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 6889 Tower Dr EAU CLAIRE WI 54903
(City) (Zip Code)

Date of Birth [Redacted] Age 55

Place of Employment Blin Tiger

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 25/1/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 7 day of May, 20 21.

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

Date Received: _____ Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Katherine Ann Walters
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 320-761-9699 Email Address KathyaFaber@gmail.com

Current Address N9544 640th St. Colfax WI 54730 7
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 17177 State Hwy 24 NW Clearwater MN 55320
(City) (Zip Code)

Date of Birth [Redacted] Age 68

Place of Employment Retired
American Legion Post 131

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

Recommendation Approve Deny [Signature] 05/13/2021
(Chief of Police or designated staff Signature) (Date)

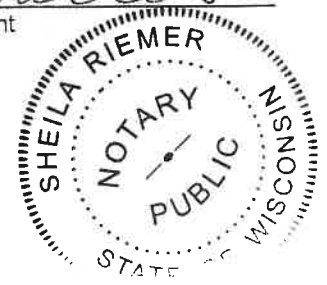
STATE OF WISCONSIN/ DUNN COUNTY

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

X Katherine Ann Walters
Signature of Applicant

Subscribed and sworn before me this 12 day of May, 20 21.

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



Date Received: 5-12-21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Brunden Dawina Lynn Brunden
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-4233 Email Address dawina.brunden@gmail.com

Current Address N8247 940th St Colfax 54730 11 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address [Redacted] (City) (Zip Code)

Date of Birth [Redacted] Age 47

Place of Employment Outhouse

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 5/17/2021
(Chief of Police or designated staff Signature) (Date)

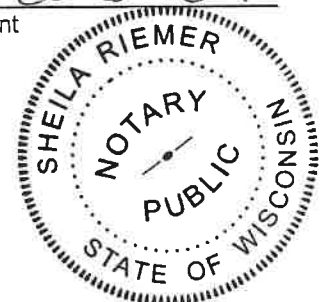
STATE OF WISCONSIN/ DUNN COUNTY

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

[Signature]
Signature of Applicant

Subscribed and sworn before me this 14 day of May, 2021.

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



Date Received: 5-17-21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 Christopher John Larson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 509 9830 Email Address _____

Current Address 28538 170 Colfax WI 54730 16+
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ Colfax 54730
(City) (Zip Code)

Date of Birth _____ Age 55

Place of Employment Country Side Coop

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/21/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

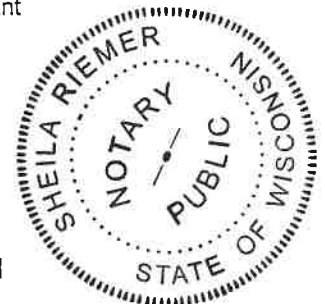
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

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

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

Date Received: 5 20 21 Date to the Board: _____ Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Thomas Jay DUNBAR
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 962-7128 Email Address diamond451payable.com

Current Address 502 EVERGREEN ST. COLFAX, WI 54730 55
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [Redacted] Age 77

Place of Employment RETIRED

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

Recommendation Approve Deny [Signature] 05/18/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 18th day of May, 20 21

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



Date Received: 5-18-2021 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Mary Jane Roehl
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-6227 Email Address Myroehl78@gmail.com

Current Address N8420 970th St Colfax WI 54730 11
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth [Redacted] Age 42

Place of Employment OutHouse

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.

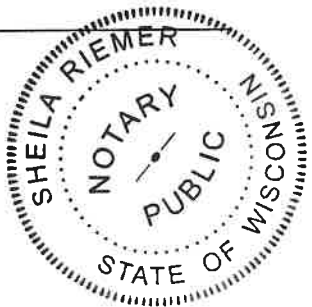
Recommendation Approve Deny Dan Galern 25/21/2021
 (Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X M/Roehl
Signature of Applicant

Subscribed and sworn before me this 19 day of May, 20 21.
Shah Rami 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 5-19-21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Tammy Lynn Simon
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-828-8365 Email Address tammys26-too@yahoo.com

Current Address E7546 W20th Ave Elk Mound 54739
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 49

Place of Employment Viking Bowl / Whitetail Golf

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

Recommendation Approve Deny [Signature] 05/05/2021
 (Chief of Police or designated staff Signature) (Date)

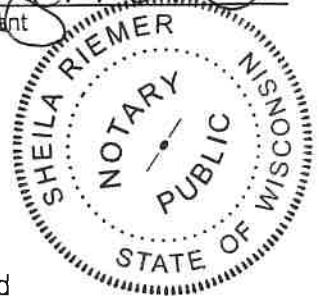
STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 28 day of May, 20 21.

