Renewal Alcohol E	Beverage Li	lication	Applicant's Wisconsin Seller's Permit Number 456,000 1455 480 2			
(Submit to municipal clerk. R	ead instructions	on page 3.)		FEIN Number		
	7 1 200	nc s	1 - 20 2010	39 134 784	16	
For the license period beginning	, ,,,,,		(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE	
To the Governing Body of the:	Town of	A 10		Class A beer	\$	
To the Governing Body of the:	₩ Village of }	Colfax		Class B beer	\$ 100.00	
Ç ,	City of			Class C wine	\$	
				Class A liquor	\$	
County of Dunc	<u> </u>	Aldermani	c Dist. No	Class A liquor (cider only)	\$ N/A	
		(ir required	d by ordinance)	Class B liquor	\$ 400.00	
Check one: Individual	Limited Liabilit	v Company		Reserve Class B liquor	\$	
			i'a a	Class B (wine only) winery	, ¢	
Partnership	☐ Corporation/N	oriprofit Organizat	IIOH	Publication fee	\$ 22.50	
Complete A or B. All must c	omplete C.			TOTAL FEE	\$ 522.50	
A. Individual or Partnership:				101/121	Jagiso	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
	mark	A	3/1149 12/1	St. NewAubun WI 5	14757	
Nelson Full Name (Last)	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	1,31	
	((1131)	11.			. ~	
Johnson Full Name (Last)	hisa	<u> </u>	501 Wes	St St Colfan WT City or Post Office, & Zip Code)	54 130	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Gode)		
		1				
B. LLC or Corporation (and	Agent):					
Full Legal Name of Corporation / Nonp	rofit Organization / Limit	ed Liabifity Company	Address of Corporation / L	imited Liability Company (if different fr	om licensed premises)	
All corporations/organizations iquor must appoint an agent.	or limited liability o	ompanies applyin	g for a license to se	Il fermented malt beverages	and/or intoxicating	
Agent Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)		
Agent Last Name	(Filst)	(Middle Name)	Home Address (Sireet,	Oity of 1 ost Office, a Zip Code)		
A III A COL				Nic. Commence		
All Officer(s) Director(s) of C			ers of Limited Liab	City or Post Office, & Zip Code)		
President / Member Last Name	(First)	(Middle Name)				
Nelson	Mark	Д	30749 136	12St. New Auburn U	JI 34701	
Vice President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)		
Johnson	hisa	I	501 West	+ S+ Colfar WI	54730	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
	100					
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
5		778 E000300 New YORK 00000 117.		***		
Directors / Managers Last Name	(First)	(Middle Name)	· Home Address (Street	City or Post Office, & Zip Code)		
Directors / Mariagers Last Name	(Filst)	(Wilddle Mairie)	Home Address (officer	ony of Float Office, a Zip obdoy		
	1					
C. Business Information						
4. Tanda Nama	Sa. 12 -		Business Pho	one Number 715-962-	2239	
1. Trade Name Out	house Ba	ſ			4	
2. Address of Premises L	113 main	~ St.	Post Office &	Zip Code <u>\$\infty\$0.81</u> 3	54730	
				0-m-4000		
3. Does the applicant unders and brewpubs?					reweries	
4. Premises description: De	escribe buildina or	buildings where	alcohol beverages	are to be sold and stored. T	he applicant must	
include all rooms includin	g living quarters, if	used, for the sale	es, service, consum	ption, and/or storage of alcol	hol beverages and	
records. (Alcohol beverag						
6 10	1_		dock			
Ground &	ibor, Stor	age 100mg	deck on s	bouth Side.		
	123					

Submit to municipal clerk.

Ind	lividual's Full Name (pleas	e print) (last name)		(first name)		(middle n	ame)	
	· · ·	Nelson		Ma	acle		A		
Но	me Address (street/route)	IN ELOU I	Post Office	1110	City		State	Zip Code	
,,,	30749	136th St			,	Auburn	WF	547: u Claire	57
Но	me Phone Number			Age	Date of Birth		Place of	Birth	_
	715.	767.2425		63			Ea	u Claire	WI
The	e above named indiv	idual provides the foll	owing information	as a pers	on who is (check one):			
	Applying for an alc	ohol beverage license	as an individual,						
-	A member of a par	tnership which is ma	king application for	an alcoh	ol beveragi	e license.			
			of						
	(Officer / Direct	or / Member / Manager / Agent)	(Na	me of Corporation	on, Limited Liability Co	mpany or Nonpro	fit Organization)	
	which is making ap	plication for an alcoho	ol beverage license	9.					
The	e above named indiv	idual provides the foll	owing information	to the lice	ensing author	ority:			
1.	How long have you	continuously resided	in Wisconsin prior	to this da	te?	LeO+ year	S		
2.	. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?								
3.	for violation of any familiary familiary for municipality?	offenses presently pe ederal laws, any Wisc us of charges pending	consin laws, any lav	ws of othe	er states or	ordinances of a	ny county or		i No
4.	organization or men	u making application finber/manager/agent copermit?	of a limited liability of	company	holding or	applying for any	other alcoho		: No
					and Type of Lice				
5.	member/manager/a	are you an officer, dire gent of a limited liabili nit or wholesale liquor	ity company holdin	g or apply	ying for a w	holesale beer pe	ermit,		i No
		•	ale Licensee or Permittee)			(Ac	ddress By City and	d County)	
		ust list in chronologica		nployers.				TT.	
	Employer's Name	Emp	loyer's Address	SI .	10.	Employed F		Dage	2.4
	Se I+ Employer's Name	30	0749 1365 loyer's Address	74. N.	ew Aub	urr 1-	· <i>1-</i> 78	Pres	40
						Employed F	rom	To	

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

Mach Asignature of the sime of Individual)

Submit to municipal clerk.

Ind	ividual's Full Name (please print) (last name)		(first name)		(middle na	ame)	
	Johnson	8	Lisa		~	1	8:
Hor	me Address (street/route)	Post Office	City		State	Zip Code	
	501 West St.			olfax	WI	54730	
Hor	me Phone Number		Age Date	of Birth	Place of B	irth Claire, w	
	715.962-2829		43		Eau	Claire, w)I
The	e above named individual provides the fo	ollowing information a	ıs a person wi	no is (check one):			
	Applying for an alcohol beverage licens			,			
	A member of a partnership which is m		an alcohol be	verage license.			
		of					
	(Officer / Director / Member / Manager / Age		(Name of C	Corporation, Limited Liability Comp	any or Nonprofi	t Organization)	
	which is making application for an alco	hol beverage license					
The	e above named individual provides the fo	ollowing information t	o the licensing	authority:			
	How long have you continuously resided	•		43 years			
	Have you ever been convicted of any of				or		
	violation of any federal laws, any Wisco						
	or municipality?					Yes	No
	If yes, give law or ordinance violated, tri	al court, trial date an	d penalty imp	osed, and/or date, descr	iption and		
	status of charges pending. (If more room	n is needed, continue or	reverse side o	f this form.)			
			· · · · · · · · · · · · · · · · · · ·		<u> </u>	,	
3.	Are charges for any offenses presently	pending against you	other than tra	The unrelated to alcohol	peverages)	
	for violation of any federal laws, any Wimunicipality?	sconsin laws, any lav	vs or other sta	tes or ordinances or any	County of	Yes	14 No
	If yes, describe status of charges pendi			Tallaria (n. a. raina) accessorativas especiales especiales			()
	Do you hold, are you making application		ficer, director	or agent of a corporation	/nonprofit		
	organization or member/manager/agent					l	
	beverage license or permit?						Mo
	If yes, identify.						
				oo of License/Permit)			
	Do you hold and/or are you an officer, d					Г	
	member/manager/agent of a limited liab						
	brewery/winery permit or wholesale liqu	or, manutacturer or r	ectifier permit	in the State of Wisconsi	n?	Yes	NO
	If yes, identify.						
_	•	lesale Licensee or Permittee)		(Addre	ess By City and	County)	
	Named individual must list in chronolog		ipioyers.	Employed From	m	То	
	Employer's Name En	mployer's Address	51	200	_	Para	_
	Duthouse	mplover's Address	~ ンナ・	Employed From		TO	μ
	Employer's Name En	ripioyer's Address				1'~	
100	1.2 0.40-	Meromo		1 200	V)	2667	

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

Renewal Alcohol I	Beverage Li	lication	Applicant's Wisconsin Seller's Per		
(Submit to municipal clerk. R	ead instructions	on page 3.)		456 102899 16	720 OY
•			2000	47 467239	5
For the license period beginning	ng: 1-1-20 (mm dd yyyy)	દ્રા ending: <i>પ્</i>	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of	0.00		Class A beer	\$
To the Governing Body of the:	Village of }	Colfax		Class B beer	\$ 100.00
	City of			Class C wine	\$
Countries Director		Aldarmani	a Diet No	Class A liquor	\$
County of Dunn		Aldermani (if require	c Dist. No by ordinance)	Class A liquor (cider only)	\$ N/A
		(ir required	a by ordinariou,	Class B liquor	\$ 4/00.00
Check one: Individual	Limited Liabilit	y Company		Reserve Class B liquor	\$
Partnershìp	Corporation/No		tion	Class B (wine only) winery	\$
		1 3		Publication fee	\$ 22.50
Complete A or B. All must o	omplete C.			TOTAL FEE	\$ 522.50
A. Individual or Partnership	:			·	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
B. LLC or Corporation (and	Agent):				
Full Legal Name of Corporation / None	profit Organization / Limit	ed Liability Company	Address of Corporation /	Limited Liability Company (if different fro	om licensed premises)
Young Active				in St. Colfor WF.	
All corporations/organizations liquor must appoint an agent.	or limited liability c	ompanies appiyin	g for a license to se	ell lermented mait beverages a	and/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
J ,	Alica	m	_	Hen St. Colfan WI	54730
young		*			5.,00
All Officer(s) Director(s) of (President / Member Last Name				City or Post Office, & Zip Code)	
President / Member Last Name	(First)	(Middle Name)			- re-own
Vice President / Member Last Name	Alicia	m	706 516	Hen St Colfax WI , City or Post Office, & Zip Code)	54730
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	A
2					
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
C. Business Information					a - = = =
1. Trade Name _ V. Kin	s Bowl a	hounge	Business Ph	one Number <u>115-962-</u>	
 Trade Name	108 Mair	St.	Post Office 8	Zip Code Colfaso 5	4730
Does the applicant unders and brewpubs?				rom Wisconsin wholesalers, bi Yes	reweries 🔲 No
Premises description: Description of the include all rooms including records. (Alcohol beverage)	g living quarters, if	used, for the sale	es, service, consum	are to be sold and stored. The price of alcohorible	he applicant mus nol beverages and
	-				
	may age				

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)	(middle na	ame)						
Louns	Alicia	M	٠.						
Home Address (street/route) Post Office	City	State	Zip Code						
706 Slotten St	Colsar	WI	54736						
Home Phone Number	Age Date of Birth	Place of B	\sim 1.7 $^{\circ}$						
715 781 0598	54	Lan	MON, UK						
The above named individual provides the following information	n as a nerson who is <i>(che</i>	ck one):							
Applying for an alcohol beverage license as an individua		,,							
A member of a partnership which is making application in		cense.							
Manager of Young Active Ventures LLC (Officer / Director / Manager / Agent) of Young Active Ventures LLC									
which is making application for an alcohol beverage licens	se.								
The above named individual provides the following information	n to the licensing authorit	¥							
1. How long have you continuously resided in Wisconsin prior		5 years							
2. Have you ever been convicted of any offenses (other than									
violation of any federal laws, any Wisconsin laws, any laws or municipality?	s of any other states or or	dinances of any county	Yes X No						
If yes, give law or ordinance violated, trial court, trial date a									
status of charges pending. (If more room is needed, continue									
C. A	u (ather than troffic uprol	ated to alcohol beverages	1						
3. Are charges for any offenses presently pending against yo for violation of any federal laws, any Wisconsin laws, any I	aws of other states or or	dinances of any county or	,						
municipality?			Yes X No						
If yes, describe status of charges pending.									
4. Do you hold, are you making application for or are you an	officer, director or agent of	of a corporation/nonprofit	ı						
organization or member/manager/agent of a limited liability beverage license or permit?									
If yes, identify.			- Asserts 740						
(/\	Name, Location and Type of License								
5. Do you hold and/or are you an officer, director, stockholder			Г						
member/manager/agent of a limited liability company holdi	ing or applying for a whole	esale beer permit,	Voe VI No						
brewery/winery permit or wholesale liquor, manufacturer o	r recuiler permit in the St	ate of wisconsing	. les XIII						
(Name of Wholesale Licensee or Permitte	ee)	(Address By City and	f County)						
6. Named individual must list in chronological order last two	· ·	, , , ,							
Employer's Name Employer's Address	Colhar	Employed From	To .						
Whitetail Golf 8414 7604	h Ave. WI 54	130 3/2008	12/2014						
Employer's Name Employer's Address	Menomon	" m l. cca-	1112007						
Walmart 6120 3m	DT W1 5475	1 10/1903	111 300						

