

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: ck 1647

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Andrew Lee Anderson
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-308-1575 Email Address anderson andy 1@live.com
Current Address 2119 Cornell St Eau Claire 54703 WI 2
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 2215 Folsom St Eau Claire WI 54703
(City) (Zip Code)
Date of Birth [REDACTED] Age 32
Place of Employment Blind Tiger

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/17/2025
(Chief of Police or designated staff Signature) (Date)

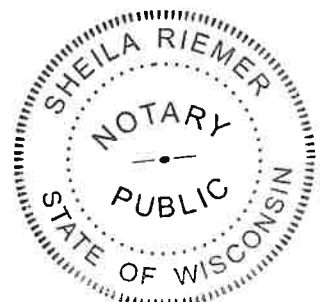
STATE OF WISCONSIN/ DUNN COUNTY

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

x Andrew L Anderson
Signature of Applicant

Subscribed and sworn before me this 14 day of May, 20 25.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/14/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CK 1647

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Deborah Lynne Petersen
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 7152252595 Email Address petersdle366@gmail
Current Address 523 MAIN ST #3 Colfax WI 54730 2yrs
(Street) (City) (Zip Code) (yrs. at address)
Previous Address E8057 Cnty Rd BB Colfax 54730
(City) (Zip Code)
Date of Birth [REDACTED] Age 59
Place of Employment Blind Tiger

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or designated staff Signature) (Date)

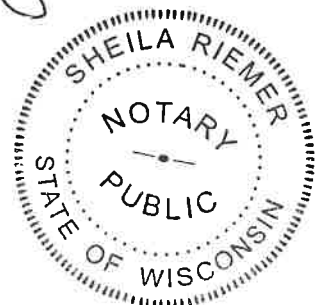
STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 22 day of May, 20 25.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/22/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CK 1647

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Emily Michell Rubenz
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-210-9140 Email Address Rubenzem@yahoo.com

Current Address 510 Cedar St Colfax 54730 1
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 523 main St Colfax 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 36

Place of Employment The Blind Tiger

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny W. J. [Signature] 06/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Emily Rubenz
Signature of Applicant

Subscribed and sworn before me this 23 day of May, 20 25.

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

Date Received: 5/23/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tracy Ann Miller
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-828-9007 Email Address honeybunches4169@gmail.com
Current Address E9328-690th Ave EI K Mound 54739 10
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 117 Greyfriar Ln. Eau Claire 54701
(City) (Zip Code)
Date of Birth [REDACTED] Age 56
Place of Employment Apex Chiropractic & Blind Tiger

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/25
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 10 day of June, 20 25.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 6/10/25 Date to the Board: 6/23/25 Approved or Denied





Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Tracy Miller

*This certificate represents the successful completion of an approved Wisconsin Department of
Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6),
and 134.66(2m), Wis. Stats.*

www.Wisconsin-Bartending.com

Training Provider

06/01/2025

Training Date

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Eva Pearl Gehrman
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-5302 Email Address _____

Current Address 305 Main St Colfax 54730
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 59

Place of Employment Out House

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 4/8/2025
(Chief of Police or designated staff Signature) (Date)

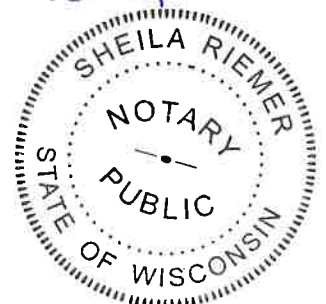
STATE OF WISCONSIN/ DUNN COUNTY

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

x Eva Gehrman
Signature of Applicant

Subscribed and sworn before me this 8 day of May, 20 25.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/8/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Steven Dwayne Longdo
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-933-2480 Email Address _____

Current Address N8476 745th Colfax 54730 3
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 35

Place of Employment Autohouse

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny Dunn 6/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

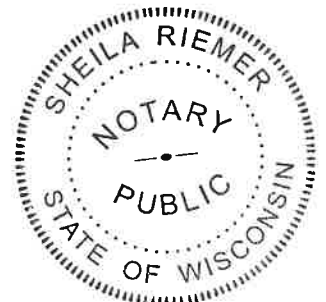
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 12 day of May, 20 25.

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

Date Received: 5/18/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Davina Lynn Brenden
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-651-5059 Email Address davina.brenden@gmail.com
Current Address N7694 Colfax Colfax 54730
(Street) (City) (Zip Code) (yrs. at address)
Previous Address N18247 940th St Colfax 54730
(Street) (City) (Zip Code)
Date of Birth [REDACTED] Age 51
Place of Employment Outhouse

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or designated staff Signature) (Date)

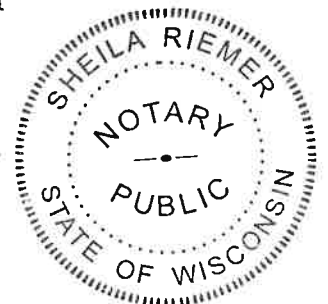
STATE OF WISCONSIN/ DUNN COUNTY

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

[Signature]
Signature of Applicant

Subscribed and sworn before me this 19 day of May, 20 25.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/19/25 Date to the Board: 6/30/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jessica Leone Lanners
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-642-8994 Email Address _____

Current Address 502 Cedar Colfax WI 54730
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 969 University Ave Colfax WI 54730
(City) (Zip Code)

Date of Birth _____ Age 37

Place of Employment Outhouse

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 4/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 19 day of May, 20 25.

