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

July 1, 2024-June 30, 2029	<u> 5 Operator's License</u>	
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, 5/31/202 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, WI (715) 962-3311 by 2:00 p.m. the day prior to the meeting so that any necessary arrangements can be made to accommodate each request.

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

Village Board Meeting - June 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:	a
Carrie Johnson, Administrator-Clerk-Treasurer	

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 SHERRIFF'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:

ACCT

2

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: 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

PO Box 417 - Colfax, Wisconsin 54730 -Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10,00 each application Receipt: CK 5400 Provisional License 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 ROCK L Krutson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 505 7761 Email Address Roc Knutson & Hot May 1. Con Current Address F8057 Ct_RSB ColFat 54770 7
(Street) (City) (Zip Code) (vrs. at address) Previous Addres (City) (Zip Code) _____ Age __ *L '\'*_____ Date of Birth Place of Employment Retare 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 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 \(\frac{1}{2} \) day of \(\frac{\text{April}}{2}, 20 \(\frac{24}{2} \).

Subscribed and sworn before me this \(\frac{1}{2} \) day of \(\frac{\text{April}}{2}, 20 \(\frac{24}{2} \).

(Signature of Notary Public) (Commission Expires)

Date Received: 4424 Date to the Board: 6/24/24 Approved or Denied

Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License 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, 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) Telephone Number 115-505-8355 Email Address Addy bay 59936 gmail Current Address 5// Col Fax 54136 4/
(Street) (City) (Zip Code) (yrs. at address) Previous Add Date of Birth Place of Employment ______ Russell ___ 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 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.

Date Received: 5/16/24 Date to the Board: 4/24/24 Approved or Denied

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: pd cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>25</u>, 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 | Suppose | FIRST NAME | MIDDLE NAME | LAST NAME |

Telephone Number | 7/5-308-6227 | Email Address | Mirockl 78 P. gmail.com |

Current Address | 18420 975 th St Colfax 54730 | 5 (Street) | (City) (Zip Code) (yrs. at address) Previous Addres (Zip Code) Date of Birth Place of Employment _ Du Thouse 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. Approve ____ Deny Recommendation 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 $\frac{\partial \lambda^{nd}}{\partial x^{nd}}$ day of $\frac{\partial \lambda^{nd}}{\partial x^{nd}}$, $\frac{\partial \lambda^{nd}}{\partial x^{nd}}$ day of $\frac{\partial \lambda^{nd}}{\partial x^{nd}}$.

(Signature of Notary Public)

(Commission Expires)

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20_{\cancel{25}}$, 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) hendrah Lynn Morie Beranek
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715 2 10 42/9 Email Address <u>Kendroh lynn 20065 @gmail.com</u>

Current Address <u>Colloy 54780 5</u>

(Street) (City) (Zip Code) (yrs. at address) Previous Address 636 Haylem 51. Altona 54720 (City) (Zip Code) Date of Birth Place of Employment Outhouse Box 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 Deny 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 17 day of May, 20 24.

(Signature of Notary Public) (Commission Expires)

Date Received: 5/17/24 Date to the Board: 4/24/34 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 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) Telephone Number 7/5 962-4233 Email Address dawinabrender agmail, com

Current Address (Street) (City) (Zip Code) (yrs. at address) **Previous Address** (City) (Zip Code) Date of Birth Place of Employment Outhouse Ray 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 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 4 day of May, 20 24.

(Signature of Notary Public) (Commission Expires) Date Received: 5/16/24 Date to the Board: 6/24/24 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20\underline{\cancel{25}}$, 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 Evia Pearl Gehrmar
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 7/5-105/-5302 Email Address Eviag 105 2 9 mail

Current Address 305 Mail n.St. Co/Sax 54730 20

(Street) (City) (Zip Code) (yrs. at address) **Previous Address** (City) (Zip Code) Date of Birth 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 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, Date Received: 5/13/24 Date to the Board: 6/24/24 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 -Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: (ask) TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20 \underline{25}$, 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 **Email Address Telephone Number Current Address Previous Address** (City) (Zip Code) Date of Birth Place of Employment 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 Deny 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 of Applican

Date Received: 3/3/24 Date to the Board: 4/24/24 Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors
Provisional License New LicenseX Renewal License Fee: \$10.00 each application Receipt: CON
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:
I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>25</u> , 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 5 teven Dewayne Longdo FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-933-2480 Email Address
Current Address NSUTA 745 th Colfax 54730 4 (Street) (City) (Zip Code) (yrs. at address)
Previous Addre
Date of Birth Age
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 Deny One Deny (Chief of Police or designated staff Signature) OS/B1/D
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 Stu-Signature of Applicant

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: Cosh 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 CHRIS PLIEN LAST NAME Telephone Number 7/5 - 962 - 325/ Email Address _____ Current Address 5/7 Fitth ave Collifor (Street) (City) (Zip Code) (yrs. at address) Previous Address Date of Birth 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. Approve _____ Deny _____ (Chief of Police or designated staff Signature) Recommendation 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 3 day of May, 20 24.

Signature of Notary Public)

Subscribed and sworn before me this 3 day of May, 20 24.

(Commission Expires) Date Received: 5/20/24 Date to the Board: 4/24/24 Approved or Denied

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 Fee: \$10.00 each application New License X Renewal License Provisional License 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, $20\underline{\cancel{25}}$, 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) Brenda Lee Kettner
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-440-7095 Email Address pegasus Jover 1964 & yah to com

Current Address 118 Park Pr #230 Colfax 54736 5 473

(Street) (City) (Zip Code) (yrs. at address) **Previous Address** Date of Birth 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 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 13 day of May, 20 34.

Subscribed and sworn before me this 13 day of May, 20 34.

