

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/1/2023 ending: 6/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Colfax
 Village of }
 City of }

County of Dunn Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Nelson	Mark	A	30749 136 th St. New Auburn WI 54757
Johnson	Lisa	J	501 West St. Colfax WI 54730
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Nelson	Mark	A	30749 136 th St New Auburn WI 54757
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Johnson	Lisa	J	501 West St Colfax WI 54730
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Outhouse Bar Business Phone Number 715-962-3339
 2. Address of Premises 413 Main St Post Office & Zip Code P.O. Box 81 54730

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Ground floor, storage room, deck on south side

Applicant's Wisconsin Seller's Permit Number <u>456000016554802</u>	
FEIN Number <u>39 1347846</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>400.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>22.50</u>
TOTAL FEE	\$ <u>522.50</u>

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>Johnson, Lisa J</i>	Title / Member <i>Partner</i>	Date <i>5-16-2023</i>
Signature <i>Lisa J Johnson</i>	Phone Number <i>715-962-2829</i>	Email Address <i>lisasmes@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5-16-2023</i>	Date reported to council / board <i>6-26-23</i>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <i>Lynn M Nagemann</i>

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Nelson		Mark		A	
Home Address (street/route)		Post Office	City	State	Zip Code
30749 136 th St			New Auburn	WI	54754
Home Phone Number			Age	Date of Birth	Place of Birth
715-967-2425			66		Eau Claire, WI

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 60+ years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Self	30749 136 th St New Auburn WI	1-1-78	Present
Employer's Name	Employer's Address	Employed From	To

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

* Mark A. Nelson
(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Johnson		Lisa		J	
Home Address (street/route)		Post Office	City	State	Zip Code
501 West St			Colfax	WI	54730
Home Phone Number			Age	Date of Birth	Place of Birth
715-962-2829			45		Eau Claire WI

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 44 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Outhouse	413 main St	2002	Present
Employer's Name	Employer's Address	Employed From	To
Walmart	Menomonie	2000	2002

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

* Lisa Johnson
(Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/1/2023 ending: 6/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Colfax
 Village of }
 City of }

County of Dunn Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Young Active Ventures, LLC</u>	<u>706 Stetten St. Colfax WI 54730</u>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Young</u>	<u>Alicia</u>	<u>m</u>	<u>706 Stetten St Colfax WI 54730</u>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Young</u>	<u>Alicia</u>	<u>m</u>	<u>706 Stetten St Colfax WI 54730</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Viking Bowl + Catering Business Phone Number 715-962-3252
 2. Address of Premises 108 Main St Post Office & Zip Code Colfax 54730

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Lounge + dining area, party room, alleys

Applicant's Wisconsin Seller's Permit Number <u>456102899123602</u>	
FEIN Number <u>474672395</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>400.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>22.50</u>
TOTAL FEE	\$ <u>522.50</u>

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>Young, Alicia m</i>	Title / Member <i>Owner</i>	Date <i>6-9-2023</i>
Signature <i>* Alicia Young</i>	Phone Number <i>715-781-0598</i>	Email Address <i>amyang1966@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>6/9/2023</i>	Date reported to council / board <i>6-26-23</i>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <i>Lynn Niggemann</i>

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Young		Alicia		M	
Home Address (street/route)		Post Office	City	State	Zip Code
706 Stetten St			Colfax	WI	54730
Home Phone Number		Age	Date of Birth	Place of Birth	
715-781-0598		56		Lawton	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 27 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Active Young Ventures	108 main Colfax 54730	2014	Present
Whitetail Golf	Colfax WI 54730	2008	2014

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

*Alicia Young
(Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } COLFAX
 City of }

County of DUNN Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Thaler	Steven	M	310 S Main St Chippewa Falls, WI 54729
Thaler	John	T	310 S Main St Chippewa Falls, WI 54729
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>J & S Sales of Chippewa Falls, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>DEMOE</u>	(First) <u>RONDI</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>PO BOX 251 COLFAX, WI 54730</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Thaler</u>	(First) <u>Steven</u>	(Middle Name) <u>M</u>	Home Address (Street, City or Post Office, & Zip Code) <u>310 S Main St Chippewa Falls, WI 54729</u>
Vice President / Member Last Name <u>Thaler</u>	(First) <u>John</u>	(Middle Name) <u>t</u>	Home Address (Street, City or Post Office, & Zip Code) <u>310 S Main St Chippewa Falls, WI 54729</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Express Mart Business Phone Number 715-962-3241

2. Address of Premises 616 MAIN ST Post Office & Zip Code COLFAX, WI 54730

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

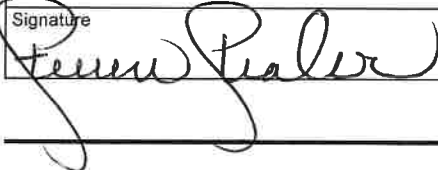
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Convenience Store

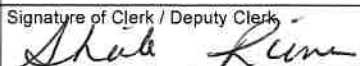
Applicant's Wisconsin Seller's Permit Number <u>456-1026446429-02</u>	
FEIN Number <u>27-1107309</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 10
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 22.50
TOTAL FEE	\$ 32.50

5. Legal description (omit if street address is given on previous page): Convenience Store
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
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(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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Contact Person's Name (Last, First, M.I.) Thaler, Steven M.	Title / Member Member	Date 5/22/23
Signature 	Phone Number 715-723-2822	Email Address www.thaleroil.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-24-2023	Date reported to council / board 6-26-23	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk 

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Iverson - Demoe		Rondi		L	
Home Address (street/route)		Post Office	City	State	Zip Code
703 Pine St		P.O. Box 251	Colfax	WI	54730
Home Phone Number			Age	Date of Birth	Place of Birth
715-556-3496			67		Eau Claire, WI

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 60+ years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Express Mart	616 Main St Colfax	2011	Present
Employer's Name	Employer's Address	Employed From	To

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

Rondi Iverson-Demoe
(Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/1/2023 ending: 6/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Colfax
 Village of }
 City of }

County of Dunn Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456102559186603</u>	
FEIN Number <u>26 020 7158</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>10.00</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>50.00</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>22.50</u>
TOTAL FEE	\$ <u>82.50</u>

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Kyles Market Inc.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
---	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>KRESSIN</u>	(First) <u>NICHOLAS</u>	(Middle Name) <u>NORBERT</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N9811 550th STREET</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name <u>KRESSIN</u>	(First) <u>HANNAH</u>	(Middle Name) <u>ROSE</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N9911 550th STREET</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Kyles Market Business Phone Number 715-962-3585
 2. Address of Premises 115 Main St. Post Office & Zip Code Colfax 54730


3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

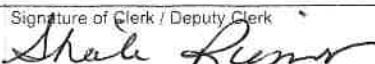
Room by front registers, beer cave, sales floor by cave

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) KRESSIN, NICHOLAS N	Title / Member OWNER	Date 5/10/2023
Signature 	Phone Number 715-962-3585	Email Address info@kylesmarket.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-31-23	Date reported to council / board 6-26-23	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk 

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
KRESS, ~		HANNAH		ROSE	
Home Address (street/route)		Post Office	City	State	Zip Code
N9811 550th ST			COLTAX	WI	54730
Home Phone Number		Age	Date of Birth	Place of Birth	
715-989-0007		36	[REDACTED]	Eau Claire, WI	

The above named individual provides the following information as a person who is (check one).

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.

TREASURER of KYLES MARKET INC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

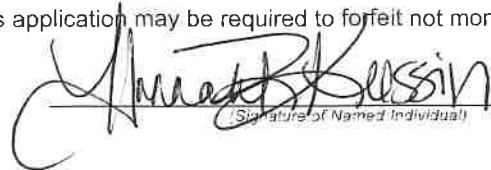
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 35
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Kyles Market	115 Main St., Colfax WI 54730	July 2022	Current
Mayo Clinic Health System	1222 E. Woodland Ave, Barron WI 54812	Sept 2011	Current

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


(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
KROSSIN		NICOLAS		NOBERT	
Home Address (street/route)		Post Office	City	State	Zip Code
19811 550TH STREET			CULFAX	WI	54730
Home Phone Number		Age	Date of Birth	Place of Birth	
715-989-0007		37	[REDACTED]	CHIPPewa FALLS, WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.

RESIDENT of KYLE'S MARKET INC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 37
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
KYLE'S MARKET	115 MAIN ST.	2011	PRESENT
WIARNG		2004	2015

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



(Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } COLFAX
 City of }

County of DUNN Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 456-1020420796-02	
FEIN Number 39-1764869	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>10.00</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>22.50</u>
TOTAL FEE	\$ <u>32.50</u>

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company SYNERGY COMMUNITY COOPERATIVE	Address of Corporation / Limited Liability Company (if different from licensed premises) PO BOX 155, RIDGELAND, WI 54763
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name BROWN	(First) CHARLES	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) E8948 810TH AVE COLFAX, WI 54730
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:


President / Member Last Name SCORE	(First) DAVID	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) N12103 430TH ST, BOYCEVILLE, WI 54725
Vice President / Member Last Name MOLLS JR	(First) ROMAN	(Middle Name) A	Home Address (Street, City or Post Office, & Zip Code) 459 16TH AVE ALMENA, WI 54805
Secretary / Member Last Name ACKERLUND	(First) STEVEN	(Middle Name) R	Home Address (Street, City or Post Office, & Zip Code) N11014 CTY RD M COLFAX, WI 54730
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name KNUTSON	(First) KYLE	(Middle Name) L	Home Address (Street, City or Post Office, & Zip Code) N10037 CTY RD M COLFAX, WI 54730
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

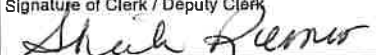
- Trade Name COLFAX CENEX Business Phone Number (715) 962-3172
- Address of Premises 401 E. RAILROAD AVE Post Office & Zip Code COLFAX 54730
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
INSIDE OF BUILDING INCLUDE COOLERS

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges** for any offenses presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) Troy Strand	Title / Member Operations Manager	Date 5/8/2023
Signature 	Phone Number (715) 949-1165	Email Address troys@synergycoop.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-19-2023	Date reported to council / board 6-26-23	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk 

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Brown		(first name) Charles	(middle name) L	
Home Address (street/route) N8227 Cty RD W		Post Office	City Colfax	State WI
Home Phone Number 715-962-3545		Age 42	Date of Birth 1-25-81	Zip Code 54730
Place of Birth Chippewa				

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

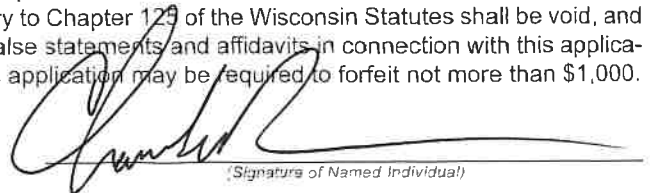
which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 42 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name Synergy Coop Colfax	Employer's Address 401 Railroad Ave Colfax WI	Employed From OCT 2004	To to present
Employer's Name	Employer's Address	Employed From	To

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 129 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/1/2023 ending: 6/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Colfax
 Village of }
 City of }

County of Dunn Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456103033186704</u>	
FEIN Number <u>851323689</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>400.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>22.50</u>
TOTAL FEE	\$ <u>522.50</u>

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Momms Restaurant & Pub LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>225 Bremer Ave #101 Colfax WI 54730</u>
--	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Barstad</u>	(First) <u>Mark</u>	(Middle Name) <u>S</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N8080 Co.Rd.M Colfax WI 54730</u>
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Barstad</u>	(First) <u>mark</u>	(Middle Name) <u>S</u>	Home Address (Street, City or Post Office, & Zip Code) <u>N8080 Co.Rd.M Colfax WI 54730</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Momms Rest. & Pub Business Phone Number 715-962-4167
 2. Address of Premises 225 Bremer Ave #101 Post Office & Zip Code Colfax WI 54730

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Shelving in hallway, office, furnace room, cooler

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>Barstad, Mark S</i>	Title / Member <i>owner</i>	Date <i>6/5/2023</i>
Signature <i>Mark S Barstad</i>	Phone Number <i>715-962-4617</i>	Email Address <i>momsrest+urant pub 2020@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>06/05/2023</i>	Date reported to council / board <i>6-26-23</i>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <i>Lynn Niggemann</i>

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Barstad		(first name) Mark	(middle name) S	
Home Address (street/route) N 8080 Co Rd M		Post Office	City Colfax	State WI Zip Code 54730
Home Phone Number 715-704-0163		Age 67	Date of Birth [Redacted]	Place of Birth Eau Claire WI

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 45 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name Moms Rest. + Pub	Employer's Address 225 Bremer Ave #101	Employed From 2020	To Present
Employer's Name Wal Mart	Employer's Address Menomonie	Employed From 1995	To 2020

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

**Mark A Barstad*
(Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/1/2023 ending: 6/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Colfax
 Village of }
 City of }

County of Dunn Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>The Blind Tiger LLC</u>	<u>512 Main St Colfax WI 54730</u>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Anderson</u>	<u>Nicholas</u>	<u>R</u>	<u>233 Olive St Chippewa Falls WI 54729</u>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Anderson</u>	<u>Nicholas</u>	<u>R</u>	<u>233 Olive St Chippewa Falls WI 54729</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Anderson</u>	<u>Jessica</u>	<u>L</u>	<u>233 Olive St Chippewa Falls WI 54729</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name The Blind Tiger Business Phone Number 715.942-4281
 2. Address of Premises 512 Main St Post Office & Zip Code Colfax WI 54730

