Renewal Alcohol I	Beverage L	icense App	olication	Applicant's Wisconsin Seller's Peri	
(Submit to municipal clerk. R	ead instructions	on page 3.)		456 0000 165 FEIN Number	24808
For the lineage powing beginning	7/1/202	3	1.1201 2021	39 134484	46
For the license period beginning	1000 700 86266	ending:	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of	Callana		Class A beer	\$
To the Governing Body of the:	Village of }	WHAP		Class B beer	\$ 100.00
	City of			Class C wine	\$
County of Dun		Alderman	ic Dist. No	Class A liquor	\$
ocamy o,			d by ordinance)	Class A liquor (cider only)	\$ N/A
		(1	,,	Class B liquor	\$ 400.00
Check one: Individual	Limited Liabili	ty Company		Reserve Class B liquor	\$
Partnership	Corporation/N	onprofit Organiza	tion	Class B (wine only) winery	\$
				Publication fee	\$ 22.50
Complete A or B. All must o	omplete C			TOTAL FEE	\$ 522.50
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Nelson	Mark	Δ	30749 /30	of St. New Auburn W	VI 54757
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Johnson	Lisa	7.	501 West	St. Colfax WI 5	473/1
Full Name (Last)	(First)	(Middle Name)	Home Address (Street.	City or Post Office, & Zip Code)	11.50
B. LLC or Corporation (and A					
Full Legal Name of Corporation / Nonp	rofit Organization / Limit	ed Liability Company	Address of Corporation / L	imited Liability Company (if different from	m licensed premises)
All corporations/organizations	or limited liability of	ompanies applyin	g for a license to se	Il fermented malt beverages a	nd/or intoxicating
liquor must appoint an agent.	, ·	empames apply	9 101 4 11001100 10 00	,e.memee men bototagee u	nara, manadanig
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
All Officer(s) Director(s) of C	ornoration and M	Iombore / Manag	are of Limited Link	ility Company	
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
	Programme and the second				IN ELMEN
Vice President / Member Last Name	Mark (First)	(Middle Name)	30749 13	6 th St New Auburn 1 City or Past Office, & Zip Code)	WL GIIJI
T 1	V-1174	(windle warne)		2 1	and a least of a
Secretary / Member Last Name	hisa	(04)-21- (1)	501 West	St City or Post Office, & Zip Code)	4730
Secretary i Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
- 1944 - 1974 -	WARDEN W				
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	4
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)	
			Ŷ.		
C. Business Information					
1. Trade Name	nouse Ba	\sim	Business Pho	ne Number <u>115-962-</u>	3339
2 Addraga of Province	112 00 :	S		Zip Code 7.0. 20x81	
2. Address of Premises	13 11 AU	1 25	Post Office & A	ZIP Code 4.0. IDX 81	54 150
3. Does the applicant underst and brewpubs?	and that they mus			m Wisconsin wholesalers, bre	weries
4. Premises description: Des	scribe building as	huildings where	loobol boyozagas -	urn to be eald and atomed. The	
include all rooms including records. (Alcohol beverage	living quarters, if es may be sold an	used, for the sale d stored only on t	s, service, consump he premises descril	otion, and/or storage of alcoho bed.)	beverages and
Ground floo	r. Stora	ad C00m	deckons	south side	
	,, -,	J			

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	L No
12.	Does the applicant owe municipal property taxes, assessments, or other fees?	☐ Yes	₽ No
appand and voi this	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the abeen truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name olication; that the applicant has read and made a complete answer to each question, and that the answers in each discorrect. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsind, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits application. Any person who knowingly provides materially false information on this application may be required in \$1,000.	ed in the fo instance i Statutes in connect	oregoing are true shall be tion with
Co	ntact Person's Name (Last, First, M.I.) Tobaccom Lise J Parther 5-16-2	023	
Sig	inature Phone Number Email Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	2021 (JOhnson) 715-962-2829 lisasmes G	gmail	.com
	BE COMPLETED BY CLERK		
	te received and filed with municipal clerk Date reported to council / board Date license granted		
Lic	5-16-2023 (-, 26, 23) ense number issued Signature of Clerk / Deputy Clerk		
Lic	Lynn m Niegen)
1	A Control of the Cont		

Submit to municipal clerk.

In	dividual's Full Name (please print) (last nam	9)	(first nam	e)		(middle na	ame)	
	Nelson	Mar	ck		\mathcal{A}			
н		Post Office		City		State	Zip Code	
	30749 13675	54		11 600 1 100	surn	WI		54
H			Age	Date of Birth		Place of E	Birth O. A	
	715-967-242	5	66			Eau	Claire,	WI
	Applying for an alcohol beverage lice. A member of a partnership which in a continuous of the continuo	tense as an individual s making application for of of of older and of of older and old	e. to the lic to this da raffic unre	hol beverage licent ame of Corporation, Limite ensing authority: ate? <u>(A) + q</u> elated to alcohol be her states or ordini	se. d Liability Companion ear 5 everages) for ances of any			s U No
3.	Are charges for any offenses present for violation of any federal laws, any municipality?	tly pending against you Wisconsin laws, any la	on reverse I (other th ws of oth	side of this form.) nan traffic unrelated er states or ordina	to alcohol be	everages ounty or		s N o
4.	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?							
5.	member/manager/agent of a limited l	r, director, stockholder, liability company holdin	agent or g or appl	employe of any pe ying for a wholesa	erson or corpo le beer permi	t,		es Wo
	·				(Address	By City and	County)	
6.			nployers.	ē			r_	
New Auburn Wt 5475 Home Phone Number Age Date of Birth Place of Birth Place of Birth T15 -9 Ltt - 2425 Us Place of Birth Eau Claim, IV The above named individual provides the following information as a person who is (check one): Applying for an alcohol beverage license as an individual. Amember of a partnership which is making application for an alcohol beverage license. Of (Name of Corporation, Limited Liability Company or Monprofit 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? Lab 4 years Section Lab 4 years Lab 4 years Section Lab 4 years Lab 4 ye		sent						
					Employed From			

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.

AMark O. Delson
(Signature of Named Individual)

Submit to municipal clerk.

l la	ndividual's Full Name (please print) (last name)		(first nan	701	(m	niddle nam	al	
1,11		1	,	19)		nouis nam	<i>5)</i>	
	John.90 n		isa		7			
H	ome Address (street/route)	Post Office		City	1		Zip Code	(2
	501 West St		4	Colfas	и	リエ	54730	<u> </u>
H	ome Phone Number		Age	Date of Birth		ace of Birth		
L	715-962-2829		45		8	au Cl	laire WI	
Th	ne above named individual provides the	following information	as a per	son who is (check one)s			
	Applying for an alcohol beverage lice	=	,		' 'S			
L	A member of a partnership which is	making application fo	r an alco	hol beverage license.				
	7	of		_				
	(Officer / Director / Member / Manager / A		(A)	lame of Corporation, Limited L	iability Company or I	Nonprofit O	rganization)	
	which is making application for an alc	ohol beverage licens	Э.					
Th	e above named individual provides the	following information	to the lic	ensing authority:				
1.	How long have you continuously reside	ed in Wisconsin prior	to this d	ate? <u>44 yea</u>	rs			
2.	Have you ever been convicted of any of	,			· /			
	violation of any federal laws, any Wisco	•	-			nty		
	or municipality?						Yes	No
	If yes, give law or ordinance violated, to status of charges pending. (If more root		-	•	ite, description	and		
	status of charges pending. (# more roof	m is needed, continue o	n reverse	side of this form.)				
3.	Are charges for any offenses presently	pending against you	(other th	nan traffic unrelated to	alcohol bever	rages)		
	for violation of any federal laws, any W							
	municipality?		nes 1924	ess ess esse los esses	3840 - 8780 - 47874 BOAD		Yes	No
	If yes, describe status of charges pend	ing						
	Do you hold, are you making application							
	organization or member/manager/ager						T Voo	[.]
	beverage license or permit? If yes, identify.						Yes	I LINU
	Tryes, Identify.	(Nar	ne, Location	and Type of License/Permit)				
5.	Do you hold and/or are you an officer, of				on or corporati	on or		
	member/manager/agent of a limited lial		-					
	brewery/winery permit or wholesale liqu	uor, manufacturer or i	ectifier p	permit in the State of	Wisconsin?		· Yes	No
	If yes, identify.							
	(Name of Who	olesale Licensee or Permittee)			(Address By C	City and Cou	unty)	
6.	Named individual must list in chronolog	jical order last two en	nployers					
- 1		mployer's Address		En	nployed From	To		. (
	Outhouse	413 main	5+		<i>20</i> 02		Yresev	1+
	Employer's Name E	413 main imployer's Address Menomon		I.	nployed From	To	Preser 2002	
	Walmant	Menomon	e		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 prefeit not more than \$1,000.

Wisconsin Department of Revenue

Renewal Alcohol	_		olication	Applicant's Wisconsin Seller's Pe	123602
(Submit to municipal clerk.			1. 1	FEIN Number 47 467239	75
For the license period beginni	ng: 7/1/202.	3 ending: 💪	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of	0.10		Class A beer	\$
To the Governing Body of the	: Willage of	Colfax		Class B beer	\$ 100.00
	City of			Class C wine	\$
				Class A liquor	\$
County of Dunc	`		ic Dist. No	Class A liquor (cider only)	
		(if require	d by ordinance)	Class B liquor	\$ 400.00
Check one: Individual	Limited Liabilit	v Company		Reserve Class B liquor	\$
Partnership	Corporation/No		tion	Class B (wine only) winery	
Farmership	Corporation/140	onpront Organiza	uon	Publication fee	\$ 22.50
Complete A or B. All must of	complete C.			TOTAL FEE	\$ 522.50
A. Individual or Partnership	:			1	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middie 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					
Full Legal Name of Corporation / None					
young Active	Ventures	LLC	706 Slet	en St. Colfax WI	54130
All corporations/organizations liquor must appoint an agent.	or limited liability co	ompanies applyin	g for a license to se	ell fermented malt beverages	and/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
young	Alicia	m	706 Sle	Hen St Colfap WI	54730
All Officer(s) Director(s) of (77 AL - 8 77 8 - 17	ambara / Manag			
President / Member Last Name	(First)	(Middle Name)		, City or Post Office, & Zip Code)	
	(C) (C) (C) (C)			A W	511720
Vice President / Member Last Name	Alicia	m		tenSt Colfax WI-	54730
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Sociolary i monitori Edocitoria	VENSEL	Anna and Thairing	Thomas Addition	, bity of those officery and property	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
	15 15				
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)	
			t		
C. Business Information					
	7	ĺa	Quairon Dh	one Number <u>715-962</u>	3252
1. Trade Name Viking		22 (C) (2)			
2. Address of Premises	08 Main	54	Post Office &	Zip Code Co (fax 5	54730
3. Does the applicant unders and brewpubs?	•	•			reweries
 Premises description: De include all rooms including records, (Alcohol beverag 	g living quarters, if	used, for the sale	es, service, consum	ption, and/or storage of alcoh	he applicant must nol beverages and
1	-	•	•		
	dinim or	so cart	4 500m all	011 C	
	dining ar	rea, parti	1 room, all	eys	

5.	Legal description (omit if street address is	given on previous pa	age):				
6.	a. Since filing of the last application, has member, officer, director, manager or organization licensee been convicte for violation of any federal laws, any to or municipality? If yes, complete pa	agent for either a lin d of any offenses (e Visconsin laws, any l	nited liability company excluding traffic offens laws of other states, o	y licensee, or ses not relate or ordinances	nonprofit d to alcohol) of any county	☐ Yes	[] No
	b. Are charges for any offenses presenthe named licensee or any other personal transfer of the named licensee or any other personal transfer or the named licensee or any other personal transfer or the named licensee.	tly pending (excluding and affiliated with this	ng traffic offenses not slicense? If yes, exp	related to alco	ohol) against page 3	☐ Yes	
7.	Except for questions 6a and 6b, have th by you on your last application for this li	ere been any change cense? If yes, expl a	es in the answers to t	he questions	as submitted	☐ Yes	QN.
	9,7						
8.	Was the profit or loss from the sale of alcoror Franchise Tax return of the licensee?	phol beverages for the finot, explain	e previous year reporte	ed on the Wisc	consin Income	Yes	□N
	Does the applicant understand they musi	hold a Wisconsin Se	eller's Permit?	X000 5 5 3 3 4 10 (5 2		[⋭ Y es	□N
0.	Does the applicant understand that alcohors from the date of invoice and made availate	ol beverage invoices ble for inspection by la	must be kept at the lid aw enforcement?	ensed premis	es for 2 years	Yes	
1.	ls the applicant indebted to any wholesal	er beyond 15 days fo	er beer or 30 days for l	liquor?		☐ Yes	_H
	Does the applicant owe municipal proper (Note: Renewal of licenses may be deni assessments or other fees).	ty taxes, assessment ed pursuant to a loca	ts, or other fees? If ordinance, if the lice	nsee owes m	unicipal taxes,	☐ Yes	U-M
ee pp nd oid		der penalty provided l byledge of the signer. ade a complete answ ands that any license cant may be prosecu	by law, the undersigne. The signer agrees the ver to each question, as issued contrary to Cotted for submitting fals	ed states that at he/she is th and that the a hapter 125 of se statements	each of the abo e person name nswers in each the Wisconsin and affidavits in	d in the fo instance Statutes n connect	reg are sha ion
on	act Person's Name (Last, First, M.I.)		Title / Member		Date (a 9 -	200	2
ign	licia young)	Owner Phone Number		6-9- Email Address	000	2
	licia young		715-781-06	98	amyoung 19	46egn	nail.
	0 ()			W. 534		
	BE COMPLETED BY CLERK						
ate	received and filed with municipal clerk	Date reported to council / b	_	Date license gr	anted		
içe:		Date license issued		Signature of Cl	erk / Deputy Clerk	a e -	
-115	(유 5-19)		2 -	Digital	rygeme		
			2 -				

Submit to municipal clerk.