(Commission Expires)

(Signature of Notary Public)

(Commission Expires)

Date Received: 5/3/24 Date to the Board: 4/24/24 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 -Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>25</u>, 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) Previous Address 523 Main St. Apt Colfax WI 54730
(City) (Zip Code)

Date of Birth Age <u>31</u> Date of Birth Place of Employment <u>Express</u> 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 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.

Date to the Board: <u>[4] 24| 24</u> Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application New License X Renewal License Provisional License Receipt: Cool TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>25</u>, 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) 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 608 cedar Street Colfax 54730

(City) (Zip Code) Date of Birth Place of Employment ___EXPCSS 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 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.

Date Received: 5/30/24 Date to the Board: 4/24/24 Approved or Denied

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

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

					Fax	715-962-2221
Applicatio	n for Licens	se to Serve Ferme	nted Malt E	Beverages and	d Intoxicating	Liquors
Provisiona	al License	New License	<u>χ</u> _Renev		Fee: \$10.00 each Receipt: Oos	
TO THE BOAR	RD OF THE VI	LLAGE OF COLFAX,	WISCONSIN			
Fermented Mai and 125.68(2) hereby agree to	It Beverages a of the Wiscons o comply with	o serve, from date here nd Intoxicating Liquors in Statutes and all acts all laws resolutions, ore nd liquors if a license b	s, subject to th s amendatory dinances and	e limitations impo thereof and supported regulations, Federical important terms in the second regulations in the second regulation regulations in the second regulation	osed by Section 1 plementary thereto	25.32(2) o, and
Answer the foll	owing question	ns fully and completely	: (PLEASE P	RINT)		
NAME L	enee	<u>Jo</u>		1	uschl	_
	FIRST NAME				AST NAME	
Telephone Nu	mber <u>715</u> -	704-9142	Email Addre	ss tuschlr	eyahoo.co	in
Current Addre	ess(Street)	05 730th St W (City)	neeler	5477a (Zip Code)	(yrs. at address)	
Previous Add	rass		(0)(1)		7:- 0-4-)	
			(City)		Zip Code)	
Date of Birth		L	 :	े Age <u>- ठे</u> -		
Place of Empl	oyment <u>Ex</u>	press Mart				
A records che substantially r Colfax in dete	ck will be cor relate to the li rmining whet	E OFFENSE CRITERIA ducted for violations cense applied for. The her a license will be opplication is recomm	s of any law on hose convict granted. You	ions are conside will be notified	ered by the Villag by the Village of	ge of
Recommenda	tion 🔀	Approve	Deny (Ch	nief of Police or designa	ted staff Signature)	0431/9094 (Date)
STATE OF WIS	SCONSIN/ DU	NN COUNTY				
The above nam signed the fore	ned applicant, going applicati	being first duly sworn o on for an operator's lic	on oath says the consecutive says that all the consecutive says the cons	that he/she is the if the statements if the statements if the statements if the statement is the statement in the statement in the statement is the statement in the statement in the statement in the statement is the statement in the statement in the statement is the statement in the statement in the statement is the statement in the statement in the statement is the statement in the statement in the statement is the statement in the statement i	nade by applican	e and t are true.
Subscribed and	d sworn before	me this $\frac{2}{2}$ day	y of May	,20 <u>24</u> .	S COTAR	1.2 *
-Fyn	M. Nu (Signature of Note	Glman Public)	(Con	15-15-25 nmission Expires)	NO. PUBL	O NI

Date Received: 5-3024 Date to the Board: 4/24/24 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 -Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: Cao TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>25</u>, 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) Telephone Number 715.5054439 Email Address Jackiek Clark Load 4phoo.com Current Address E 9715 State Rol 40 Culfax 54730 12
(Street) (City) (Zip Code) (yrs. at address) Previous Addraga (City) (Zip Code) Date of Birth Place of Employment Express 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 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 22nd day of May, 20 24.

Super M. Maggemann 05-15-2024

(Signature of Notary Public) (Commission Expires) Date Received: 05/38/2024 Date to the Board: 4/84/84 Approved or Denied

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

Beverages and Intoxicating Liquors

Application for I	License to Serve	Fermented	Malt Beverages a	nd Intoxicating Liquors
Provisional Licen	nse New Li	cense <u>X</u>	_Renewal License	Fee: \$10.00 each application Receipt:
TO THE BOARD OF	THE VILLAGE OF C	COLFAX, WISC	ONSIN:	
Fermented Malt Beverand 125.68(2) of the V	rages and Intoxicatir Visconsin Statutes a lly with all laws resol	ng Liquors, subje nd all acts ame utions, ordinanc	ect to the limitations in ndatory thereof and su es and regulations, Fe	lusive (unless sooner revoked), nposed by Section 125.32(2) upplementary thereto, and ederal, State or Local, affecting
Answer the following of	- term i			1 1
NAME SCO FIRST N	AME	MERTIN MIDDLE NAME		Shelle /
Telephone Number	715-962-240	Z Email	Address Sms	shelley whotmail. con
Current Address	19925 <i>(</i> 5707) (Street)	h St. Co (City)	1 54730 (Zip Code)	Shelley WhotmAil. Con 14 (yrs. at address)
Previous Address		4	(O;t.)	(7in Code)
Date of Birth _			(City) Age	(Zip Code)
Place of Employmen	t_ExMART	Colfax		
substantially relate t Colfax in determining Police Department if	be conducted for vote license applied whether a license your application is	violations of ar ed for. Those of will be grante a recommended	convictions are cons d. You will be notified	. (
A records check will substantially relate t Colfax in determining Police Department if	be conducted for volume to the license applie g whether a license your application is	violations of ar ed for. Those of will be grante orecommended	convictions are consid. You will be notified for denial to the Vil	idered by the Village of ed by the Village of Colfax lage Board.
A records check will substantially relate t Colfax in determining Police Department if	be conducted for volume to the license applie g whether a license your application is	violations of ared for. Those of will be granted recommended	convictions are cons d. You will be notified d for denial to the Vil	idered by the Village of ed by the Village of Colfax lage Board.
A records check will substantially relate to Colfax in determining Police Department if Recommendation STATE OF WISCONS The above named apprendict of the state of the color	be conducted for volume to the license applie g whether a license your application is Approve SIN/ DUNN COUNTY Dilicant, being first du	violations of an ed for. Those of will be grante recommended. Deny July sworn on oatl	convictions are considered. You will be notified for denial to the Vil (Chief of Police or residue) as says that he/she is to	idered by the Village of ed by the Village of Colfax lage Board. gnated staff Signature) The person who made and is made by applicant are true.
A records check will substantially relate to Colfax in determining Police Department if Recommendation STATE OF WISCONS The above named apprendict of the state of the color	be conducted for voor the license applied whether a license your application is Approve SIN/ DUNN COUNTY Dilicant, being first duapplication for an open open of Notary Publicy The of Notary Publicy	violations of ared for. Those of will be granted recommended. Deny Ity sworn on oatherator's license: X day of	convictions are considered. You will be notified for denial to the Ville (Chief of Police or residual to the Ville	idered by the Village of ed by the Village of Colfax lage Board. gnated staff Signature) The person who made and is made by applicant are true. Policant NIGGENAL DESCRIPTION OF A PUBLIC OF A PUBL