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Bar + grill area, back patio area

Applicant's Wisconsin Seller's Permit Number <u>456 102943847602</u>	
FEIN Number <u>82 2896508</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>400.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>22.50</u>
TOTAL FEE	\$ <u>522.50</u>

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) Anderson, Nicholas R	Title / Member owner	Date 6/9/2023
Signature Nicholas R. Anderson	Phone Number 715-456-7453	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 06/09/23	Date reported to council / board 6-26-23	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk Lynn Niggemann

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Anderson		Nicholas		R	
Home Address (street/route)		Post Office	City	State	Zip Code
233 Olive St			Chippewa Falls	WI	54729
Home Phone Number			Age	Date of Birth	Place of Birth
715-456-7453			40		Eau Claire WI

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

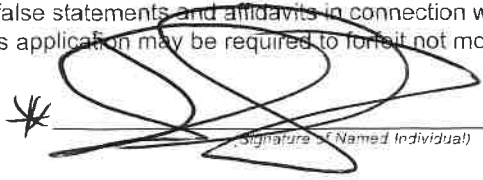
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 40 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Blind Tiger	512 Main St	2017	Present
Employer's Name	Employer's Address	Employed From	To
Lee Beverage	Eau Claire	2015	2017

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

*


(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Anderson		Jessica		L	
Home Address (street/route)		Post Office	City	State	Zip Code
233 Olive St			Chippewa Falls	WI	54729
Home Phone Number		Age	Date of Birth	Place of Birth	
715-829-1406		34			

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 34 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Blind Tiger	512 main St	2017	Present
Employer's Name	Employer's Address	Employed From	To
Sand Bar		2016	2017

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



Signature of Named Individual

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/1/2023 ending: 6/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Collax
 Village of }
 City of }

County of Dunn Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Little Slice of Italy, LLC</u>	<u>501 main St Collax WI 54730</u>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Jenson</u>	<u>Anne</u>	<u>E</u>	<u>805 E. Railroad Ave Collax WI 54730</u>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Jenson</u>	<u>Anne</u>	<u>E</u>	<u>805 E. Railroad Ave Collax, WI 54730</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Little Slice of Italy Business Phone Number 715-942-4444
 2. Address of Premises 501 main St Post Office & Zip Code Collax 54730

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Dining Room, party room, storage room, kitchen, patio

Applicant's Wisconsin Seller's Permit Number	
<u>456 103071578604</u>	
FEIN Number	
<u>85 1981910</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100.00</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>22.50</u>
TOTAL FEE	\$ <u>222.50</u>

5. Legal description (omit if street address is given on previous page): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No

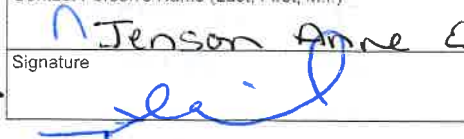
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
 [phone (608) 266-2776]

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) Jenson Anne E	Title / Member owner	Date 6-9-2023
Signature 	Phone Number 715 962-4444	Email Address bella.bea67@yahoo.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 06/09/2023	Date reported to council / board 6-26-23	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk Lynn Niggemann

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
Jenson Anne E.				
Home Address (street/route)	Post Office	City	State	Zip Code
805 E. Railroad Ave		Colfax	WI	54730
Home Phone Number	Age	Date of Birth	Place of Birth	
715-556-4110	55	[REDACTED]	Portage WI	

The above named individual provides the following information as a person who is (check one).

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 54 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Self	501 Main St Colfax	2007	Present
Village Inn	502 Main St Colfax	1997	2007

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


 (Signature of Named Individual)

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

\$5.00

Applicant's Wisconsin 15-digit Sales Tax Account Number
456 102 9438 47602

← This must be issued in the same Legal Name of the licensee below.

License Number
 Period Covered
Thru 6-30-2024
 Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) The Blind Tiger LLC		Federal Employer Identification No. (FEIN) 82 28 96508	
Trade or Business Name (if different than Legal Name)		Telephone Number (715) 942-4281	
Business Address (License Location) 512 Main St		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of: Colfax	
Municipality Colfax	State WI	Zip Code 54730	Business Telephone ()
Mailing Address (if different than Business Address) 233 Olive St.		Municipality Chippewa Falls	County Dunn
		State WI	Zip Code 54729

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: **2017**
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) _____

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

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

rec'd 6-9-23

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

Applicable Laws and Rules

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

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

Remit to:
COLFAX VILLAGE OF (TAX-WI)
613 Main St
Colfax, WI, 54730

MUNICIPAL USE ONLY

License Number
Period Covered July 1 2023-June 30 2024
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000208845-05

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) DOLGENCORP, LLC			Federal Employer Identification No. (FEIN) 61-0852763	
Trade or Business Name (if different than Legal Name) DOLLAR GENERAL STORE #11827			Telephone Number (615) 855-4000	
Business Address (License Location) 120 Main St		Business Located In City Village Town <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Municipality Colfax	State WI	Zip Code 54730-9107	Business Telephone 2622999755	
		County Dunn		
Mailing Address (if different than Business Address) 100 MISSION RIDGE		Municipality GOODLETTSVILLE	State TN	Zip Code 37072

FEE: \$ 5

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No

Other (describe) OUT-OF STATE LIMITED LIABILITY COMPANY

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

Cigarettes / Tobacco will be sold over counter through vending machine both

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

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

RECEIVED

MAY 03 2023

Village of Colfax

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



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT
 2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902
 PHONE: 608-266-2776 FAX: 608-261-6248
 EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

DOLGENCORP LLC
 100 MISSION RDG
 GOODLETTSVILLE TN 37072-2171

Letter ID: L1728810304
 Batch Index: 1356179968-75

Wisconsin Department of Revenue

Seller's Permit

LEGAL/REAL NAME: DOLGENCORP LLC
 BUSINESS NAME: DOLLAR GENERAL STORE #11827
 120 S MAIN ST
 COLFAX WI 54730-9106

The seller whose name appears above is authorized to engage in the business of selling tangible personal property and taxable services at the location shown. This permit is not transferable and is not valid at any other location. This permit must be conspicuously displayed at the place of business for which issued. Return this permit to the Department if you discontinue sales of taxable property and services at this location.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., this permit should be displayed or carried with you to the various events.

Tax Type	Account Type	Filing Number	Account Number
Sales & Use	Seller's Permit		456-0000208845-05

Application for Cigarette and Tobacco Products Retail License

\$5.00

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered 7/1/23 TO 6/30/24
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-1026446429-02
--

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) J & S SALES OF CHIPPEWA FALLS, LLC			Federal Employer Identification No. (FEIN) 27-1107309	
Trade or Business Name (if different than Legal Name) EXPRESS MART			Telephone Number (715) 723-2822	
Business Address (License Location) 616 MAIN ST		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (715) 962-3241
Municipality COLFAX	State WI	Zip Code 54730	County DUNN	
Mailing Address (if different than Business Address) 310 S MAIN ST		Municipality CHIPPEWA FALLS	State WI	Zip Code 54729

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) LIMITED LIABILITY COMPANY

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

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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

Applicable Laws and Rules

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

RECEIVED
MAY 24 2023

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

\$5.00

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456000016554802

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered Thru 6-30-2024
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Outhouse Bar			Federal Employer Identification No. (FEIN) 391347846		
Trade or Business Name (if different than Legal Name) Outhouse Bar			Telephone Number (715) 962-2425		
Business Address (License Location) 413 Main St.			Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		
Municipality Colfax	State WI	Zip Code 54730	Business Telephone (715) 962-3339		
Mailing Address (if different than Business Address) P.O. Box 81			County Dunn		
Municipality Colfax			State WI	Zip Code 54730	

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.)
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Cigarettes / Tobacco will be sold over counter through vending machine both

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Diana J. Johnson
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

rec'd
5-16-23

Applicable Laws and Rules

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

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

\$5.00

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456102559186603

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered Thru 6-30-2024
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Kyles Market Inc.			Federal Employer Identification No. (FEIN) 26 020 7158		
Trade or Business Name (if different than Legal Name) Kyles Market			Telephone Number (715) 962-3585		
Business Address (License Location) 115 main St.			Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		
Municipality Colfax	State WI	Zip Code 54730	of: Colfax		County Dunn
Mailing Address (if different than Business Address)			Municipality	State	Zip Code

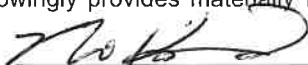
Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: **7-14-2007**
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
 Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.)
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Cigarettes / Tobacco will be sold over counter through vending machine both

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 **NICHOLAS N. KROSSIN**
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

RECEIVED

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

MAY 31 2023

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

\$15.00

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
454-1020420796-02

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered 7-1-23 to 6-30-24
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) SYNERGY COMMUNITY COOPERATIVE			Federal Employer Identification No. (FEIN) 39-1764869	
Trade or Business Name (if different than Legal Name) COLFAX CORNER			Telephone Number (715) 879-5454	
Business Address (License Location) 401 E RAILROAD AVE		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (715) 962-3122
Municipality COLFAX	State	Zip Code	County DUNN	
Mailing Address (if different than Business Address) P.O. Box 70		Municipality ELK MOUND	State WI	Zip Code 54739

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 9/22/1953
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/ctp-129.pdf.)
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Cigarettes / Tobacco will be sold over counter through vending machine both

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

Applicable Laws and Rules

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

MAY 19 2023

Village of Colfax

Village of Colfax

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

(pd)

July 1, 2023 to June 30, 2024
License Application for
Keeping Domesticated Chickens
\$10.00 (non-refundable application fee)

(please print)

1. Name of Applicant John & Alycia Dickinsen
2. Address 605 Iverson Rd.
3. Phone 715-523-3279
4. Parcel Number 17111-2-291116-210-0076
5. Number of female chickens (maximum 10) 5
6. Application (circle one) New Renewal

In submitting this application, I hereby agree to comply with the regulations imposed by the Village of Colfax Code of Ordinances. I understand the information requested on this form will be used by the Village of Colfax in the issuance of a license or processing of a renewal application. I understand the information supplied on this form will become public information when received by the Village of Colfax. I have no intention or agreement to transfer the license to another person or to allow any other entity to operate under the authority of the license. I hereby affirm that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the Ordinance under which this license is granted.

[Signature]
Signature of Applicant

5/1/23
Date

Office use only

5/1/23 Date Application Received

6-26-23

Date Board Reviewed Application
Approved / Denied
License Number

ORDINANCE 2011-03

An ordinance regarding the keeping and regulation of domesticated chickens in the Village.

THE VILLAGE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN, DO ORDAIN AS FOLLOWS:

SECTION 1. Section 7-1-13(e) of the Code of Ordinances for the Village of Colfax, Wisconsin, is hereby repealed and recreated as follows:

- (e) **Farm Animals; Miniature Pigs.** Except on properties zoned in an agricultural classification, no person shall own, keep, harbor or board any cattle, horses, ponies, swine, goats, sheep, fowl (except as described in Subsection (f)), or rabbits (more than two). For purposes of this Subsection, the term 'swine' shall not include any miniature pigs of either sex weighing less than eight (80) pounds, which are intended for and kept as domestic pets.

SECTION 2. Section 7-1-13(f) of the Code of Ordinances for the Village of Colfax, Wisconsin, is hereby created as follows:

- (f) **Domesticated Chickens.** The purpose of this Subsection is to provide standards for the keeping of domesticated chickens. It is intended to enable residents to keep a small number of female chickens on a non-commercial basis while limiting the potential adverse impacts on the surrounding neighborhood. The Village recognizes that adverse neighborhood impacts may result from the keeping of domesticated chickens as a result of noise, odor, unsanitary animal living conditions, unsanitary waste storage and removal, the attraction of predators, rodents, insects, or parasites and non-confined animals leaving the owner's property. This Subsection is intended to create licensing standards and requirements that ensure that domesticated chickens do not adversely impact the neighborhood surrounding the property on which the chickens are kept.

