

**Village of Colfax
Regular Board Meeting Agenda
Monday, June 24, 2024
7:00 p.m.**

Village Hall, 613 Main Street, Colfax, WI 54730

1. Call the Regular Board Meeting to Order
2. Pledge of Allegiance
3. Roll Call
4. Public Comments
5. Communications from the Village President
6. Consent Agenda
 - a. Regular Board Meeting Minutes –June 10th, 2024
 - b. Review Statement of Bills Pooled Checking– June 10th, 2024- June 23, 2024
 - c. Review Statement of Bills Solid Waste & Recycling Checking- June 10th, 2024- June 23, 2024
 - d. Training Request - none
 - e. Facility Rental – none
 - f. Licenses – Renewals-July 1, 2024 – June 30, 2025

July 1, 2024-June 30, 2025 Operator's License

Roger Knutson	Julie Eiseth	Steven Stokke
Dale Oebser	Jeffrey Rene	Gary Stene
Mary Roehl	Nancy Taylor	Tori Wilson
Kendrah Beranek	Mikki McCutcheon	Suzanne Hagen
Davina Brenden	Hannah Kressin	Madelyn Shea
Evia Gehrman	Tristan Wolff	Mary Durand
Tammy Dalhoe	Lyndsey Pederson	Hailey Prince
Steven Longdo	Mackenzi Loback	Molly Heidorn
Chris Lunn	Rachel Radonz	Kayla Brown
Brenda Kettner	Peggy Wallace	Joshua Larson
Bailey Haugle-Score	Brittany Hoffman	Joni Koehler
Shelby Wilson	Tammy Nelson	Abby DeMoe
Renee Tuschl	Sheila Riemer	Maia Velasquez
Jacqueline Clark	Tammy Simon	Christian Ebert
Scott Shelley	Trevor Schindler	Lisa Kurbanov
Matthew Dachel	Donna Weix	Christopher Larson
Jalene Amick	Ashley Youngberg	Deborah Petersen
Mary Muza	Tamara Whinnery	Emily Rubenzer
Kyle Krall	Jeffrey Prince	Mariah Smith
Nicole Gotlibson	Michael Buchner	

July 1, 2024-June 30, 2025 Liquor License

Outhouse Bar, Mark Nelson & Lisa Johnson, Agents- Class "B" Beer and Class "B" Liquor-
413 Main Street, 5/15/2024

Young Active Ventures LLC/Viking Bowl & Lounge, Alicia Young, Agent-Class "B" Beer and Class "B" Liquor-
108 Main Street, 6/3/2024

J & S Sales of Chippewa Falls, LLC/Express Mart, Rondi DeMoe, Agent-Class "A" Beer-616 Main Street, 5/20/2024

Kyle's Market Inc., Kyle Kressin, Agent -Class "A" Beer and Class "A" Liquor-115 Main Street, 5/22/2024

Synergy Community Cooperative, Charles Brown, Agent- Class "A" Beer and Class "A" Liquor-
401 E Railroad Avenue, 5/29/2024

Mom's Restaurant & Pub LLC, Mark Barstad, Agent-Class "B" Beer and Class "B" Liquor-225 Bremer Ave Suite 101, 5/31/2024

The Blind Tiger LLC, Nicholas Anderson, Agent-Class "B" Beer and Class "B" Liquor-512 Main Street, 5/29/2024

A Little Slice of Italy, Anne Jenson, Agent - Class B" Beer and Class "C" Wine-501 Main Street, 5/28/2024

July 1, 2024-June 30, 2025 Tobacco License

The Blind Tiger LLC-512 Main Street

Dolgencorp, LLC/Dollar General-402 Fifth Avenue

J & S Sales of Chippewa Falls, LLC/Express Mart-616 Main Street

Outhouse Bar-413 Main Street

Kyles Market Inc.-115 Main Street

July 1, 2024-June 30, 2025 Chicken License

Pamela Moen-705 University Ave

John & Alycia Dickinsen-605 Iverson Rd

JoAnn Mayfield-204 Viking Dr

7. Consideration Items

- a. Ayres Associates – 1st Ave Public Works Improvement Field Order 1
- b. Signatory Authorization – Dairy State Bank
- c. Resolutions 2024-15 – 2024-24 Authorization of Signer Change on Non-Personal Accounts of Village Moneys – Dairy State Bank Accounts
- d. Resolution 2024-14 Wastewater Compliance Maintenance – Approval
- e. Sewer Use Ordinance
- f. Sewer Rates Review – current user charges last reviewed or revised in 2022, must be reviewed again this year to ensure rates are covering current costs
- g. Equipment Replacement Fund
- h. #3 Well Cleaning and Possible Repair
- i. Tree Removal-Street Project-Approval/Fund category

8. Committee/Department Reports – (no action)

- a. Public Properties Committee Minutes
- b. Thank you – Brett Sajdera
- c. Colfantastic Booster Club meeting

9. Adjourn

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

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

Village Board Meeting – June 10th, 2024

On June 10th, 2024, the Village Board met at the Village Hall, 613 Main Street, Colfax, WI at 7:00 p.m. Members present: Trustees Burcham, Rud, Jenson, and Stene. Excused: Prince, Best and Davis. Others present included Lynn Niggemann, Deputy Clerk-Treasurer Riemer, Administrator-Clerk-Treasurer Johnson and LeAnn Ralph with the Messenger.

Consent Agenda

Regular Board Meeting Minutes –May 28th, 2024

Review Statement of Bills Pooled Checking–May 28th, 2024 to June 9th, 2024

Review Statement of Bills Solid Waste & Recycling Checking – May 28th, 2024 to June 9th, 2024

Training Request – Carrie Johnson – August 28-30.

Facility Rental - Dunn Co 4H Summer Intern use of Fairgrounds July 15, 2024 – request fee to be waived Licenses – None.