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)

Date Received: 5/19/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mary Jane Roehl
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-6227 Email Address njroehl78@gmail.com

Current Address N8420 970th St Colfax 54730 16
(Street) (City) (Zip Code) (yrs. at address)

Previous Address E4526 430th Ave Menomonie 54751
(City) (Zip Code)

Date of Birth [REDACTED] Age 46

Place of Employment Duthouse

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

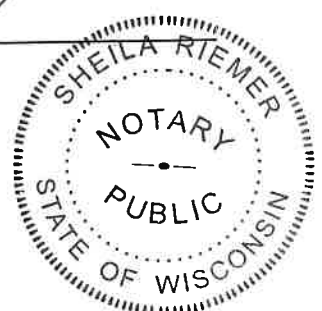
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 21 day of May, 20 25.

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)



Date Received: 5/21/25 Date to the Board: 6/23/25 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME CHRIS ALLEN LUNN
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-3251 Email Address _____

Current Address 5TH AVE (S17) COLFAX 54730 LIFE (67 YRS)
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 67

Place of Employment EXPRESS MART

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/12/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

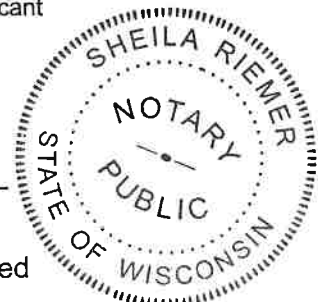
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 7 day of May, 20 25

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

Date Received: 5/21/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

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

Telephone Number 715-931-7514 Email Address _____

Current Address E5406 1170th Ave Lot 1 Wheeler, WI 54772 4 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 32

Place of Employment Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Bailey Haugle-Score
Signature of Applicant

Subscribed and sworn before me this 8 day of May, 20 25.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/21/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Shelby Brianne Wilson
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715 704 1437 Email Address shelby.nightskymann@gmail.com
Current Address 514 1/2 University Ave, Colfax 54730 12 yrs
(Street) (City) (Zip Code) (yrs. at address)
Previous Address _____ (City) (Zip Code)
Date of Birth _____ Age 29
Place of Employment Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

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

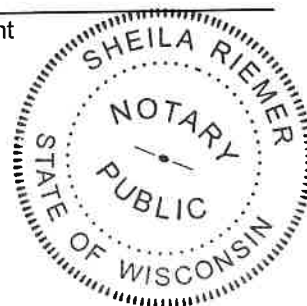
STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 7 day of May, 20 25.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/21/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Renee Jo Tuschl
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address 716 Sletten St Colfax WI 54772 X
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 2111 N 730th St Wheeler WI 54772
(City) (Zip Code)

Date of Birth [REDACTED] Age 35

Place of Employment Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or Designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 7 day of May, 20 25.

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

Date Received: 5/28/25 Date to the Board: 4/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License

☐ New License

☒ Renewal License

Fee: \$10.00 each application

Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME

Jacqueline
FIRST NAME

Kaye
MIDDLE NAME

Clark
LAST NAME

Telephone Number

715-505-4439

Email Address

jacquiekclark62@yahoo.com

Current Address

E 9715 State Rd 40
(Street)

Colfax
(City)

54730
(Zip Code)

13 years
(yrs. at address)

Previous Address

(City)

(Zip Code)

Date of Birth

Age

63

Place of Employment

Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation

☒ Approve

☐ Deny

W. J. Green
(Chief of Police or designated staff Signature)

06/10/2025
(Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X

Jacqueline K Clark
Signature of Applicant

Subscribed and sworn before me this

9

day of

May

, 20

25

Sheila Riemer
(Signature of Notary Public)

7-17-26
(Commission Expires)

Date Received: 5/21/25

Date to the Board: 6/23/25

Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Burgandy Danielle Quimby
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-0910 Email Address dquimby332@gmail.com
Current Address 415 University Ave Colfax WI 54730 13 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 415 University Ave Colfax WI 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 23 years old

Place of Employment Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Burgandy Danielle Quimby
Signature of Applicant

Subscribed and sworn before me this 14 day of May, 20 25.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/21/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☒ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application
Receipt: 20.00 - Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jim M Anderson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 512-918-0786 Email Address OKX.FM@aol.com

Current Address 29576 595th Ave Elk Mound, WI 54739 21
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 210021 535th Ave Elk Mound, WI 54739
(City) (Zip Code)

Date of Birth [REDACTED] Age 60

Place of Employment Express Malt

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/10/2025
(Chief of Police or designated staff Signature) (Date)

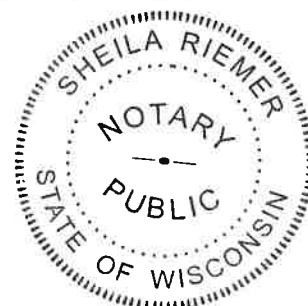
STATE OF WISCONSIN/ DUNN COUNTY

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

X Jim Anderson
Signature of Applicant

Subscribed and sworn before me this 6 day of 2, 20 25.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 6/2/25 Date to the Board: 6/23/25 Approved or Denied





LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Kim Anderson

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
05/29/2025



Expiration Date
05/29/2027



Certificate #
WI-00638984

Official Signature

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

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

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Robin Sue Sorauer
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 226-5819 Email Address itinkso84@gmail.com

Current Address 619 17th Ave Bloomer 54724 5
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 41

Place of Employment Synergy coop

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

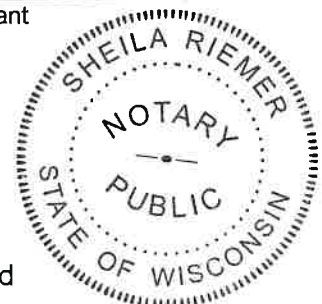
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 5th day of May, 20 25.

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

Date Received: 5/5/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Suzanne Marie Hagen
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-2280 Email Address _____

Current Address N8519 County rd M Colfax 54730 34
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 62

Place of Employment Synergy Cooperative

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/18/25
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Suzanne M. Hagen
Signature of Applicant

Subscribed and sworn before me this 19 day of May, 2025.