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



Date Received: 5-28-21 Date to the Board: _____ Approved or Denied

Village of Colfax

Amanda

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License

Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 Amanda Marie Lynn
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 608-719-7584 Email Address lynnamanda586@gmail.com

Current Address 501 Cedarst. Colfax 54730 1 month and 1/2
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 135 Turtle Creek Dr. #7 Delavan 53115
(City) (Zip Code)

Date of Birth [Redacted] Age 37

Place of Employment A Little Slice of Italy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/25/22
(Chief of Police or designated staff Signature) (Date)

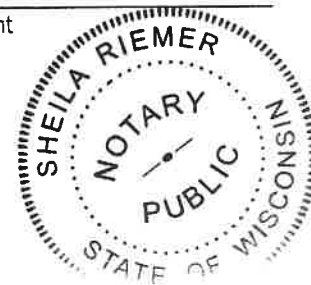
STATE OF WISCONSIN/ DUNN COUNTY

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

[Signature]
Signature of Applicant

Subscribed and sworn before me this 24 day of May, 2021.

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



Date Received: 5-24-2021 Date to the Board: _____ Approved or Denied

Serving Alcohol

is proud to present this certificate to

Amanda Lynn

for successful completion of the online course



Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES:

- GARD ANY PERSON 86 YEARS OF AGE OR YOUNGER
- OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

Verify online at
servingalcohol.com

Verification Code
IDB6ykmSyP

Date Issued
May 24th, 2021

VALID FOR 2 YEARS

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (5), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Amanda Lynn

Certification Date: May 24th, 2021

Certificate Code: IDB6ykmSyP

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 104002

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME ELIZABETH JAYNE DE MOE
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-2464 Email Address - -

Current Address 118 PARK DR. #10. COLFAX, 54730 14 yrs.
(Street) (City) (Zip Code) (yrs. at address)

Previous Address [Redacted] (City) (Zip Code)

Date of Birth [Redacted] Age 74

Place of Employment KYLE'S MARKET

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

Recommendation Approve Deny [Signature] 05/25/2021
 (Chief of Police or Designated staff Signature) (Date)

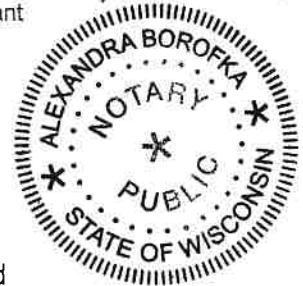
STATE OF WISCONSIN/ DUNN COUNTY

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

[Signature]
Signature of Applicant

Subscribed and sworn before me this 10 day of May, 20 21.

[Signature] 6/26/21
(Signature of Notary Public) (Commission Expires)



Date Received: 5-24-2021 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 Noah James Heidorn
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-5213 Email Address noah.heidorn23@gmail.com

Current Address N8257 948th St. COLFAX 54730 12
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 18

Place of Employment Synergy Cooperative

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny

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

STATE OF WISCONSIN/ DUNN COUNTY

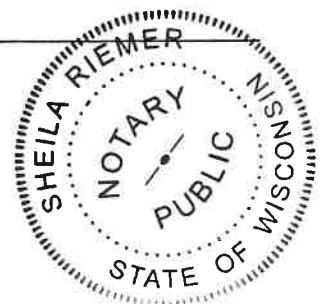
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Noah Heidorn
Signature of Applicant

Subscribed and sworn before me this 24 day of May, 20 21.

[Signature]
(Signature of Notary Public)

7-17-22
(Commission Expires)



Date Received: 5.27.21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Abby Lane Demce
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-5003 Email Address abbyocmee13@gmail.com

Current Address N7401 State Road 40, Colfax, 54730
(Street) (City) (Zip Code) (yrs. at address)

Previous Address [Redacted] (City) (Zip Code)

Date of Birth [Redacted] Age 19

Place of Employment Cenex

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/22/2021
(Chief of Police or designated staff Signature) (Date)

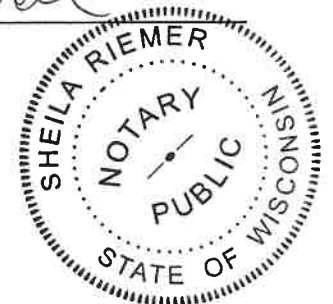
STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 14 day of May, 20 21.

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



Date Received: 5.27.21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Hannah Marie DeMoe
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-2717 Email Address hannahdemoe@gmail.com

Current Address N7401 St. Rd 40 Colfax 54730
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 23

Place of Employment Colfax Synergy

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

Recommendation Approve Deny [Signature] 05/20/21
(Chief of Police or Designated staff Signature) (Date)

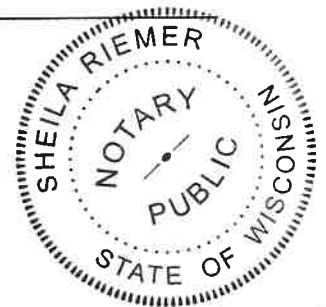
STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 13 day of May, 20 21.