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors χ New License χ Renewal License Fee: \$10.00 each application Provisional License Receipt: pd (ash \$10 matt pd TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20\underline{25}$, 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)
 Telephone Number
 7/5-204-0728
 Email Address
 mattachel 3@gmail.com

 Current Address
 10435
 20th St
 Colfax, WI
 54730
 18

 (Street)
 (City)
 (Zip Code)
 (yrs. at address)
 Previous Address (Zip Code) (City) Date of Birth 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 (Chief of Police or designated staff Signature) 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. gibed and sworn before me this 23^{20} day of y

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

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



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

Official Signature

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

8504 Badge Pour Parkway, Side 100 (Auctor 18 7876) sww.sflorehing.com

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License 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, 20 <u>25</u>, 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) Telephone Number 7/5 699 04/9 Email Address _____ Current Address 5021/2 Cedar St. Colfax WI 54730 (of years (Street) (City) (Zip Code) (yrs. at address) Previous Address (City) (Zip Code)
_____ Age _56 Date of Birth 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 (Chief of Police or designated staff Signature) 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. Substribed and sworn before me this 21 ST day of May, 20 27

(Signature of Notary Public) (Commission Ex

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

PO Box 417 - Colfax, Wisconsin 54730 — Phone Fax	715-962-3311 715-962-2221
Application for License to Serve Fermented Malt Beverages and Intoxicating L	iquors
Provisional License New License X Renewal License Fee: \$10.00 each a	pplication 1979
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:	
I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>25</u> , inclusive (unless sooner Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 12 and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local the sale of such beverages and liquors if a license be granted to me.	5.32(2) and
Answer the following questions fully and completely: (PLEASE PRINT)	
NAME Mary Michele Muza FIRSTNAME MIDDLE NAME LAST NAME	====
Telephone Number 15-505-4801 Email Address Mary Muzu 60 g mail	on
Current Address 308 11th St. E Menomonie 54751 [8] (Street) (City) (Zip Code) (yrs. at address)	
Previous Address (7% Ondo)	
(City) (Zip Code)	
Date of Birth Age Age	
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 substantially relate to the license applied for. Those convictions are considered by the Village Colfax in determining whether a license will be granted. You will be notified by the Village of Police Department if your application is recommended for denial to the Village Board.	e of
Recommendation Approve Deny (Chief of Police or designated staff Signature)	<u>15/25/20</u> (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 signed the foregoing application for an operator's license: that all the statements made by applicant	and are true.
X May May Man Signature of Applicant	A BRUNN

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: CK 107979 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) Telephone Number 7/5 556-2064 Email Address Kylekall Fshing Speed grown Com

Current Address N83/0 855 1 Colfax: 54730 22

(Street) (City) (Zip Code) (yrs. at address) Previous Address (City) (Zip Code) Date of Birth Place of Employment Kyle's Warked 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. Approve ____ Deny ______(Chief of Police or designated staff S Recommendation 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.

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

PO Box 417 - Colfax, Wisconsin 54730 -Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License X Renewal License New 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, $20\underline{25}$, 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) Telephone Number Current Address Previous Addres (City) (Zip Code) Age_3 Date of Birth 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 Denv 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. 7 day of <u>May</u>, 20 <u>24</u>

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Provisional 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, 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) Telephone Number 715-505-0353 Email Address Current Address 1 258 **Previous Addres** Date of Birth Place of Employment 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 Deny 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 17 day of May, 20 24

Shull Helmer 7-17-2

(Signature of Notary Public) (Commission Ex

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: CK 107979 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>25</u>, 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 JEFFIE Larry (Lene LAST NAME MIDDLE NAME LAST NAME Telephone Number 715-308-4881 Email Address manatucshi e yahoo. Com Current Address 302 4th Ave. Colfat 54730 14+ Years
(Street) (City) (Zip Code) (yrs. at address) Previous Address Date of Birth 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 Chief of Police or designated staff Signature) 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 12⁷⁴ day of May , 20 24.

Subscribed and sworn before me this 12⁷⁴ day of May , 20 24.

