Village of Colfax
Regular Board Meeting
Monday, June 26th, 2023
7:00 p.m.
Village Hall, 613 Main Street, Colfax, WI 54730

1. Call the Regular Board Meeting to Order
2. Pledge of Allegiance
3. Roll Call
4. Public Comments
5. Communications from the Village President
6. Consent Agenda
    a. Regular Board Meeting Minutes – June 12th, 2023
    b. SPECIAL Board Meeting Minutes – June 19th, 2023
    c. Review Statement of Bills Pooled Checking–June 12th, 2023 to June 25th, 2023
    d. Review Statement of Bills Solid Waste & Recycling Checking-June 12th, 2023 to June 25th, 2023
    e. Training Request - none
    f. Facility Rental - none
    g. Licenses

July 1, 2023-June 30, 2024 Operator's License

Rochelle Addison	*Jeffrey Prince	Deborah Petersen
Austin Swanson	Mary Durand	Brittany Hoffman
Chris Lunn	Robin Sarauer	Roger Knutson
Brenda Kettner	Hailey Prince	Christopher Larson
Timothy Kettner	Hannah DeMoe	Katherine Walters
Jacqueline Clark	Molly Heidorn	Steven Stokke
Shelby Wilson	Joni Koehler	Tammy Nelson
Scott Shelley	Abby DeMoe	Mariah Smith
Bailey Haugle-Score	Joshua Larson	Leah Scheffler
Mikki McCutcheon	Suzanne Hagen	Brittany Sonnenberg
Nancy Taylor	Kayla Brown	Dale Oebser
Tristan Wolff	*Gary Stene	Lyndsey Pederson
Kyle Krall	Mary Roehl	Kaylee Lemler
Jeffrey Rene	Kirsten Shaw	Kaitlyn Papineau
Mary Muza	Evia Gehrman	Debra Holzhueter
Kyle Kressin	Steven Longdo	Trevor Schindler
Jalene Amick	Davina Brenden	Kayla Jenson
Julie Eiseth	Tammy Dalhoe	Tammy Simon
Nicole Gotlibson	Tamara Whinnery	Peggy Wallace
Sheila Riemer	Vicki Christenson	

July 1, 2023-June 30, 2024 Liquor License

Outhouse Bar, Mark Nelson & Lisa Johnson, Agents- Class "B" Beer and Class "B" Liquor-413 Main Street, 5/16/2023

Young Active Ventures LLC/Viking Bowl & Lounge, Alicia Young, Agent-Class "B" Beer and Class "B" Liquor-108 Main Street, 6/9/2023

J & S Sales of Chippewa Falls, LLC/Express Mart, Rondi DeMoe, Agent-Class "A" Beer-616 Main Street, 5/24/2023

Kyle's Market Inc., Kyle Kressin, Agent -Class"A" Beer and Class "A" Liquor-115 Main Street, 5/31/2023

Synergy Community Cooperative, Charles Brown, Agent- Class "A" Beer-401 E Railroad Avenue, 5/19/2023

Mom's Restaurant & Pub LLC, Mark Barstad, Agent-Class "B" Beer and Class "B" Liquor-225 Bremer Ave Suite 101, 6/5/2023

The Blind Tiger LLC, Nicholas Anderson, Agent-Class "B" Beer and Class "B" Liquor-512 Main Street, 6/9/2023

A Little Slice of Italy, Anne Jenson, Agent-Class "B" Beer and Class "C" Wine- 501 Main Street, 6/9/2023

July 1, 2023-June 30, 2024 Tobacco License

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

July 1, 2023-June 30, 2024 Chicken License

John & Alycia Dickinsen - 605 Iverson Road

7. Consideration Items
    a. Cedar Street Pay Application #1 – Skid Steer Guy
    b. Resolution 2023-14 Wastewater Compliance Maintenance - Approval
    c. Sidewalk Approaches Estimate – Possible approval
    d. East View Development – Lots 8, 9, 10 & 11
        i. Any additional items to discuss? – Possible Action

8. Committee/Department Reports – (no action)
    a. Zoning Board of Appeals Minutes – June 12th, 2023
    b. Planning Commission Minutes – June 15th, 2023
    c. Colfax Rescue Squad Report- May 2023
    d. Thank you from Judy Condon Family

9. Adjourn

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

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

Village Board Meeting – June 12th, 2023

On June 12th, 2023, the Village Board met at the Village Hall, 613 Main Street, Colfax, WI at 7:00 p.m. Members present: Trustees Burcham, Jenson, Stene, Best and Prince. Excused: Trustees Davis and Rud. Others present included Sonny Ivkovich with Orion Builders Framing representing GRIP Development, Dave & Kim Rosenbrook with Rosenbrook Construction, Sheila Riemer, Public Works Director Bates, Administrator-Clerk-Treasurer Niggemann and LeAnn Ralph with the Messenger

Consent Agenda
Regular Board Meeting Minutes –May 22nd, 2023
Review Statement of Bills –May 22nd, 2023 to June 11th, 2023
Review Statement of Bills Solid Waste & Recycling Checking – May 22nd, 2023 to June 11th, 2023
Training -none, Facility Rental- none and Licenses – none.
A motion was made Trustee Stene and seconded by Trustee Burcham to approve all the consent agenda items; Regular Board Meeting Minutes of May 22nd, 2023, Statement of Bills for Village of Colfax and Solid Waste & Recycling for May 22nd to June 11th, 2023 A voice vote was taken with all members voting in favor. Motion carried.

Consideration Items
Welcome Wall – reconsideration –The Board is very happy with all the improvements that Nick and Jess have put into their building. The wall looks fabulous. However, Board members were in agreement, with regrets, that it would set a precedence and the Village could have more requests from other businesses asking for assistance. A motion was made by Trustee Jenson and seconded by Trustee Burcham to not contribute to Blind Tiger's welcome wall. Voting For: Trustees Burcham, Jenson, Best and Price. Voting Against: Trustee Stene. Motion carried.

East View Development Lots 8 to 11 – Interested Parties and their proposals – Possible Action – Niggemann provided a summary of interested developers and individuals in East View Development after Channel 18 news aired a news clip about the Village of Colfax. There have been three developers very interested in both the two single-family (SF) homes and the two multi-family (MF) lots. As well as at least four individuals interested in the single-family lots. After continued discussions the following information was determined:

- Jason Griepentrog -GRIP Development -Altoona, WI – Interested in all four lots with completion of all lots by end of 2023 with start of construction August/September.

- Dave & Kim Rosenbrook – Rosenbrook Construction – Bloomer WI – Interested in the multi-family lots zoned as zero lot lines (twin homes) – He feels that the lots are large enough that they could be sub-divided into three lots with twin homes. He would be willing to install the additional service to create the third lot. Complete one in 2023 and one in 2024.

- Jon Bennin -Beneen Rentals – Eau Claire, WI - If lots get spoken for, they would like to get into the next round since they have a few lots that they are working with right now.

- Andrea Clauson – interested in MF if the lot is gifted. They would build a duplex, live in one side and rent the other side.

- Walk-in from Minnesota – did not reply with any additional information after the packet - SF.
- Diane Granica – Individual - Interested in a SF
- Everette Freeland – Individual – Interested in SF
- Dana Miller – Individual – Interested in SF

A motion was made by Trustee Jenson and seconded by Trustee Stene to schedule a Planning Commission meeting to review values and lot values, determine possible incentives for the developers, identify whether the Village should sub-divide the two multi-family lots into three multi-family lots and complete the zoning for phase two of East View Development. A voice vote was taken with all members voting in favor. Motion carried.

Public Works Building – Estimate for Concrete in Front of Building- Possible Action – The Public Works Building concrete has been heaving during the winter months. The Public Works door was not able to be opened at all this last winter. Two bids were received, Andy's Custom Concrete $7,800 plus approximately $1,700 if the 2" foam is needed total $9,500. J & K Concrete estimated $11,382 with the 2" foam included. A motion was made by Trustee Stene and seconded by Trustee Jenson to approve the Andy's Concrete estimate up to $9,500 if the foam is needed. Voting For: Trustees Burcham, Jenson, Stene, Best and Prince. Voting Against: none. Motion carried.