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



Date Received: 5-27-21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK104002

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Cody James Sault
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-9971 Email Address csaultcodemaster@gmail.com

Current Address N8437 Cty Rd M Colfax, WI 54730 18 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) _____ (Zip Code)

Date of Birth _____ Age 18

Place of Employment Kyle's Market

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

Recommendation Approve Deny [Signature] 05/25/2021
(Chief of Police or designated staff Signature) (Date)

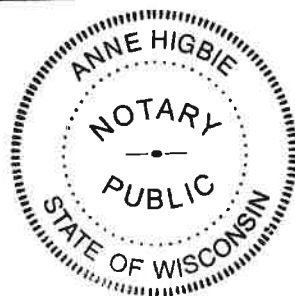
STATE OF WISCONSIN/ DUNN COUNTY

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

x Cody Sault
Signature of Applicant

Subscribed and sworn before me this 19th day of May, 20 21.

Anne Higbie June 8 2024
(Signature of Notary Public) (Commission Expires)



Date Received: 5.24.2021 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK104002

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Julie Marie Eisetz
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-0353 Email Address jmeisetz64@gmail.com

Current Address 118 Park Dr Lot 244 Colfax WI 54730 4 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Addr _____
(City) (Zip Code)

Date of Birth _____ Age 57

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 25/5/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 17th day of May, 20 21.

[Signature]
(Signature of Notary Public)

July 8 2022
(Commission Expires)



Date Received: 5-24-2021 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 164002

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 Ni Cole J Gotlibson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 704-9335 Email Address Nicole Gotlibson 2003@hotmail.com

Current Address 118 Park Dr Colfax 54730 4
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 29

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 5/25/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

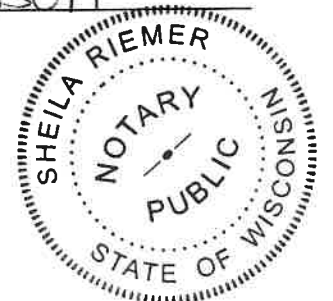
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Nicole Gotlibson
Signature of Applicant

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

[Signature]
(Signature of Notary Public)

7-17-22
(Commission Expires)



Date Received: 5-24-2021 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK104002

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Talene SUE Amick
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 699 0419 Email Address lvvsratz@yahoo.com

Current Address 502 1/2 Cedar St. Colfax WI 54730 3
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [Redacted] Age 53

Place of Employment Kyle's Market

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

Recommendation Approve Deny [Signature] 07/27/2021
 (Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Talene Amick
Signature of Applicant

Subscribed and sworn before me this 6 day of May, 20 21.

Alexandria Borofka 6/24/21
(Signature of Notary Public) (Commission Expires)



Date Received: 5-24-2021 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK104002

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, 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 Holden Lee Rudiger
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-619-0503 Email Address Rudiger898@gmail.com

Current Address E6993 720th Ave Menomonie 54751 18
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 18

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/24/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

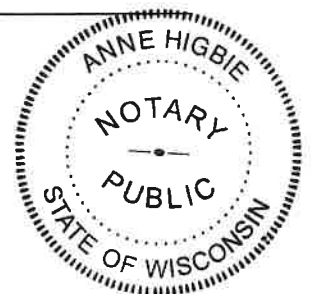
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 18th day of May, 2021.

Anne Higbie
(Signature of Notary Public)

June 8, 2024
(Commission Expires)



Date Received: 5.24.2021 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 104002

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Sydney Marie Herrick
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-632-2070 Email Address Sydneyherrick802@gmail.com

Current Address 605 First Ave. Colfax 54730 8 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 18

Place of Employment Kyle's Market

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

Recommendation Approve Deny [Signature] 5/24/21
(Chief of Police or designated staff Signature) (Date)

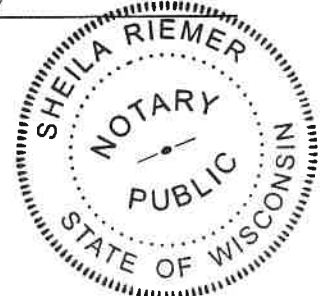
STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 13 day of May, 20 21

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



Date Received: 5-24-2021 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 104002

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 Nancy Kay Taylor
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-2433 Email Address nancy.85.5@hotmail.com

Current Address E9470 1130th Ave Colfax WI 54730 21
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 54

Place of Employment Kyles Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/25/22
(Chief of Police or Designated staff Signature) (Date)

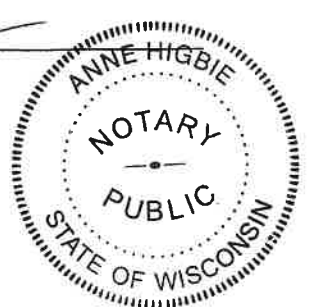
STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 6th day of May, 2021.