A motion was made by Trustee Burcham and seconded by Trustee Rud to approve Consent Agenda items which include the Regular Board Meeting Minutes-May 28th, 2024, Review Statement of Bills-Pooled Checking-May 28th, 2024 to June 9th, 2024, Review Statement of Bills-Solid Waste & Recycling-May 28th, 2024 to June 9th, 2024, Training Request- Carrie Johnson August 28-30, Facility Rental-Dunn Co 4H Summer Intern use of Fairgrounds July 15, 2024-request fee to be waived, Licenses-none. A voice vote was taken with all members voting in favor. Motion carried.

Consideration Items

Inspection – 605 Pine St – Possible Action – The Public Properties Committee recommends the building at 605 Pine Street be condemned per Sec. 15-1-6: Unsafe Buildings in the Building Codes. A motion was made by Trustee Burcham and seconded by Trustee Rud to approve the Public Properties Committee recommendation to have an inspector verify the safety of the building. A voice vote was taken with all members voting in favor. Motion carried.

Logslett Heating – Library and Office Air Conditioning Unit Replacement Proposals- It has been noted by the Public Properties Committee, and others, that the proposals should be a part of the Flexible Facilities Grant. Trustee Stene noted the building's AC has been recharged and is functioning properly for the summer of 2024. Deputy Clerk-Treasurer Riemer verified invoicing has been received for that service. Proposals are tabled pending Grant application.

Adjourn – A motion was made by Trustee Burcham and seconded by Trustee Rud to adjourn the meeting at 7:10 p.m. A voice vote was taken with all members voting in favor. Meeting Adjourned.

Gary Stene, Village Trustee

Attest: _____
Carrie Johnson, Administrator-Clerk-Treasurer

6/21/2024 12:20 PM

Reprint Check Register - Quick Report - ALL

Page: 1
ACCT

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 6/10/2024 From Account:
Thru: 6/23/2024 Thru Account:

Check Nbr	Check Date	Payee	Amount
79720	6/14/2024	AGROW SERVICES INC	50.00
79721	6/14/2024	ANDYS CUSTOM CONCRETE, INC	3,882.00
79722	6/14/2024	ASHLEY PAULUS	70.00
79723	6/14/2024	AYRES ASSOCIATES	4,576.05
79724	6/14/2024	BOBCAT PRO	3,355.00
79725	6/14/2024	CARLTON DEWITT	1,246.92
79726	6/14/2024	CBS SQUARED, INC	109.00
79727	6/14/2024	CRAMER CONSULTING, LLC	250.00
79728	6/14/2024	CREATIVE PRODUCT SOURCE INC	247.82
79729	6/14/2024	DUNN COUNTY SHERIFF'S OFFICE	475.00
79730	6/14/2024	DUNN ENERGY COOPERATIVE	97.00
79731	6/14/2024	EXPRESS MART	37.83
79732	6/14/2024	FARRELL EQUIPMENT & SUPPLY CO.	1,999.00
79733	6/14/2024	GEORGE ENTZMINGER	100.00
79734	6/14/2024	GILBERTS OF SAND CREEK	49.55
79735	6/14/2024	GOTO COMMUNICATIONS INC	75.83
79736	6/14/2024	HUEBSCH LAUNDRY CO	131.88
79737	6/14/2024	HYDROCORP	453.00
79738	6/14/2024	IMPERIAL DADE	109.54
79739	6/14/2024	KYLES MARKET	53.57
79740	6/14/2024	LISA BRAGG-HURLBURT	52.93
79741	6/14/2024	LOGSLETT HEATING & COOLING	821.45
79742	6/14/2024	MCMT	340.60
79743	6/14/2024	MEDPRO MIDWEST GROUP	170.00
79744	6/14/2024	MENARDS-EAU CLAIRE	308.99
79745	6/14/2024	MISSISSIPPI WELDERS SUPPLY CO.	41.54
79746	6/14/2024	MUNICIPAL PROPERTY INSURANCE COMPANY	15,886.00
79747	6/14/2024	NORTHWOOD TECHNICAL COLLEGE	100.00
79748	6/14/2024	ONE SOURCE IMAGING	409.94
79749	6/14/2024	PITNEY BOWES BANK, INC RESERVE ACCOUNT	500.00
79750	6/14/2024	PITNEY BOWES GLOBAL FINANCIAL SERVICES	168.24
79751	6/14/2024	POWERPLAN	735.63
79752	6/14/2024	ROBERT ANDERSON	70.00

6/21/2024 12:20 PM

Reprint Check Register - Quick Report - ALL

Page: 2
ACCT

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 6/10/2024 From Account:
Thru: 6/23/2024 Thru Account:

Check Nbr	Check Date	Payee	Amount
79753	6/14/2024	SCHILLING SUPPLY	485.56
79754	6/14/2024	SPECTRUM INSURANCE GROUP-EC	12,959.50
79755	6/14/2024	SYNERGY COOPERATIVE	2,145.60
79756	6/14/2024	TRACTOR CENTRAL, LLC	19,262.45
79757	6/14/2024	U.S. POSTAL SERVICE	254.00
79758	6/14/2024	VIKING DISPOSAL, INC	1,723.00
79759	6/14/2024	WATER CARE SERVICES	31.50
79760	6/14/2024	WATER TOWER CLEAN & COAT, INC	6,000.00
79761	6/14/2024	WILLIAM ANDERSON	41.10
79762	6/14/2024	WRWA	438.81
79763	6/14/2024	ZEMPEL APPRAISAL SERVICE	975.20
BREMER	6/10/2024	CARDMEMBER SERVICE	992.27
CHARTER	6/23/2024	CHARTER COMMUNICATIONS	512.65
WEENERGIES	6/17/2024	WE ENERGIES	79.47
WEENERGIES	6/17/2024	WE ENERGIES	39.93
Grand Total			82,915.35

6/21/2024 12:21 PM

Reprint Check Register - Quick Report - ALL

Page: 1
ACCT

SOLID WASTE & RECYCLING RU

Accounting Checks

Posted From: 6/10/2024 From Account:
Thru: 6/23/2024 Thru Account:

Check Nbr	Check Date	Payee	Amount
1391	6/14/2024	CARLTON DEWITT	450.00
1392	6/14/2024	DUNN ENERGY COOPERATIVE	119.00
1393	6/14/2024	FIRST CHOICE	340.47
1394	6/14/2024	JOHNSON ROLL-OFF SERVICE, LLC	14,646.20
1395	6/14/2024	ROCK OIL REFINING, INC	106.00
1396	6/14/2024	UNEMPLOYMENT INSURANCE	155.86
1397	6/14/2024	VILLAGE OF COLFAX	21.11
Grand Total			15,838.64

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CK 5400

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME ROGER L Knutson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 505 7761 Email Address Roc Knutson - HOTMAIL.COM

Current Address 68057 CT. RABBIT Colfax 54730 2
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 64

Place of Employment Retiree

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 05/01/24
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 4 day of April, 20 24.