In	dividual's Full Name (please print) (last name)	_	•	e)		(middle nai	me)	
	Micro Micr							
Н	ome Address (street/route)					State		
	704 Stellen St			Colfax		WI	54734)
H			Age	Date of Birth		Place of Bi	rth	
	715-781-059	8	56			Lau	vton	
ТЬ	a above named individual provides the	following information	as a nor	con who is tabaak a	no!			
_	·	_	-	SOLL MILO 13 (CHECK O	ne).			
-				nol heverage licens	20			
\vdash] Amember of a partnership which is		i ali alco	ioi beverage licens	,			
	Officer / Director / Member / Manager / /	Agent)	(Na	ame of Corporation, Limite	d Liability Company	y or Nonprofit	Organization)	
	which is making application for an alc	cohol beverage licens	e.					
てん		_		anaina authority:				
					1 00			
۱.	How long have you continuously resid	eu in wisconsin phor	to this de		years			
2.								
						county		
							· · · Yes	<u>4</u> 10
					date, descript	ion and		
	status of charges pending. (If more room	om is needed, continue o	n reverse	side of this form.)				
3.	Are charges for any offenses presently	y pending against you	(other th	an traffic unrelated	I to alcohol be	everages)		
							Yes	- No
								_
4.			fficer, dire	ector or agent of a	corporation/n	onprofit		
		· ·					Yes	4 No
	If yes, identify.							
	<u></u>			• •				
5.	•		-					
	member/manager/agent of a limited lia	ability company holdin	g or appl	ying for a wholesal	e beer permit	-,		
	brewery/winery permit or wholesale lic	uor, manufacturer or	rectifier p	ermit in the State of	of Wisconsin?	١	Yes	L-140
	If yes, identify.							
					(Address	By City and C	County)	
6.			nployers.				-	
			O 10	~		,		.*
Home Address (atree/routd) Home Address (atree/routd)		n -						
	C) (1.1.1.1.	Call Carriers	_ ~ .	1-13 A			2014	
	Whitefall Golf	Colfee wi	7 O4	130	~ 000		GUIT	

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 Dure (Sign (type of Named Individue))

Renewal Alcohol (Submit to municipal clerk. R	_	Applicant's Wisconsin Seller's Permit Number 456-1026446429-02			
Facility of the second second	07 01 000		A	27-1107309	
For the license period beginni	ng: 07 01 202 (mm dd yyy	ending: <u>06</u>	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of	COLFAX		☑ Class A beer	\$ 10
To the Governing Body of the:		COLFAX		☐ Class B beer	\$
	City of			☐ Class C wine	\$
County of DUNN		Aldermani	ic Dist. No	Class A liquor	\$
County of			d by ordinance)	Class A liquor (cider only)	\$ N/A
		(,	Class B liquor	\$
Check one: Individual	Limited Liabi	lity Company		Reserve Class B liquor	\$
☐ Partnership	☐ Corporation/	Nonprofit Organiza	tion	Class B (wine only) winery	\$
				Publication fee	\$ 22,
Complete A or B. All must of	omplete C.			TOTAL FEE	\$ 32
A. Individual or Partnership	•				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street.	City or Post Office, & Zip Code)	
Thaler	Steven	M	, ,		54729
Full Name (Last)	(First)	(Middle Name)		St Chippewa Falls, WI City or Post Office, & Zip Code)	54/29
i i	1	1			
Thaler	John	Т		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):				
		stand Linkille, Onners	Add	Limited Liability Company (if different fro	
J & S Sales of Chipp			Address of Corporation / L	Limited Liability Company (if different fro	m licensed premises)
All corporations/organizations liquor must appoint an agent.	or limited liability	companies applyin	g for a license to se	ell fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street.	City or Post Office, & Zip Code)	
DEMOE	RONDI	(,		COLFAX, WI 54730	
	-				
All Officer(s) Director(s) of C					
President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Thaler	Steven	M	310 S Main S	St Chippewa Falls,WI	54729
Vice President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Thaler	John	t	310 S Main S	t Chippewa Falls, WI	54729
Secretary / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	31723
Treasurer / Member Last Name	(First)			D'	
Treasurer / Iviember 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)	
	J ₁ ,				
C. Business Information					
1. Trade Name Express M	art		Business Pho	one Number 715-962-3241	
2. Address of Premises 616	MAIN ST		Post Office &	Zip Code COLFAX, WI 54	730
3. Does the applicant unders and brewpubs?				om Wisconsin wholesalers, bre	eweries
	ı living quarters, i	f used, for the sale	s, service, consump	are to be sold and stored. The otion, and/or storage of alcoho ibed.)	
Convenience Store					
-					-

AT-115 (R. 5-19) Wisconsin Department of Revenue

5.	. Legal description (omit if street address is give	n on previous page): Conv	enience Store			
6.	 a. Since filing of the last application, has the member, officer, director, manager or ager organization licensee been convicted of for violation of any federal laws, any Wisco or municipality? If yes, complete page 3 	nt for either a limited liabili any offenses (excluding to onsin laws, any laws of oth	y company licensee, or affic offenses not relate er states, or ordinances	nonprofit d to alcohol) of any county	☐ Yes	 ✓ No
	b. Are charges for any offenses presently po the named licensee or any other persons a	ending (excluding traffic of ffiliated with this license?	enses not related to alco	ohol) against page 3	☐ Yes	☑ No
7.	Except for questions 6a and 6b, have there be by you on your last application for this license	een any changes in the are? If yes, explain	nswers to the questions	as submitted	☐ Yes	☑ No
8.	Was the profit or loss from the sale of alcohol b or Franchise Tax return of the licensee? If not ,	everages for the previous y explain	ear reported on the Wisc	onsin Income	✓ Yes	□No
9.	Does the applicant understand they must hold [phone (608) 266-2776]	a Wisconsin Seller's Perm	it?	*****	▼ Yes	□No
10.	Does the applicant understand that alcohol beveromethe date of invoice and made available for	rerage invoices must be ke inspection by law enforcer	ot at the licensed premis	es for 2 years	 ✓ Yes	□No
11.	Is the applicant indebted to any wholesaler be	ond 15 days for beer or 30	days for liquor?		☐ Yes	☑ No
12.	Does the applicant owe municipal property tax (Note: Renewal of licenses may be denied purassessments or other fees).	es, assessments, or other rsuant to a local ordinance	fees?	 unicipal taxes,	☐ Yes	☑ No
bee app and voic this thar	AD CAREFULLY BEFORE SIGNING: Under person truthfully answered to the best of the knowled plication; that the applicant has read and made and correct. The undersigned further understands and under penalty of state law, the applicant is application. Any person who knowingly provided in \$1,000.	ge of the signer. The signer a complete answer to each that any license issued co may be prosecuted for sub	agrees that he/she is the question, and that the ar atrary to Chapter 125 of mitting false statements	e person named iswers in each ii the Wisconsin S and affidavits in	in the for nstance a Statutes s connecti	regoing are true shall be on with
	ntact Person's Name (Last, First, M.I.)	Title / Memb	er	Date	110	
	aler, Steven M.	Member Phone Numb	or .	5/22	125	
4	en tialer	715-723	T	Email Add i ess <i>i</i> www.thalero	il.com	
1						
го	BE COMPLETED BY CLERK					
		ported to council / board	Date license gra	inted		
Lice		ense issued	Signature of Cle	rk / Deputy Clerk	ne	

Submit to municipal clerk.

79													
In	ndividual's Full Name (please pr	int) (last name)		(first name	*		(middle name)						
	Iverson.	Demoe		Ro	ndi								
H	ome Address (street/route)		Post Office		City		State	Zip Code					
	403 P	ine St	P.O. BO1	८२५।	Colfax		WI						
H	ome Phone Number			Age	Date of Birth		Place of B	Birth	_				
	715-556-	3496		67			Place of Birth Eau Claire, WI						
T h	Applying for an alcoho Applying for an alcoho A member of a partne (Officer / Director / No which is making applicate above named individual How long have you con Have you ever been con violation of any federal lor municipality?	I beverage licens rship which is m rember / Manager / Age ation for an alcol al provides the fo tinuously resided nvicted of any off aws, any Wiscor	se as an individual aking application for of nt) of license allowing information in Wisconsin prior fenses (other than the sin laws, any laws	r an alcol (Na to the lice to this da raffic unre of any otl	ensing authority: te? elated to alcohol bner states or ordin	Ned Liability Company Mulars everages) for ances of any	county		X No				
3.	If yes, give law or ordina status of charges pendid. Are charges for any offer or violation of any feder municipality?	ance violated, triang. (If more room enses presently pral laws, any Wis	al court, trial date an is needed, continue of the continue of the continue against you be consin laws, any laws.	nd penalty n reverse other the ws of other	y imposed, and/or side of this form.) an traffic unrelate er states or ordina	date, descripted to alcohol bearings	everages)	₩ No				
1.	If yes, describe status of Do you hold, are you may organization or member beverage license or per lf yes, identify.	aking application /manager/agent	for or are you an or of a limited liability	company	holding or applyir	ng for any othe	er alcohol		 ₩ No				
5.	Do you hold and/or are member/manager/agent brewery/winery permit of the yes, identify.	t of a limited liabi	rector, stockholder, ility company holdin	agent or g or appl	employe of any po ying for a wholesa	erson or corpo ale beer permin of Wisconsin?	t, `	Yes	∑ No				
	-	•	esale Licensee or Permittee,			(Address	By City and	County)					
3.	Named individual must l			nployers.		Employed From		TTo					
	Emoloyer's Name	. 1	oloyer's Address		0010	201)		Prese	40				
	Employer's Name	1art Em	ployer's Address	17 74	- Colfax	Employed From		To	/ 1				

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 elberson - Demel

Renewal Alcohol I	_		lication	Applicant's Wisconsin Seller's Peri	
(Submit to municipal clerk. R			laland	FEIN Number 26 020 T	
For the license period beginning	ng: /// 2023 (mm dd yyyy)	ending:(0/30/2024 (mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of	P 10		Class A beer	\$ 10.00
To the Governing Body of the:	✓ Village of }	Colfax		Class B beer	\$
	City of			Class C wine	\$
	•			Class A liquor	\$ 50.00
County of Dunn		Aldermanic	Dist. No	Class A liquor (cider only)	\$ N/A
		(it required	by ordinance)	Class B liquor	\$
Check one: Individual	Limited Liability	Company		Reserve Class B liquor	\$
	Corporation/No		on	Class B (wine only) winery	
raimersinp	- corporation ne	mpront Organizati	OH	Publication fee	\$ 22.50
Complete A or B. All must o	omplete C			TOTAL FEE	\$ 82.50
A. Individual or Partnership:				***************************************	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street.	City or Post Office, & Zip Code)	
	(,	(,	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
B. LLC or Corporation (and A Full Legal Name of Corporation / Nonp	rofit Organization / Limite				
All corporations/organizations liquor must appoint an agent.	or limited liability co	ompanies applying	for a license to sel	II fermented malt beverages a	ind/or intoxicating
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
All Officer(s) Director(s) of C	orporation and Mo	embers / Manage		ility Company: City or Post Office, & Zip Code)	
TO A CONTRACT OF STREET AND A STREET OF THE	The state of the s	SAC SEES	The state of the s		
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, 0	City or Post Office, & Zip Code)	
Directors / Managers Last Name	HANNAH (First)	(Middle Name)		City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
C. Business Information	190	4			
1. Trade Name Kyle	s Market	?	Business Pho	ne Number <u>715-942</u>	-3585
2. Address of Premises	115 mais	~ St.	Post Office & 2	Zip Code COHax	54730
3. Does the applicant understand brewpubs?					eweries
Premises description: De include all rooms including records. (Alcohol beverage)	living quarters, if u	ised, for the sales	s, service, consump	tion, and/or storage of alcoho	e applicant must ol beverages and
- Room b	y Cront r	egisters,	beer Cave	, Sales floor bu	1 cave
300 111 111 111					

5.	Legal description (omit if street address	s is given on previous	page):			
6.	a. Since filing of the last application, I member, officer, director, manager organization licensee been convictor violation of any federal laws, and or municipality? If yes, complete	or agent for either a ted of any offenses y Wisconsin laws, an	limited liability compan (excluding traffic offen y laws of other states,	y licensee, or nonprofit ses not related to alcohol) or ordinances of any county	☐ Yes	No
	 Are charges for any offenses pres the named licensee or any other pe 				Yes	No
	Except for questions 6a and 6b, have by you on your last application for this				☐ Yes	No
	Was the profit or loss from the sale of a profit or loss from the licensee				₽Yes	□ No
	Does the applicant understand they m	ust hold a Wisconsin	Seller's Permit?	niva banduksa banda sabbada	₽Yes	□ No
	Does the applicant understand that alc from the date of invoice and made ava				Yes	☐ No
1,	s the applicant indebted to any whole	saler beyond 15 days	for beer or 30 days for	liquor?	☐ Yes	₽ No
	Does the applicant owe municipal proping the control of the contro					₽ No
ee uppl und oid his	D CAREFULLY BEFORE SIGNING: In truthfully answered to the best of the ication; that the applicant has read and correct. The undersigned further under and under penalty of state law, the application. Any person who knowingly \$1,000.	knowledge of the sign I made a complete ar ristands that any licer oplicant may be prose	er. The signer agrees the swer to each question, use issued contrary to contrary to content for submitting fal	nat he/she is the person name and that the answers in each Chapter 125 of the Wisconsir se statements and affidavits	ed in the fo n instance n Statutes in connect	regoing are true shall be tion with
	act Person's Name (Last, First, M.I.)		Title / Member	Date		
Sign	ressin, Nichoras	SN	O WNDR_ Phone Number	5/10/20 Email Address	293	
-	ref C		715-962-35	5/10/20 Email Address EST inforcity	lesma	tet.
	BE COMPLETED BY CLERK					
	received and filed with municipal clerk	Date reported to council	i / board	Date license granted		
	5-31-23	6-26-		17		
Lice	se number issued	Date license issued		Signature of Clerk / Deputy Clerk	n	

Submit to municipal clerk.

N			
Individual's Full Name (please print) (last name)	(first name)	(middle name)
KRESS. ~> Home Address (street/route)	HANNAL	4	RXE
Home Address (street/route)	Post Office	City	State Zip Code
N9811 550th ST		COLFAY	W1 54790
Home Phone Number	Age	Date of Birth	Place of Birth
715-989-0007	36		EAU CLAIRE, W)
The above named individual provides the foll	owing information as a pers	son who is <i>(cneck une)</i> .	
Applying for an alcohol beverage license	-	What is see where the constraint of the	
A member of a partnership which is ma	king application for an alcol	nol beverage license.	
(Officer / Director / Member / Manager / Agent	of Kyuss	MARIEST INCO	Town or Manual ## Organization
which is making application for an alcoho		ine of Corporation, Elimed Dabliny Con-	pany or North Sill Silganization)
_ ,,	-	anaing outhority:	
The above named individual provides the follow. 1. How long have you continuously resided it	=		
 Have you ever been convicted of any offer 			for
violation of any federal laws, any Wiscons	•		
or municipality?			
If yes, give law or ordinance violated, trial			
status of charges pending. (If more room is			
Are charges for any offenses presently pe			
for violation of any federal laws, any Wisc			
municipality?			, man reserve Yes No
If yes, describe status of charges pending 4. Do you hold, are you making application for		ector or agent of a corporation	n/napprofit
organization or member/manager/agent o			
beverage license or permit?			
If yes, identify.			
-	(Name, Location	and Type of License/Permit)	
Do you hold and/or are you an officer, dire	ector, stockholder, agent or	employe of any person or co	rporation or
member/manager/agent of a limited liabilit			
brewery/winery permit or wholesale liquor,	, manufacturer or rectifier p	ermit in the State of Wiscons	sin?Yes
If yes, identify.			
(Name of Wholesa	ale Licensee or Permittee)	(Add	ress By City and County)
Named individual must list in chronological	l order last two employers,		
Address Baker to A	oyer's Address	94736 Employed Fro	
			2022 Current
	oyer's Address	54812 Employed Fro	To CUINADA
IVayo CUVIC HEALTH Sufstan 12	22E. Woodland Aw	: Barron WI Sept	2011

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

Submit to municipal clerk.