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

Date Received: 5/21/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tori Dawn Wilson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 440-4538 Email Address dawn.fine@gmail.com

Current Address E 7096 County Rd N, Colfax, WI 54730 6 months
(Street) (City) (Zip Code) (yrs. at address)

Previous Address E 8967 555th Ave, Elk Mound, WI 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 35

Place of Employment Cenex Synergy, Colfax

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/10/2005
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 19 day of May, 20 25.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/21/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License

☐ New License

☒ Renewal License

Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Meadow Lynn Keltner
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-9122 Email Address meadow.keltner@gmail.com

Current Address N9564 County Rd N Colfax 54730 13 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N9564 County Rd N Colfax 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 19

Place of Employment Synergy Co-op

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve

☐ Deny

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

6/16/2025
(Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Meadow Keltner
Signature of Applicant

Subscribed and sworn before me this 16 day of May, 20 25.

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)

Date Received: 5/20/25 Date to the Board: 4/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License

☐ New License

☒ Renewal License

Fee: \$10.00 each application

Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Madelyn Faith Shea
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-491-9446 Email Address MFShea29@gmail.com

Current Address N10005 County Rd M Colfax, WI 54730 7
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth [REDACTED] Age 19

Place of Employment Synergy - COOP

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation

☒ Approve

☐ Deny

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

26/10/2025
(Date)

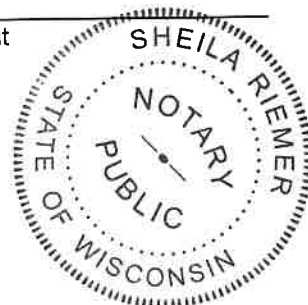
STATE OF WISCONSIN/ DUNN COUNTY

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

X MFShea
Signature of Applicant

Subscribed and sworn before me this 9 day of May, 20 25.
[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)



Date Received: 5/21/25 Date to the Board: 6/23/25 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Joni Lynn Koehler
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-714-4233 Email Address _____

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

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 45

Place of Employment Synergy / Subway

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

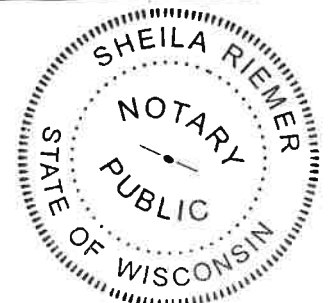
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Joni Koehler
Signature of Applicant

Subscribed and sworn before me this 6 day of May, 20 25.

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

Date Received: 5/21/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Drake Allan Alexander Knutson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-990-6502 Email Address DrakeKnutson991@gmail.com

Current Address E 7962 990th Ave Colfax 54730
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 19

Place of Employment Genet - Sxnergy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/25
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 9 day of May, 20 25.

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)

Date Received: 5/21/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Maia Rianne Velasquez
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 704 1923 Email Address Velasqmri@gmail.com

Current Address 303 River St. Apt A. PO Box 43, Colfax WI 54730 >1
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 512 Pine St Colfax, WI 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 19

Place of Employment Colfax Cenex

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/10/2015
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

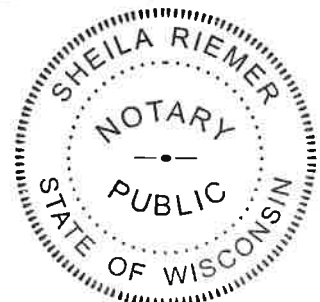
x Maia Velasquez
Signature of Applicant

Subscribed and sworn before me this 5th day of May, 20 25.

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)

Date Received: 5/21/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Megan Rose Vanyo-Wells
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number (715) 471-0440 Email Address megvanyo@gmail.com
Current Address 303 River St Colfax, WI 54730 9 mos.
(Street) (City) (Zip Code) (yrs. at address)
Previous Address _____
(City) (Zip Code)
Date of Birth _____ Age 37
Place of Employment Synergy/Conex

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 7 day of May, 2025.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/21/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Lisa Elizabeth Kurbanov
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 931 7279 Email Address thrasher mom 2014@gmail.com
Current Address 508 Big Blue Stem Lane Apt 2 Colfax WI 2
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 35

Place of Employment Synergy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/10/2005
(Chief of Police or designated staff Signature) (Date)

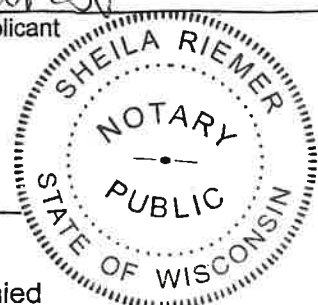
STATE OF WISCONSIN/ DUNN COUNTY

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

[Signature]
Signature of Applicant

Subscribed and sworn before me this 16 day of May, 20 25.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/21/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mary Ann Durand
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 440 1999 Email Address durandnada@icloud.com

Current Address P.O. Box 233 Colfax, WI 54730
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 64

Place of Employment Synergy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 06/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Mary Durand
Signature of Applicant

Subscribed and sworn before me this 16 day of May, 20 25.
Sheila Riemer 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/21/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CK 6047

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tammy Lynn Simon
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-828-8365 Email Address tammys26-too@yahoo.com
Current Address 387 Sisters Ct #3 Menomonie 54751 2
(Street) (City) (Zip Code) (yrs. at address)
Previous Add 57541, 1.20th Ave Elk Mound 54739
(City) (Zip Code)
Date of Birth [REDACTED] Age 53
Place of Employment Viking Bowl & Catering

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 4/23/25
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

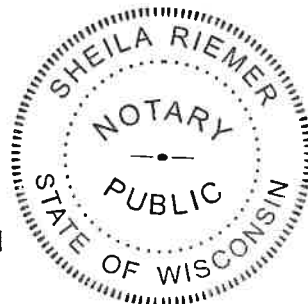
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Tammy Simon
Signature of Applicant

Subscribed and sworn before me this 23 day of May, 2025.