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

Kenewal Alconol I (Submit to municipal clerk. R	_	lication	456-1026446429-02			
For the license period beginning			30 2022	FEIN Number 27-1107309	.i. == = =	
For the license period beginning	(mm dd yyyy)	ending: 06	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	o FEE	
T	Town of	T E'A Y		✓ Class A beer	\$ 10	
To the Governing Body of the:	Village of	JUL AV		Class B beer	\$	
	☐ City of			Class C wine	\$ 4	
County of DUNN		Aldermani	c Dist. No	☐ Class A liquor	\$	
,			by ordinance)	Class A liquor (cider only)	\$ N/A .	
	_	, .	,	☐ Class B liquor	\$	
Check one: 🔲 Individual	Limited Liability			Reserve Class B liquor	\$	
☐ Partnership	☐ Corporation/No	nprofit Organizat	ion	Class B (wine only) winery		
Complete A or B. All must o	complete C			Publication fee	\$ 22	
	-			TOTAL FEE	\$ 32.	
A. Individual or Partnership		Tarres	Tu (9: 4	0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0		
Full Name (Last)	(First)	(Middle Name)		City or Post Office, & Zip Code)		
Thaler	Steven	M		t Chippewa Falls, WI	54729	
Full Name (Last)	(First)	(Middle Name)		City or Post Office, & Zip Code)	2 a	
Thaler	John	Т		t Chippewa Falls, WI	54729	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
				¥8	- F	
B. LLC or Corporation (and a	Agont):			KC		
Full Legal Name of Corporation / Nonp		d J (ability Comment)	Address of Commention / I	instand Linklik. On the court fit different for		
J & S Sales of Chipp			Address of Corporation / L	imited Liability Company (if different fr	om licensea premises)	
				F.		
All corporations/organizations liquor must appoint an agent.	or limited liability co	mpanies applying	g for a license to se	Il fermented malt beverages a	and/or intoxicating	
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
DEMOE	RONDI		PO BOX 251 C	OLFAX, WI 54730		
All Officer(s) Director(s) of C	Corporation and Me	embers / Manage	ers of Limited Liab	ility Companyi		
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)		
		` '		③	E 4700	
Thaler Vice President / Member Last Name	Steven	M (Middle Norse)		t Chippewa Falls, WI	54729	
	(First)	(Middle Name)		City or Post Office, & Zip Code)		
Thaler	John	t		t Chippewa Falls, WI	54729	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
				i Nfi		
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	5.0	
				(주)	, 31 %	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	3 80	
				((4))	v 290.	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	7 :	
				(20)	- 4	
C. Business Information				8.4%		
1. Trade Name Express M	lart		Business Pho	ne Number 715-962-3241	L	
2. Address of Premises 616				Zip Code COLFAX, WI 54		
		nurahana alaska		2001		
Does the applicant unders and brewpubs?					eweries	
 Premises description: De include all rooms including records. (Alcohol beverag 	g living quarters, if u	ised, for the sale:	s, service, consump	tion, and/or storage of alcoh		
Convenience Store		-		185		
COUNCILIENCE DEGLE				950		
				8	14	

AT-115 (R. 5-19)

Wisconsin Department of Revenue

5.	Legal description (omit it street address	is given on previous pa	age): Convenience	Store		1 3
6.	a. Since filing of the last application, he member, officer, director, manager organization licensee been convict for violation of any federal laws, any or municipality? If yes, complete p	or agent for either a ling ed of any offenses (e Wisconsin laws, any	nited liability company excluding traffic offens laws of other states, o	vicensee, or nonprofit les not related to alcohol) or ordinances of any county		☑ No
	b. Are charges for any offenses prese the named licensee or any other per				Yes	∠ No
7.	Except for questions 6a and 6b, have by you on your last application for this				. 🔲 Yes	☑ No
(1	by you on your last application for time	nochiac: II yes, expir		(INC
					- 0,	
				÷		a
	2			÷	- 3	8 (8
	s 				. 9 '	3
٥	Mos the profit or loss from the selection			# # \ \ \ \ \ \ \ \ \ \ \ \ \ \	4 .	
ö.	Was the profit or loss from the sale of all or Franchise Tax return of the licensee?					□ No
	or ransmos tax rotarn or the hospitoos.	ii iiot, explaiii		#8	E ICS	
	Z				<u> </u>	
				*	2	
	· · · · · · · · · · · · · · · · · · ·				-	
^				į.		
9.	Does the applicant understand they mu [phone (608) 266-2776]	st hold a Wisconsin Se	eller's Permit?		Yes Yes	∐ No
	[phone (000) 200-2770]			Ą	20	
10.	Does the applicant understand that alco	hol beverage invoices	must be kept at the lice	ensed premises for 2 years	4 4	
	from the date of invoice and made availa	able for inspection by la	aw enforcement?		✓ Yes	☐ No
				88	100	
11.	Is the applicant indebted to any wholesa	aler beyond 15 days fo	r beer or 30 days for li	quor?	☐ Yes	✓ No
40	5			/&:	, a	
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be detassessments or other fees).					∠ No
	assessments of other lees).			0.60		
_				4		
bee app and voic this	AD CAREFULLY BEFORE SIGNING: Use truthfully answered to the best of the kelication; that the applicant has read and correct. The undersigned further undersigned further undersigned further under application. Any person who knowingly in \$1,000.	nowledge of the signer. made a complete answ stands that any license blicant may be prosecu	The signer agrees that wer to each question, as sissued contrary to Ch ted for submitting false	at he/she is the person name and that the answers in each apter 125 of the Wisconsine e statements and affidavits	ed in the for n instance a n Statutes s in connecti	regoing are true shall be ion with
Con	ntact Person's Name (Last, First, M.I.)		Title / Member	Date		
Th	aler, Steven M.		Member	5/5/	2021	
Sign	nature		Phone Number	Email Address		
	Em linler		715-723-2822	www.thale:	coil.com	ı
	2 /			% %		
то	BE COMPLETED BY CLERK			Si.		
	e received and filed with municipal clerk	Date reported to council / b	oard	Date license granted		
	5-10-2021			34		
Lice	ense number issued	Date license issued		Signature of Clerk / Deputy Clerk		
				Mick Din	me	
_		1		710	31	

Submit to municipal clerk.

Individual's Full Name (please print) (last	name)	(first name	e)		(middle n	ame)	
THALER	S	TEVEN		4	M	1	
Home Address (street/route)	Post Office		City		State	Zip Code	
310 S MAIN ST	CHIPPEWA		CHIPPEWA F	ΔΙΙς	wı	54729	
Home Phone Number	OTHIT EVVI	Age	- de of Dirth	\LLO	Place of B		27
715-723-2822		68			CHIP	PEWA FAL	LS
he above named individual provide	e the following information	as a nors	son who is tobook or	10):	6	18	÷
	•		SOIT WITO IS (CHECK OF	ie).		19	*
Applying for an alcohol beverag						18	6
A member of a partnership whi			-			/2	5
STEVEN THALER (Officer / Director / Member / Man			S OF CHIPPEV ame of Corporation, Limited			it Organization)	-
which is making application for a			ame or Corporation, Emilied	Liability Company	or Nonproi	it Organization)	
he above named individual provide	s the following information	to the lice	ensing authority				
. How long have you continuously				,			
 How long have you continuously Have you ever been convicted of 				vorages) for			
violation of any federal laws, any	•			- ,	county		
or municipality?	•		ner states or ordina	iloca of arry t	Curity	Yes	₩ No
If yes, give law or ordinance viola			v imposed, and/or d	late, descript	ion and		
status of charges pending. (If mo				,			88
3			,				6
Are charges for any offenses pre	sently pending against you	u (other th	an traffic unrelated	to alcohol be	verages) 100	-0:
for violation of any federal laws, a		•			-		
municipality?						🗌 Yes	✓ No
If yes, describe status of charges					5		
. Do you hold, are you making app							66
organization or member/manage							()
beverage license or permit?	• • • • • • • • • • • • • • • • • • • •				· · · · · · ·	Yes	∠ No
If yes, identify.	761-		and Type of License/Permi				
De very held and/an are very as af				i i		_	
. Do you hold and/or are you an of						r	
member/manager/agent of a limit brewery/winery permit or wholesa							
If yes, identify.	ale liquor, manufacturer of	recuiei p	ennit in the State o	i wisconsin:		Yes	✓ No
				*	D. 0%1		
Named individual must list in chro	e of Wholesale Licensee or Permittee	•		(Address.	By City and	County)	(8) (a)
Employer's Name	Employer's Address	inployers.		Employed From .		То	a.
THALER OIL CO		CF, WI 54	I.	01/01/1968		PRESENT	66. 64.
Employer's Name	Employer's Address	JF, VVI 32		Employed From		To	7.
Employer's Name	Employer a Address			Linployed From			10
L							77
				2.0			
EAD CAREFULLY BEFORE SIGN	ING: Under penalty provi-	ded by la	w, the undersigned	states that e	ach of th	ne above ques	stions has
een truthfully answered to the best							
oplication; that the applicant has rea							
orrect. The undersigned further undender penalty of state law, the application							
on. Any person who knowingly prov							
2.7 percent this knowingly prov	.223 materially lates milotti		Sepplication illay)	77	,56.6	\$ 1,000
			1	/1/~	Dax.	. 1	
			Jun	Skyriature	of Named In	ndividual)	*
				7 .			
				2 X 2			

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name)			e)	(middle	name)	
THALER	J	OHN		*** **	Г	- × •
Home Address (street/route)	Post Office		City	State	Zip Code	8
310 S MAIN ST	CHIPPEWA		CHIPPEWA FALLS	. ∤ wi	54729	20
Home Phone Number	OTHE 1 EVVI	Age	Date of Birth	Place of		#
715-829-5510		53	15.00	CHIP	PEWA FAL	LS
The above named individual provides the fole Applying for an alcohol beverage licensed Amember of a partnership which is made JOHN THALER (Officer / Director / Member / Manager / Agent which is making application for an alcoholom The above named individual provides the fole 1. How long have you continuously resided 2. Have you ever been convicted of any offer violation of any federal laws, any Wiscons or municipality?	e as an individual. king application fo	e. to the lice to this da raffic unre	thol beverage license. IS OF CHIPPEWA FAR arms of Corporation, Limited Liability The ensing authority: The ensi	es) for county	ofit Organization)	✓ No
If yes, give law or ordinance violated, trial status of charges pending. (If more room is				escription and	3	
 Are charges for any offenses presently perfor violation of any federal laws, any Wiscomunicipality?	onsin laws, any la d. for or are you an or of a limited liability	ws of oth fficer, dire company	er states or ordinances of ector or agent of a corpora holding or applying for ar	any county or tion/nonprofit y other alcoho	Yes	
 Do you hold and/or are you an officer, dire member/manager/agent of a limited liabili brewery/winery permit or wholesale liquor If yes, identify. 	ector, stockholder, ty company holdin , manufacturer or ı	agent or g or appl rectifier p	employe of any person or ying for a wholesale beer	permit,	-	✓ No
•	ale Licensee or Permittee)		(Address By City and	d County)	
6. Named individual must list in chronologica Employer's Name Employer's Name	al order last two en oyer's Address	nployers.	Te	IF	Tr.	
		·E \A/I E/	Employed 01/01/		TO DDECENT	
	oyer's Address	F, WI 54	Employed	4	PRESENT To	
/ 				72	-I	
READ CAREFULLY BEFORE SIGNING: Up been truthfully answered to the best of the kn application; that the applicant has read and morrect. The undersigned further understands under penalty of state law, the applicant may tion. Any person who knowingly provides mat	owledge of the sig ade a complete and that any license is be prosecuted for	ner. The swer to ea sued con submittin	signer agrees that he/she ach question, and that the trary to Chapter 125 of the g false statements and aff this application may be red	is the person answers in ea Wisconsin St idavits in con	named in the ch instance are atutes shall be nection with this to more that	foregoing e true and void, and s applica-

Submit to municipal clerk.

In	ndividual's Full Name (please print) (last name)		(first name	6.4		(middle na.	_ *	
1	Iverson-DeMoe		Kono	11		Lyni	\cap	
Н	ome Address (street/route)	Post Office		City		State .	Zip Code	
	703 Pine St.	POBOXA	51	Colfa	74	W_{l}	54730	
Н	ome Phone Number		Age	Date of Birth		Place of Bi	"Claire	1.7
	715-556-3794	9	65			لمع	ullune	WI
★ □ □ Th 1.	Applying for an alcohol beverage license. A member of a partnership which is ma (Officer / Director / Member / Manager / Agent which is making application for an alcohole above named individual provides the following have you continuously resided it Have you ever been convicted of any offer violation of any federal laws, any Wiscons or municipality?	owing information as an individual. king application fo of of bl beverage license owing information n Wisconsin prior nses (other than to	r an alcol (Na e. to the lice to this da raffic unre of any oth	ensing authority: te?	nse. Ited Liability Company Deverages) for nances of any company	county		⋈ No
3.	If yes, give law or ordinance violated, trial status of charges pending. (If more room is Are charges for any offenses presently perfor violation of any federal laws, any Wisc municipality?	needed, continue on the same of the same o	other th	side of this form.) an traffic unrelate er states or ordina	ed to alcohol be	verages) ounty or	Yes	⊠ No
4.	Do you hold, are you making application forganization or member/manager/agent obeverage license or permit?	or or are you an or f a limited liability	company	holding or applyi	ng for any othe	r alcohol	Yes	No
				and Type of License/Pe		,,		
5.	Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?							
6.	Named individual must list in chronologica	ile Licensee or Permittee) Il order last two en			[Addiess i	By City and C	//	
		oyer's Address OS Main (ewa Ni	Employed From		₁₀ Susse	∩ †
5		oyer's Address Collo Main			Employed From		То	
.,	M.	V.						