2023 Pavement Surface Evaluation and Rating – PASER – A motion was made by Trustee Stene and seconded by Trustee Burcham to approve the 2023 PASEER agreement with Dunn County. A voice vote was taken with all members voting in favor. Motion carried.

Public Works Seasonal Employee Consideration – Bates explained that when the grass is growing and we have rain, Brett spends approximately three days at the cemetery and it takes about a week and a half to mow the rest of the Village, currently being completed by Don. That does not leave much time for the other duties plus account for vacations. After discussion, a motion was made by Trustee Burcham and seconded by Trustee Best to post for a seasonal employee at the rate of $13 to $15. Voting For: Trustees Burcham, Stene, Best and Prince. Voting Against: Trustee Jenson. Motion carried.

Emergency Operations Plan-Modifications Highlighted-Consider Approving the updates – A motion was made by Trustee Burcham and seconded by Trustee Jenson to approve the updates to the Emergency Operations Plan. A voice vote was taken with all members voting in favor. Motion carried.

Colfax Community Fire Department – Fire Truck Proposal - Prince reported the Fire Department has approved the purchase of new fire truck from Pierce for approximately $575,000, it will be a little less with a couple modifications. The Fire Department has approximately $320,000 that will be paid from Fire funds by the time the truck arrives. The approximate amount that the Village of Colfax will be responsible for, once the truck arrive in 24 to 31 months, is about $63,188.43. No action required at this time.

Cedar Street Schedule Update – The project is running according to schedule. There is a power pole that Excel Energy has not removed. Excel Energy was notified of project and a second request has been made for moving the pole.

Department of Transportation Project Notification – summer planning meeting – Bates explained that the notification is regarding the planning meeting that will be held this summer, no date has been scheduled yet and the project is expected to occur in 2025.

Adjourn – A motion was made by Trustee Burcham and seconded by Trustee Jenson to adjourn the meeting at 8:25 p.m. A voice vote was taken with all members voting in favor. Meeting Adjourned.

_____
Jeff Prince, Village President

Attest: _____
Lynn Niggemann
Administrator-Clerk-Treasurer

Village Board Meeting – June 19th, 2023

On June 19th, 2023, the Village Board met at the Village Hall, 613 Main Street, Colfax, WI at 7:00 p.m. Members present: Trustees Burcham, Davis, Rud, Stene, Best and Prince. Excused: Trustees Jenson. Others present included Dave Rosenbrook with Rosenbrook Construction, Public Works Director Bates, Administrator-Clerk-Treasurer Niggemann and LeAnn Ralph requested the audio.

Consent Agenda- none

Consideration Items

Consider Planning commission Recommendations/Re-Zone East View Development Phase 2/Consider Award of Lots 8, 9, 10 and 11/Minor Sub-Division of Lots 10 and 11

Niggemann and Bates explained that Phase 2 of East View Development needs to go through the re-zone process to zone the lots by use. In working with the interested Developers, GRIP Development and Rosenbrook Construction, it is felt that Twin Homes would be the best fit for Lots 10 and 11. If the lots were divided in half, four Twin Homes could be built versus two Twin Homes. This process would require a sub-division of the East View Development 1st Addition which would have to go through the state approval process. The sub-division would require a surveyor to create a new plat map. Since we were considering using a surveyor, it seemed appropriate to look at Lots 1 and 2 to determine if anything needs to be modified to fit the planned use. Cedar Corp provided an estimate to complete sub-division Plat map for Lots 10 and 11 for $4,000 plus state and recording fees of $455, Lots 1 and 2 if sub-divided to four lots versus two lots, a CSM would be needed for a cost of $3,750 and if both projects were requested at the same time, the total cost would be $6,500 + $455, total $6,955. Ayres Associatesestimated $6,000 for the Plat map and $4,000 for the CSM, $10,000 for both state fees would be included.

Four options were provided to the Board to review when considering the recommendations presented from the Planning Commission. Option 1- one Twin Home on each of Lots 10 & 11. Option 2 Lot 10 one Twin Home and Lot 11 two Twin Homes. Option 3 Lot 10 two Twin Homes and Lot 11 two Twin Homes. Another option discussed included dividing the two lots into three lots allowing for three Twin Homes. The Planning Commission recommendation was to sub-divide Lot 10 and Lot 11 in half, zone to Zero Lot Line to allow one Twin Homes to be built each lot, Lot 10 and Lot 11. Cost to Developer would be $10,000 for the lot. Lot 10 to be awarded to GRIP Development and Lot 11 to Rosenbrook Construction. The Single-Family Lots award to GRIP Development at no cost.

The Board made several motions after further discussion regarding each of the options.

A motion was made by Trustee Davis and seconded by Trustee Burcham to re-zone Lots 7, 8 & 9 to R-2 Single-Family and Lots 10 and 11 to R-6 Zero Lot Line Single Family. Voting For: Trustees Burcham, Davis, Rud, Stene, Best and Prince. Voting Against: none. Motion carried.

A motion was made by Trustee Davis and seconded by Trustee Rud to go with Option 3 to divide Lots 10 and 11 in half which would allow four Twin Homes to be built with a cost of $10,000 for each lot plus the cost of the additional services to be installed. If GRIP Development is not interested in Lot 10 with the sub-division then Lot 10 & 11 can be offered to Rosenbrook Construction. Voting For: Trustees Rud, Best, Stene, Burcham, Davis and Prince. Voting Against: none. Motion carried.

A motion was made by Trustee Davis and seconded by Trustee Burcham to sub-divide Lots 10 & 11 into four parcels allowing four Twin Homes to be built and the cost of the Plat map and state review fees will be paid to Cedar Corporation at the rate of approximately $4,000 by the Village at the cost of the Village. Voting For: Trustees Best, Stene, Davis, Rud, Burcham and Prince. Voting Against: none. Motion carried.

A motion was made by Trustee Davis and seconded by Trustee Burcham to re-zone Lots 1 & 2 to R-6, Zero Lot Line Single-Family Residential at the cost of Mr. Fraley; there will remain no lot cost since he was granted the lots previous, but the cost of the two services would be Mr. Fraley also. Mr. Fraley has the option to still build Single Family with no changes. If Mr. Fraley is no longer interested in Lots 1 & 2, then David Rosenbrook would be willing to pay $10,000 each for Lots 1 & 2 plus the cost of the services and the Village would pay the cost of the CSM to divide the lots to allow Twin Homes. Voting For: Trustees Stene, Burcham, Rud, Davis, Best and Prince. Voting Against: none. Motion carried.

A motion was made by Trustee Stene and seconded by Trustee Burcham to award Lots 8 & 9, Single-Family to GRIP Development at no cost. Voting For: Trustees Best, Rud, Stene, Burcham and Prince. Voting Against: Trustee Davis. Motion carried.

Adjourn – A motion was made by Trustee Davis and seconded by Trustee Burcham to adjourn the meeting at 8:20 p.m. A voice vote was taken with all members voting in favor. Meeting Adjourned.