[Signature] June 8, 2024
(Signature of Notary Public) (Commission Expires)



Date Received: 5-24-2021 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CE 104002

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kyle James Krall
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-2062 Email Address KyleKrallfishing5000@gmail.com

Current Address U8310 855th ST Colfax WI 54730 19
(Street) (City) (Zip Code) (yrs. at address)

Previous Address [Redacted] (City) (Zip Code)

Date of Birth [Redacted] Age 19

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/25/2023
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

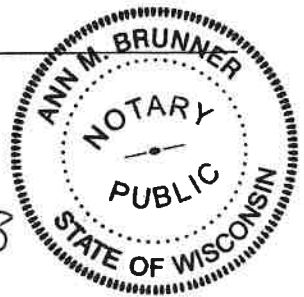
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Kyle E Krall
Signature of Applicant

Subscribed and sworn before me this 19TH day of July, 20 21.

[Signature]
(Signature of Notary Public)

July 28, 2023
(Commission Expires)



Date Received: 5-24-2021 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 104002

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Elizabeth Marie Dachel
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-4480 Email Address emdach4@gmail.com

Current Address 20th St Colfax 54730 19
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 19

Place of Employment Kyle's Market

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

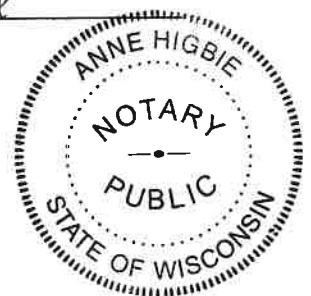
Recommendation Approve Deny [Signature] 05/24/22
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Elizabeth Dachel
Signature of Applicant

Subscribed and sworn before me this 18th day of May, 2021.
Anne Higbie June 8, 2024
(Signature of Notary Public) (Commission Expires)



Date Received: 5.24.2021 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 104002

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mikki Jean McCUTCHEON
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-1388 Email Address mikkimcc5@gmail.com

Current Address 406 Main St Colfax 54730 10
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 34

Place of Employment Kyles Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/25/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

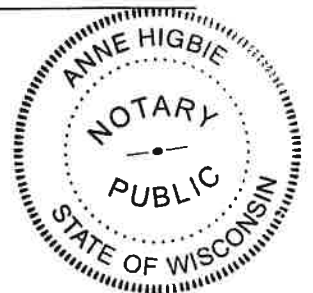
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

[Signature]
Signature of Applicant

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

Anne Higbie
(Signature of Notary Public)

June 8, 2024
(Commission Expires)



Date Received: 5.24.2021 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 104003

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Mary Michele Muza
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-4801 Email Address Mabelpagels@yahoo.com

Current Address 308 11th St. Menomonie 54751 10+
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 600

Place of Employment Kyle's Market

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

Recommendation Approve Deny [Signature] 5/25/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Mary M Muza
Signature of Applicant

Subscribed and sworn before me this 5TH day of May, 2021.

[Signature]
Signature of Notary Public

July 28, 2023
(Commission Expires)



Date Received: 5-24-2021 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 104002

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, 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 Rene'
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address 302 4th Ave. Colfax 54730 15
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 49

Place of Employment Kyle's Market

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

Recommendation Approve Deny [Signature] 05/25/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

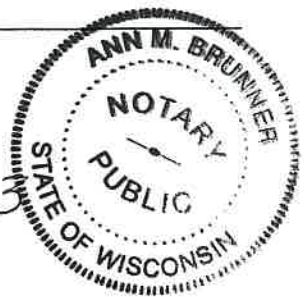
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 5TH day of May, 2021.

[Signature]
(Signature of Notary Public)

July 28, 2023
(Commission Expires)



Date Received: 5-24-2021 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK1063

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tammy R. Briggs
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-894-0454 Email Address tbriggs241@gmail.com
Current Address N8076 577th St. Colfax 54730
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 502 Pine St. Colfax 54730
(City) (Zip Code)
Date of Birth [Redacted] Age 49
Place of Employment Elk Mound School District

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/20/22
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Tammy R. Briggs
Signature of Applicant

Subscribed and sworn before me this 25 day of May, 20 21.