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

Prondi Demol
(Signature of Named Individual)

Renewal Alcohol	Beverage Li	cense App	olication	Applicant's Wisconsin Seller's Peri	
(Submit to municipal clerk. F	Read instructions	on page 3.)		450 102 559 FEIN Number	184603
	7-1-200	1 /	. 30. 1017	26 0207	158
For the license period beginn			(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	Town of	110.		Class A beer	\$ 10.00
To the Governing Body of the	: 🗹 Village of }	Lotax		Class B beer	\$
	City of			Class C wine	\$
County of Duna		A 1 -1	to Disk No.	Class A liquor	\$ 50.00
County of Santa (ic Dist. No d by ordinance)	Class A liquor (cider only)	\$ N/A
		(ii require	u by oromance)	Class B liquor	\$
Check one: Individual	Limited Liability	/ Сопралу		Reserve Class B liquor	\$
☐ Partnership	☑ Corporation/No	, ,	tion	Class B (wine only) winery	\$
_ rannership	E Corporation/14	oripront Organiza	don	Publication fee	\$ 22.50
Complete A or B. All must of	complete C.			TOTAL FEE	\$ 82.50
A. Individual or Partnership	·				+ 821.30
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
. ,			,		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
B. LLC or Corporation (and	Agent):				
Full Legal Name of Corporation / Nonp	• ,	d Liability Campany	Address of Corporation (1)	maikad Linkilik Canana, 116 different San	
		d Liability Company	Address of Corporation / Li	mited Liability Company (if different from	n licensed premises)
Kyles Market					
All corporations/organizations liquor must appoint an agent.	or limited liability co	mpanies applying	g for a license to sel	I fermented malt beverages ar	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Kressin	Kyle	A.	N8441 G.R	ed m Golfax	
All Officer(s) Director(s) of C	Corporation and Me	embers / Manag	ers of Limited Liabi	lity Company:	
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
		Λ		_	- ~,,,,,,,,
Kresion / Member Last Name	Kyle (First)	(Middle Name)	ודדטטו נ	Rd M GICAX WI City or Post Office, & Zip Code)	54 130
	1' . '	11	34		I
Kressin	Nicholas	N	2789 23.2	St Elkmound WI	54739
Secretary / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Treasurer / Member Last Name	Claudia	J	N8441 COF	edm Colfax, WI	54730
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, C	city or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, C	ity or Post Office, & Zip Code)	
C. Business Information		id			
1. Trade Name Kulas	Market		Business Phon	e Number 115.962	- 3585
2. Address of Premises	5 main	St.		ip Code Colfax W	
Does the applicant understand brewpubs?			beverages only from		weries 🔲 No
 Premises description: De- include all rooms including records. (Alcohol beverage 	living quarters, if u	sed, for the sales	s, service, consumpt	ion, and/or storage of alcohol	applicant must beverages and
Liquor	is stored	inroom	by front r	esisters	
_ Cold b	sect is in	beer can	e ·	> *	
11200	1000 15 mm	c . 100 [1	- h. L.	6 0 . 0	

Submit to municipal clerk.

In	dividual's Full Name (please print) (last name)		(first nam	re)		middle na	me)	
""	h ~ 455 ~	Kulo	discounting to		Alan			
Ho	ome Address (street/route)	Kyle Post Office		City		State	Zip Code	
	N8441 GORD M			Colsas		WI	5473	٥
Н	ome Phone Number	=	Age	Date of Birth		Place of Bi		
	715.942-2291		58			Bloo	mer WI	-
Th	e above named individual provides the fo	ollowing information	as a per	son who is (check one):				
Г	Applying for an alcohol beverage licens							
F	A member of a partnership which is m			hol beverage license.				
Y				7554 PSS 2 8559 Rd 5550	Inc.			
1.1.	(Officer / Director / Member / Manager / Age	ent)	(N	ame of Corporation, Limited Lia	bility Company o	r Nonprofit	Organization)	
	which is making application for an alco	hol beverage licens	e.					
Th	e above named individual provides the fo	ollowing information	to the lic	ensing authority:				
	How long have you continuously resided				1015			
	Have you ever been convicted of any of							
۲.	violation of any federal laws, any Wisco	nsin laws, any laws	of any of	ther states or ordinance	es of any co	unty		
	or municipality?						Yes	🔀 No
	If yes, give law or ordinance violated, tri	al court, trìal date ar	nd penalt	y imposed, and/or date	e, descriptio	n and		
	status of charges pending. (If more room	is needed, continue o	n reverse	side of this form.)				
3.	Are charges for any offenses presently	pending against you	(other th	nan traffic unrelated to	alcohol bevi	erages)		
	for violation of any federal laws, any Wis						Yes	X No
	municipality?		eres es				[res	► IND
1	If yes, describe status of charges pendir Do you hold, are you making application	ng.	fficer dir	ector or agent of a corr	noration/nor	profit		
4.	organization or member/manager/agent	of a limited liability	company	holding or applying fo	or any other	alcohol		
	beverage license or permit?						Yes	▼ No
	If yes, identify.							
	, 500, 1211,5	(Na	me, Location	and Type of License/Permit)				
5.	Do you hold and/or are you an officer, di					tion or		
	member/manager/agent of a limited liab	ility company holdin	g or appl	lying for a wholesale be	eer permit,			
	brewery/winery permit or wholesale lique	or, manufacturer or	rectifier p	permit in the State of W	visconsin?.		Yes	X No
	If yes, identify.							
	•	esale Licensee or Permittee)			(Address By	City and C	County)	
	Named individual must list in chronologi		nployers.					
		ployer's Address			ployed From		" Prese	+
	Kyles Market Inc. Employer's Name Em	115 main	→ +C		1-2004		-	
			. ئے	'	ployed From		7-2004	,
	Kirkwoods Market	115 mais	一方		9-1991		1-000	
		52						

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

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)		(middle name)
Krissin	Nicholas		Norbert
Home Address (street/route) Post Off			State Zip Code
Home Address (street/route) Post Off N981) 55015 5+		Ifan	WF 54730
Home Phone Number 715 - 505 - 7343	Age Date of Bit	th	Chippuon Fulls
The above named individual provides the following in Applying for an alcohol beverage license as an in A member of a partnership which is making ap Vice President (Officer / Director / Member / Manager / Agent)	individual. plication for an alcohol bevera		or Nonprofit Organization)
which is making application for an alcohol bever	age license.		
 The above named individual provides the following in How long have you continuously resided in Wisco Have you ever been convicted of any offenses (or violation of any federal laws, any Wisconsin laws or municipality? If yes, give law or ordinance violated, trial court, the status of charges pending. (If more room is needed) 	onsin prior to this date? ther than traffic unrelated to a , any laws of any other states rial date and penalty imposed	alcohol beverages) for or ordinances of any control and any control and any control and and and and and are descripted.	ounty Yes Vo No
 3. Are charges for any offenses presently pending a for violation of any federal laws, any Wisconsin lamunicipality?	aws, any laws of other states e you an officer, director or ag ed liability company holding o	or ordinances of any co	unty or Yes No nprofit alcohol
	(Name, Location and Type of	License/Permil)	
 Do you hold and/or are you an officer, director, st member/manager/agent of a limited liability comp brewery/winery permit or wholesale liquor, manuf If yes, identify. 	any holding or applying for a	wholesale beer permit, ne State of Wisconsin?.	Yes 📝 No
(Name of Wholesale License		(Address B	by City and County)
6. Named individual must list in chronological order		Employed From	То
Employer's Name Employer's Add	ress	2011	Drant
Employer's Name Employer's Add	ress	Employed From	To
1	1000	2005	2012
military		0005	SW 181
READ CAREFULLY BEFORE SIGNING: Under pe been truthfully answered to the best of the knowledg application; that the applicant has read and made a correct. The undersigned further understands that an under penalty of state law, the applicant may be prostion. Any person who knowingly provides materially for the AT-103 (R. 7-18)	e of the signer. The signer agomplete answer to each questy license issued contrary to Cecuted for submitting false stalse information on this application.	grees that he/she is the tion, and that the answe hapter 125 of the Wisco atements and affidavits cation may be required to	person named in the foregoing rs in each instance are true and usin Statutes shall be void, and in connection with this applicate forfelt not more than \$1,000.
AT-103 (R.7-18)	re>>''\		Wisconsin Department of Revenue

Renewal Alcohol i	Beverage Li	cense App	olication	Applicant's Wisconsin Seller's Perr	nit Number
(Submit to municipal clerk. R	ead instructions	on page 3.)		FEIN Number	
For the license period beginni	na: 07 01 2021	ending: 0.6	30 2022	39-1764869	
	(mm dd yyyy)	Ondg.	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEÉ
Talla Carrent Ball (d	Town of	OLFAX		✓ Class A beer	\$ 16.00
To the Governing Body of the	City of	Olifax		☐ Class B beer	\$
	☐ City of 7			Class C wine	\$
County of DUNN			ic Dist. No	Class A liquor	\$
		(if require	d by ordinance)	Class A liquor (cider only)	\$ N/A
Check one: Individual	Limited Liabilit	v Compony		Class B liquor	\$
Partnership	✓ Corporation/No		tion	Reserve Class B liquor	\$
_ Faithership	V Corporation/14	Jilpiulit Olyaniza	uon	Class B (wine only) winery Publication fee	\$ 22.50
Complete A or B. All must of	complete C.			TOTAL FEE	\$ 32.50
A. Individual or Partnership	•			TOTALTEL	* 30.30
Full Name (Last)	(First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)	
(2003)	(,)	(madio riamo)	110,1107,144,1000 (0.1100	t, only of root office, a zip bodo,	
Full Name (Last)	(First)	(Middle Name)	Home Address (Stree	t, City or Past Office, & Zip Code)	
B. LLC or Corporation (and	Agent):				
Full Legal Name of Corporation / Nons		ed Liability Company	Address of Corporation /	Limited Liability Company (if different fro	m licensed premises)
SYNERGY COMMUNITY CO	OPERATIVE		PO BOX 155, F	RIDGELAND, WI 54763	
All corporations/organizations liquor must appoint an agent.	or limited liability o	ompanies applyin	g for a license to s	ell fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)	
BROWN	CHARLES		E8948 810TH	AVE COLFAX, WI 547	30
All Officer(s) Director(s) of C	Corporation and M	lembers / Manag	ers of Limited Lia	bility Company:	
President / Member Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)	
SCORE	DAVID		N12103 430T	H ST, BOYCEVILLE, WI	54725
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Cade)	
MOLLS JR	ROMAN	A	459 16TH AV	E ALMENA, WI 54805	
Secretary / Member Last Name	(First)	(Middle Name)		t, City or Post Office, & Zip Code)	
JOHNSON	BRIAN	R	N12038 890T	H ST COLFAX, WI 5473)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)	
KNUTSON	KYLE	L	N10037 CTY		30
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Stree	t, City or Post Office, & Zip Code)	
C. Business Information			ļ:		
1. Trade Name COLFAX CE	ENTEX		Rusiness Ph	one Number (715)962-317	2
2. Address of Premises 401		AVE		& Zip Code COLFAX 54730	
3. Does the applicant unders and brewpubs?	tand that they mus	t purchase alcoho	ol beverages only fi	rom Wisconsin wholesalers, bre	eweries 🔲 No
4. Premises description: De	escribe building or g living quarters, if	buildings where used, for the sale	alcohol beverages es, service, consum	are to be sold and stored. The aption, and/or storage of alcoho	e applicant mus
INSIDE OF BUILDING	G INCLUDE COO	LERS		·	
S 					

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	=2 .	(first name)	(mide	dle name)
Brown	Charles			
Home Address (street/route)	Post Office	City	State	Zip Code
N8227 CtyRO M		Colfax	: W:	E 54730
Home Phone Number		Age Date of Birth	Place	e of Birth
715-962-3545		40		Chippewa
770 742 30 70		·		
The above named individual provides the following	owing information a	s a person who is (checi	(one):	
Applying for an alcohol beverage license	as an individual.			
A member of a partnership which is ma	king application for	an alcohol beverage lice	ense.	nu i k
2 Charles Busson -	of	Synergy Coc	perative (oftex.
(Officer / Director / Mambar / Manager Agent)	58	ilted Liability Company or No	nprofit Organization)
which is making application for an alcoho	ol beverage license.			
The above named individual provides the following	owing information to	the licensing authority:		
1. How long have you continuously resided i				
2. Have you ever been convicted of any offe	nses (other than tra	iffic unrelated to alcohol	beverages) for	
violation of any federal laws, any Wiscons				y Yes X No
or municipality?	court trial date and	l nenalty imposed, and/	or date, description a	
status of charges pending. (If more room is			or date, deportphen a	7.00
ciatas er charges periung. (misse remiss		, 		
3. Are charges for any offenses presently pe	ending against you (other than traffic unrelat	ed to alcohol bevera	ges)
for violation of any federal laws, any Wisc				
municipality?				Yes No
If yes, describe status of charges pending 4. Do you hold, are you making application f	or or are you so offi	cer, director or agent of	a cornoration/nonpro	nfit
organization or member/manager/agent o	f a limited liability co	ompany holding or apply	ing for any other alc	ohol
beverage license or permit?				
If yes, identify.				
	'	e, Location and Type of License/P		
5. Do you hold and/or are you an officer, dire				1 Or
member/manager/agent of a limited liabilit brewery/winery permit or wholesale liquor	ty company noiding	or applying for a wholes	e of Wisconsin?	Yes No
If yes, identify.	, manufacturer or re	ounce pointing in the olds	3 31 44100311011111111	
	ale Licensee or Permittee)		(Address By City	and County)
Named individual must list in chronologica		oloyers.		
	oyer's Address	Λ	Employed From	To O
Sunergy (no.) Coltax	401 Railwas	Are	10-5	tresent
Employer vitamo	oyer's Address	,	Employed From	10-4-05
EKMOUND Cornerstoil	St. Hwi	12/29	10.4.4	10-4-0)
		175.		
READ CAREFULLY BEFORE SIGNING: Ur	nder penalty provide	ed by law, the undersign	ed states that each	of the above questions has
been truthfully answered to the best of the kn	owledge of the sign	er. The signer agrees the	nat he/she is the pers	son named in the foregoing
application; that the applicant has read and macorrect. The undersigned further understands	ade a complete ansi	wer to each question, an	d that the answers in	Statutes shall be void, and
under penalty of state law, the applicant may l	be prosecuted for s	ubmitting false statemer	its and affidavits in c	onnection with this applica-
tion. Any person who knowingly provides mate	erially false informa	tion on this application r	nay be required to fo	Heit not more than \$1,000.
		1 10		
		(the	SV (CONTROL SECTION
		\sim \sim	(Signature of Nac	ged Individual)