_____
Jeff Prince, Village President

Attest: _____
Lynn Niggemann
Administrator-Clerk-Treasurer

POOLED CHECKING ACCOUNT Accounting Checks

Posted From: 6/12/2023 From Account:
Thru: 6/25/2023 Thru Account:

Check Nbr	Check Date	Payee	Amount
78959	6/15/2023	AMAZON CAPITAL SERVICES	1,126.94
78960	6/15/2023	ARAMARK UNIFORM SERVICE, INC	170.74
78961	6/15/2023	CARLTON DEWITT	951.24
78962	6/15/2023	CLOUD PCR LLC	606.57
78963	6/15/2023	COLFAX FAIR BOARD	100.00
78964	6/15/2023	COMMERCIAL TESTING LAB	688.00
78965	6/15/2023	CRAMER CONSULTING, LLC	250.00
78966	6/15/2023	DANIELS SHARPSMART, INC	183.21
78967	6/15/2023	DUNN ENERGY COOPERATIVE	102.00
78968	6/15/2023	E.O. JOHNSON	47.00
78969	6/15/2023	EBSCO INFORMATION SERVICES	145.26
78970	6/15/2023	EXPRESS MART	83.63
78971	6/15/2023	FARRELL EQUIPMENT & SUPPLY CO.	1,149.50
78972	6/15/2023	FIRST SUPPLY LLC-EAU CLAIRE	537.28
78973	6/15/2023	GEORGE ENTZMINGER	100.00
78974	6/15/2023	GOTO COMMUNICATIONS INC	75.60
78975	6/15/2023	HAWKINS, INC.	2,501.15
78976	6/15/2023	HENRY SCHEIN	118.18
78977	6/15/2023	HUEBSCH LAUNDRY CO	109.72
78978	6/15/2023	KYLES MARKET	8.70
78979	6/15/2023	MEDPRO MIDWEST GROUP	10,277.31
78980	6/15/2023	MENARDS-EAU CLAIRE	470.64
78981	6/15/2023	MISSISSIPPI WELDERS SUPPLY CO.	2.60
78982	6/15/2023	PITNEY BOWES GLOBAL FINANCIAL SERVICES	143.55
78983	6/15/2023	SCHILLING SUPPLY	382.79
78984	6/15/2023	SHRED AWAY	33.00
78985	6/15/2023	STAPLES	49.16
78986	6/15/2023	SYNERGY COOPERATIVE	2,511.66
78987	6/15/2023	U.S. POSTAL SERVICE	240.00
78987	6/15/2023	U.S. POSTAL SERVICE	-240.00
78988	6/15/2023	VIKING DISPOSAL, INC	1,723.00
78989	6/15/2023	WATER CARE SERVICES	31.50
78990	6/15/2023	ZEMPEL APPRAISAL SERVICE	971.30

POOLED CHECKING ACCOUNT Accounting Checks

Posted From: 6/12/2023 From Account:
Thru: 6/25/2023 Thru Account:

Check Nbr	Check Date	Payee	Amount
78991	6/15/2023	U.S. POSTAL SERVICE	94.00
78992	6/15/2023	U.S. POSTAL SERVICE	146.00
78993	6/16/2023	HOTSY CLEANING SYSTEMS	33.91
EFTPS	6/22/2023	EFTPS-FEDERAL-SS-MEDICARE	7,565.70
WIDOR	6/22/2023	WI DEPARTMENT OF REVENUE	1,150.45
BREMER	6/12/2023	CARDMEMBER SERVICE	973.54
WIDCOMP	6/22/2023	WISCONSIN DEFERRED COMPENSATION	260.00
ASSURITY	6/22/2023	ASSURITY LIFE INS CO	354.46
TRIZETTO	6/18/2023	TRIZETTO	52.50
WEENERGIES	6/19/2023	WE ENERGIES	71.79
WEENERGIES	6/19/2023	WE ENERGIES	115.37
		Grand Total	36,468.95

SOLID WASTE & RECYCLING RU Accounting Checks

Posted From: 6/12/2023 From Account:
Thru: 6/25/2023 Thru Account:

Check Nbr	Check Date	Payee	Amount
1260	6/15/2023	CARLTON DEWITT	455.00
1261	6/15/2023	DUNN ENERGY COOPERATIVE	123.00
1262	6/15/2023	FIRST CHOICE	1,020.00
1263	6/15/2023	JOHNSON ROLL-OFF SERVICE, LLC	16,403.90
1264	6/15/2023	UNEMPLOYMENT INSURANCE	233.12
1265	6/15/2023	VILLAGE OF COLFAX	5,097.50
1266	6/15/2023	VILLAGE OF COLFAX	5,097.50
		Grand Total	28,430.02

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

✓ Provisional License ✓ New License X Renewal License

Fee: $10.00 each application
Receipt: pd 17071
cc $10
provisional

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Rochelle (FIRST NAME) Marie (MIDDLE NAME) Addison (LAST NAME)

Telephone Number 715 8286070 **Email Address** SexxySadie45@gmail.com

Current Address 804 high St (Street) Colfax (City) Wi 54730 (Zip Code) 5yrs (yrs. at address)

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

Date of Birth [redacted] **Age** 35

Place of Employment Walmart

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

Recommendation ✓ **Approve** _____ **Deny** _____ (Chief of Police or designated staff Signature) 06/09/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X _____ Signature of Applicant

Subscribed and sworn before me this 9th day of June, 20 23.

Lynn M Niggemann (Signature of Notary Public) 05-15-2025 (Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 6/9/23 Date to the Board: 6-26-23 Approved or Denied

City of Chetek
Operator's License
License No: 2022 113

WHEREAS, the local governing body of the City of Chetek, County of Barron, Wisconsin, has, upon application duly made, granted and authorized the issuance of an "Operator's" License to:

Rochelle M. Addison
804 High St
Colfax, WI 54730

AND WHEREAS, the said applicant has paid to the Treasurer the sum of $30.00 as required by the Municipality ordinances and has complied with all requirements necessary for obtaining a license;

NOW THEREFORE, An "Operator's" License, pursuant to Sections 125.32(2) and 125.68(2) of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant which must be carried with you or posted at your place of employment any time you are working,

for the period from 5/18/2023 to 6/30/2023.

Given under my hand and the Great Seal of the City of Chetek, County of Barron, State of Wisconsin, this 18th day of May, 2023.

(Corporate Seal) Carmen Newman

Carmen Newman, Clerk/Treasurer

City of Chetek
Operator's License
License No: 2022 113

License Fee: $30.00

WHEREAS, the local governing body of the City of Chetek, County of Barron, Wisconsin, has, upon application duly made, granted and authorized the issuance of an "Operator's" License to:

Rochelle M. Addison

AND WHEREAS, the said applicant has paid to the Treasurer the sum of $30.00 as required by the Municipality ordinances and has complied with all requirements necessary for obtaining a license;

NOW THEREFORE, An "Operator's" License, pursuant to Sections 125.32(2) and 125.68(2) of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant which must be carried with you or posted at your place of employment any time you are working,

for the period from 5/18/2023 to 6/30/2023.

Given under my hand and the Great Seal of the City of Chetek, County of Barron, State of Wisconsin, this 18th day of May, 2023.

(Corporate Seal) Carmen Newman

Carmen Newman, Clerk/Treasurer

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____ Provisional License X New License ____ Renewal License Fee: $10.00 each application
Receipt: RT 17066

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2024, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Austin (FIRST NAME) Reid (MIDDLE NAME) Swanson (LAST NAME)

Telephone Number 715-505-9607 **Email Address** austinswanson2004@gmail.com

Current Address 1280th Ave (Street) New Auburn (City) 54757 (Zip Code) 6 (yrs. at address)

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

Date of Birth [redacted] **Age** 19

Place of Employment Synergy.

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

Recommendation X **Approve** ____ **Deny** _____ (Chief of Police or designated staff Signature) 06/12/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X _____ Signature of Applicant

Subscribed and sworn before me this 9th day of June, 2023.

_____ (Signature of Notary Public) 05-15-25 (Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 6/9/23 Date to the Board: 6-26-23 Approved or Denied

360 TRAINING™ LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Austin Swanson

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

Completion Date	Expiration Date	Certificate #
06/09/2023	06/08/2025	WI-00614454

Official Signature

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

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | www.360training.com

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME CHRIS (FIRST NAME) ALLEN (MIDDLE NAME) LYNN (LAST NAME)

Telephone Number 715-962-3251 **Email Address** _____

Current Address 517 8TH AV. (Street) COLFAX (City) 54730 (Zip Code) 65 (yrs. at address)

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

Date of Birth [redacted] **Age** 65

Place of Employment EXPRESS MART

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

Recommendation __✓__ **Approve** _____ **Deny** _____ (Chief of Police or designated staff Signature) 05/31/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X _____ Signature of Applicant

Subscribed and sworn before me this 3 day of May, 20 23.