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



Date Received: 5/25/21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK1663

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Jessica Dawn Checkatski
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-651-4603 Email Address jdrebak@yahoo.com
Current Address E8007 770th Ave Colfax WI 54730 8
(Street) (City) (Zip Code) (yrs. at address)
Previous Address E7986 770th Ave Colfax WI 54730
(Street) (City) (Zip Code)
Date of Birth [REDACTED] Age 40
Place of Employment Waurova Residential Alternative

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

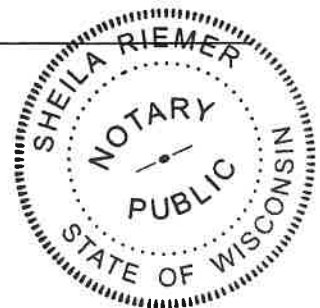
Recommendation Approve Deny [Signature] 05/26/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 25 day of May, 20 21.
[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 5-25-21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK1663

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, 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 Peggy R Wallace
FIRST NAME MIDDLE NAME LAST NAME

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

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

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 37

Place of Employment Mayo

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

Recommendation Approve Deny [Signature] 05/20/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Peggy Wallace
Signature of Applicant

Subscribed and sworn before me this 25 day of May, 20 21

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



Date Received: 5-25-21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 1463

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Tiffany Ann Prince
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 507-951-7273 Email Address tiffany.p-01@hotmail.com

Current Address 103 Iverson Rd Colfax 54730 3
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 33

Place of Employment State of Wisconsin

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

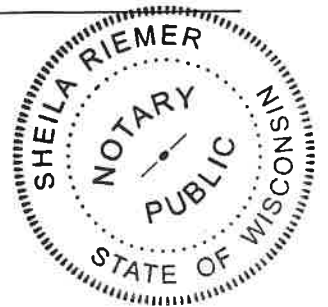
Recommendation Approve Deny [Signature] 05/20/21
 (Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 25 day of May, 20 21.
[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 5-25-21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Joni Lynn Koehler
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address N 7001 690th St. Menomonie, WI. 54751 Grew up here
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 42

Place of Employment Synergy/ Subway

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/08/2021
(Chief of Police or Designated staff Signature) (Date)

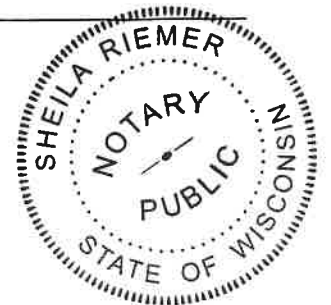
STATE OF WISCONSIN/ DUNN COUNTY

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

X Joni Koehler
Signature of Applicant

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

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



Date Received: 5.27.21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Bryana Lynn Buchanan
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address N120488908t Colfax 54730 22
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 22

Place of Employment Synergy Cooperative/Cenex

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/20/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

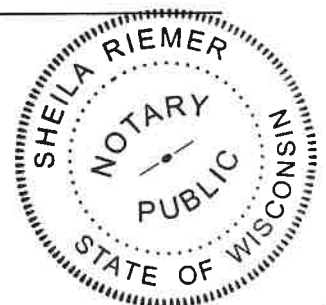
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Bryana Buchanan
Signature of Applicant

Subscribed and sworn before me this 13 day of May, 20 21.

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

Date Received: 5-27-21 Date to the Board: _____ Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Edith Marie McKee
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 962-4309 Email Address MammaEdye@GMail

Current Address EL885 Conty Rd N Wheler 54772 25
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 63

Place of Employment Snyengry Co-op (Cenex) Colfax

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

Recommendation Approve Deny Dunn Johnson 05/20/22
 (Chief of Police or designated staff Signature) (Date)

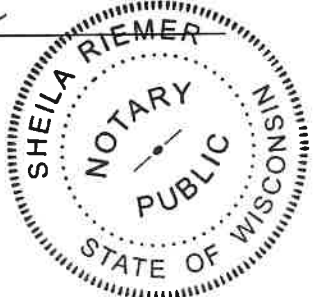
STATE OF WISCONSIN/ DUNN COUNTY

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

X Edith M McKee
Signature of Applicant

Subscribed and sworn before me this 12 day of May, 20 21.

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



Date Received: 5-27-21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Morgan Joelle Jensen
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-828-2348 Email Address mjojensen@gmail.com

Current Address 2675 82nd Ave Colfax 54730 5
(Street) (City) (Zip Code) (yrs. at address)

Previous Address [Redacted] (City) (Zip Code)

Date of Birth [Redacted] Age 18

Place of Employment Synergy/Subway

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

Recommendation Approve Deny [Signature] (Chief of Police or designated staff Signature) 5/28/2021 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

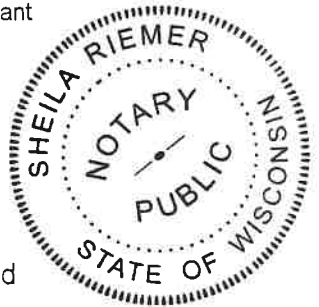
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 26 day of May, 20 21