Renewal Alcohol I	•		olication	Applicant's Wisconsin Seller's Pe	6704
(Submit to municipal clerk. R	ead instructions o	on page 3.)		456 10303318 FEIN Number	2
For the license period beginning	7-1-20	21 Anding	(0-30-2022	85 1323689	1
For the license period beginning			(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	☐ Town of	C-10		Class A beer	\$
To the Governing Body of the:	Village of }	WITAY		Class B beer	\$ 100.00
	City of			Class C wine	\$
County of Dunn		Aldarmani	ic Dist. No	Class A liquor	\$
County of			d by ordinance)	Class A liquor (cider only) \$ N/A
		(ii roquiro	a by oranience,	Class B liquor	\$ 400.00
Check one: 🔲 Individual	Limited Liability	y Company		Reserve Class B liquor	\$
Partnership	Corporation/No	onprofit Organiza	tion	Class B (wine only) winer	у \$
·		•		Publication fee	\$ 22.50
Complete A or B. All must o	omplete C.			TOTAL FEE	\$ 522.50
A. Individual or Partnership	I.,				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
ruii Name (Last)	(t iist)	(wilddie (dame)	Tiome riddiess (officer,	only of 7 dol office, a Lip obdey	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
	A ()				
B. LLC or Corporation (and Full Legal Name of Corporation / Nonp		11:12:0	Add	inited Linklike Company, /if different	from lineared promise
_		141			
Moms Restaur				ner Aul #101 Colf	
All corporations/organizations iquor must appoint an agent.	or limited liability co	ompanies applyin	ig for a license to se	II fermented malt beverages	and/or intoxicati
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
All Officer(s) Director(s) of (`arparation and M	lambara / Manaa	ore of Limited Link	ility Company:	
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Λ	" '	(Middle Marrie)			1-12-
Barstad	Mark	ی	N8080 CH	1 Rd m Colfato W City or Post Office, & Zip Code)	T 34 150
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Gode)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(i list)	(Middle Name)	Home rearess (onest,	Only 51 1 out 51100; a 21p 5545;	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
			1		
C. Business Information	.1	- "!			
Trade Name	· Och	L. L. (1) J.	Pusinosa Pha	ne Number	2-4617
Address of Premises <u>a</u>	25 Bremer	Aue. #101	Post Office &	Zip Code <u>la Isax</u> .	54730
Does the applicant unders and brewpubs?					
 Premises description: De include all rooms includin records. (Alcohol beverage) 	g living quarters, if	used, for the sale	es, service, consum _l	otion, and/or storage of alco	The applicant m phol beverages a
_ Shelving:nh	allway, o	ffice fur	rnace room .	cooler	
J					

Submit to municipal clerk.

Indi	vidual's Full Name (please print) (last name)	(first name	e)	(middle n	· ·
	Barstare		man	rk	S.	
Hor	me Address (street/route)	Post Office		City	State	Zip Code
П	18080 Cty Rd M			Colfor	WI	54730
	me Phone Number		Age	Date of Birth	Place of	Birth
	715-704-0163		65		Eur	54730 Birth & Claire WI
_				4 1- ()		
l he	above named individual provides the			son wno is (check of	ne):	
	Applying for an alcohol beverage lice					
	A member of a partnership which is		r an alcoi	hol beverage licens	e.	
	(Officer / Director / Member / Manager /	of	(N	ame of Cornoration 1 imited	I Liabilily Company or Nonpro	fit Organization)
		,		ante di Corporation, Emmod	Liability Company of Hospita	
	which is making application for an al	iconoi beverage licensi	3 .			
	above named individual provides the					
1.	How long have you continuously resi	ded in Wisconsin prior	to this da	ate? 65 yea	ws .	
	Have you ever been convicted of any					
	violation of any federal laws, any Wis					
	or municipality?					Yes X No
	If yes, give law or ordinance violated,			•	nate, description and	
	status of charges pending. (If more ro	oom is needed, continue d	n reverse	side of this form.)		
3.	Are charges for any offenses present	lly pending against you	(other th	nan traffic unrelated	to alcohol beverages	s)
	for violation of any federal laws, any	Wisconsin laws, any la	ws of oth	er states or ordinar	nces of any county or	
	municipality?					Yes 🔀 No
	If yes, describe status of charges per	nding.				
	Do you hold, are you making applicate					
	organization or member/manager/ag					
	beverage license or permit?					Yes 📈 No
	If yes, identify.	(Na	me Location	n and Type of License/Perm	iill	
5	Do you hold and/or are you an officer	•				or
	member/manager/agent of a limited l					•
	brewery/winery permit or wholesale li					Yes V No
	If yes, identify.	1	•			
	(Name of V	Vholesale Licensee or Permittee)		(Address By City an	d County)
6.	Named individual must list in chronol	ogical order last two er	nployers			
1.0	Employer's Name	Employer's Address			Employed From	То
	ziii proj di di ridii d					1 (1)
		225 Bromer	Aue #	101	2020	Present
	Moms Postaurant & Public Employer's Name Wal Mart	225 Brown Employer's Address		101	ADAD Employed From	Present

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

Mark & Baratas

Renewal Alcohol I	_		lication	Applicant's Wisconsin Seller's Per	847 602
(Submit to municipal clerk. R				FEIN Number 82 28965	200
For the license period beginning	na: 7-1-2021	endina:	6-30-2022		208
For the license period beginning			(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	Town of	A-10-		Class A beer	\$
To the Governing Body of the:	Village of	Coltax		Class B beer	\$ 100.00
	City of			Class C wine	\$
County of Duna		Aldarman	ic Dist. No	Class A liquor	\$
County of			d by ordinance)	Class A liquor (cider only)	\$ N/A
		(ii require	2 by ordinarioo)	Class B liquor	\$ 400.00
Check one: Individual	Limited Liability	/ Company		Reserve Class B liquor	\$
Partnership	Corporation/No		tion	Class B (wine only) winery	
Faithership	Corporation/140	mpront Organiza	поп	Publication fee	\$ 22.50
Complete A or B. All must of	omplete C.			TOTAL FEE	\$ 522.50
•	•			TOTALTEL	₩ <u>``)&&</u> ;_U
A. Individual or Partnership					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Evil Name (Look)	(First)	(Middle Name)	Homo Addross (Street	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Tiorne Address (Offeet,	Only of 1 bat Office, a Zip obde,	
D. I.I.C u. Com uetion (and	A				
B. LLC or Corporation (and Full Legal Name of Corporation / Nonp				: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	am lineaged promises)
l .	and the second s				
The Blind -	riger LLC	•	512 Mais	St. Colfax WI	54 /30
All corporations/organizations liquor must appoint an agent.			g for a license to se	ell fermented malt beverages	and/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Anderson	N: Cholas	R		e St. Chippewa-Fall	15 UT 50179
	· · · · · · · · · · · · · · · · · · ·	*			J 60 P 3 1 /4
All Officer(s) Director(s) of 0	Corporation and M	embers / Manag	jers of Limited Liak	oility Company:	
President / Member Last Name	(First)	(Middle Name)	The state of the s	City or Post Office, & Zip Code)	
Anderson	Nicholas	R	233 Oive	St Changeder Fulls	WE 54729
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	St Chinge was Fulls City or Post Office, & Zip Code)	
Critica	Jessica	L.	222 21146	Si Chicaras Falls 18	T 54729
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Socretary Member Least Name	(1.1134)	(madic Hallio)			
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Directors /Managers Leet Name	(Firet)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Maille)	Home Address (Street,	City of Post Office, & Zip Gode)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
C. Business Information					11281
1. Trade Name	Blind Ti	ser	Business Pho	one Number 7/15-963	1-7201
2. Address of Premises	512 Main	St	Post Office &	Zip Code Colfar WI	54730
3. Does the applicant under and brewpubs?	tand that they mus	t purchase alcoh	ol beverages only fr	om Wisconsin wholesalers, b. Yes	reweries 🔲 No
Premises description: Dinclude all rooms including records. (Alcohol beverage)	g living quarters, if	used, for the sal	es, service, consum	ption, and/or storage of alcoh	he applicant must nol beverages and
<u> </u>	Bar + 91	111 4141			

Wisconsin Department of Revenue

AT-115 (R, 5-19)

Submit to municipal clerk.

ž		(5.)	,		(middle ===	nol	
Individual's Full Name (please print) (last name)		(first name	•		(middle nan	110/	
Anderson)	Nich	<i>6</i> 195		R		
Tiblile Address (subset subs)	Post Office		City	- 11	1.	Zip Code	20
233 Olive St			Chippeva 1	talls	WI	547	× 7
Home Phone Number		Age	Date of Birth		Place of Bir	th	
715. 456. 7453		38			Eau C	th laire, u	江
The above named individual provides the follo Applying for an alcohol beverage license: A member of a partnership which is make (Officer / Director / Member / Manager / Agent) which is making application for an alcohol The above named individual provides the follo How long have you continuously resided in Have you ever been convicted of any offen violation of any federal laws, any Wisconsi or municipality?	as an individual. ing application for of I beverage license wing information wisconsin prior ases (other than to a laws, any laws	r an alcol	ensing authority: late? 38 years alter to alcohol bever there states or ordinance.	Sages) for es of any contract.	ounty		∑ 4No
If yes, give law or ordinance violated, trial of status of charges pending. (If more room is status of charges for any offenses presently per for violation of any federal laws, any Wiscomunicipality?	needed, continue on ding against you onsin laws, any law or or are you an of	other the ws of oth	side of this form.) an traffic unrelated to er states or ordinance ector or agent of a corp	alcohol bevers of any co	verages) unty or nprofit	Yes	⊠. No
beverage license or permit? If yes, identify. 5. Do you hold and/or are you an officer, direct member/manager/agent of a limited liability.	(Naz ctor, stockholder, y company holdin	me, Location agent or g or appl	and Type of License/Permil) employe of any perso ying for a wholesale be	n or corpor	ation or		∑(No
brewery/winery permit or wholesale liquor, If yes, identify. (Name of Wholesal)	manufacturer or I		ermit in the State of W		By City and Co		∏ No
6. Named individual must list in chronological	order last two en	nployers.					
Employer's Name Employ	yer's Address			oloyed From		To	
Blind Tiger 5	12 Main	5+		2017		Presi	nt
	yer's Address		Emp	oloyed From		7017	
Let Beverage 2	Ean Cluire			2015		2017	
READ CAREFULLY BEFORE SIGNING: Undependent truthfully answered to the best of the knot application; that the applicant has read and macorrect. The undersigned further understands tunder penalty of state law, the applicant may be tion. Any person who knowingly provides mate	owledge of the sig de a complete an that any license is ne prosecuted for	iner. The swer to e sued con submittin	signer agrees that he ach question, and that trary to Chapter 125 o g false statements and	/she is the the answe f the Wisco d.affidavits	person na rs in each nsin Stati in connec	amed in the factorial instance are utes shall be continuously this continuously the continuously t	oregoing true and void, and applica-

(Signature of Named Individual)

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first nar	ne)	(middle name)
Cutter	Je59	Si Ca	L.
Home Address (street/route)	Post Office	City	State Zip Code
A33 DIVE SH		Chipsewa Falls	WI 54729
Home Phone Number	Age	Date of Birth	Place of Birth
715.829-1406	32		
The above named individual provides the follo	owing information as a pe	rson who is (check one):	
Applying for an alcohol beverage license	as an individual.		
A member of a partnership which is make	king application for an alc	ohol beverage license.	
	of		
(Officer / Director / Member / Manager / Agent)	(.	Name of Corporation, Limited Liability Compa	ny or Nonprofit Organization)
which is making application for an alcoho	ol beverage license.		
The above named individual provides the following	owing information to the li	censing authority:	
1. How long have you continuously resided i			
2. Have you ever been convicted of any offer		related to alcohol beverages) fo	
violation of any federal laws, any Wiscons			
or municipality?			
status of charges pending. (If more room is			Ston and
status of charges pending. (" more room is	The back, continue on revers	o side of this form.	
3. Are charges for any offenses presently pe	J , ,		
for violation of any federal laws, any Wisco			
municipality?			Yes X No
 Do you hold, are you making application for 	or or are you an officer di	rector or agent of a corporation/	nonprofit
organization or member/manager/agent or	f a limited liability compar	ly holding or applying for any oth	ner alcohol
beverage license or permit?			
If yes, identify.			
5 5 1 1 1 1 1 1 5 5 1 1	•	on and Type of License/Permit)	
Do you hold and/or are you an officer, dire member/manager/agent of a limited liabilit			
brewery/winery permit or wholesale liquor			
If yes, identify.	, manadada or or roomor	portine in the state of thesenen	
	ale Licensee or Permittee)	(Addres	ss By City and County)
6. Named individual must list in chronological	al order last two employer	S	
	oyer's Address	Employed From	
Blind Tiger	<u>512 main 5</u>	4 2617	
Blind Tiger Employer's Name Employer's Name Employer's Name	oyer's Address	Employed From	
Sand bar		2016	2017

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

MUNICIPAL USE ONLY **Application for Cigarette and** License Number **Tobacco Products Retail License** Submit to municipal clerk. Fee \$ 5.00 Por 158 Period Covered Thru 6-30-2022 Date of Issuance Applicant's Wisconsin 15-digit Sales Tax Account Number ← This must be issued in the same 456 102943847602 Legal Name of the licensee below. Legal Name (corporation, limited liability company, partnership or sole proprietorship) Federal Employer Identification No. (FEIN) 82 2896508 Trade or Business Name (if different than Legal Name) Telephone Number (7)5) 456.7453 Business Telephone Business Address (License Location) Business Located In (715) 962-4281 Town Municipality Zip Code County Dunn 54730 Mailing Address (if different than Business Address) State WI 54729 Organization (check one) Wisconsin Corporation – Enter date incorporated: るのけて Sole Proprietor ∃Nο Partnership Out-of-State Corporation - Are you registered to do business in Wisconsin? Yes Other (describe) 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from Y Yes No distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue? ∀ Yes 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing No untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.) X Yes ☐ No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner? √ Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (https://witobaccocheck.org) Y Yes 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)? Y Yes 6. Does the applicant understand that they may not sell single cigarettes? Y Yes ☐ No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products? Y Yes 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on □ No the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin? Cigarettes / Tobacco will be sold X over counter through vending machine both READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any por-tion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. mber / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

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

MUNICIPAL USE ONLY July - June 06/30/22 **Application for Cigarette and Tobacco Products Retail License** License Number **Submit** to municipal clerk COLFAX VILLAGE OF (TAX-WI) 613 Main St PO BOX 417 Colfax, WI Period Covered 54730 715-962-3311 \$0 JULY 1 2021-JUNE 30 2022 Date of Issuance Applicant's Wisconsin 15-digit Sales Tax Account Number ← This must be issued in the same 456-0000208845-05 Legal Name of the licensee below. Legal Name (corporation, limited liability company, partnership or sole proprietorship) Federal Employer Identification No. (FEIN) 61-0852764 DOLGENCORP, LLC Trade or Business Name (if different than Legal Name) Telephone Number 2622999755 DOLLAR GENERAL STORE (#11827 Business Address (License Location) Business Telephone Business Located In 120 MAIN ST City Village Town ⁽615⁾ 855-4000 County City State ZIP Code DUNN COLFAX 54730-9107 WI COLFAX VILLAGE OF (TAX-WI) Mailing Address (if different than Business Address) City State ZIP Code 100 MISSION RIDGE ATTN: TAX/LICENSING GOODLETTSVILLE TN37072 Vendor #287922, TOB 22, 0 Organization (check one) Sole Proprietor Wisconsin Corporation - Enter date incorporated: Partnership Out-of-State Corporation - Are you registered to do business in Wisconsin?

