Submit to municipal clerk.	Beverage L Read instructions		pilcation	Applicant's Wisconsin Seller's 456 6000 / C	55 4802
For the ligance period begins	M/01/2021		1/20/2020	FEIN Number 39 134	7846
For the license period beginn	, ,,,,,,		(mfr dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	Town of	1-10-1		Class A beer	\$
to the Governing Body of the	illage of	COHAY		Letass B beer	\$ 100.00
	City of			Class C wine	\$
County of Dunc		Aidarma	nic Dist. No	Class A liquor	5
Southly of South)		ed by ordinance)	Class A liquor (cider onl	
		(ii : cquii c	or by ordinance;	Class B liquor	\$ 400.00
Check one: 🗍 Individual	Limited Liabili	ty Company		Reserve Class B liquor	\$
Partnership	Corporation/N		ation	Class B (wine only) wine	
		onpront organiza	30011	Publication fee	\$ 22.50
complete A or B. All must	complete C.			TOTAL FEE	\$ 522.50
				TOTAL FEE	10 3 44.30
. Individual or Partnership					
Full Name (Last)	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Nelson	mark	A	15054 18	isthst Jim Fai	us wi 54.
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Johnson	Lisa.	J	501 War 1	Si Calfara 1125	5412A
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	St. Colfar WT City or Post Office, & Zip Code)	J4 / JU
				,	
ull Legal Name of Corporation / Non					
Il corporations/organizations quor must appoint an agent.	or limited liability c	ompanies applyir	ng for a license to se	il fermented malt beverages	s and/or intoxicatin
Agent Last Name	(F) - (A)	Tenne i	Tr.		
Agent Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
il Officer(e) Director(e) -50	Corporation and M	lembers / Manac	ers of Limited Liab	ility Company:	
a universal princetor(s) of t					
President / Member Last Name	(First)		Home Address (Street.	City or Post Office, & Zip Code)	
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
President / Member Last Name	(First) Mark	(Middle Name)			s W1 547
President / Member Last Name Nulson fice President / Member Last Name	(First) Mark (First)	(Middle Name) A (Middle Name)	15054 18 Home Address (Street,	Sth St Jim Fall City or Post Office, & Zip Code)	
President / Member Last Name Nel Son lice President / Member Last Name Thoson	(First) Mark (First) L'Sa	(Middle Name) A (Middle Name)	15054 18 Home Address (Street,	Sth St Jim Fall City or Post Office, & Zip Code) St Co) Fax WI	
President / Member Last Name Nel Son /ice President / Member Last Name ThoSon	(First) Mark (First)	(Middle Name) A (Middle Name)	15054 18 Home Address (Street,	Sth St Jim Fall City or Post Office, & Zip Code)	
President / Member Last Name NUSON //ice President / Member Last Name Dhoson Secretary / Member Last Name	(First) Mark (First) L'Sa (First)	(Middle Name) A (Middle Name)	Home Address (Street, Home Address (Street, Home Address (Street,	Sth St Jim Fall City or Post Office, & Zip Code) St Co Hax WI City or Post Office, & Zip Code)	
President / Member Last Name NUSON //ice President / Member Last Name Dhoson Secretary / Member Last Name	(First) Mark (First) L'Sa	(Middle Name) A (Middle Name)	Home Address (Street, Home Address (Street, Home Address (Street,	Sth St Jim Fall City or Post Office, & Zip Code) St Co) Fax WI	
President / Member Last Name NUSON //ice President / Member Last Name Dhoson Secretary / Member Last Name	(First) Mark (First) L'Sa (First)	(Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Home Address (Street, Home Address (Street,	Sth St Jim Fall City or Post Office, & Zip Code) St Co Hax WI City or Post Office, & Zip Code)	
President / Member Last Name Nel Son fice President / Member Last Name DhoSon ecretary / Member Last Name reasurer / Member Last Name	(First) Mark (First) L'Sa (First)	(Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Home Address (Street, Home Address (Street,	Sth St Sim Fall City or Post Office, & Zip Code) St Colfax WT City or Post Office, & Zip Code) City or Post Office, & Zip Code)	
President / Member Last Name Nel Son //ice President / Member Last Name Secretary / Member Last Name reasurer / Member Last Name	(First) Mark (First) L'Sa (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Home Address (Street, Home Address (Street,	Sth St Jim Fall City or Post Office, & Zip Code) St Co Hax WI City or Post Office, & Zip Code)	
President / Member Last Name Nelson //ice President / Member Last Name Dhoson Secretary / Member Last Name reasurer / Member Last Name	(First) Mark (First) L'Sa (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Home Address (Street, Home Address (Street, Home Address (Street,	Sth St Sim Fall City or Post Office, & Zip Code) St Co Fax WI City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code)	
President / Member Last Name Nelson //ice President / Member Last Name Dhoson Secretary / Member Last Name reasurer / Member Last Name	(First) Mark (First) L'Sa (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Home Address (Street, Home Address (Street, Home Address (Street,	Sth St Sim Fall City or Post Office, & Zip Code) St Colfax WT City or Post Office, & Zip Code) City or Post Office, & Zip Code)	
Feasurer / Member Last Name Freasurer / Member Last Name Directors / Managers Last Name Directors / Managers Last Name	(First) Mark (First) L'Sa (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Home Address (Street, Home Address (Street, Home Address (Street,	Sth St Sim Fall City or Post Office, & Zip Code) St Co Fax WI City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code)	
President / Member Last Name Nelson /ice President / Member Last Name Directors / Member Last Name Directors / Managers Last Name Directors / Managers Last Name	(First) Mark (First) L'Sa (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Home Address (Street, Home Address (Street, Home Address (Street,	Sth St Sim Fall City or Post Office, & Zip Code) St Co Fax WI City or Post Office, & Zip Code) City or Post Office, & Zip Code) City or Post Office, & Zip Code)	
President / Member Last Name NUSON //ice President / Member Last Name Directors / Member Last Name Directors / Managers Last Name Directors / Managers Last Name Business Information	(First) Mark (First) L'Sa (First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street,	City or Post Office, & Zip Code) St	54736
President / Member Last Name Nelson //ice President / Member Last Name Dhoson //ice President / Member Last Name //ice President / Me	(First) Mark (First) L'Sa (First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Business Pho	Sth St Sim Fall City or Post Office, & Zip Code) St Co Has WI City or Post Office, & Zip Code)	,2- 3339
President / Member Last Name Nelson /ice President / Member Last Name Directors / Member Last Name Directors / Managers Last Name Directors / Managers Last Name Business Information Trade Name	(First) Mark (First) L'Sa (First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Business Pho	Sth St Sim Fall City or Post Office, & Zip Code) St Co Has WI City or Post Office, & Zip Code)	,2- 3339
President / Member Last Name Nelson /ice President / Member Last Name Decretary / Member Last Name Preasurer / Member Last Name Directors / Managers Last Name Business Information Trade Name Address of Premises	(First) Mark (First) Lisa (First) (First) (First) (First)	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Post Office & 2	Sth St Sim Fall City or Post Office, & Zip Code) St Colfax WI City or Post Office, & Zip Code) The Number 715-91 Zip Code PO 81 G	,2- 3339 Han 54731
President / Member Last Name Nelson Vice President / Member Last Name The Social Secretary / Member Last Name Directors / Member Last Name Directors / Managers Last Name	(First) (First) (First) (First) (First) (First) And See Bottom See Bott	(Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name) (Middle Name)	Home Address (Street, Description of the Address (Street, Home Address (Street, Home Address (Street, Description of the Address (Street, Description of the Address of the Address (Street, Description of the Address of the	City or Post Office, & Zip Code) St. Colfax WI City or Post Office, & Zip Code) The Number 715-91 Zip Code POSI Gomes The Wisconsin wholesalers, but the content of th	,2-3339 NFayo 54730 Oreweries
President / Member Last Name Nelson Vice President / Member Last Name Directors / Member Last Name Directors / Managers Last Name	(First) (First) (First) (First) (First) (First) And that they must scribe building or to living quarters, if the content of the content	(Middle Name)	Home Address (Street, Display to the control of the con	City or Post Office, & Zip Code) St	,2 - 3339 140,0 54730 preweries □ No.
President / Member Last Name Necretary / Member Last Name Directors / Member Last Name Directors / Managers Last Name	(First)	(Middle Name) purchase alcohologised, for the sale alsored only on	Home Address (Street, Display the Business Photographics and beverages only from the premises described by the premise by the p	City or Post Office, & Zip Code) SH	72 – 3339 Hayo 54730 preweries The applicant mushol beverages and
President / Member Last Name Necretary / Member Last Name President / Managers Last Name Business Information Trade Name Outly Address of Premises Open Address of Premises Open Address and Drewpubs? Premises description: Desinclude all rooms including records. (Alcohol beverage)	(First)	(Middle Name) purchase alcohologised, for the sale alsored only on	Home Address (Street, Display the Business Photographics and beverages only from the premises described by the premise by the p	City or Post Office, & Zip Code) St	72 – 3339 Hayo 54730 preweries The applicant mushol beverages and

5	Legal description (omit if street address is given on previous page):		
6.	a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3	☐ Yes	DNO
	b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3.	Yes	M o
7	Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain	☐ Yes	₽No
8.	Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain	₽Yes	□ No
9.	Does the applicant understand they must hold a Wisconsin Seller's Permit?	Yes	□No
10.	Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?	Yes	□No
11.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	☐ Yes	₽ No
12.	Does the applicant owe municipal property taxes, assessments, or other fees?	Yes	₽K0
bee app and voic this thar	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the about truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name lication: that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsir I, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits application. Any person who knowingly provides materially false information on this application may be required a \$1,000.	n instance n Statutes in connect to forfeit r	are true shall be tion with not more
	Johnson, Lisa I Partner 05-10-	2024	
Sign	Johnson, Lisa I Partner 05-10- Phone Number Email Address 115-962-2829 1:sa.smes	esmai	il cor
	BE COMPLETED BY CLERK		
Dat	e received and filed with municipal cleric Date reported to council / board Date license granted 5-15-24 Date reported to council / board Date license granted		
Lice	nse number issued Date license issued Signature of Clerk / Deputy Clerk	·~	

Submit to municipal clerk.

Individual's Full Name (please print) (last nar	me) (first o	ame)	(middle n	ame)
Johnson	Lisa		J	
Home Address (street/route)	Post Office	City	State	Zip Code
501 West .	51	Colley	WI	54730
Home Phone Number	Age	Date of Birth	ae of 9	Birth
715-962.282	9 40		au	Claire WI
11				
The <i>above named individual</i> provides t	he following information as a p	er <mark> , on oan on o</mark> y.		
Applying for an alcohol beverage li	cense as an individual			
A member of a partnership which	is making application for an al	cohol beverage license:		
	of			
(Officer / Director / Member / Manage	r / Agent)	(Name of Corporation, Limited Liabil	ity Company or Nonprofi	it Organization)
which is making application for an	alcohol beverage license.			
The <i>above named individual</i> provides th	he following information to the	licensing authority:		
How long have you continuously res	•	02000	10 ~P	
 Have you ever been convicted of ar 				
violation of any federal laws, any Wi				
or municipality?				Yes No
If yes, give law or ordinance violated				
status of charges pending. (If more r	room is needed, continue on rever	se side of this form.)		
				1
 Are charges for any offenses preser for violation of any federal laws, any)
municipality?				Yes No
If yes, describe status of charges pe				
Do you hold, are you making applica		lirector or agent of a corpo	ration/nonprofit	
organization or member/manager/ag				·
beverage license or permit?		ggg		Yes
If yes, identify.	(1)	tion and Type of License/Permit)		
Do you hold and/or are you an office	·	**	or corporation o	r
 Do you hold and/or are you an office member/manager/agent of a limited 	_			ı
brewery/winery permit or wholesale				Yes TNO
If yes, identify.	nquot, manatastator or rootino			
	Wholesale Licensee or Permittee)		(Address By City and	County!
. Named individual must list in chrono		rs.		
Employer's Name	Employer's Address		yed From	то
Outhouse Bar	413 Main 5	+	2002	Present 2002
Outhouse Bar Employer's Name Wal Mart	413 Main 5 Employer's Address	Етрю	yed From	То
Walmart	Menomania		2000	2002

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

Submit to municipal clerk.

						/:-t-t-		
in	dividual's Full Name (please print) (last name	e)	(first name	*)		(middle nai A	me)	
	Nelson	ſΥ	nowk			ŀ		
П	ome Address (street/route)	Post Office		City		State	Zip Code	
	15054 185th St.			Sim fal	15	COT Place of Bi	547	18
H:	ome Phone Number		Aga	Date of Birth				
	715-967-2425		6			Eaul	laire	WI
Th	e above named individual provides th	e following information	n as a					
-	Applying for an alcohol beverage lic	ense as an <mark>individua</mark>	l.					
J	A member of a partnership which is	s making application f	or an alcoh	nol beverage licens	e.			
Ε		of		-				
	Officer / Director Member / Manager /		′Nə	me of Corporation Limited	d Liability Compan	y or Nonprofit	Organization)	
	which is making application for an a	Icohol beverage licens	se,					
т-		o following information	a to the lies	vosica authority:				
	e above named individual provides the				1100.5			
	How long have you continuously resi Have you ever been convicted of any				years) for			
2	violation of any federal laws, any Wis	consin laws, any laws	and any oth	er states or ordina	nces of anv	county		
	or municipality?						Ye	es LAO
	If yes, give law or ordinance violated,	trial court, trial date a	and penalty	imposed, and/or	date, descrip	tion and		
	status of charges pending. (If more co							
	12							
3.	Are charges for any offenses present	ly pending against yo	u (other th	an traffic unrelated	to alcohol be	everages)		
	for violation of any federal laws, any	Wisconsin laws, any la	aws of othe	er states or ordinal	nces of any c	ounty or	Y6	ns Tato
	municipality?				Name and the	VXX51 ±99.4 KI	100000 1 10	25
1	If yes, describe status of charges per Do you hold, are you making applicat	nding.	officar dire	otor or agent of a	cornoration/n	onnrofit		
4.	organization or member/manager/agi	ont of a limited liability	uncer, une	holding or applying	a for any othe	er alcohol		
	beverage license or permit?							es Wo
	If yes, identify.	. 6 90 908 80 8000		18 T #7600 F 78 T 19 T 1 T 10 T				
	,000, 12011111,1	(N	ame, Location	and Type of License/Perm	rit)			
5.	Do you hold and/or are you an officer	, director, stockholder	agent or	employe of any pe	rson or corpo	oration or		
	member/manager/agent of a limited I	iability company holdi	ng or apply	ing for a wholesal	e beer permi	t,		
	brewery/winery permit or wholesale li	iquor, manufacturer or	rectifier p	ermit in the State of	of Wisconsin ¹	**************************************	Y	es Livo
	If yes, identify.							
	(Name of W	Vholesale Licensee or Permitte	el		(Address	By City and C	County)	
6.	Named individual must list in chronol		mployers.				V-	
	Employer's Name	Employer's Address	r. We	Jim fails W	Employed From	70	To Day	Sent
	Self	15054 185	th 54	54748	19-	18		Sent
į	Employer's Name	Employer's Address		· ·	Employed From		То	