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)

Date Received: 4/4/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CL 5900

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 5, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME DALE T OEBSE
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-8355 Email Address dddgboy.5193@gmail
Current Address 511 Colfax 54730 4
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 64

Place of Employment Russell Taylor

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 5/28/2024
(Chief of Police or Designated staff Signature) (Date)

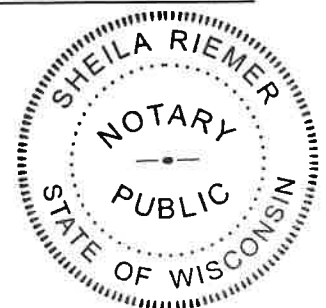
STATE OF WISCONSIN/ DUNN COUNTY

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

x Dale T Oeber
Signature of Applicant

Subscribed and sworn before me this 16 day of May, 20 24.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/16/24 Date to the Board: 6/21/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mary Jane Roehl
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address N8420 970th St Colfax 54730 15
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 45

Place of Employment Out House

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

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

STATE OF WISCONSIN/ DUNN COUNTY

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

[Signature]
Signature of Applicant

Subscribed and sworn before me this 22nd day of May, 20 24.

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

Date Received: 5/22/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kendrah Lynn Marie Beranek
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 210 4219 Email Address Kendrahlynn20065@gmail.com

Current Address 602 University Colfax 54730 5
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 636 Harlem St. Altoona 54720
(City) (Zip Code)

Date of Birth [REDACTED] Age 22

Place of Employment Outhouse Bar

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny Wanaphon 05/28/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

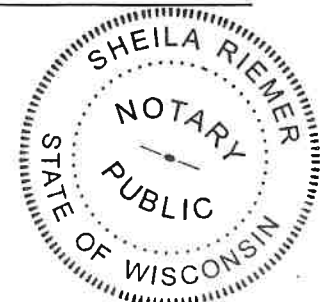
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 17 day of May, 20 24.

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

Date Received: 5/17/24 Date to the Board: 4/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Davina Lynn Brenden
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-4233 Email Address davinabrenden@gmail.com
Current Address N8247 940th St Colfax WI 13 yrs
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [Redacted] Age 50

Place of Employment Outhouse Bar

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] [Signature]
(Chief of Police or Designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

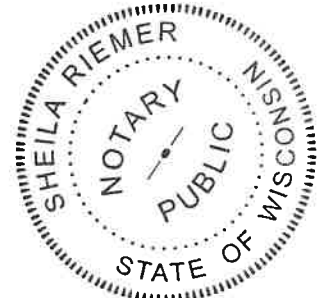
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

[Signature]
Signature of Applicant

Subscribed and sworn before me this 16 day of May, 20 24.

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

Date Received: 5/16/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Evia Pearl Gehrman
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-5302 Email Address evia652@gmail.com
Current Address 305 Main St Colfax 54730 20
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 58

Place of Employment Out House

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny Dwight Gehrman 25/2/24
(Chief of Police or designated staff Signature) (Date)

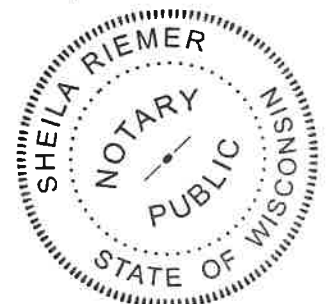
STATE OF WISCONSIN/ DUNN COUNTY

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

x Evia Gehrman
Signature of Applicant

Subscribed and sworn before me this 13 day of May, 20 24.
Sheila Riemer 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/13/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tammy Marie Daehoe
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-497-5418 Email Address _____

Current Address E8520 St. Rd. 170 Colfax, WI 54730 10+
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth ✓ _____ Age 45

Place of Employment Outhouse / Kwik Trip

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny *[Signature]* 05/31/2004
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X *[Signature]*
Signature of Applicant

Subscribed and sworn before me this 30 day of May, 20 24.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/30/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Steven DeWayne Longdo
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-933-2480 Email Address _____

Current Address N 847th Colfax 54730 4
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 34

Place of Employment Out house

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 05/31/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

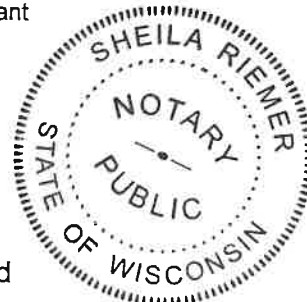
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 31 day of May, 2024.

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

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



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME CHRIS ALLEN LANN
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-3251 Email Address _____

Current Address 517 FIFTH AVE COLFAX 54730 66YR
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 66

Place of Employment EXPRESS MART

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 05/31/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

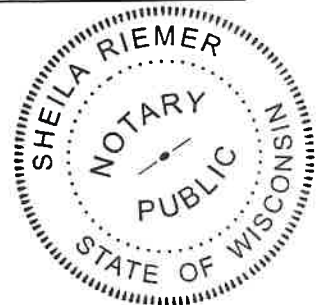
X [Signature]
Signature of Applicant

Subscribed and sworn before me this 13 day of May, 20 24.