Lo	ndividual's Full Name (please print) (last name	21	(first nam	201		(middle na	mol	
,"		,	(mat nan	5)		princials no	11110)	
1	Krossin	N.c	UCLAS	.		NOPE	34.	
H	lome Address (street/route)	Post Office		City		State	Zip Code	
	N9811 5501 STREET			CULFAX		انعا	54	730
Н	lome Phone Number		Age	Date of Birth		Place of B	irth	
L	715-989-0007		37			CHIP	どろん	FALLS, W
Th	ne above named individual provides the	e following information	as a oer	son who is <i>(check d</i>	ne):			
	Applying for an alcohol beverage lic	-	•	, , , , , , , , , , , , , , , , , , , ,	,			
	A member of a partnership which is	s making application fo	r an alco	hol beverage licen	se.			
ک	(Officer / Director / Member / Manager /	of	لاند	ame of Corporation, Limite	INC	ar Mannea fil	: Organizatio	0)
	which is making application for an a			ame or Corporation, Cimite	ч ставтку Сотран	y or Nonpron	Organizatioi	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
T L		-						
	ne above named individual provides the	•		=				
	How long have you continuously resident				'			
2.	Have you ever been convicted of any	•						
	violation of any federal laws, any Wis		-		ances or any	county		Vec I No
	or municipality?				data dagaria	· · · · · · · · · · · · · · · · · · ·	(*65*)25	Yes No
	If yes, give law or ordinance violated,		-		date, descrip	tion and		
	status of charges pending. (If more ro	om is needed, continue o	n reverse	side of this form.)				
3.	Are charges for any offenses present	ly pending against you	(other th	an traffic unrelated	to alcohol be	everages)		
	for violation of any federal laws, any l	Visconsin laws, any la	ws of oth	er states or ordina	nces of any c	ounty or		
	municipality?	· · · Striketisk tomostomator forsk		the the potential to		50000000	2022	Yes 🔽 No
	If yes, describe status of charges per	iding.						
4.	Do you hold, are you making applicat	ion for or are you an o	fficer, dire	ector or agent of a	corporation/n	onprofit		
	organization or member/manager/age	ent of a limited liability	company	holding or applyin	g for any other	er alcohol		4-
	beverage license or permit?						XXXXX	Yes 🔀 No
	If yes, identify.							·
				and Type of License/Pern				
5.	Do you hold and/or are you an officer		-					
	member/manager/agent of a limited li						_	
	brewery/winery permit or wholesale li-	quor, manufacturer or	rectifier p	ermit in the State	of Wisconsin?	?	707011	Yes WNo
	If yes, identify.							
	(Name of W	'holesale Licensee or Permittee,)		(Address	By City and	County)	
3.	Named individual must list in chronology		nployers.					
j	Emoloyer's Name	Employer's Address			Employed From		То	
	KVES MARKET	115 MAIR	57.		2011		PRES	ラー
	Employer's Name	Employer's Address	15 - 1 - 0		Employed From		То	
	WIARNG				2001		2019	5

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 E	Beverage Lic	ense Appl	ication	Applicant's Wisconsin Seller's Perm	nit Number
(Submit to municipal clerk. Re				456-1020420796-02 FEIN Number	
			20.004	39-1764869	
For the license period beginning	g: 07 01 2023 (mm dd yyyy)	enaing: <u>06</u>	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of)			☑ Class A beer	\$ 10.00
To the Governing Body of the:	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LFAX		☐ Class B beer	\$
	City of			Class C wine	\$
County of DUNN		Aldermanic	Diet No		\$
County of Bonn			by ordinance)	Class A liquor (cider only)	\$ N/A
		e (ii roquirou	by oranianos,	☐ Class B liquor	\$
Check one: Individual	☐ Limited Liability	Company		Reserve Class B liquor	\$
☐ Partnership	Corporation/Nor	profit Organizatio	on	Class B (wine only) winery	
		, -		Publication fee	\$ 22.50
Complete A or B. All must c	omplete C.			TOTAL FEE	\$ 32.50
A. Individual or Partnership:					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
96					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, C	City or Post Office, & Zlp Code)	
Tall Hallo (East)	(1.1104)	(maxis man)	, ,	2	
D 110 0 " / 1					
B. LLC or Corporation (and A Full Legal Name of Corporation / Nonp	agent):	Liebillu Company A	ddrose of Comoration / Li	mited I lability Company (if different fro	m licensed premises)
1				DGELAND, WI 54763	an accused premises,
SYNERGY COMMUNITY CO					
All corporations/organizations liquor must appoint an agent.	or limited liability co	mpanies applying			ind/or intoxicating
Agent Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
BROWN	CHARLES		E8948 810TH A	AVE COLFAX, WI 547	30
All Officer(s) Director(s) of C	orporation and Me	mbers / Manage	ers of Limited Liab	ility Company:	
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, 0	City or Post Office, & Zip Code)	
SCORE	DAVID		N12103 430TH	ST, BOYCEVILLE, WI	54725
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, 0	Clty or Post Office, & Zlp Code)	N:
MOLLS JR	ROMAN	A	459 16TH AVE	ALMENA, WI 54805	
Secretary / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
ACKERLUND	STEVEN	R		D M COLFAX, WI 5473	0
Treasurer / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zlp Code)	
Directors / Managers Last Name	(First)	(Middle Name)	, ,	Clly or Post Office, & Zlp Code)	
KNUTSON	KYLE	L	N10037 CTY R		30
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, (City or Post Office, & Zip Code)	
C. Business Information			Dualmana Dhee	ne Number (715) 962-317	72
1. Trade Name COLFAX CE	ENEX		Business Pho	ne Number (713/302-31)	12
2. Address of Premises 401	E. RAILROAD A	AVE	Post Office & 2	Zip Code COLFAX 54730	
and brewpubs?					☑ ∐ No
 Premises description: De include all rooms including records. (Alcohol beverage) 	s living guarters, if u	ised, for the sales	s, service, consump	otion, and/or storage of alcoh	e applicant must ol beverages and
INSIDE OF BUILDING	G INCLUDE COOL	ERS			
1					

5.	Legal description (omit if street address is	s given on previous pag	je);			
6.	a. Since filing of the last application, ha member, officer, director, manager of organization licensee been convicted for violation of any federal laws, any or municipality? If yes, complete participality?	r agent for either a lim i d of any offenses (e) Wisconsin laws, any la	ited liability company coluding traffic offense lws of other states, or	licensee, or nonprofit is not related to alcohol) ordinances of any county	☐ Yes	 ✓ No
6	b. Are charges for any offenses preset the named licensee or any other pers	ntly pending (excluding ons affiliated with this	g traffic offenses not re license? If yes, expla	elated to alcohol) against in fully on page 3	☐ Yes	☑ No
7.	Except for questions 6a and 6b, have the by you on your last application for this l	neré been any change icense? If yes, expla	s in the answers to the	e questions as submitted	☐ Yes	☑ No
	(1)	14				
8.	Was the profit or loss from the sale of alc or Franchise Tax return of the licensee?	ohol beverages for the	previous year reported	on the Wisconsin Income	☑ Yes	□ No
	"					
9.	Does the applicant understand they mus [phone (608) 266-2776]	st hold a Wisconsin Se	ller's Permit?		V Yes	□ No
10.	Does the applicant understand that alcol from the date of invoice and made availa	nol beverage invoices r able for inspection by la	nust be kept at the lice w enforcement?	ensed premises for 2 years	✓ Yes	□ No
11.	Is the applicant indebted to any wholesa	ıler beyond 15 days foı	beer or 30 days for lic	quor?	☐ Yes	☑ No
12.	Does the applicant owe municipal prope (Note: Renewal of licenses may be der assessments or other fees).	rty taxes, assessment nied pursuant to a local	s, or other fees? ordinance, if the licen	see owes municipal taxes,	☐ Yes	☑ No
bee app and voi this	AD CAREFULLY BEFORE SIGNING: Unen truthfully answered to the best of the knowledge of the knowledge of the truthfully answered to the best of the knowledge of	nowledge of the signer. made a complete answ stands that any license slicant may be prosecu	The signer agrees that er to each question, all issued contrary to Ch ted for submitting false	t he/she is the person name nd that the answers in each apter 125 of the Wisconsin s statements and affldavits I	d in the fo Instance Statutes : n connect	regoing are true shall be ion with
	ntact Person's Name (Last, First, M.I.)	.10	Title / Member	Date	.023	
	roy Strand	9 /	Operations Mana	eger 5/8/~		
olg	and Si	le	(715) 949-1165	troys@syne	rgycoop	p.com
1	5 · · · · · · · · · · · · · · · · · · ·					
то	BE COMPLETED BY CLERK	<u> </u>		-		
Da	te received and filed with municipal clerk	Date reported to council / b	_	Date license granted		
Llc	ense number issued	Date license issued		Signature of Clerk / Deputy Clerk	emis	

Submit to municipal clerk.

-								
11	ndividual's Full Name (please print) (last nam	e)	(first name	1		(middle na	ame)	
L	Drown		Cha	ves				
1 -	Iome Address (street/route)	Post Office		Colfa	V	State	Zip Code	7 1
1	18227CtgRDM			Corta	Χ	WI	341	30
H,	ome Phone Number		Age	Date of Birth	No. 1	Place of B	irth LIPPEW	
L	715-962-3545		42	-S2-8	S 1	Ch	ippew	ص
Th.	Applying for an alcohol beverage lice. Applying for an alcohol beverage lice. A member of a partnership which is a partnership which is making application for an a second above named individual provides the How long have you continuously resist Have you ever been convicted of any violation of any federal laws, any Wiscor municipality?	tense as an individual s making application for of of of look	to the lice to this da raffic unreof any otherwood	ensing authority: te? 424ea elated to alcohol but or states or ordinary imposed, and/or	se. ad Liability Company are S everages) for ances of any of the second seco	county	Organization)	X No
3.	Are charges for any offenses present for violation of any federal laws, any municipality?	Wisconsin laws, any la	ws of othe	er states or ordina	nces of any co	ounty or		∑ No
4.	Do you hold, are you making application or member/manager/agricense or permit?	tion for or are you an o ent of a limited liability	company	holding or applyin	ig for any othe	r alcohol		∑No
		·		and Type of License/Pern				
5.	Do you hold and/or are you an officer member/manager/agent of a limited I brewery/winery permit or wholesale in If yes, identify.	iability company holdin	g or apply	ing for a wholesa	le beer permit	,		∑7N°
	'	Vholesale Licensee or Permittee,			(Address	By City and	County)	
3.	Named individual must list in chronol		nployers,		r=		т-	
	Sylvergy Good Collax	Employer's Address	· As	Colfexuit	Employed From	2004	to pres	ent
	Employer's Name	Employer's Address	W IWC	LUHAX VUL	Employed From		To (0.00)	
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
1								

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 L	icense App	olication	Applicant's Wisconsin Seller's Per	
(Submit to municipal clerk. R	_			456 103 033 FEIN Number	186704
			Lealand	85 13236	89
For the license period beginni	ng: /// ava ɔ	ending:4	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	Town of	A10		Class A beer	\$
To the Governing Body of the	✓ Village of }	WHOX		Class B beer	\$ 100.00
	City of			Class C wine	\$
County of Duni		Alderman	ic Dist. No	Class A liquor	\$
County of	·		d by ordinance)	Class A liquor (cider only)	\$ N/A
		(ii require	a by Gramanee,	Class B liquor	\$ 400.00
Check one: Individual	\(\int \) \(\text{Limited Liabili} \)	ty Company		Reserve Class B liquor	\$
Partnership	Corporation/N	onprofit Organiza	tion	Class B (wine only) winery	\$
				Publication fee	\$ 22.50
Complete A or B. All must of	complete C.			TOTAL FEE	\$ 522.50
A. Individual or Partnership	:				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middie 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)	
(222)		(mada / tame)	(, -,-,	
B. LLC or Corporation (and .	Agent):	W			
Full Legal Name of Corporation / Nonp	rofit Organization / Limit	ed Liability Company	Address of Corporation / I	Limited Liability Company (if different fro	om licensed premises)
Moms Restaurant	a Pub L	LC	225 Bremer	AUR#101 Colfax WI	54730
All corporations/organizations liquor must appoint an agent.					
Agent Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Barstad	Mark	(IMIOOIE Name)		RdM Colfaro WI 5	11120
					4 100
All Officer(s) Director(s) of C					
President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Barstad	Mark	5	N8080 Co.		54730
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
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	_			1.1.2 A1 A	/// . 29
1. Trade Name	is Rest, 4	Aub	Business Pho	one Number	-461
2. Address of Premises 22	5 Bremer	Due #101	Post Office &	Zip Code Co Has U	JI 54730
3. Does the applicant unders and brewpubs?	•	•	ol beverages only fro	om Wisconsin wholesalers, bro	eweries
 Premises description: De include all rooms including records. (Alcohol beverag 	living quarters, if	used, for the sale	s, service, consum	ption, and/or storage of alcoho	
Shelvin	ng In hal	lway, of	ffice, fur	nace room, Coo')er
	200	25 	5)		

5.	Legal description (omit if street addres	s is given on previous pa	ige):				
6.	 Since filing of the last application, member, officer, director, manager organization licensee been convi- for violation of any federal laws, an 	r or agent for either a lin cted of any offenses (e ny Wisconsin laws, any l	nited liability company excluding traffic offense aws of other states, or	licensee, or s not relate ordinances	nonprofit d to alcohol) of any county	<i>y</i> 2	
	or municipality? If yes, complete	page 3				Yes Yes	No
	b. Are charges for any offenses pre- the named licensee or any other po					☐ Yes	D No
7.	Except for questions 6a and 6b, have by you on your last application for this					☐ Yes	W No
8.	Was the profit or loss from the sale of or Franchise Tax return of the licensee					₽ Yes	□No
		. ,					
9.	Does the applicant understand they m [phone (608) 266-2776]	iust hold a Wisconsin Se	eller's Permit?	F E300 (200 E E)	CAS ESCAS ESCACAC	Yes	∏ No
10.	Does the applicant understand that ald from the date of invoice and made available.					Ves	☐ No
11.	Is the applicant indebted to any whole	saler beyond 15 days fo	r beer or 30 days for lid	quor?	ora resta estada	☐ Yes	□ No
12.	Does the applicant owe municipal pro (Note: Renewal of licenses may be d assessments or other fees).					☐ Yes	₽ No
app and void this	AD CAREFULLY BEFORE SIGNING: n truthfully answered to the best of the lication; that the applicant has read an correct. The undersigned further under and under penalty of state law, the a application. Any person who knowing a \$1,000.	knowledge of the signer. d made a complete answerstands that any license pplicant may be prosecu	The signer agrees that wer to each question, are sissued contrary to Ch ted for submitting false	t he/she is the nd that the a apter 125 of statements	ne person name inswers in each f the Wisconsin and affidavits in	d in the fo instance Statutes n connect	regoing are true shall be ion with
Cor	tact Person's Name (Last, First, M.I.)		Title / Member		Date		
0	Barstad, Mark	S	Owner Phone Number		6/5/20	23	
Sig	Wash & Busta	D	715-962-41	017	manaresta momaresta ando e gr	mant po	om
<u> </u>	DE COURT FIELD BY ST. T.						
_	BE COMPLETED BY CLERK e received and filed with municipal clerk	Date reported to council / b	pard	Date license g	ranted		
	06/05/2023	6-26-6		Date neemad y	Tantou		
Lice	nse number issued	Date license issued			lerk / Deputy Clerk - Mggen	ann	,
AT-11	5 (R 5-19)	= - 1 	2=		18		

Submit to municipal clerk.