(Commission Expirés)

Approved or Denied

Phone 715-962-3311 PO Box 417 - Colfax, Wisconsin 54730 -Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X Renewal License Fee: \$10.00 each application New License Provisional License 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, $20\underline{25}$, 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 Email Address Telephone Number Current Address _ Previous Address Date of Birth Place of Employment 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 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 _______ day of _______

Date Received: 5)22)24 Date to the Board: 424/24 Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X Renewal License Fee: \$10.00 each application New License Provisional License Receipt: CIC 10 7979 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>25</u>, 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) Telephone Number 15 505 13 8 Email Address Camp Country 20 Q ya voo , com

Current Address 400 Main St. Colfax 547 30 12

(Stroot) (Stroot) (City) (Zin Code) (vrs. at address) Previous Add (Zip Code) Date of Birth Place of Employment Ky He'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. ____ Approve ____ Deny Recommendation 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 12 TH day of May Annon SIN

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

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

PO Box 417 - Colfax, Wisconsin 54730 -Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application New License X Renewal License Provisional License Receipt: <u>CK 10</u>7979 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>25</u>, 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) Telephone Number 715-829-0460 Email Address 1. Fo @kyl->morket.com Current Address N9811 550th St. CLFAX 54730 (Street) (City) (Zip Code) (yrs. at address) Previous Address 2789 23'2 ST. ELR MOUND 54739 (City) (Zip Code) Date of Birth 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. Approve ____ Deny Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made a signed the foregoing application for an operator's license: that all the statements made by application Subscribed and sworn before me this 13th day of May, 20 2:

Subscribed and sworn before me this 13th day of May, 20 2:

(Signature of Notary Public) (Commission Ex

Date Received: 5/22/20 Date to the Board: 6/24/24 Approved or Denied

715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License 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, 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) Tristan James Wolff
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-308-0695 Email Address Scale gal 34 to hot mil. con Current Address 160 Viking Dr Colfex 54730 (Street) (City) (Zip Code) (yrs. at address) **Previous Address** (City) (City) (Zip Code)

______ Age ________ Date of Birth 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. X Approve ____ Deny Wandform Recommendation (Chief of Police or designated staff Signature) 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.

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

Date Received: 5/22/24 Date to the Board: 4/24/34 Approved or Denied





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

Fax 715-962-2221

Application fo	r License to Serv	ve Fermented I	Malt Beverages a	nd Intoxicating Liquors
Provisional Lice	enseNew	License <u>X</u>	Renewal License	Fee: \$10.00 each application
TO THE BOARD O	F THE VILLAGE OF	COLFAX, WISCO	NSIN:	Trecorpt,
Fermented Malt Bevand 125.68(2) of the	verages and Intoxicat Wisconsin Statutes oply with all laws reso	ing Liquors, subje and all acts amen plutions, ordinance	ct to the limitations im datory thereof and sups and regulations, Fe	usive (unless sooner revoked), posed by Section 125.32(2) oplementary thereto, and deral, State or Local, affecting
Answer the following	g questions fully and	completely: (PLE	ASE PRINT)	
NAME LINES	NAME	Ina MIDDLE NAME		Pederson LAST NAME
Telephone Number	(71S) 505-2	2387 Email /	Address lymben	ina@gmail.com
Current Address	507 Ust ST (Street)	Coltays (City)	54730 (Zip Code)	ina @ gmail.com 7. (yrs. at address)
Previous Address			(City)	(Zip Code)
Date of Birth _			Age <u>40</u>	
Place of Employme	ent <u>A Little</u>	Slice of	Italy	
substantially relate Colfax in determining Police Department	II be conducted for to the license appli ng whether a licens if your application i	violations of any ed for. Those co e will be granted s recommended	nvictions are consider. You will be notified for denial to the Villa	during the past 10 years that dered by the Village of d by the Village of Colfax age Board.
Recommendation	Approve	Deny	(Chief of Police or design	nated staff Signature) (Date)
STATE OF WISCON	SIN/ DUNN COUNT	Y		
				e person who made and made by applicant are true.
		×M	Signature of Appl	icant M. N/GGA
Subscribed and swor	in before me this $\underline{\partial}$	and day of M	ay, 20 24.	LOTAP 3
Lynn W (Signatu	7. Magema	ann_	05-15 - 2024 (Commission Expires)	- WELIC : X

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





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

Application for Li	cense to Serve F	ermented M	lalt Beverages	and Intoxicating	g Liquors
Provisional License	e New Lice	nse <u>X</u> f	Renewal License	Fee: \$10.00 eac Receipt:	
TO THE BOARD OF TH	IE VILLAGE OF CO	LFAX, WISCO	NSIN:		
I, hereby apply for a lice Fermented Malt Beverag and 125.68(2) of the Wis hereby agree to comply the sale of such beverag	ges and Intoxicating sconsin Statutes and with all laws resolution	Liquors, subject all acts amend ons, ordinance	t to the limitations latory thereof and s and regulations,	s imposed by Section I supplementary there	eto, and
Answer the following qu	estions fully and com	pletely: (PLEA	SE PRINT)		
NAME MOLLEN FIRST NAM	ZI ME	Mae MIDDLE NAME		LOBACK LAST NAME	
Telephone Number 1					gmaul.co
Current Address <u>E55</u>	85 1140th Ave	Wheeler	54172	(yrs. at addres	
<u>(S</u>	treet)	(City)	(Zip Code)	(yrs. at addres	s)
Previous Address			(0)	(Zip Code)	
			(City)		
Date of Birth 🛴			Age		
Place of Employment	Little Slice	e of Ita	Мy		
POLICE DEPT APPLIC. A records check will be substantially relate to a Colfax in determining to a Colfa	e conducted for vio the license applied whether a license w our application is re	lations of any for. Those co till be granted	You will be no for denial to the	insidered by the VII tified by the Village	of Colfax
STATE OF WISCONSIN			and the deba	is the person who m	ade and
The above named applications applications in the foregoing applications applications.	cant, being first duly olication for an opera	itor's license: t	hat all the statem	ents made by applic	ant are true.
		× M⁄	Signature o	Applicant SHE	ILA RIGHT
Subscribed and sworn b	efore me this 3		7-17-20 (Commission Expir	STATE PO	OTAPL ER
Date Received: 4/3/2		oard: <u>(//24/</u> 2	,	Danied Lange	VISCONSTRUIT