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)

Date Received: 5/30/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Brenda Lee Kettner
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-440-7095 Email Address pegasus-lovers1964@yahoo.com

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

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 59

Place of Employment Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny Wendy Spalen 5/31/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Brenda L. Kettner
Signature of Applicant

Subscribed and sworn before me this 13 day of May, 20 24.
Sheila Riemer 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/30/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

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

Telephone Number 715-931-7514 Email Address _____

Current Address E5406 1170th Ave Lot 1 Wheeler, WI 54772 3 yrs
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth _____ Age 31

Place of Employment Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 05/30/24
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Bailey Haugle-Score
Signature of Applicant

Subscribed and sworn before me this 14 day of May, 20 24.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/30/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Shelby Brianne Wilson
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715 704 1437 Email Address Shelby.nightskymoon@gmail.com
Current Address 514 University Ave Colfax 54730 10 yrs
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 508 cedar street Colfax 54730
(City) (Zip Code)
Date of Birth [REDACTED] Age 28
Place of Employment Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny

[Signature] 05/30/24
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X

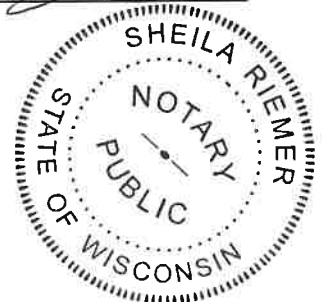
[Signature]
Signature of Applicant

Subscribed and sworn before me this 14 day of May, 20 24.

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)

Date Received: 5/30/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application

Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME: Renee Jo Tuschl
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-9142 Email Address tuschlr@yahoo.com

Current Address N11005 730th St Wheeler 54772 5 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth [REDACTED] Age 34

Place of Employment Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny

[Signature] 05/31/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 21st day of May, 20 24.
Lynn M. Niggemann 05-15-25
(Signature of Notary Public) (Commission Expires)



Date Received: 5-30-24 Date to the Board: 6/24/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jacqueline Kaye Clark
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-4439 Email Address jackie.k.clark62@yahoo.com

Current Address E 9715 State Rd 40 Colfax 54730 12
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 62

Place of Employment Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny

[Signature] 05/31/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 22nd day of May, 20 24.

Lynn M. Niggemann 05-15-2024
(Signature of Notary Public) (Commission Expires)

Date Received: 05/30/2024 Date to the Board: 4/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Scott Merlin Shelley
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-2407 Email Address smsshelley@hotmail.com
Current Address N9925 670th St. Colfax 54730 14
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 63

Place of Employment EXMART Colfax

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny _____
(Chief of Police or designated staff Signature) (Date)

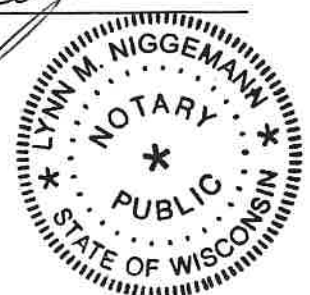
STATE OF WISCONSIN/ DUNN COUNTY

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

X Scott M. Shelley
Signature of Applicant

Subscribed and sworn before me this 24th day of May, 20 24.
Lynn M. Niggemann 05-15-2025
(Signature of Notary Public) (Commission Expires)

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



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

Date Received: 5-22-24 Date to the Board: 6/24/24 Approved or Denied



LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Matthew Joseph Dachel

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

05/21/2024

05/21/2026

WI-00626101

A handwritten signature in black ink, appearing to read "Smith Magno".

Official Signature

This certificate is non-transferable and represents the successful completion of an approved

Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application
Receipt: pd ck 107979

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Talene Amick
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 699 0419 Email Address _____

Current Address 502 1/2 Cedar St. Colfax WI 54730 60+ years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 56

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 05/20/24
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Talene Amick
Signature of Applicant

Subscribed and sworn before me this 21ST day of May, 2024

[Signature]
(Signature of Notary Public)

July 28, 2027
(Commission Expires)



Date Received: 5/22/24 Date to the Board: 4/24/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application

Receipt: CK 167979

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mary Michele Muza
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-4801 Email Address MaryMuza60@gmail.com

Current Address 308 11th St. E Menomonie 54751 18
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 63

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny

Wm. O. O'Brien 25/22/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

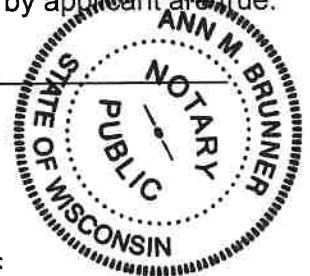
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Mary M Muza
Signature of Applicant

Subscribed and sworn before me this 20TH day of July, 2024.

Ann M Brunner
(Signature of Notary Public)

July 28, 2027
(Commission Expires)



Date Received: 5/22/24 Date to the Board: 6/24/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application
Receipt: CK 107979

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kyle James Krall
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-2061 Email Address KyleKrall.Fishing5000@gmail.com
Current Address N8310 855th Colfax 54730 22
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 22

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

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

STATE OF WISCONSIN/ DUNN COUNTY

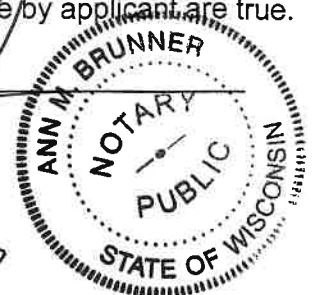
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 17th day of May, 2024

[Signature]
(Signature of Notary Public)

July 28, 2027
(Commission Expires)



Date Received: 5/22/24 Date to the Board: 6/24/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CIC 107979

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Nicole J Gottliebson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 933-2647 Email Address _____

Current Address 118583 St rd 40 Colfax WI 54730 1/12 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 31

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 25/07/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Nicole Gottliebson
Signature of Applicant

Subscribed and sworn before me this 17 day of May, 20 24.

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

Date Received: 5/22/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CK 107979

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Julie M Eiseth
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-505-0353 Email Address jmeiseth64@gmail.com
Current Address N8583 5th Rd 40 Colfax WI 54730 - 1 1/2
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 118 1st St W Lot 244 Colfax WI 54730
(City) (Zip Code)
Date of Birth [REDACTED] Age 60
Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

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

STATE OF WISCONSIN/ DUNN COUNTY

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

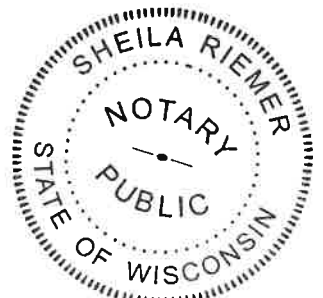
x [Signature]
Signature of Applicant

Subscribed and sworn before me this 17 day of May, 2024.