- (1) **Permit Required.** An annual permit (July 1 – June 30) is required for the keeping of any domesticated chickens in the Village of Colfax. The fee for an annual permit to keep chickens is ten dollars (\$10.00) per parcel for ten (10) or less chickens.
- (2) **Number and Type of Chickens Allowed.** The maximum number of chickens allowed is ten (10) per parcel. Only female chickens are allowed. There is no restriction on chicken species.
- (3) **Enclosures.** Chickens must be kept in an enclosure or fenced area at all times. During daylight hours, chickens may be allowed outside of their chicken pens in a securely fenced yard if supervised. Chickens shall be secured within the henhouse during non-daylight hours. Enclosures must be clean, dry, and odor-free, kept in a neat and sanitary condition at all times, in a manner that will not disturb the use or enjoyment of neighboring lots due to noise, odor or other adverse impact. The hen house and chicken pen must provide adequate ventilation and adequate sun and shade and must both be impermeable to rodents, wild birds and predators, including dogs and cats.
- (4) **Henhouses.** A henhouse shall be provided and shall be designed to provide safe and healthy living conditions for the chickens while minimizing adverse impacts to other residents in the neighborhood. The structures shall be enclosed on all sides and shall have a roof and doors. Access doors must be able to be shut and locked at night. Opening windows and vents must be covered with predator- and bird-proof wire of less than one (1) inch openings. The henhouse shall be well-maintained. Henhouses shall not be placed in the front yard.
- (5) **Chicken Pens.** An enclosed chicken pen must be provided consisting of sturdy wire fencing. The pen must be covered with wire, aviary netting, or solid roofing.
- (6) **Odor and Noise Impacts.** Odors from chickens, chicken manure, or other chicken-related substances shall not be perceptible at the property boundaries. Perceptible noise from chickens shall not be loud enough at the property boundaries to disturb persons of reasonable sensitivity.
- (7) **Lighting.** Only motion-activated lighting may be used to light the exterior of the henhouse.
- (8) **Predators, Rodents, Insects and Parasites.** The property owner shall take necessary action to reduce the attraction of predators and rodents and the potential infestation of insects and parasites.
- (9) **Feed and Water.** Chickens must be provided with access to feed and clean water at all times; such feed and water shall be made unavailable to rodents and predators.
- (10) **Waste Storage and Removal.** Provision must be made for the storage and removal of chicken manure. All stored manure shall be covered by a fully enclosed structure with a roof or lid over the entire structure. All other manure not used for composting or fertilizing shall be removed. In addition, the henhouse, chicken pen and surrounding area must be kept free from trash and accumulated droppings. Uneaten feed shall be removed in a timely manner.
- (11) **Application for Permit.** Every applicant for a permit to keep domesticated chickens shall complete and file an application on a form prescribed by the Village and deposit the prescribed permit fee with the Village Clerk at the time the application is filed. Any material misstatement or omission shall be grounds for denial, suspension or revocation of the permit.
- (12) **Approval of Permit.** The Village Board shall issue a permit if the applicant has demonstrated compliance with the criteria and standards in this article.
- (13) **Denial, Suspension or Revocation of Permit.** The Village Board shall deny a permit if the applicant has not demonstrated compliance with all provisions of this Subsection. A permit to keep domesticated chickens may be suspended or revoked by the Village Board where there is a risk to public health or safety or for any violation of or failure to comply with any of the provisions of this Subsection or with the provisions of any other applicable ordinance or law. Any denial, revocation or suspension of a permit shall be in writing.
- (14) **Penalty.** In addition to any other enforcement action which the Village may take, violation of any provision of this Subsection shall be a civil violation and a forfeiture not exceeding one hundred dollars (\$100.00) may be imposed. Each day that a violation continues will be treated as a separate offense.
- (15) **Removal of Chickens.** In addition to the penalty, any violation of the provisions of this Subsection or of the permit shall be grounds for an order from the Village to remove the chickens and the chicken-related structures. The Police Chief may also order the removal of the chickens upon a determination that the chickens pose a health risk. If a chicken dies, it must be disposed of promptly in a sanitary manner.
- (16) **Severability.** In the event that any section, subsection or portion of this Subsection shall be declared by any competent court to be invalid for any reason, such decision shall not be deemed to affect the validity of any other Section, Subsection or portion of this Subsection.

**UNIT PRICE
APPLICATION FOR PAYMENT**



Project: 2023 Street and Utility Improvements Project No: 23-1899.00
 Owner: Colfax, Wisconsin Contract For: Street & Utility Improvements
 Contractor: Skid Steer Guy, LLC Contract Date: March 29, 2023
 Application No: 1 Period Beginning: May 1, 2023
 Application Date: May 31, 2023 Period Ending: May 31, 2023

Change Order Summary		Dollars		Time	
		Additions	Deductions	Add/Deduct (Days)	Original Completion Date:
Total Change Orders Approved in Previous Months By Owner					New Completion Date:
Change Orders This Period					
Number	Approved (Date)				
Net Change		\$0.00		0	

Original Contract Price (Sum) \$348,815.00
 Net Change by Change Orders \$0.00
 Net Change by Change in Final Quantities \$0.00
 Contract Price (Sum) to Date \$348,815.00

 Total Completed Amount to Date (Col. J on Continuation Sheet) \$218,493.60
 Material Suitably Stored Not Incorporated Into Work (Col. K on Continuation Sheet) \$0.00
 Total Completed and Stored to Date (Col. L on Continuation Sheet) \$218,493.60
 Less 5% Retainage to 50% Complete \$8,720.38
 Amount Due Less Retainage \$209,773.22
 Less Previous Payments \$0.00
 Amount Due This Application \$209,773.22

CONTRACTOR'S CERTIFICATION:

The undersigned Contractor certifies, to the best of its knowledge, the following: (1) All previous progress payments received from Owner on account of Work done under the Contract have been applied to discharge Contractor's legitimate obligations incurred in connection with the Work covered by prior Applications for Payment; (2) Title to all Work, materials, and equipment incorporated in said Work, or otherwise listed in or covered by this Application for Payment, will pass to Owner at time of payment free and clear of all liens, security interests, and encumbrances (except such as are covered by a bond acceptable to Owner indemnifying Owner against any such lien, security interest, or encumbrance); and (3) All Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.

By: [Signature] Contractor
 (Authorized Signature and Title)
 Date: 6/21/23

RECOMMENDED: [Signature] Architect/Engineer
 By: [Signature] Project Manager
 (Authorized Signature and Title)
 Date: 06/22/2023

APPROVED: _____ Owner
 By: _____
 (Authorized Signature and Title)
 Date: _____

Copy to: Owner Contractor A/E Proj. Mgr. A/E Field Rep. _____

Make Payment to:

CONTINUATION SHEET (FOR UNIT PRICE APPLICATION FOR PAYMENT)

Project: 2023 Street and Utility Improvements
 Project No: 23-1899.00
 Contract For: Street & Utility Improvements
 Contract Date: March 29, 2023

Application No: 1
 Application Date: May 31, 2023
 Period Beginning: May 1, 2023
 Period Ending: May 31, 2023

Item No.	Description of Work	Unit	Approx. Quantity	Unit Price (E)	Total Price (F)	Completed Quantity			Completed Amount (J)	Stored Material* (K)	Completed & Stored To Date (L) = (J + K)
						Previous Period (G)	This Period (H)	Total to Date (I)			
1	Remove Existing Hydrant	Each	1	1,200.00	1,200.00	1	1	1	1,200.00		1,200.00
2	Abandon Existing Water Main	L.S.	1	800.00	800.00	1	1	1	800.00		800.00
3	6" Water Main PVC	L.F.	40	46.00	1,840.00	40	40	40	1,840.00		1,840.00
4	8" Water Main PVC	L.F.	500	65.00	32,500.00	450	450	450	29,250.00		29,250.00
5	6" Valve and Box	Each	1	1,900.00	1,900.00	1	1	1	1,900.00		1,900.00
6	8" Valve and Box	Each	3	3,900.00	11,700.00	2	2	2	7,800.00		7,800.00
7	Hydrant	Each	1	5,800.00	5,800.00	1	1	1	5,800.00		5,800.00
8	Connect to Existing Water Main	Each	4	1,500.00	6,000.00	4	4	4	6,000.00		6,000.00
9	1" Water Service	L.F.	305	43.00	13,115.00	305	305	305	13,115.00		13,115.00
10	1" Corp Stop, Curb Stop, and Box	Each	9	550.00	4,950.00	10	10	10	5,500.00		5,500.00
11	8" Sanitary Sewer PVC	L.F.	485	52.00	25,220.00	485	485	485	25,220.00		25,220.00
12	Connect to Existing Sanitary	Each	3	200.00	600.00	3	3	3	600.00		600.00
13	Sanitary Manhole 4 Ft	V.F.	32.9	300.00	9,870.00	32.9	32.9	32.9	9,870.00		9,870.00
14	Manhole Drop Entrance	V.F.	5.7	93.00	530.10	5.7	5.7	5.7	530.10		530.10
15	Casting Type J-S	Each	3	450.00	1,350.00	3	3	3	1,350.00		1,350.00
16	4" Wye	Each	9	120.00	1,080.00	12	12	12	1,440.00		1,440.00
17	4" Sanitary Lateral PVC	L.F.	300	44.00	13,200.00	300	300	300	13,200.00		13,200.00
18	Tracer Wire Access Box	Each	9	50.00	450.00	9	9	9	450.00		450.00
19	Sanitary Sewer Televising	L.F.	485	1.80	873.00	135	135	135	7,560.00		7,560.00
20	12" Storm Sewer	L.F.	135	56.00	7,560.00	135	135	135	7,560.00		7,560.00
21	6" Underdrain Pipe	L.F.	855	7.65	6,540.75	0	0	0	0.00		0.00
22	Connect to Existing Storm	Each	1	50.00	50.00	1	1	1	50.00		50.00
23	Inlet 2x3 Ft	V.F.	20.4	215.00	4,386.00	20.4	20.4	20.4	4,386.00		4,386.00
24	Casting Type H	Each	4	650.00	2,600.00	0	0	0	0.00		0.00
25	Casting Type HD	Each	1	650.00	650.00	0	0	0	0.00		0.00
26	Inlet Protection	Each	6	40.00	240.00	0	0	0	0.00		0.00
27	Trackout Control	L.S.	1	10.00	10.00	0	0	0	0.00		0.00
28	Remove Existing Asphalt	S.Y.	2290	3.00	6,870.00	2290	2290	2290	6,870.00		6,870.00
29	Remove Existing Concrete	S.Y.	560	4.00	2,240.00	560	560	560	2,240.00		2,240.00
30	Remove Existing Curb and Gutter	L.F.	755	6.00	4,530.00	755	755	755	4,530.00		4,530.00
31	Clearing and Grubbing	I D	180	26.00	4,680.00	180	180	180	4,680.00		4,680.00

* If applicable, attach receipts or other proof of ownership or title to stored products

CONTINUATION SHEET (FOR UNIT PRICE APPLICATION FOR PAYMENT)

32	Pavement Saw Cutting	L.F.	180	3.00	540.00	1380	0	0.00	0.00
33	Roadway Earthwork	C.Y.	2200	13.00	28,600.00	2460	1380	17,940.00	17,940.00
34	Geotextile Stabilization Fabric	S.Y.	2460	2.50	6,150.00		2460	6,150.00	6,150.00
35	Breaker Run	C.Y.	820	28.00	22,960.00		0	0.00	0.00
36	Base Course	C.Y.	650	28.00	18,200.00		650	18,200.00	18,200.00
37	1-1/2" Asphaltic Concrete Binder Pavi	S.Y.	2160	12.00	25,920.00		0	0.00	0.00
38	1-1/2" Asphaltic Concrete Surface Pav	S.Y.	2160	12.00	25,920.00		0	0.00	0.00
39	30" Concrete Curb and Gutter	L.F.	910	13.50	12,285.00		835	11,272.50	11,272.50
40	Concrete Driveway Paving	S.F.	970	7.00	6,790.00		50	350.00	350.00
41	4" Concrete Sidewalk	S.F.	4230	4.20	17,766.00		2000	8,400.00	8,400.00
42	Detectable Warning Field	S.F.	30	45.00	1,350.00		0	0.00	0.00
43	Turf Replacement	L.S.	1	9,000.00	9,000.00		0	0.00	0.00
Subtotal or Total					348,815.85			218,493.60	218,493.60

Resolution 2023-14
Wastewater Compliance Maintenance

BE IT RESOLVED, that the Village of Colfax Board of Trustees informs the State of Wisconsin Department of Natural Resources that it has reviewed the Colfax Wastewater Treatment Facility 2022 Compliance Maintenance Annual Report, which is attached to this resolution.

Adopted this 26th day of June, 2023.

Jeff Prince, President

Attest: _____
Lynn M. Niggemann
Administrator-Clerk-Treasurer

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/14/2023 2022

Influent Flow and Loading

1. Monthly Average Flows and BOD Loadings

1.1 Verify the following monthly flows and BOD loadings to your facility.

Influent No. 701	Influent Monthly Average Flow, MGD	x	Influent Monthly Average BOD Concentration mg/L	x	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	0.0653	x	620	x	8.34	=	338
February	0.0653	x	396	x	8.34	=	215
March	0.0668	x	271	x	8.34	=	151
April	0.0644	x	233	x	8.34	=	125
May	0.0629	x	278	x	8.34	=	146
June	0.0582	x	418	x	8.34	=	203
July	0.0574	x	546	x	8.34	=	261
August	0.0563	x	370	x	8.34	=	174
September	0.0576	x	269	x	8.34	=	129
October	0.0599	x	380	x	8.34	=	190
November	0.0599	x	249	x	8.34	=	124
December	0.0594	x	341	x	8.34	=	169

2. Maximum Monthly Design Flow and Design BOD Loading

2.1 Verify the design flow and loading for your facility.

Design	Design Factor	x	%	=	% of Design
Max Month Design Flow, MGD	.105	x	90	=	0.0945
		x	100	=	.105
Design BOD, lbs/day	292	x	90	=	262.8
		x	100	=	292

2.2 Verify the number of times the flow and BOD exceeded 90% or 100% of design, points earned, and score:

	Months of Influent	Number of times flow was greater than 90% of	Number of times flow was greater than 100% of	Number of times BOD was greater than 90% of design	Number of times BOD was greater than 100% of design
January	1	0	0	1	1
February	1	0	0	0	0
March	1	0	0	0	0
April	1	0	0	0	0
May	1	0	0	0	0
June	1	0	0	0	0
July	1	0	0	0	0
August	1	0	0	0	0
September	1	0	0	0	0
October	1	0	0	0	0
November	1	0	0	0	0
December	1	0	0	0	0
Points per each		2	1	3	2
Exceedances		0	0	1	1
Points		0	0	3	2
Total Number of Points					5

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:

6/14/2023

2022

3. Flow Meter

3.1 Was the influent flow meter calibrated in the last year?

- Yes

Enter last calibration date (MM/DD/YYYY)

2022-04-21

- No

If No, please explain:

4. Sewer Use Ordinance

4.1 Did your community have a sewer use ordinance that limited or prohibited the discharge of excessive conventional pollutants ((C)BOD, SS, or pH) or toxic substances to the sewer from industries, commercial users, hauled waste, or residences?