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

Mark Cf. Delson

Renewal Alcohol (Submit to municipal clerk.)		_	plication	Applicant's Wisconsin Seller's Period 456 102 899 12	3602
		, ,	1/2-12025	FEIN Number 47 4672:	395
For the license period beginn		ending: <i>0</i>	(min dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
	☐ Town of	0-10-1		Class A beer	\$
To the Governing Body of the	e: Village of }	Coltax		Letass B beer	\$ 100.00
_	City of			Class C wine	\$
County of Dunn		Δldermar	nic Dist. No	Class A liquor	\$
			ed by ordinance)	Class A liquor (cider only)	\$ N/A
		(··	,,	Class B liquor	\$ 400.00
Check one: 📃 Individual	Limited Liabili	ty Company		Reserve Class B liquor	\$
Partnership	Corporation/N	lonprofit Organiza	ation	Class B (wine only) winery	\$
				Publication fee	\$ 22.50
complete A or B. All must	complete C.			TOTAL FEE	\$ 522.50
. Individual or Partnership):				
Full Name (Last)	(First)	(Middle Name)	'Home Address (Street	City or Post Office, & Zip Code)	
Fuli Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(Circh)	(h similat - k)	112	Ch - 2-10/6 0.7 0 1	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
) 11 C on Community (A				
3. LLC or Corporation (and					
			Address of Corporation / I	imited Liability Company (if different fro	n licensed premises
Moung Active					
Il corporations/organizations quor must appoint an agent.	or limited liability of	ompanies applyin	ig for a license to se	ell fermented malt beverages a	nd/or intoxication
Agent Last Name	(First)	(Middle Name)	Hama Addrass (Street	City or Post Office, & Zip Code)	Mars
	1.		1933 So	Whridge Ave#	- men
#ringe_	Alicia	M			1 001
Il Officer(s) Director(s) of (lembers / Manag			
President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	Meno
trince	Alicia	\sim	1933 Sou	thridge Ave#4	Meno W 1 54
ice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	00 . 5 1
				_	
ecretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
reasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street.	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
octoro / managoro Last Manie	(i irət)	(windle Maine)	nome Audress (areet,	only of rost office, & Zip Code;	
			1		
Vanatora (3 Anna-au : 1 - 151					
irectors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Gode)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	=
. Business Information					. 3252
Business Information	20w1 + (cotering	Business Pho	ne Number <u>715-942</u> -	
Business Information Trade Name		cotering	Business Pho	ne Number <u>715-942</u> -	
Business Information Trade Name	Bowl + (Catering St.	Business Pho Post Office &	ne Number <u>715-942-</u> Zip Code <u>Co Fay</u> U	UF 5473
Business Information Trade Name Wiking Address of Premises Does the applicant unders	Bowl + (08 Marr tand that they mus	Catering St. t purchase alcoho	Business Pho Post Office &	ne Number <u>715-942-</u> Zip Code <u>Co Fay U</u> em Wisconsin wholesalers, bre	<i>OF 5473</i> weries
Business Information Trade Name Viking Address of Premises Does the applicant unders and brewpubs?	Bowl + (catering St. t purchase alcoho	Business Pho Post Office &	ne Number <u>715-962-</u> Zip Code <u>Colface Co</u> em Wisconsin wholesalers, breven	<i>UF 5473</i> weries ⊕ □ N
Business Information Trade Name Wiking Address of Premises Does the applicant unders and brewpubs? Premises description: De include all rooms including	Bowl + 0 08 Main tand that they must scribe building or gliving quarters, if	St. t purchase alcohological buildings where also used, for the sale	Business Pho Post Office & of beverages only fro alcohol beverages as, service, consump	ne Number 715-962- Zip Code Colface Com Wisconsin wholesalers, brew Yes are to be sold and stored. The otion, and/or storage of alcoho	Werles applicant mus
Business Information Trade Name Viking Address of Premises Does the applicant unders and brewpubs?	Bowl + 0 08 Main tand that they must scribe building or gliving quarters, if	St. t purchase alcohological buildings where also used, for the sale	Business Pho Post Office & of beverages only fro alcohol beverages as, service, consump	ne Number 715-962- Zip Code Colface Com Wisconsin wholesalers, brew Yes are to be sold and stored. The otion, and/or storage of alcoho	<i>OF</i> 5473 weries ☐ □ N
Business Information Trade Name Viking Address of Premises Does the applicant unders and brewpubs? Premises description: De include all rooms including records. (Alcohol beverage)	Powl + 0 8 Marr tand that they must scribe building or a living quarters, if es may be sold an	cotering St. t purchase alcohol buildings where a used, for the sale d stored only on	Business Pho Post Office & of beverages only fro alcohol beverages a ss, service, consump the premises descri	ne Number 715-962- Zip Code Colface Com Wisconsin wholesalers, brew Yes are to be sold and stored. The otion, and/or storage of alcoholbed.)	Werles applicant mus
Business Information Trade Name Viking Address of Premises Does the applicant unders and brewpubs? Premises description: De include all rooms including records. (Alcohol beverage)	Powl + 0 8 Marr tand that they must scribe building or a living quarters, if es may be sold an	cotering St. t purchase alcohol buildings where a used, for the sale d stored only on	Business Pho Post Office & of beverages only fro alcohol beverages a ss, service, consump the premises descri	ne Number 715-962- Zip Code Colface Com Wisconsin wholesalers, brew Yes are to be sold and stored. The otion, and/or storage of alcoholbed.)	<i>OF</i> 5473 weries ☐ □ N
3. Does the applicant unders and brewpubs?	Powl + 0 8 Marr tand that they must scribe building or a living quarters, if es may be sold an	cotering St. t purchase alcohol buildings where a used, for the sale d stored only on	Business Pho Post Office & of beverages only fro alcohol beverages a ss, service, consump the premises descri	ne Number 715-962- Zip Code Colface Com Wisconsin wholesalers, brew Yes are to be sold and stored. The otion, and/or storage of alcoho	WF 54 weries applicant

Legal description (omit if street address is given on previous	page):		
a. Since filing of the last application, has the named license member, officer, director, manager or agent for either a organization licensee been convicted of any offenses for violation of any federal laws, any Wisconsin laws, an or municipality? If yes, complete page 3	ee, any member of a partnership licensee, or limited liability company licensee, or nonprofi (excluding traffic offenses not related to alco y laws of other states, or ordinances of any c	hol) ounty	E-Ko
b. Are charges for any offenses presently pending (exclu- the named licensee or any other persons affiliated with the	ding traffic offenses not related to alcohol) against license? If yes, explain fully on page 3.	ainst Yes	CHO
Except for questions 6a and 6b, have there been any char by you on your last application for this license? If yes, ex	nges in the answers to the questions as subn	nitted Yes	₩o
Was the profit or loss from the sale of alcohol beverages for or Franchise Tax return of the licensee? If not, explain	the previous year reported on the Wisconsin Ir	ncome Ves	□No
Does the applicant understand they must hold a Wisconsin [phone (608) 266-2776]	n Seller's Permit?	[]/es	□No
Does the applicant understand that alcohol beverage invoice from the date of invoice and made available for inspection to	ces must be kept at the licensed premises for 2 by law enforcement?	2 years Yes	□No
. Is the applicant indebted to any wholesaler beyond 15 day	s for beer or 30 days for liquor?	Yes	I No
D III was l'anni ave municipal property toyog access	nents or other fees?	🗌 Yes	<u>_</u> No
(Note: Renewal of licenses may be denied pursuant to a lassessments or other fees).	local ordinance, if the licensee owes municipal	ar taxoo,	
(Note: Renewal of licenses may be denied pursuant to a lassessments or other fees). EAD CAREFULLY BEFORE SIGNING: Under penalty provide the truthfully answered to the best of the knowledge of the signification; that the applicant has read and made a complete and correct. The undersigned further understands that any lice oid, and under penalty of state law, the applicant may be proside, and under penalty of state law, the applicant may be prosided application. Any person who knowingly provides materially an \$1,000.	ded by law, the undersigned states that each or gner. The signer agrees that he/she is the persanswer to each question, and that the answersense issued contrary to Chapter 125 of the Wasselted for submitting false statements and a	of the above quest on named in the f is in each instance fisconsin Statutes ffidavits in connec	are true shall be ction with
(Note: Renewal of licenses may be denied pursuant to a lassessments or other fees). EAD CAREFULLY BEFORE SIGNING: Under penalty provide the truthfully answered to the best of the knowledge of the signification; that the applicant has read and made a complete and correct. The undersigned further understands that any lice id, and under penalty of state law, the applicant may be provide, and under penalty of state law, the applicant may be provides application. Any person who knowingly provides materially an \$1,000.	ded by law, the undersigned states that each organs. The signer agrees that he/she is the personswer to each question, and that the answer ense issued contrary to Chapter 125 of the Wissecuted for submitting false statements and a false information on this application may be a Title / Member	of the above quest on named in the first in each instance is consin Statutes in connected to forfeit	are true shall be ction with
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Submit to municipal clerk.

I	ndividual's Full Name (please print) (last nar	nej	(first name)		(middle nai	me)	
I	Pri	nce	Alicia		N)	
F	lome Address (street/route)	Post Office	City	023	State	Zip Code	
1	1933 Southridge Ave #4		Menomo	nir	WI	5475	
1	Iome Phone Number		Age Data of 3		Place of Bio		
į	715-481-6	<i>9598</i>	97 17		Law	lon	
T	ne <i>above named individual</i> provides tf	ne following information	on ao is (check d	one):			
T 1	Applying for an alcohol beverage li	cense as an <mark>individu</mark>	al				
	A member of a partnership which	is making application	for an alcohol beverage licen	se.			
F	7	of	-				
-	Officer / Director / Member / Manager		'Name of Corporation, Limite	ed Liability Compan	y or Nonorofit	Organization)	
	which is making application for an a	alcohol beverage licer	nse.				
Τ.			4 41 15 1 44 14				
	ne above named individual provides th	-					
	How long have you continuously res		or to this date?	ipears			
2	Have you ever been convicted of an						
	violation of any federal laws, any Wi	-	•			\Box	Tall No.
	or municipality?					Yes	NO
	If yes, give law or ordinance violated			date, descript	ion and		
	status of charges pending. (If more n	oom is needed, continue	on reverse side of this form.)				
3	Are charges for any offenses presen	tty gending against v	ou (other than traffic unrelated	t to alcohol be	everages)		
	for violation of any federal laws, any		•				
	municipality?	-				Yes	No
	If yes, describe status of charges pe						
4.	Do you hold, are you making applica	ition for or are you an	officer, director or agent of a	corporation/ne	onprofit		
	organization or member/manager/ag						
	beverage license or permit?		.g		.4 / 90	Yes	UNO
	If yes, identify.						
		·	Name, Location and Type of License/Perm				
5.	Do you hold and/or are you an office						
	member/manager/agent of a limited						
	brewery/winery permit or wholesale I	iquor, manufacturer o	r rectifier permit in the State of	of Wisconsin?		Yes	UNO
	If yes, identify.						
	· ·	Wholesale Licensee or Permitt		(Address	By City and C	ounty)	
6.	Named individual must list in chronol	logical order last two	employers				
1	Emoloyer's Name	Employer's Address		Employed From	1	τ _ο	,
ļ	Active Vanc Ventures	108 main St	Collax WI 54730	2014	,	Meser	1
	Employer's Name 0	Employer's Address		Employed From		То	
	Whitetil Galf	Colfar	UI 54730	2008	:	2014	

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

alicia Prince

Renewal Alcohol	Beverage L	icense App	olication	Applicant's Wisconsin Seller's Per	mit Number	
(Submit to municipal clerk. R	-			456-1026446429-02		_
5				FEIN Number 27–1107309		- 1
For the license period beginni			30 2025			-
	(mm dd yyyy)	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	PEE	
	Town of	COLFAX		Class A beer	\$	10
To the Governing Body of the	. 💌 village of 🦯	COLLAX		Class B beer	\$	
	City of			Class C wine	\$	
County of DUNN		Aldermani	ic Dist No.	Class A liquor	\$	
			d by ordinance)	Class A liquor (cider only)	\$ N/A	
		(4	, ,	☐ Class B liquor	\$	
Check one: 🔲 Individual	Limited Liabil	ity Company		Reserve Class B liquor	\$	
Partnership	Corporation/I	Nonprofit Organiza	tion	Class B (wine only) winery	\$	
				Publication fee	\$	22.
Complete A or B. All must o	complete C.			TOTAL FEE	\$	32
A. Individual or Partnership	-			*		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)		
Thaler	Steven	м.	Simon .	t Chippewa Falls, WI	54729	
Full Name (Last)	(First)	(Middle Name)		City or Post Office, & Zip Code)	34123	
. ,	1	1	, ,	• • • •	E 4700	
Thaler	John	T.		t Chippewa Falls, WI	54729	_
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)		
B. LLC or Corporation (and		- 411 T				
			Address of Corporation / L	imited Liability Company (if different fro	om licensed premit	ses)
J & S Sales of Chipp	ewa Falls, I	TC				
All corporations/organizations iquor must appoint an agent.	or limited liability	companies applyin	g for a license to se	Il fermented malt beverages a	nd/or intoxica	ting
				•		
	(First)	(Middle Name)	Home Address (Street.			
Agent Last Name IVERSON-DEMOE	(First)	(Middle Name)		City or Post Office, & Zip Code)	WI 54730	
Agent Last Name IVERSON-DEMOE	RONDI	L.	703 PINE ST.	City or Post Office, & Zip Code) PO BOX 251 COLFAX, 1	WI 54730	
Agent Last Name IVERSON-DEMOE All Officer(s) Director(s) of (RONDI Corporation and I	L. Members / Manag	703 PINE ST.	City or Post Office, & Zip Code) PO BOX 251 COLFAX, I	WI 54730	
Agent Last Name IVERSON-DEMOE All Officer(s) Director(s) of (RONDI	L.	703 PINE ST.	City or Post Office, & Zip Code) PO BOX 251 COLFAX, 1	WI 54730	
Agent Last Name IVERSON-DEMOE All Officer(s) Director(s) of (President / Member Last Name	RONDI Corporation and I	L. Members / Manag	703 PINE ST. ers of Limited Liab Home Address (Street,	City or Post Office, & Zip Code) PO BOX 251 COLFAX, I	WI 54730 54729	
Agent Last Name IVERSON-DEMOE All Officer(s) Director(s) of (President / Member Last Name Thaler	RONDI Corporation and I	L . Members / Manag (Middle Name)	703 PINE ST. ers of Limited Liab Home Address (Street, 310 S Main S	City or Post Office, & Zip Code) PO BOX 251 COLFAX, It ility Company: City or Post Office, & Zip Code)		
Agent Last Name IVERSON-DEMOE All Officer(s) Director(s) of (President / Member Last Name Thaler Vice President / Member Last Name	RONDI Corporation and I (First) Steven (First)	Members / Manag (Middle Name) M. (Middle Name)	703 PINE ST. ers of Limited Liab Home Address (Street, 310 S Main S Home Address (Street,	City or Post Office, & Zip Code) PO BOX 251 COLFAX, I Ility Company: City or Post Office, & Zip Code) t. Chippewa Falls, WI City or Post Office, & Zip Code)	54729	
Agent Last Name IVERSON—DEMOE All Officer(s) Director(s) of (President / Member Last Name Thaler Vice President / Member Last Name Thaler	RONDI Corporation and I (First) Steven (First) John	Members / Manag (Middle Name) M. (Middle Name) T.	703 PINE ST. ers of Limited Liab Home Address (Street, 310 S Main S Home Address (Street, 310 S Main S	City or Post Office, & Zip Code) PO BOX 251 COLFAX, I Ility Company: City or Post Office, & Zip Code) t Chippewa Falls, WI City or Post Office, & Zip Code) t Chippewa Falls, WI Chippewa Falls, WI	54729	
Agent Last Name IVERSON—DEMOE All Officer(s) Director(s) of (President / Member Last Name Thaler Vice President / Member Last Name Thaler	RONDI Corporation and I (First) Steven (First)	Members / Manag (Middle Name) M. (Middle Name)	703 PINE ST. ers of Limited Liab Home Address (Street, 310 S Main S Home Address (Street, 310 S Main S	City or Post Office, & Zip Code) PO BOX 251 COLFAX, I Ility Company: City or Post Office, & Zip Code) t. Chippewa Falls, WI City or Post Office, & Zip Code)	54729	
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Agent Last Name IVERSON—DEMOE All Officer(s) Director(s) of O President / Member Last Name Thaler Vice President / Member Last Name Thaler Secretary / Member Last Name Treasurer / Member Last Name Directors / Memagers Last Name Directors / Memagers Last Name C. Business Information 1. Trade Name Express Managers Last Name 2. Address of Premises 616 3. Does the applicant unders and brewpubs? 4. Premises description:	RONDI Corporation and I (First) Steven (First) John (First) (First) (First) (First) Ant MAIN ST. Stand that they must be cribe building or gliving quarters, if	Members / Manag (Middle Name) M. (Middle Name) T. (Middle Name) (Middle Name) (Middle Name) (Middle Name)	PINE ST. Pers of Limited Liab Home Address (Street, 310 S Main S Home Address (Street, 310 S Main S Home Address (Street, 40 Home Address (Street, 41 Home Address (Street, 42 Home Address (Street, 43 Home Address (Street, 43 Home Address (Street, 44 Business Photo Post Office & 23 Business Photo Post Office Photo Po	City or Post Office, & Zip Code) PO BOX 251 COLFAX, I Ility Company: City or Post Office, & Zip Code) t. Chippewa Falls, WI City or Post Office, & Zip Code) t. Chippewa Falls, WI City or Post Office, & Zip Code) City or Post Office, & Zip Code) The Number 715-962-3241 Zip Code COLFAX, WI 54 Im Wisconsin wholesalers, breading, and/or storage of alcohological contents of the contents of th	54729 54729 730 eweries applicant m	ust
Agent Last Name IVERSON—DEMOE All Officer(s) Director(s) of O President / Member Last Name Thaler Vice President / Member Last Name Thaler Secretary / Member Last Name Treasurer / Member Last Name Directors / Memagers Last Name Directors / Memagers Last Name C. Business Information 1. Trade Name Express Managers Last Name 2. Address of Premises 616 3. Does the applicant unders and brewpubs? 4. Premises description: Deinclude all rooms including	RONDI Corporation and I (First) Steven (First) John (First) (First) (First) (First) Ant MAIN ST. Stand that they must be cribe building or gliving quarters, if	Members / Manag (Middle Name) M. (Middle Name) T. (Middle Name) (Middle Name) (Middle Name) (Middle Name)	PINE ST. Pers of Limited Liab Home Address (Street, 310 S Main S Home Address (Street, 310 S Main S Home Address (Street, 40 Home Address (Street, 41 Home Address (Street, 42 Home Address (Street, 43 Home Address (Street, 43 Home Address (Street, 44 Business Photo Post Office & 23 Business Photo Post Office Photo Po	City or Post Office, & Zip Code) PO BOX 251 COLFAX, I Ility Company: City or Post Office, & Zip Code) t. Chippewa Falls, WI City or Post Office, & Zip Code) t. Chippewa Falls, WI City or Post Office, & Zip Code) City or Post Office, & Zip Code) The Number 715-962-3241 Zip Code COLFAX, WI 54 Im Wisconsin wholesalers, breading, and/or storage of alcohological contents of the contents of th	54729 54729 730 eweries applicant m	ust