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

Date Received: 5.27.21 Date to the Board: _____ Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Drew Richard Gibson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-450-9691 Email Address dgib710@gmail.com

Current Address 219 Telemark Circle Colfax 54730 18
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [Redacted] Age 18

Place of Employment Synergy Cooperative - Cenex

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 5/27/21
(Chief of Police or designated staff Signature) (Date)

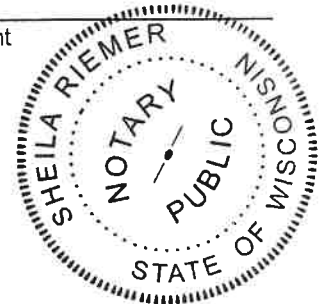
STATE OF WISCONSIN/ DUNN COUNTY

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 Drew Gibson
Signature of Applicant

Subscribed and sworn before me this 26 day of May, 20 21.

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



Date Received: 5.27.21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Joshua Christopher Larson
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address E6536 State Road 170 Colfax, WI 54730 14 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address [Redacted] (City) (Zip Code)

Date of Birth [Redacted] Age 21

Place of Employment Colfax Cenex

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] (Chief of Police or designated staff Signature) 5/28/22 (Date)

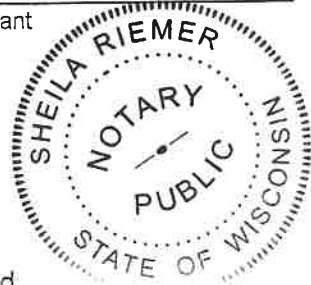
STATE OF WISCONSIN/ DUNN COUNTY

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

x Joshua C. Larson
Signature of Applicant

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

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



Date Received: 527.21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Mary Ann Duwand
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-9467 Email Address mdwand442@gmail

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

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 60

Place of Employment Synergy

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

Recommendation Approve Deny [Signature] 05/28/2021
(Chief of Police or designated staff Signature) (Date)

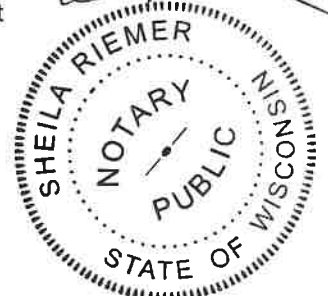
STATE OF WISCONSIN/ DUNN COUNTY

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

x Mary Duwand
Signature of Applicant

Subscribed and sworn before me this 26 day of May, 20 21.

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



Date Received: 5-27-21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Jeffrey William Prince
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-3471 Email Address jeffprince89@gmail.com

Current Address 1004 University Ave Colfax 54730 22
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 104 River St Colfax 54730
(City) (Zip Code)

Date of Birth [Redacted] Age 50

Place of Employment Self 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.

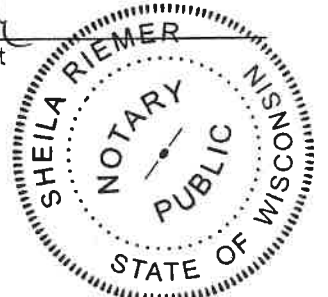
Recommendation Approve Deny [Signature] 05/27/21
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Jeffrey W. Prince
Signature of Applicant

Subscribed and sworn before me this 27 day of May, 20 21.
[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 5-27-21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Bridgette Suzanne Lenz
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 440-1128 Email Address echo12.1.20jon@gmail.com

Current Address N12176 890th St Colfax 54730 2 1/2 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 29

Place of Employment A Little Slice of Italy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/23/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

[Signature]
Signature of Applicant

Subscribed and sworn before me this 27th day of May, 20 21.

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



Date Received: 5-27-202 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Rachael Beth Gunnufson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-642-5608 Email Address Rachael.gunnufson@gmail.com

Current Address 3143 Eldorado Blvd. Eau Claire 54701 8 months
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N11005 730th Street Wheeler 54772
(City) (Zip Code)

Date of Birth [Redacted] Age 20

Place of Employment Express mart

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

Recommendation Approve Deny [Signature] 05/29/2021
(Chief of Police or designated staff Signature) (Date)

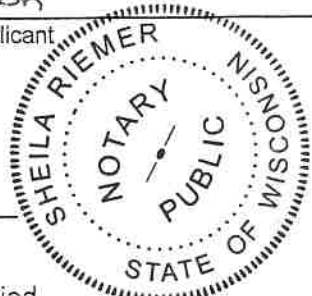
STATE OF WISCONSIN/ DUNN COUNTY

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

x Rachael Gunnufson
Signature of Applicant

Subscribed and sworn before me this 13 day of May, 2021.