- Yes

- No

If No, please explain:

4.2 Was it necessary to enforce the ordinance?

- Yes

- No

If Yes, please explain:

5. Septage Receiving

5.1 Did you have requests to receive septage at your facility?

Septic Tanks Holding Tanks Grease Traps

- Yes

- Yes

- Yes

- No

- No

- No

5.2 Did you receive septage at your facility? If yes, indicate volume in gallons.

Septic Tanks

- Yes

gallons

- No

Holding Tanks

- Yes

gallons

- No

Grease Traps

- Yes

gallons

- No

5.2.1 If yes to any of the above, please explain if plant performance is affected when receiving any of these wastes.

6. Pretreatment

6.1 Did your facility experience operational problems, permit violations, biosolids quality concerns, or hazardous situations in the sewer system or treatment plant that were attributable to commercial or industrial discharges in the last year?

- Yes

- No

If yes, describe the situation and your community's response.

6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc.?

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/14/2023 2022

<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, describe the types of wastes received and any procedures or other restrictions that were in place to protect the facility from the discharge of hauled industrial wastes.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Total Points Generated	5
Score (100 - Total Points Generated)	95
Section Grade	A

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/14/2023 2022

Effluent Quality and Plant Performance (BOD/CBOD)

1. Effluent (C)BOD Results

1.1 Verify the following monthly average effluent values, exceedances, and points for BOD or CBOD

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit > 10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	30	27				
February	30	27				
March	30	27				
April	30	27				
May	30	27	8	1	0	0
June	30	27	10	1	0	0
July	30	27	8	1	0	0
August	30	27	7	1	0	0
September	30	27	12	1	0	0
October	30	27	10	1	0	0
November	30	27	6	1	0	0
December	30	27				

* Equals limit if limit is <= 10

Months of discharge/yr	7		
Points per each exceedance with 7 months of discharge		12	5
Exceedances		0	0
Points		0	0
Total number of points			0

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge. Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is $12/6 = 2.0$

1.2 If any violations occurred, what action was taken to regain compliance?

None

2. Flow Meter Calibration

2.1 Was the effluent flow meter calibrated in the last year?

- Yes

Enter last calibration date (MM/DD/YYYY)

2022-04-21

- No

If No, please explain:

3. Treatment Problems

3.1 What problems, if any, were experienced over the last year that threatened treatment?

None

4. Other Monitoring and Limits

4.1 At any time in the past year was there an exceedance of a permit limit for any other pollutants such as chlorides, pH, residual chlorine, fecal coliform, or metals?

- Yes

- No

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/14/2023 2022

If Yes, please explain:

4.2 At any time in the past year was there a failure of an effluent acute or chronic whole effluent toxicity (WET) test?

Yes

No

If Yes, please explain:

4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity?

Yes

No

N/A

Please explain unless not applicable:

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:

6/14/2023

2022

Effluent Quality and Plant Performance (Total Suspended Solids)

1. Effluent Total Suspended Solids Results

1.1 Verify the following monthly average effluent values, exceedances, and points for TSS:

Outfall No. 001	Monthly Average Limit (mg/L)	90% of Permit Limit >10 (mg/L)	Effluent Monthly Average (mg/L)	Months of Discharge with a Limit	Permit Limit Exceedance	90% Permit Limit Exceedance
January	30	27				
February	30	27				
March	30	27				
April	30	27				
May	30	27	5	1	0	0
June	30	27	23	1	0	0
July	30	27	33	1	1	1
August	30	27	9	1	0	0
September	30	27	24	1	0	0
October	30	27	15	1	0	0
November	30	27	9	1	0	0
December	30	27				

17

* Equals limit if limit is <= 10

Months of Discharge/yr	7		
Points per each exceedance with 7 months of discharge:	12	5	
Exceedances	1	1	
Points	12	5	
Total Number of Points		17	

NOTE: For systems that discharge intermittently to state waters, the points per monthly exceedance for this section shall be based upon a multiplication factor of 12 months divided by the number of months of discharge.

Example: For a wastewater facility discharging only 6 months of the year, the multiplication factor is $12/6 = 2.0$

1.2 If any violations occurred, what action was taken to regain compliance?

Corrected itself.

Total Points Generated	17
Score (100 - Total Points Generated)	83
Section Grade	B

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/14/2023 2022

Ponds And Lagoon Leakage

<p>1. Pond Lining</p> <p>1.1 What material was used to line your ponds?</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">30 mil pvc</div>																																											
<p>2. Flow Measurements</p> <p>2.1 Did you measure influent flow to your wastewater ponds or lagoons?</p> <p>● Yes (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ No (40 points) (Go to question 6) <input type="checkbox"/><input type="checkbox"/></p> <p>2.1.1 Method of influent flow measurement:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Isco 4700 Refrigerated Sampler</div> <p>2.2 Did you measure effluent flow discharged from your wastewater system either to the land disposal system or to the receiving stream?</p> <p>● Yes (0 points) <input type="checkbox"/><input type="checkbox"/></p> <p>○ No (40 points) (Go to question 6) <input type="checkbox"/><input type="checkbox"/></p> <p>○ No Discharge (0 points)</p> <p>2.2.1 Method of effluent flow measurement:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Isco signature Bubbler FM</div>	0																																										
<p>3. Total Flow Volumes</p> <p>3.1 Total monthly influent and effluent flow volumes from the pond/lagoon system during the last calendar year.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">Total Monthly Influent Volume</th> <th style="width: 50%;"></th> <th style="width: 25%;">Total Monthly Effluent Volume</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">2.0244</td><td style="text-align: center;">JANUARY</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1.827</td><td style="text-align: center;">FEBRUARY</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">2.0703</td><td style="text-align: center;">MARCH</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1.9307</td><td style="text-align: center;">APRIL</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1.9508</td><td style="text-align: center;">MAY</td><td style="text-align: center;">1.2312</td></tr> <tr><td style="text-align: center;">1.7454</td><td style="text-align: center;">JUNE</td><td style="text-align: center;">.4324</td></tr> <tr><td style="text-align: center;">1.7781</td><td style="text-align: center;">JULY</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1.7439</td><td style="text-align: center;">AUGUST</td><td style="text-align: center;">1.5269</td></tr> <tr><td style="text-align: center;">1.7275</td><td style="text-align: center;">SEPTEMBER</td><td style="text-align: center;">3.7791</td></tr> <tr><td style="text-align: center;">1.8563</td><td style="text-align: center;">OCTOBER</td><td style="text-align: center;">8.8414</td></tr> <tr><td style="text-align: center;">1.7955</td><td style="text-align: center;">NOVEMBER</td><td style="text-align: center;">1.0432</td></tr> <tr><td style="text-align: center;">1.8421</td><td style="text-align: center;">DECEMBER</td><td style="text-align: center;">0</td></tr> <tr> <td style="text-align: center;">22.2920</td> <td style="text-align: center;">YEARLY TOTAL</td> <td style="text-align: center;">16.8542</td> </tr> </tbody> </table> <p>3.2 From the Yearly Total influent and effluent volumes above, total effluent is divided by total influent and converted to a percent of volume loss.</p> <p>Total effluent, MG => 16.8542</p> <p>----- = 0.756 <= effl / infl ratio</p> <p>Total influent, MG => 22.2920</p> <p>Conversion to a percent of volume loss: (1-effl/infl ratio) * 100 = 24.4 % of influent lost and not discharged with effluent</p>	Total Monthly Influent Volume		Total Monthly Effluent Volume	2.0244	JANUARY	0	1.827	FEBRUARY	0	2.0703	MARCH	0	1.9307	APRIL	0	1.9508	MAY	1.2312	1.7454	JUNE	.4324	1.7781	JULY	0	1.7439	AUGUST	1.5269	1.7275	SEPTEMBER	3.7791	1.8563	OCTOBER	8.8414	1.7955	NOVEMBER	1.0432	1.8421	DECEMBER	0	22.2920	YEARLY TOTAL	16.8542	
Total Monthly Influent Volume		Total Monthly Effluent Volume																																									
2.0244	JANUARY	0																																									
1.827	FEBRUARY	0																																									
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1.7955	NOVEMBER	1.0432																																									
1.8421	DECEMBER	0																																									
22.2920	YEARLY TOTAL	16.8542																																									

Compliance Maintenance Annual Report

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:
6/14/2023 2022

4. Surface Area

4.1 What was the total wastewater surface area of the ponds/lagoons at operating level (do not include seepage cells)?

Acres

5. Leakage Rate Estimation

5.1 Total influent volume (in MG) minus total effluent volume (in MG) plus or minus the change in pond/lagoon storage (in MG) is the net wastewater loss. The net loss divided by 0.000365 equals the estimated leakage amount in gpd.

Total Annual Influent (MG)	22.2920	
Total Annual Effluent (MG)	16.8542	
Estimated Net Loss (MG)	5.4378	
Estimated Leakage Amount (gpd)		14898

If you have a *Department approved* method for determining a change in storage volume, enter the storage change last year in MG below.

o Storage Increase: Enter amount in MG ->

o Storage Decrease: Enter amount in MG ->

5.2 CMAR Estimated Leakage Rate in gallons per acre per day (gpac): The CMAR Estimated Leakage Rate in gpac is the leakage amount in gpd (from part 5.1) divided by the total pond surface area (from question 4).

Leakage Amount (gpd)		Acres		CMAR Estimated Leakage Rate
14898	divided by	21	=	709

6. On Site Leakage Testing

6.1 Did you conduct an on-site, field water balance/leakage test on your ponds or lagoons that was approved by the Department and is still valid?

o Yes Year

● No

If yes, what was the field Test Calculated Leakage Rate for your ponds/lagoons?

gpad

NOTE: if 6.1 is answered Yes, the value entered above in gpad will be used in 7.1 to compute points generated.

6.2 Leakage Rate Comments:

7. Estimated Leakage Rate and Points

7.1 The CMAR Estimated Leakage Rate (from 5) is used to determine the points generated in the table below.

If an approved field test was conducted and the results are still valid and accepted by the Department, the Field Calculated Leakage rate (from 5.2) is used to determine the points earned from the table below

gpad	points
0 - 1,000	0
1,001 - 2,000	10
2,001 - 4,000	20
4,001 - 7,000	30
> 7,000	40

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Colfax Wastewater Treatment Facility

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Based on the leakage rate in gpad, the points earned are: 0

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Biosolids Quality and Management

<p>1. Biosolids Use/Disposal</p> <p>1.1 How did you use or dispose of your biosolids? (Check all that apply)</p> <p><input type="checkbox"/> Land applied under your permit</p> <p><input type="checkbox"/> Publicly Distributed Exceptional Quality Biosolids</p> <p><input type="checkbox"/> Hauled to another permitted facility</p> <p><input type="checkbox"/> Landfilled</p> <p><input type="checkbox"/> Incinerated</p> <p><input checked="" type="checkbox"/> Other</p> <p>NOTE: If you did not remove biosolids from your system, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc.</p> <p>1.1.1 If you checked Other, please describe:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">We have a lagoon system</div>	0
<p>6. Biosolids Storage</p> <p>6.1 How many days of actual, current biosolids storage capacity did your wastewater treatment facility have either on-site or off-site?</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> >= 180 days (0 Points) <input type="radio"/> 150 - 179 days (10 Points) <input type="radio"/> 120 - 149 days (20 Points) <input type="radio"/> 90 - 119 days (30 Points) <input type="radio"/> < 90 days (40 Points) <input type="radio"/> N/A (0 Points) <p>6.2 If you checked N/A above, explain why.</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	0
<p>7. Issues</p> <p>7.1 Describe any outstanding biosolids issues with treatment, use or overall management:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">None</div>	

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Staffing and Preventative Maintenance (All Treatment Plants)

<p>1. Plant Staffing</p> <p>1.1 Was your wastewater treatment plant adequately staffed last year?</p> <ul style="list-style-type: none">● Yes○ No <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Could use more help/staff for:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping?</p> <ul style="list-style-type: none">● Yes○ No <p>If No, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>2. Preventative Maintenance</p> <p>2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items?</p> <ul style="list-style-type: none">● Yes (Continue with question 2) <input type="checkbox"/>○ No (40 points) <input type="checkbox"/> <p>If No, please explain, then go to question 3:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment?</p> <ul style="list-style-type: none">● Yes○ No (10 points) <p>2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly?</p> <ul style="list-style-type: none">● Yes<ul style="list-style-type: none">● Paper file system○ Computer system○ Both paper and computer system○ No (10 points)	0
<p>3. O&M Manual</p> <p>3.1 Does your plant have a detailed O&M and Manufacturer Equipment Manuals that can be used as a reference when needed?</p> <ul style="list-style-type: none">● Yes○ No	
<p>4. Overall Maintenance /Repairs</p> <p>4.1 Rate the overall maintenance of your wastewater plant.</p> <ul style="list-style-type: none">● Excellent○ Very good○ Good○ Fair○ Poor <p>Describe your rating:</p>	