Ind	lividual's Full Name (please print) (last nam	ne)	(first name)		(middle na	me)	
	Parst	o d	Ma	rk		5		
Hoi	me Address (street/route)	Post Office		City		State	Zip Code	
	N8080 Co Ra	m		Colfax)	WI	5473	50
Hor	me Phone Number		Age	Date of Birth		Place of B	irth	
	715-704-016	3	64			Eau	Claire L	VI
The 1.	Applying for an alcohol beverage li Applying for an alcohol beverage li A member of a partnership which (Officer / Director / Member / Manager which is making application for an ale above named individual provides the How long have you continuously reserved.	cense as an individua is making application to of of alcohol beverage licen ne following information sided in Wisconsin price by offenses (other than	for an alcoh (Na se. In to the lice or to this dat traffic unre	ol beverage license me of Corporation, Limited in sing authority: se? 45 44-lated to alcohol bev	e. Liability Company Lay S verages) for	ı or Nonprofit		
ı	violation of any federal laws, any Wi or municipality?	f, trial court, trial date a	and penalty	imposed, and/or da			Yes	€ No
1	Are charges for any offenses preser for violation of any federal laws, any municipality?	Wisconsin laws, any l	aws of othe	er states or ordinand	ces of any co	ounty or		No
4. I	Do you hold, are you making applica organization or member/manager/ag beverage license or permit?	ation for or are you an gent of a limited liability	company	holding or applying	for any othe	r alcohol	Yes	∠ No
r Ł	Do you hold and/or are you an office member/manager/agent of a limited prewery/winery permit or wholesale f yes, identify.	er, director, stockholder liability company holdi	r, agent or e ing or apply	ing for a wholesale	son or corpo beer permit Wisconsin?		Yes	No
	,	Wholesale Licensee or Permitte			(Address	By City and (County)	
-	Named individual must list in chrono	logical order last two e	empioyers.	l'e	mployed From		То	
- 1		025 A - 4	N. 00 #1	0)	2020			nt
Ε	Moms Rost. 4 Pub	Employer's Address	MUK !! !	E	Employed From		To	,
	Wal mart	menom	onie		1995		Prese 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 & Poster

ead instructions of		olication	Applicant's Wisconsin Seller's Perr	
27 17	. – ,		FEIN Number	
ng: 7/1/2023	endina:	6/30/2024	82 289650	8
02 HT0001W68888850		(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
Town of	Colfax		Class A beer	\$
village of >	2017 27		Class B beer	\$ 100.00
City of			Class C wine	\$
	Alderman	ic Dist. No.	Class A liquor	\$
			Class A liquor (cider only)	\$ N/A
			Class B liquor	\$ 400.00
Limited Liability	Company		Reserve Class B liquor	\$
Corporation/No	nprofit Organiza	ition	Class B (wine only) winery	\$
			Publication fee	\$ 22.50
omplete C.			TOTAL FEE	\$ 522.50
:				
(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
(E) - 1)	(4.6) 1.1()	Liberto Address (Otrost	Other - Bart Office 9 7th Onde)	
(rifst)	(Milodie Name)	Home Address (Street,	Ony of Post Office, & Zip Code)	
(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
A ganë):				
	111111111111111111111111111111111111111	N.T	: 14. J. L. L. 10. C	liananadiana\
1	J Liability Company	Address of Corporation / L	Imited Liability Company (if different from	m licensed premises)
iger LLC		DIS MAINS	+ Coltax Cos 3	4150
or limited liability co	mpanies applyin	ig for a license to se	il fermented malt beverages a	nd/or intoxicating
(Firet)	(Middle Name)	Home Address (Street	City or Post Office & Zin Code)	
1, ,	11.	10	-	LIT ENTO
	***************************************			WI STIAT
(First)	(Middle Name)		(20)	
Nicholas	R	233 Dive.	St Chiopewa Falls 1	17 54729
(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	104
Tessica	L	223 Alives		04 5
			I (m) anough fulls wi	
(First)	(Middle Name)	Hame Address (Street,	City or Post Office, & Zip Code)	
(Eirst)	(Middle Name)	Hame Address (Street,	City or Post Office & Zip Code)	
(First)			70.	
(First)	(Middle Name) (Middle Name)		City or Post Office, & Zip Code)	
(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
(First)		Home Address (Street,	70.	
(First) (First)	(Middle Name) (Middle Name)	Home Address (Street, Home Address (Street,	City or Post Office, & Zip Code) City or Post Office, & Zip Code)	
(First)	(Middle Name)	Home Address (Street, Home Address (Street,	City or Post Office, & Zip Code)	
(First) (First)	(Middle Name) (Middle Name)	Home Address (Street, Home Address (Street,	City or Post Office, & Zip Code) City or Post Office, & Zip Code)	
(First) (First)	(Middle Name) (Middle Name)	Home Address (Street, Home Address (Street,	City or Post Office, & Zip Code) City or Post Office, & Zip Code)	
(First) (First) (First)	(Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Home Address (Street, Home Address (Street,	City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code)	PCF12 ±
(First) (First)	(Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Home Address (Street, Home Address (Street,	City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code)	2-4/28/
(First) (First) (First)	(Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Home Address (Street, Home Address (Street,	City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code)	2-4/28/
(First) (First) (First) (First)	(Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Home Address (Street, Home Address (Street, Business Pho Post Office &	City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code) ne Number	2-4/28/ WI 547
(First) (First) (First) (First) And that they must	(Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Home Address (Street, Home Address (Street, Business Pho Post Office &	City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code) ne Number	2-428/ WI 547
(First) (First) (First) (First) And that they must	(Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Home Address (Street, Home Address (Street, Business Pho Post Office &	City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code) ne Number	2-428/ WI 547. Weries
(First) (First) (First) (First) And that they must scribe building or buil	(Middle Name) (Middle Name) (Middle Name) The second se	Home Address (Street, Home Address (Street, Business Pho Post Office & of beverages only fro	City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code) The Number	2 -4/28/ WI 547. Weries □ □ No
(First) (First) (First) (First) and that they must scribe building or building quarters, if under the control of the contr	(Middle Name) (Middle Name) (Middle Name) The second se	Home Address (Street, Home Address (Street, Business Pho Post Office & of beverages only fro	City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code) The Number	2 -4/28/ WI 547. Weries □ □ No
(First) (First) (First) (First) (First) and that they must scribe building or building quarters, if uses may be sold and	(Middle Name) (Middle Name) (Middle Name) purchase alcohouldings where sed, for the sale stored only on	Home Address (Street, Home Address (Street, Home Address (Street, Business Pho Post Office & of beverages only fro alcohol beverages a as, service, consumpthe premises descri	City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code) The Number Support Code Support C	2 -4/28/ WI 547. Weries Papplicant mus
(First) (First) (First) (First) (First) and that they must scribe building or building quarters, if uses may be sold and	(Middle Name) (Middle Name) (Middle Name) purchase alcohouldings where sed, for the sale stored only on	Home Address (Street, Home Address (Street, Business Pho Post Office & of beverages only fro alcohol beverages a	City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code) The Number Support Code Support C	2 -4/28/ WI 547. Weries Papplicant mus
	Corporation/No complete C. (First) (First) (First) Agent): refit Organization / Limited or limited liability co (First) Nicholas (First) Nicholas (First) Nicholas	(if required Liability Company Corporation/Nonprofit Organization/Nonprofit Organization/Nonprofit Organization/Nonprofit Organization/Nonprofit Organization/Nonprofit Organization/Nonprofit Organization/Nimited Liability Company Organization/Limited Liability Company Organization/Limited Liability Company Organization/Limited Liability Company Organization/Nimited Liability Companies applying (First) (Middle Name) Recorporation and Members / Manage (First) (Middle Name)	Aldermanic Dist. No	Aldermanic Dist. No. (if required by ordinance) Class A liquor (cider only) Class B liquor Reserve Class B liquor Class B (wine only) winery Publication fee TOTAL FEE (Middle Name) Home Address (Street, City or Post Office, & Zip Code) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Agent): rofit Organization / Limited Liability Company Address of Corporation / Limited Liability Company (if different from Signal Least Confidence) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Agent): rofit Organization / Limited Liability Company (if different from Signal Least Confidence) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code) Nicholas R Jay Olive Street, City or Post Office, & Zip Code) Nicholas R Jay Olive Street, City or Post Office, & Zip Code) Nicholas R Jay Olive Street, City or Post Office, & Zip Code) Nicholas R Jay Olive Street, City or Post Office, & Zip Code) Nicholas R Jay Olive Street, City or Post Office, & Zip Code) Nicholas R Jay Olive Street, City or Post Office, & Zip Code) Nicholas R Jay Olive Street, City or Post Office, & Zip Code) Nicholas R Jay Olive Street, City or Post Office, & Zip Code) Nicholas R Jay Olive Street, City or Post Office, & Zip Code) Nicholas R Jay Olive Street, City or Post Office, & Zip Code)

5.	Legal description (omit if street address is given	on previous page):		
6.	member, officer, director, manager or agent organization licensee been convicted of a for violation of any federal laws, any Wiscon	named licensee, any member of a partnership licensee, or any t for either a limited liability company licensee, or nonprofit iny offenses (excluding traffic offenses not related to alcohol) insin laws, any laws of other states, or ordinances of any countries.	У	© √No
		nding (excluding traffic offenses not related to alcohol) against filiated with this license? If yes, explain fully on page 3		No
7.		een any changes in the answers to the questions as submitted? If yes, explain		No
8.		everages for the previous year reported on the Wisconsin Incom		∏No
	or reducing to retain of the floorises: 11 stor,	CAPITALIS	- E 163	140
			- -	
9.	Does the applicant understand they must hold [phone (608) 266-2776]	a Wisconsin Seller's Permit?	Yes	□No
10.		erage invoices must be kept at the licensed premises for 2 yea inspection by law enforcement?		☐ No
11.	Is the applicant indebted to any wholesaler bey	ond 15 days for beer or 30 days for liquor?	Yes	PNo
12.		es, assessments, or other fees?		<u>U</u> No
app and void this	n truthfully answered to the best of the knowled, lication; that the applicant has read and made a correct. The undersigned further understands l, and under penalty of state law, the applicant r	enalty provided by law, the undersigned states that each of the age of the signer. The signer agrees that he/she is the person nat a complete answer to each question, and that the answers in each that any license issued contrary to Chapter 125 of the Wiscontrary be prosecuted for submitting false statements and affidaving materially false information on this application may be required.	ned in the fo ch instance sin Statutes s in connect	regoing are true shall be tion with
Cor	tact Person's Name (Last, First, M.I.)	Title / Member Date	202.3	
Sig	Hoderson, Nicholas R	Phone Number Email Address		
_	bridge of Underson	715-456-7453		
_				
то	BE COMPLETED BY CLERK			
Dat	received and filed with municipal clerk Date re	ported to council / board Date license granted		
Lice		ense issued Signature of Clerk / Deputy Cle		
		Fynn Migger	nan	,

Submit to municipal clerk.

Ē.						4 110		
10	ndividual's Full Name (please print) (last name)		(first nam	į.		(middle na	me)	
	Anderson		Vicho	las		K		
Н	ome Address (street/route)	Post Office		City		State	Zip Code	
	233 Olive S-			Ch:ppwa	Falls	WI	54729	
Н	ome Phone Number		Age	Date of Birth		Place of Bi	rth,	
L	715-456-7453	>	40			Eag C	laire W.	T
Th 1.	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) 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? 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? 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 pe for violation of any federal laws, any Wiscomunicipality?	onsin laws, any lav	ws of oth	er states or ordin	ances of any o	ounty or	Yes	₽No
4.	Do you hold, are you making application for organization or member/manager/agent of beverage license or permit?	f a limited liability o	company	holding or apply	ing for any othe	er alcohol	Yes	No
5.	Do you hold and/or are you an afficer dire					ration or		
Эγ	Do you hold and/or are you an officer, dire member/manager/agent of a limited liabilit brewery/winery permit or wholesale liquor, If yes, identify.	y company holding manufacturer or r	g or apply	ying for a wholes	ale beer permi e of Wisconsin	t, ?,		No
	•	le Licensee or Permittee)			(Address	By City and C	ounty)	
264	Named individual must list in chronologica		iployers.		Territor 10		Т-	
- 3		ver's Address	۵.		Employed From		To 20 1 3	
	Dlind Tiger	212 Mai	4C~		2017 Employed From		Present	7
	Blind Tiger Employer's Name Employer's Name Employer's Employer &	512 mai yer's Address au Claire			2015		2017	
L	- C Colored	an olayit			0012			

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.

AT-103 (R. 7-18) Wisconsin Department of Revenue

Named Individual)

Submit to municipal clerk.

	ndividual's Full Name (please print) (last name)		/fivet earn	0)		(middle na	amal
1,0	ndividual's Full Name (please print) (last name)		(first nam			şimodile na	mne)
L	Hindrerson		Les	Sica			
H	ome Address (street/route)	Post Office		City		State	Zip Code
	233 Olive St		_	Chippewa	Falls	WI	54729
H	ome Phone Number		Age	Date of Birth		Place of B	irth
	715-829-1406		34				
Th. 1.	Applying for an alcohol beverage lice Applying for an alcohol beverage lice A member of a partnership which is (Officer / Director / Member / Manager / A which is making application for an alcohology and a provides the How long have you continuously resid Have you ever been convicted of any violation of any federal laws, any Wisco or municipality? If yes, give law or ordinance violated, to status of charges pending. (If more roo	making application for of	r an alco (No. to the lice to this da raffic unre of any ot	ensing authority: ate? 31 elated to alcohol beher states or ordin	se.	county	
3.	Are charges for any offenses presently for violation of any federal laws, any W municipality?	isconsin laws, any law	ws of oth	er states or ordina	nces of any c	ounty or	
4.	If yes, describe status of charges pend Do you hold, are you making application or ganization or member/manager/ages beverage license or permit?	on for or are you an of nt of a limited liability (company	holding or applying	ng for any othe	er alcohol	Yes No
_	5						
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?						
^	. =	olesale Licensee or Permittee)			(Address	By City and	County)
6.	Named individual must list in chronolog		nployers.		Employed From		То
		Endloyer's Address	SI				Present
	Blind Tiger Employer's Name Sand Bar	512 Main	7		2017 Employed From		To
	Employer's Name	Employer's Address			2016		2017
	Jana Dar				2016		2011

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 attidavits 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.