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

5.	Legal description (omit if street address is given	on previous page): Convenience	Store		
6.	a. Since filing of the last application, has the namember, officer, director, manager or agent organization licensee been convicted of ar for violation of any federal laws, any Wiscon or municipality? If yes, complete page 3	for either a limited liability company ny offenses (excluding traffic offense nsin laws, any laws of other states, or	licensee, or nonprofit es not related to alcohol) ordinances of any county	☐ Yes	☑ Ne
	b. Are charges for any offenses presently per the named licensee or any other persons affi	nding (excluding traffic offenses not re iliated with this license? If yes, expla	elated to alcohol) against in fully on page 3	TYes	☑ Ne
7.	Except for questions 6a and 6b, have there be by you on your last application for this license?			☐ Yes	☑ Ne
٥	Was the profit or loss from the sale of alcohol be	vectors for the previous year repetted	Lon the Wiegensin Income		
0.	or Franchise Tax return of the licensee? If not, e			∠ Yes	□ No
9.	Does the applicant understand they must hold a [phone (608) 266-2776]	a Wisconsin Seller's Permit?		Yes	□ No
	Does the applicant understand that alcohol beve from the date of invoice and made available for i			✓ Yes	□ No
11.	Is the applicant indebted to any wholesaler beyon	ond 15 days for beer or 30 days for lic	quor?	☐ Yes	☑ No
12.	Does the applicant owe municipal property taxe (Note: Renewal of licenses may be denied pursassessments or other fees).			☐ Yes	☑ No
bee app and voic this	AD CAREFULLY BEFORE SIGNING: Under per en truthfully answered to the best of the knowledge dication; that the applicant has read and made a dicorrect. The undersigned further understands to dication. Any person who knowingly provides in \$1,000.	e of the signer. The signer agrees that complete answer to each question, at hat any license issued contrary to Ch nay be prosecuted for submitting false	the/she is the person name and that the answers in each apter 125 of the Wisconsin statements and affidavits in	d in the for instance a Statutes s n connecti	regoing are true shall be ion with
Con	ntact Person's Name (Last, First, M.L.)	Title / Member	Date 1.	1.	. 1
	aler, Steven M.	Member	5/15	1904	34
Sigi	terrentia (77)	Phone Number 715-723-2822	info@thale	coil.co	m
	7				
то	BE COMPLETED BY CLERK		A A A A A A A A A A A A A A A A A A A		
ii.		orted to council / board	Date license granted		
Lice	0 - 1 00 1 00 1	UIGHI 24 ense issued	Signature of Clerk / Deputy Clerk	m	2

Submit to municipal clerk

individual's Full Name (please print) (last na	mei	(first name)		(middle nam	ng)
	noe	Pand	1.	,	Ĺ
Home Address (street/route)	Post Office	City		State	Zip Code
703 P.M.	St 70 25	51 (olfase	WI	54730
Home Phone Number		Age Date of	Rich	Place of Birt	Claire WI
715.556-376	76	1931		Eau	Claire WI
E					
The above named individual provides to	the following information	on a	יין (פווט אניטיוני),		
Applying for an alcohol beverage I	icense as an individu :	al			
A member of a partnership which	is making application	for an alcohol beve	erage license.		
(Officer / Director / Member / Manage	of	EXPMSS (Name of Cort	Mart		
(Officer / Diffector / Member / Manage	r / Agent)	(Name of Corp	poration, Limited Liability Compa	ny or Nonorofit C	Organization)
which is making application for an	alcohol beverage licer	ise.			
The <i>above named individual</i> provides t	he following informatio	n to the licensing a	uthority:		
How long have you continuously re	-	_	(pb+ year	1	
2. Have you ever been convicted of ar				P-000	
violation of any federal laws, any W	isconsin laws, any law	s of any other state	es or ordinances of any	county	
or municipality?				tic 22 + 1804 titl	Yes Ao
If yes, give law or ordinance violate			· · · · · · · · · · · · · · · · · · ·	otion and	
status of charges pending. (If more	room is needed, continue	on reverse side of th	is form.)		
Are charges for any offenses present	ntly pending against yo	ou (other than traffic	unrelated to alcohol t	everages)	
for violation of any federal laws, any					
municipality?					Yes 140
If yes, describe status of charges pe					
 Do you hold, are you making applic 					
organization or member/manager/a	Ŧ				Yes Wo
beverage license or permit?	# * * #5# * #5# B2* * # #5* # * #5#	. 88 - 8 - 1 - 1 - 13 84	sa tar tar i it ti i i i		Tes
ti yes, identity,		Name, Location and Type o	f License/Permit)		
. Do you hold and/or are you an office				oration or	
member/manager/agent of a limited		-			
brewery/winery permit or wholesale					Yes Wo
If yes, identify,					
(Name of	Wholesale Licensee or Permitte	96)	(Addres	ss By City and Co	ounty)
Named individual must list in chrono		employers			
emal z'eyclom E	Employer's Address		Employed From		° Duck
Express Mart		in St	201		Present
Employer's Name	Employer's Address		Employed From	Т	ō
	N .				

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

Rord Denice
(Signature of Named Individual)

Fell Number (Class period beginning: Office dayyy) and ending: Office dayyy) ending: Off	FEN Number 2007 158 Type of License period beginning: 21/01/2004 ending: 06/30/304045 The Governing Body of the: 10 Town of 10 Town of 10 Class a grant 10 Town of 10 Class a liquor 10 Town	For the license period beginning: Of Japan ending: Ob/Japan ending: Ob/Jap	(Submit to municipal clerk, F		icense Ap	Diiodeioii	Applicant's Wisconsin Seller's Per	
To the Governing Body of the: Town of	Type of License period beginning? Direct 2024 ending: 2013 y 2025 feed as yell the Governing Body of the: Town of Class B beer Class B bee	To the Governing Body of the: Town of		Read instructions	s on page 3.)		FEIN Number	Za ana a maria da
Town of Colfax Class A beer \$ 10.0 Class A beer \$ 10.0 Class B beer \$ Class C wine \$ 20.0 Class A liquor \$ 50.0 Class A liquor \$ 50.	the Governing Body of the: Town of	Town of To the Governing Body of the: Lyttlage of Class A beer \$ 10.00 Class B beer \$ Class C wine \$ Class A liquor \$	For the license period beginni	04/01/00	al andina A	10/20/ 1015	26 02071	158
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Business Information Trade Name <u>Kyles Market Inc.</u> Business Phone Number <u>115-962-3585</u> Address of Premises <u>115 Main St.</u> Post Office & Zip Code <u>Colfas WI 541.</u> Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries	Business Information Trade Name	Address of Premises	Il Officer(s) Director(s) of Corresident / Member Last Name CSS Corresident / Member Last Name	(First)	(Middle Name)	pers of Limited Liak Home Address (Street, N98/1 55 Home Address (Street, Home Address (Street, N98/1 55 Home Address (Street, Post Office & Di beverages only fro	City or Post Office, & Zip Code) One Number 15-962- Zip Code Colfas WI om Wisconsin wholesalers, bre	54130 -54130 -3585 -54130
Business Information Trade Name <u>Kyles Market Inc.</u> Business Phone Number <u>115-962-3585</u> Address of Premises <u>115 Main St.</u> Post Office & Zip Code <u>Colfas WI 541</u> Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries	Business Information Trade Name	Address of Premises	Il Officer(s) Director(s) of Coresident / Member Last Name CSS Vice President / Member Last Name Vice President / Memb	(First)	(Middle Name)	pers of Limited Liak Home Address (Street, N98/1 55 Home Address (Street, Home Address (Street, N98/1 55 Home Address (Street, Post Office & Di beverages only fro	City or Post Office, & Zip Code) One Number 15-962- Zip Code Colfas WI om Wisconsin wholesalers, bre	54130 -54130 -3585 -54130
Business Information Trade Name	Business Information Trade Name	Address of Premises 115 Main St. Post Office & Zip Code Colfax WI 54136 Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes Foremises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant muinclude all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages are records. (Alcohol beverages may be sold and stored only on the premises described.)	Il Officer(s) Director(s) of Coresident / Member Last Name CSSI Coresident / Member Last Name Coresident / Member Last	(First)	(Middle Name) buildings where used, for the saled stored only on	pers of Limited Liak Home Address (Street, N98/1 55 Home Address (Street, Home Address (Street, N98/1 55 Home Address (Stree	City or Post Office, & Zip Code) One Number Zip Code Colfas WJ om Wisconsin wholesalers, breater to be sold and stored. The office, and/or storage of alcoholisted.)	- 3585 - 54730 - 3585 - 54730 eweries

5.	Legal description (omit if street address is given on previous page):		
6.	a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3	☐ Yes	⊡ ∕No
	b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3	☐ Yes	W o
7:	Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain	☐ Yes	E No
8,	Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain	PYes	□No
9.	Does the applicant understand they must hold a Wisconsin Seller's Permit?	□ ¥es	∏ No
10.	Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?	Yes	☐ No
11.	is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	☐ Yes	ŪKo
	Does the applicant owe municipal property taxes, assessments, or other fees?(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).	Yes	
bee app and voic this	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the about truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name lication; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits application. Any person who knowingly provides materially false information on this application may be required a \$1,000.	instance Statutes in connec	are true shall be stion with
Con	tact Person's Name (Last, First, M.1) Title / Member Date	-14	
Sign	Arcssin Nicholos N Owner 5/13/2 Phone Number Email Address	U.LY	
2	715.942-3585 into @ Ky	45 mar	let.co
— то	BE COMPLETED BY CLERK		
	e received and filed with municipal clerk Date reported to souncil / board Date license granted		
	05/22/2024	0	
Lice	nse number issued Date license issued Signature of Clerk 7 Deputy Clerk	Lun	

Submit to municipal clerk.

Individual's Full Name (please print) (last na	ime) (first na	ame)	(middle r	
#1155in	Nichol	95	Ν	
Home Address (street/route)	Post Office	City	State	Zip Code
N9811 55075 S	5+	CoHay	ω_{I}	54730
Home Phone Number	Age	Date of D. V.	Place of	Birth
715-989-0007			Chi	p. Fulls WI
*				
The above named individual provides t		CHECK	one)	
Applying for an alcohol beverage I				
A member of a partnership which	is making application for an alc	cohol beverage lice	nse.	
Officer / Director / Member / Manage	of Kyl	os Market Name of Corporation, Limi	ted Liability Company or Nonpro	dit Organization)
which is making application for an	alcohol beverage license.			
The above named individual provides t	the following information to the	icensing authority:		
How long have you continuously re	ū		>	
 Have you ever been convicted of an 			everages) for	
violation of any federal laws, any W				
or municipality?	· ·			ewam Yes -No
If yes, give law or ordinance violate				
status of charges pending. (If more			·	
3. Are charges for any offenses prese				
for violation of any federal laws, any				
municipality?		10004 HEADSK (E.SHEADON A) 11004 - RORONO		ENCENN L 163 LINO
4. Do you hold, are you making applic	ation for or are you an officer. of	irector or agent of a	a corporation/nonprofit	
organization or member/manager/a	gent of a limited liability compa	ny holding or apolyi	ng for any other alcoho	ol
beverage license or permit?				
If yes, identify.				
	·	ion and Type of License/Pe		
5. Do you hold and/or are you an office				or
member/manager/agent of a limited				
brewery/winery permit or wholesale	liquor, manufacturer or rectifier	permit in the State	of Wisconsin?	YesNo
If yes, identify.				
·	f Wholesale Licensee or Permittee)		(Address By City and	d County)
Named individual must list in chrono Enologer's Name	ological order last two employer Employer's Address	S.	Employed From	τ _ο
	115 Main St	Colfax	2011	Present
Employer's Name	Employer's Address	C011.04.	Employed From	To
WIT ALNC	ployer 5 / logicos		2004	2015
ULL HELLICO	1)		₩ 02-40 T	

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

20 A Signature of Named Individual)

Submit to municipal clerk

In	dividual's Full Name (please print) (last nam	ne) (first name)	(middle	пате)
	Kressin	4	annah	R	
Н	ome Address (street/route)	Post Office	City	State	Zip Code
	N981 550th St.		Colfas	WI	
1-10	ome Phone Number		Total of Title	Place of	f Birth
	715-989-0007			Equ	Claire WI
	S S				
Th	e above named individual provides th	ie following information દ્વ	a porson veno is fundak	one).	
	Applying for an alcohol beverage lid	cense as an individual			
	A member of a partnership which i	s making application for a	an alcohol beverage lice	nse.	
X	Treasurer	of Ku	1 es Market	Inc.	
	Officer / Director / Member / Manager	/ Agent)	Name of Corporation. Limit	ited Liability Company or Nonpr	ofit Organization)
	which is making application for an a	ilcohol beverage license.			
The	e above named individual provides th	e following information to	the licensing authority		
	How long have you continuously res				
	Have you ever been convicted of any			neverages) for	
	violation of any federal laws, any Wis	•		-	
	or municipality?		· ·		Yes No
	If yes, give law or ordinance violated	, trial court, trial date and	penalty imposed, and/or	r date, description and	
	status of charges pending. (If more re	oom is needed, continue on r	everse side of this form.)		
- 3					
	Are charges for any offenses present				
	for violation of any federal laws, any municipality?				
	If yes, describe status of charges per		#04034.040.040.04.000001 #1000A.000014004 #0000	A KONTROCOGORON MUNICIP ETHER KONTRO	103 [2] 110
	Do you hold, are you making applica		er, director or agent of a	a corporation/nonprofit	
	organization or member/manager/ag	-	-		
	beverage license or permit?				Yes L-No
	If yes, identify.				
_	De with the st		Location and Type of License/Per		
	Do you hold and/or are you an officer				or
	member/manager/agent of a limited I brewery/winery permit or wholesale li				Vac Ala
	If yes, identify.	quoi, manuiacturer or ret	Amer permit in the State	OI WISCONSIII:	103 170
	ii yoo, laoniily.	Whatereda Licenses as Describeral		(4.11.	
	(Name of M				d Countyl
S 1		Vholesale Licensee or Permittee) odical order last two emol	overs	(Address By City an	d County)
_	(Name of M Named individual must list in chronole Employer's		oyers.	Employed From	d County)
_	Named individual must list in chronole	ogical order last two empl	0.10	Employed From	То
	Named individual must list in chronol	ogical order last two empl	Colfax		