X Other (describe) Out of State Limited Liability Company registered to do business in Wisconsin YES 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers NO who hold a permit with the Wisconsin Department of Revenue? **≭** YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP- 129, revenue.wi.gov/forms/excise/ctp-129.pdf.) 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products x YES NO from another retailer, including transferring existing stock to a new owner? 4. Does the applicant understand that they must provide employees with tobacco sales training approved YES NO by the Wisconsin Department of Health Services? (https://witobaccocheck.org) NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco x YES products and nicotine products to minors (including electronic cigarettes containing nicotine)? NO 6. Does the applicant understand that they may not sell single cigarettes? x YES X YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products? 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the YES NO Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doi.state.wi.us/dls/tobacco-directory may be sold in Wisconsin? Cigarettes / Tobacco will be sold through vending machine both X over counter

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

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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

Application for Cigarette and Tobacco Products Retail License

iopacco Products Re	etali i	License		*:	19	8
Submit to municipal	clerk	\$5.00		Period (Covered	NE N
Casimi to mamorpar	ororn.	\ .		7/1/	/21 TO 6/30/	/22
Applicant's Wisconsin 15-digit Sales Tax Acc	ount Num	ber	st be issued in the same	Date of	Issuance	
456-1026446429-02			ame of the licensee below.	•		**
Legal Name (corporation, limited liability company,	nartnarchi			Federal	Employer Identification N	o (EEINI)
				1	, ,	J. (FEIIV)
J & S SALES OF CHIP Trade or Business Name (if different than Leg					1107309 ne Number	
EXPRESS MART	yai ivaille)	,		1 ') 723-2822	2
Business Address (License Location)			Business Located In		ss Telephone	
616 MAIN ST			City Village Town	1) 962-3241	
Municipality	State	Zip Code		County	7 302 32 11	
COLFAX	WI	54730	of: COLFAX	DUN	N	79
Mailing Address (if different than Business Ac		34730	Municipality	State	Zip Code	
310 S MAIN ST	,		CHIPPEWA FALLS	WI	54729	
Organization (check one)				8		
¬ · · · ¬	lieconei	n Corporation – Ent	er date incorporated:	8	4	- 9
		•	· · · · · · · · · · · · · · · · · · ·			
Partnership O	ut-of-St	tate Corporation – A	re you registered to do business in V	Viscons	sin?	∐ No
✓ Other (describe) LIMITED	LIAE	BILITY COMPA	ANY	€.		2.
				€.		. W
			that they must purchase cigarette			
	_	•	ers, who hold a permit with the Wi		•	
🖊 Yes 🗌 No 2. Does th	ne appli	cant understand the	at they must obtain a Tobacco Prod	ucts'Di	stributor permit if pu	rchasing
			an out-of-state company? (Toba			
			epartment of Revenue at 608-266	5-6701.	See application to	orm CTP
		wi.gov/dorforms/ct	W 57/			25
			that they cannot purchase/exchan			products
from a	nother	retailer, including ti	ransferring existing stock to a new	ownei	r?	:77
			at they must provide employees w			pproved
by the	Wiscor	isin Department of	Health Services? (https://witobac	ccoche	ck.org)	a a
Yes No 5. Does to	he app	licant understand t	that they may not sell, give or oth	erwise	provide cigarettes	/tobacco
			o minors (including electronic ciga			
✓ Yes	ne anni	icant understand t	hat they may not sell single cigare	ttes?		29
<u> </u>				•		51
			that cigarette and tobacco produ			
			from the date of the invoice and nue/law enforcement and that failu			
			ettes/tobacco products?	,	omply can result in	Cililina
			·	- (DVC	N tobacco producto	liated on
			at only cigarettes and roll-your-ow stice's website labeled "Directory o			
			.us/dls/tobacco-directory may be			aciui ei s
				330		
Cigarettes / Tobacco will be sold		ver counter	through vending machi	ine .	∐ both	ġ.
EAD CAREELII IV REEORE SIG	NING:	Under penalty pres	vided by law, the applicant states th	at again	of the above ques	tions has
			pplicant. Applicant agrees to operate			
), if granted, cannot be assigned to			
or-tion of a licensed premises dur	ing insp	pection will be deen	ned a refusal to permit inspection.	Such re	efusal is a misdeme	anor and
		y person who know	vingly provides materially false info	rmation	n on this applicat <u>i</u> or	may be
equired to forfeit not more than \$1	,000.	X	t.,,			4
		Ž.	Officer of Corporation Member / Manager of	Limited Li	ability Company / Partner	/ Individual)
			~			,

Applicable Laws and Rules

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

MUNICIPAL USE ONLY

License Number

			igarette a s Retail I			License	Number
Su	ıbmit to m	uni	cipal clerk.	Fee = \$ 5.00	0		ru 6.30.2022
CASE Description	Visconsin 15-digit		s Tax Account Num 5 4803	V 11110 11142	at be issued in the same ame of the licensee below.		Issuance
100 miles	(corporation, limited		y company, partnershi	p or sole proprietorship)		39	Employer Identification No. (FEIN) 1347846
Trade or Bus	siness Name (if d	ifferen	t than Legal Name)		(715	ne Number) 962 - 2425
Business Ad	dress (License Li	ocatio	ain St.		Business Located In City Village Town	(415	s Telephone (1) 962-3339
Municipality	Colfax		State WT	Zip Code 54730	of: Colfax	County	Dunn
Mailing Addr	ess (if different th		siness Address)		Municipality Co Ifax	State	Zip Code 54730
Organizati	on (check on	e)					
Sole P	Proprietor		Wiscons	in Corporation – Ent	er date incorporated:		
Partne	ership		Out-of-S	tate Corporation – A	re you registered to do business in	Wiscons	sin? Yes No
Other	(describe)						
∀ Yes	☐ No		distributors, je	obbers, or subjobb	that they must purchase cigarett ers, who hold a permit with the V	/ISCONSI	n Department of Nevende:
Yes	☐ No		untaxed toba available from 129, revenue	cco products from n the Wisconsin Do wi.gov/dorforms/ct		acco Pr 66-6701	. See application form CTP-
Yes	☐ No		from another	retailer, including t	that they cannot purchase/excha ransferring existing stock to a ne	w owne	1:
🗶 Yes	☐ No		by the Wisco	nsin Department of	nat they must provide employees of Health Services? (https://witob	accocne	ck.dig)
⋉ Yes	☐ No	5.	Does the app products and	olicant understand nicotine products t	that they may not sell, give or o to minors (including electronic ci	therwise garettes	e provide cigarettes/tobacco containing nicotine)?
🔭 Yes	No	6.	Does the app	olicant understand t	that they may not sell single ciga	rettes?	
Y Yes	☐ No		licensed prer Wisconsin De penalties, inc	nises for two years epartment of Rever cluding loss of cigar	that cigarette and tobacco proc s from the date of the invoice an nue/law enforcement and that fai rettes/tobacco products?	lure to o	comply can result in criminal
⋉ Yes	☐ No	8.	the Wisconsi	n Denartment of Ju	nat only cigarettes and roll-your-o stice's website labeled "Directory <u>ri.us/dls/tobacco-directory</u> may be	or cert	IIIEU TUDACCO Manarada ora
•	s / Tobacco			x over counter	through vending mad		both
been truth that the ri por-tion o grounds f	nfully answere ights and res f a licensed for revocation	ed to spons prem n of t	the best of the sibilities confer	e knowledge of the a red by the license(s	ovided by law, the applicant states applicant. Applicant agrees to operate, if granted, cannot be assigned med a refusal to permit inspection wingly provides materially false in the component of Corporation / Member Manager	to anoth	ner.Any lack of access to any refusal is a misdemeanor and

Applicable Laws and Rules

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

	0 1	ا ما			MUNICIPAL USE ONLY
Application for	Cigarette a	ana ·		License	Number
Tobacco Produ			1		
Submit to mu	nicipal clerk.	Fee=\$ 5.00	O	Period C	5ru 6-30-2027
					Issuance
Applicant's Wisconsin 15-digit S			t be issued in the same		
456-102 559	1866-03	Legal Na	me of the licensee below.	\	TO NO. NO. (FEIN)
Legal Name (corporation, limited lia	ability company, partnershi	p or sole proprietorship)			Employer Identification No. (FEIN) 6.0307158
Kyles Man Trade or Business Name (if diffie	ret Inc.				Wind Number
).			942-3585
Hyles Ma Business Address (License Loca	irket		Business Located In		s Telephone
	ain St.		City Village	Town ()
Municipality // // // // // // // // // // // // //	State	Zip Code	-6 0 10	County	Dunn
Village of Co	Ifax WI	54730	of: Colfax		
Mailing Address (if different than	Business Address)		Municipality	State	Zip Code
Organization (check one)		_		9 41 67	
Sole Proprietor			er date incorporated:		, n □ Van □ No
Partnership	Out-of-S	tate Corporation – A	re you registered to do bu	siness in Wiscons	sin? Yes No
Other (describe)					
	4 D 4	licest understand	that they must nurchase	cigarettes and	tobacco products only from
X Yes No	 Does the app distributors in 	ohhers or subiobb	ers, who hold a permit w	ith the Wisconsi	n Department of Revenue?
 □	O Desemble com	inant understand th	at they must obtain a Tob	acco Products Di	stributor permit if purchasing
X Yes No	untoxed toho	can producte from	an out-of-state compan	V (oddors Distributor berning to
	available fror	n the Wisconsin D	epartment of Revenue a	t 608-266-6701.	. See application form CTP-
	129, revenue	.wi.gov/dorforms/c	ip-129.pdf.)		
Y Yes No	3. Does the app	olicant understand	that they cannot purchas	se/exchange cig	arettes or tobacco products
	from another	retailer, including t	ransferring existing stoc	k to a new owne	I - fortains approved
⊀ Yes ☐ No	Does the app	licant understand th	nat they must provide em	ployees with toba	acco sales training approved
	by the Wisco	nsin Department of	Health Services? (http://www.	5.//Witobaccocine	manyida aigarattas/tabacca
Y Yes No	5. Does the app	olicant understand	that they may not sell, on to minors (including elec	live or otherwise tropic cidarettes	provide cigarettes/tobacco
					Johnson J. W. Land
🗴 Yes 🗌 No	Does the app	licant understand t	that they may not sell sir	igle cigarelles?	
🗴 Yes 🗌 No	7. Does the ap	olicant understand	that cigarette and toba	cco products in	voices must be kept on the
-	licensed prer	nises for two years	s from the date of the in	that failure to	ailable for inspection by the comply can result in criminal
	nenalties inc	spartment of Rever	rettes/tobacco products?		
v □ Na	0 Dthonn	linent understand th	ast only cigarettes and ro	II-vour-own (RYC	tobacco products listed on Tobacco Manufacturers
Y Yes No	the Wieconsi	n Denartment of Ju	stice's website labeled	Directory of Gert	ILLEG TODACCO Maria andra ore
	and Brands"	at www.doj.state.w	i.us/dls/tobacco-director	y may be sold in	Wisconsin?
Cigarettes / Tobacco w		ver counter	through vend		both
_					
READ CAREFULLY BE	FORE SIGNING	Under penalty pro	vided by law, the applica	nt states that each	th of the above questions has
been truthfully answered	I to the best of the	e knowledge of the a	pplicant. Applicant agree	sto operate and t	ner.Any lack of access to any
grounds for revocation	of this license. A	ny person who kno	wingly provides material	false information	on on this application may be
required to forfeit not mo	ore than \$1,000.		Ju.	An m	a
			(Officer of Corporation Vistembe)	Minager of Limited	Liability Company / Partner / Individual)