Wisconsin Department of Revenue

Renewal Alcohol i	Beverage I	Applicant's Wisconsin Seller's Permit Number 456 103 0415786 04					
(Submit to municipal clerk. R	ead instruction	s on page 3.)		756 1030 113 FEIN Number	18604		
	7/1/20	03	120/2024	85 1981	910		
For the license period beginni			from dd yyyy)	TYPE OF LICENSE REQUESTED	FEE		
To the Governing Body of the	Town of	P-10 11		Class A beer	\$		
To the Governing Body of the:	Village of >	COHAND		L-Class B beer	\$ 100.00		
	City of			Class C wine	\$ 100.00		
County of Dunn		Alderman	ic Dist. No.	Class A liquor	\$		
County of County		Alderman (if require	d by ordinance)	Class A liquor (cider only)	\$ N/A		
			,	Class B liquor	\$		
Check one: 🔲 Individual	Example 1 Limited Liab	ility Company		Reserve Class B liquor	\$		
Partnership	Corporation	/Nonprofit Organiza	tion	Class B (wine only) winery			
				Publication fee	\$ 22.50		
Complete A or B. All must of	omplete C.			TOTAL FEE	\$ 222.50		
A. Individual or Partnership	;	*					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)			
			A.L. (04)	04 P+ 04 9 7i- 0-d-)			
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)			
	, , ,		11/08/08/2009 #5/2010/09/2				
B. LLC or Corporation (and	Agent):						
				Limited Liability Company (if different from			
Little Slic	e 0+ I+	aly LLC	501 mains	+ Colfap WI 3	54730		
All corporations/organizations liquor must appoint an agent.	or limited liability	companies applyin	g for a license to s	ell fermented malt beverages a	and/or intoxicating		
Agent Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)			
	1, ,	1' ~		ilroad Aue Colfas 1	(175 541721)		
Jenson	Anne				N+ 01150		
All Officer(s) Director(s) of (Corporation and		ers of Limited Lia	bility Company:			
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)			
Jenson	Anne	\mathcal{E}	805 E. Rail1	805 E. Railroad Aul Collax, Cett 547.30 Home Address (Street, City or Post Office, & Zip Code)			
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street				
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street	, City or Post Office, & Zip Code)			
Total and I Manageral and Maria	(First)	(Middle Name)	Liamo Addreso (Stead	, City or Post Office, & Zip Code)			
Treasurer / Member Last Name	(First)	(ivilodie Name)	Harrie Address (Street	, City of Post Office, & Zip Gode)			
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)			
S							
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	t, City or Post Office, & Zip Code)			
			İ				
O. D. C. and before weeklers							
C. Business Information	CN 6	- 21		115 ALA	4444		
1. Trade Name	Drice of	- Italy	Business Ph	one Number			
2. Address of Premises	501 main	St	Post Office &	Zip Code Collar 5	4730		
3. Does the applicant unders and brewpubs?				rom Wisconsin wholesalers, br	eweries		
Premises description: De include all rooms including records. (Alcohol beverage)	g living quarters,	if used, for the sale	es, service, consum	are to be sold and stored. The option, and/or storage of alcohoribed.)	ne applicant mus ol beverages and		
Dining ROO	m, part	4 room,	Storage ro	om Kitchen, Do	atio		

_	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	
	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	
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	
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	
	Does the applicant understand they must hold a Wisconsin Seller's Permit?	Yes	
9.	[phone (608) 266-2776]	P 100	
10.	[phone (608) 266-2776] 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	·_
10.	[phone (608) 266-2776] Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years		
10. 11.	[phone (608) 266-2776] 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	
11. 11. 12. REA	[phone (608) 266-2776] 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? Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Does the applicant owe municipal property taxes, assessments, or other fees? (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes,	Yes Yes Yes ve questing in the foinstance statutes in connect	ions horegoi are trishall
11. 11. 12. REA	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? Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Does the applicant owe municipal property taxes, assessments, or other fees? (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named clication; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin did, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in application. Any person who knowingly provides materially false information on this application may be required to \$1,000.	Yes Yes Yes ve questing in the foinstance statutes in connect of forfeit n	ons horegoinare trishall
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11. 12. REA	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? Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Does the applicant owe municipal property taxes, assessments, or other fees? (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named elication; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin day, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in application. Any person who knowingly provides materially false information on this application may be required to \$1,000. Tatel Person's Name (Last, First, M.I.) Title / Member Phone Number Email Address	Yes Yes Yes Yes ve questing in the formula in the formula in the formula in connect to forfeit n	ons horegoi are tr shall tion w
11. 12. REA	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? Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Does the applicant owe municipal property taxes, assessments, or other fees? (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the about truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin dy, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in application. Any person who knowingly provides materially false information on this application may be required to \$1,000. That Person's Name (Last, First, M.I.) Title / Member Date	Yes Yes Yes Yes ve questing in the formula in the formula in the formula in connect to forfeit n	ons horegoi are tr shall tion w
11. 11. 12. REA Deen appl and void this han Cont	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? Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Does the applicant owe municipal property taxes, assessments, or other fees? (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above in truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named ilication; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin application. Any person who knowingly provides materially false information on this application may be required to \$1,000. Itact Person's Name (Last, First, M.I.) Title / Member Phone Number Phone Number Email Address Lipung 19 August 19 August 20 August	Yes Yes Yes Yes ve questing in the formula in the formula in the formula in connect to forfeit n	ons horegoinare trishall
11. 11. 12. REA poeer appl and void this han Cont	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? Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Does the applicant owe municipal property taxes, assessments, or other fees? (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above the truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named licetion; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin. In and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in application. Any person who knowingly provides materially false information on this application may be required to \$1,000. Title / Member Phone Number Date Phone Number Email Address Public bea 6 BE COMPLETED BY CLERK	Yes Yes Yes Yes ve questing in the formula in the formula in the formula in connect to forfeit n	ons horegoinare trushall
11. 11. 12. REA poeer appl and void this han Cont	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? Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Does the applicant owe municipal property taxes, assessments, or other fees? (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the about truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named ilication; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in application. Any person who knowingly provides materially false information on this application may be required to \$1,000. Title / Member Phone Number Email Address Date Phone Number Email Address Builla bea 6	Yes Yes Yes Yes ve questing in the formula in the formula in the formula in connect to forfeit n	ons have going are trushall to the wind to the mo

Submit to municipal clerk:

The state of the s		· · · · · · · · · · · · · · · · · · ·		7	
	name)	(first name)		(middle	name)
Jenson	Anne E				
Home Address (street/route)	Post Office		City	State	Zip Code
	Au		Collar	WI	54730
Home Phone Number		Age	Date of Birth	Place o	f Birth
715-556-4110)	55		Por	tage WI
The above named individual provide	es the following information	as a perso	NI WITO IS JUHEUN U.	,u _j ,	
Applying for an alcohol beverag	e license as an individual				
A member of a partnership wh	ich is making application fo	r an alcoh	ol beverage licens	se.	
	of				
(Officer / Director / Member / Mar	pager / Agent)	(Nan	ne of Corporation, Limited	d Liability Company or Nonpr	ofit Organization)
which is making application for	an alcohol beverage licens	e.			
The above named individual provide	es the following information	to the lice	asing authority.		
How long have you continuously	-			years	
Have you ever been convicted or	·				
violation of any federal laws, any					
			er states or ordina	ances or any county	Yes No
or municipality?			imposed and/or/	date description and	. (3. 1/1/1/1)
,			•	uate, description and	
status of charges pending. (If mo	ore room is needed, continue c	ni reverse s	ide of this form.)		
3. Are charges for any offenses pre	sently pending against you	(other tha	n traffic unrelated	to alcohol beverage	es)
for violation of any federal laws,					
municipality?					
If yes, describe status of charges					
4. Do you hold, are you making app	olication for or are you an o	fficer, direc	ctor or agent of a	corporation/nonprofi	
organization or member/manage					
beverage license or permit?					Yes 🖾 No
If yes, identify					
	(Na	me, Location a	nd Type of License/Perm	oit)	
Do you hold and/or are you an of					or
member/manager/agent of a limi					
brewery/winery permit or wholes	ale liquor, manufacturer or	rectifier pe	rmit in the State o	of Wisconsin?	Yes No
If yes, identify.					
(Nan	ne of Wholesale Licensee or Permittee)		(Address By City a	nd County)
6. Named individual must list in chr	onological order last two er	mployers.			
Employer's Name	Employer's Address	- 1		Employed From	То
Se14	501 Main	JA COI	Cay	2004	tresent
Employer's Name	Employer's Address			Employed From	То
Village Inn	501 Main (Employer's Address 502 Main (St Col	lasp	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.

Wisconsin Department of Revenue

Application for Cigarette and MUNICIPAL USE ONLY License Number **Tobacco Products Retail License** Period Covered Submit to municipal clerk. \$500 Applicant's Wisconsin 15-digit Sales Tax Account Number ← This must be issued in the same 456 102943847602 Legal Name of the licensee below. Federal Employer Identification No. (FEIN) The Blind Tiger LLC Trade or Business Name (if different than Legal Name) 82 28 96 508 Telephone Number (715) 942-4281 Business Address (License Location) Business Located In Business Telephone Village City Municipality State Zip Code County 54730 Mailing Address (if different than Business Address) Municipality Zip Code 233 Olive WI 54729 Organization (check one) Wisconsin Corporation – Enter date incorporated: 3017 Sole Proprietor Out-of-State Corporation - Are you registered to do business in Wisconsin? Partnership Yes No Other (describe) 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 ∃Nο 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.) 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? 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) 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)? 6. Does the applicant understand that they may not sell single cigarettes? 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products? 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the 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 READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any por-tion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. reid 10-933 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	
Badad Causad	
Period Covered	
July 1 2023-June 30 2024	
Date of Issuance	
1	

mber / Manager of Limited Liability Company / Partner / Individual)

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,	nartnershir	or sole proprietorship)		Federal	Employer Identification No. (FEIN)
DOLGENCORP, LLC					0852763
Trade or Business Name (if different than Legal Name)				_	one Number
DOLLAR GENERAL STORE #11827					5)855-4000
Business Address (License Location)			Business Located In	Business Telephone	
120 Main St			City Village Town	262	2999755
Municipality Colfax	State W I	Zip Code 54730-9107		County	
Mailing Address (if different than Business Ad	dress)		of: Colfax Municipality	State	Zip Code
100 MISSION RIDGE	u, 000)		GOODLETTSVILLE	TN	37072
			000000000000000000000000000000000000000	1	37072
Organization (check one)				,	FEE: \$ 5
Sole Proprietor Wi	isconsir	n Corporation – Ente	er date incorporated:		•
Partnership Ou	ut-of-Sta	ate Corporation – Ar	re you registered to do business in	Viscons	in? Yes No
_		·	,		
Other (describe) OUT-OF S	TATE	LIMITED LI	ABILITY COMPANY		
			hey must purchase cigarettes on Department of Revenue?	y from o	listributors or jobbers who
			·		
untaxed availabl	tobac e from t	co products from	ey must obtain a Tobacco Produ an out-of-state company? (Toba artment of Revenue at 608-266-6 129.pdf.)	acco Pro	oducts Distributor permit is
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?					
			ney must provide employees with alth Services? (https://witobaccod		
			v may not sell, give or otherwise p ncluding electronic cigarettes cor		
Yes No 6. Does the	applic	ant understand tha	at they may not sell single cigaret	tes?	
premise Departn	s for tv	vo years from the d	garette and tobacco products involute of the invoice and be availa procement and that failure to come products?	ble for i	nspection by the Wisconsin
Wiscons	sin Dep	artment of Justice'	nly cigarettes and roll-your-own (F s website labeled "Directory of C <u>s/tobacco-directory</u> may be sold i	ertified	Tobacco Manufacturers and
Cigarettes / Tobacco will be sold	[over counter	through vending mach	ine	☐ both
READ CAREFULLY BEFORE SIGN ruthfully answered to the best of 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 0 3 2023



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, W 53708-8902 PHONE: 608-266-2776 FAX: 608-261-6248

EMAIL: sales10@revenue.wi.gov WEBSITE: vwww.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 STORÉ #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.

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

Application for Cigarette and MUNICIPAL USE ONLY Tobacco Products Retail License \$5.00 License Number Period Covered Submit to municipal clerk. 7/1/23 TO 6/30/24 Applicant's Wisconsin 15-digit Sales Tax Account Number Date of Issuance ← This must be issued in the same 456-1026446429-02 Legal Name of the licensee below. Legal Name (corporation, limited liability company, partnership or sole proprietorship) Federal Employer Identification No. (FEIN) J & S SALES OF CHIPPEWA FALLS, LLC 27-1107309 Trade or Business Name (if different than Legal Name) Telephone Number EXPRESS MART (715) 723-2822 Business Address (License Location) Business Located In Business Telephone City **√** Village 616 MAIN ST Town (715) 962 - 3241Municipality State Zip Code County of: COLFAX COLFAX WΙ 54730 DUNN Mailing Address (if different than Business Address) Municipality State Zip Code 310 S MAIN ST CHIPPEWA FALLS WI 54729 Organization (check one) Sole Proprietor Wisconsin Corporation – Enter date incorporated: Out-of-State Corporation - Are you registered to do business in Wisconsin? Partnership 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/dorforms/ctp-129.pdf.) ✓ Yes 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products No 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 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco □ No 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?

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

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

Applicable Laws and Rules

8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on

and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers

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

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

✓ Yes

No

Application for Cigarette and		MUNICIPAL USE ONLY				
Tobacco Products Retail License	License Number					
Submit to municipal clerk.	Period Covered Thru 6-30-2024					
Applicant's Wisconsin 15-digit Sales Tax Account Number		Date of Issuance				
4560000 1655 40000 Finism	nust be issued in the same Name of the licensee below.					
Legal Name (corporation, limited liability company, partnership or sole proprietorship)		Federal Employer Identification No. (FEIN)				
Trade or Business Name (if different than Legal Name)		39 134 7846				
Trade or Business Name (if different than Legal Name) Owthouse Bar		Telephone Number (·715) 961-2425				
Business Address (License Location)	Business Located In	Business Telephone				
413 Main St.	City Village Town	(715) 962-3339				
Municipality State Zip Code	of: Colfax	County				
Coffay WT 54130 Mailing Address (if different than Business Address)	Municipality	State Zip Code				
P.O. Box 81	Colfax	WI 54730				
Organization (check one)						
Sole Proprietor Wisconsin Corporation – E	nter date incorporated:					
Partnership Out-of-State Corporation –	Are you registered to do business in '	Wisconsin?				
Other (describe)						
	d that they must purchase cigaretto bers, who hold a permit with the W					
	that they must obtain a Tobacco Prod					
available from the Wisconsin	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?						
	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 6. Does the applicant understand	·					
licensed premises for two yea	d that cigarette and tobacco produrs from the date of the invoice and enue/law enforcement and that fail arettes/tobacco products?	be available for inspection by the				
the Wisconsin Department of J		vn (RYO) tobacco products listed on of Certified Tobacco Manufacturers sold in Wisconsin?				
Cigarettes / Tobacco will be sold ver counter	through vending mach	nine				
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any por-tion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.						
Ned 5-16-23 Applica	(Officer of Corporation / Member / Manager of	f Limited Liability Company / Partner / Individual)				
5-16-23	ble Laws and Rules					
ADDIICA	DIE LAWS AUG RUIES					

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.