Date Received: 4/3/24 Date to the Board: 4/24/24 Approved or Denied

	F	O Box 417 - Coltax, Wisc	Fax 715-962-2221
Application for License to Serve	Fermented Malt E	Beverages and	Intoxicating Liquors
Provisional License New License		val License Fe	e: \$10.00 each application
TO THE BOARD OF THE VILLAGE OF CO	OLFAX, WISCONSIN:		
I, hereby apply for a license to serve, from a Fermented Malt Beverages and Intoxicating and 125.68(2) of the Wisconsin Statutes an hereby agree to comply with all laws resolu the sale of such beverages and liquors if a	g Liquors, subject to th nd all acts amendatory tions, ordinances and	e limitations impos thereof and supple regulations, Federa	ed by Section 125.32(2) ementary thereto, and
Answer the following questions fully and co	mpletely: (PLEASE P	RINT)	
NAME Rachel FIRST NAME	Marie MIDDLE NAME	- R	ST NAME
Telephone Number 715-1251-4874	Email Addre	ss r. radunz	1981@ gmail.com
Current Address E8998 730th At	ut - Colfax	54730	4
Current Address <u>E8998</u> 730th At (Street)	(City)		(yrs. at address)
Previous Addr	(City)	TX 7º	9847 p Code)
Date of Birth	<u></u>	Age <u>43</u>	
Place of Employment Little Slice	of Italy		
	1		
POLICE DEPT APPLICABLE OFFENSE OF A records check will be conducted for visubstantially relate to the license applier Colfax in determining whether a license Police Department if your application is	iolations of any law o d for. Those convict will be granted. You	ions are consider ı will be notified b	ed by the Village of y the Village of Colfax
Recommendation Approve	Deny (Cr	nief of Police or designate	d staff Signature) 04/26/2034 (Date)
STATE OF WISCONSIN/ DUNN COUNTY			
The above named applicant, being first duly signed the foregoing application for an ope	rator's license: that al	I the statements m	ade by applicant are true.
	x Vacne	Signature of Applica	nt EMER
Subscribed and sworn before me this	، س		AY 2
(Signature of Notary Public)	5 day of April (Con	7 - 17 - 26 nmission Expires)	NOY NOY NOY NOY

Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: CL 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) Telephone Number <u>715-651-3137</u> Current Address E1962 560th Ave Menomonie, WI 54751 | Year (Street) (City) (Zip Code) (yrs. at address) Previous Addres Date of Birth 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. (Chief of Police or designated staff Signature) Recommendation 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. Date Received: 6/4/24 Date to the Board: 6/34/24 Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors ____ New License X Renewal License Provisional License Fee: \$10.00 each application TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>25</u>, 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) Telephone Number 715-308-6305 Email Address **Previous Address** 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. Approve Deny (Chief of Police or designated staff Signature) Recommendation 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 4 day of June, 20 24.

(Signature of Notary Public) (Commission Expires) Date Received: 6/4/34 Date to the Board: 6/24/24 Approved or Denied

Phone 715-962-3311

PO Box 417 - Colfax, Wisconsin 54730 — Phone 715-962-3311 Fax 715-962-2221
Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors
Provisional License New License X Renewal License Fee: \$10.00 each application Receipt:
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:
I, hereby apply for a license to serve, from date hereof to JUNE 30, 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 TOMMY Renee Nelson FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 115-894-0464 Email Address Hongas 241@ gmail.com
Current Address N8076 570th St. Colfax, WT 54730 8 yrs (Street) (City) (Zip/Code) (yrs. at address)
Previous Address 502 Pine St. Colfax, WT 54730 (Zip Code)
Date of Birth Age
Place of Employment EIK NUVUM SCAND 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 Deny Ochief of Police or designated staff Signature) Deny Ochief of Police or designated staff Signature)
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 Jammy K. Telfon
Subscribed and sworn before me this
Date Received: 4/4/24 Date to the Board: 6/24/24 Approved or Denied

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

License to Serve	Fermented Ma	ılt Beverages ar	nd Intoxicating Liquors
seNew Li	cense <u>X</u> Re	enewal License	Fee: \$10.00 each application Receipt:
THE VILLAGE OF C	OLFAX, WISCON	SIN:	
rages and Intoxicatin Visconsin Statutes a ly with all laws resolt	ng Liquors, subject nd all acts amenda utions, ordinances	to the limitations imp tory thereof and sup and regulations, Fed	posed by Section 125.32(2) oplementary thereto, and
· -			
ila	M.		Riemor
715-556-410	Email Ad	dress deputy 6	2 villag of colfax wi. or
19915 67011	St Polfax	(7in Code)	years (vrs. at address)
US Juna 10	(Dunanal	WE 54%	736
DI S CONTRACTOR IN	(C	ity)	(Zip Code)
		Age <u>55</u>	
t Village of C	31fax		
be conducted for voor the license applies whether a license	riolations of any la ed for. Those con will be granted.	victions are consider You will be notified by denial to the Villa	dered by the Village of d by the Village of Colfax age Board.
IN/ DUNN COUNTY	r		
licant, being first dul pplication for an ope	ly sworn on oath se erator's license: the	at all the statements	e person who made and made by applicant are true.
licant, being first dul pplication for an ope	ly sworn on oath seerator's license: the	ays that he/she is the at all the statements of Apple	made by applicant are true.
blicant, being first dulpplication for an ope	erator's license: the	At all the statements Audi Hi Signature of Appl	made by applicant are true.
	THE VILLAGE OF Consense to serve, from rages and Intoxication Visconsin Statutes and Industrial ages and liquors if a questions fully and consens fully and	THE VILLAGE OF COLFAX, WISCONG Cense to serve, from date hereof to JUN rages and Intoxicating Liquors, subject of Visconsin Statutes and all acts amendately with all laws resolutions, ordinances ages and liquors if a license be granted for MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME (City) WS HWY 10 CABLE OFFENSE CRITERIA be conducted for violations of any law of the license applied for. Those congruences will be granted. Your application is recommended for the license application application is recommended for the license application applic	CABLE OFFENSE CRITERIA be conducted for violations of any law or ordinances of the license applied for. Those convictions are consider whether a license will be granted. You will be notified your application is recommended for denial to the Villa Approve Deny (Chief of Police ordesign