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



Date Received: 5-26-21 Date to the Board: _____ Approved or Denied



CERTIFICATE OF COMPLETION

This certifies that

Rachael Gunnufson

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
05/12/2021



Expiration Date
05/12/2023



Certificate #
WI-00591869

A handwritten signature in black ink, appearing to read 'Sarah Meyer'.

Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

6801 N Capital of Texas Hwy, Bldg 1, Suite 250 | Austin, TX 78731 | 877.881.2235 | www.360training.com

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Renee do Tusche
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-658-2327 Email Address tusche@yahoo.com

Current Address W11005 730th St Wheeler WI 54772 3yr
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 31

Place of Employment ~~Express Mart~~

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 25/05/2021
(Chief of Police or designated staff Signature) (Date)

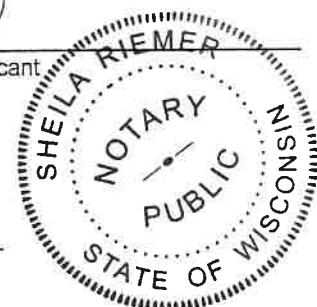
STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 12 day of May, 20 21.

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



Date Received: 5-20-21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Timothy Patrick Kettner
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address 118 PARK dr. Colfax 54730 3 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 56

Place of Employment v Express Mart (Colfax)

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 25/05/2021
(Chief of Police or designated staff Signature) (Date)

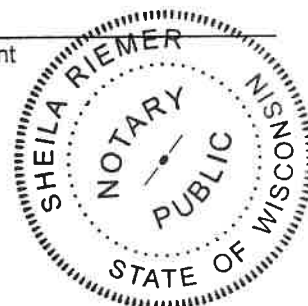
STATE OF WISCONSIN/ DUNN COUNTY

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

[Signature]
Signature of Applicant

Subscribed and sworn before me this 5 day of May, 20 21

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



Date Received: 5-26-21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Brenda Lee Kettner
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-705-6755 Email Address pegasus-lover_1964@yahoo.com

Current Address 118 Park Dr #230 Colfax 54730 3 yrs.
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 56

Place of Employment Colfax Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/25/22
(Chief of Police or designated staff Signature) (Date)

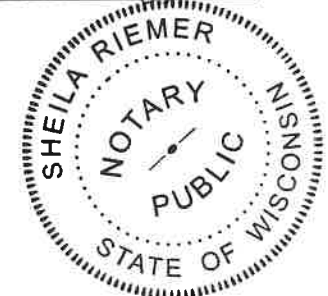
STATE OF WISCONSIN/ DUNN COUNTY

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

X Brenda L. Kettner
Signature of Applicant

Subscribed and sworn before me this 5 day of May, 20 21.

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



Date Received: 5.26.21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME CHRIS ALLEN LUNN
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-3251 Email Address _____

Current Address 517 ST BAY COLFAX 54730 63 YRS.
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 63

Place of Employment EXPRESS MART

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/26/2021
(Chief of Police or designated staff Signature) (Date)

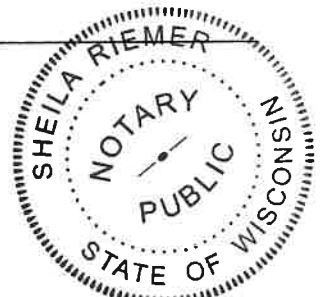
STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 6 day of May, 2021.

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



Date Received: 5-26-21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Elizabeth Louise Hansmann
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-0731 Email Address _____

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

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

Date of Birth _____ Age 32

Place of Employment The Blind Tiger

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

Recommendation Approve Deny [Signature] 05/20/21
(Chief of Police or designated staff Signature) (Date)

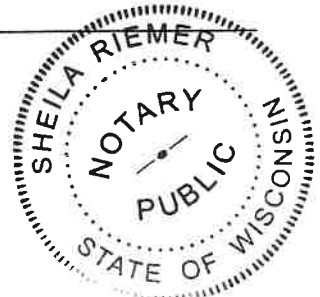
STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 26 day of May, 20 21.

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



Date Received: 5/26/21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tammy Marie Dalboe
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-497-5418 Email Address tammymarietalboe@aol.com
Current Address 8520 St. Rd. 170 Colfax, WI 54730
(Street) (City) (Zip Code) (yrs. at address) 10+

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 42

Place of Employment Kwik Trip + Outhouse

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.