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)

Date Received: 5/22/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CK 107979

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jeffrey Larry Rene'
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-268-4881 Email Address mamatucshl@yahoo.com

Current Address 302 4th Ave. Colfax 54730 14 + years
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 53

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 2/28/2024
(Chief of Police, or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

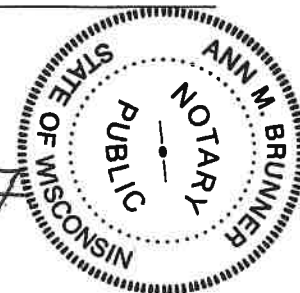
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 16th day of May, 20 24.

[Signature]
(Signature of Notary Public)

July 28, 2027
(Commission Expires)



Date Received: 5/22/24 Date to the Board: 6/21/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CK 167979

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Nancy Kay Taylor
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-933-0926 Email Address nancy.85.5@hotmail.com
Current Address EQ470 1130th Ave Colfax WI 54730 COM
(Street) (City) (Zip Code) (yrs. at address) 27 years
Previous Address [Redacted] Sand Creek WI
(City) (Zip Code)
Date of Birth [Redacted] Age 57
Place of Employment Kyles Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny

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

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 16TH day of May, 20 24.

[Signature]
(Signature of Notary Public)

July 28, 2024
(Commission Expires)



Date Received: 5/22/24 Date to the Board: 6/24/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CIC 107979

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mikki Sean McCutcheon
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 505 1388 Email Address Camocountry80@yahoo.com

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

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

Date of Birth [REDACTED] Age 37

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 05/28/24
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

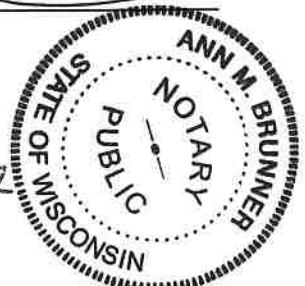
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

[Signature]
Signature of Applicant

[Signature]
(Signature of Notary Public)

Subscribed and sworn before me this 12TH day of May, 2024

July 28, 2027
(Commission Expires)



Date Received: 5/22/24 Date to the Board: 6/24/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CK 107979

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME HANNAH ROSS KROSSIN
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-829-0400 Email Address info@kylesmarket.com

Current Address N9811 550th St. COLFAX 54730 4
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 2789 23rd St. ELK MOUND 54739
(City) (Zip Code)

Date of Birth [REDACTED] Age 36

Place of Employment Kyle's Market.

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

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

STATE OF WISCONSIN/ DUNN COUNTY

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

[Signature]
Signature of Applicant



Subscribed and sworn before me this 13TH day of May, 2024.
[Signature] July 28, 2027
(Signature of Notary Public) (Commission Expires)

Date Received: 5/22/24 Date to the Board: 6/24/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application

Receipt: CK107979

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tristan James Wolff
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-0695 Email Address soccergal34@hotmail.com

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

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 36

Place of Employment Kyles Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

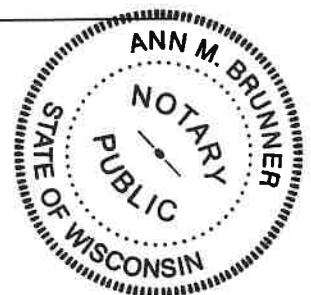
Recommendation ☒ Approve ☐ Deny Wolff 05/22/24
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Tristan Wolff
Signature of Applicant

Subscribed and sworn before me this 13TH day of May, 2024.
Ann M. Brunner July 28, 2027
(Signature of Notary Public) (Commission Expires)



Date Received: 5/22/24 Date to the Board: 4/24/24 Approved or Denied

Village of Colfax

FILE BY 5/28/24

LYNDSEY

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 25, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Lyndsey Ina Pederson
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address 507 W 1st ST Colfax 54730 7
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 40

Place of Employment A Little Slice of Italy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 05/28/2024
(Chief of Police or Designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 22nd day of May, 20 24.

Lynn M. Niggemann 05-15-2024
(Signature of Notary Public) (Commission Expires)

Date Received: 05/22/24 Date to the Board: 4/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mackenzi Mae Loback
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 - 619 - 1571 Email Address lobackmackenzi@gmail.com

Current Address E5585 1140th Ave Wheeler 54772
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth [REDACTED] Age 18

Place of Employment Little Slice of Italy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny

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

STATE OF WISCONSIN/ DUNN COUNTY

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

x Mackenzi Loback
Signature of Applicant

Subscribed and sworn before me this 3 day of June, 2024

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)



Date Received: 6/3/24 Date to the Board: 6/24/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☒ Provisional License ☒ New License ☒ Renewal License

Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

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

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

NAME Rachel Marie Radoncz
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-4874 Email Address R.Radoncz1981@gmail.com

Current Address 8899 730th Ave - Colfax 54730 4
(Street) (City) (Zip Code) (yrs. at address)

Previous Address [Redacted] TX 79847
(City) (Zip Code)

Date of Birth [Redacted] Age 43

Place of Employment Little Slice of Italy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve

☐ Deny

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

04/26/24
(Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

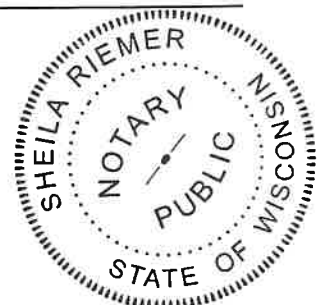
x Rachel Radoncz
Signature of Applicant

Subscribed and sworn before me this 25 day of April, 20 24.