Appli	cation fo	or Cigar	ette a	and		Tr	MUNICIPAL USE ONLY
Tobacco Products Retail License						License	Number
Submit to municipal clerk.							Covered 6-30-2024
Applicant's Wisconsin 15-digit Sales Tax Account Number ← This must be issued in the same							Issuance
45	610255	9 186603	\$		ime of the licensee below.		
Legal Nam	e (corporation, limite	ed liability company	, partnershi	p or sole proprietorship)		Federa	Employer Identification No. (FEIN)
+	Kules n	Narket	In	1,			16 0207158
	usiness Name (if	different than Le	gal Name)		1	ne Number
Business A	Kules (License I	Market location)			Business Located In	-	s Telephone
Dusiness /		rain 5			City Village Town	()
Municipality	У		State	Zip Code	of: Colfay	County	
	Colfax		WI	54130	oi. Lorray		Dunn
Mailing Add	dress (if different l	than Business Ad	ddress)		Municipality	State	Zip Code
L Organiza	tion (check or	ne)				1	
Sole	Proprietor	✓ v	Visconsi	in Corporation – Ente	er date incorporated: 7-14-20	700	
Partn	ership		ot-of-S	tate Corporation – A	re you registered to do business in	Viscons	sin?
Othe	r (describe)						
Yes	☐ No				that they must purchase cigaretteers, who hold a permit with the W		
Yes	□ Na		-	-	·		•
res les	∐ No	untaxe availat	d toba	cco products from	at they must obtain a Tobacco Proc an out-of-state company? (Toba epartment of Revenue at 608-26 p-129.pdf.)	acco Pr	oducts Distributor permit is
∨ Yes	☐ No				that they cannot purchase/exchar ransferring existing stock to a nev		
✓ Yes	☐ No				at they must provide employees w Health Services? (https://witoba		
Yes	☐ No				that they may not sell, give or oth o minors (including electronic cig		
Yes	☐ No	6. Does t	he app	licant understand tl	hat they may not sell single cigar	ettes?	
Yes	☐ No	license Wiscor	ed prem nsin De	nises for two years epartment of Reven	that cigarette and tobacco produ from the date of the invoice and lue/law enforcement and that fails ettes/tobacco products?	be ava	ailable for inspection by the
Yes	☐ No	the Wis	sconsir	Department of Jus	at only cigarettes and roll-your-ow stice's website labeled "Directory .us/dls/tobacco-directory may be	of Certi	fied Tobacco Manufacturers
Cigarette	es / Tobacco	will be sold		over counter	through vending mach	ine	both
been trutl that the r por-tion c grounds t	hfully answerd ights and res of a licensed	ed to the bes ponsibilities premises du n of this lice	at of the conferr ring ins nse. An	knowledge of the apped by the license(s pection will be deen by person who know	vided by law, the applicant states the pplicant. Applicant agrees to operate, if granted, cannot be assigned to med a refusal to permit inspection. Vingly provides materially false information of Corporation / Member / Manager of	te this b o anoth Such re ormation	usiness according to law and er. Any lack of access to any efusal is a misdemeanor and n on this application may be

RECEIVED **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.

MAY 3 1 2023

	\$5	COO MUNICIPAL LISE ONLY
Application for Cigarette and	_	MUNICIPAL USE UNLY
Tobacco Products Retail License		License Number
		Period Covered
Submit to municipal clerk.		7-1-23 60 6-30-24
Applicant's Wisconsin 15-digit Sales Tax Account Number	must be issued in the same	Date of Issuance
110 110 110 110 1	al Name of the licensee below.	
Legal Name (corporation, limited liability company, partnership or sole proprietorship		Federal Employer Identification No. (FEIN)
STNERGY COMMUNITY COOPER.		39-1764869
Trade or Business Name (if different than Logal Name)	77.00	Telephone Number
COLFAX CONON	N Control	17151879-5454
Business Address (License Location)	Business Located In City VIIIage Town	Business Telephone
Municipality State Zip Code	City VIIIage Town	(715) 762-3172 County
	of: Coufosa	_ OUNN
Mailing Address (if different than Business Address)	Municipality	State Zip Code
P.d Box 70	ELK Mound	6/ 5473 8
Organization (check one)	21	1 00
Sole Proprietor Wisconsin Corporation -	- Enter date Incorporated: 7/22/	1887
Partnership Out-of-State Corporation	n – Are you registered to do business ir	Wisconsin? Yes No
Other (describe)		
Yes No 1. Does the applicant understa	and that they must purchase cigare	ttes and tobacco products only from Visconsin Department of Revenue?
Yes No 2. Does the applicant understar	nd that they must obtain a Tobacco Pro from an out-of-state company? (To	oducts Distributor permit if purchasing bacco Products Distributor permit is
available from the Wiscons	in Department of Revenue at 608-2	66-6701. See application form CTP-
129, revenue wi gov/dorform		
Yes No 3. Does the applicant understa	and that they cannot purchase/exch	ange cigarettes or tobacco products
321	ing transferring existing stock to a ne	25
Yes No 4. Does the applicant understa	nd that they must provide employees	with tobacco sales training approved
. ^	nt of Health Services? (https://witob	
Yes No 5. Does the applicant understa	and that they may not sell, give or o	otherwise provide cigarettes/tobacco
` '	icts to minors (including electronic c	
Yes 🗌 No 6. Does the applicant understa	and that they may not sell single ciga	arelles?
Yes No 7. Does the applicant underst	and that cigarette and tobacco pro	ducts invoices must be kept on the
Ilcensed premises for two y	ears from the date of the invoice at	nd be available for inspection by the illure to comply can result in criminal
penalties, including loss of	cigarettes/tobacco products?	mare to comply dan result in similar
\		own (RYO) tobacco products listed on
the Wisconsin Department of	of Justice's website labeled "Director	y of Certified Tobacco Manufacturers
and Brands" at www.doj.sta	te.wi.us/dls/tobacco-directory may b	e sold in Wisconsin?
Cigarettes / Tobacco will be sold over coun	ter through vending made	chine Doth
		that each of the above questions has
READ CAREFULLY BEFORE SIGNING: Under penalty been truthfully answered to the best of the knowledge of	/ provided by law, the applicant states the applicant. Applicant agrees to oper	rate this business according to law and
that the rights and responsibilities conferred by the licer	use(s), if granted, cannot be assigned	to another. Any lack of access to any
por-tion of a licensed premises during inspection will be grounds for revocation of this license. Any person who	deemed a refusal to permit inspection	n. Such refusal is a misdemeanor and
required to forfelt not more than \$1,000.	Mowingly provides materially false	Jonaton on the approach may be
	In House of Comparation & Manhael Manager	of Umited Dability Company / Partner / Individuals

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, REGEIVED9, 139.76, 995.10, and 995.12, Wis. Stats.

GTP-200 (R. 9-19)

MAY 1 9 2023

Wisconsin Dapartment of Revenue

Village of Colfax

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

JL	IIY 1, <i>2023</i> to	o June Ju, 🏻	2024	
		oplication f		
	Keeping Domes	u .		
	\$10.00 (non-refund			
		ase print)		_
1. Name of Applicant	ohn& Phycia	i Dick	insen	_
2. Address (005	Iverson Re	·		_
3. Phone 7/5-53	13-3279			
4. Parcel Number	111-2-291116-6	310-0076		
5. Number of female chicken	s (maximum 10) 5			
6. Application (circle one)	E The		Renewal	
Ordinances. I understand the in license or processing of a renew information when received by the person or to allow any other enti-	formation requested on this val application. I understand e Village of Colfax. I have n ity to operate under the auth to the best of my knowledge	form will be used to the information su o intention or agre- ority of the license.	posed by the Village of Colfax Code of by the Village of Colfax in the issuance of a spylied on this form will become public ement to transfer the license to another. I hereby affirm that the foregoing ocomply with all the provisions of the	3
Signature of Applicant			51123 Date	
Office use only 5/1/23 Date Application Rec	zeived	6 <u>2623</u>	Date Board Reviewed Application Approved / Denied	

License Number

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) <u>Number and Type of Chickens Allowed.</u> 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) <u>Lighting.</u> 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



APPLICAT	TION FOR F	PAYMENT			
roject:	2023 Street an	d Utility Improvements	Project No:	23-1899.00	
)wner:	Colfax, Wiscon	sin	Contract For:	Street & Utilit	y Improvements
Contractor:	Skid Steer Guy	, LLC	Contract Date	: March 29, 20	23
pplication No:	1		Period Beginn	ing: May 1, 2023	
pplication Date	: May 31, 2023		Period Ending): May 31, 2023	
Change Ord	ler Summary	Dollars			Time
	orders Approved onths By Owner	Additions	Deductions A	Add/Deduct (Days)	Original Completion Date:
Change Orde	rs This Period				
Number Ar	proved (Date)				
		#0.00		0	New Completion Date:
Net Change		\$0.00			\$348,815.00
riginal Contrac	t Price (Sum)				Ato Billion
Net Change by	Change Orders		********		
Net Change by	Change in Final Q	uantities			\$348,815.00
Contract Price (Sum) to Date			*********	\$340,013.00
Fotal Completed	d Amount to Date	(Col. J on Continuation	Sheet)		\$218,493.60
Material Suitable	y Stored Not Incor	porated Into Work (Co	I. K on Continuation	n Sheet)	\$0.00
Total Completed	d and Stored to Da	ite (Col. L on Continua	tion Sheet)		\$218,493.60
_ess 5% Retain	age to 50% Comp	lete			\$8,720.38
Amount Due Le	ss Retainage				\$209,773.22
_ess Previous F	Payments				\$0.00
Amount Due Th	is Application				\$209,773.22
The undersigned on account of Wwith the Work content of the work content is the work of the wise listed in the work of the wise listed in the wise listed in the wise with the wise with the work of the wise with the work of the wise with the work of the work	ork done under the overed by prior Applion or covered by this cumbrances (excep or encumbrance);	to the best of its knowled Contract have been applications for Payment: (2) Application for Payment	Title to all Work, ma	aterials, and equipment time of payment fre	payments received from Owner or of the connection of the contract
			By:	Authorized Signat	ture and Title)
			APPROVED	0/	
DECOMMEND	ED: /				
RECOMMEND By:	Architect/Eng	 Project Manage 	er By:	Owner (Authorized Signa	
\mathcal{A}	Λ	 Project Manage 	By:	Owner	

CONTINUATION SHEET (FOR UNIT PRICE APPLICATION FOR PAYMENT)

Project: 2023 Street and Utility Improvements Project No: 23-1899.00

Application No: 1

May 31, 2023	May 1, 2023	May 31, 2023
Application Date: May 31, 2023	Period Beginning:	Period Ending:

	Contract For: Street & Utility Improvements Contract Date: March 29, 2023	nts					Period E	Period Beginning: Period Ending: P	May 1, 2023 May 31, 2023		
1==	Item Description of Work	Unit	Approx.	Unit	Total	Com	Completed Quantity	iity	Completed	Stored	Completed
Ż			Quantity	Price	Price	Previous	This	Total	Amount	Material*	& Stored
*	(8)	<u></u>	- (Q	(E)	(F)	Period (G)	Period (H)	to Date (I)	(T)	€	To Date (L) = (J + K)
L	Remove Existing	Each	†-	1,200.00	1,200.00			-	1,200.00		1,200.00
	Abandon Existing Water Main	L.S.	Ţ	800.00	800.00		_	_	800.00		800.00
	3 6" Water Main PVC	L L	40	46.00	1,840.00		40	40	1,840.00		1,840.00
7	4 8" Water Main PVC	Ļ	200	65.00	32,500.00		450	420	29,250.00		29,250.00
	5 6" Valve and Box	Each	-	1,900.00	1,900.00		-	_	1,900.00		1,900.00
	3 8" Valve and Box	Each	8	3,900.00	11,700.00		2	2	7,800.00		7,800.00
	7 Hydrant	Each	,	5,800.00	5,800.00		~	~	5,800.00		5,800,00
~	S Connect to Existing Water Main	Each	4	1,500.00	6,000.00		4	4	00.000,9		00.000.9
-	9 1" Water Service	Ľ,	305	43.00	13,115.00		305	305	13,115.00		13,115.00
Ξ	10 1" Corp Stop, Curb Stop, and Box	Each	G)	550.00	4,950.00		0	10	5,500.00		5,500.00
_	1 8" Sanitary Sewer PVC	L,	485	52.00	25,220.00		485	485	25,220.00		25,220.00
_	12 Connect to Existing Sanitary	Each	8	200.00	00.009		n	e	00 009		00.009
_	13 Sanitary Manhole 4 Ft	V.F.	32.9	300.00	9,870.00		32.9	32.9	9,870.00		9,870.00
_	14 Manhole Drop Entrance	V.F.	2.5	93.00	530.10		5.7	5.7	530.10		530.10
_	15 Casting Type J-S	Each	က	450.00	1,350.00		ဇ	က	1,350.00		1,350.00
_	16 4" Wye	Each	6	120.00	1,080.00		12	12	1,440.00		1,440.00
<u></u>	17 4" Sanitary Lateral PVC	L.F.	300	44.00	13,200.00		300	300	13,200.00		13,200,00
<u>-</u>	18 Tracer Wire Access Box	Each	6	20.00	450.00		G	o	450.00		420 00
_	19 Sanitary Sewer Televising	Г, Н	485	1.80	873.00			0	0.00		00.0
- 1	20 12" Storm Sewer	<u>ا</u> .	135	26.00	7,560.00		135	135	7,560.00		7,560.00
' '	21 6" Underdrain Pipe	ц Ц	855	7.65	6,540.75			0	00.0		000
' '	22 Connect to Existing Storm	Each	_	20.00	20.00		•	~	90.00		20 00
	23 Inlet 2x3 Ft	ν. F.	20.4	215.00	4,386.00		20.4	20.4	4,386.00		4,386 00
. 4	24 Casting Type H	Each	4	650.00	2,600.00			0	0.00		000
٠,٧		Each	_	650.00	650.00			0	0.00		00.00
. 4	_	Each	9	40.00	240.00			0	00.00		00.0
. 4	27 Trackout Control	L.S.	-	10.00	10.00		10				00.00
	28 Remove Existing Asphalt	S.Y	2290	3.00	6,870.00		2290	2			6,870.00
. ,	29 Remove Existing Concrete	S.Y.	260	4,00	2,240.00		260				2,240.00
. 7	30 Remove Existing Curb and Gutter	L.F	755	00.9	4,530.00		755				4,530.00
_	31 Clearing and Grubbing	0	180	26.00	4,680.00		180	180	4,680.00		4,680.00
Ĕ.											