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

Date Received: 5/23/25 Date to the Board: 4/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CK 6047

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Trevor Patrick Schindler
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-944-5952 Email Address _____

Current Address 12286 120th Ave Chippewa Falls 54729
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 114th St PLU Colfax, WI 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 28

Place of Employment Viking Bowl & Catering

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny

[Signature] 4/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 23 day of May, 2025.

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

Date Received: 5/23/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CK 6047

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kiah Yvonne Christianson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-933-4763 Email Address justdoit3247@gmail.com

Current Address 12404 County HWYDD Colfax 54730 18
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [REDACTED] Age 18

Place of Employment Viking Bowl & Catering

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Kiah Christianson
Signature of Applicant

Subscribed and sworn before me this 23 day of May, 2025

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

Date Received: 5/23/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CK 4047

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kaylee Marie Lemler
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-764-2484 Email Address KayleeLemler@gmail.com

Current Address N13314 Cty Rd M New Auburn WI 54757 11 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 46

Place of Employment Viking Bowl

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

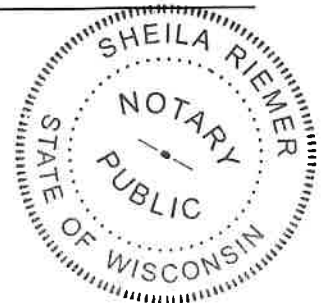
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 23 day of May, 20 25

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

Date Received: 5/23/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: ck 109171

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kara Lynn Buchner
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-9464 Email Address Karabuchner0923@yahoo.com

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

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

Date of Birth [REDACTED] Age 47

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

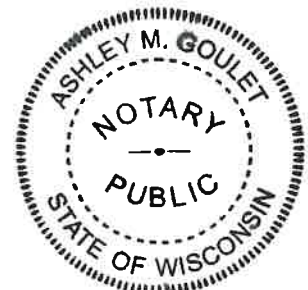
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Kara Buchner
Signature of Applicant

Subscribed and sworn before me this 20th day of May, 20 25.

Ashley M. Goulet 10-23-28
(Signature of Notary Public) (Commission Expires)

Date Received: 5/23/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: 109171

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kyle James Khall
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-2062 Email Address _____

Current Address N 8310 855th Colfax 54730 23
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 23

Place of Employment Kyles Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

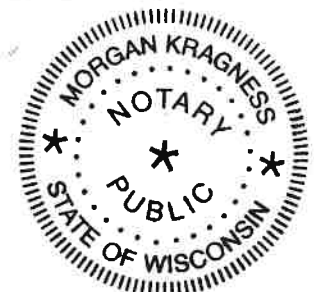
X

[Signature]
Signature of Applicant

Subscribed and sworn before me this 16th day of May, 20 25.

Morgan Kragness 4/15/2029
(Signature of Notary Public) (Commission Expires)

Date Received: 5/23/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application
Receipt: CK 109171

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mary Michele Muza
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-4801 Email Address Marymuza60@gmail.com

Current Address 308 11th St. E Menomonie 54751 19 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 64

Place of Employment Kyle's Market Inc

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/19/25
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

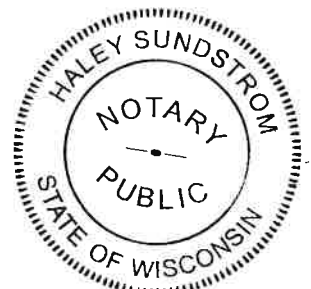
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Mary M Muza
Signature of Applicant

Subscribed and sworn before me this 14th day of May, 20 25.

Haley Sundstrom Haley Sundstrom 3/19/2028
(Signature of Notary Public) (Commission Expires)

Date Received: 5/23/25 Date to the Board: 4/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CK 169171

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Nicole J Gottlibson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 933 2647 Email Address nicole_gottlibson_zooz@hotmail.com

Current Address 13026 40th ave apt 2 Chippewa Falls WI 54729 4 months
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 118583 St. Rd. 40 Colfax WI 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 32

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/23/25
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

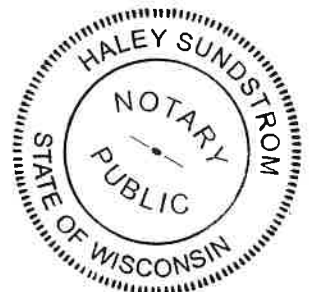
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Nicole Gottlibson
Signature of Applicant

Subscribed and sworn before me this 19th day of May, 20 25.

Haley Sundstrom Haley Sundstrom 3/19/2028
(Signature of Notary Public) (Commission Expires)

Date Received: 5/23/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application
Receipt: ck 109171

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Nancy Kay Taylor
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-933-0926 Email Address nancy85.5@hotmail.com
Current Address E9470 1130th Ave Colfax WI 54730-25
(Street) (City) (Zip Code) (yrs. at address) years
Previous Address [Redacted] (City) (Zip Code)
Date of Birth [Redacted] Age 58
Place of Employment Kyles Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or Designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 15th day of May, 20 25.