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)

Date Received: 4-25-24 Date to the Board: 5-13-24 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Peggy Renee Wallace
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-3137 Email Address _____

Current Address E1962 560th Ave Menomonie, WI 54751 1 year
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 807 E Railroad Ave. Colfax, WI 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 40

Place of Employment Mayo Clinic

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/05/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

Peggy Wallace
Signature of Applicant

Subscribed and sworn before me this 4 day of June, 20 24.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 6/4/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Brittany Christine Hoffman
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-6305 Email Address —

Current Address 506 E. 3rd Ave. Colfax, WI 54730 9
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [Redacted] Age 31

Place of Employment WI Department of Natural Resources

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/05/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

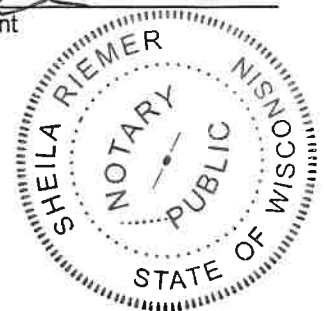
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 4 day of June, 20 24.

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

Date Received: 6/4/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tammy Renee Nelson
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-894-0454 Email Address hbriggs241@gmail.com
Current Address N8076 570th St. Colfax, WI 54730 8 yrs
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 502 Pine St. Colfax, WI 54730
(City) (Zip Code)
Date of Birth [REDACTED] Age 52
Place of Employment Elk Mound School District

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/05/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

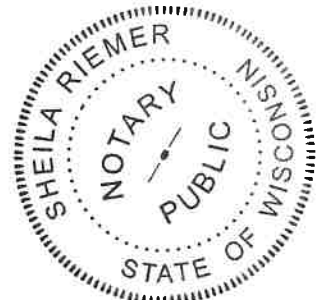
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Tammy B. Nelson
Signature of Applicant

Subscribed and sworn before me this 4 day of June, 20 24.

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

Date Received: 6/4/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Sheila M. Riemer
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-4101 Email Address deputy@villageofcolfax.wi.org

Current Address N9815 670th St Colfax WI 54730 30 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address US Hwy 10 Dunand WI 54736
(City) (Zip Code)

Date of Birth [REDACTED] Age 55

Place of Employment Village of Colfax

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/04/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Sheila Riemer
Signature of Applicant

Subscribed and sworn before me this 4th day of June, 20 24

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

Date Received: 6/4/24 Date to the Board: 4/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application
Receipt: CK

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 25, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tammy Lynn Simon
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address E7546 620th Ave Elk Mound 54739 45
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 52

Place of Employment Viking Bowl

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny

[Signature] 06/06/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

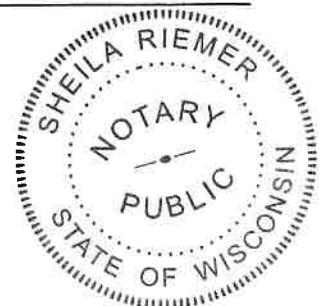
x Tammy Simon
Signature of Applicant

Subscribed and sworn before me this 6 day of June, 20 24

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)

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



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Trevor P Schindler
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 714-944-5952 Email Address Trevorolson52@yahoo.com
Current Address N10114 Cty Rd W Colfax WI 54730 10
(Street) (City) (Zip Code) (yrs. at address)
Previous Address [REDACTED] (City) (Zip Code)
Date of Birth [REDACTED] Age 27
Place of Employment Viking Bowl & catering

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/24/24
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 6 day of June, 20 24.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

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



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application

Receipt: CK

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Donna Jean Weix
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-828-2680 Email Address donnaeweix287@gmail.com

Current Address N6371 1010th St. Elk Mound 54739 40
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [Redacted] Age 62

Place of Employment Viking Bowl

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve

☐ Deny

[Signature] 06/06/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

[Signature]
Signature of Applicant

Subscribed and sworn before me this 6 day of June, 2024.

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)

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



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CK 6109

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Ashley Elizabeth Youngberg
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 828-0727 Email Address Yashley276@gmail.com

Current Address 900 UNIVERSITY AVE APT 19 COLFAX 54730 1 yr.
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 1342 PRAIRIE CIR N Eau Claire 54701
(City) (Zip Code)

Date of Birth [REDACTED] Age 20 year old

Place of Employment MOM'S Restaurant + Pub

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/03/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 31 day of May, 20 24.

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

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



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: 26109

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME TAMARA Ann Whinnery
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-704-0707 Email Address Tamiwhin@gmail.com
Current Address N8948 Cnty Rd M Colfax 54730 27
(Street) (City) (Zip Code) (yrs. at address)
Previous Address [REDACTED] (City) (Zip Code)
Date of Birth [REDACTED] Age 64
Place of Employment Mom's Restaurant & Pub

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/03/2024
(Chief of Police or Designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

Tamara A. Whinnery
Signature of Applicant

Subscribed and sworn before me this 31 day of May 2024.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

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



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jeffrey William Prince
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address 1004 University Ave Colfax WI 54730 25yrs
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 53

Place of Employment Self employed

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 5/20/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

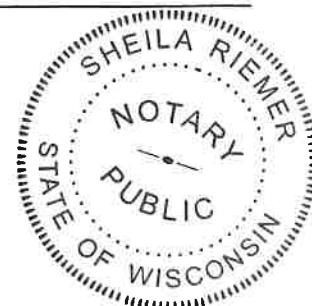
x Jeffrey W. Prince
Signature of Applicant

Subscribed and sworn before me this 9 day of May, 2024.

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)

Date Received: 5/9/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Michael David Buchner
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-2175 Email Address mdbuchner@yahoo.com

Current Address 509 Fairview Dr Colfax WI 54730 16
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 107 5th Ave Colfax WI 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 47

Place of Employment Dunn County Highway

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 5/28/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

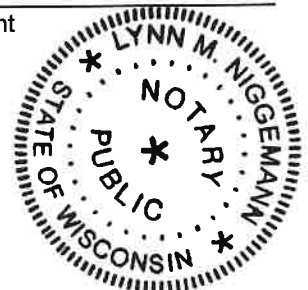
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

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

Lynn M. Niggemann 05-15-2024
(Signature of Notary Public) (Commission Expires)

Date Received: 05/24/2024 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 5, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME STEVEN PAUL STOKKE
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address N6959 950th ST. ELK MOUND, WI 54739 25
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 63

Place of Employment Retired

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 05/31/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

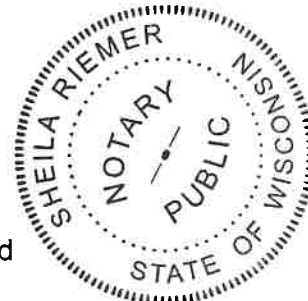
X [Signature]
Signature of Applicant

Subscribed and sworn before me this 28 day of May, 20 24.