_____ (Signature of Notary Public) 7-17-26 (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-31-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Brenda Lee Kettner
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-440-7095 **Email Address** pegasus_lover_1964@yahoo.com

Current Address 118 Park Dr. Lot #230 Colfax 54730 5 yrs.
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 909 University Ave. Colfax 54738
(Street) (City) (Zip Code)

Date of Birth [redacted] **Age** 58

Place of Employment Express Mart

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

Recommendation __✓__ **Approve** _____ **Deny** [signature] 05/31/2023
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Brenda Kettner
Signature of Applicant

Subscribed and sworn before me this 3 day of May, 20 23.

Sheila Riemer
(Signature of Notary Public)

7-17-26
(Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-31-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Timothy (FIRST NAME) Patrick (MIDDLE NAME) Kettner (LAST NAME)

Telephone Number (715) 440-7096 **Email Address** ~~time~~ Kettner.Tim@yahoo.com

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

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

Date of Birth [redacted] **Age** 58

Place of Employment Brightwood Corp. Menomonie WI.

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

Recommendation __✓__ **Approve** _____ **Deny** [signature] (Chief of Police or designated staff Signature) 05/31/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [signature]
Signature of Applicant

Subscribed and sworn before me this 30 day of May, 20 23.

[signature] (Signature of Notary Public) 7-17-26 (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-31-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jacqueline (FIRST NAME) K (MIDDLE NAME) Clark (LAST NAME)

Telephone Number 715-962-4439 **Email Address** jackiekclark62@yahoo.com

Current Address E9715 State Rd 40 (Street) Colfax (City) WI (Zip Code) 10 (yrs. at address)

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

Date of Birth [redacted] **Age** 61

Place of Employment Express Mart

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

Recommendation __X__ **Approve** ____ **Deny** _____ (Chief of Police or designated staff Signature) 05/31/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Jacqueline Clark
Signature of Applicant

Subscribed and sworn before me this 10 day of May, 20 23.

Sheila Riemer
(Signature of Notary Public)

7-17-26
(Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-31-23 Date to the Board: 6-24-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Shelby (FIRST NAME) Brianne (MIDDLE NAME) Wilson (LAST NAME)

Telephone Number 715-704-1437 **Email Address** Shelby.nightskymoo@gmail.com

Current Address 514½ University Ave (Street) Colfax (City) 54730 (Zip Code) 9 yrs (yrs. at address)

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

Date of Birth [redacted] **Age** 27

Place of Employment Express Mart

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

Recommendation __X__ **Approve** _____ **Deny** _____ (Chief of Police or designated staff Signature) 05/31/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X _____ Signature of Applicant

Subscribed and sworn before me this 3 day of May, 20 23.

_____ (Signature of Notary Public) 7-17-26 (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-31-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Scott (FIRST NAME) Merlin (MIDDLE NAME) Shelley (LAST NAME)

Telephone Number 715-962-2407 **Email Address** smsshelley@hotmail.com

Current Address N 9925 670Th St. (Street) Colfax (City) 54730 (Zip Code) 13 (yrs. at address)

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

Date of Birth [redacted] **Age** 62

Place of Employment Express MART

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

Recommendation ✓ **Approve** ____ **Deny** [signature] (Chief of Police or designated staff Signature) 05/31/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [signature]
Signature of Applicant

Subscribed and sworn before me this 9 day of May, 20 23.

[signature] (Signature of Notary Public) 7-17-26 (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-31-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Bailey (FIRST NAME) Jo (MIDDLE NAME) Haugle-Score (LAST NAME)

Telephone Number 715-931-7514 **Email Address** matt_bailey_ivie@hotmail.com

Current Address E5406 1170th Ave Lot 1 (Street) Wheeler (City) WI 54772 (Zip Code) 2 years (yrs. at address)

Previous Address 523 Main St. Apt. 1 (Street) Colfax (City) WI 54730 (Zip Code) 2 years

Date of Birth [redacted] **Age** 30

Place of Employment Express Mart

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

Recommendation ✓ **Approve** ____ **Deny** [signature] (Chief of Police or designated staff Signature) 05/31/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Bailey Haugle Score
Signature of Applicant

Subscribed and sworn before me this 31 day of May, 20 23.

[signature] (Signature of Notary Public) 7-17-26 (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-31-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License X Renewal License

Fee: $10.00 each application
Receipt: Ck 106756

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Nikki (FIRST NAME) Jean (MIDDLE NAME) McCutcheon (LAST NAME)

Telephone Number 715-505-1388 **Email Address** _____

Current Address 406 Main St (Street) Colfax (City) 54730 (Zip Code) 12 (yrs. at address)

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

Date of Bir[redacted] **Age** 36

Place of Employment Kyle's Market

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

Recommendation X **Approve** ____ **Deny** _____ (Chief of Police or designated staff Signature) 05/31/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X _____ Signature of Applicant

Subscribed and sworn before me this 30TH day of May, 20 23.

_____ (Signature of Notary Public) July 28, 2023 (Commission Expires)

ANN M. BRUNNER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-31-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: CK 106756

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Nancy (FIRST NAME) Kay (MIDDLE NAME) Taylor (LAST NAME)

Telephone Number 715-933-0926 **Email Address** nancy85.5@hotmail.com

Current Address E9470 - 130th Ave (Street) Colfax (City) 54730 (Zip Code) 24 (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth [redacted] **Age** 56

Place of Employment Klyes Market

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

Recommendation X **Approve** ____ **Deny** [signature] (Chief of Police or designated staff Signature) 05/31/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [signature] Signature of Applicant

Subscribed and sworn before me this 26th day of May, 20 23

[signature] (Signature of Notary Public) June 8, 24 (Commission Expires)

ANNE HIGBIE NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-31-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License X Renewal License

Fee: $10.00 each application
Receipt: CK 106756

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tristan James Wolff
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-0695 **Email Address** soccergot34@hotmail.com

Current Address 100 Viking Dr. Colfax 54730 ~~30~~ 35
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [redacted] **Age** 35

Place of Employment Kyles Market

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

Recommendation X **Approve** ____ **Deny** [signature] 05/31/2023
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Tristan W [signature]
Signature of Applicant

Subscribed and sworn before me this 24th day of May, 20 23.

Anne Higbie June 8, 24
(Signature of Notary Public) (Commission Expires)

ANNE HIGBIE NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-31-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: Ck 106756

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kyle (FIRST NAME) James (MIDDLE NAME) Krall (LAST NAME)

Telephone Number 715-556-2062 **Email Address** kylekrallfishing5000@gmail.com

Current Address W8310 855th St (Street) Colfax (City) WI 54730 (Zip Code) 21 years (yrs. at address)

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

Date of Birth [redacted] **Age** 21

Place of Employment Kyles Market

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

Recommendation __✓__ **Approve** _____ **Deny** [signature] (Chief of Police or designated staff Signature) 05/31/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Kyle Krall (Signature of Applicant)
Kyle Krall

Subscribed and sworn before me this 12th day of May, 20 23

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

ANNE HIGBIE NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-31-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: CK 106756

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jeffrey (FIRST NAME) Larry (MIDDLE NAME) René (LAST NAME)

Telephone Number 715-308-4881 **Email Address** mamatusch1@yahoo.com

Current Address 302 4th Ave (Street) Colfax (City) 54730 (Zip Code) 16 (yrs. at address)

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

Date of Birth [redacted] **Age** 52

Place of Employment Kyle's Market

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

Recommendation __✓__ **Approve** ____ **Deny** [signature] (Chief of Police or designated staff Signature) 05/31/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [signature] Signature of Applicant

Subscribed and sworn before me this 17th day of May, 20 23.

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

ANNE HIGBIE NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-31-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: CK 106756

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mary Michele Muza
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-4801 **Email Address** Marymuza60@gmail.com

Current Address 308 11th St. E Menomonie 54751 15+ yrs
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [redacted] **Age** 62

Place of Employment Kyle's Market

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

Recommendation ✓ **Approve** ____ **Deny** [signature] 05/31/2023
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Mary M Muza
Signature of Applicant

Subscribed and sworn before me this 17th day of May, 20 23.