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We keep grass mowed,remove cattails that are growing and remove any rodents that are visible and exercise all valves yearly.
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Operator Certification and Education

<p>1. Operator-In-Charge</p> <p>1.1 Did you have a designated operator-in-charge during the report year?</p> <p><input checked="" type="radio"/> Yes (0 points)</p> <p><input type="radio"/> No (20 points)</p> <p>Name: <input style="width: 150px;" type="text" value="RANDY L BATES"/></p> <p>Certification No: <input style="width: 150px;" type="text" value="35661"/></p>	0																																																																																							
<p>2. Certification Requirements</p> <p>2.1 In accordance with Chapter NR 114.56 and 114.57, Wisconsin Administrative Code, what level and subclass(es) were required for the operator-in-charge (OIC) to operate the wastewater treatment plant and what level and subclass(es) were held by the operator-in-charge?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Sub Class</th> <th rowspan="2">SubClass Description</th> <th>WWTP</th> <th colspan="2">OIC</th> </tr> <tr> <th>Basic</th> <th>OIT</th> <th>Basic</th> <th>Advanced</th> </tr> </thead> <tbody> <tr> <td>A1</td> <td>Suspended Growth Processes</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>A2</td> <td>Attached Growth Processes</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>A3</td> <td>Recirculating Media Filters</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>A4</td> <td>Ponds, Lagoons and Natural</td> <td>X</td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>A5</td> <td>Anaerobic Treatment Of Liquid</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>B</td> <td>Solids Separation</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>C</td> <td>Biological Solids/Sludges</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>P</td> <td>Total Phosphorus</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>N</td> <td>Total Nitrogen</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D</td> <td>Disinfection</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>L</td> <td>Laboratory</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>U</td> <td>Unique Treatment Systems</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SS</td> <td>Sanitary Sewage Collection</td> <td>X</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> </tbody> </table> <p>2.2 Was the operator-in-charge certified at the appropriate level and subclass(es) to operate this plant? (Note: Certification in subclass SS is required 5 years after permit reissuance.)</p> <p><input checked="" type="radio"/> Yes (0 points)</p> <p><input type="radio"/> No (20 points)</p>	Sub Class	SubClass Description	WWTP	OIC		Basic	OIT	Basic	Advanced	A1	Suspended Growth Processes					A2	Attached Growth Processes					A3	Recirculating Media Filters					A4	Ponds, Lagoons and Natural	X		X		A5	Anaerobic Treatment Of Liquid					B	Solids Separation					C	Biological Solids/Sludges					P	Total Phosphorus					N	Total Nitrogen					D	Disinfection					L	Laboratory					U	Unique Treatment Systems					SS	Sanitary Sewage Collection	X	NA	NA	NA	0
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SS	Sanitary Sewage Collection	X	NA	NA	NA																																																																																			
<p>3. Succession Planning</p> <p>3.1 In the event of the loss of your designated operator-in-charge, did you have a contingency plan to ensure the continued proper operation and maintenance of the plant that includes one or more of the following options (check all that apply)?</p> <p><input checked="" type="checkbox"/> One or more additional certified operators on staff</p> <p><input type="checkbox"/> An arrangement with another certified operator</p> <p><input type="checkbox"/> An arrangement with another community with a certified operator</p> <p><input type="checkbox"/> An operator on staff who has an operator-in-training certificate for your plant and is expected to be certified within one year</p> <p><input type="checkbox"/> A consultant to serve as your certified operator</p> <p><input type="checkbox"/> None of the above (20 points)</p> <p>If "None of the above" is selected, please explain:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	0																																																																																							
<p>4. Continuing Education Credits</p> <p>4.1 If you had a designated operator-in-charge, was the operator-in-charge earning Continuing Education Credits at the following rates?</p>																																																																																								

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<p>OIT and Basic Certification:</p> <ul style="list-style-type: none">● Averaging 6 or more CECs per year.○ Averaging less than 6 CECs per year. <p>Advanced Certification:</p> <ul style="list-style-type: none">○ Averaging 8 or more CECs per year.○ Averaging less than 8 CECs per year.	
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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Financial Management

1. Provider of Financial Information	
Name:	<input type="text" value="Lynn Niggeman"/>
Telephone:	<input type="text" value="715-962-3311"/> (XXX) XXX-XXXX
E-Mail Address (optional):	<input type="text" value="clerktreasurer@villageofcolfax.org"/>
2. Treatment Works Operating Revenues	
2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?	
● Yes (0 points) <input type="checkbox"/> <input type="checkbox"/>	
○ No (40 points)	
If No, please explain:	
<input type="text"/>	
2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?	
Year:	<input type="text" value="2021"/>
● 0-2 years ago (0 points) <input type="checkbox"/> <input type="checkbox"/>	
○ 3 or more years ago (20 points) <input type="checkbox"/> <input type="checkbox"/>	
○ N/A (private facility)	
2.3 Did you have a special account (e.g., CWFP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?	
● Yes (0 points)	
○ No (40 points)	
REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]	
3. Equipment Replacement Funds	
3.1 When was the Equipment Replacement Fund last reviewed and/or revised?	
Year:	<input type="text" value="2021"/>
● 1-2 years ago (0 points) <input type="checkbox"/> <input type="checkbox"/>	
○ 3 or more years ago (20 points) <input type="checkbox"/> <input type="checkbox"/>	
○ N/A	
If N/A, please explain:	
<input type="text"/>	
3.2 Equipment Replacement Fund Activity	
3.2.1 Ending Balance Reported on Last Year's CMAR	\$ <input type="text" value="27,527.63"/>
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+ \$ <input type="text" value="32.14"/>
3.2.3 Adjusted January 1st Beginning Balance	\$ <input type="text" value="27,559.77"/>
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+ \$ <input type="text" value="0.00"/>

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<p>3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*) - \$ 0.00</p> <p>3.2.6 Ending Balance as of December 31st for CMAR Reporting Year \$ 27,559.77</p> <p>All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.</p> <p>3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>3.3 What amount should be in your Replacement Fund? \$ 27,559.77</p> <p>Please note: If you had a CWFPP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the SectionInstructions link under Info header in the left-side menu.</p> <p>3.3.1 Is the December 31 Ending Balance in your Replacement Fund above, (#3.2.6) equal to, or greater than the amount that should be in it (#3.3)?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>If No, please explain.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	0																
<p>4. Future Planning</p> <p>4.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating, or new construction of your treatment facility or collection system?</p> <p><input checked="" type="radio"/> Yes - If Yes, please provide major project information, if not already listed below. <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="radio"/> No</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Project #</th> <th style="width: 65%;">Project Description</th> <th style="width: 15%;">Estimated Cost</th> <th style="width: 15%;">Approximate Construction Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>THE VILLAGE IS RESEARCHING THE POSSIBILITY OF SPRAY IRRIGATION ON NEIGHBORING FARM FIELDS VERSUS DISCHARGING INTO THE RED CEDAR RIVER. WE ARE AT THIS TIME WORKING WITH AN ENGINEER ALONG WITH THE DNR AND THE LANDOWNER TO DETERMINE THE FEASIBILITY OF THE PROJECT. WE ARE ALSO CURRENTLY WORKING WITH THE ARMY CORP OF ENGINEERS ON THE STREAM BANK WASHOUT THAT OCCURED WITH HEAVY RAINS IN 2010. WE ARE NOT SURE OF THE TOTAL COST OF THIS PROJECT YET.</td> <td style="text-align: center;">\$80,000</td> <td style="text-align: center;">2023</td> </tr> <tr> <td style="text-align: center;">2</td> <td>THE VILLAGE IS CURRENTLY IN THE FINAL PLANNING STAGES OF THE RED CEDAR RIVER STREAM BANK WASHOUT PROJECT ALONG WITH OUR WASTE WATER ENGINEER AND THE ARMY CORPS OF ENGINEERS. SCHEDULED TO BE LET OUT FOR CONSTRUCTION BIDS IN THE NEAR FUTURE.</td> <td style="text-align: center;">\$1,600,000</td> <td style="text-align: center;">2021</td> </tr> <tr> <td style="text-align: center;">3</td> <td>The village has started the lagoon river bank project that should be completed by the end of september.</td> <td style="text-align: center;">\$2,500,000</td> <td style="text-align: center;">2022</td> </tr> </tbody> </table>		Project #	Project Description	Estimated Cost	Approximate Construction Year	1	THE VILLAGE IS RESEARCHING THE POSSIBILITY OF SPRAY IRRIGATION ON NEIGHBORING FARM FIELDS VERSUS DISCHARGING INTO THE RED CEDAR RIVER. WE ARE AT THIS TIME WORKING WITH AN ENGINEER ALONG WITH THE DNR AND THE LANDOWNER TO DETERMINE THE FEASIBILITY OF THE PROJECT. WE ARE ALSO CURRENTLY WORKING WITH THE ARMY CORP OF ENGINEERS ON THE STREAM BANK WASHOUT THAT OCCURED WITH HEAVY RAINS IN 2010. WE ARE NOT SURE OF THE TOTAL COST OF THIS PROJECT YET.	\$80,000	2023	2	THE VILLAGE IS CURRENTLY IN THE FINAL PLANNING STAGES OF THE RED CEDAR RIVER STREAM BANK WASHOUT PROJECT ALONG WITH OUR WASTE WATER ENGINEER AND THE ARMY CORPS OF ENGINEERS. SCHEDULED TO BE LET OUT FOR CONSTRUCTION BIDS IN THE NEAR FUTURE.	\$1,600,000	2021	3	The village has started the lagoon river bank project that should be completed by the end of september.	\$2,500,000	2022
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3	The village has started the lagoon river bank project that should be completed by the end of september.	\$2,500,000	2022														
<p>5. Financial Management General Comments</p> <div style="border: 1px solid black; padding: 5px;"> <p>The river bank project has been completed.</p> </div>																	
<p>ENERGY EFFICIENCY AND USE</p>																	
<p>6. Collection System</p> <p>6.1 Energy Usage</p>																	

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6.1.1 Enter the monthly energy usage from the different energy sources:

COLLECTION SYSTEM PUMPAGE: Total Power Consumed

Number of Municipally Owned Pump/Lift Stations:

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	3,567	
February	3,377	
March	2,996	
April	3,048	
May	2,602	
June	1,703	
July	1,250	
August	1,467	
September	1,337	
October	2,000	
November	4,045	
December	3,795	
Total	31,187	0
Average	2,599	0

6.1.2 Comments:

6.2 Energy Related Processes and Equipment

6.2.1 Indicate equipment and practices utilized at your pump/lift stations (Check all that apply):

- Comminution or Screening
- Extended Shaft Pumps
- Flow Metering and Recording
- Pneumatic Pumping
- SCADA System
- Self-Priming Pumps
- Submersible Pumps
- Variable Speed Drives
- Other:

6.2.2 Comments:

6.3 Has an Energy Study been performed for your pump/lift stations?

No

Yes

Year:

By Whom:

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Describe and Comment:

6.4 Future Energy Related Equipment

6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?

None

7. Treatment Facility

7.1 Energy Usage

7.1.1 Enter the monthly energy usage from the different energy sources:

TREATMENT PLANT: Total Power Consumed/Month

	Electricity Consumed (kWh)	Total Influent Flow (MG)	Electricity Consumed/Flow (kWh/MG)	Total Influent BOD (1000 lbs)	Electricity Consumed/Total Influent BOD (kWh/1000lbs)	Natural Gas Consumed (therms)
January	0	2.02		10.48		
February	0	1.83		6.02		
March	0	2.07		4.68		
April	20	1.93	10	3.75	5	
May	49	1.95	25	4.53	11	
June	53	1.75	30	6.09	9	
July	55	1.78	31	8.09	7	
August	54	1.75	31	5.39	10	
September	33	1.73	19	3.87	9	
October	58	1.86	31	5.89	10	
November	24	1.80	13	3.72	6	
December	0	1.84		5.24		
Total	346	22.31		67.75		0
Average	43	1.86	24	5.65	8	0

7.1.2 Comments:

7.2 Energy Related Processes and Equipment

7.2.1 Indicate equipment and practices utilized at your treatment facility (Check all that apply):

- Aerobic Digestion
- Anaerobic Digestion
- Biological Phosphorus Removal
- Coarse Bubble Diffusers
- Dissolved O2 Monitoring and Aeration Control
- Effluent Pumping
- Fine Bubble Diffusers
- Influent Pumping
- Mechanical Sludge Processing
- Nitrification

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- SCADA System
- UV Disinfection
- Variable Speed Drives
- Other:

7.2.2 Comments:

7.3 Future Energy Related Equipment

7.3.1 What energy efficient equipment or practices do you have planned for the future for your treatment facility?

None

8. Biogas Generation

8.1 Do you generate/produce biogas at your facility?

No

Yes

If Yes, how is the biogas used (Check all that apply):

- Flared Off
- Building Heat
- Process Heat
- Generate Electricity
- Other:

9. Energy Efficiency Study

9.1 Has an Energy Study been performed for your treatment facility?

No

Yes

Entire facility

Year:

By Whom:

Describe and Comment:

Part of the facility

Year:

By Whom:

Describe and Comment:

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Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Sanitary Sewer Collection Systems

1. Capacity, Management, Operation, and Maintenance (CMOM) Program

1.1 Do you have a CMOM program that is being implemented?

- Yes
- No

If No, explain:

1.2 Do you have a CMOM program that contains all the applicable components and items according to Wisc. Adm Code NR 210.23 (4)?