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

3.70

Renewal Alcohol (Submit to municipal clerk. R			olication	45	t's Wisconsin Seller's Per	
	9	,	do las	FEIN Nu	mber 39 17648	369
For the license period beginni	ng: 07/6//202	ending:_ <i>O</i>	(mm dd yyyy)	TY	PE OF LICENSE REQUESTED	FEE
	Town of	010		FCias	s A beer	\$ 10.00
To the Governing Body of the	Milage of	Colfax		of the same of the	s B beer	\$
	City of			Clas	s C wine	\$
County of Dunc		Alderman	ic Dist. No	-clas	s A liquor	\$ 50.00
Country of Country			d by ordinance)	Clas	s A liquor (cider only)	\$ N/A
			,,		s B liquor	\$
Check one: Individual	Limited Liabili			Rese	erve Class B liquor	\$
Partnership	L-Corporation/N	lonprofit Organiza	tion	Clas	s B (wine only) winery	\$
2 4 4 2 2 40				F	Publication fee	\$ 22.50
Complete A or B. All must o	omplete C			TOT	AL FEE	\$ 82.50
A. Individual or Partnership:						
'Full Name (Last)	(First)	(Middle Name)	Home Address (S	treet, City or Post (Office, & Zip Code)	
Fuli Name (Las!)	(First)	(Middle Name)	Home Address (S	treet, City or Post (Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Si	treet. City or Post (Office, & Zip Code)	
		,,		=	5.1.00; & E.p 0040;	
B. LLC or Corporation (and A	Agent):					
Full Legal Name of Corporation / Nonp	rofit Organization / Limit	ted Liability Company	Address of Corporati	on / Limited Liabilit	y Company (if different fro	m licensed premises)
	ty Cooperat		P.O. +	30x 15		10 WE SH763
All corporations/organizations of iquor must appoint an agent.			g for a license to	o seli fermente		
Agent Last Name	(First)	(Middle Name)	Home Address (St	tree! City or Post (Office & Zin Code)	
Brown	Charles	(miodic Name)	118777	Lines	office, & Zip Code) M Lobbix W.	E 54730
All Officer(s) Director(s) of C						
President / Member Last Name	(First)	(Middle Name)	Home Address (St	treet, City or Post C	Office, & Zip Code)	
Score	David		NIZIO3	430 =	St. Boyceul	1c WL 34725
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (St	treet, City or Post 0	Office & Zip Code)	
MOLLS Jr.	Roman	A		W Ave	Almena WI	54805
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (St	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Haceriung	Steve	K	NIIO14	Cty R		WE 54 73 D
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (St	reet, City or Post C	Office, & Zip Code)	j
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (St	reet, City or Rost C	Office, & Zip Code)	F 211 22)
NIMBON	Kyle		N10037	Ltu	Rom Colles	WL 54 130
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (St	reet, City or Post C	Office, & Zip Code)	
Business Information						,
					G = 6/2	2,70
1. Trade Name Colfa K	Lenex		Business	Phone Numbe	(315) 962-	3112
2. Address of Premises 401	E. Rallo	an Ave	Post Office	e & Zip Code	Colfex U	JE 54730
Does the applicant understand brewpubs?	and that they mus				sin wholesalers, bre	weries \(\) No
 Premises description: Des include all rooms including 	scribe building or living guarters, if	buildings where a	lcohol beverage	es are to be s	old and stored. The	e applicant must
records. (Alcohol beverage	s may be sold an	d stored only on t	he premises de	scribed.)		
Inside Build	x / iii	THE STATE OF THE S				
	ines Inc	lune Co	0/2/5			
	ing Inc	lupe co	0/8/5			

5	Legal description (omit if street address is given on previous page):	-22.0	
6.	a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3	☐ Yes	No
	b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3	☐ Yes	No
7	Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain	☐ Yes	No
8.	Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain	Yes	□No
9.	Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]	Yes	□No
10.	Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?	Yes Yes	No
11.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	☐ Yes	≥ No
	Does the applicant owe municipal property taxes, assessments, or other fees?	Yes	No
DE/	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the about truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name	ove questi	ons has
bee app and void this	lication; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsir I, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits application. Any person who knowingly provides materially false information on this application may be required \$1,000.	ed in the form instance statutes in connec	oregoing are true shall be tion with
bee app and void this thar	lication; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsind, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits application. Any person who knowingly provides materially false information on this application may be required a \$1,000. Tact Person's Name (Last, First, M.L.) Title / Mamber	ed in the form instance statutes in connec	oregoing are true shall be tion with
bee app and void this thar	lication; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsind, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits application. Any person who knowingly provides materially false information on this application may be required \$1,000. Title / Mamber Date	ed in the for instance a Statutes in connect to forfeit r	are true shall be tion with not more
bee app and void this thar	lication; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsir and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits application. Any person who knowingly provides materially false information on this application may be required a \$1,000. Ital Person's Name (Last, First, M.L.) Title (Mamber Store Manager Date Store Manager Phone Number Churcher Churc	ed in the for instance a Statutes in connect to forfeit r	are true shall be tion with not more
bee app and void this thar con	lication; that the applicant has read and made a complete answer to each question, and that the answers in each correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsir it, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits application. Any person who knowingly provides materially false information on this application may be required in \$1,000. Title / Mamber Show Date 5-16	ed in the for instance a Statutes in connect to forfeit r	are true shall be tion with not more

Submit to municipal clerk:

Individual's Full Name (please print) (last name)	(first name)	(r	middle name)
	Charles		,
Home Address (street/route) Post Office	City	S	tate Zip Code
N82Z7 CTyRDM	C	olax 1	NI 54730
Home Phone Number	Age Date of Bird	th Pl	Chippewa
715942 3545	1-1-1	2	Chippewa
51			
The above named individual provides the following inform	ation as		
Applying for an alcohol beverage license as an indivi	idual		
A member of a partnership which is making applicati	ion for an alcohol bevers	ige license.	
Officer / Director Member / Manager Agent)	Synerge	1 Cooperative ation, Limited Liability Company or	
(Officer / Director (Member / Manager Agent)	(Name of Corpo)	ation, Limited Liability Company or	Nonprofit Organization)
which is making application for an alcohol beverage li	icense.		
The above named individual provides the following information	ation to the licensing aut	hority	
How long have you continuously resided in Wisconsin	A 4 0000		
How long have you continuously resided in wisconsin Have you ever been convicted of any offenses (other ti			
violation of any federal laws, any Wisconsin laws, any			intv
or municipality?			
If yes, give law or ordinance violated, trial court, trial da			W MOON W -
status of charges pending. (If more room is needed, conti			
3. Are charges for any offenses presently pending agains			
for violation of any federal laws, any Wisconsin laws, a			
municipality?		CONTRACTOR AND ESCAPACION SON	Yes X NO
If yes, describe status of charges pending. 1. Do you hold, are you making application for or are you	an officer director or an	ent of a cornoration/popu	profit
organization or member/manager/agent of a limited lial			
beverage license or permit?			
If yes, identify.		88	X
, , , ,	(Name, Location and Type of L	icense/Permit)	
5. Do you hold and/or are you an officer, director, stockho	older, agent or employe o	of any person or corporat	ion or
member/manager/agent of a limited liability company h			
brewery/winery permit or wholesale liquor, manufacture	er or rectifier permit in th	e State of Wisconsin?	Yes XNo
If yes, identify.			
(Name of Wholesale Licensee or Par	rmittee)	(Address By	City and County)
Named individual must list in chronological order last tw	vo employers.		
Ezoloyer's Address	1 (11 .	Employed From	To CT
Synergy Coop Coltax 401 RR	Ave lo Hax hi	1 OC+ 2004	1 to present
Employer's Name Employer's Address		Employed From	То
		1	

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

(Signature of Named Individual)

Renewal Alcohol (Submit to municipal clerk. I	•	SF SF	plication	Applicant's Wisconsin Seller's Per 456/03033	
		,		FEIN Number 85 /323	689
For the license period beginn	NOW WARRED		(mm 3d yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	Town of	Calcus		Class A beer	\$
to the Governing Body of the	village of	COITAX		Letass B beer	\$ 100.00
	L. City of			Class C wine	\$
County of Dun	\cap	Aldermar	nic Dist, No	Class A liquor	\$
		(if require	ed by ordinance)	Class A liquor (cider only)	\$ N/A
				LClass B liquor	\$ 400.00
Check one: 🔲 Individual	Limited Liabilit			Reserve Class B liquor	\$
Partnership	Corporation/N	onprofit Organiza	ation	Class B (wine only) winery	
				Publication fee	\$ 22.50
Complete A or B. All must	complete C.			TOTAL FEE	\$ 522.50
A. Individual or Partnership					
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
			i i		
B. LLC or Corporation (and	Agent):				
Full Legal Name of Corporation / None	profit Organization / Limite	ed Liability Company	Address of Corporation / L	imited Liability Company (if different fro	m licensed premises)
				r Au #101 Colfors	
100				ell fermented malt beverages a	
AgentLast Name	(First)	(Middle Name)	Homa Address (Ctroot	City or Post Office, & Zip Code)	
Barstad	Mark	S (Middle Name)			C1172
	* *= -			2dm Colforo WI	37/30
All Officer(s) Director(s) of C					
President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Barstad	mark	5	N8080 CaR	In Colfaso WI	54730
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Hama Addraga (Street	City or Post Office, & Zip Code)	
A COURT A MOTHOUS ECOL STATING	(1 1100)	(Ivitadie Ivallie)	Home Address (Street,	ony or Post Office, a Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
	1		<u> </u>		
. Business Information		_			
1. Trade Name Moms	Rostauran	++ Pub L	LC Business Pho	ne Number <u>115-96</u>	2-4617
C 2/c2_8/c				Zip Code Co Have	
			beverages only fro	m Wisconsin wholesalers, bre	weries No
 Premises description: De include all rooms including records. (Alcohol beverage 	living quarters, if t	ised, for the sale	s, service, consump	are to be sold and stored. The otion, and/or storage of alcoho bed.)	e applicant must I beverages and
000000 00				race room, COO	ler

5	Legal description (omit if street address is given on previous page):		
6.	a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee. or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3	☐ Yes	⊵ No
	b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3	☐ Yes	<u>C</u> No
7.	Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain	☐ Yes	2 470
8.	Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income	m 🛩	
	or Franchise Tax return of the licensee? If not, explain	Tes	No
9,	Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]	Yes	□No
10.	Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?	□ ¥€\$	□No
11.	Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?	Yes	No
12.	Does the applicant owe municipal property taxes, assessments, or other fees?	Yes	2 40
bee app and void this	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the about truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person name dication; that the applicant has read and made a complete answer to each question, and that the answers in each a correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin d. and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in application. Any person who knowingly provides materially false information on this application may be required in \$1,000.	ed in the for instance Statutes in connect	oregoing are true shall be tion with
Cor	ntact Person's Name (Last, First, M.I.) Title / Member Date	9-76	124
Sig	Bartstad Mark 5 CWner 5-4 Phone Number Email Address moms rest 2020 g	ourante mail.a	md pub
_			
	BE COMPLETED BY CLERK e received and filled with municipal clerk		
100	5/3//2024 4/24/24		
LICI	ense number issued Date license issued Signature of Clerk / Deputy Dept	1	

Submit to municipal clerk.

		,		
individual's ⊂ull Name (please print) (la	st name)	(first name)	(m	niddle name)
Par	Stad	Mark		5
Home Address (street/route)	Post Office	City	I.I.	ate Zip Code
N808D COR	29 W	Colfa	ω ω	DI 54730
Home Phone Number			218	ace of Birth
715-704-016	,2	(a) (a) (b)	É	au Claire WI
113 10 1 310				
The above named individual provid	es the following information	on as a person who is <i>(ch</i>	reck one)	
Applying for an alcohol bevera	ge license as an individ u	al		
A member of a partnership will	nich is making application	for an alcohol beverage	license.	
	of			
(Officer / Director / Member / Ma	inager / Agent)	(Name of Corporation	, Limited Liability Company or I	Vonprofit Organization)
which is making application for	an alcohol beverage licer	nse.		
The above named individual provid	es the following informatic	on to the licensing author	rity:	
How long have you continuously	· ·	(20)	le Gears	
Have you ever been convicted or				
violation of any federal laws, an				nty
or municipality?				
If yes, give law or ordinance vio				and
status of charges pending. (If m	ore room is needed, continue	e on reverse side of this form	n.)	
3. Are charges for any offenses pro	seently pending against w	ou (other than traffic unre	alated to alcohol heve	ranes)
for violation of any federal laws,				
municipality?				
If yes, describe status of charge	s pending.			
Do you hold, are you making ap				
organization or member/manage	_			
beverage license or permit? If yes, identify.	8		3 - 31 31 - 131	Yes Wo
ii yes, identity.		Name, Location and Type of Licens	se/Permit)	
5 Do you hold and/or are you an o	officer, director, stockholde	er, agent or employe of a	ny person or corporati	on or
member/manager/agent of a lim		_		
brewery/winery permit or wholes	ale liquor, manufacturer c	or rectifier permit in the S	tate of Wisconsin?	Yes No
If yes, identify.				
	me of Wholesale Licensee or Permitt		(Address By C	City and County)
Named individual must list in chr		employers.		1-
Emoloyar's Name	Employer's Address	Λ //	Employed From	το
Moms Rest, 4Pul		Acr #101	2026	Present 2020
Employer's Name	Employer's Address	•	Employed From	2020
Wal Mant	menon	10m 00	1995	2000