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

CONTINUATION SHEET (FOR UNIT PRICE APPLICATION FOR PAYMENT)

218,493.60	o.ooj	218,493.60				348,815.85			otal	Subtotal or Total
200 000	000	0.00	7			00.0				
00.0		0.0	5 6			00'000'6	9,000.00	-	L.S.	43 Turf Replacement
000		000	-				20.01	3	- 0	42 Detectable Warning Field
0.00		000	0			1 350 00	45 ND	30	U.	Contraction Marriage Civily
		0000	2002	2000		17,766.00	4.20	4230	S.F.	41 4" Concrete Sidewalk
R 400 00		8 400 00	0000	מטטט		0000	3 6	0	5	40 Concrete Driveway Faving
350.00		350.00	20	20		6 790 00	2 00	020	Ü	
00.212,11		UC.2/2,11	835	835		12,285.00	13.50	910	L.	39 [30" Concrete Curb and Gutter
44 040 50) i			25,920.00	12.00	2160	S.Y.	38 1-1/2" Asphaltic Concrete Surface Pay
000		000	-				1	2		3/ 1-1/2 Aspliatific Colletete billuer havi
00.0		00.0	0			25 920 00	12 00	2160		
00 007'81		18,200.00	650	650		18,200.00	28.00	650	> 0	
		00.00	0			22,960.00	28.00	820	>. C	35 Breaker Run
00.00	_	00.001,0	7400	2460		6,150.00	2.50	2460	S.Y.	34 Geotextile Stabilization Fabric
0 150 00		0000	000	0 0	1	20,000,02	13.00	2200	ز	33 Roadway Earthwork
17,940.00		17,940.00	1380	1380		28 600 00	12.00	0000	> i (Lavelles Caw Cataling
00.0		0.00	0			540.00	3.00	180	<u>u</u>	Louising Saw Cutting

Page 3 of 5

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, Presid	lent

Attest: Lynn M. Niggemann
Administrator-Clerk-Treasurer

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	×	8.34	=	Influent Monthly Average BOD Loading, lbs/day
January	0.0653	Х	620	х	8.34	=	338
February	0.0653	х	396	х	8.34	=	215
March	0.0668	х	271	х	8.34	=	151
April	0.0644	х	233	х	8.34	=	125
May	0.0629	Х	278	х	8.34	=	146
June	0.0582	х	418	х	8.34	=	203
July	0.0574	х	546	х	8.34	=	261
August	0.0563	Х	370	х	8.34	=	174
September	0.0576	Х	269	х	8.34	=	129
October	0.0599	х	380	Х	8.34	=	190
November	0.0599	х	249	Х	8.34	=	124
December	0.0594	х	341	х	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	х	%	=	% of Design
Max Month Design Flow, MGD	.105	х	90	II	0.0945
		х	100	11	.105
Design BOD, Ibs/day	292	X	90	=	262.8
		X	100	F = 1	292

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

	Months	Number of times	Number of times	Number of times	Number of times
	of		flow was greater		BOD was greater
	Influent		than 100% of		than 100% of design
January	1	0	0	11	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 ea	ach	2	1	3	2
Exceedances	1	0	0	1	1
Points		0	0	3	2
Total Numb	er of Po	oints			5

5

Colfax Wastewater Treatment Facility

6/14/2	2023	2022
3. Flow Meter		
3.1 Was the influent flow meter calibrated in the last year?		111
Yes Enter last calibration date (MM/DD/YYYY)		11
2022-04-21		
o 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 se	wer from	
industries, commercial users, hauled waste, or residences?		
• Yes		
o No		
If No, please explain:		
4.2 Was it necessary to enforce the ordinance?		
o 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		
· ·		
o Yes o Yes		
• No • No		
5.2 Did you receive septage at your facility? If yes, indicate volume in gallons.		
Septic Tanks		
o Yes gallons		
• No		
Holding Tanks		
o Yes gallons		
● No		
Grease Traps		
o Yes gallons		
• No		
5.2.1 If yes to any of the above, please explain if plant performance is affected wh	ien receiving	3
any of these wastes.		
6. Pretreatment		
6.1 Did your facility experience operational problems, permit violations, biosolids qu	iality concer	ns
or hazardous situations in the sewer system or treatment plant that were attributat		,
commercial or industrial discharges in the last year?		
o Yes		
• No		
If yes, describe the situation and your community's response.		
6.2 Did your facility accept hauled industrial wastes, landfill leachate, etc. 2		

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o Yes

No

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.

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

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0

Effluent Quality and Plant Performance (BOD/CBOD)

	1.	Effluent i	(C))BOD	Resu	lts
--	----	------------	-----	------	------	-----

1.1 Verify the following monthly average effluent values, exceedances, and points for BOD or #15 To 1

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	SELECTION THE		DESCRIPTION OF THE PERSON OF T	
February	30	27		D ITCH COLV		
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				
		* Eq	uals limit if limit is	<= 10		
Months of d	ischarge/yr			7		
Points per e	ach exceedanc	e with 7 mont	hs of discharge		12	5
xceedance	S		11.00		0	0
Points			0	0		
Total numb	er 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

o 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?

o Yes

No

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 O Yes No If Yes, please explain: 4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce 		0/14/2023	2022
toxicity (WET) test? O 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? O Yes O No NO N/A	If Yes, please explain:		
toxicity (WET) test? O 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? O Yes O No NO N/A			J- I
● 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? O Yes O No ● N/A	4.2 At any time in the past year was there a failure of an toxicity (WET) test?	effluent acute or chronic whole effl	uent
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? o Yes o No • N/A	o Yes		
4.3 If the biomonitoring (WET) test did not pass, were steps taken to identify and/or reduce source(s) of toxicity? O Yes O No O No	● No		
source(s) of toxicity? o Yes o No • N/A	If Yes, please explain:		
o No ● N/A	source(s) of toxicity?	ps taken to identify and/or reduce	
● N/A			
·			
Please explain unless not applicable:	● N/A		
	Please explain unless not applicable:		

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

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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:

Total Numi	ber of Points					17
Points					12	5
Exceedance	S		1	1		
	each exceed	rge:	12	5		
Months of D	ischarge/yr			7		
	P	* Eq	uals limit if limit is	<= 10		
December	30	27		T X		
November	30	27	9	11	0	0
October	30	27	15	1	0	0
September	30	27	24	1	0	0
August	30	27	9	_ 1	0	0
July	- 30	27	33	1	-1	1
June	30	27	23	1	0	0
May	30	27	5	1	0	0
April	30	27				
March	30	27				1.4
February	30	27				in I
January	- 30	27				
001	Limit (mg/L)	>10 (mg/L)	Average (mg/L)	with a Limit	LACCEDATICE	Exceedance
Outfall No. 001	Monthly Average	90% of Permit Limit	Effluent Monthly Average (mg/L)	Months of Discharge	Permit Limit Exceedance	90% Permit Limit

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	В

17

Colfax Wastewater Treatment Facility

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0

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Ponds And Lagoon Leakage

1. Po	nd L	_ining
-------	------	--------

1.1 What material was used to line your ponds?

30 mil pvc

- 2. Flow Measurements
- 2.1 Did you measure influent flow to your wastewater ponds or lagoons?
- Yes (0 points)□□
- O No (40 points) (Go to guestion 6)□□
- 2.1.1 Method of influent flow measurement:

Isco 4700 Refrigerated Sampler

- 2.2 Did you measure effluent flow discharged from your wastewater system either to the land disposal system or to the receiving stream?
- Yes (0 points) □□
- No (40 points) (Go to question 6)□□
- O No Discharge (0 points)
- 2.2.1 Method of effluent flow measurement:

Isco signature Bubbler FM

- 3. Total Flow Volumes
- 3.1 Total monthly influent and effluent flow volumes from the pond/lagoon system during the last calendar year.

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

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.

Total effluent, MG =>

16.8542

0.756

<= effl / infl ratio

Total influent, MG =>

22.2920

Conversion to a percent of volume loss:

 $(1-effl/infl\ ratio) * 100 =$

24.4

% of influent lost and not discharged with effluent

Compilant	e Manne	ialice A	IIIIuai i	zeboi t

> 7,000

Colfax Wastewater Tr	eatment	Facility						Updated: 4/2023	2022	_
4. Surface Area 4.1 What was the tota include seepage cells) 21		ater surfac	ce area of	the	e ponds	/lagoons at	operati	ng level (d	do not	
5. Leakage Rate Estim 5.1 Total influent volu pond/lagoon storage (the estimated leakage	ume (in Mo in MG) is	the net wa								
Total Annual :	Influent (N	1G)	22.2	920	0					
Total Annual			16.8							
Estimated No	et Loss (M	G)	5.4	378	3		HS			
Estimated Leakage	ge Amount	(gpd)				1489	8			
If you have a *Depar the storage change la o Storage Increase: o Storage Decrease: 5.2 CMAR Estimated L Leakage Rate in gpad surface area (from qu	est year in Enter amo Enter amo eakage Ra is the leal	MG below unt in MG ount in MG ate in gallo	v. ->	re p	per day	(gpad): Th	e CMAR	Estimate	ed	
Leakage Amount		Ac	res	П		Estimated				
(gpd)				Ш	Leak	age Rate				
14898	divided by	2	1	=		709				
6. On Site Leakage Tes 6.1 Did you conduct a was approved by the o Yes No If yes, what was the NOTE: if 6.1 is answ points generated. 6.2 Leakage Rate Con	nd on-site Departmen Year field Test gpad yered Yes,	Calculated	still valid?	Rat	te for y	our ponds/k	agoons	?		
7. Estimated Leakage I 7.1 The CMAR Estima table below. If an approved field t Department, the Fiel from the table below	ted Leakag test was co d Calculat	ge Rate (fi	and the re	suli	ts are s	itill valid and	accep	ted by the	e	
gp	ad		po	points						
0 - 1	,000			0						
1,001	- 2,000		1	.0						
	- 4,000			0.						
4.001	7.000		3	0						

40

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

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

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Biosolids Quality and Management

1. Biosolids Use/Disposal 1.1 How did you use or dispose of your biosolids? (Check all that apply) ☐ Land applied under your permit ☐ Publicly Distributed Exceptional Quality Biosolids ☐ Hauled to another permitted facility ☐ Landfilled ☐ Incinerated ☑ Other	
NOTE: If you did not remove biosolids from your system, please describe your system type such as lagoons, reed beds, recirculating sand filters, etc. 1.1.1 If you checked Other, please describe:	
We have a lagoon system	
o < 90 days (40 Points) o N/A (0 Points) 6.2 If you checked N/A above, explain why.	o
7. Issues 7.1 Describe any outstanding biosolids issues with treatment, use or overall management: None	

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

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Staffing and Preventative Maintenance (All Treatment Plants)

1. Plant Staffing 1.1 Was your wastewater treatment plant adequately staffed last year? • Yes • No If No, please explain: Could use more help/staff for: 1.2 Did your wastewater staff have adequate time to properly operate and maintain the plant and fulfill all wastewater management tasks including recordkeeping? • Yes • No If No, please explain:	
 2. Preventative Maintenance 2.1 Did your plant have a documented AND implemented plan for preventative maintenance on major equipment items? Yes (Continue with question 2) □□ No (40 points)□□ If No, please explain, then go to question 3: 	
 2.2 Did this preventative maintenance program depict frequency of intervals, types of lubrication, and other tasks necessary for each piece of equipment? Yes No (10 points) 	0
2.3 Were these preventative maintenance tasks, as well as major equipment repairs, recorded and filed so future maintenance problems can be assessed properly? • Yes	
 Paper file system Computer system Both paper and computer system No (10 points) 	
 3. O&M Manual 3.1 Does your plant have a detailed O&M and Manufacturer Equipment Manuals that can be used as a reference when needed? Yes No 	
 4. Overall Maintenance /Repairs 4.1 Rate the overall maintenance of your wastewater plant. Excellent O Very good 	
o Good o Fair o Poor Describe your rating:	

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We keep grass mowed, remove cattails that are growing and remove any rodents that are visible and excercise all valves yearly.

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

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0

Operato	r Certification and Educa	tion				
1.1 Did y • Yes (0 • No (2 Name:	0 points)	n-charge during the	e report year?			0
2.1 In accand subcl	ation Requirements cordance with Chapter NR 114.56 lass(es) were required for the op t plant and what level and subcla	erator-in-charge (Cass(es) were held b	DIC) to operat	e the waste r-in-charge?	water	
Sub Class	SubClass Description	WWTP	OIT	OIC	Adv d	
	Supposed of Cassath Danses	Basic	OIT	Basic	Advanced	
A1 A2	Suspended Growth Processes Attached Growth Processes				-	
A2 A3						d
A3 A4	Recirculating Media Filters Ponds, Lagoons and Natural	X		V		
A5	Anaerobic Treatment Of Liquid			X		
В	Solids Separation				-	
C	Biological Solids/Sludges		 		1	0
P	Total Phosphorus				-	
N	Total Nitrogen					
D	Disinfection					
L	Laboratory				-	
U	Unique Treatment Systems				-	
SS	Sanitary Sewage Collection	X	NA	NA	NA	
					NA NA	
	,				perate this	
3. Success 3.1 In the to ensure of the foll ☑ One of ☐ An arr ☐ An arr ☐ An cope be cert ☐ A cons	ion Planning e event of the loss of your design the continued proper operation owing options (check all that app r more additional certified operat angement with another certified angement with another commun erator on staff who has an operat cified within one year sultant to serve as your certified of the above (20 points) of the above" is selected, please	and maintenance obly)? tors on staff operator hity with a certified for-in-training certified	f the plant the	at includes o	one or more	•
	ing Education Credits had a designated operator-in-ch	narge, was the ope	rator-in-chard	e earning C	ontinuing	
	Credits at the following rates?					

Colfax Wastewater Treatment Facility Last Updated: Reporting For: 6/14/2023 OIT and Basic Certification: Averaging 6 or more CECs per year. O Averaging less than 6 CECs per year.

Advanced Certification:
O Averaging 8 or more CECs per year.

o Averaging less than 8 CECs per year.

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

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 _	1211			_
 			aman	_
30613		10304	aman	_

1. Provider of Financial Information	
Name:	
Lynn Niggeman	
Telephone:	
715-962-3311 (XXX) XXX-XXXX	
E-Mail Address	
(optional):	
clerktreasurer@villageofcolfax.org	
 Treatment Works Operating Revenues 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) □□ No (40 points) If No, please explain: 	
i No, please explain.	
2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?	
Year: 2021 0	ı
• 0-2 years ago (0 points) $\Box\Box$	
o 3 or more years ago (20 points)□□	
o 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) 	-
o No (40 points)	1
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:	13
2021	
1-2 years ago (0 points)□□3 or more years ago (20 points)□□	
o N/A	
If N/A, please explain:	
I Ny A, picase explain.	
3.2 Equipment Replacement Fund Activity	
3.2.1 Ending Balance Reported on Last Year's CMAR \$ 27,527.63	
3.2.2 Adjustments - if necessary (e.g. earned interest, + \$ 32.14 audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	
3.2.3 Adjusted January 1st Beginning Balance \$ 27,559.77	
3.2.4 Additions to Fund (e.g. portion of User Fee,	
earned interest, etc.) + \$ 0.00	

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0

3.2.5	Subtractions	from Fu	nd (e.	.g., equ	ıipme	ent
replac	ement, major	repairs	- use	descrip	otion	box
3.2.6.	1 below*)					

\$ 0.00

3.2.6 Ending Balance as of December 31st for CMAR Reporting Year

\$ 27,559.77

All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.