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

ANNE HIGBIE NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-31-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: CK 106756

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kyle (FIRST NAME) Alan (MIDDLE NAME) Kressin (LAST NAME)

Telephone Number 715-505-2290 **Email Address** KyleKressin@icloud.com

Current Address N 8441 Co Rd M (Street) Colfax, WI (City) 54730 (Zip Code) 16 (yrs. at address)

Previous Address 918 13th Ave (Street) Bloomer, WI (City) 54724 (Zip Code)

Date of Birth [redacted] **Age** 60

Place of Employment Kyle's Market

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

Recommendation X **Approve** ____ **Deny** [signature] (Chief of Police or designated staff Signature) 05/31/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [signature] Signature of Applicant

Subscribed and sworn before me this 19th day of May, 20 23.

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

ANNE HIGBIE NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-31-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: ck 106756

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Talene (FIRST NAME) ____ (MIDDLE NAME) Amick (LAST NAME)

Telephone Number 715 699 0419 **Email Address** ____

Current Address 502½ Cedar St (Street) Colfax WI (City) 54730 (Zip Code) 5+ years (yrs. at address)

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

Date of Birth [redacted] **Age** 55

Place of Employment Kyle's Market

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

Recommendation __X__ **Approve** ____ **Deny** [signature] (Chief of Police or designated staff Signature) 05/31/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Talene Amick
Signature of Applicant

Subscribed and sworn before me this 16th day of May, 20 23.

Anne Higbie
(Signature of Notary Public)

June 8, 2024
(Commission Expires)

ANNE HIGBIE NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-31-23 Date to the Board: 6-24-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License X Renewal License

Fee: $10.00 each application
Receipt: CK 106756

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2024, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Julie Marie Eiseth
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-0353 **Email Address** jmeiseth64@gmail.com

Current Address N8583 St Rd 40 Colfax, WI 54730 7 mos
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 112 Park Dr Lot 244 Colfax, WI 54730
(Street) (City) (Zip Code)

Date of Birth [redacted] **Age** 59

Place of Employment Kyle's Market

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

Recommendation X **Approve** ____ **Deny** [signature] 05/31/2023
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Julie M. Eiseth
Signature of Applicant

Subscribed and sworn before me this 18th day of May, 20 23.

Anne Higbie
(Signature of Notary Public)

June 8, 2024
(Commission Expires)

ANNE HIGBIE NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-31-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: CK 106756

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Nicole (FIRST NAME) Josie (MIDDLE NAME) Gothlbson (LAST NAME)

Telephone Number 715-933-2647 **Email Address** nicole-gothlbson_2003@hotmail.com

Current Address N8983 5th Rd HD (Street) Colfax (City) WI (Zip Code) 54730 (yrs. at address) 7 mos

Previous Address 112 Park Dr Lot 144 (Street) Colfax (City) WI (Zip Code) 54730

Date of Birth [redacted] **Age** 30

Place of Employment Kyle's Market

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

Recommendation X **Approve** _____ **Deny** (Chief of Police or designated staff Signature) 05/31/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Nicole Gothlbson
Signature of Applicant

Subscribed and sworn before me this 18th day of May, 20 23.

Anne Higbie
(Signature of Notary Public)

June 8 2024
(Commission Expires)

ANNE HIGBIE NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-31-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License X New License ____ Renewal License

Fee: $10.00 each application
Receipt: cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Sheila (FIRST NAME) M (MIDDLE NAME) Riemer (LAST NAME)

Telephone Number 715-556-4101 **Email Address** deputy@villageofcolfaxwi.org

Current Address N9815 670th St (Street) Colfax (City) WI (Zip Code) 54730 (yrs. at address)

Previous Address N4791 State Rd 25 (Street) Lot 242 (City) Menomonie WI (Zip Code) 54751

Date of Birth [redacted] **Age** 54

Place of Employment Village of Colfax

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

Recommendation X **Approve** ____ **Deny** [signature] (Chief of Police or designated staff Signature) 05/12/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [signature]
Signature of Applicant

Subscribed and sworn before me this 16th day of May, 20 23.

Lynn M. Niggemann (Signature of Notary Public) 05-15-2027 (Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-15-23 Date to the Board: 6-26-23 Approved or Denied

360 TRAINING™ LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Sheila Riemer

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

Completion Date	Expiration Date	Certificate #
05/12/2023	05/11/2025	WI-00612830

Official Signature

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

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | www.360training.com

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jeffrey William Prince
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address 1004 University Ave Colfax WI 54730 24yrs
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [redacted] **Age** 52

Place of Employment Self employed

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

Recommendation ✓ **Approve** ____ **Deny** [signature] 05/09/2023
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Jeffrey W. Prince
Signature of Applicant

Subscribed and sworn before me this 8 day of May, 20 23.

Sheila Riemer 7-17-26
(Signature of Notary Public) (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5/8/23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mary Ann Durand
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-440-1999 **Email Address** durandmadel@icloud.com

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

Previous Address 8103 1325th Ave Ridgeland 54763
(Street) (City) (Zip Code)

Date of Birth [redacted] **Age** 62

Place of Employment Synergy

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

Recommendation __✓__ **Approve** _____ **Deny** [signature] 25/05/2023
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Mary Durand
Signature of Applicant

Subscribed and sworn before me this 19 day of May, 20 23.

Sheila Riemer
(Signature of Notary Public)

7-17-26
(Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-24-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Robin (FIRST NAME) Sue (MIDDLE NAME) Sarauer (LAST NAME)

Telephone Number (715)226-5819 **Email Address** itivksa84@gmail.com

Current Address 619 17Th Ave (Street) Bloomer (City) WI 54724 (Zip Code) 3 (yrs. at address)

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

Date of Birth [redacted] **Age** 39

Place of Employment Synergy Cooperative

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

Recommendation __✓__ **Approve** ____ **Deny** [signature] (Chief of Police or designated staff Signature) 05/25/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Robi S Sarauer
Signature of Applicant

Subscribed and sworn before me this 12 day of May, 20 23.

[signature] (Signature of Notary Public) 7-17-26 (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-24-23 Date to the Board: 6-24-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Hailey Brianne Prince
FIRST NAME MIDDLE NAME LAST NAME

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

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

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

Date of Birth [redacted] **Age** 22

Place of Employment Synergy Cooperative Cenex C-store

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

Recommendation ✓ **Approve** ____ **Deny** _____ 05/25/2023
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Hailey Prince
Signature of Applicant

Subscribed and sworn before me this 18th day of May, 20 23.

Ashley M. Goulet
(Signature of Notary Public)

10-23-24
(Commission Expires)

ASHLEY M. GOULET NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5.24.23 Date to the Board: 6.24.23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Hannah (FIRST NAME) Marie (MIDDLE NAME) DeMoe (LAST NAME)

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

Current Address 2714 Bongey Dr. Apt. 2 (Street) 54751 (City) (Zip Code) 2 (yrs. at address)

Previous Address N7401 St. Rd. 40 (Street) Colfax WI (City) 54730 (Zip Code)

Date of Birth [redacted] **Age** 25

Place of Employment Colfax Synergy

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

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

STATE OF WISCONSIN/ DUNN COUNTY

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

X Hannah DeMoe
Signature of Applicant

Subscribed and sworn before me this 18 day of May, 20 23.

Sheila Riemer
(Signature of Notary Public)

7-17-26
(Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-24-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Molly (FIRST NAME) Katherine (MIDDLE NAME) Heidorn (LAST NAME)

Telephone Number 715-225-8903 **Email Address** mollyheidorn12@outlook.com

Current Address N8287 948th St. (Street) Colfax (City) 54730 (Zip Code) 18 (yrs. at address)

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

Date of Birth [redacted] **Age** 18

Place of Employment Synergy Cooperative

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

Recommendation __✓__ **Approve** ____ **Deny** [signature] (Chief of Police or designated staff Signature) 05/25/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Molly Heidorn
Signature of Applicant

Subscribed and sworn before me this 15th day of May, 20 23.