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

Mail & Barstal

Renewal Alcohol	Beverage Li	ocilioc Ap	•	4561029438	117/202
Submit to municipal clerk.	Read instructions of	on page 3.)		FEIN Number	9 1000
for the license period begins	7/ 2021	andina. L	20 2015	FEIN Number 82 289650	08
or the license period beginn			(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
o the Governing Body of the	Town of	0 10		Class A beer	\$
the Governing Body of the	e: 🗴 Village of 🗦 🔃	Coltax		Class B beer	\$ 100.00
	City of			Class C wine	\$
ounty of Dunn		Aidorno	nic Dist. No.	Class A liquor	\$
Sality Of South			ed by ordinance)	Class A liquor (cider only)	\$ N/A
		(ii roquire	ed by diamance,	Class B liquor	\$ 400.00
heck one: 📋 Individual	Limited Liability	y Company		Reserve Class B liquor	\$
Partnership	Corporation/No	onprofit Organiza	ation	Class B (wine only) winery	\$
		3		Publication fee	\$ 22.50
omplete A or B. All must	complete C.			TOTAL FEE	\$ 522.50
Individual or Partnership	\·				. 244.00
Ill Name (Last)	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)	
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uli Name (Last)	(First)	(Middle News)	Hama Addana (Otarita	City or Start Office 9 71- Carlet	
A Notife (East)	(First)	(Middle Name)	nome Address (Street,	City or Post Office, & Zip Code)	
U Name (I 4)	(F) - 1)	1	1		
ull Name (Last)	(First)	(Middle Name)	Home Address (Street,)	City or Post Office, & Zip Code)	
LLC or Corporation (and	Accomátic				
			Address of Corporation / Li	imited Liability Company (if different fro	m licensed premises)
IN DIIDG	Tiger LL	C	2		1
corporations/organizations	a a		ng for a license to sel	i fermented malt beverages a	nd/or intoxicating
corporations/organizations uor must appoint an agent.	a a		ng for a license to sel	i fermented malt beverages a	nd/or intoxicating
uor must appoint an agent.	or limited liability co	(Middle Name)	Home Address (Street, (City or Post Office, & Zip Code)	i i
uor must appoint an agent.	or limited liability co	(Middle Name)	Home Address (Street, (City or Post Office, & Zip Code)	i i
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5. Legal description (omit if street address is give	en on previous page	s):			
member, office organization lice for violation of	he last application, has the r, director, manager or age censee been convicted of any federal laws, any Wisc ? If yes, complete page 3	ent for either a limite F any offenses (exc consin laws, any lav	ed liability company lice fluding traffic offenses n vs of other states, or ord	nsee, or nonprollications of related to alcohol) inances of any county	☐ Yes	PNO
b. Are charges for the named lice	or any offenses presently prince or any other persons	pending (excluding affiliated with this lid	traffic offenses not relate cense? If yes, explain	ed to alcohol) against fully on page 3	Yes	No
7. Except for question by you on your last	ons 6a and 6b, have there st application for this licen	been any changes se? If yes, explai r	in the answers to the quite the contraction of the	uestions as submitted	☐ Yes	[FNo
8. Was the profit or lo or Franchise Tax r	oss from the sale of alcohol eturn of the licensee? If no	beverages for the p	revious year reported or	the Wisconsin Income	ĽYes	☐ No
-						
9. Does the applicar [phone (608) 266-	at understand they must ho 2776]	ild a Wisconsin Sell	er's Permit?		Yes	□No
10. Does the applicar from the date of ir	it understand that alcohol b nvoice and made available	everage invoices m for inspection by lav	ust be kept at the licens venforcement?	ed premises for 2 years	Yes	□No
11. Is the applicant in	debted to any wholesaler l	peyond 15 days for	beer or 30 days for liquo	or?	☐ Yes	No
12. Does the applicar (Note: Renewal assessments or o	nt owe municipal property to f licenses may be denied ther fees).	axes, assessments pursuant to a local	, or other fees?or ordinance, if the license	e owes municipal taxes,	Yes	No
application; that the a and correct. The under your applications and under negative to the second and under negative terms.	BEFORE SIGNING: Under red to the best of the knowl pplicant has read and madersigned further understandity of state law, the applications who knowingly proversion who knowingly proversion.	edge of the signer. e a complete answe ds that any license nt may be prosecute	r he signer agrees that it or to each question, and issued contrary to Chap ed for submitting false si	that the answers in each ter 125 of the Wisconsinatements and affidavits	n instance Statutes in connec	are true shall be tion with
Contact Person's Name (L	E 14 M	0	Title / Member	Date 5-2	7-24	
Signature	on Nicholas	K	Phone Number 715-456-7	Email Address		
Juli w.						
TO BE COMPLETED				ala linonon garatad		
Date received and filed wit	h municipal clerk Dai	e reported to council / bo	ard D	ale license granted		
License number issued	Dat	e license issued	<i>l</i> s	ghature of Clerk Deputy Cler	Lan	_

Submit to municipal clerk.

Individual's Full Name (please print) (last name	ne)	(first name)		(middle na	ime)	
Anderso	20	Jess	ica		L_		
Home Address (street/route)	Post Office		City		State	Zip Code	
233 Olive St			Ch:ppewa	Falls	WI	54729	
Home Phone Number)	Age	Date of Birth		Place of B	irth	
715-829-1406							
		_					
The above named individual provides the	ne following information	۱ .					
Applying for an alcohol beverage lice	ense as an <mark>individua</mark>	L					
A member of a partnership which	is making application for	or an alcoh	ol beverage licer	ise			
	of		J				
(Officer / Director / Member / Manager	/ Agent)	(Nar	ne of Corporation, Limit	ed Liability Compa	ny or Nonprofit	Organization)	
which is making application for an a	alcohol beverage licens	se.					
The <i>above named individual</i> provides th	o following information	to the lice	neing authority:				
 How long have you continuously res 	•		-				
 Have you ever been convicted of an 							
violation of any federal laws, any Wis	•						
or municipality?	·					Yes	No
If yes, give law or ordinance violated	, trial court, trial date a	ind penalty	imposed, and/or	date, descrip	ition and		
status of charges pending. (If more ro	oom is needed, continue (on reverse s	ide of this form.)				
Ass sharpes for any effection areas	the acadian against you	. (athar tha	o troffic unsalato	d to pipphal h	- Cucragasi		
3. Are charges for any offenses presen for violation of any federal laws, any		,					
municipality?						Yes	2 NO
If yes, describe status of charges per	nding.						
4. Do you hold, are you making applica	tion for or are you an o	officer, direc	ctor or agent of a	corporation/i	nonprofit		
organization or member/manager/ag			-				
beverage license or permit?	91 254 50 13					Yes	40
If yes, identify.	(M	ama faration s	nd Type of License/Pen	mitt			
5. Do you hold and/or are you an office			555		oration or		
member/manager/agent of a limited l		_					
brewery/winery permit or wholesale I						Yes	No
If yes, identify.	•	•					_
(Name of V	Vholesale Licensee or Permittee	9)		(Addres	s By City and C	County)	
 Named individual must list in chronol 	ogical order last two er	mployers					
Employer's Name	Employer's Address	<u> </u>		Employed From		Present	_
The Blind Tiger Employer's Name Sand Bar	512 mair	16,		901	7		
Employer's Name	Employer's Address			Employed From		То	
Sand Bar				2014	0	2017	

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

Renewal Alcohol (Submit to municipal clerk.			olication	Applicant's Wisconsin Seller's Pers	578604
For the license period beginning	na: 17/4//24	24/ andina: A	1.1201.2025	FEIN Number 85 19819	10
For the license period beginni			(mit dd yyy))	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	Town of	Callar		Class A beer	S
to the Governing Body of the	village of >	COHOX		Letass B beer	\$ 100.00
	City of			Lelass C wine	\$ 100.00
County of Dunn		Alderman	ic Dist. No	Class A liquor	\$
			d by ordinance)	Class A liquor (cider only)	\$ N/A
_	1,020,000,000			Class B liquor	\$
Check one: [Individual				Reserve Class B liquor	\$
Partnership	Corporation/N	onprofit Organiza	tion	Class B (wine only) winery	\$
0	1.4.0			Publication fee	\$ 22.50
Complete A or B. All must of	omplete C.			TOTAL FEE	\$ 222.50
A. Individual or Partnership	·				
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
B. LLC or Corporation (and a		ed Lighility Company	Address of Corporation / I	imited Liability Company (if different fro	m licensed assurings)
4 Little Slice of	Ttely, L	LC	501 Mein:	St. Colfae WI &	74730
All corporations/organizations iquor must appoint an agent.	or limited liability o	ompanies applyin	g for a license to se	ell fermented malt beverages a	nd/or intoxicating
Agent Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Jenson,	Anne	1	805 E. Raile	road Aue CoKap WI	54130
All Officer(s) Director(s) of C	orporation and M	lembers / Manag	ers of Limited Liab	ility Company:	
President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Jenson	Anne	E	The second secon	ead AUY. Colfay Wi	54730
Vice President / Member Last Name	(First)	(Middle Name)		City or Post Office, & Zip Code)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office. & Zip Code)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
: Business Information					
1. Trade Name AL;		/		ne Number 715-942-	
2. Address of Premises <u>5</u>	of Mains	7+	Post Office &	Zip Code <u>Co Haw</u> wi	54730
 Does the applicant underst and brewpubs?	and that they must	purchase alcoho	beverages only fro	om Wisconsin wholesalers, bre	weries
	living quarters, if a	used, for the sale	s, service, consump	are to be sold and stored. The otion, and/or storage of alcoho bed.)	
				oom, Kitchen,	oited

a. Since filing of the last application, has the named licentember, officer, director, manager or agent for either a organization licensee been convicted of any offense.	see, any member of a partnership lic	onego or any	
for violation of any federal laws, any Wisconsin laws, a or municipality? If yes, complete page 3	s (excluding traffic offenses not related any laws of other states, or ordinance	ed to alcohol) s of any county	Yes No
b. Are charges for any offenses presently pending (exclude the named licensee or any other persons affiliated with	luding traffic offenses not related to al this license? If yes, explain fully or	cohol) against	Yes 🔽 No
Except for questions 6a and 6b, have there been any charby you on your last application for this license? If yes, ex	anges in the answers to the question explain		Yes 🛂 🖰 o
Was the profit or loss from the sale of alcohol beverages for Franchise Tax return of the licensee? If not, explain	or the previous year reported on the W		¥es □ No
Does the applicant understand they must hold a Wisconsi [phone (608) 266-2776]	in Seller's Permit?	na munesa ne 🕑	Yes □ No
. Does the applicant understand that alcohol beverage invoi from the date of invoice and made available for inspection	ices must be kept at the licensed prer by law enforcement?	nises for 2 years	Yes No
. Is the applicant indebted to any wholesaler beyond 15 day	ys for beer or 30 days for liquor?		Yes CH6
. Does the applicant owe municipal property taxes, assess (Note: Renewal of licenses may be denied pursuant to a assessments or other fees).	ments, or other fees?	municipal taxes,	Yes A
en truthfully answered to the best of the knowledge of the signification; that the applicant has read and made a complete d correct. The undersigned further understands that any licid, and under penalty of state law, the applicant may be prosen application. Any person who knowingly provides materially an \$1,000.	gner. The signer agrees that he/sne is answer to each question, and that the cense issued contrary to Chapter 125 assecuted for submitting false statemen	e answers in each inst of the Wisconsin Sta ants and affidavits in co may be required to fo	ance are true tutes shall be nnection with
Fenson, Anne E.	Dwner Phone Number	5 13 24	
gnature	715-942-4444	bellabra 4	1e yahoo.
D BE COMPLETED BY CLERK ate received and filled with municipal clerk Date reported to cour	incii / board Date licens	se granted	

Submit to municipal clerk.

Individual's Full Name (please print) (last	name) (first o	ame)	(middle	name)
Jenson	Anne	عے		
Home Address (street/route)	Post Office	City	State	Zip Code
805 & Railroa Home Phone Number 715 556-4	a Ave.	Colfaso	WI	54 130
Home Phone Number	Age	Data of Ridh	Place of	f Birth
715.556-4	110		Por	tage WI
N.				
The above named individual provide		TO TO TO TOURD OUT		
Applying for an alcohol beverage				
A member of a partnership whi	ch is making application for an ali	cohol beverage license.		
(Officer / Director / Member / Man	of			
		(Name of Corporation, Limited Liabili	ty Company or Nonpr	ofit Organization)
which is making application for a	in alcohol beverage license.			
The above named individual provides	s the following information to the	licensing authority:		
1. How long have you continuously	resided in Wisconsin prior to this	date? 55 years	2	
2. Have you ever been convicted of	any offenses (other than traffic u	nrelated to alcohol beverag	ges) for	
violation of any federal laws, any				
or municipality?				Yes 140
If yes, give law or ordinance viola status of charges pending. (If more		- '	description and	
status of charges perfullig. (If the	e room is needed, continue on revers	se side of this form.)		
3. Are charges for any offenses pres	sently pending against you (other	than traffic unrelated to al	cohol beverage	es)
for violation of any federal laws, a				
municipality?		**************************	EX COCKY NOON COOK	Yes No
If yes, describe status of charges 4. Do you hold, are you making app.		lirector or agent of a corno	ration/popprofit	
organization or member/manager	*	_		
beverage license or permit?	_			
If yes, identify.				
		ion and Type of License/Permit)		
5. Do you hold and/or are you an off	•			or
member/manager/agent of a limite brewery/winery permit or wholesa				Yes No
If yes, identify.	ie liquos, mandiactures of rectilles	pennical the State of Wis	CONSITTING	TOS PINO
	of Wholesale Licensee or Permittee)		(Address By City an	nd County)
Named individual must list in chro		-S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,
emel/ s'neyclomE	searbtA a'reyolomE	elomE	yed From	To C
Self	501 MainSt	Colfor	2007	Present
Employer's Name	Employada Address		yed From	То
Villag Ino	502 Main St	19	97	2007

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

grature of Named Individual

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLE	RKS ONLY	
Municipality V: 1000	of Colfax	
1-1-2024	10 6-30-20	Q.

Part A: Premises/Business Information	
Legal Business Name (individual name if sole proprietor)	
The Bird Tiger LLC.	
2. Business Trade Name or DBA	
3. FEIN 82 2896508 4. Wisconsin Seller's 45610	Permit Number 29 4 3 8 4 7 6 0 2
	214304700a
	Liability Company Corporation
6. State of Organization 7. Date of Organization 10-33-2017	Wisconsin DFI Registration Number
9. Premises Address (do not use PO Box)	
	State 12. Zip Code 547 30
13. County Our 14. Governing Municipality: City Town of:	/illage 15. Aldermanic District
16. Mailing Address (if different from premises address)	
17. City () 18.	State 19. Zip Code 547 39
20. Premises Phone 21. Premises Email blind Tiger @ Outlook	22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products all rooms including living quarters, if used, for the sales and/or storage of cigar records. Cigarettes, tobacco products, and electronic vaping devices may be sold and sattach a floor plan if possible.	ettes, tobacco products, and electronic vaping devices and
Part B: Questions	
What products will be sold at this business location? (check all that apply)	
☑ Cigarettes ☐ Tobacco Products	☐ Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check a ✓ Over the counter	all that apply)
3, Is the applicant business owned by another business entity?	
If yes, provide the name and FEIN of the parent company below, identify parent CTV-101 for all of the parent company's members, partners, or officers.	t company members in Part C, and attach Form
3a. Name of Parent Company:	
3b. FEIN of Parent Company:	

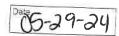
Part C: Individual Information An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company. List the full name, title, and phone number for each person below. Attach additional sheets if necessary. Title Phone First Name Last Name Part D: Attestation One of the following must sign and attest to this application: · one managing member of an LLC • one general partner of a partnership · one corporate officer sole proprietor READ CAREFULLY BEFORE SIGNING: I understand and agree to the following: · I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes. · I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner. I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org). · I will not sell single cigarettes. · I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors. • I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory. · I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands. Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signature Name (Last Title blind-Tiger@ Outlook.com

Form

CTV-101

Part A: Business Information

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire



2. Business Trade	Name or DBA						
3 Entity Type (che	ck one)						
☐ Sole Prop	rietor	Partnersi	hin	ſ			
					V Limited Liability	/ Company	☐ Corporation
Part P. India:	K 1 - 4						
1. Name (Last)	ual Information						
	Anderson		6	2. Name (F	First) CSSICOL		3. Name (M
4. Relationship to Bเ			5	. Email			C
Home Address	Owner			Din	3-Tigue	on Xastair	6. Phone
233 (Slive She	et			- Type CC) - 100/1.[U	11 (113)0 29-14
	wa Fall			9. S	tate 10. Zip Code	N 1881015	
2. Drivers License/S	tale ID Number			u		129	
A536-4	328-966	5-05			13. Drivers Lic	cense/State ID Sta	
37/1-1-24	UU						
					_ U)iscansi	\cap
					U	nscans!	\cap
art C: Individua					_ U)12COUS!	Ω
art C: Individua	al's Address His	story	4 - 4		u		
art C: Individua et in chronological evious Address 1	al's Address His	story	the last 5 y	years. Att	ach additional she		
st in chronological evious Address 1		story	the last 5 y	years. Att	ach additional she		
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et in chronological evious Address 1 vious Address 2	al's Address His	story	the last 5 y	y =	ach additional she	ets if necessary.	
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ot in chronological evious Address 1 evious Address 2 vious Address 3	al's Address His	story	City	y ,	ach additional she	ets if necessary.	Zip Code
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evious Address 1 vious Address 2 vious Address 3 vious Address 4 vious Address 5 ious Address 6	al's Address His	story ddresses within	City City City City	,		ets if necessary. State State State State State State State State	Zip Code Zip Code Zip Code
evious Address 1 evious Address 2 evious Address 3 evious Address 3 evious Address 4 evious Address 5 evious Address 5 evious Address 6	al's Address His	story ddresses within	City City City City	,		ets if necessary. State State State State State State State State	Zip Code Zip Code Zip Code Zip Code
evious Address 1 evious Address 2 evious Address 3 evious Address 3 evious Address 4 evious Address 5 evious Address 5 evious Address 6	al's Address His	story ddresses within	City City City City	y , , ult. Attach	n additional sheets	ets if necessary. State State State State State State State State	Zip Code Zip Code Zip Code Zip Code
evious Address 1 evious Address 2 evious Address 3 evious Address 3 evious Address 4 evious Address 5 evious Address 5	al's Address His order all of your ac	story ddresses within	City City City City	,		ets if necessary. State State State State State State State State	Zip Code Zip Code Zip Code Zip Code