Morgan Kragness
(Signature of Notary Public)

4/15/2029
(Commission Expires)

Date Received: 5/23/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CK 109171

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mikki Jean McCUTCHEON
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715 505 1388 Email Address mikkimcc5@gmail.com
Current Address 4016 main st Colfax 54730 13
(Street) (City) (Zip Code) (yrs. at address)
Previous Address [REDACTED] (City) (Zip Code)
Date of Birth [REDACTED] Age 38
Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

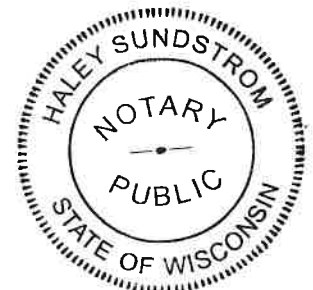
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

[Signature]
Signature of Applicant

Subscribed and sworn before me this 15th day of May, 20 25.

Haley Sundstrom Haley Sundstrom 3/19/2028
(Signature of Notary Public) (Commission Expires)

Date Received: 5/23/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CK109171

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jeffrey Larry Rene'
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-4881 Email Address mama+ucshl@yahoo.com

Current Address 302 4th Ave. Colfax 54730 16
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [Redacted] Age 54

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

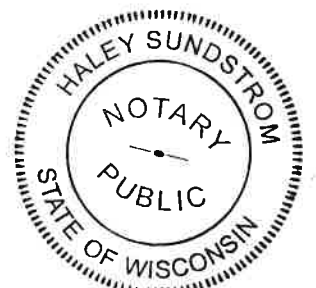
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 15th day of May, 2025.

Haley Sundstrom Haley Sundstrom 3/19/2028
(Signature of Notary Public) (Commission Expires)

Date Received: 5/23/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CK 109171

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jalene Amick
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 699 0419 Email Address _____

Current Address 502 1/2 Cedar St. Colfax WI 54730 8 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 57

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

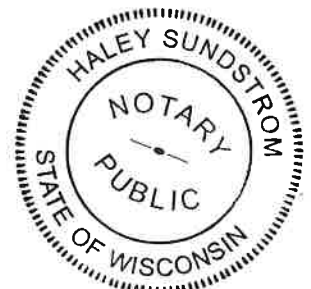
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Jalene Amick
Signature of Applicant

Subscribed and sworn before me this 14th day of May, 20 25.

Haley Sundstrom Haley Sundstrom 3/19/2028
(Signature of Notary Public) (Commission Expires)

Date Received: 5/23/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CL 109171

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tristan Wolff James Wolff
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-0695 Email Address soccergod34@hotmail.com

Current Address 100 Viking Dr Colfax 54730 37
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 100 Viking Dr Colfax 54730
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 37

Place of Employment Kyles Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/16/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Tristan Wolff
Signature of Applicant

Subscribed and sworn before me this 16th day of May, 2025.

Morgan Kragness 4/15/2029
(Signature of Notary Public) (Commission Expires)

Date Received: 5/23/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☒ New License ☐ Renewal License Fee: \$10.00 each application
Receipt: CK 109171

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Ashley Marie Larson
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-309-9797 Email Address ashpm3@gmail.com
Current Address N8583 St Rd 40 Colfax WI 54730 38
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 118 Park Dr #246 Colfax WI 54730
(City) (Zip Code)
Date of Birth [REDACTED] Age 41
Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
(Signature of Applicant)

Subscribed and sworn before me this 15th day of May, 20 25.

Haley Sundstrom Haley Sundstrom 3/19/2028
(Signature of Notary Public) (Commission Expires)

Date Received: 5/23/25 Date to the Board: 6/23/25 Approved or Denied





LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Ashley Larson

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
05/15/2025



Expiration Date
05/15/2027



Certificate #
WI-00638164

A handwritten signature in black ink, appearing to read 'Sarah Nguyen'.

Official Signature

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

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

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☒ New License ☐ Renewal License Fee: \$10.00 each application
Receipt: CK 109171

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Sally Rose Briggs
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-702-1083 Email Address S-lynum@yahoo.com

Current Address 118 Park Dr. Colfax 54730 2
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N4579 Ctn RD J Menomonie 54725
(City) (Zip Code)

Date of Birth [REDACTED] Age 62

Place of Employment Kyles Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or Designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

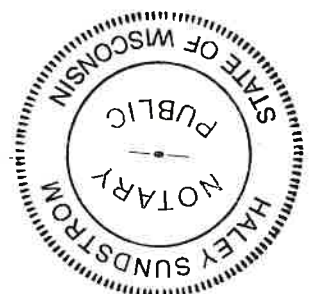
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Sally Briggs
Signature of Applicant

Subscribed and sworn before me this 15th day of May, 20 25.

Haley Sundstrom Haley Sundstrom 3/19/2028
(Signature of Notary Public) (Commission Expires)

Date Received: 5/23/25 Date to the Board: 6/23/25 Approved or Denied





LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Sally Briggs

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
05/15/2025



Expiration Date
05/15/2027



Certificate #
WI-00638186

A handwritten signature in black ink, appearing to read "Sally Briggs".

Official Signature

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

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

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License Fee: \$10.00 each application
Receipt: CL 6185

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME TAMARA Ann Whinnery
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-704-0707 Email Address Tamiwhin@gmail.com
Current Address N8947 Cnty Rd Colfax 54730
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 65

Place of Employment Mom's Restaurant and Outhouse Bar

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

Tamara A Whinnery
Signature of Applicant

Subscribed and sworn before me this 23 day of May, 2025

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

Date Received: 5/23/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application

Receipt: CL 6185

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Ashley Elizabeth Youngberg
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-828-0727 Email Address yashley276@gmail.com

Current Address 900 University Ave Colfax 54730 1.5
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 21

Place of Employment MOM'S RESTAURANT & PUB

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny

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

STATE OF WISCONSIN/ DUNN COUNTY

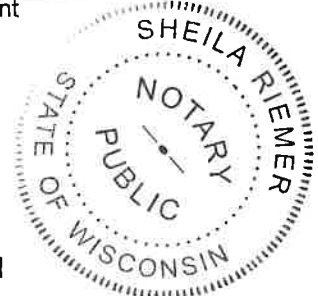
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 23 day of May, 2025.