Ashley M. Goulet
(Signature of Notary Public)

10-23-24
(Commission Expires)

ASHLEY M. GOULET NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-24-23 Date to the Board: 6-26-23 Approved or Denied


ASHLEY M. GOULET
NOTARY
PUBLIC
STATE OF WISCONSIN

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Joni (FIRST NAME) Lynn (MIDDLE NAME) Koehler (LAST NAME)

Telephone Number 715-714-4233 **Email Address** _____

Current Address N7001 660th St. (Street) Menomonie (City) WI (Zip Code) 54751 (yrs. at address) whole life

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

Date of Birth [redacted] **Age** 44

Place of Employment Synergy / Subway

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

Recommendation __✓__ **Approve** _____ **Deny** _____ (Chief of Police or designated staff Signature) 05/25/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X _____ Signature of Applicant

Subscribed and sworn before me this 17 day of May, 20 23.

_____ (Signature of Notary Public) 7-17-26 (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-24-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Abby (FIRST NAME) Lane (MIDDLE NAME) DeMoe (LAST NAME)

Telephone Number 715-556-5003 **Email Address** abbydemoe13@gmail.com

Current Address N7401 State Road 40 (Street), Colfax (City), 54730 (Zip Code), 21 years (yrs. at address)

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

Date of Birth [redacted] **Age** 21

Place of Employment Cenex

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

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

STATE OF WISCONSIN/ DUNN COUNTY

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

X [signature]
Signature of Applicant

Subscribed and sworn before me this 17 day of May, 20 23.

[signature] (Signature of Notary Public) 7-17-26 (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-24-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Joshua Christopher Larson
FIRST NAME MIDDLE NAME LAST NAME

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

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

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

Date of Birth [redacted] **Age** 23

Place of Employment Colfax Cenex - Synergy Cooperative

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

Recommendation __✓__ **Approve** ____ **Deny** _____ 05/25/2023
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Joshua C. Larson
Signature of Applicant

Subscribed and sworn before me this 15 day of May, 20 23.

Sheila Riemer 7-17-26
(Signature of Notary Public) (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-24-23 Date to the Board: 6.26.23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Suzanne (FIRST NAME) Marie (MIDDLE NAME) Hagen (LAST NAME)

Telephone Number 715-651-2280 **Email Address** _____

Current Address N8519 County rd. M (Street) Colfax (City) 54730 (Zip Code) 31 (yrs. at address)

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

Date of Birth [redacted] **Age** 60

Place of Employment Synergy Cooperative

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

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

STATE OF WISCONSIN/ DUNN COUNTY

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

X Suzanne M Hagen
Signature of Applicant

Subscribed and sworn before me this 16 day of May, 20 23.

[signature] (Signature of Notary Public) 7-17-26 (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-24-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kayla (FIRST NAME) Jane (MIDDLE NAME) Brown (LAST NAME)

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

Current Address N8227 Cty Rd M (Street) Colfax (City) 54730 (Zip Code) 9 3/4 (yrs. at address)

Previous Address E8948 810th Ave (Street) Colfax (City) 54730 (Zip Code)

Date of Bi[redacted] **Age** 39

Place of Employment Synergy Coop

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

Recommendation __X__ **Approve** _____ **Deny** (Chief of Police or designated staff Signature) 05/25/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X _____ Signature of Applicant

Subscribed and sworn before me this 15 day of May, 20 23.

_____ (Signature of Notary Public) 7-17-26 (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5.24.23 Date to the Board: 6.26.23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: ck 1012

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME GARY (FIRST NAME) Lee (MIDDLE NAME) Steve (LAST NAME)

Telephone Number 715-962-3512 **Email Address** _____

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

Previous Address 707 Oak ST. (Street) Colfax (City) 54730 (Zip Code)

Date of Birth [redacted] **Age** 78

Place of Employment RETIRED (SYNERGY)

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

Recommendation __X__ **Approve** _____ **Deny** [signature] (Chief of Police or designated staff Signature) 05/09/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [signature] Signature of Applicant

Subscribed and sworn before me this 8 day of May, 20 23.

[signature] (Signature of Notary Public) 7-17-26 (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5/8/23 Date to the Board: 6.26.23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License Fee: $10.00 each application
Receipt: cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mary (FIRST NAME) Jane (MIDDLE NAME) Roehl (LAST NAME)

Telephone Number 715-308-6227 **Email Address** mjroehl78@gmail.com

Current Address N8420 970th St (Street) Colfax (City) 54730 (Zip Code) 14 (yrs. at address)

Previous Address E4526 430th Ave (Street) Menomonie (City) 54751 (Zip Code)

Date of Birth [redacted] **Age** 44

Place of Employment Outhouse

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

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

STATE OF WISCONSIN/ DUNN COUNTY

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

X [signature]
Signature of Applicant

Subscribed and sworn before me this 24 day of May, 20 23.

[signature] (Signature of Notary Public) ____ (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-24-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kirsten (FIRST NAME) Kay (MIDDLE NAME) Shaw (LAST NAME)

Telephone Number (803) 800-7549 **Email Address** kirstenshaw17@Yahoo.com

Current Address E7573 850th Ave (Street) Colfax (City) 54703 (Zip Code) 1 (yrs. at address)

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

Date of Birth [redacted] **Age** 26

Place of Employment Outhouse Bar

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

Recommendation __X__ **Approve** _____ **Deny** _____ (Chief of Police or designated staff Signature) 05/16/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X _____
Signature of Applicant

Subscribed and sworn before me this 16 day of May, 20 23.

_____ (Signature of Notary Public) 7-17-26 (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-16-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Evia Pearl Gehrman
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-5302 **Email Address** eviag65@gmail.com

Current Address 305 Main St Colfax WI 54730 19 yrs
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [redacted] **Age** 57

Place of Employment Out House Bar

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

Recommendation __X__ **Approve** ____ **Deny** _____ 05/26/2023
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Evia Gehrman
Signature of Applicant

Subscribed and sworn before me this 25 day of May, 20 23.

Sheila Riemer 7-17-26
(Signature of Notary Public) (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5.25.23 Date to the Board: 6.26.23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: 17060

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Steven (FIRST NAME) DeWayne (MIDDLE NAME) Longdo (LAST NAME)

Telephone Number 715-933-2480 **Email Address** _____

Current Address N8476 745th St (Street) Colfax (City) 54730 (Zip Code) 2 (yrs. at address)

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

Date of Birth [redacted] **Age** 33

Place of Employment Out house

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

Recommendation __X__ **Approve** _____ **Deny** [signature] (Chief of Police or designated staff Signature) 06/07/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [signature]
Signature of Applicant

Subscribed and sworn before me this 5th day of June, 20 23.

Lynn M. Niggemann (Signature of Notary Public) 05-15-2025 (Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 6/5/23 Date to the Board: 6.24.23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: pd cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Davina (FIRST NAME) Lynn (MIDDLE NAME) Brenden (LAST NAME)

Telephone Number 715-962-4233 **Email Address** davinabrenden@gmail.com

Current Address N8247 940th St (Street) Colfax (City) WI (Zip Code) 12yrs (yrs. at address)

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

Date of Birth [redacted] **Age** 49

Place of Employment Outhouse

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

Recommendation __X__ **Approve** _____ **Deny** _____ (Chief of Police or designated staff Signature) 06/07/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Davina L Brenden
Signature of Applicant

Subscribed and sworn before me this 6th day of June, 20 23

Lynn M. Niggemann (Signature of Notary Public) 05-15-25 (Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 6/6/23 Date to the Board: 6/26/23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: pd cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tammy (FIRST NAME) Marie (MIDDLE NAME) Dalhoe (LAST NAME)

Telephone Number 715-497-5418 **Email Address** tammymariedalhoe@gmail.com

Current Address E8530 St. Rd. 170 (Street) Colfax (City) WI 54730 (Zip Code) 12 (yrs. at address)

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

Date of Birth [redacted] **Age** 45

Place of Employment Kwik Trip / Outhouse Bar

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

Recommendation __X__ **Approve** _____ **Deny** _____ (Chief of Police or designated staff Signature) 06/07/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X _____ Signature of Applicant

Subscribed and sworn before me this 6th day of June, 20 23.