State

County

Continued \rightarrow

State

County

Part D: Individual's Criminal History		L. William		
Have you ever been convicted of any offenses Wisconsin, or another state's laws, or of any offenses				
If yes to question 1, please list details of each	conviction below:			
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was sentence completed? Yes N		
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was sentence co	mpieted? Yes No	
Law/Ordinance Violated	Location		Trial Date	
Penalty imposed		Was sentence co	mpleted? Yes No	
Are charges for any offenses currently pending federal, Wisconsin, or another state's laws or a				
If yes to question 2, describe nature and statu	s of pending charges using th	e space below. At	tach additional sheets as needed.	
Part E: Attestation by Individual				
READ CAREFULLY BEFORE SIGNING: I undiconnection with this application, and that any perette, electronic vaping devices, and tobacco projectly declare under penalties of the law that I have complete to the best of my knowledge and belief	rson who knowingly provides in roducts retail license may be examined this information and	materially false info required to forfeit	ormation on an application for ciganot more than \$1,000 if convicted.	
Signature		Date	5-29-24	
Part F: Licensing Authority Approval		10		
I hereby certify that I have checked municipal and this individual qualifies to serve in the reported re			dge, with the available information,	
Name of Local Official Shella Riemes	Title	Deputy Co	letk-Treasureir 5/29/24	
Signature of Local Official		Date	5/29/24	

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY				
Willage of Colfax				
License Period JULY 1 2024 - JUNE 30 2025				

Part A: Premises/Business	s Information				ΦE	
Legal Business Name (individual)					\$5	
Dolgencorp, LLC	Than a sole proprietory			: 		
2. Business Trade Name or DBA						
Dollar General Store # 1182	7					
3. FEIN		4. Wisconsin Se	ller's Permit N	Number		
61-0852764		456-0000208				
5. Entity Type (check one)						
Sole Proprietor	☐ Partnership	✓ Lim	ited Liability	Company	☐ Co	rporation
6. State of Organization	7. Date of Organiza	tion		8. Wisconsin DF	I Registration Num	ber
KY	10/9/2008					
9. Premises Address (do not use Po	O Box) 120 MAIN ST					
10. City			11. State	12. Zip Code		
COLFAX			WI	l '	54730-9107	
13. County	14. Governing Municipality: Cit	ty 🗌 Town	Village	15. Aldermanic D	District	-
DUNN	of: COLFAX					
16. Mailing Address (if different from	m premises address)					
100 MISSION RIDGE						
17. City			18. State	19. Zip Code		
GOODLETTSVILLE			TN	37072		
20. Premises Phone	21. Premises Emai			22. Website		
2622999755	TAX-BEERANDV		CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	The state of the s		
23. Premises Description - Describe Describe all rooms including liv records. Cigarettes, tobacco products a floor plan if possible.	e the building or buildings where ciga ving quarters, if used, for the sales a roducts, and electronic vaping device	and/or storage of	cigarettes, to	bacco products, a	nd electronic vapir	ng devices and
8161 Sta	and Alone building	consisting o	of sales ar	ea and stock	room	
	~	,				
Part B: Questions						
What products will be sold at	t this business location? (check	all that apply)				
☑ Cigarettes	☑ Tobacco	Products		Ele	ectronic Vaping D	evices
2. How will cigarettes, tobacco,	and/or electronic vaping device	es be sold? (ch	eck all that a	apply)		
Over the counter	☐ Vending	machine				
I The state of the	ned by another business entity					
If yes, provide the name and CTV-101 for all of the parent	I FEIN of the parent company b t company's members, partners	elow, identify p , or officers.	arent compa	any members in	Part C, and atta	ch Form
3a. Name of Parent Compan	ny: DOLLAR GENERAL CORPO	DRATION				
3b. FEIN of Parent Company	y: <u>61-0502302</u>					

1	1	82	7
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Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
BRINING	ZACHARY	CEO/LLC MANAGER	6158554000
TAYLOR	EMILY	CFO/LLC MANAGER	6158554000
WHIPPLE	JOSEPH	DISTRICT MANAGER	6158554000

Pa	rf	D·	Attestation

One of the following must sign and attest to this application:

- · sole proprietor
- · one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org).
- · I will not sell single cigarettes.
- · I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature Carrier Carr	Date 4/22/2024	
Name (Last, First, M.I.) TAYLOR, EMILY, C		
Title	Email	Phone
LLC MANAGER	TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM	615-855-4000

Part E: For Clerk Use Only			
Date application was filed with clerk	Date license issued	Date license expires	License number
5/13/24		6-30-2025	
License fees 5.00	Signature of Clerk/Deputy Clerk	Rem	

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

Part A:	: Business Information	n							
1. Legal	Business Name (individual r	name if sole	proprietor)						
DOLGENCORP, LLC									
2. Busine	ess Trade Name or DBA								
DOLL	AR GENERAL STORE # 1	1827							
	Type (check one)	1027							
_	Sole Proprietor		Partnership		⊘ Lim	nited Liability Cor	mpanv	Corporation	
☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation									
Part B	: Individual Informati	on							
	ne (Last)	<u> </u>		2.	Name (First)		3. Name	
	NING				ZACHARY				
4 D-1	-titi-t- Di (Title)			-				7. Phone	
	ationship to Business (Title) O, LLC MANAGER				Email Tax-beeran	dwinelicense@dolla		615-855-4000	
	ne Address 9 MORCHELLA PRIVATE V	/AV							
101	9 WORGHELLA PRIVATE V	V (
9. City					9. State TN	10. Zip Code 37075			
HEI	NDERSONVILLE				IIN				
	ers License/State ID Numbe	er					ense/State ID Stat	te of Issuance	
135104213 TN									
Part C	: Individual's Addres	e Hieton	,						
						1.00	••		
List in ch	hronological order all of y	our addre	esses within the las	st 5 yea	ars. Attach	additional sheet	s if necessary.	- <u> </u>	
Previous Address 1			1 1			State	Zip Code		
1017 MONTROSE DR			GALLATIN TN			TN	37066		
Previous	Address 2			City Sta			State	Zip Code	
Previous	Address 3		-	City			State	Zip Code	
Previous	Address 4			City			State	Zip Code	
T TOVIDUS / MATESS 4									
Previous	Address 5			City			State	Zip Code	
1 Tevious Address 5				John John John John John John John John			513.115		
Descrience	A dalan and C			Charles Charles			State	Zip Code	
rievious	Address 6			City			State	Zip Code	
If applica	able, list all states and co	unties yo	u have lived in as a	an adu	lt. Attach a	dditional sheets	if necessary.		
State	County	State	County		State	County	State	County	
IL		TN			MN				

State

County

Continued \rightarrow

State

County

State

County

State

County

Part D: Individual's Criminal History							
1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances?							
If yes to question 1, please list details of each conviction below:							
Law/Ordinance Violated	Location		Trial Date				
Penalty Imposed		Was sentence	completed? Yes No				
Law/Ordinance Violated	Location		Trial Date				
Penalty Imposed	,	Was sentence	completed? Yes No				
Law/Ordinance Violated	Location	·	Trial Date				
Penalty Imposed		Was sentence	completed? Yes No				
Are charges for any offenses currently pending federal, Wisconsin, or another state's laws or a		·	·				
If yes to question 2, describe nature and statu	s of pending charges using th	e space below. A	Attach additional sheets as needed,				
Part E: Attestation by Individual							
READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.							
Signature 3		Da 4/5	te 5/2024				
Part F: Licensing Authority Approval							
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.							
Name of Local Official Shirla Siener	Title	Deputy C.	lerk-Treasurer				
Signature of Local Official Mult Aum		Da	lerk-Treasurer te 5/13/2024				

Date		
Date		

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

DOLGENCORP, LLC										
2. Business Trade Name or DBA										
DOLLAR GENERAL STORE # 11827										
	3. Entity Type (check one)									
s	☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporate					☐ Corporation				
Part B:	Part B: Individual Information									
	1. Name (Last)						(M.I.)			
	ationship to Business (Title) D, LLC MANAGER	Title) 5. Email 6. Tax-beerandwinelicense@dollargeneral.com 7. Phone 615-855-400					7. Phone 615-855-4000			
-	ne Address 5 OTTER CREEK RD									
	9. City NASHVILLE				9. State TN	10. Zip Code 370215				
12. Drivers License/State ID Number 077628941					"	13. Drivers License/State ID State of Issuance TN				
Part C:	Individual's Addres	s History	1							
List in ch	nronological order all of y	our addre	sses within the last	t 5 yea	rs. Attach	additional sheets if n	ecessary.			
Previous Address 1 City State Zip Code					Zip Code					
Previous Address 2			City			State	Zip Code			
Previous Address 3			City			State	Zip Code			
Previous Address 4			City			State	Zip Code			
Previous Address 5			City			State	Zip Code			
Previous Address 6			City			State	Zip Code			
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.										
State TN	County	State	County		State	County	State	County		
State	County	State	County		State	County	State	County		
		hi-	U	_						

Continued \rightarrow

Part D: Individual's Criminal History						
1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances?						
If yes to question 1, please list details of each conviction below:						
Law/Ordinance Violated	Location		Trial Date			
Penalty Imposed	,	Was sentence co	mpleted? Yes No			
Law/Ordinance Violated	Location		Trial Date			
Penalty Imposed		Was sentence co	mpleted? Yes No			
Law/Ordinance Violated	Location		Trial Date			
Penalty Imposed		Was sentence co	mpleted? Yes No			
Are charges for any offenses currently pending federal, Wisconsin, or another state's laws or a		·	· — — I			
If yes to question 2, describe nature and status	s of pending charges using the	e space below. Att	ach additional sheets as needed.			
Part E: Attestation by Individual						
READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.						
Signature Child		Date 4/5/2	024			
Part F: Licensing Authority Approval						
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.						
Name of Local Official Sheila Rieman	Title	Deputy Cleri	K-Treoscerer			
Signature of Local Officia		Date	5/13/2024			

Date 3/20/24

Form CTV-101

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

Part A	: Business Informati	ion						
	Business Name (individual		e proprietor)		ig.		*	N .
-	GENCORP, LLC	marrie ii con	, p. op., o.c.,					
	ess Trade Name or DBA							
DOT.	LAR GENERAL STO	DE #1	1857					
	Type (check one)	лсы # [1021					
			Dodesanhin		[7] Lis	mitad Liability Com	nanu.	☐ Corporation
	Sole Proprietor	⊔_	Partnership		<u> </u>	mited Liability Comp	Daily	
Part B	: Individual Informat	ion		3				
1. Name				2. Na	ame (First)			3. Name (M.I.)
	shiople				osed	h		2
	onship to Business (Title)			5. Er			6	. Phone
	AIL STORE MANA	AGER		tax-	beera	ndwinelicen	se@dg.do	m(615) 855-40¢
7. Home			0.00	-		-3/		
	31 coventre	1 10	110:14					
8. City	TO VOICE	71111	ormit t		9. State	10. Zip Code		
	mus E	7/1			WI	5472	ર	
12 Drive	Prevoa la license/State ID Numbe	_(\)		_		13. Drivers License	e/Stat vius v	o issuance
12. 0110	140-4968 -	9304	-08			V 00 202 22	onsin	
	170-1100-	1001	0			1 0013 0	201711	
Part C	: Individual's Addres	ss Histor	У					
List in cl	hronological order all of	your addre	esses within the la	st 5 ye	ars. Attac	h additional sheets	if necessary.	
Previous	Address 1			City			State	Zip Code
1460	O Grant st			15-	tanle	J	w ₁	54768
I Previous	Address 2			City	-	3	State	Zip Code
49	DO Olson Do	+vc	Jac 29	1 (Lau 1	Claire	WI	54703
Previous	100 Olson Dr Address 3 2 East ave	1100		City		Claire Jalk	State	Zip Code
37	2 East are			Λ	locus	IGIK	CT	06851
Previous	Address 4			City	010	30(())	State	Zip Code
								·
Previous	Address 5			City			State	Zip Code
				'				
Previous	Address 6			City			State	Zip Code
Toriodo	71001000			""				
ie i	Into the all states and a		barre Brand Sanaa			additional abouts if	i nacasani	
	able, list all states and c			an ad				
State	County	State	County		State	County	State	County
WI	Eauclaire	WI	Chippewa	<u> </u>	ct	Fairfield	٧	
State	County	State	County \		State	County	State	County
		1						

 $Continued \rightarrow$

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date 3/20/24

A (7 ()) DOI: 1				-
Agent Type (check one):				
Part A: Agent Information				
1. Last Name	2. First Name			3. M.I.
Whipple	Joseph		120	3
4. Email		5. Phone		
tax-beerandwinelicense@dollargeneral.com		(61	5)855-400	0
6. Home Address		*		
1481 coventry Ln. Unit 4 7. City Chippena Falls				
7. City		8. State	9. Zip Code	
Chiorena Falls		WI	5472	9
Drivers License/State ID Number		12. Drivers Lice	ense/State ID State	e of Issuance
140-4968-9284-0	28C	Wiscon	Sin	
1. Have you completed Form CTV-101, Cigarette, Tobacco, and				_
Questionnaire? Submit a completed Form CTV-101 with this for	orm		······	Yes □ No
2. If this is a change of agent, please describe the reason for the	agent change. Attach a	dditional shee	ets if necessary	
2. If this is a change of agent, please describe the reason for the	agent change. Attach a	dallional sile	ito ii iioocoodiy.	
Part C: Business Information				
Legal Business Name (individual name if sole proprietor)				
DOLGENCORP, LLC 2. Business Trade Name or DBA				
PLO # 100 000 000 000 000 000 000 000 000 0				
DOLLAR GENERAL STORE # 1182				
3. Entity Type (check one)	П о	41		
✓ Limited Liability Company	Corpora	ation		
4. Premises Address				
5. City		6. State	7. Zip Code	
		WI		
Part D: Attestations			*	
DEAD CAREELL LY REFORE SIGNING: I the Licenses, sutherize the	above person individual to	ant for the above	is named same	tion or limited
READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the				
liability company with full authority and control of the premises and of all				
devices conducted therein. I certify that I am authorized by the entity to				
successor agent, I rescind all previous agent appointments for this prer				
statements and affidavits in connection with this application, and that		y provides mat	erially false inform	nation on this
application may be required to forfeit not more than \$1,000 if convicted.				
Signature of Licensee (officer_member, or authorized signatory)		Date	2/0 / 102/	
(3/55			3/20/2024	
Name of Person Signing for Licensee		Title		
DEAD CAREELINA VIDEFORE CICAMACO A 45- A 4 4		4b = -b =		Danie al Danie 199
READ CAREFULLY BEFORE SIGNING: I, the Agent, herby accept this				
company and assume full responsibility for the conduct of all business				
devices conducted on the premises for the above-named business. I fur				
and affidavits in connection with this form, and that any person who kno to forfeit not more than \$1,000 if convicted.	wingly provides materially	iaise inioimatio	iii on uns joith Ma	y pe required
Signature of Agent		Date		