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

Date Received: 5/23/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Josephine Rose Ribba Doerr
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-441-0165 Email Address josephine.doerr@gmail.com
Current Address 310 Cedar St Colfax 54730
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 2209 2nd St W Menomonie 54751
(City) (Zip Code)
Date of Birth [REDACTED] Age 19
Place of Employment Little Slice of Italy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Josephine Doerr
Signature of Applicant

Subscribed and sworn before me this 2nd day of May, 20 25.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 6/3/25 Date to the Board: 6/23/25 Approved or Denied





LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Josephine Doerr

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



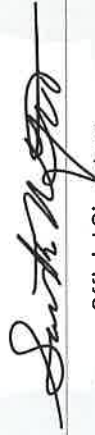
Completion Date
05/30/2025



Expiration Date
05/30/2027



Certificate #
WI-00639055


Official Signature

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

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

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Brittany Jean Sonnenberg
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-663-0283 Email Address sonnenbergbrittany@gmail.com
Current Address E8131 1130 Ave Colfax WI 54730 0
(Street) (City) (Zip Code) (yrs. at address)
Previous Address E8117 1130 Ave Colfax WI 54730
(City) (Zip Code)
Date of Birth [REDACTED] Age 32
Place of Employment Little Italy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or designated staff Signature) (Date)

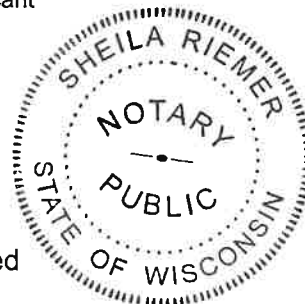
STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 30 day of May, 20 25.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/30/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License ☐ New License ☒ Renewal License

Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Lyndsey Ina Pederson
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address 507 West ST Colfax 54730 8 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 41

Place of Employment A Little Slice of Italy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

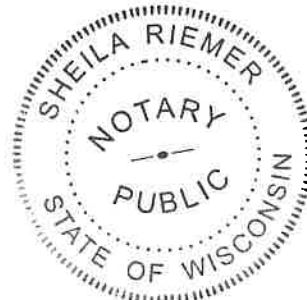
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 30 day of May, 2025.

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

Date Received: 5/30/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mackenzi Mae Loback
FIRST NAME MIDDLE NAME LAST NAME

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

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

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

Date of Birth [REDACTED] Age 19

Place of Employment Little Slice of Italy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or designated staff Signature) (Date)

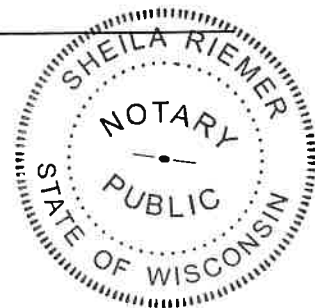
STATE OF WISCONSIN/ DUNN COUNTY

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

x Mackenzi Loback
Signature of Applicant

Subscribed and sworn before me this 30 day of May, 20 25.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/30/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Diana X Muszynski
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-828-2779 Email Address Sam300c.dh@gmail.com
Current Address NS609850th Elk Mound 54739 31 yrs
(Street) (City) (Zip Code) (yrs. at address)
Previous Address _____ (City) (Zip Code)
Date of Birth _____ Age 55
Place of Employment Small Business owner (Dog Boarding) - American Legion

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny Dan Riemer 6/22/25
(Chief of Police or designated staff Signature) (Date)

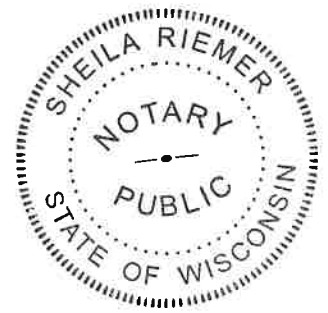
STATE OF WISCONSIN/ DUNN COUNTY

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

x Diana X Muszynski
Signature of Applicant

Subscribed and sworn before me this 30 day of May, 20 25.
Sheila Riemer 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/30/25 Date to the Board: 6/23/25 Approved or Denied





Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Diana Muszynski

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

www.Wisconsin-Bartending.com
Training Provider

05/20/2025
Training Date

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Brittany A Mateski
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 491-7321 Email Address zaybay711@gmail.com

Current Address 508 Big Bluestem Ln Apt 1 Colfax 54730 3
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 1005 Newman St. Bloomer 54724
(Street) (City) (Zip Code)

Date of Birth [REDACTED] Age 34

Place of Employment N/A

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 05/21/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

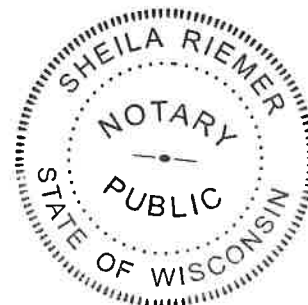
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Brittany Mateski
Signature of Applicant

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

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

Date Received: 5/20/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Sierra Jean Stewart
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-931-7555 Email Address sierrastewart2025@gmail.com

Current Address E8140 770th Ave Colfax WI 54730 18 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 18

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/19/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

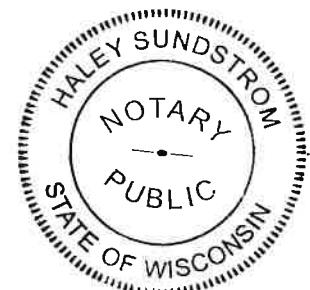
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 16th day of May, 20 25

Haley Sundstrom Haley Sundstrom 3/19/2028
(Signature of Notary Public) (Commission Expires)

Date Received: 6/4/25 Date to the Board: 6/23/25 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

☐ Provisional License



New License

☐ Renewal License

Fee: \$10.00 each application

Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2026, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Hannah Claire Sykora
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 964 1180 Email Address hannahsykora19@gmail.com

Current Address N 10014 city Rd A Colfax WI 24
(Street) (City) (Zip Code) (yrs. at address)

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

Date of Birth [Redacted] Age 24

Place of Employment Little Italy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation ☒ Approve ☐ Deny [Signature] 6/10/2025
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 6 day of June, 20 25.