Date Received: 6/4/34 Date to the Board: 4/34/44 Approved or Denied

Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Receipt: Provisional License TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20 \underline{\cancel{25}}$, 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 Email Address 100 1130 45 Telephone Number Previous Addro (City) (Zip Code) Date of Birth Place of Employment VIKING BOW 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. Approve Deny Recommendation 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 6 day of June, 20 26

Subscribed and sworn before me this 6 day of June, 20 26

(Signature of Notary Public) (Commission Ex Date Received: 6/6/24 Date to the Board: 6/24/24 Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>25</u>, 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 TRUOT

FIRST NAME

MIDDLE NAME

LAST NAME

Telephone Number 714-944-5952

Email Address Travor of 5 \$2@yahoo.com

Current Address No.14 dy Pl W Colfax WI 54770 /D

(Street)

(City)

(Zip Code)

(yrs. at address) Previous Addre (Zip Code) 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 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 of Applicant Date Received: 6/6/24 Date to the Board: 6/24/24 Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License 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, $20\underline{25}$, 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) Telephone Number 715-828-2680 Email Address donnawis 287@ gmail.com

Current Address N6371 1010TH St. Elk Round 94739

(Street) (City) (Zip Code) (yrs. at address) Previous Address (Zip Code) Date of Birth Place of Employment VIKING BOW! 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 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 of Applicant Date Received: 4/4/24 Date to the Board: 4/4/34 Approved or Denied

Phone 715-962-3311

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Provisional License Fee: \$10.00 each application Receipt: CK 6/09 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) shley Elizabeth Youngberg Telephone Number (7/5) 828-0727 Email Address Yashley 276 @gmail com Current Address 900 University Ave Apt 19 Colfax 54730 1 yr.
(Street) (City) (Zip Code) (yrs. at address) Previous Address (342 Prairie CIC N Eau claire 5470/
(City) (Zip Code) Date of Birth 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 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 3 day of May, 20 24

(Signature of Notary Public)

Date Received: 5/31/24 Date to the Board: 4/34/34 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 -Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application New License X Renewal License Provisional License Receipt & 6/09 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) Telephone Number 115-704-0707 Email Address Previous Addr (Zip Code) (City) Date of Birth Place of Employment MOD 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) 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 3 - day of May, 20

Date Received: 5/3//24 Date to the Board: 4/24/34 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20\underline{\cancel{25}}$, 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 Jeffrey William Prince

FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-556-347/ Email Address Jeffprince 890 gmail, com Current Address 1004 University Ave Colfax WI 54730 25yrs
(Street) (City) (Zip Code) (vrs. at address) Previous Addre (City) (Zip Code) 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 Deny Chief of Police or designated staff Signature)

(Chief of Police or designated staff Signature) 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.

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: Cook 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 Michael David Buchner
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-556-2175 Email Address md buchner@yahoo.com Current Address 509 Fairulew Dr. Colfax WIR 54730 16 (Street) (City) (Zip Code) (yrs. at address) Previous Addressing Standard (City) Age H7

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. Approve ____ Deny ____ (Chief of Police or designated staff Signature) Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X

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

Lynn M. Mageman 05-15-2024

(Signature of Notary Public) (Commission Expires) Date Received: 05/24/2024 Date to the Board: 4/24 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 -

Phone 715-962-3311

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: Cask. 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 Stokkesteven agmail. com

Current Address N6959 950 tst. Elk Mand Will S4739 25

(Street) (City) (Zip Code) (yrs. at address) Previous Addr (City) Date of Birth Place of Employment ___ Ketice 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. Approve Deny Chief of Police or designated staff Signature) 05/3 Recommendation 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 20 day of May, 20 2 (Commission F.) Date Received: 5/28/24 Date to the Board: 4/24/24 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 -

Phone 715-962-3311

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: COLA 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 GARY

FIRST NAME

MIDDLE NAME

LAST NAME

Telephone Number 715 962-3512 Email Address GARY STEWL 45 @ g mail. com

Current Address 505 (OIFAX 54730)0 +

(Street) (City) (Zip Code) (yrs. at address) Previous Addr (City) (Zip Code) Date of Birth Place of Employment Synengy - COIFAX 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. Approve Deny Recommendation 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.