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	
Municipality VILLAGE OF COLFAX	
License Period 7/1/2024-6/30/2025	

Part A: Premises/Busines						
1. Legal Business Name (individua J & S SALES OF CHIPP	-	•				
2. Business Trade Name or DBA EXPRESS MART						
3. FEIN 271107309			4. Wisconsin Se 4561026446		Number	
5. Entity Type (check one)						
Sole Proprietor	P	artnership		ited Liability		on
6. State of Organization WI		7. Date of Organiza	tion		8. Wisconsin DFI Registration Number JO31100	
9. Premises Address (do not use P 616 MAIN ST.	O Box)					
10. City COLFAX				11. State WI	12. Zip Code 54730	
13. County DUNN	14. Governing	Municipality: City AX	y 🗌 Town 🎚	Village	15. Aldermanic District	
16. Mailing Address (if different from P.O. BOX 428	n premises add	dress)				
17. City COLFAX				18. State WI	19. Zip Code 54730	
20. Premises Phone (715) 962-3241		21. Premises Email INFO@THALKRO			22. Websile WWW.THALEROIL.COM	
Describe all rooms including liv	ing quarters, if	used, for the sales a	nd/or storage of o	igarettes, tol	electronic vaping devices are to be sold and s bacco products, and electronic vaping device NLY on the premises described in this appli	es and
CONVENIENCE STORE	LOCATED A	T 616 MAIN S	T. COLFAX,	WI 5473	0	
Part B: Questions		, <u> </u>				
What products will be sold at	this busines				_	
✓ Cigarettes		✓ Tobacco	Products		✓ Electronic Vaping Devices	
2. How will cigarettes, tobacco, Over the counter	and/or electr	onic vaping device	•	eck all that a	apply)	
3. Is the applicant business own	ed by anothe	er business entity?	******		Yes	No
If yes, provide the name and CTV-101 for all of the parent				rent compa	ny members in Part C, and attach Form	n
3a. Name of Parent Company	y=					
3b. FEIN of Parent Company						

Part C: Individual Information An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company. List the full name, title, and phone number for each person below. Attach additional sheets if necessary. Last Name First Name Title Phone STEVEN OWNER (715) 723-2822 THALER (715) 962-3241 TVERSON-DEMOR RONDI MANAGER Part D: Attestation One of the following must sign and attest to this application: one managing member of an LLC sole proprietor - one general partner of a partnership one corporate officer **READ CAREFULLY BEFORE SIGNING:** I understand and agree to the following: I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes. • I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner. I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org). I will not sell single cigarettes. I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors. - I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory. I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands. Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signature 5/2024 Name (Last, Filst, M.I.) THALER STEVEN. M. OWNER INFO@THALEROIL.COM (715) 723-2822 Part E: For Clerk Use Only Date application was filed with clerk License number Date license issued Date license expires 5-20-24 15-2924 12025

License fees

Signature of Clerk/Deputy Clerk

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR	CLERKS	ONLY
Municipality UNCope License Period	of	Colfax
License Period 7-1-2024	40 (6-30-2025

Part A: Premises/Business Information	1-1-1-1-1		71 - 2	
Legal Business Name (individual name if sole proprietor)				
Outhouse Bar				
2 Business Trade Name or DBA				
3. FEIN	4. Wisconsin Seil	er's Permit	Number	
39-1347846	456-C	0000	165548-	02
5. Entity Type (check one)				_
☐ Sole Proprietor ☐ Partnership	Limit	ed Liability	/ Company	Corporation
6, State of Organization 7, Date of Organiz	ration		8. Wisconsin DFI Re	gistration Number
9. Premises Address (do not use PO Box)				-
413 main St.				
10. City		11. State	12. Zip Code	
Colfax		WI	54730	
13. County 14. Governing Municipality: Ci	ity 🗌 Town 🚺	y Village	15. Aldermanic Distri	ict
16. Mailing Address (if different from premises address)				
PO BOX 81				
17, City		18. State	19. Zip Code	
Coltax		WI	54730	
20, Premises Phone 21, Premises Ema		\	22. Website	
23. Premises Description - Describe the building or buildings where cig	es@gmai		alactronic vaning devi	res are to be sold and stored
Describe all rooms including living quarters, if used, for the sales records. Cigarettes, tobacco products, and electronic vaping devi	and/or storage of ci ices may be sold a	garettes, tol nd stored O	pacco products, and e NLY on the premises	lectronic vaping devices and described in this application.
Cigarettes are stored in	0 001	رمور	bobin	a the bar
agarettes are since in		DITIC		100000
in the center island,	Chewin	ing to	spaceo	12 240169
in the west cooler.				
Part B: Questions			1 7 2	
1. What products will be sold at this business location? (check	(all that apply)			
	o Products		☐ Electro	nic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping device	es be sold? (che	ck all that a	apply)	
▼ Over the counter	g machine			
3, Is the applicant business owned by another business entity				
If yes, provide the name and FEIN of the parent company b CTV-101 for all of the parent company's members, partners	pelow, identify par s, or officers.	ent compa	ny members in Par	t C, and attach Form
3a. Name of Parent Company:				
3b. FEIN of Parent Company:				
	- 11- = V			

Part C: Individual Information

An individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Johnson	Lisa	Partner	715.962.2829
Nelson	mark	Partner	715-967-2425

_	200		220
Dart	n.	Attest	ation

One of the following must sign and attest to this application:

sole proprietor
 one general partner of a partnership

one corporate officer

• one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- · I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org).
- · I will not sell single cigarettes.
- · I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

II III			
Signature Susce Q (Thrsen	OS-10 -	2024
Name (Last, First, M.I.)	1		
Johnson	Lisa)	\	
Title	Ema	ail	Phone
partner	li	sasmes@gmail	715962 2829
(40)		J	
Part E: For Clerk Use Only			
Date application was filed with clerk 5.15.2034	Date license issued	Date license expires 6-30-85	License number
License fees \$ 5.00	Signature of Clerk/Deputy	Clerk Le Runn	

Date	
Duig	

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

Part A: Business Information 1. Legal Business Name (individual name if sole propriet	or!	
OUHNOUSE BOX	01)	
2 Business Trade Name or DBA		
3. Entity Type (check one)		
☐ Sole Proprietor	hin	
Zi i dividis	nip Limited Liability Company	☐ Corporation
Relationship to Business (Title) Partrer Home Address SOI West St. City	2. Name (First) Lisa 5. Email 1/Sasmes & Smail 9. State 10. Zip Code 54730	3. Name (M.I.) 6. Phone 715 962 2829
Drivers License/State ID Number		

	itialiotyourad	dresses within	the last C		The second second		
us Address 1		AGIOGOCS WILLIII	uie iast 5	years. At	tach additional she	ets if necessary.	
			Cit	Σ		State	Zip Code
us Address 2							
			City	City			Zip Code
us Address 3							
			City	/		State	Zip Code
is Address 4							
			City			State	Zip Code
s Address 5			0:4				
<u> </u>			City	City		State	Zip Code
s Address 6			0.7				
			Crty			State	Zip.Code
able, list all states	and counties w	ou beautiful					
County	State 9	ou have lived in	as an adı	ult. Attac	h additional sheets	s if necessary.	
,	State	County		State	County		County
County	State	10					- Santy
f ·	State	County		State	County	State	County
113	s Address 3 s Address 4 s Address 5 s Address 6 able, list all states	s Address 3 s Address 4 s Address 5 s Address 6 able, list all states and counties y County State	s Address 3 s Address 4 s Address 5 s Address 6 able, list all states and counties you have lived in County State County	us Address 2 City Is Address 4 City Is Address 5 City Is Address 6 City Is Address 7	us Address 2 City s Address 3 City s Address 5 City s Address 6 City able, list all states and counties you have lived in as an adult. Attact County State County State County State County State	us Address 2 City s Address 4 City s Address 5 City s Address 6 City able, list all states and counties you have lived in as an adult. Attach additional sheets County State County State County State County	State State State City State County State County State S

Continued \rightarrow

Part D: Individual's Criminal History			
Have you ever been convicted of any offense Wisconsin, or another state's laws, or of any			
If yes to question 1, please list details of each	conviction below:		
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed	A	Was sentence cor	mpleted? Yes No
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed	1	Was sentence cor	mpieted? Yes No
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence cor	mpleted? Yes No
Are charges for any offenses currently pending federal, Wisconsin, or another state's laws or a			
If yes to question 2, describe nature and statu	us of pending charges using the	ne space below. Att	ach additional sheets as needed.
Part E: Attestation by Individual			
READ CAREFULLY BEFORE SIGNING: I und connection with this application, and that any perette, electronic vaping devices, and tobacco pil declare under penalties of the law that I have complete to the best of my knowledge and belief	rson who knowingly provides roducts retail license may be examined this information an	materially false info required to forfeit r	rmation on an application for ciga- not more than \$1,000 if convicted.
Signate Of Cohnso	W	Date	5-10-2024
Part F: Licensing Authority Approval			
I hereby certify that I have checked municipal and this individual qualifies to serve in the reported r			dge, with the available information,
Name of Local Official Shila Rism	Title	aputy Ci	lerk-Treasurer
Signature of Local Official	in	Date	Lerk-Treasurer 5-15-24

Form

CTV-101

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

Part A: Business Information 1. Legal Business Name (individual name)	w = :6		
Outhouse	ne if sale proprietor)		
2 Business Trade Name or DBA			
3. Entity Type (check one)		110	
Sole Proprietor	▼ Partnership	Limited Liability Company	☐ Corporation
art B: Individual Information			
Name (Last)			
Nelson		2. Name (First)	3. Name (M.L)
Relationship to Business (Title)		Mark	V. 143116 (M.1.)
, = ===================================		5. Email	6. Phone
Partner			o. i liblie
Portner Home Address			71000 - 2
Home Address			7159672425
15054 185th	54.		715 967 2425
Home Address	St.	9. State 10. Zin Codo	715 967 2425
15054 185th City	St.	9. State 10. Zip Code	715 967 2425
15054 185th City	St.	W1 54748	
15054 185th	54.	A CONTRACTOR OF THE PROPERTY O	

LiSt I	ir chronological on ———	der all of your ac	ddresses within	the last 5	VADre At	took addition to		
	ous Address 1	. \ \		Ci	years. At	tach additional she	ets if necessary.	
100	749 13 ous Address 2	6th St	V.		sew	Auburr	State	Zip Code 54757
Previo	us Address 3				,		State	Zip Code
				Cit	У		State	Zip Code
Previo	us Address 4			City	/		State	Zip Code
Previo	us Address 5			City				
reviou	ıs Address 6						State	Zip Code
				City			State	Zip.Code
f appli	cable, list all states	s and counties y	ou have lived ir	n as an ad	ult. Attac	h additional sheets	if non-	
itate	County	State	County		State	County	State	0
tate	County	State	County			,	State	County
		State	County		State	County	State	County

Continued \rightarrow

Part D: Individual's Criminal His	tory	
Have you ever been convicted of an Wisconsin, or another state's laws.	ny offenses (other than traffic offe or of any county or municipal or	enses) for violation of any federal, dinances? Yes X No
If yes to question 1, please list detail	s of each conviction below:	11
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Lie	Was sentence completed? Yes No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? Yes No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	F.	Was sentence completed? Yes No
Are charges for any offenses current federal, Wisconsin, or another state's		In traffic offenses) for violation of any
If yes to question 2, describe nature	and status of pending charges	using the space below. Attach additional sheets as needed.
Part E: Attestation by Individual		
connection with this application, and the rette, electronic vaping devices, and the	nat any person who knowingly pri obacco products retail license n at I have examined this informa	prosecuted for submitting false statements and affidavits in ovides materially false information on an application for ciganay be required to forfeit not more than \$1,000 if convicted, tion and, to the best of my knowledge, it is true, correct, and
Signature Mark 9. Der	(son)	Date 5-13-24
		•
Part F: Licensing Authority Appro	oval	
I hereby certify that I have checked multhis individual qualifies to serve in the r	nicipal and state criminal records reported role with the above-nam	. To the best of my knowledge, with the available information, ned business.
Name of Local Official Shella Rimer	_	Deputy Clark-Treasurer
Signature of Local Official	2	Deputy Clark-Treasurer Date 5-15-24

CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR	CLE	RKS ONLY
	of	Colfax
7~1-2034	+0	6-30-2025

Part A: Premises/Business Information					
1. Legal Business Name (individual name if sole proprietor	r)				
2. Business Trade Name or DBA					
3. FEIN	4	4. Wisconsin Se	ller's Permit	Number	
26 000 7158		4561	0255	918 6603	
5. Entity Type (check one) Sole Proprietor Partnersh	nip	Lim	ited Liability	/ Company	Corporation
6. State of Organization 7. Date	of Organizati	ion		8. Wisconsin DF! R	egistration Number
WISCONSID 7	-1-67				
9, Premises Address (do not use PO Box)					
115 MARIN STREET					
10. City			11. State	12 Zip Code	
CULFAF			WI	54730	
13. County 14. Governing Municipal of: Colfare	ality: City	☐ Town	y √Village	15. Aldermanic Dist	rict
16, Mailing Address (if different from premises address)					
17. City			18. State	19. Zip Code	
20 Premises Phone 21. Prem	mises Email			22, Website	
23. Premises Description - Describe the building or building Describe all rooms including living quarters, if used, for records. Cigarettes, tobacco products, and electronic valuable a floor plan if possible.	r the sales an vaping device	d/or storage of es may be sold	cigarettes, to and stored O	bacco products, and e NLY on the premises	electronic vaping devices and described in this application.
Part B: Questions	en-general				
	n2 /ohaak a	all that apply			
What products will be sold at this business locatio Cigarettes	Tobacco F			☐ Electro	onic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic var	ping devices] Vending n		eck all that :	apply)	5
 Is the applicant business owned by another busined if yes, provide the name and FEIN of the parent of CTV-101 for all of the parent company's members 	ompany bel	low, identify pa			
3a. Name of Parent Company.					
3b. FEIN of Parent Company:					

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Kressin	N.cicras	PRESIDENT/ CHUNGE	715-962-3585
Kizessip	Hannard	TREASURER	75-962-3585

	_		20. 22	
Part	D:	Attes	stat	ion

One of the following must sign and attest to this application:

sole proprietor
 one general partner of a partnership

one corporate officer

• one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org).
- · I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature 77 5 1852		Date 5/1°	5/2024
Name (Last, First, M.I.)			
PRESIDENT	Ema		+.com 715-962-3585
Part E: For Clerk Use Only			
Date application was filed with clerk 65/22/2024	Date license issued	Date license expires 6-30-35	License number
License fees \$5.00	Signature of Clerk/Deputy C		

Form

CTV-101

Part A: Business Information

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

Date					
5	-1	>	1	1	7
	_ (2	-12	7	

1	Business Trade Name	or DBA	+ Inc						
3	Entity Type (check one								
_									
-	Sole Proprietor	-	Partners	hip	Г	T Lie	mitad Liebilia. a		
						_] []	mited Liability C	ompany —————	- Corporation
	art B: Individual I	nformation							
1,	Name (Last)			2	Name (F	lent\			
	KRESS.N			-	A I	HSL)			3. Name (
a F	Relationship to Busines	s (Title)			Nick	400	-A-S		
				5. 1	Email				6. Phone 7-7-7-2-35
ŀ	OWNER / F	1-4 3(136	<i>N</i>		340	@k	cyles ma	rketer	75 91 3 3
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C	N9811 55 Courtes Drivers License/State II	20.	I						
	Ca. Far				9. St		10. Zip Code		
. [Drivers License/State II	Number			اسا	L	54730		
با	(625-634	o Marinber	- 0				54730 13. Drivers Licen	se/State II	
•	625-634	18-54	61-00				Wiscons	e . 1	ito or isosatioo
ar	t C: Individual's A	Address His	story						
t i	t C: Individual's A	r all of your a	story ddresses within	the last 5 ye	ears. Atta	ach a		if necessary.	
t i	n chronological orde ous Address 1	r all of your a	story ddresses within	City				if necessary.	Zip Code
t i	t C: Individual's A in chronological order ous Address 1 789 23-2 ous Address 2	r all of your a	story ddresses within	City	ears. Atta			Sif necessary.	Zip Code 5 4730
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evice viol	In chronological order ous Address 1 789 23 3 Ous Address 2 Ous Address 3 Ous Address 4 Ous Address 5 Ous Address 6	and counties y	ddresses within	City City City City City City	:. Attach	addil	dditional sheets tional sheets if r	State State State State State State State State	Zip Code Sy 7 3 C Zip Code Zip Code Zip Code Zip Code