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)

Date Received: 6/6/25 Date to the Board: 6/23/25 Approved or Denied



Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certificate Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Senior Vice President, National Restaurant Association Solutions



ID # 27202103
CARD # 27522453

ServSafe Alcohol® CERTIFICATE



HANNAH SYKORA

NAME

6/6/2025

DATE OF EXAMINATION

Card expires two years from the date of examination. Local laws apply.
Complies with WI State Stats. s.125.04(5)(a)5 & s.125.17(6) & s.134.66

©2015 National Restaurant Association Educational Foundation (NRAEF). All rights reserved. ServSafe® and the ServSafe logo are trademarks of the NRAEF, National Restaurant Association® and the NRAEF logo are trademarks of the National Restaurant Association. 14102901 v.1402

Senior Vice President, National Restaurant Association Solutions

Sherman Brown



This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

In Alaska you must laminate your card for it to be valid.



233 S. Wacker Drive,
Suite 3600
Chicago, IL 60604-6383
1.800.SERVSAFE
312.715.1010 In the Chicago area
ServSafe.com

©2015 National Restaurant Association Educational Foundation (NRAEF). All rights reserved. ServSafe® and the ServSafe logo are trademarks of the NRAEF, National Restaurant Association® and the NRAEF logo are trademarks of the National Restaurant Association. 14102901 v.1402



Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Village Colfax
License Period	7/1/2025 - 6/30/2026

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.00
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 400.00
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 500.00
Background Check Fee	\$ —
Publication Fee	\$ 23.00
Total Fees	\$ 523.00

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) <u>Mark A Nelson</u>			
2. Business Trade Name or DBA <u>Outhouse Bar</u>			
3. FEIN <u>39-1344846</u>		4. Wisconsin Seller's Permit Number <u>456 0000 1655 4802</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>Wisconsin</u>		7. Date of Organization	
8. Wisconsin DFI Registration Number			
9. Premises Address <u>413 Main St.</u>			
10. City <u>Colfax</u>		11. State <u>WI</u>	12. Zip Code <u>54730</u>
13. County <u>Dunn</u>	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>Colfax</u>		15. Aldermanic District
16. Premises Phone <u>715-962-3339</u>		17. Premises Email <u>lisasmes@gmail.com</u>	
18. Website			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Ground Floor, Storage room, + deck on South Side</u>			
20. Mailing Address (if different from premises address) <u>P.O. Box 81</u>			
21. City <u>Colfax</u>		22. State <u>WI</u>	23. Zip Code <u>54730</u>
Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated		Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☐ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Nelson	Mark	Partner	715-967-2425
Johnson	Lisa	Partner	715-962-2829

Part 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 member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further 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 this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Johnson	First Name Lisa	M.I. J
Title Partner	Email	Phone 715-962-2829
Signature Lisa Johnson		Date 05-06-2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/14/2025	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk Shale Rumer			Date Provisional License Issued (if applicable)

Alcohol Beverage Individual Questionnaire

Date 5/6/25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

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

Quithouse Bar

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor ☒ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

Johnson

2. First Name

Lisa

3. M.I.

J

4. Relationship to Business (Title)

Partner

5. Email

6. Phone

715-962-2829

7. Home Address

501 West St.

8. City

Colfax

9. State

WI

10. Zip Code

54730

12. Drivers License/State ID Number

J 525 5307 7715 04

13. Drivers License/State ID State

Wisconsin

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

06/1977

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further 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 this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

05-06-2025

Alcohol Beverage
Individual QuestionnaireDate
5/4/25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

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

Outhouse Bar

2. Business Trade Name or DBA

Outhouse Bar

3. Entity Type (check one)

☐ Sole Proprietor☒ Partnership☐ Limited Liability Company☐ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Nelson

2. First Name

Mark

3. M.I.

A

4. Relationship to Business (Title)

Partner

5. Email

6. Phone

715-967-2425

7. Home Address

15054 185th St.

8. City

Jim Falls

9. State

WI

10. Zip Code

54748

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

07/1956

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	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

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further 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 this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

5-12-25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Village of Colfax
License Period	7/01/2025 to 6/30/2026

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 160.00
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 400.00
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>500.00</u>
Background Check Fee	\$
Publication Fee	\$ <u>23.00</u>
Total Fees	\$ <u>523.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Young Active Ventures, LLC</u>			
2. Business Trade Name or DBA <u>Viking Bowl</u>			
3. FEIN <u>47 4672395</u>		4. Wisconsin Seller's Permit Number <u>456102899123602</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>WI</u>		8. Wisconsin DFI Registration Number <u>Y004459</u>	
7. Date of Organization			
9. Premises Address <u>108 main St.</u>			
10. City <u>Colfax</u>		11. State <u>WI</u>	12. Zip Code <u>54730</u>
13. County <u>Dunn</u>	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>Colfax</u>		15. Aldermanic District
16. Premises Phone <u>715-962-3252</u>		17. Premises Email	
		18. Website	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Lounge & dining area, party room, bowling alley section</u>			
20. Mailing Address (if different from premises address) <u>P.O. Box 524</u>			
21. City <u>Colfax</u>		22. State <u>WI</u>	23. Zip Code <u>54730</u>