- Yes
- No (30 points)
- N/A

If No or N/A, explain:

1.3 Does your CMOM program contain the following components and items? (check the components and items that apply)

Goals [NR 210.23 (4)(a)]

Describe the major goals you had for your collection system last year:

Did you accomplish them?

- Yes
- No

If No, explain:

Organization [NR 210.23 (4) (b)]

Does this chapter of your CMOM include:

- Organizational structure and positions (eg. organizational chart and position descriptions)
- Internal and external lines of communication responsibilities
- Person(s) responsible for reporting overflow events to the department and the public

Legal Authority [NR 210.23 (4) (c)]

What is the legally binding document that regulates the use of your sewer system?

Sewer use ordinance

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY)

Does your sewer use ordinance or other legally binding document address the following:

- Private property inflow and infiltration
- New sewer and building sewer design, construction, installation, testing and inspection
- Rehabilitated sewer and lift station installation, testing and inspection
- Sewage flows satellite system and large private users are monitored and controlled, as necessary
- Fat, oil and grease control
- Enforcement procedures for sewer use non-compliance

Operation and Maintenance [NR 210.23 (4) (d)]

Does your operation and maintenance program and equipment include the following:

- Equipment and replacement part inventories
- Up-to-date sewer system map
- A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation

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A description of routine operation and maintenance activities (see question 2 below)
 Capacity assessment program
 Basement back assessment and correction
 Regular O&M training
 Design and Performance Provisions [NR 210.23 (4) (e)]
 What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?
 State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements
 Construction, Inspection, and Testing
 Others:

Overflow Emergency Response Plan [NR 210.23 (4) (f)]
 Does your emergency response capability include:
 Responsible personnel communication procedures
 Response order, timing and clean-up
 Public notification protocols
 Training
 Emergency operation protocols and implementation procedures
 Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]
 Special Studies Last Year (check only those that apply):
 Infiltration/Inflow (I/I) Analysis
 Sewer System Evaluation Survey (SSES)
 Sewer Evaluation and Capacity Management Plan (SECAP)
 Lift Station Evaluation Report
 Others:

0

2. Operation and Maintenance

2.1 Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained.

Cleaning	<input type="text" value="100"/>	% of system/year
Root removal	<input type="text" value="100"/>	% of system/year
Flow monitoring	<input type="text" value="100"/>	% of system/year
Smoke testing	<input type="text" value="0"/>	% of system/year
Sewer line televising	<input type="text" value="10"/>	% of system/year
Manhole inspections	<input type="text" value="100"/>	% of system/year
Lift station O&M	<input type="text" value="0"/>	# per L.S./year
Manhole rehabilitation	<input type="text" value="0"/>	% of manholes rehabbed
Mainline rehabilitation	<input type="text" value="0"/>	% of sewer lines rehabbed
Private sewer inspections	<input type="text" value="0"/>	% of system/year
Private sewer I/I removal	<input type="text" value="0"/>	% of private services

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River or water crossings % of pipe crossings evaluated or maintained

Please include additional comments about your sanitary sewer collection system below:

3. Performance Indicators

3.1 Provide the following collection system and flow information for the past year.

<input type="text" value="29.5"/>	Total actual amount of precipitation last year in inches
<input type="text" value="34.5"/>	Annual average precipitation (for your location)
<input type="text" value="7.8"/>	Miles of sanitary sewer
<input type="text" value="1"/>	Number of lift stations
<input type="text" value="0"/>	Number of lift station failures
<input type="text" value="0"/>	Number of sewer pipe failures
<input type="text" value="1"/>	Number of basement backup occurrences
<input type="text" value="1"/>	Number of complaints
<input type="text"/>	Average daily flow in MGD (if available)
<input type="text"/>	Peak monthly flow in MGD (if available)
<input type="text"/>	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

<input type="text" value="0.00"/>	Lift station failures (failures/year)
<input type="text" value="0.00"/>	Sewer pipe failures (pipe failures/sewer mile/yr)
<input type="text" value="0.00"/>	Sanitary sewer overflows (number/sewer mile/yr)
<input type="text" value="0.13"/>	Basement backups (number/sewer mile)
<input type="text" value="0.13"/>	Complaints (number/sewer mile)
<input type="text"/>	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
<input type="text"/>	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OVERFLOWS REPORTED **

Date	Location	Cause	Estimated Volume
None reported			

** If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.

5. Infiltration / Inflow (I/I)

5.1 Was infiltration/inflow (I/I) significant in your community last year?

- Yes
 No

If Yes, please describe:

5.2 Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?

- Yes
 No

If Yes, please describe:

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<p>5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:</p> <p>None</p>
<p>5.4 What is being done to address infiltration/inflow in your collection system?</p> <p>Manhole cover upgrades if needed.</p>

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	A

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Grading Summary

WPDES No: 0023663

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	A	4	3	12
BOD/CBOD	A	4	10	40
TSS	B	3	5	15
Ponds	A	4	7	28
Biosolids	A	4	5	20
Staffing/PM	A	4	1	4
OpCert	A	4	1	4
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			36	139
GRADE POINT AVERAGE (GPA) = 3.86				

Notes:

- A = Voluntary Range (Response Optional)
- B = Voluntary Range (Response Optional)
- C = Recommendation Range (Response Required)
- D = Action Range (Response Required)
- F = Action Range (Response Required)

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Resolution or Owner's Statement

Name of Governing
Body or Owner:

Date of Resolution or
Action Taken:

Resolution Number:

Date of Submittal:

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B. Required for grade C, D, or F):

Influent Flow and Loadings: Grade = A

Effluent Quality: BOD: Grade = A

Effluent Quality: TSS: Grade = B

Ponds: Grade = A

Biosolids Quality and Management: Grade = A

Staffing: Grade = A

Operator Certification: Grade = A

Financial Management: Grade = A

Collection Systems: Grade = A

(Regardless of grade, response required for Collection Systems if SSOs were reported)

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS

(Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)

G.P.A. = 3.86

Proposal

(715) 962-9199

Andy's Custom Concrete, Inc.

N7401 State Road 40
Colfax, WI 54730

SITE NAME	Village of Colfax	OWNERS NAME	
STREET		STREET	
CITY, STATE AND ZIP CODE		CITY, STATE, AND ZIP CODE	
PHONE		PHONE	

The services provided by the above contractor include all materials, labor, and clean up of materials after job is completed.

JOB DESCRIPTION

Remove & replace 8x150' exterior concrete
and (2) Bollards #7800

Remove & replace (6) sections of city
sidewalk with new ADA warning tiles #4200

PAYMENT DUE UPON COMPLETION

Any alterations or deviations from the above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. 50% down before project is STARTED. Remaining balance due upon completion.

Amount Due (\$ _____)

Andy's Custom Concrete, Inc.

Authorized Signature

Andy De Mol

Date

6/8/23

See back side of this document for Wisconsin construction lien notices.
This Proposal may be withdrawn by us if not accepted within thirty (30) days.

Acceptance Of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____

Signature _____

Zoning Board of Appeals – June 12th, 2023

On June 12th, 2023 at 6:00 p.m., the Zoning Board of Appeals met at Village Hall, 613 Main Street, Colfax, WI. Members Present: Mike Kiekhafer, Chair, Gene Gibson, Rich Bautch and Jason Johnson. Absent: Mark Mosey. Others present: James Russell with Russell Rentals-property owner, Jeffrey Stockburger – Surveyor, Jeff Prince-1004 University Avenue resident and Board Trustee, Gary Stene – Board Trustee, Clint Best-1010 University Avenue resident and Board Trustee, Sheila Riemer, and Administrator-Clerk-Treasurer Niggemann.

Public Appearances – No public comments prior to public hearing.

Open Public Hearing – A motion was made by Gibson and seconded by Bautch to open public hearing at 6:02 p.m. A voice vote was taken with all members voting in favor.

Request for variance for no street frontage- Russell Rentals 1007 & 1009 University Avenue – Russell explained that his partner and him are going through a separation and they mutually want to split everything equally. There has been a lot of work put into the survey to make the split of the parcel fair for the property owners, easements which would address all the concerns that the Village had expressed in issues that could be seen into the future. However, there is no way for the back unit to have street frontage without the easements and parcel would be land locked, etc. Questions asked by members included:

- Can one of the Russell's keep the Colfax property and other owner get a property at another location?
- Why not sell the property and split any proceeds or debt accordingly?
- Do you have any other options?
 - Russell's indicated that the other option would be to start a partnership agreement to list these two four-plexes under.
- What happens in the future if one of the Russell's decides to sell their lot, then there would be different owners and would that working easement be as successful and cooperative?
- Would allowing this variance/sub-division set a precedence for the other larger rental units in Colfax including: the University Apartments, Johnson Olson Apartments, Big Blue Stem or the High Street Duplexes?

The Board members indicated that they feel for the situation that Mr. Russell is in, but do not believe that allowing the variance so the sub-division could be applied for would be in the best interest of the Village. Kiekhafer expressed that he does not want to set a precedence within the Village, Gibson expressed that there was a lot of work put into the evaluation of this with attorney and engineer response and he therefore is not in favor of the variance, and Johnson shared the same concerns wishing they could accommodate Mr. Russell, but feels it is not in the best interest of the Village.

Close Public Hearing - A motion was made by Johnson and seconded by Bautch to close the public hearing. A voice vote was taken with all members voting in favor. Motion carried and public hearing was closed at 6:22 p.m.

Discussion of public comments and consideration of variance request approval or denial- Kiekhafer expressed that it is helpful to know that there is an alternative and the Board has to do what is best for the Village.

Kiekhafer took a vote of who was in favor of granting the variance request to approve no street frontage for lot 1 of the preliminary survey. There were four nays and zero ayes. The request has been denied for the variance request to allow no street frontage for Lot 1, 1007 University Avenue, the back of the lot, for the primary reason of setting a precedence in allowing land locked parcels within the Village limits.

Adjourn - A motion was made by Gibson and seconded by Bautch to adjourn the meeting at 6:27. A voice vote was taken with all members voting in favor. Meeting adjourned

Mike Kiekhafer, Chair

Attest: Lynn Niggemann
Administrator-Clerk-Treasurer

Planning Commission, June 15th, 2023

On June 15th, 2023, the Planning Commission meeting was called to order at 6:00 p.m. at the Village Hall, 613 Main Street, Colfax, WI by Jeff Prince. In attendance: Mick Buchner, Jason Johnson, Tiffany Prince, Dave Hovre, Nancy Hainstock and Jeff Prince. Excused: Logan Michels. Others Present: Dave Rosenbrook with Rosenbrook Construction, Sonny Ivkovich with Orion Builder, Jason Griepentrog with GRIP Development, Annie Jenson, Carey Davis, Public Works Director Bates, Administrator-Clerk-Treasurer Lynn Niggemann and LeAnn Ralph with the Messenger.

East View Development - Update

Niggemann briefly explained how East View Development progress has gotten to the point of Phase 2. Phase 1 has four homes constructed with two lots expected to be built as possible twin homes. Phase 2 has one single family that has begun the construction phase.

Eastview Development – Phase 2/ Review the Layout of the Lots/ Two or Three Multi-Family Lots/Consider Sub-Division – Phase 2 consists of five lots, three single family and two multi-family lots. Phase 2 has been sub-divided through the state process in November 2021. Phase 2 currently needs to have the initial zoning from A-1 Agriculture to R-2 – Medium sized lots Single Family and possibly R-6 Zero Lot Line Single Family District. The developers are sharing that the interest in the market currently is twin homes. Twin Homes are different than duplexes in that they have two owners, a different owner on each side. Duplexes are generally rented. Both Developers shared their interest. GRIP Development is interested in the two single-family lots at no cost and they are also interested in the multi-family lots. They understand with other developers here that the situation may be that the deal is negotiated and feel that is fair. Rosenbrook shared a few ideas including that he feels that the lots are large enough that there could actually be three twin home lots there instead of two twin home lots. Rosenbrook has an excavator and is able to dig services to provide the services that are missing.

Potential Costs of Lots/Single-Family/Multi-Family – Discussions with the contractors included what the going land prices are where they have been working. They shared prices ranging from \$25,000 to \$40,000 noting that there is curb & gutter as well as sidewalks with these prices. When asked what a fair price to the contractor would be, both agreed that the lots are probably sellable at \$30,000 and they would be willing to pay approximately \$10,000 for the multi-family lots.

Zoning of Phase 2 – If the Village plans to work with the developers that are here, the single family should be R-2 and the multi-family lots should be R-6 to allow for twin homes to be built.

A motion was made by Johnson and seconded by Buchner to recommend to the Village Board to rezone phase 2 from A-1 Agriculture to R-2 Medium Single Family Residential District and R-6 Zero Lot Line Single Family Residential District. A voice vote was taken with all members voting in favor. Motion carried.