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)

Date Received: 5/28/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME GARY LEE Steve
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-962-3512 Email Address GARY Steve 45 @ gmail.com
Current Address 505 COLFAX 54730 10 +
(Street) (City) (Zip Code) (yrs. at address)
Previous Address [REDACTED] (City) (Zip Code)
Date of Birth [REDACTED] Age 78
Place of Employment Synergy - COLFAX

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 5/31/24
(Chief of Police or designated staff Signature) (Date)

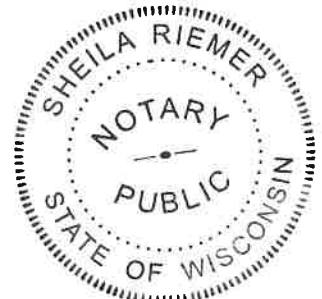
STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 14 day of May, 20 24.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/29/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tori Dawn Wilson
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number (715) 440-4538 Email Address dawnifin@gmail.com
Current Address E8967 555th Ave Elk Mound, WI 54739 8yrs
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 1501 N. Manning St Stillwater, OK 74075
(City) (Zip Code)
Date of Birth [REDACTED] Age 34
Place of Employment Cenex Synergy Coop, Colfax

POLICE DEPT APPLICABLE OFFENSE CRITERIA

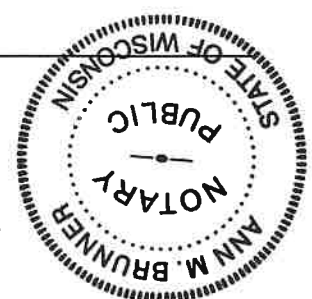
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax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

Recommendation ☒ Approve ☐ Deny [Signature] 05/31/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

Subscribed and sworn before me this 13TH day of May, 2024
[Signature] [Signature]
(Signature of Notary Public) (Signature of Applicant)
(Commission Expires) July 28, 2027



Date Received: 5/29/24 Date to the Board: 6/24/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Suzanne Marie Hagen
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-2280 Email Address Suehagen63@gmail.com

Current Address N8519 County rd. M Colfax 54730 33 years
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 61

Place of Employment Synergy Cooperative

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 05/31/2024
(Chief of Police or designated staff Signature) ((Date))

STATE OF WISCONSIN/ DUNN COUNTY

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

X Suzanne M. Hagen
Signature of Applicant

Subscribed and sworn before me this 15TH day of May, 2024.

[Signature]
(Signature of Notary Public)

July 28, 2027
(Commission Expires)



Date Received: 5/29/24 Date to the Board: 6/24/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Madelyn Faith Shea
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-491-9446 Email Address mfshea29@gmail.com
Current Address N10005 COUNTY RD M COLFAX, WI 54730 7
(Street) (City) (Zip Code) (yrs. at address)
Previous Address [REDACTED] (City) (Zip Code)
Date of Birth [REDACTED] Age 18
Place of Employment Synergy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 05/31/2024
(Chief of Police or designated staff Signature) (Date)

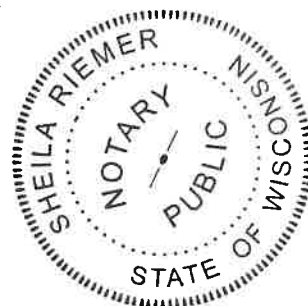
STATE OF WISCONSIN/ DUNN COUNTY

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

x Madelyn Shea
Signature of Applicant

Subscribed and sworn before me this 13 day of 5, 20 24.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/29/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mary Ann Durand
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-440-1999 Email Address durandmadd@cloud.com

Current Address 715 Johnson Oken Rd Colfax 54730 7mo
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 63

Place of Employment Synergy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 05/31/24
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Mary Durand
Signature of Applicant

Subscribed and sworn before me this 17 day of May, 20 24.

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)

Date Received: 5/29/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Hailey Brianne Prince
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number (715) 962-3447 Email Address hailey.prince106@gmail.com
Current Address 1004 University Ave Colfax 54730
(Street) (City) (Zip Code) (yrs. at address)
Previous Address [REDACTED] (City) (Zip Code)
Date of Birth [REDACTED] Age 23
Place of Employment Synergy Cooperative

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 05/13/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Hailey Prince
Signature of Applicant

Subscribed and sworn before me this 22nd day of May, 20 24.

Lynn M. Niggemann 05-15-2024
(Signature of Notary Public) (Commission Expires)

Date Received: 5/29/24 Date to the Board: 6/24/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Molly Katherine Heidorn
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address N8287 948th St. Colfax 54730 15
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 19

Place of Employment Synergy Cooperative

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 05/21/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

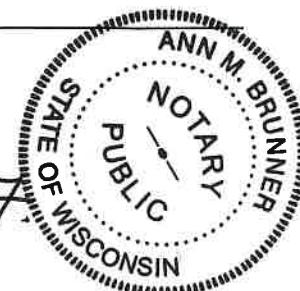
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Molly Heidorn
Signature of Applicant

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

[Signature]
(Signature of Notary Public)

July 28, 2027
(Commission Expires)



Date Received: 5/29/24 Date to the Board: 6/24/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kayla Brown
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-704-9307 Email Address brown.kayla83@gmail.com
Current Address N8227 City Rd Colfax 54730 12
(Street) (City) (Zip Code) (yrs. at address)
Previous Add FRSUT FISH AVE Colfax 54730
(City) (Zip Code)
Date of Birth [REDACTED] Age 40
Place of Employment Synegy Co-op

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/31/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

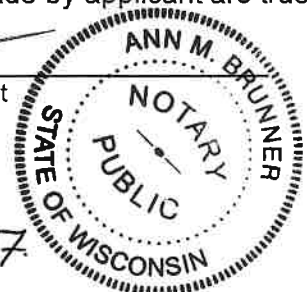
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Subscribed and sworn before me this 23rd day of May, 2024.