Applicable Laws and Rules

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_			- ()	0.1.10
Submit to	municipal clerk.	5 .	9 ⁰	7-1-2021 to 6.30
	5-digit Sales Tax Account Numb	er This mu	ust be issued in the same	Date of Issuance
456-102042	20796-02		lame of the licensee below.	
enal Name (corporation	limited liability company, partnership			Federal Employer Identification No. (FEIN)
	MMUNITY COOPE			39-1764869
	e (if different than Legal Name)	KAIIVE		Telephone Number
SYNERGY CO				(715) 879-5454
usiness Address (Licer			Business Located In	Business Telephone
•	*		City Village Town	(715) 962-3172
401 E RAIL	State	Zip Code	- City W Village I Iomin	County
			of: COLFAX	_ DUNN
COLFAX	ent than Business Address)	54730	Municipality	State Zip Code
P.O. BOX 7	,		ELK MOUND	WI 54739
			EDK MOOND	NAT 24123
ganization (chec	<u> </u>			/1.002
Sole Proprietor	Wisconsi	n Corporation – Er	nter date incorporated: 09/22/	1993
Partnership	Out-of-St	ate Corporation – /	Are you registered to do business ir	Wisconsin? Yes No
Other (describe	1			
• ,	(s =			
Yes No	untaxed tobac available from	co products from	n an out-of-state company? (Tol Department of Revenue at 608-2	oducts Distributor permit if purchasing pacco Products Distributor permit is 66-6701. See application form CTF
Yes No			that they cannot purchase/excharansferring existing stock to a new	ange cigarettes or tobacco product ew owner?
Yes No			that they must provide employees of Health Services? (https://witob	with tobacco sales training approved accocheck.org)
Yes No			that they may not sell, give or coto minors (including electronic ci	therwise provide cigarettes/tobaccogarettes containing nicotine)?
Yes No	6. Does the appl	icant understand	that they may not sell single ciga	arettes?
Yes No	7. Does the app	licant understand	that cigarette and tobacco pro-	ducts invoices must be kept on the
	licensed prem Wisconsin De	ises for two year partment of Reve	s from the date of the invoice ar	nd be available for inspection by the ilure to comply can result in crimina
Yes No	the Wisconsin	Department of Ju		wn (RYO) tobacco products listed on y of Certified Tobacco Manufacturers e sold in Wisconsin?
igarettes / Tobac	co will be sold	ver counter	through vending made	chine
een truthfully ansv	vered to the best of the	knowledge of the	applicant. Applicant agrees to oper	that each of the above questions ha ate this business according to law and to another.Any lack of access to an

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

Applicable Laws and Rules

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

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

July 1, <u>3031</u> to June 30, <u>2022</u> License Application for Keeping Domesticated Chickens \$10.00 (non-refundable application fee)

	Domesticated on-refundable app	
1. Name of Applicant Stephanie Jo		
2. Address 604 University Ave		54730
3. Phone 712 - 310 - 8458		
4. Parcel Number 17111 - 2 - 29 1	116-210-00	30
5. Number of female chickens (maximum 10	₎₎ 3	
6. Application (circle one)	New	Renewal
In submitting this application, I hereby agree to c Ordinances. I understand the information reques license or processing of a renewal application. I information when received by the Village of Colfa person or to allow any other entity to operate und statements are true and correct to the best of my Ordinance under which this license is granted.	sted on this form will be understand the informa ax. I have no intention of the the authority of the li	used by the Village of Colfax in the issuance of a tion supplied on this form will become public r agreement to transfer the license to another cense. I hereby affirm that the foregoing
Alephanie Johnstone Signature of Applicant		05-05-21 Date
Office use only 5-37-3 Date Application Received	·	Date Board Reviewed Application Approved / Denied License Number

Village of Colfax

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

July 1, <u>2021</u>	to June 30	, 2022
	e Application	
Di contra di con	mesticated C	
	efundable applica	
	(please print)	
1. Name of Applicant Tamela Moe	n	
2. Address 705 University Ave	Colfax WI	54730
3. Phone 715-308-1946	<u> </u>	
4. Parcel Number . 17111 - 2 - 29 11 09	<u>-430-6040</u>)
5. Number of female chickens (maximum 10)	2	
6. Application (circle one)	New	Renewal
In submitting this application, I hereby agree to comply Ordinances. I understand the information requested o license or processing of a renewal application. I under information when received by the Village of Colfax. I h person or to allow any other entity to operate under the statements are true and correct to the best of my know Ordinance under which this license is granted.	on this form will be use rstand the information have no intention or ag e authority of the licen	ed by the Village of Colfax in the issuance of a supplied on this form will become public greement to transfer the license to another se. I hereby affirm that the foregoing
Signature of Applicant		6/8/2021 Date
======================================		
6-8-31 Date Application Received	(3	_ Date Board Reviewed Application Approved / Denied

Village of Colfax

Date: June 11th, 2021

To: Village Board

From: Lynn Niggemann, Administrator-Clerk-Treasurer

Re: Constitutional Rights Protection Resolution

Please find attached the following regarding the request of the Village of Colfax Residents:

Drafted resolution

- Memo from the Village attorney, Anders Helquist, noting areas of the resolution that need clarification if the Village in deed feels it necessary to move forward with adopting a resolution.
- Memo from the Dunn County attorney, Nicholas P. Lange, which was generated for the County. Nicholas Lange granted permission for the memo to be shared with the Village of Colfax.

Please use these memos when considering the resolution and/or modifications to it.

VILLAGE OF COLFAX, WISCONSIN

Resolution 2021- 15

Constitutional Rights Protection Resolution

WHEREAS, the Constitution of the United States is the Supreme Law of our nation; and;

WHEREAS, the Bill of Rights added the first 10 amendments to the United States Constitution in order to provide specific guarantees of personal freedoms, clearly defined limitations on the government's power, and explicit declarations that all rights and powers not granted to the U.S. Congress are reserved for the States or the people; and;

WHEREAS, the Right of the People to Keep and Bear Arms is guaranteed as an Individual Right under the Second Amendment to the United States Constitution; reads "A well-regulated Militia, being necessary to the security of a free state, the right of the people to keep and bear Arms, shall not be infringed;" and under the Constitution of the State of Wisconsin, Article 1, Section 25, reads "The people have the right to keep and bear arms for security, defense, hunting, recreation or any other lawful purpose;" and;

WHEREAS, the Right of the People to Keep and Bear Arms for the defense of Life, Liberty, and Property is regarded as an Inalienable Right by the People of Village of Colfax, Wisconsin, and;

WHEREAS, the People of Village of Colfax, Wisconsin derive an economic benefit from all safe forms of firearms recreation, hunting and shooting conducted within Village of Colfax using all types of firearms allowable under the United States Constitution and the Constitution of the State of Wisconsin, and;

WHEREAS, the Village of Colfax Board of Trustees, being elected to represent the People of Village of Colfax and being duly sworn by their Oath of Office to uphold the United States Constitution and the Constitution of the State of Wisconsin, and;

WHEREAS, the Village of Colfax Board of Trustees is concerned about the passage of any bill containing language which could be interpreted as infringing the rights of the citizens of Village of Colfax to keep and bear arms, and;

WHEREAS, the Village of Colfax Board of Trustees wishes to express its deep commitment to the rights of all citizens of Village of Colfax to keep and bear arms, and;

WHEREAS, the Village of Colfax Board of Trustees wishes to express opposition to any law that would unconstitutionally restrict the rights of the citizens of Village of Colfax to keep and bear arms, and;

WHEREAS, the Wisconsin State Assembly and the Wisconsin State Senate, being elected by the People of the State of Wisconsin and being duly sworn by their Oath of Office to uphold the United States Constitution and the Constitution of the State of Wisconsin, and;

VILLAGE OF COLFAX, WISCONSIN

WHEREAS, any legislation considered by the Wisconsin State Legislature/Executive Orders are not mentioned that would infringe upon the Right to Keep and Bear Arms and would ban the possession and/or use of any weapons including firearms, magazines, ammunition or body armor now employed by individual citizens of Village of Colfax for their defense of Life, Liberty and Property or for the purposes of hunting, recreation or other lawful purposes or would require a firearms owner I.D. card or tax the possession of firearms or ammunition or require the registration and/or confiscation of said weapons and ammunition within Village of Colfax, Wisconsin; would be a violation of the Second Amendment of the United States Constitution and of Article 1, Section 25 of the Wisconsin Constitution, therefore;

BE IT RESOLVED, the people of Village of Colfax, Wisconsin hereby declare it to be a Second Amendment Sanctuary Village.

BE IT FURTHER RESOLVED, the People of Village of Colfax, Wisconsin affirms its support of the Colfax Police Department to exercise sound discretion to not enforce against any citizen an unconstitutional firearms law.

BE IT FURTHER RESOLVED, that the Village of Colfax Board will not appropriate any funds for any enforcement of unconstitutional laws against the people of Village of Colfax, Wisconsin.

NOW, THEREFORE, IT BE AND IS HEREBY RESOLVED that the People of Village of Colfax, Wisconsin, do hereby oppose the enactment of any legislation that would infringe upon the Right of the People to keep and bear arms and consider such laws to be unconstitutional and beyond lawful legislative authority and to be an act of tyranny.

PASSED BY THE VILLAGE PRESIDENT AND THE VILLAGE BOARD OF TRUSTEES on,2021
RESOLUTION SUMMARY: Village of Colfax advocates the constitutional rights of its citizens.
Jody Albricht, Village President
ATTEST:

Lynn M. Niggemann, Administrator-Clerk-Treasurer

MEMORANDUM

To:

Lynn Niggemann

From:

Anders Helquist

Date:

May 21, 2021

Re:

Constitutional Rights Resolution

In response to the proposed Constitutional Rights Protection Resolution proposed at the previous May Village Board meeting, the Village requested our opinion regarding the Resolution. That is, the Village asked us to put together a quick overview of our primary questions that may need to be addressed in the Resolution if it is considered for approval.

First, we take no opinion on whether, as a policy matter, the Village should or should not pass this Resolution. Passing this Resolution, or a modified version of it, is a policy call for the Village and is subject to the Village Board's discretion.

With that in mind, below are several brief, "10,000 foot overview" thoughts regarding the Resolution for the Village Board's review and consideration:

- Some terms in the Resolution are unclear and overbroad. If the Board seeks to pass this
 Resolution, before doing so, we recommend clarifying certain terms or phrases. For example,
 some of the unclear or overbroad language includes the following:
 - Page 2, first Whereas Clause: This clause provides a list of "legislation considered by the Wisconsin State Legislature" and concludes that the list of potential legislative infringements "would be a violation of the Second Amendment of the United States Constitution and Article 1, Section 25 of the Wisconsin Constitution." If the Village is essentially going to declare a broad categorical list of things to be a constitutional violation, we advise the Village carefully define what it is defining as unconstitutional.

For example, the Resolution says legislation that would "ban the possession and/or use of <u>any weapons</u> including firearms, magazines, ammunition or body armor now employed by individual citizens of [the] Village of Colfax for their defense . . ." is declared unconstitutional (emphasis added). The use of "any" is very broad.

Does that mean a firearm ownership restriction on a person convicted of a felony (see Wis. Stat. § 941.29) is now deemed "unconstitutional" and that the Village Board is prohibited under its resolution from allocating funds to the police department to arrest a violent felon in possession of a firearm? There are similar restrictions on possessing body armor if you are a convicted violent felon (see Wis. Stat. § 941.291). Is that state law deemed "unconstitutional" because it bans the possession of "any" body armor? What about the state prohibition on possessing/operating weaponized drones? (see Wis. Stat. § 941.292)?

The Resolution also seeks to declare as unconstitutional the confiscation of said weapons and ammunition within the Village. We believe this part of the Resolution is likely intended to prohibit law enforcement from entering into a house without a warrant and confiscating a lawfully-possessed firearm, but as written, the Resolution has the effect of declaring as unconstitutional the confiscation of a firearm possessed by a convicted felon that was found during a lawfully-issued search warrant on his/her home. Some clarity in the language may be useful if the Village is going to pass this Resolution.

- o Page 2, Be it Resolved: "Second Amendment Sanctuary Village" is undefined.
- Page 2, second Be it Further Resolved: The Village does not allocate money to enforce unconstitutional laws. As noted above, it is unclear what the resolution intends to have the Village declare as an "unconstitutional" law. If a law is passed and there is a question regarding its constitutionality, that law will be challenged in court and the court will make a decision whether or not the law is unconstitutional. If the law is deemed unconstitutional, then the Village naturally will not allocate money to enforce a law deemed unconstitutional, whether or not it is contained in a resolution.
- This Resolution will have less binding effect and is more general in nature in that it affirms support for a position regarding the Second Amendment. That is, if the Village chooses to pass this Resolution, there is no penalty for the failure to follow the Resolution's terms. This Resolution can be amended, repealed, or modified by a subsequent Village Board.
- If there is consensus by the Board to pass this Resolution, there are additional case citations that it may want to add to the "Whereas" clauses to provide additional support for its position, e.g., the U.S. Supreme Court's <u>Heller</u> decision.
- If there is consensus to pass this Resolution, the Board may want to consider whether the Resolution should only apply to legislation, as it currently does, or whether the Resolution should be expanded in its scope so that it applies to enactments beyond legislation, e.g., executive orders.

After your review and discussion, please let us know if you would like us to revise/clarify the resolution or whether you would like to further discuss this matter with us and thanks in advance.



OFFICE OF CORPORATION COUNSEL

Attorneys for the Municipal Corporation of Dunn County

Barbara Anne Fagan Assistant Corporation Counsel

MEMORANDUM

TO:

David Bartlett, County Board Chair

FROM:

Nicholas P. Lange, Corporation Counsel

DATE:

6/7/2021

RE:

Constitutional Rights Protection Resolution

Introduction

You have asked me to review the citizen-drafted document titled "Constitutional Rights Protection Resolution" [hereinafter "resolution"], recommend which committee would be appropriate for bringing the resolution forward, and provide guidance regarding the resolution. The resolution is a variation of a "2nd Amendment Sanctuary" template originally prepared by firearms lobbyists that has been circulating around the United States for several years.