Lynn M. Niggemann (Signature of Notary Public) 05-15-25 (Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 6/6/23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: pd CK 6017

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME TAMARA (FIRST NAME) Ann (MIDDLE NAME) Whinnery (LAST NAME)

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

Current Address N8948 Cty Rd M (Street) Colfax (City) 54730 (Zip Code) 27 (yrs. at address)

Previous Address 707 Amble St. (Street) Colfax (City) 54730 (Zip Code)

Date of Birth [redacted] **Age** 63

Place of Employment Mom's Restaurant + Pub

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

Recommendation __X__ **Approve** _____ **Deny** (Chief of Police or designated staff Signature) 06/07/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Tamara Whinnery
Signature of Applicant

Subscribed and sworn before me this 5th day of June, 20 23.

Lynn M. Niggemann (Signature of Notary Public) 05-15-2025 (Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 6/5/23 Date to the Board: 6.26.23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: pd CK 6017

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Vicki (FIRST NAME) Lynn (MIDDLE NAME) Christenson (LAST NAME)

Telephone Number 715-704-0939 **Email Address** VC9295@yahoo.com

Current Address E8620 N Cty Rd E. (Street) Elk Mound (City) 54739 (Zip Code) 9 yrs. (yrs. at address)

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

Date of Birth [redacted] **Age** 62

Place of Employment Mom's Restaurant + Pub

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

Recommendation X **Approve** _____ **Deny** [signature] (Chief of Police or designated staff Signature) 06/07/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [signature]
Signature of Applicant

Subscribed and sworn before me this 5th day of June, 20 23.

Lynn M. Niggemann (Signature of Notary Public) 05-15-2025 (Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 6/5/23 Date to the Board: 6.26.23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License Fee: $10.00 each application
Receipt: CR

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Deborah (FIRST NAME) Lynne (MIDDLE NAME) Petersen (LAST NAME)

Telephone Number 7152252595 **Email Address** peterdle66@gmail

Current Address 523 Main St. (Street) Colfax (City) 54730 (Zip Code) 4 months (yrs. at address)

Previous Address E8057 Cotty Rd BB (Street) Colfax (City) 54730 (Zip Code)

Date of Birth [redacted] **Age** 57

Place of Employment Blind Tiger

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

Recommendation __X__ **Approve** ____ **Deny** (Chief of Police or designated staff Signature) 05/31/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Signature of Applicant

Subscribed and sworn before me this 30 day of May, 20 23.

Sheila Riemer (Signature of Notary Public) 7-17-26 (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5/30/23 Date to the Board: 6.26.23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

X Provisional License X New License ____ Renewal License

Fee: $10.00 each application
Receipt: -Tom will pay
ck# 1684 w/ one ck.

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Brittany (FIRST NAME) Christine (MIDDLE NAME) Hoffman (LAST NAME)

Telephone Number (715) 308-6305 **Email Address** hunter368@live.com

Current Address 506 E. 3rd Ave (Street) Colfax (City) 54730 (Zip Code) 8 (yrs. at address)

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

Date of Birth [redacted] **Age** 30

Place of Employment Ball Field

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

Recommendation X **Approve** ____ **Deny** [signature] (Chief of Police or designated staff Signature) 05/16/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x [signature]
Signature of Applicant

Subscribed and sworn before me this 12 day of May, 20 23.

[signature] (Signature of Notary Public) 7-17-26 (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-12-23 Date to the Board: 6-26-23 Approved or Denied

Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Brittany Hoffman

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

www.Wisconsin-Bartending.com	05/12/2023
Training Provider	*Training Date*

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License Fee: $10.00 each application
Receipt: 17069

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME ~~Kautson~~ ROGER (FIRST NAME) LaVern (MIDDLE NAME) Knutson (LAST NAME)

Telephone Number 715 505 7761 **Email Address** Rogknutson@hotmail

Current Address E8057 Cty Rd BB (Street) Colfax (City) WI (Zip Code) 54730 6 (yrs. at address)

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

Date of Birth [redacted] **Age** 63

Place of Employment Dent Legion

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

Recommendation __X__ **Approve** _____ **Deny** _____ (Chief of Police or designated staff Signature) 05/30/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X _____ Signature of Applicant

Subscribed and sworn before me this 26 day of May, 20 23.

_____ (Signature of Notary Public) 7-17-26 (Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-26-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: pd #11068

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Christopher J Larson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 309 9830 **Email Address** _____

Current Address E8535 SA Rd 170 Colfax 54730 16
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [redacted] **Age** 57

Place of Employment Alcivia / Legion

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

Recommendation __X__ **Approve** _____ **Deny** _____ 06/07/2023
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X _____
Signature of Applicant

Subscribed and sworn before me this 7th day of June, 20 23.

Lynn M. Niggemann 05-15-23
(Signature of Notary Public) (Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 6/7/23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: 17061

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Katherine Ann Walters
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address N9544 640th St, Colfax 54730 9½
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [redacted] **Age** 70

Place of Employment (Retired) American Legion Post 131

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

Recommendation X **Approve** ____ **Deny** [signature] 06/07/2023
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Katherine Ann Walters
Signature of Applicant

Subscribed and sworn before me this 5th day of June, 20 23.

Lynn M. Niggemann
(Signature of Notary Public)

05-15-2025
(Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC WISCONSIN

Date Received: 6/5/23 Date to the Board: 6-24-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License Fee: $10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME STEVEN (FIRST NAME) PAUL (MIDDLE NAME) STOKKE (LAST NAME)

Telephone Number (715)577-1737 **Email Address** stokkesteven@gmail.com

Current Address N6957 950th ST. (Street) Elk Mound, WI (City) 54739 (Zip Code) 23 (yrs. at address)

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

Date of Birth [redacted] **Age** 64

Place of Employment Retired - Legion

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

Recommendation __X__ **Approve** ____ **Deny** (Chief of Police or designated staff Signature) 05/31/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X _____
Signature of Applicant

Subscribed and sworn before me this 30 day of May, 20 23.

Sheila Riemer
(Signature of Notary Public)

7-17-23
(Commission Expires)

SHEILA RIEMER NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5/30/23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: CK# 1684

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tammy (FIRST NAME) Renee (MIDDLE NAME) Nelson (LAST NAME)

Telephone Number 715-894-0454 **Email Address** tbriggs241@gmail.com

Current Address N8076 570th St. (Street) Colfax (City) WI 54730 (Zip Code) 9 (yrs. at address)

Previous Address 502 Pine St. (Street) Colfax (City) WI 54730 (Zip Code)

Date of Birth [redacted] **Age** 51

Place of Employment Elk Mound School District / Softball

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

Recommendation __X__ **Approve** ____ **Deny** [signature] (Chief of Police or designated staff Signature) 06/13/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Tammy R. Nelson
Signature of Applicant

Subscribed and sworn before me this 9th day of June, 20 23.

Lynn M. Niggemann (Signature of Notary Public) 05-15-2025 (Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 6/9/23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: _____

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2024, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mariah (FIRST NAME) Lynn (MIDDLE NAME) Smith (LAST NAME)

Telephone Number 715-704-1939 **Email Address** msmith2a319@gmail.com

Current Address E8490 895 1/2 Ave (Street) colfax (City) 54730 (Zip Code) 7 yrs (yrs. at address)

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

Date of Birth [redacted] **Age** 19

Place of Employment The Blind Tiger

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

Recommendation __X__ Approve ____ Deny [signature] (Chief of Police or designated staff Signature) 06/13/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x [signature]
Signature of Applicant

Subscribed and sworn before me this 23rd day of May, 20 23.

Lynn M. Niggemann (Signature of Notary Public) 05-15-25 (Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 5-23-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: pd CK 6017

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Leah Marie Scheffler
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-204-1313 **Email Address** scheffler.leah@yahoo.com

Current Address E8543 680th Ave Elkmound, WI 54739 13 yrs.
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [redacted] **Age** 40

Place of Employment mom's Restaurant and Pub

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

Recommendation __X__ **Approve** _____ **Deny** [signature] 06/13/2023
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Leah M. Scheffler
Signature of Applicant

Subscribed and sworn before me this 5th day of June, 20 23.