[Signature]
(Signature of Notary Public)

[Signature]
Signature of Applicant

July 28, 2027
(Commission Expires)



Date Received: 5/29/24 Date to the Board: 6/24/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application

Receipt: CASH

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Joshua Christopher Larson
FIRST NAME MIDDLE NAME LAST NAME

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

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

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

Date of Birth 1/1/00 Age 24

Place of Employment Synergy Cooperative

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 05/31/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Joshua Christopher Larson
Signature of Applicant

Subscribed and sworn before me this 21st day of May, 20 24.
Lynn M. Niggemann 05-15-2024
(Signature of Notary Public) (Commission Expires)

Date Received: 5/29/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Joni Lynn Koehler
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-714-4233 Email Address JoniKoehler79@yahoo.com

Current Address N7001 690th St. Menomonie WI - 54751 30 years plus
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth [REDACTED] Age 45

Place of Employment Synergy / Subway

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 05/31/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Joni Koehler
Signature of Applicant

Subscribed and sworn before me this 24 day of May, 2024.

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

Date Received: 5/29/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application

Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Abby Lane Demoe
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address N7401 State Road 40 Colfax 54730 22 years
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 22

Place of Employment Colfax Cenex

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny

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

05/31/2024
(Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

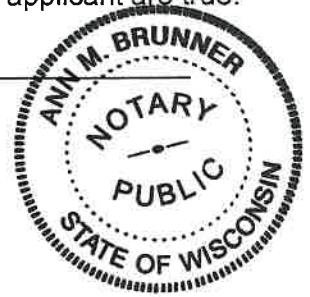
X

Abby Lane
Signature of Applicant

Subscribed and sworn before me this 23rd day of May, 2024.

[Signature]
(Signature of Notary Public)

July 28, 2027
(Commission Expires)



Date Received: 5/29/24 Date to the Board: 6/24/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Maia Rianne Velasquez
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-704-1923 Email Address velasqmrl@gmail.com
Current Address 512 Pine st Colfax 54730 2
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 14099 40th Ave Chippewa Falls 54729
(Street) (City) (Zip Code)
Date of Birth [REDACTED] Age 18
Place of Employment Server - Energy Coop

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 05/31/2004
(Chief of Police or Designated staff Signature) (Date)

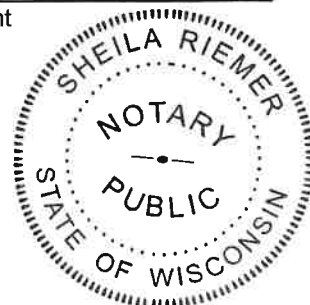
STATE OF WISCONSIN/ DUNN COUNTY

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

x Maia Velasquez
Signature of Applicant

Subscribed and sworn before me this 29 day of May, 20 24.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/29/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Christian James Ebert
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 214 4221 Email Address christianebert1117@gmail.com

Current Address 1101st County Rd M Colfax 54730 7
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 18

Place of Employment Synergy Cooperative & Viking Bowl

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 05/30/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 29TH day of May, 2024.

[Signature]
(Signature of Notary Public)

July 28, 2027
(Commission Expires)

Date Received: 5/29/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Lisa Elizabeth Kurboanov
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-931-7279 Email Address thrasher mom 2014@gmail.
Current Address 508 Big Blue Stem Lane Colfax WI 54730 1+ year CDM
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth [REDACTED] Age 34

Place of Employment Synergy CDDP

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/10/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

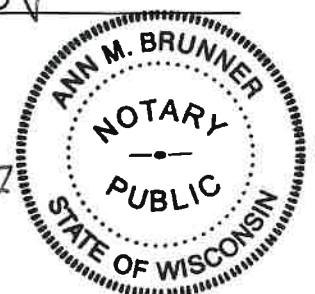
[Signature]
Signature of Applicant

Subscribed and sworn before me this 6TH day of June, 20 24.

[Signature]
(Signature of Notary Public)

July 28, 2027
(Commission Expires)

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



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CK 5900

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Christopher John Larson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 309 9830 Email Address randaysh@gho.com

Current Address 88538 St Rd 170 Colfax 54730 19
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 58

Place of Employment The Dots

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/11/2024
(Chief of Police or designated staff Signature) (Date)

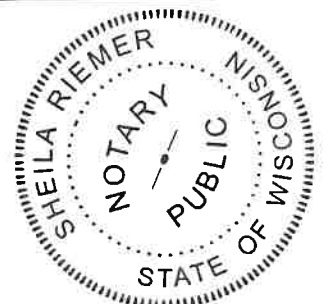
STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 16 day of May, 20 24.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/16/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application
Receipt: ck

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Deborah Lynne Petersen
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 7152252595 Email Address Petersdle316@gmail

Current Address 523 Main Street #3 Colfax WI 54730 1 year
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 4005 N. County Rd BB Colfax WI 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 58

Place of Employment Blind Tiger

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny

[Signature] 2/28/2014
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 13 day of May, 20 24.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/13/24 Date to the Board: 6/24/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Emily Rob Michell Rubenzem
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-210-9140 Email Address Rubenzem@yahoo.com
Current Address 523 main St Colfax 54730 2
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 307 main St Colfax 54730
(City) (Zip Code)
Date of Birth [REDACTED] Age 35
Place of Employment: The Blind Tiger

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/23/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 31 day of May, 20 24
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

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



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mariah Lynn Smith
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-704-1439 Email Address msmith203@gmail.com
Current Address 1503 15th ave menomonie 54751
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 18419 north ave Colfax 54730
(City) (Zip Code)
Date of Birth [REDACTED] Age 20
Place of Employment The Blind Tiger

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny

[Signature] 06/06/24
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 6 day of June, 20 24.

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)

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