As the County's legal counsel, I can provide an opinion/review for consideration by Supervisors; however, it is not within my authority to direct how individual Supervisors act on any particular issue or decision.

Review of Resolution

- Dunn County has administrative home rule authority pursuant to Wis. Stat. § 59.03(1) to "exercise any organizational or administrative power, subject only to the constitution or to any enactment of the legislature which is of statewide concern and uniformly affects every county." Regulation of the sale, purchase, ownership and possession of firearms is entirely a matter that falls under control of state and federal laws, with the exception of a local government's ability to prohibit the possession of firearms in/on certain facilities/properties. In other words, Dunn County's authority on any other type of state or federal law will necessarily be subordinate to that law. A declaration that a county resolution controls the effectiveness or enforceability of a state or federal law is therefore meaningless. Moreover, to the extent that the resolution declares the county must follow the law, it is unnecessary. All elected officials, county officers, and county employees are required to follow the law. All county elected officials and many appointed officers must take an oath of office supporting the constitution and state law and to faithfully discharge their duties under them. Interestingly, these resolutions are often characterized as "symbolic" by proponents, which actually is a confirmation that they have no legal force or efficacy.
- The resolution contains "resolved" clauses expressing "support of the Sheriff to exercise sound discretion not to enforce against any citizen an unconstitutional firearms law" and that the "Dunn County Board will not appropriate any funds for any enforcement of

unconstitutional laws against the people of Dunn County, Wisconsin." Local governments cannot decide that if they don't agree with a particular state or federal law, they just won't enforce it or follow it. This includes the Sheriff, who takes an oath to follow the law. No county official, officer, or employee has any authority to disregard a law they believe is unconstitutional. All statutes are legally presumed to be constitutional, and only the courts have authority to declare a law unconstitutional.

- All persons are subject to the rule of law. That is, we must all follow the laws as enacted until the legislature amends or repeals laws or the court strikes down a law as unconstitutional. It is bad public policy for any local government to declare that it will ignore laws that its elected officials don't like or don't agree with, even if it is done as a symbolic gesture. How would/could such a policy statement actually be applied to a law that doesn't even exist, without knowing what that law requires or prohibits?
- The kinds of legislative enactments that give rise to the concerns expressed by the resolution red flag laws, uniform background checks, restrictions on assault weapons and large capacity magazines have already existed for years throughout the United States. They are widely popular, and have withstood legal challenges in the past.
- Having a policy that authorizes county officials, offers, and employees to disregard a law they don't like or don't agree with could expose the County to liability in cases where local officials refuse to follow a law and someone is damaged, injured, or killed as a result.
- If citizens disagree with state or federal laws, there are democratic mechanisms for changing laws. The action for challenging existing laws is through the court and/or not vote for electors who sponsored the legislation. If citizens are concerned about legislation that may be passed in the future, then the engagement should be with those who will be voting on the legislation.

Committee Recommendation

Given the breadth of the suggested policy and the legislative nature of the resolution the Executive Committee would be the committee with the most aligned committee responsibility for formally considering the resolution and advancing it to the County Board of Supervisors.

Colfax Rescue Building

Problem: Monday 6/7/2021 CRS was 80 degrees F at 8 A.M. when the air conditioning was set at 72 degrees We called Plumber Heating and AC from Clear Lake WI who has been doing the preventative maintenance on the village systems. For the last couple of years. He was in Texas and unavailable. So I called Colfax Heating and Cooling to come check out the system. He found multiple pinhole leaks in our A coil cooler condenser. This is an eleven year old unit. It is not repairable.

Temporary Fix: Colfax Heating and Cooling placed 5.5 lbs. Of coolant in the unit knowing it will leak out but it at least lowered the temp and humidity in the building. \$290.00

Permanent Fix Estimates: This is only the A coil condenser not the whole unit:

Colfax Heating and Cooling 4 ton coil from Weatherking \$1,500.00, 5 year warranty with a free tune up next spring 2-4 week lead time.

Cedar Falls Heating and Cooling 4 ton coil 1 year warranty \$1,329.00, 3-4 day lead time.

Countryside Cooperative Company who installed the original unit: \$1,922.50 not including freight, 2-3 weeks lead time.

Plumber Heating did call and got the information but at the time of writing has not given an estimate.

Village of Colfax

Date: June 11th, 2021

To: Village Board

From: Lynn Niggemann, Administrator-Clerk-Treasurer

Re: Myers Septic Service LLC

May 10th, 2021, the Village Board approved paying for the port-a-potties for the 2021 Fair plus an additional \$250 donation. We discussed the actual cost from 2019 for the port-a-potties at \$490.00. An estimate has been provided now for 2021 and it is more than I expected \$745 or \$255 greater. Please note that there will be additional charge for emergency or additional cleanings are needed.

The motion from the May 10th, 2021 meeting is listed below:

"A motion was made by Trustee M. Burcham and seconded by Trustee Halpin to provide the port-a-potties for the 2021 fair. All members voted in favor. Motion carried. A motion was made by Trustee Stene and seconded by Trustee Prince to give an additional \$250 to the Colfax Fair Board. A voice vote was taken with all Trustees voting in favor. Motion carried."

No action is needed at this meeting unless the Board would like to modify the motion with the price quote being higher than expected and the possibility of additional costs for emergency costs.

Myers Septic Service, LLC

2500 20th St Elk Mound, WI 54739

Estimate

Date	Estimate #		
5/26/2021	10		

Name / Address	
Village of Colfax	
613 Main St	
Colfax, WI 54730	

Project Description Qty Cost Total Estimate per Tom Dunbar for Colfax Free Fair June 17-20 Portable Toilet Rental 130.00 390.00 Discount-Advertising [\$15/Unit] -45.00 -45.00 Portable Toilet Rental of ADA Compliant Unit 145.00 145.00 Discount-Advertising [\$15/unit] -15.00 -15.00 Cleaning of Units for weekend of Fair- Friday, Sat & Sun in the 90.00 270.00 A.M. \$90/ day ***Additional charges will be billed at end of event*** **Additional charge for emergency or additional cleanings needed of \$40/unit that needed the extra clean. **Additional charge of \$15/hand sanitizer bag that needs to be restocked. ***Due to the pandemic you may notice a raise in prices and cleanings. Unfortunately our products have been in high demand, causing the prices of product to go up which caused our rates to go up. Thank you for choosing Myers Septic Service! We appreciate you.:) **Total** \$745.00

Customer	Signature			

06/10/2021

Lexipol

I have been in touch with Lexipol for over a year now, and I know surrounding counties and municipalities do use them. Lexipol would ensure our department policies are completely up to date, especially with the recently ever changing environment law enforcement professionals have been facing. I am certain there are going to be new laws enacted state wide as well as federal when it comes to policing, and now would be the time to have a professional service like Lexipol to rely on.

There is very little upfront cost (hundreds of dollars), as the bulk of the cost is covered through the League of Wisconsin Municipalities. There is also an annual cost, but from what I learned this would also be covered by them as well.

With this in place and policies completely current, we would be able to customize it on an ongoing basis, and add or subtract policies or procedures according to our department and its needs.

Thank you for your time!

Chief Bill Anderson



SOLUTIONS PROPOSAL



PREPARED FOR:

Colfax Police Department Chief William Anderson cpd501@colfaxpd.net (715) 962-3136

PREPARED BY:

Karen James kjames@lexipol.com (949) 325-1230

2611 Internet Blvd, Ste 100 Frisco, Texas 75034 (844) 312-9500 www.lexipol.com

Executive Summary

Public safety agencies and local government organizations today face challenges of keeping personnel safe and healthy, reducing risk and maintaining a positive reputation. Add to that the dynamically changing legislative landscape and evolving best practices, and even the most progressive, forward-thinking departments can struggle to keep up.

Lexipol's solutions are designed to save you time and money while protecting your personnel and your community. Our team consists of professionals with expertise in public safety law, policy, training, mental health and grants. We continually monitor changes and trends in legislation, case law and best practices and use this knowledge to create policies, training, wellness resources and funding services that minimize risk and help you effectively serve your community.

THE LEXIPOL ADVANTAGE

Lexipol was founded by public safety experts who saw a need for a better, safer way to run a public safety agency. Since the company launch in 2003, Lexipol has grown to form an entire risk management solution for public safety and local government. Today, we serve more than 8,100 agencies and municipalities and 2 million public safety and government professionals with a range of informational and technological solutions to meet the challenges facing these dynamic industries. In addition to providing policy management, online training, wellness resources, and grant assistance, we provide 24/7 industry news and analysis through the digital communities Police1, FireRescue1, Corrections1, EMS1 and Gov1.

Our customers choose Lexipol to make an investment in the safety and security of their personnel, their agencies and their communities. We help agencies address issues that create substantial risk, including:

- Inconsistent and outdated polices
- Lack of technology to easily update and issue policies and training electronically
- Unchecked mental health needs of staff
- Difficulty keeping up with new and changing legislation and practices
- Inability to produce policy acknowledgment and training documentation
- Unfamiliarity of city legal resources with the intricacies of public safety law
- The need to secure grant funding for critical equipment, infrastructure and personnel

Lexipol is backed by the expertise of 320 employees with more than 2,075 years of combined experience in constitutional law, civil rights, ADA and discrimination, mental health, psychology, labor negotiations, Internal Affairs, use of force, hazmat, instructional design, federal and state grants and a whole lot more. That means no more trying to figure out policy, develop training or wellness content or secure funding on your own. You can draw on the experience of our dedicated team members who have researched, taught and lived these issues.

We look forward to working with Colfax Police Department to address your unique challenges.

Scope of Services

Policy Manual

Constitutionally sound, up-to-date policies are the foundation for consistent, safe public safety operations and are key to reducing risk and enhancing personnel and community safety. Lexipol's comprehensive policy manual covers all aspects of your agency's operations.

- More than 155 policies researched and written by public safety attorneys and subject matter experts
- Policies based on State and federal laws and regulations as well as nationwide best practices
- Content customized to reflect your agency's terminology and structure

Daily Training Bulletins (DTBs)

Even the best policy manual lacks effectiveness if it's not backed by training. Lexipol's Daily Training Bulletins are designed to help your personnel learn and apply your agency's policy content through 2-minute training exercises.

- Scenario-based training ties policy to real-world applications
- Understanding and retention of policy content is improved via a singular focus on one distinct aspect of the policy
- Each Daily Training Bulletin concludes with a question that confirms the user understood the training objective
- Daily Training Bulletins can be completed via computers or from smartphones, tablets or other mobile devices
- Reports show completion of Daily Training Bulletins by agency member and topic

Policy Updates

Lexipol's legal and content development teams continuously review state and federal laws and regulations, court decisions and evolving best practices. When needed, we create new and updated policies and provide them to your agency, making it simple and efficient to keep your policy content up to date.

- Updates delivered to you through Lexipol's web-based content delivery platform
- Changes presented in side-by-side comparison against existing policy so you can easily identify modifications/improvements
- Your agency can accept, reject or customize each update

Web-Based Delivery Platform and Mobile App (Knowledge Management System)

Lexipol's online content delivery platform, called KMS, provides secure storage and easy access to all your policy and training content, and our KMS mobile app facilitates staff use of policies and training completion.

- Ability to edit and customize content to reflect your agency's mission and philosophy
- Efficient distribution of policies, updates and training to staff
- Archival and easy retrieval of all versions of your agency's policy manual
- Mobile app provides in-the-field access to policy and training materials

Reports

Lexipol's Knowledge Management System provides intuitive reporting capabilities and easy-to-read reports that enhance command staff meetings and strategic planning.

- Track and report when your personnel have acknowledged policies and policy updates
- Produce reports showing completion of Daily Training Bulletins
- Sort reports by agency member, topic and other subgroups (e.g., shift, assignment)
- Reduce the time your supervisors spend verifying policy acknowledgement and training completion

Proposal

 Prepared By: Karen James
 Quote #:
 Q-22350-1

 Phone: (949) 325-1230
 Date:
 6/8/2021

 Email: kjames@lexipol.com
 Valid Through:
 7/2/2021

Overview

Lexipol empowers first responders and public servants to best meet the needs of their residents safely and responsibly. We are the experts in policy, training and wellness support, committed to improving the quality of life for all community members. Our solutions include state-specific policies, online learning, behavioral health resources, funding assistance, and industry news and information offered through the websites Police1, FireRescue1, EMS1 and Corrections1. Lexipol serves more than 2 million public safety and government professionals in over 8,000 agencies and municipalities. The services proposed below are designed to meet your agency's specific goals and needs.

QTY	DESCRIPTION	UNIT PRICE	DISC	DISC AMT	EXTENDED
1	Annual Law Enforcement Policy Manual & Daily Training Bulletins (12 Months)	USD 1,772.00	10%	USD 177.20	USD 1,594.80
1	Annual Law Enforcement Policy Manual & Daily Training Bulletins (12 Months)	USD 1,772.00	10%	USD 177.20	USD 1,594.80
46	Subscription Line Items Total			USD 354.40	USD 3,189.60
				USD 354.40	USD 3,189.60
Discount					LICD 254 40

TOTAL: USD 354.40 USD 3.189.60

Discount Notes

10% LWMMI member annual subscription discount.

^{*}Law Enforcement Policy pricing is based on 2 Law Enforcement Sworn Officers...