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20_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) 10-4538 Email Address dawnifin agmail.com

555 Ave Elk Mound, WI 54739 Bycs

(City) (Zip Code) (yrs. at address) Telephone Number Current Address £8967 N. Manning St. S Date of Birth Place of Employment 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 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 of Applicant bed and sworn before me this 13⁷⁷⁴ day of 1a

Date Received: 5/24/34 Date to the Board: 6/34/34 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>25</u>, 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 Telephone Number 715-651-2280 Email Address Sue hagen 63 @ gmail.com Current Address N8519 County A. A. Colfax 54730 33 years
(Street) (City) (Zip Code) (vrs. at address) Previous Address (City) Date of Birth 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 Deny

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 15 TH day of May , 2024

The Monune of Notary Public)

(Signature of Notary Public)

(Commission Expired Date Received: 512924 Date to the Board: 4/24/24 Approved or Denied

				Fax	715-962-2221
Application for Lie	cense to Serve F	ermented	Malt Beverages	and Intoxicating	Liquors
Provisional License	New Lice	nse <u>X</u>	_ Renewal License	Fee: \$10.00 each Receipt:	
TO THE BOARD OF TH	E VILLAGE OF CO	_FAX, WISC	ONSIN:	1 to 50.p. 1	
I, hereby apply for a licer Fermented Malt Beverag and 125.68(2) of the Wis hereby agree to comply the sale of such beverag	ges and Intoxicating I sconsin Statutes and with all laws resolution	₋iquors, subj all acts ame ons, ordinan	ect to the limitations indatory thereof and ces and regulations,	imposed by Section supplementary there	125.32(2) to, and
Answer the following que	estions fully and com	pletely: (PL	EASE PRINT)		
NAME MARCHINAM	F.	MIDDLE NAME		Shea	
Telephone Number 7	15-491-94	HO Emai	l Address MFS	neoza@gr	nail-com
Current Address	0005 COUNT	HVd N	(Zip Code)	(yrs. at address	7
Previous Address			(20)	(7: 0 1)	
			(City)	(Zip Code)	
Date of Birth	<u></u>		Age	Δ	
Place of Employment _	Synergy				 7
POLICE DEPT APPLICA A records check will be substantially relate to t Colfax in determining w Police Department if yo	e conducted for vio the license applied to whether a license w	lations of a for. Those ill be grante	convictions are cored. You will be not	nsidered by the Villa ified by the Village o	age of
Recommendation _	Approve	Deny	(Chief of Police order	esignated staff Signature)	. <u>05/31/20</u> 31 (Date)
STATE OF WISCONSIN	/ DUNN COUNTY				
The above named applic signed the foregoing app	ant, being first duly s	sworn on oat tor's license	h says that he/she is that all the stateme	s the person who madents made by application	de and nt are true.
		× <u>∕</u>	Notoly Signature of	Applicant Applicant	nin _{ii}
_1 ,	of Notary Public)	oday of	7-/7-36 (Commission Expire	<u> </u>	WISCONSIN
Date Received: 5/39/3	57 Date to the Bo	pard: 🀠/🏖	4/24Approved or [Denied Way STA	ATE MILL

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License 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, $20\underline{25}$, 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 - 1999 Email Address du and made Previous Addre (City) (Zip Code) Date of Birth Place of Employment 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 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. Date Received: 52124 Date to the Board: 6124/24 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 -

Phone 715-962-3311

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: Canh TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>25</u>, 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 Muley. Prince 1010 @ gmail.com

Current Address 1004 University Ave Colfax 54730

(Street) (City) (Zip Code) (yrs. at address) Previous Address (Zip Code) Date of Birth Place of Employment Synuagy 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. Approve ____ Deny (Chief of Police or designated staff Signature) Recommendation 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 22nd day of May, 20 24.

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

(Commission Expires)

Date Received: 5/29/24 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Provisional License Fee: \$10.00 each application Receipt: COM TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>25</u>, 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
 Mollyheid orn 12@out look. com

 Current Address
 N8287 948th 5t. Colfax
 54730
 15

 (Street)
 (City)
 (Zip Code)
 (yrs. at address)
 Previous Address (City) (Zip Code) Date of Birth 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 Que flex Designated staff Signature)

Dely Que free resignated staff Signature) 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.

Date Received: 5/29/24 Date to the Board: (e)34/24 Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Provisional 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_{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 Email Address - brown. Kcyle 83 @ smc:1. (on Telephone Number 715-704-9347 ERGUR FIAL AME Previous Add Date of Birth Place of Employment Syrunge Co-oo 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 Deny STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oan says that at the statements made by applicant are true. Signature of Applicant ped and swarn before me this do

PO Box 417 - Colfax, Wisconsin 54730 -

Phone 715-962-3311

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License _____ New License _____X Renewal License Fee: \$10.00 each application Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20_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 Joshua Christopher Larson

FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-0546 Email Address crazy2create 1924@ Outlook, com

Current Address E8538 State Road 170 Colfax WI 54730

(Street) (City) (Zip Code) (yrs. at address) Previous Addres Date of Birth _______ 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 Deny Chief of Police or designated staff Signature)

Approve Deny Chief of Police or designated staff Signature) 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 Joshuo Christopher Sovson
Signature of Applicant Subscribed and sworn before me this 31 day of May, 20 34

Synn M. Negalmann 05-15-2024

(Signature of Notary Public) (Commission Expires)

Date Received: 420121 Date to the Date of Notary Public (Commission Expires) Date Received: 429/24 Date to the Board: 4/24/24 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 -Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License ___ New License X Renewal License Fee: \$10.00 each application Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 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 Joni Koehler
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-714-4233 Email Address Soni Kochler 79 Wyahod. Com

Current Address N 7001 Legothst. Menomonic WT 54751 30 years flus

(Street) (City) (Zip Code) (yrs. at address) **Previous Address** (City) (Zip Code) Age <u>45</u> Date of Birth 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. Approve Deny Chief of Police or/designated staff Signature) 05/32 Recommendation 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 34 day of May, 20 24.

Subscribed and sworn before me this 34 day of May, 20 24.

Subscribed and sworn before me this 35 day of May, 20 24.