Lynn M. Niggemann
(Signature of Notary Public)

05-15-2023
(Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 06/05/23 Date to the Board: 6-24-23 Approved or Denied

BRITTANY

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Brittany (FIRST NAME) Jean (MIDDLE NAME) Sonnenberg (LAST NAME)

Telephone Number 715-663-0283 **Email Address** sonnenbergbrittany@gmail.com

Current Address E8117 1130 Ave (Street) Colfax (City) 54730 (Zip Code) 1 (yrs. at address)

Previous Address 809 Cty Rd M (Street) Colfax (City) 54730 (Zip Code)

Date of Birth [redacted] **Age** 30

Place of Employment Little Italy

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

Recommendation X **Approve** ____ **Deny** [signature] (Chief of Police or designated staff Signature) 06/13/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X B Sonly
Signature of Applicant

Subscribed and sworn before me this 12 day of June, 20 23.

Sheila Rumer (Signature of Notary Public) 7-17-26 (Commission Expires)

Date Received: 6-12-23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License Fee: $10.00 each application
Receipt: 17059

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Dale T Ochsen
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-8355 **Email Address** _____

Current Address 511 4th AVE Colfax 54730 4 YR
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 511 - 4th Ave Colfax 54730
(Street) (City) (Zip Code)

Date of Birt[redacted] **Age** 63

Place of Employment Retired / Legion

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

Recommendation __X__ **Approve** _____ **Deny** _____ 06/13/2023
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Dale T Ochsen
Signature of Applicant

Subscribed and sworn before me this 2nd day of June, 20 23.

Lynn M. Niggemann
(Signature of Notary Public)

05-15-2025
(Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 6/2/23 Date to the Board: 6-26-23 Approved or Denied

LYNDSEY

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: pd cash #17067

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Lyndsey (FIRST NAME) Ina (MIDDLE NAME) Pederson (LAST NAME)

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

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

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

Date of Birth [redacted] **Age** 39

Place of Employment A Little Slice of Italy

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

Recommendation ✓ **Approve** ____ **Deny** _____ (Chief of Police or designated staff Signature) 06/13/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X _____ Signature of Applicant

Subscribed and sworn before me this 9th day of June, 2023.

Lynn M Niggemann (Signature of Notary Public) 05-15-25 (Commission Expires)

Date Received: 6/9/23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: pd CK # 5098

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 24, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kaylee Marie Lemler
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-764-2484 **Email Address** kmdshadow@yahoo.com

Current Address N13314 Cty Hwy M New Auburn WI 54757 11yrs
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [redacted] **Age** 44

Place of Employment Viking Bowl

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

Recommendation __X__ **Approve** _____ **Deny** [signature] 06/13/2023
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Kaylee Lemler
Signature of Applicant

Subscribed and sworn before me this 9th day of June, 20 23.

Lynn M. Niggemann 05-15-25
(Signature of Notary Public) (Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 6/9/23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 – Phone 715-962-3311
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Answer the following questions fully and completely: (PLEASE PRINT)

NAME Kaitlyn (FIRST NAME) Michelle (MIDDLE NAME) Papineau (LAST NAME)

Telephone Number 715 704 1704 **Email Address** albricntkatie@gmail.com

Current Address E6636 833rd Ave (Street) Colfax (City) WI 54730 (Zip Code) 3 (yrs. at address)

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

Date of Birth [redacted] **Age** 22

Place of Employment Viking Bowl

POLICE DEPT APPLICABLE OFFENSE CRITERIA
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Recommendation X **Approve** ____ **Deny** [signature] (Chief of Police or designated staff Signature) 06/13/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Kaitlyn Papineau
Signature of Applicant

Subscribed and sworn before me this 9th day of June, 20 23.

Lynn M. Niggemann (Signature of Notary Public) 05-15-23 (Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

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Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

NAME Debra (FIRST NAME) Ann (MIDDLE NAME) Holzhueter (LAST NAME)

Telephone Number 715-556-5846 **Email Address** holzhueter373@gmail.com

Current Address E5434 Cty Rd. BB (Street), Menomonie (City) 54751 (Zip Code) 20 (yrs. at address)

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

Date of Birth [redacted] **Age** 48

Place of Employment Viking Bowl

POLICE DEPT APPLICABLE OFFENSE CRITERIA
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Recommendation __✓__ **Approve** _____ **Deny** _____ (Chief of Police or designated staff Signature) 06/13/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X _____
Signature of Applicant

Subscribed and sworn before me this 9th day of June, 20 23.

Lynn M. Niggemann (Signature of Notary Public) 05-15-25 (Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

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Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: pd ck # 5098

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

NAME Trevor Patrick Schindler
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-944-5952 **Email Address** trevor olson 52 @yahoo.com

Current Address N10114 cty Rd W Colfax 54730
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [redacted] **Age** 26

Place of Employment Viking Bowl & lounge

POLICE DEPT APPLICABLE OFFENSE CRITERIA
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Recommendation ✓ **Approve** ____ **Deny** [signature] 06/13/2023
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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x Trev Schindler
Signature of Applicant

Subscribed and sworn before me this 9th day of June, 20 23.

Lynn M. Niggemann 05-15-25
(Signature of Notary Public) (Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

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Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: pd ck 5098

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

NAME Kayla (FIRST NAME) Agnes (MIDDLE NAME) Jenson (LAST NAME)

Telephone Number 715-338-5414 **Email Address** Kaylajenson11@gmail.com

Current Address E9029 810th Ave (Street) Colfax (City) 54730 (Zip Code) -1 (yrs. at address)

Previous Address E6712 State Rd 170 (Street) Colfax (City) 54730 (Zip Code)

Date of Birth [redacted] **Age** 26

Place of Employment Viking Bowl + Lounge

POLICE DEPT APPLICABLE OFFENSE CRITERIA
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Recommendation __✓__ **Approve** ____ **Deny** [signature] (Chief of Police or designated staff Signature) 06/13/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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x Kayla Jenson
Signature of Applicant

Subscribed and sworn before me this 9th day of June, 20 23.

Lynn M. Niggemann (Signature of Notary Public) 05-15-25 (Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

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Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: pd ck 5098

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

NAME Tammy (FIRST NAME) Lynn (MIDDLE NAME) Simon (LAST NAME)

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

Current Address E7546 620th Ave (Street) Elk Mound (City) 54739 (Zip Code) ____ (yrs. at address)

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

Date of Birth [redacted] **Age** 51

Place of Employment Viking Bowl & Catering

POLICE DEPT APPLICABLE OFFENSE CRITERIA
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Recommendation __X__ **Approve** ____ **Deny** [signature] (Chief of Police or designated staff Signature) 06/13/2023 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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X [signature] Signature of Applicant

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LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 6/9/23 Date to the Board: 6-26-23 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

____Provisional License ____ New License __X__ Renewal License

Fee: $10.00 each application
Receipt: ck # 1684

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

NAME Peggy (FIRST NAME) R (MIDDLE NAME) Wallace (LAST NAME)

Telephone Number (715)651-3137 **Email Address** chloe_0384@yahoo.com

Current Address E1962 560th AVE (Street) Menomonie (City) WI (Zip Code) 54751 (yrs. at address) 1

Previous Address 807 E Railroad AVE (Street) Colfax (City) WI (Zip Code) 54730

Date of Birth [redacted] **Age** 39

Place of Employment Mayo Clinic / Softball

POLICE DEPT APPLICABLE OFFENSE CRITERIA
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Recommendation __X__ **Approve** _____ **Deny** [signature] (Chief of Police or designated staff Signature) 06/15/2023 (Date)

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X [signature] Signature of Applicant

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Lynn M. Niggemann (Signature of Notary Public) 05-15-25 (Commission Expires)

LYNN M. NIGGEMANN NOTARY PUBLIC STATE OF WISCONSIN

Date Received: 06/09/23 Date to the Board: 6-26-23 Approved or Denied