AGREEMENT FOR USE OF SUBSCRIPTION MATERIAL

Agency's Name: Agency's Address:	Colfax Police Department 613 Main St Colfax, Wisconsin 54730		
Attention:	Chief William Anderson		
Lexipol's Address:	2611 Internet Boulevard, Suite 100 Frisco, Texas 75034		
Prepared By:	Karen James		
Program Start Date:	(to be completed by Lexipol upon receipt of signed Agreement)		
This Subscription Agreement (the "Agreement") is ente liability company (" Lexipol "), and the Agency identified	red into by and between Lexipol, LLC, a Delaware limited above.		
This Agreement consists of: (a) this Cover Sheet ; (b) E : Subscription Fees); (c) Exhibit B (Terms and Conditions Terms and Conditions, available at: https://www.lexipo	s Specific to this Agreement); and (d) Lexipol's General		
In the event of any inconsistency or conflict between Le contained in Exhibit B , the terms and conditions contained			
Each person signing below represents and warrants the on whose behalf they are signing to all terms and cond	at they have full and complete authority to bind the party itions contained in this Agreement.		
Colfax Police Department			
Signature:			
Print Name:	<u>.</u>		
Title:			
Date Signed:			

Exhibit A

SUBSCRIPTIONS BEING PURCHASED AND SUBSCRIPTION FEES

Agency is purchasing the following:

QTY	DESCRIPTION	UNIT PRICE	DISC	DISC AMT	EXTENDED
1	Annual Law Enforcement Policy Manual & Daily Training Bulletins (12 Months)	USD 1,772.00	10%	USD 177.20	USD 1,594.80
1	Annual Law Enforcement Policy Manual & Daily Training Bulletins (12 Months)	USD 1,772.00	10%	USD 177.20	USD 1,594.80
	Subscription Line Items Total			USD 354.40	USD 3,189.60
\$15		Ministra (C. P.)		USD 354.40	USD 3,189.60
	Discount:				
	TOTAL:				USD 3,189.60

^{*}Law Enforcement pricing is based on 2 Law Enforcement Sworn Officers.

Discount Notes

10% LWMMI member annual subscription discount.

^{*}The above subscription services, and when applicable, implementation services, shall be invoiced by Lexipol upon the execution of this Agreement.

Exhibit B

Terms and Conditions Specific to this Agreement

The following terms and conditions apply to all Subscription Services purchased by Agency. Capitalized terms used but not defined herein shall have the meaning set forth in Lexipol's General Terms and Conditions, available at: https://www.lexipol.com/terms-and-conditions/. In the event of any inconsistency or conflict between Lexipol's General Terms and Conditions and those contained herein, the Terms and Conditions contained in this Exhibit B shall control.

- 1. <u>Term.</u> This Agreement becomes effective and enforceable upon signature by Agency's authorized representative, with a Program Start Date as specified on the cover sheet of this Agreement. This Agreement shall remain in effect for a minimum one (1) year period commencing on the Program Start Date unless a different time period is specified on Exhibit A (the "Initial Term"): provided, however, that the Term will be automatically extended for successive one-year periods thereafter (each a "Renewal Term") unless one party provides written notice of non-renewal to the other party at least thirty (30) days prior to expiration of the Initial Term or the then-current Renewal Term, as the case may be. The Initial Term and all subsequent Renewal Terms shall collectively comprise the "Term" of this Agreement. Notwithstanding the foregoing, this Agreement remains subject to termination as provided in Lexipol's General Terms and Conditions, available at: https://www.lexipol.com/terms-and-conditions/.
- 2. <u>Subscription Fee/Invoicing</u>. Lexipol will invoice Agency for purchased Subscription Services at the commencement of the Initial Term and thirty (30) days prior to the beginning of each Renewal Term. Agency will pay the invoiced amount to Lexipol within thirty (30) days of the invoice date. All invoices will be sent to Agency at the address for Agency specified on the first page of this Agreement to which these Terms and Conditions are attached. All payments will be made to Lexipol at the address for Lexipol specified on the invoice. Lexipol reserves the right to increase pricing for each Renewal Term.
- 3. Ownership of Materials; Derivative Works; Right to Use.
 - 3.1 <u>Policy Subscriptions and Materials</u>. This Section applies when Agency has subscribed to or otherwise receives access to Lexipol's Subscription Materials, as defined below.
 - **Generally**. Agency acknowledges and agrees that all policy-based Subscription Services, including but not limited to all policy manuals, supplemental policy publications, daily training bulletins, and all other materials provided by Lexipol to Agency from time to time during the term of this Agreement (such materials collectively, the "Subscription Materials") are proprietary products of Lexipol, protected under U.S. copyright, trademark, patent, and other applicable law, and that Lexipol reserves all rights not expressly granted in this Agreement. Subject to the terms, conditions and limitations in this Agreement, Lexipol hereby grants Agency the right to prepare derivative works of the Subscription Materials (each, a "Derivative Work," as defined in Section 1 of the General Terms and Conditions); provided, however, that Agency acknowledges and agrees that Lexipol will be the sole owner of all right, title and interest in and to all Derivative Works, including all copyrights and other intellectual property and proprietary rights therein or pertaining thereto, and Agency hereby assigns and transfers to Lexipol all right, title and interest in and to all Derivative Works, including all copyrights and other intellectual property and proprietary rights therein or pertaining thereto. Agency will not remove any copyright notice or other proprietary notice of Lexipol appearing on Subscription Materials or Derivative Works and shall include such notices at the appropriate place on each copy thereof.
 - ii Right to Use; Limitations on Use. Subject to the terms, conditions, and limitations in this Agreement, Lexipol hereby grants to Agency a perpetual, personal, fully paid-up, right to use the Subscription Materials and any Derivative Works in each case, solely for the Agency's internal purposes. Agency shall not use, copy, republish, lend, distribute, post on servers, transmit, redistribute, or display, in whole or in part, by any means or medium, whether electronic or mechanical, or by any information storage and retrieval system, any Subscription Materials or any Derivative Work other than as expressly authorized by the immediately preceding sentence. Without limiting the generality of the foregoing, Agency will not import, upload, or otherwise make available any Subscription Materials or any Derivative Work into or onto any third party, document, knowledge, or other content management system or service without Lexipol's prior written consent. The foregoing does not prohibit Agency from providing Subscription Materials or Derivative Works pursuant to an order from a court or other governmental agency or other legal process, Freedom of Information Act (FOIA) request, or Public Records Act (PRA) request, nor does it prohibit Agency from displaying the adopted/approved final policy document on a

Exhibit B

publicly accessible website for official agency purposes, so long as Agency includes the appropriate copyright and other proprietary notices on such final policy document as required by Section 3.1(i) above.

- **Policy Adoption.** Agency hereby acknowledges and agrees that all policies and Daily Training Bulletins (DTBs) included in the Subscription Materials provided by Lexipol have been individually reviewed, customized, and adopted by Agency for use by Agency in accordance with this Agreement. Agency further acknowledges and agrees that neither Lexipol nor any of its agents, employees, or representatives shall be considered "policy makers" in any legal or other sense, and that the chief executive of Agency will, for all purposes, be considered the "policy maker" with regard to each and every such policy and DTB.
- 3.2 Learning Management System. This Section applies when Agency has subscribed to Lexipol's Learning Management System ("LMS"). The LMS is a proprietary product of Lexipol, protected under U.S. copyright, trademark, patent, and other applicable law. Lexipol and its licensors retain all rights, title, and interest in and to the LMS (including, without limitation, all intellectual property rights), including all copies, modifications, extensions, and Derivative Works thereof. Agency's right to use the LMS is limited to the rights expressly granted in this Agreement. All rights not expressly granted to Agency are reserved and retained by Lexipol and its licensors. As between Agency and Lexipol, (a) all Agency Data, defined as data owned by Agency prior to the Program Start Date of this Agreement or data not otherwise subject to the definition of "Derivative Work" in Lexipol's General Terms and Conditions, is Agency's property, and (b) Agency retains all rights, title, and interest in and to Agency Data, including all copies, modifications, extensions, and derivative works thereof. Lexipol retains no right or interest in any Agency Data and shall return or destroy Agency Data following termination of this Agreement. Agency's purchase of LMS Subscription Services is subject to Lexipol's General Terms and Conditions, this Exhibit B (including this Section 3.2) and the terms and conditions found at: https://www.lexipol.com/lms-master-service-agreement/.
- 3.3 Wellness Applications. This Section applies when Agency has subscribed to Lexipol's Wellness Applications, provided by Cordico®, including but not limited to CordicoShield, CordicoFire, and all other Cordico products and services (collectively, the "Wellness Services"). The Wellness Services are proprietary products of Lexipol, protected under U.S. copyright, trademark, patent, and other applicable law. Lexipol and its licensors retain all rights, title, and interest in and to the Wellness Services (including, without limitation, all intellectual property rights), including all copies, updates, modifications, and versions thereof. Agency's right to access and use the Wellness Services is limited to the rights expressly granted in this Agreement. All rights not expressly granted to Agency are reserved and retained by Lexipol and its licensors. As between Agency and Lexipol, (a) all Agency Data collected through the Wellness Services remains Agency's property, and (b) Agency retains all rights, title, and interest in and to Agency Data, including all copies, modifications, extensions, and derivative works thereof. Lexipol retains no right or interest in any Agency Data and shall return or destroy Agency Data following termination of this Agreement. In addition, upon termination of this Agreement for any reason, Agency shall lose access to all Wellness Services. Agency's purchase of Wellness Services is subject to Lexipol's General Terms and Conditions, this Exhibit B (including this Section 3.3) and the Terms of Use and Privacy Policy set forth within each Wellness Application.
- 3.4 Generally; Injunctive Relief. Except as expressly provided herein, nothing in this Agreement shall be construed as conferring any rights or license to Lexipol's trade secrets, intellectual property, Confidential Information, Subscription Materials, Wellness Services, or the software underlying such products and services, whether by estoppel, implication or otherwise. Agency may not decompile, disassemble, reverse engineer or otherwise attempt to discover any source code contained in any software-based Subscription Services. Notwithstanding any other term or condition herein, Agency grants all rights and permissions in or relating to Agency Data as are necessary or useful to Lexipol to enforce this Agreement, exercise Lexipol's rights, and perform Lexipol's obligations hereunder. Agency acknowledges that a breach or threatened breach of any portion of this Section 3 may cause irreparable harm and shall entitle Lexipol to injunctive relief in addition to any other available remedy.
- 4. Warranty Disclaimer. ALL SUBSCRIPTION SERVICES AND SUBSCRIPTION MATERIALS ARE PROVIDED "AS IS" AND LEXIPOL HEREBY DISCLAIMS ALL WARRANTIES, WHETHER EXPRESS, IMPLIED, STATUTORY, OR OTHERWISE. LEXIPOL SPECIFICALLY DISCLAIMS ALL IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, TITLE, AND NON-INFRINGEMENT, AND ALL WARRANTIES ARISING FROM COURSE OF DEALING, USAGE, OR TRADE PRACTICE.
- 5. <u>Disclaimer of Liability</u>. Agency acknowledges and agrees that Lexipol, its officers, agents, managers, and employees will have no liability to Agency or any other person or entity arising from or related to the Subscription Services or the

Exhibit B

Subscription Materials, or any act or omission by Agency or its personnel pursuant to, or in reliance on, any of the Subscription Materials.

- 6. <u>Limitation of Liability</u>. Lexipol's cumulative liability to Agency and any other person or entity for any loss or damages resulting from any claims, demands, or actions arising out of or relating to this Agreement, the Subscription Services, or the use of any Subscription Materials shall not exceed the subscription fees actually paid to Lexipol by Agency for the Purchased Subscription Services under this Agreement during the twelve-month period immediately prior to the assertion of such claim, demand, or action. In no event shall Lexipol be liable for any indirect, incidental, consequential, special, or exemplary damages or lost profits, even if Lexipol has been advised of the possibility of such damages. The limitations set forth in this Section shall apply whether Agency's claim is based on breach of contract, tort, strict liability, product liability or any other theory or cause of action.
- 7. <u>Governing Law</u>. This Agreement shall be construed in accordance with, and governed by, the laws of the State of Texas, without giving effect to any choice of law doctrine that would cause the law of any other jurisdiction to apply.
- 8. Entire Agreement. This Agreement embodies the entire agreement and understanding of the parties hereto and hereby expressly supersedes all prior written and oral agreements and understandings with respect to the subject matter hereof. No representation, promise, inducement, or statement of intention has been made by any party hereto that is not embodied in this Agreement. Terms and conditions set forth in any purchase order, or any other form or document of Agency, which are inconsistent with, or in addition to, the terms and conditions set forth in this Agreement, are hereby objected to and rejected in their entirety, regardless of when received, without further action or notification by Lexipol, and shall not be considered binding on Lexipol unless specifically agreed to in writing by it.
- 9. <u>Additional Terms and Conditions</u>. Except as set forth above, this Agreement remains subject to Lexipol's General Terms and Conditions, available at: https://www.lexipol.com/terms-and-conditions/.





PROTECT YOUR AGENCY, **MINIMIZE YOUR RISK**

Special Public Safety Savings Program for League of Wisconsin Municipalities Mutual Insurance (LWMMI) Members

Lexipol, the most trusted name in policy management and integrated policy training, is offering our LWMMI partners a special opportunity. For a limited time, LWMMI members are eligible to receive:

- 10% discount on current market rate subsciption when agencies subscribe to either Lexipol's Wisconsin Law Enforcement or Fire policies and training
- Up to \$2,500 funding per municipality for the Lexipol policy solutions platform
- Customized implementation options to fit your agency to help you get your manual up-and-running faster (Please inquire to find out which implementation options are best for your agency.)

Protect your community with policies that are continuously updated as state and federal laws, and best practices change - and training to ensure your policies are known and understood.

For more information, to request sample policies, or to schedule a demo of the Lexipol Policy Solutions, please contact Michael Boutsen at mboutsen@lexipol.com or (469) 598-0218.



"In every tragedy there is always a proximate cause: the event that instantly preceded the tragedy. But if you go back in time and look for the root cause, all too often it comes down to a lack of good policy and a lack of good training."

> **Gordon Graham** Co-founder, Lexipol

The average agency takes 2 to 5 years to complete the accreditation process. We did it in about 18 months, and one of the big reasons was because we had many of the policies in place."

- Chief Tim Styka, Menasha Police

what we have on our own, and there is no way we could have continued