(Commission Expires)

Date Received: 5/29/24 Date to the Board: 4/24/34 Approved or Denied

		1 O Box 417 - Collax, Wis	consin 54730 — Phone 715-962-3311 Fax 715-962-2221
Application for License to Serve	Fermented Ma	alt Beverages and	Intoxicating Liquors
Provisional License New Li	cense <u>X</u> R	enewal License Fo	ee: \$10.00 each application eceipt:
TO THE BOARD OF THE VILLAGE OF C	OLFAX, WISCON		
I, hereby apply for a license to serve, from Fermented Malt Beverages and Intoxicatin and 125.68(2) of the Wisconsin Statutes as hereby agree to comply with all laws resolu- the sale of such beverages and liquors if a	g Liquors, subject nd all acts amenda utions, ordinances	to the limitations impos itory thereof and suppl and regulations, Feder	sed by Section 125.32(2) ementary thereto, and
Answer the following questions fully and co	ompletely: (PLEAS	SE PRINT)	
NAME AUDY FIRST NAME	Lane		zmoe
FIRST NAME	MIDDLE NAME		ST NAME
Telephone Number 715-556-56 Current Address N7401 State (Street)	D3 Email Ad	idress <u>abby 0</u> 6	emoe 13 Egmail.co
Current Address N7401 State	Raad 40	COIFAK 54730	22 years
(Street)	(City)	(Zip Code)	(yrs. at address)
Previous Addre	((ity) (Z	in Code)
Date of Birth	,	* Age	
	C =	Age ZZ	 ,
Place of Employment COLFAX	CONCX		
POLICE DEPT APPLICABLE OFFENSE (A records check will be conducted for v substantially relate to the license applie	iolations of any land de for. Those con	victions are consider	red by the Village of
Colfax in determining whether a license Police Department if your application is			
			Board.
Police Department if your application is	recommended fo	or denial to the Village	Board.
Police Department if your application is Recommendation Approve	recommended for Deny y sworn on oath sa	(Chief of Police of designate	d staff Signature) Date Derson who made and
Police Department if your application is Recommendation Approve STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly	recommended for Deny y sworn on oath sa	(Chief of Police of designate	d staff Signature) Date Derson who made and ade by applicant are true. BRUNNER
Police Department if your application is Recommendation Approve STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly	recommended for Deny y sworn on oath sa	(Chief of Police of designate	d staff Signature) Date Derson who made and ade by applicant are true. BRUNNER
Police Department if your application is Recommendation Approve STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly signed the foregoing application for an ope	y sworn on oath sarator's license: that	(Chief of Police of designate	d staff Signature) Date Derson who made and ade by applicant are true. BRUNNES
Police Department if your application is Recommendation Approve STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly	y sworn on oath sarator's license: that	(Chief of Police of designate	d staff Signature) Date Derson who made and ade by applicant are true. BRUNNES

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20\underline{25}$, 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) Telephone Number 715-704-1923 Email Address Velas gmrl @gwail.com

Current Address 512 Pine St Collegy 54730 2

(Street) (City) (Zip Code) (yrs. at address) Previous Address 14699 46th Ave Chinewa Falls 54729

(Street) (City) (Zip Code)

Age 18 Place of Employment Wester - NEVGY COUD 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. 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 Main Velasques

Signature of Applicant Subscribed and sworn before me this 39 day of May, 20 34.

And T-17-26

(Signature of Notary Public)

(Commission Expires)

(Commission Expires)

(Commission Expires)

(Commission Expires)

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application Provisional License New License X Renewal License Receipt: COSIL TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20\underline{25}$, 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) Christian James Ebert
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715 714 477 Email Address christian ebert 1117@gmail.com

Current Address NIO14 County Rd M Colfax 54730

(Street) (City) (Zip Code) (yrs. at address) **Previous Address** (Zip Code) (City) Date of Birth Place of Employment Synergy Cooperatine & 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 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 <u>397H</u> day of <u>May</u>, 20 <u>34</u>.

Inn M <u>Sumulus</u> <u>July 28 do 37</u>.

(Signature of Notary Public) (Commission Expires)

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License X Renewal License Fee: \$10.00 each application Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 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 Telephone Number 715-931-7279 Email Address Hyras Nurmom 2014 Wamal. **Previous Address** (City) (Zip Code) Date of Birth Place of Employment 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 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 67H day of June, 20 Date Received: 4/4/24 Date to the Board: 6/24/24 Approved or Denied

Phone 715-962-3311

PO Box 417 - Colfax, Wisconsin 54730 -

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application New License X Renewal License Provisional License 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, 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) Previous Addre (Zip Code) Age 58 Date of Birth Place of Employment <u>The</u> 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 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 of Notary Public) Date Received: 5/16/24 Date to the Board: 6/24/24 Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application New License χ Renewal License Provisional License 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 Telephone Number Email Address Date of Birth Place of Employment 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 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 13 day of May, 20 24 Date Received: 5/13/24 Date to the Board: 6/24/24 Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application χ Renewal License Provisional License New License Receipt: TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20 \underline{25}$, 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) Email Address <u>Suben Zem @ Yahoo, Com</u> 307 000's St (01fax (City) **Previous Add** Date of Birth Place of Employment The Blind Tige 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 (Chief of Police or designated staff Signature) 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 3 day of May, 20 94.

(Signature of Notary Public)

| Commission Expires

Date Received: 5/3/24 Date to the Board: 4/24/24 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application New License X Renewal License Provisional License Receipt: CC 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 Mariah LYNN SMITH
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-7c4-1439 Email Address MSM. th. 2cc3 Q gmq. 1. ccm

Current Address 1503 15th apE apt 7
(Street) (City) (Zip Code) (yrs. at address)

Previous Address FRC190 Carth are Coffax 54730
(City) (Zip Code)

Date of Birth Age 20 ____ Age <u>ZO</u>_____ Date of Birth Place of Employment The Blind Tige 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 STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. X Signature of Applicant Subscribed and sworn before me this 6 day of June, 20 24.

(Signature of Notary Public) (Commission Expires) Date Received: 6/6/24 Date to the Board: 6/24/24 Approved or Denied