Part D: Individual's Criminal His	story	
Have you ever been convicted of a Wisconsin, or another state's laws.		offenses) for violation of any federal, ordinances?
If yes to question 1, please list deta	ils of each conviction below:	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed?, Yes No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? Yes No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? Yes No
Are charges for any offenses current federal, Wisconsin, or another state		nan traffic offenses) for violation of any pal ordinances?
If yes to question 2, describe nature	e and status of pending charges	s using the space below, Attach additional sheets as needed,
- XVI		
Part E: Attestation by Individual		
connection with this application, and the rette, electronic vaping devices, and	hat any person who knowingly p tobacco products retail license i nat I have examined this informa	e prosecuted for submitting false statements and affidavits in provides materially false information on an application for cigamay be required to forfeit not more than \$1,000 if convicted, ation and, to the best of my knowledge, it is true, correct, and
Signature		Date
22		5-13-24
Part F: Licensing Authority Appr	oval	
I hereby certify that I have checked mu this individual qualifies to serve in the		ds. To the best of my knowledge, with the available information, med business.
Name of Local Official Riemen	2	Diputy Cherk - Treasurer
Signature of Local Official		Date 5.22.24

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOF	R CLERKS ONLY
Municipality V 110sy	of Colfax
License Pariod	40 6-30-2025

Part A: Premises/Business Information		77 77	3° 1° 1 1 1 1 1	
Legal Business Name (Individual name if sole proprietor)		_		
Synergy Cooperative 2 Business Tration Name or DBA				
Synergy Coop - Cothx				
3. FEIN	4. Wisconsin Seller's			1
	456-102	20420	796-02	
5. Entity Type (check one) Sole Proprietor Partnership	Limited	Liability (Company	Corporation
6. State of Organization 7. Date of Organization	ation	£	3. Wisconsin DFI Regi	stration Number
9. Premises Address (do not use PO Box) 401 Lailroad Arc				
10. City Colfax	h	JI	12, Zíp Code 5473 C)
13. County 14. Governing Municipality: City of: Co Ha X	y 🗌 Town 💢	Village 1	15. Aldermanic District	
16. Mailing Address (if different from premises address)				
17. City O Hax	12	State	19. Zip Code 54 73 C	
20. Premises Phone 21. Premises Email (15) 962-3/72 (huck b@Sq.	Mergy Coop lo		22. Website SMNe19	y (00p. com
23. Premises Description - Describe the building or buildings where cigs Describe all rooms including living quarters, if used, for the sales a records. Cigarettes, tobacco products, and electronic vaping device Attach a floor plan if possible. Building Leated at 401 One Level Store + Sales Floor	arettes, tobacco produ and/or storage of cigar ces may be sold and s	ucts, and ele rettes, toba stored ONI	cco products, and ele LY on the premises de	ectronic vaping devices and escribed in this application.
Part B: Questions			New Series	
What products will be sold at this business location? (check Cigarettes Tobacco			Ճ Electron	ic Vaping Devices
How will cigarettes, tobacco, and/or electronic vaping devices Over the counter Vending		all that ap	ply)	
3. Is the applicant business owned by another business entity?	Presser elementation			Yes X No
If yes, provide the name and FEIN of the parent company be CTV-101 for all of the parent company's members, partners,	elow, identify parent			
3a. Name of Parent Company:				
3b. FEIN of Parent Company:				

Part C: Individual Information An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company. List the full name, title, and phone number for each person below. Attach additional sheets if necessary. Phone First Name Last Name Varle S Store Munuqui Gaion Part D: Attestation One of the following must sign and attest to this application: · one managing member of an LLC · one general partner of a partnership · one corporate officer sole proprietor READ CAREFULLY BEFORE SIGNING: I understand and agree to the following: · i will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes. • I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner. I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org). · I will not sell single cigarettes. · I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors. · I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory. • I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands. Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signatur 5-29-24 Name Phone Title Email Chuckba Synergy (wp. con -704-9026 e Manage -Part E: For Clerk Use Only Date application was filed with clerk License number Date license issued Date license expires 10-30/2 Signature of Clerk Deputy Glerk License fees

5-19.24

Form CTV-101

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

100	C.,	ame (individual nar	me if sole proprieto	or)					
2	Synergy Business Trade No.	Community	is Coop						
12	Susiness trade/No	ame or DBA	10						
2	Mueron 1	loup ly	Max						
3.	Entity Type (check	one)		***					
	☐ Sole Proprie	etor	☐ Partnersi	air					
					<u> </u>	imited Liability Co	ompany	Corporal	tion
P	art B: Individua	al Information							
1	Name (Last)	aimonnation							-
- 17	2				(First)		-	2.61-	(7.1
4 F	Relationship to Busi	Dage (Till)		(has	115		3. Nam	ie (ivi.
<	La idas	ness (Ime)		5. Emai		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6. Phone	
7 1	Store Wan	ag er		Ch	4Cb.h	@ Synergy	2004 2000 T	b. Phone	A
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	08227	Chy RD	m						
B. C	Call 4			5). State	10. Zip Code			
0 5	COLECK					5473			
۷. ۱	Drivers License/Stat	le ID Number			WI	13. Drivers Licens	SCI		
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						WI	•	or looddings	
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ist i revidenceviou	n chronological or pus Address 1 pus Address 2 us Address 3 us Address 4 us Address 5	es and counties y	ddresses within	City City City City City City As an adult. Att	ach add	additional sheets	if necessary. State State State State State State State State	Zip Code Zip Code Zip Code Zip Code Zip Code	

 $Continued \longrightarrow$

Part D: Individual's Criminal His	tory		
Have you ever been convicted of ar Wisconsin, or another state's laws.			
If yes to question 1, please list detail	s of each conviction below:		,
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence o	completed? Yes No
Law/Ordinance Violated	Location		Triai Date
Penalty Imposed		Was sentence of	completed? Yes No
Law/Ordinance Violated	Location	*	Trial Date
Penalty Imposed		Was sentence o	completed? Yes No
Are charges for any offenses current federal, Wisconsin, or another state's			
			A.
\wedge			
Part E/Attestation by Individual READ CAREFULLY BEFORE SIGNII connection with this application, and tr rette, lelectronic vaping devices, and to declare under penalties of the law th complete to the best of my knowledge	at any person who knowingly pobacco products retail license at I have examined this inform	provides materially false in may be required to forfeination and, to the best of n	formation on an application for cigatont more than \$1,000 if convicted. The second street is true, correct, and the second seco
Bignaldre V		Da	5-20-24
Part F: Licensing Authority Appr	oval	12	
I hereby certify that I have checked muthis individual qualifies to serve in the	nicipal and state criminal recor		ledge, with the available information,
		170	Cherk- Treasurer
Signature of Local Official Signature of Local Official Signature of Local Official	Pum	Da	Clark- Treasurer 5-29-2024

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

July 1, <u>2024</u> to June 30, <u>2025</u> License Application for Keeping Domesticated Chickens \$10.00 (non-refundable application fee)

(please p	print)
1. Name of Applicant Pamela Moen	
2. Address 705 University Ave	Colfax W1 54730
3. Phone 715-308-1946	
4. Parcel Number 17111-2-291109	-430-0040
5. Number of female chickens (maximum 10)	
6. Application (circle one) New	Renewal
In submitting this application, I hereby agree to comply with the Ordinances. I understand the information requested on this for license or processing of a renewal application. I understand the information when received by the Village of Colfax. I have no in person or to allow any other entity to operate under the authority statements are true and correct to the best of my knowledge and Ordinance under which this license is granted.	m will be used by the Village of Colfax in the issuance of a information supplied on this form will become public itention or agreement to transfer the license to another of the license. I hereby affirm that the foregoing
Pienela & Moen Signature of Applicant	5/2/2034 Date
Diffice use only 5/2/24 Date Application Received	Date Board Reviewed Application Approved / Denied License Number

Village of Colfax

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

Approved / Denied License Number

License Application for
Keeping Domesticated Chickens
\$10.00 (non-refundable application fee)
(please print)
1. Name of Applicant John & Alycia Pickinsen
2. Address 605 Iverson Rd. Colfax, WI 54730
3. Phone 5-715-523-2279
4. Parcel Number 17111-2-29 1116-210-0076
5. Number of female chickens (maximum 10) 3
6. Application (circle one) New Renewal
n submitting this application, I hereby agree to comply with the regulations imposed by the Village of Colfax Code of Ordinances. I understand the information requested on this form will be used by the Village of Colfax in the issuance of a icense or processing of a renewal application. I understand the information supplied on this form will become public information when received by the Village of Colfax. I have no intention or agreement to transfer the license to another person or to allow any other entity to operate under the authority of the license. I hereby affirm that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the Ordinance under which this license is granted.
Syra Dickinson 5/7/24
Signature of Applicant Date
:=====================================
5/3//24 Date Application Received

July 1, 2024 to June 30, 2025

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

> Approved / Denied License Number

July 1, <u>2024</u> to J	une 30, <i>2025</i>
License Appl	
Keeping Domestic	cated Chickens
\$10.00 (non-refundabl	le application fee)
1. Name of Applicant JoAnn May Fie	rint)
2. Address 204 Viking Dr. Col	Sax
3. Phone 715-5510-5143	
4. Parcel Number 17111 - 2 - 29 1109	- 340 - 0037
5. Number of female chickens (maximum 10)/O	
6. Application (circle one) New	Renewal
In submitting this application, I hereby agree to comply with the re Ordinances. I understand the information requested on this form license or processing of a renewal application. I understand the information when received by the Village of Colfax. I have no inte- person or to allow any other entity to operate under the authority statements are true and correct to the best of my knowledge and Ordinance under which this license is granted.	n will be used by the Village of Colfax in the issuance of a information supplied on this form will become public ention or agreement to transfer the license to another of the license. I hereby affirm that the foregoing
Joan Mayfield Signature of Applicant	<u>5-8-24</u> Date
======================================	
5/8/24 Date Application Received	<u>८ २५ २५</u> Date Board Reviewed Application

AYRES

FIELD ORDER

Project: Colfax 2024 Street and Utility Improvements	Field Order No: 1
Owner: Village of Colfax	Date: 5/30/24
· ·	Project No: 23-1952.00
To (Contractor): Skid Steer Guy LLC	Contract For: Street and Utilities
	Contract Date: 4/9/2024
You are hereby directed to execute promptly this Field Ord changes in the Work without change in Contract Price (Su	der which interprets the Contract Documents or orders minor m) or Contract Times.
-	I/or Contract Times is required, please submit your itemized a proceeding with this Work. If your proposal is found to be perseded by a Change Order.
Description: • Leave existing water main in the intersection of Bal from Balsam Street and First Avenue, roughly 150' from Balsam Street and First Avenue, roughly 150' from Balsam Street and First Street roadway at existing explace additional First Street roadway at existing explanate curb radii into alley north of First Avenue to concrete driveway apron behind curb into alley. • Move hydrant that was planned for the SE corner of Avenue	rougly 150' of 6" watermain north down alley. width with 8" base course and 3" asphalt section. o curb straight through on First Avenue, and add
-Quantities shown on sheets and estimate are estima	ated quantities and will be verified in the field.
Attachments: - Cost estimate - Sheets 9, 12, & 21 -Bid item changes	
By:(Authorized Signature)	Title: Project Manager, P.E.
Copy to: 🛛 Owner 🔛 Contractor 🔲 A/E Proj. Mg	r.



PUBLIC WORKS IMPROVEMENT OPINION OF PROBABLE CONSTRUCTION COST

FIRST AVE EAST OF BALSAM **VILLAGE OF COLFAX**

Estimator: GJS

Date: May 29, 2024

Total Estimate: \$33,500.00

DESCRIPTION	UNITS	APPROX. QUANTITY	UNIT PRICE	TOTAL PRICE
	WATERMAIN			
6" Water Main C900	L.F.	183	\$58.00	\$10,614.00
6" Valve and Box	Each	1	\$1,900.00	\$1,900.00
1" Water Service	L.F.	33	\$46.00	\$1,518.00
1" Corp Stop, Curb Stop, and Box	Each	1	\$500.00	\$500.00
TOTAL ESTIMATED WATERMAIN COST				\$14,500.0
STR	EET CONSTRU	CTION		
		450	\$13.00	\$1,950.0
Roadway Earthwork	C.Y.	150	4.0.00	
Roadway Earthwork Base Course	C.Y. C.Y.	110	\$29.00	\$3,190.0
Base Course			•	
•	C.Y.	110	\$29.00	\$3,190.0
Base Course 3" Asphaltic Concrete Paving	C.Y. S.Y.	110 400	\$29.00 \$18.00	\$3,190.0 \$7,200.0

PROJECT TOTAL

\$33,500.00



FO #1 - Bid Item Adjustments

		DESCRIPTION	UNITS	QUANTITY	UNIT PRICE	TOTAL PRICE
		SCHEDULE A				
2	A-2	Remove Existing Hydrant	Each	-1	\$650.00	(\$650.00
3	A-3	6" Water Main PVC	L.F.	309	\$58.00	\$17,922.00
4	A-4	8" Water Main PVC	L.F.	-89	\$70.00	(\$6,230,00
5	A-5	6" Valve and Box	Each	0	\$1,900,00	
6	A-6	8" Valve and Box	Each	-2	\$2,700.00	(\$5,400,00
7	A-7	Hydrant	Each	0	\$5,800.00	
8	A-8	Connect to Existing Water Main	Each	0	\$500.00	
10	A-10	1" Water Service	L,F,	51	\$46.00	\$2,346.00
11	A-11	2" Water Service	L.F.	-173	\$49.00	(\$8,477.00
12	A-12	1" Corp Stop, Curb Stop, and Box	Each	2	\$500.00	\$1,000.00
13	A-13	2" Corp Stop, Curb Stop, and Box	Each	-1	\$1,500.00	(\$1.500.00
19	A-19	4" Wye	Each	2	\$500.00	\$1,000.00
20	A-20	4" Sanitary Lateral PVC	L.F.	73	\$47.00	\$3,431.00
36	A-36	Clearing and Grubbing	I.D.	0	\$55.00	
37	A-37	Pavement Saw Cutting	L.F.	0	\$2.00	
38	A-38	Roadway Earthwork	C.Y.	280	\$13.00	\$3,640.00
39	A-39	Geotextile Stabilization Fabric	S.Y.	420	\$2.50	\$1,050.00
40	A-40	Breaker Run	C.Y.	140	\$30.00	\$4,200.00
41	A-41	Base Course	C.Y.	280	\$29.00	\$8,120.00
42	A-42	1.5" Asphaltic Concrete Binder Paving	S.Y.	420	\$9.00	\$3,780.00
43	A-43	1.5" Asphaltic Concrete Surface Paving	S.Y.	420	\$9.00	\$3,780.00
44	A-44	30" Concrete Curb and Gutter	L.F.	0	\$15.00	
45	A-45	Concrete Driveway Paving	S.F.	200	\$6.00	\$1,200.00
46	A-46	4" Concrete Sidewalk	S.F.	0	\$4.00	

Page 1 of 1 56617D 11/19