3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.

3.3 What amount should be in your Replacement Fund?

27,559.77

Please note: If you had a CWFP 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.

- 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)?
- Yes
- O No

If No, please explain.

- 4. Future Planning
- 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?
- ullet Yes If Yes, please provide major project information, if not already listed below. $\Box\Box$

Project #	Project Description		Approximate Construction Year
	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 FEASABILITY 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
	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
	The village has started the lagoon river bank project that should be completed by the end of september.	\$2,500,000	2022

5. Financial Management General Comments

The river bank project has been completed.

ENERGY EFFICIENCY AND USE

- 6. Collection System
- 6.1 Energy Usage

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			6/14/2023	2022
6.1.1 Enter t	he monthly energy usage	from the different energy soul	rces:	
COLLECTIO	N SYSTEM PUMPAGE: T	otal Power Consumed		
Number of M	unicipally Owned Pump/Li	ift Stations: 1		
		ير النصيح في النصيح المستحدي		
	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			
eptember	1,337			
October	2,000			
November	4,045			
December	3,795			
Total	31,187	0		
Average	2,599	0		
5.2.1 Indicat ☐ Comminu ☐ Extended ☑ Flow Mete ☐ Pneumati ☐ SCADA Soon ☐ Self-Prim ☐ Submersi	tion or Screening Shaft Pumps ering and Recording c Pumping ystem ing Pumps	oment s utilized at your pump/lift stat	tions (Check all that app	oly):
L other.				
2.2.0-				
5.2.2 Comme	ents:			
.3 Has an En • No	ergy Study been performe	ed for your pump/lift stations?		
Yes				
Year:				
				h

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Describe a	and Comment		Microsoft and the second	Co. Marin Na will Pays in a 1981.
		2 Ig		AL 11 11 11 11 11 11 11 11 11 11 11 11 11
= 7			Constitution in the second	terium 3
.4 Future (Energy Relate	d Equipment		
6.4.1 What		ent equipment	nt or practices do you have	e planned for the future for your
pump/lift s	stations			

- 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:

■ Nitrification

☐ Mechanical Sludge Processing

'.2 Energy Related Processes and Equipment		
7.2.1 Indicate equipment and practices utilized at your treatment facility (Cl	heck 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		

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			7 70 0 18 0	

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

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Sanitary Sewer Collection Systems

Capacity, Management, Operation, and Maintenance (CMOM) Program 1.1 Do you have a CMOM program that is being implemented?
• Yes
o 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
o No (30 points)
o N/A
If No or N/A, explain:
and of My appears
to Decrease the fall of the fall of the control of
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:
To prevent overflows and keep system maintained.
Did you accomplish them?
• Yes
o 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) 2021-02-10
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

Colfax Wastewater Treatment Facility

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☐ Capacity assessment p☐ Basement back assess☐ Regular O&M training☐ Design and Performance What standards and proceethe sewer collection systeproperty?	program sment and correction Provisions [NR 210. edures are establishem, including building DNR NR 110 Standar	atenance activities (see question 2 below) 23 (4) (e)] d for the design, construction, and inspection of sewers and interceptor sewers on private ds and/or local Municipal Code Requirements	
☑ Overflow Emergency Res	sponse Plan [NR 210.	.23 (4) (f)1[[[_
Does your emergency res ☑ Responsible personnel ☐ Response order, timing ☐ Public notification prot	ponse capability inclu communication proc g and clean-up	ude:	o
☐ Training			
☐ Emergency operation			
Annual Self-Auditing of	_	- · · · · · -	D.
☐ Special Studies Last Yea		hat apply):	
☐ Infiltration/Inflow (I/I)	•		
☐ Sewer System Evaluat	, , , ,	Pl (0504P)	
☐ Sewer Evaluation and ☐ Lift Station Evaluation		Plan (SECAP)	
Others:	Report		- X
Guilers.			
2. Operation and Maintenand			
2.1 Did your sanitary sewer	collection system m	aintenance program include the following	
	(7)	and indicate the amount maintained.	
Cleaning	100	-	
Root removal	100	% of system/year	
Flow monitoring	100	% of system/year	
Smoke testing	0	% of system/year	= 1
Sewer line			4
televising	10	% of system/year	
Manhole			
inspections	100	% of system/year	
Lift station O&M	0	# per L.S./year	
Manhole			
rehabilitation	0	% of manholes rehabbed	
Mainline			
rehabilitation	0	% of sewer lines rehabbed	
Private sewer		0/ 25 2 11 2 1 /	
inspections	0	% of system/year	
Private sewer I/I	5	O/ of private consists	
removal	0	% of private services	

Last Updated: Reporting For:

If Yes, please describe:

Last Updated: Reporting For: Colfax Wastewater Treatment Facility 6/14/2023 2022 River or water % of pipe crossings evaluated or maintained crossings 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. 29.5 Total actual amount of precipitation last year in inches 34.5 Annual average precipitation (for your location) 7.8 Miles of sanitary sewer 1 Number of lift stations Number of lift station failures Number of sewer pipe failures Number of basement backup occurrences 1 Number of complaints Average daily flow in MGD (if available) Peak monthly flow in MGD (if available) Peak hourly flow in MGD (if available) 3.2 Performance ratios for the past year: 0.00 Lift station failures (failures/year) 0.00 Sewer pipe failures (pipe failures/sewer mile/yr) 0.00 Sanitary sewer overflows (number/sewer mile/yr) 0.13 Basement backups (number/sewer mile) 0.13 Complaints (number/sewer mile) Peaking factor ratio (Peak Monthly: Annual Daily Avg) 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? o 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? o Yes No

Colfax Wastewater Treatment Facility

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

5.3	Explain a	ny infiltration/	inflow (I/I)	changes th	nis year	from	previous	vears:
							5787 575-5	Action To

None

5.4 What is being done to address infiltration/inflow in your collection system?

Manhole cover upgrades if needed.

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

Colfax Wastewater Treatment Facility

Last Updated: Reporting For:

6/14/2023

2022

Grading Summary

WPDES No: 0023663

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS			
Influent	А	4	3	12			
BOD/CBOD	Α	4	10	40			
TSS	В	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	Α	4	1	4			
Collection	Α	4	3	12			
TOTALS			36	139			
GRADE POINT AVE	RAGE (GPA) = 3.86	·	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)

Colfax Wastewater Treatment Facility	Last Updated: 6/14/2023	Reporting For
Resolution or Owner's Statement	nin	n I podas
Name of Governing Body or Owner:		77
Date of Resolution or Action Taken:		
Resolution Number:		
Date of Submittal:		
ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATIN SECTIONS (Optional for grade A or B. Required for grade C, D, or F): Influent Flow and Loadings: Grade = A	G TO SPECIFI	C CMAR
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	e reported)	
ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING 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 the G.P.A. = 3.86		RALL

Andy's Custom Concrete, Inc. N7401 State Road 40 Colfax, WI 54730

anuy s Custo.	Colfax, WI 54/30
5. 基础设施 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OWNERS NAME
ENAME III	MAC ALL
The state of the s	STREET
REET	CITY, STATE, AND ZIP CODE
	PHONE
IONE	Is labor and clean up of materials after job is completed.
ne services provided by the above contractor include all mat	erials, labor, and clean up of materials after job is completed.
OB DESCRIPTION	The state of the s
Remove + replace (6 side walk with New	3×150' exterior Concrete #7800 Sections of city ADA warning tiles #4200
	Amount Due (\$
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. See back side of this document for This Proposal may be withdrawn by	Amount Due Andy's Custom Concrete, Inc. Authorized Signature Date 6/8/23 Or Wisconsin construction lien notices. 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

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?
 - o 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.

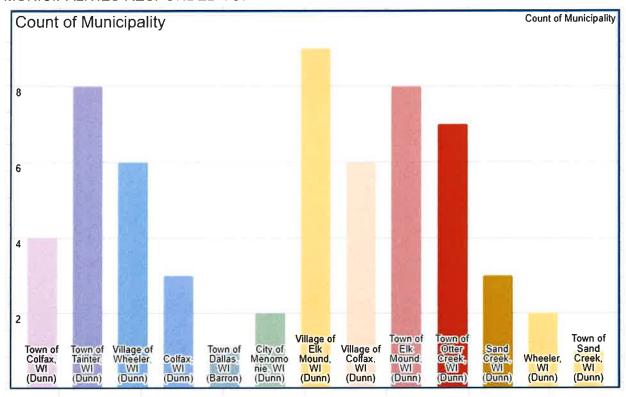
Jeff Prince. Chair		

Attest: Lynn Niggemann

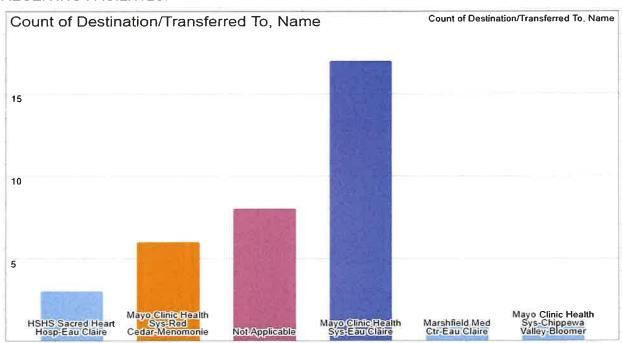
Administrator-Clerk-Treasurer

COLFAX RESCUE MAY 2023 REPORT

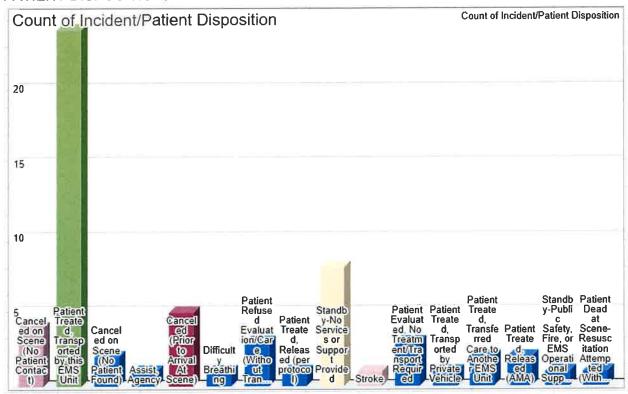
MUNICIPALITIES RESPONDED TO:



RECEIVING FACILITIES:

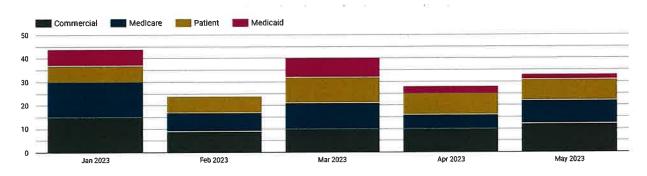


PATIENT DISPOSITION:

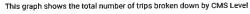


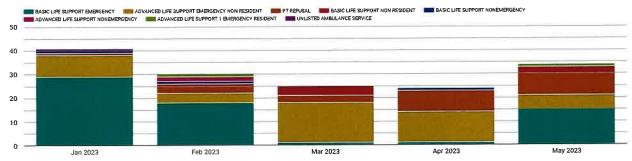
FINANCIALS:

Primary Payer Breakdown



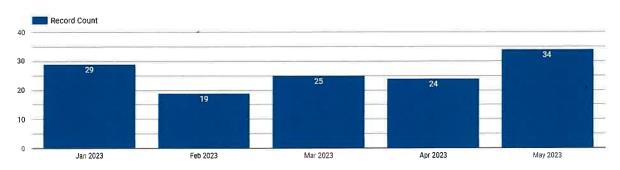
Service Level Breakdown





Claims Submitted By Month

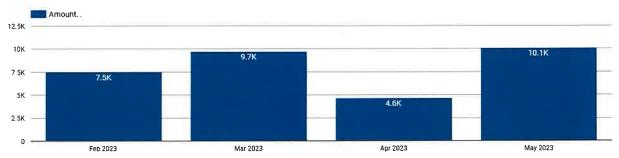
This graph shows the number of claims received based on Date of Service



Total Cash By Posting Date

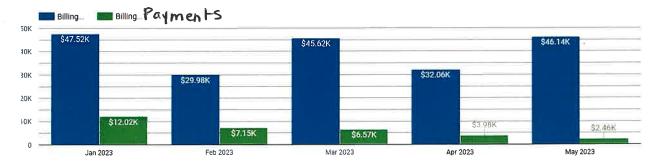
Calculated based on recieved EOP/EOB's. This graph shows the total payments received each month. These numbers are calculated by using the date of receipt indicated on the explanation of payment received with each insurance payment.

Payments each month include payments from claims submitted in previous months.



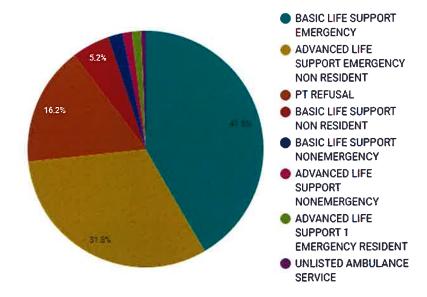
Billed vs Received

This graph, based on Date of Service reflects amounts billed



Service Level Break Down

BLS Ernerg 1 Non Res O N/A BLS, Emergency 15 8LS, Non Emerg 0 3 -100.0% ALS, Emerg 1 NON RES 6 4 -53.8% Pt. Refusal 9 0.0%

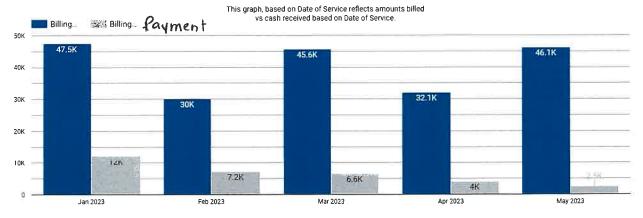


Billed Breakdown

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	Til.	1,364.91

Grand total 34 35,161.53

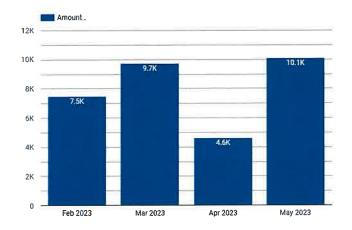
Billed vs Received



Total Cash Received

You can expand your view by changing the dates above

Amount Paid 10,109.55



Breakdown

Record Count 32

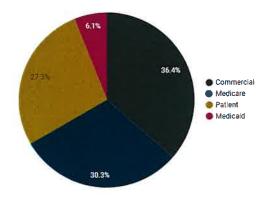
Ave Payment 315.9

Medicare 4.0K Commercial 5.4K

Amount Paid 176.9

Patlent 463.2

Primary Payor Mix



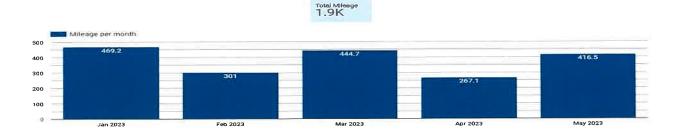
Average Payment by Payor

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
M 7	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 fouver cline on in our hearts! I Shair

> The family of Gudy Condon