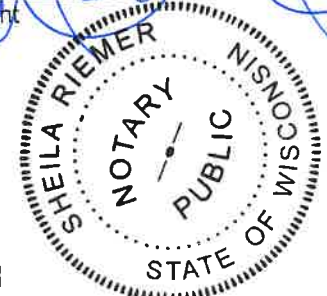
Recommendation Approve Deny Doug Johnson 05/28/22
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Tammy Dalboe
Signature of Applicant

Subscribed and sworn before me this 26 day of May, 20 22.
Sheila Riemer 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 5-26-22 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, 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 Joze Rae Buchanan
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-1602 Email Address volleysoftball10@gmail.com

Current Address N17048 890th St Colfax 54730 19
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 19

Place of Employment Synergy Cooperative

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

Recommendation Approve Deny [Signature] 5/25/22
(Chief of Police or designated staff Signature) (Date)

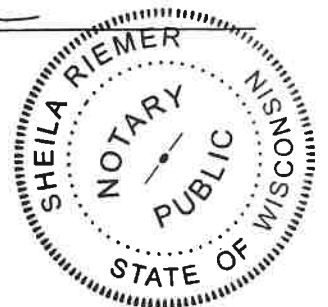
STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 26 day of May, 2021.

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



Date Received: 5.27.21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Suzanne Marie Hagen
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-2280 Email Address suchagen63@gmail.com

Current Address N8519 County Rd. M Colfax 54730 30
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 58

Place of Employment Synergy Cooperative

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/28/21
(Chief of Police or designated staff Signature) (Date)

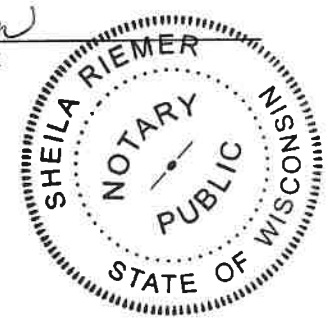
STATE OF WISCONSIN/ DUNN COUNTY

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

X Suzanne M. Hagen
Signature of Applicant

Subscribed and sworn before me this 25 day of May, 20 21.

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



Date Received: 5.27.21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kayla Jane Brown
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-9367 Email Address brown.kayla83@gmail.com

Current Address N5227 City Rd N 54736 7
(Street) (City) (Zip Code) (yrs. at address)

Previous Address [REDACTED] Colfax 54736
(City) (Zip Code)

Date of Birth [REDACTED] Age 37

Place of Employment Synergy Coop

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/28/22
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

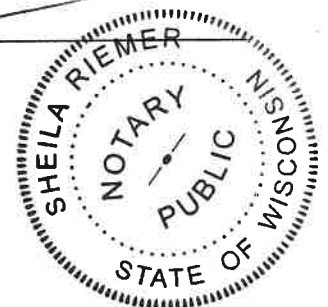
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 26 day of May, 20 21.

[Signature]
(Signature of Notary Public)

7-17-22
(Commission Expires)



Date Received: 5.27.21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Robin Sue Sarauer
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 226-5819 Email Address itink3084@gmail.com

Current Address 619 17th Ave Bloomer 54724 1
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 1980 County Hwy X Elk Mound 54739
(City) (Zip Code)

Date of Birth [Redacted] Age 37

Place of Employment Synergy Cooperative

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/28/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

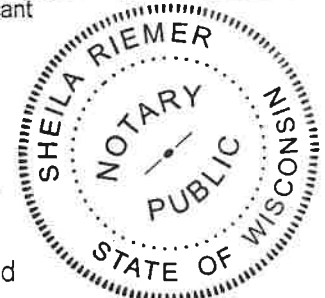
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Robin S Sarauer
Signature of Applicant

Subscribed and sworn before me this 12 day of May, 2021.

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

Date Received: 5-27-21 Date to the Board: _____ Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

Receipt: pd cash
by Carey

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Carey K DAVIS
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-5336 Email Address Cdavis@codiak@gmail.com

Current Address 122 Park Dr. Lot 101 Colfax WI 54730 10y1
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 61

Place of Employment Anderson Bridge Colfax WI

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny

[Signature] 05/21/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 18th day of May, 20 21.

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



Date Received: 5-18-21 Date to the Board: _____ Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME GARY Lee Stene
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-3512 Email Address GARY STENE 45@Gmail.com

Current Address 505 High St. Box 447 Colfax 54730 5+
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 707 Oak St Colfax 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 75

Place of Employment Retired

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

Recommendation Approve Deny [Signature] 25/05/2021
(Chief of Police or designated staff Signature) (Date)

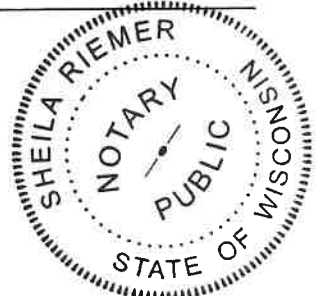
STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 27 day of May, 2021.

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



Date Received: 5-27-21 Date to the Board: _____ Approved or Denied