A motion was made by Hainstock and seconded by Buchner to award the lots as follows:

Lots, 8, 9 – single family lots to GRIP Development with no cost and Lot 10 with a cost of \$10,000 to GRIP Development. Lot 11 with a \$10,000 cost to Rosenbrook Development. A voice vote was taken with all members voting in favor. Motion carried.

A motion was made by T. Prince and seconded by Johnson to approve the minor sub-division for Lots 10 and 11 to allow twin homes to be constructed and zoning of R-6. A voice vote was taken with all members voting in favor. Motion carried.

East View Development – Phase 3/Discussion of the next steps- Bates and Niggemann should begin to schedule meetings with the land owners.

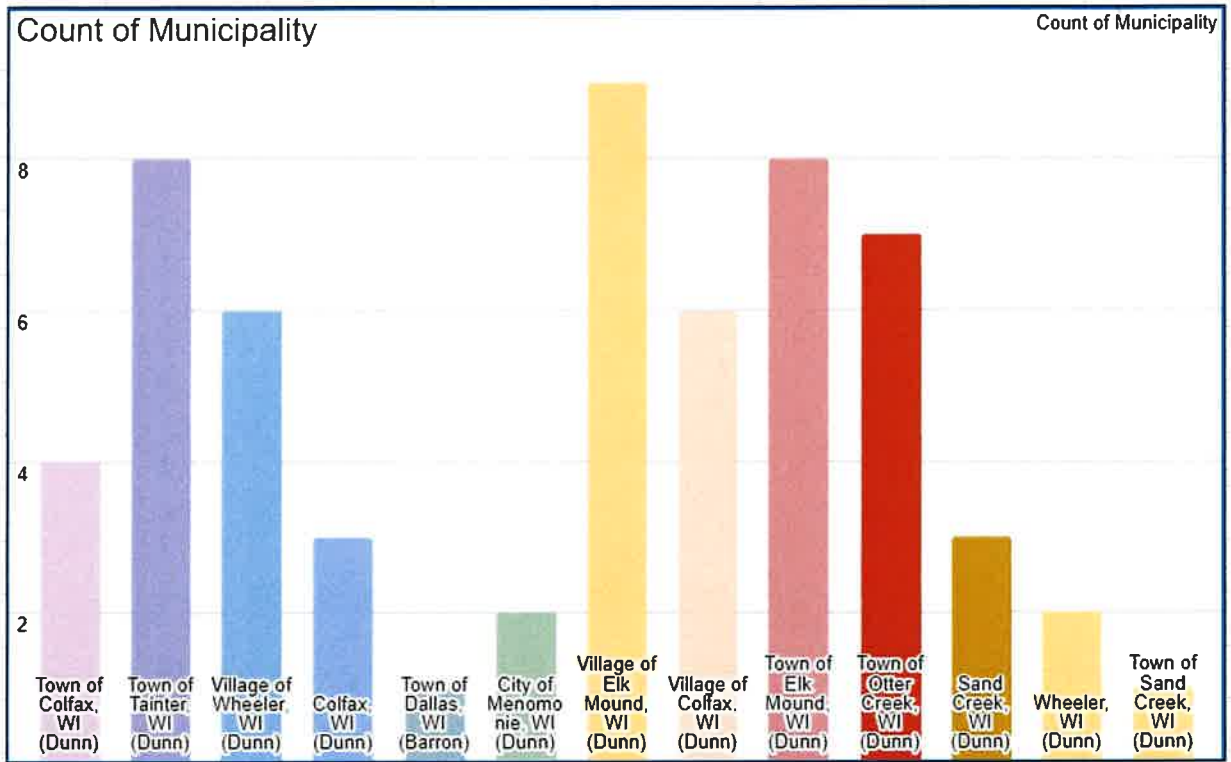
Adjourn: A motion was made by Buchner and seconded by T. Prince to adjourn the meeting at 7:47 pm. All members voted yes.

Jeff Prince, Chair

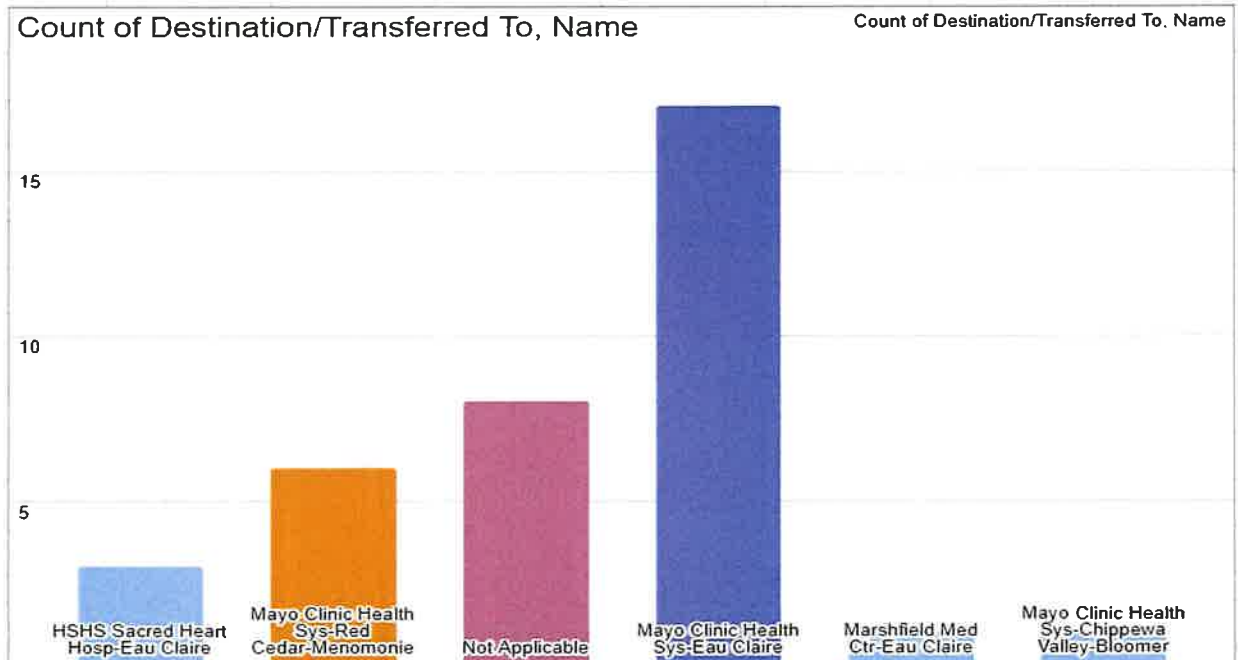
Attest: Lynn Niggemann
Administrator-Clerk-Treasurer

COLFAX RESCUE MAY 2023 REPORT

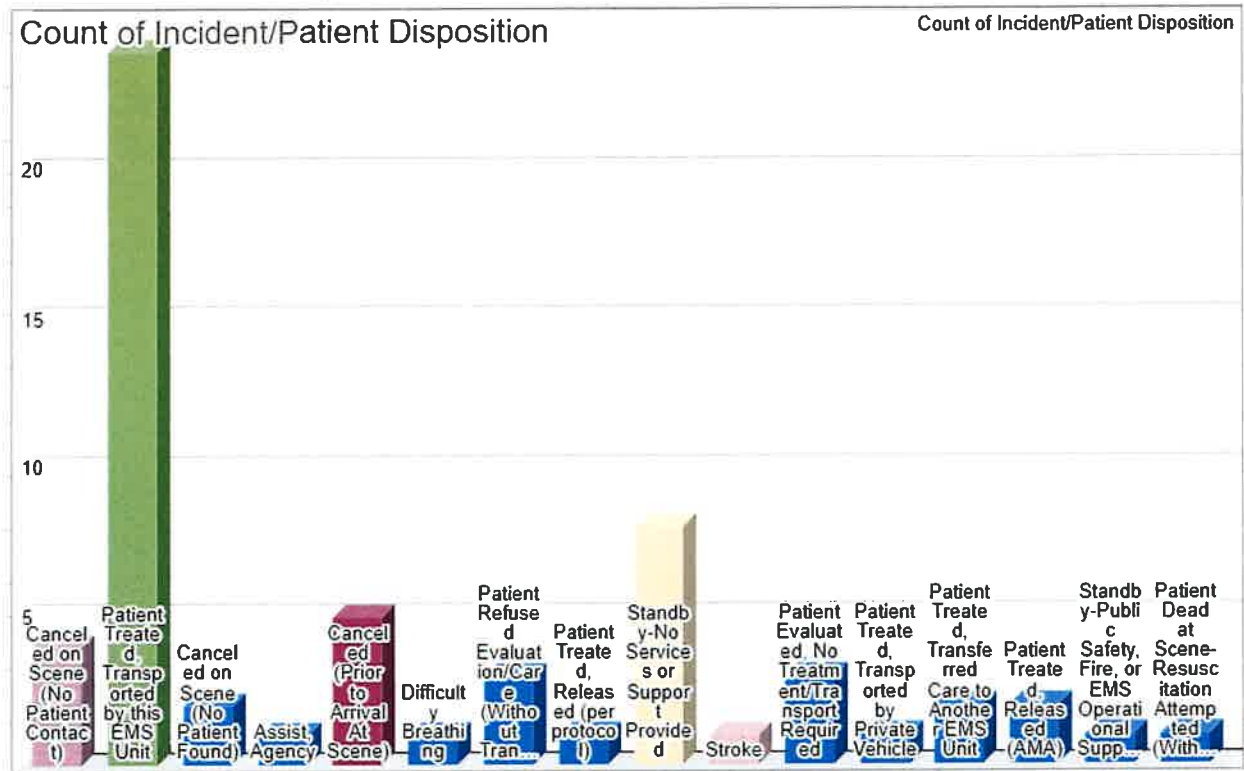
MUNICIPALITIES RESPONDED TO:



RECEIVING FACILITIES:

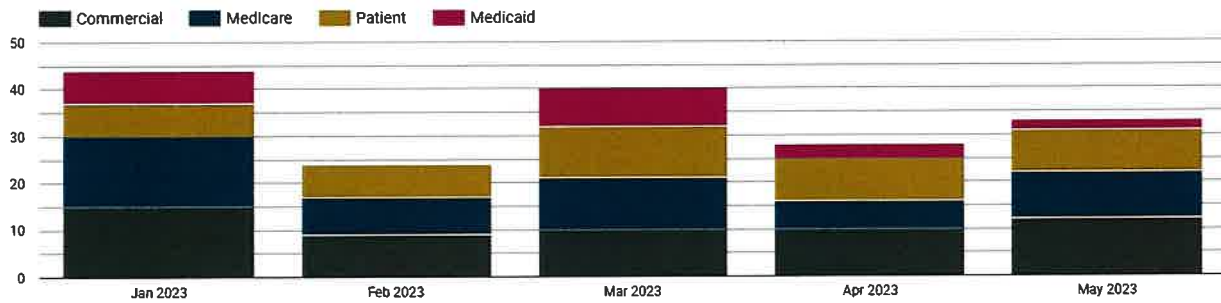


PATIENT DISPOSITION:



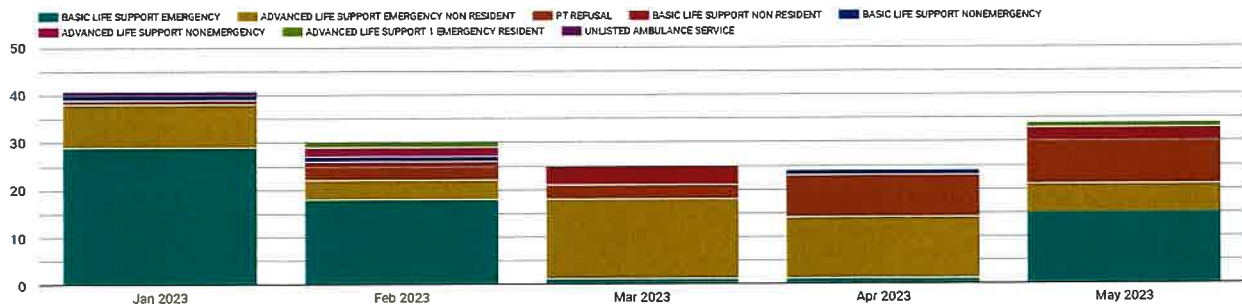
FINANCIALS:

Primary Payer Breakdown



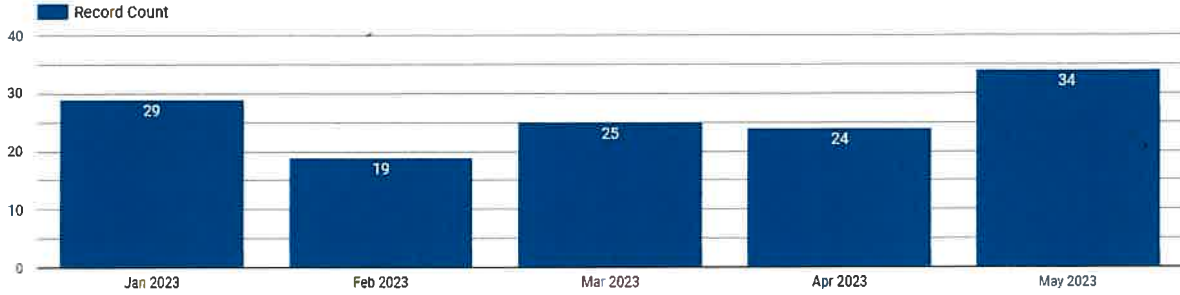
Service Level Breakdown

This graph shows the total number of trips broken down by CMS Level



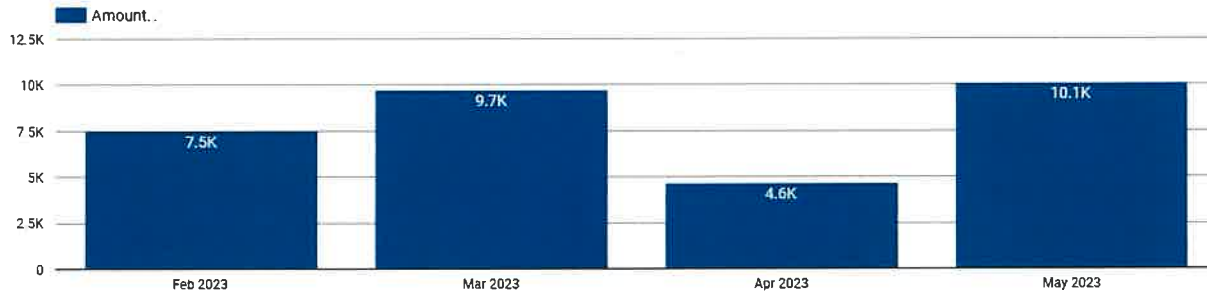
Claims Submitted By Month

This graph shows the number of claims received based on Date of Service



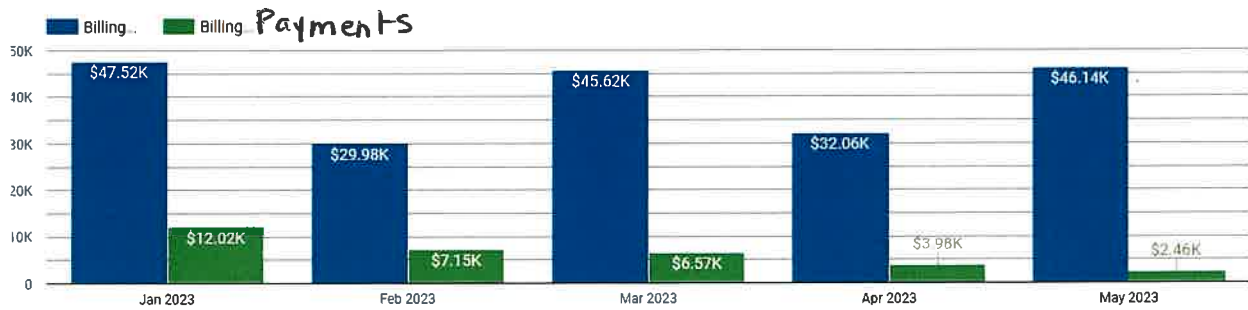
Total Cash By Posting Date

Calculated based on received EOP/EOB's. This graph shows the total payments received each month. These numbers are calculated by using the date of receipt indicated on the explanation of payment received with each insurance payment. Payments each month include payments from claims submitted in previous months.



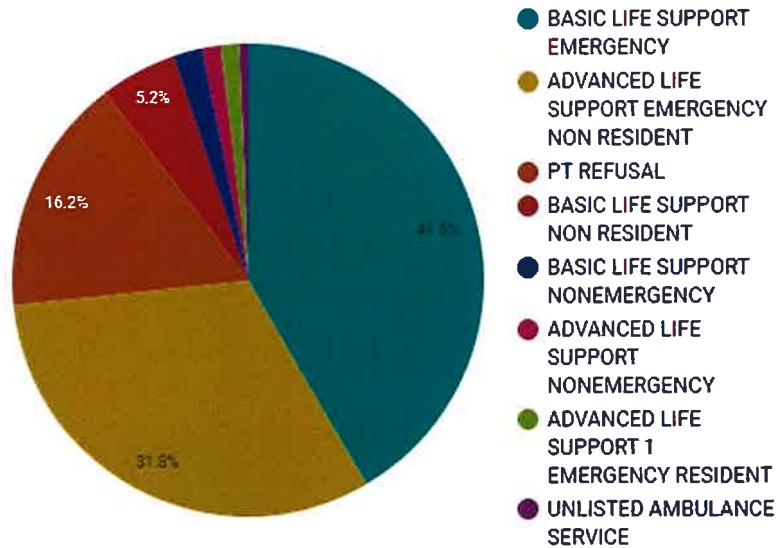
Billed vs Received

This graph, based on Date of Service reflects amounts billed vs cash received.



Service Level Break Down

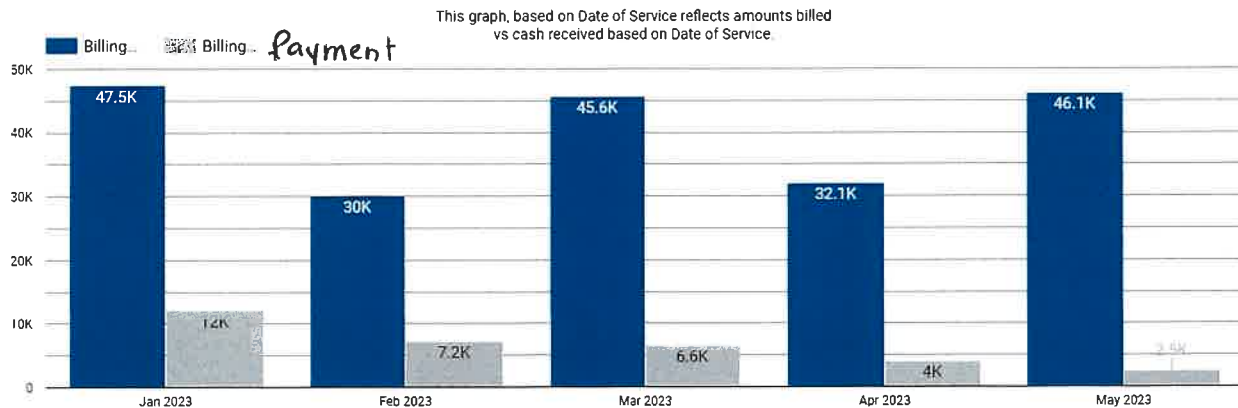
BLS Emerg 1 Non Res 0 N/A	BLS, Emergency 15 + 1,400.0%	BLS, Non Emerg 0 + -100.0%	ALS, Emerg 1 NON RES 6 + -53.8%	Pt. Refusal 9 0.0%
--	---	---	--	---------------------------------



Billed Breakdown

Service Level	Total Trips	Charges
BASIC LIFE SUPPORT EMERGENCY	15	16,509.75
ADVANCED LIFE SUPPORT EMERGENCY NON RESIDENT	6	8,823.66
PT REFUSAL	9	4,527
BASIC LIFE SUPPORT NON RESIDENT	3	3,936.21
ADVANCED LIFE SUPPORT 1 EMERGENCY RESIDENT	1	1,364.91
Grand total	34	35,161.53

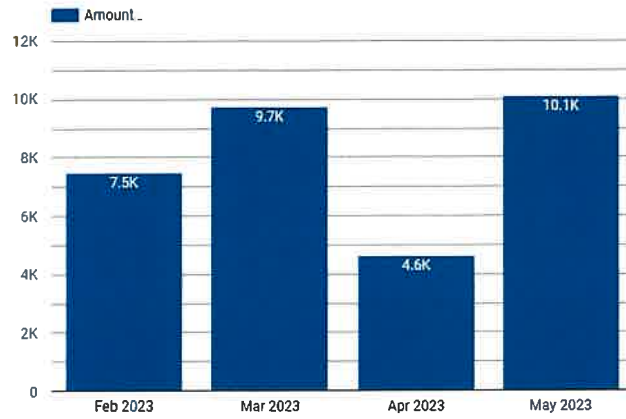
Billed vs Received



Total Cash Received

You can expand your view by changing the dates above

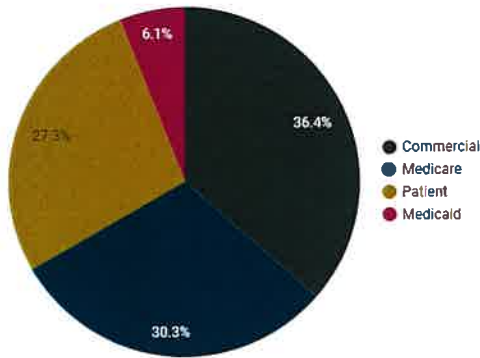
Amount Paid
10,109.55



Breakdown



Primary Payor Mix



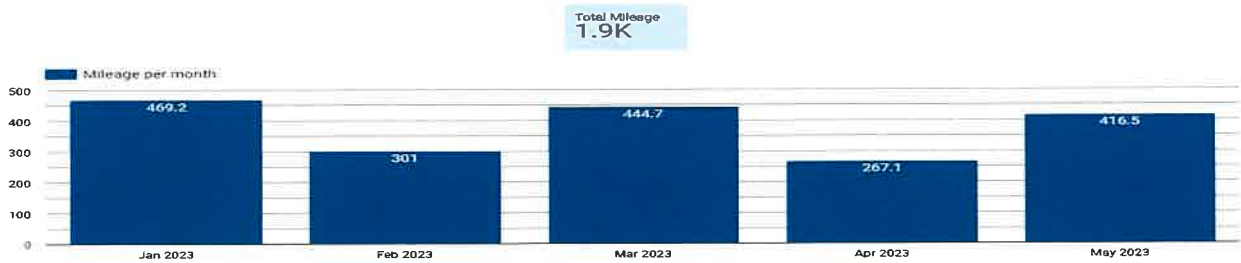
Average Payment by Payor

Description	Ave Payment
UMR PYMT	760.09
MDC ELECTRONIC PYMT	577.91
UNITED HEALTHCARE ME PYMT	484.79
SECURITY HEALTH PLAN PYMT	436.18
GROUP HEALTH COOPERA PYMT	406.34
COM ELECTRONIC PYMT	392.15
MERITAIN HEALTH PYMT	198.66
AMERICAN RETIREMENT PYMT	154.85
MEDICA HEALTH PLAN S PYMT	153.27
CONTINENTAL LIFE PYMT	152.21

1 - 10 / 16 < >

FLEET:

Mileage Break Down



2023 Fleet
Summary

	Beginning Miles	Monthly Ending Miles	2023 Miles	Gallons fuel	Pump Cost	Maintenance Cost	Cost per Mile	Engine Hours
M7	99972.2	101621	1648.8	167.39	\$695.54	\$2,965.37	\$2.22	55
M8	76374	80882	4508	473.31	\$1,944.03	\$224.00	\$0.48	166
Total			6156.8	640.7	\$2,639.57	\$3,189.37	\$0.95	221

CRS NOTES:

- SORRY THE MAY REPORT IS LATE I TOOK A VACATION TO WASHINGTON DC.
- M7 IS SCHEDULED TO SEE IF WE CAN GET THE AC WORKING APPROPRIATELY ON TUESDAY THE 26TH.
- CRS COMPLETED MEDICARE'S REQUIRED COST ANALYSIS.
- WE HAVE RETROFITED OUR STRETCHERS FOR FUTURE AUTO LOAD. THIS WAS PAID WITH FLEX FUNDS FROM THE STATE.
- WE HAVE HIRED MEGAN LUDY EMT BASIC., HER ASPIRATIONS ARE TO BECOME A PHYSICIAN ASSISTANT.
- .DON HAS PICKED UP ANOTHER JOB AS A SYNOD AUTHORIZED MINISTER FOR THE COLFAX RURAL LUTHERAN PARISH. WHICH WILL REQUIRE SOME CLASSES FRIDAY NIGHT AND SATURDAY ONCE A MONTH. AS WELL AS CONDUCTING SUNDAY SERVICES. DON WILL BE AUTHORIZED TO CONDUCT ALL MINISTERIAL DUTIES (MARRIAGE, FUNERALS, BAPTISMS, COMMUNION, SHUT IN VISITS ETC.)
- CONGRATULATIONS TO THE VILLAGE OF ELK MOUND FOR APPLYING AND RECEIVING A GRANT FOR AN A.E.D. FOR THE LIONS PARK.
- THANK YOU TO KATHY DUNBAR FOR SUPPLYING AND MAINTAINING THE PLANTS BY OUR FLAG POLES.
- THANK YOU TO ENCOMPASS HEALTH EAU CLAIRE'S NEWEST HOSPITAL FOR THANKING COLFAX RESCUE AND OTHER AREA EMS AGENCIES WITH COOKIES FROM CRUMBL COOKIES.
- FOR THOSE WHO HAVE NOT HEARD THE STATE OF WISCON INCREASED STATE AID FOR FIRE, POLICE, EMS AND PUBLIC WORKS.
- EMT'S ARE FINISHING THEIR LICENSE RENEWALS. ALL LICENSES EXPIRE JUNE 30TH IF LICENSES ARE NOT RENEWED YOU CAN NOT FUNCTION AS AN EMT.
- COLFAX RESCUE HAS RENEWED IT'S SERVICE LICENSE FOR THE 2023-2026 LICENSE PERIOD.
- JULY IS NEAR SO TIME HAS COME TO START WORKING ON THE 2024 BUDGET..
- HAVE A SAFE INDEPENDENCE DAY.



Thank you all so much for
the kind words + plant.
She will forever live on in
our hearts! ~ Shira

The family of
Judy Condor