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Prince	Alicia	Owner / Agent	715-781-0598

Part 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 member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further 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 this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Prince	First Name Alicia	M.I. M
Title Owner / Agent	Email amyprince1966@gmail.com	Phone 715-781-0598
Signature Alicia Prince	Date 5-7-25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/23/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk Shalee Lunn			Date Provisional License Issued (if applicable)

Alcohol Beverage
Individual QuestionnaireDate
5-23-25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)	Young Active Ventures LLC		
2. Business Trade Name or DBA	Viking Bowl & Lounge		
3. Entity Type (check one)	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		

Part B: Individual Information

1. Last Name Prince	2. First Name Alicia	3. M.I. M
4. Relationship to Business (Title) Owner / Agent	5. Email amyong1946@gmail.com	6. Phone 715-781-0598
7. Home Address 1933 Southridge Ave #4		
8. City Menomonie	9. State WI	10. Zip Code 54751
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance WI

Part C: Address History

1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 05/1996			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
706 Sletten Street	Colfax	WI	54730
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
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further 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 this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Alicia M. Prince</i>	Date <i>05-22-25</i>
--------------------------------------	-------------------------

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	VILLAGE OF COLFAX
License Period	7/1/2025 - 6/30/2026

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 10 ☐ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 10
Background Check Fee	\$
Publication Fee	\$ 23
Total Fees	\$ 33

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) J & S SALES OF CHIPPEWA FALLS, LLC			
2. Business Trade Name or DBA EXPRESS MART			
3. FEIN 271107309		4. Wisconsin Seller's Permit Number 456-1026446429-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization	
8. Wisconsin DFI Registration Number			
9. Premises Address 616 MAIN ST.			
10. City COLFAX		11. State WI	12. Zip Code 54730
13. County Dunn		14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: COLFAX	
15. Aldermanic District			
16. Premises Phone (715) 962-3241		17. Premises Email INFO@THALEROIL.COM	
18. Website WWW.THALEROIL.COM			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. CONVENIENCE STORE LOCATED AT 616 MAIN ST. COLFAX, WI 54730			
20. Mailing Address (if different from premises address) P.O. BOX 428			
21. City COLFAX		22. State WI	23. Zip Code 54730

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.


Last Name	First Name	Title	Phone
THALER	STEVEN	MEMBER	(715) 723-2822
IVERSON-DEMOE	RONDI	MANAGER	(715) 962-3241

Part 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 member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further 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 this application may be required to forfeit not more than \$1,000 if convicted.

Last Name THALER		First Name STEVEN		M.I. M.
Title MEMBER		Email INFO@THALEROIL.COM	Phone (715) 723-2822	
Signature 			Date 05/06/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/12/2025	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

Alcohol Beverage
Individual QuestionnaireDate
05/06/2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) J & S SALES OF CHIPPEWA FALLS, LLC	
2. Business Trade Name or DBA EXPRESS MART	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information

1. Last Name THALER		2. First Name STEVEN		3. M.I. M.
4. Relationship to Business (Title) MEMBER		5. Email INFO@THALEROIL.COM		6. Phone (715) 723-2822
7. Home Address 310 S. MAIN ST.				
8. City CHIPPEWA FALLS		9. State WI	10. Zip Code 54729	
12. Drivers License/State ID Number T460-7935-2336-03			13. Drivers License/State ID S WI	

Part C: Address History

1. Do you currently reside in Wisconsin?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 72	Months 5
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 310 S. MAIN ST.		City CHIPPEWA FALLS		State WI	Zip Code 54729
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
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County CHIPPEWA	State	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further 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 this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 05/06/2025
---	--------------------

Alcohol Beverage
Individual QuestionnaireDate
5/21/2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

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

J & S Sales of Chippewa Falls, LLC

2. Business Trade Name or DBA

Express Mart

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

De Moe

2. First Name

Rondi

3. M.I.

L

4. Relationship to Business (Title)

Agent

5. Email

6. Phone

715-556-3796

7. Home Address

703 Pine St / P.O. Box 251

8. City

Colfax

9. State

WI

10. Zip Code

54730

12. Drivers License/State ID Number

I162-7325-5807-10

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

08/1955

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

703 Pine St.

City

Colfax

State

WI

Zip Code

54730

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

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

WI

County

Dunn

State

County

State

County

State

County

State

County

State

County

State

County

State

County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further 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 this application may be required to forfeit not more than \$1,000 if convicted.

Signature

Rondi Demme

Date

5-6-25

Form

AB-101

Alcohol Beverage
Appointment of Agent

Date

05/06/2025

Agent Type (check one)

☒ Original (no fee)

☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

J & S SALES OF CHIPPEWA FALLS, LLC

2. Business Trade Name or DBA

EXPRESS MART

3. Entity Type (check one)

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☐ Municipal Retail License

☒ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

456102644642902

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

IVERSON-DEMOE

2. First Name

RONDI

3. M.I.

L.

4. Email

INFO@THALEROIL.COM

5. Phone

(715) 962-3241

6. Home Address

703 PINE ST. P.O. BOX 251

7. City

COLFAX

8. State

WI

9. Zip Code

54730

10. Age

69

11. Drivers License/State ID Number

I 162-7325-5807-10

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?
Submit proof of completion.

☒ Yes ☐ No

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?
Submit a completed Form AB-100 with this form.

☒ Yes ☐ No

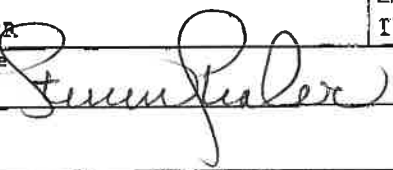
3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.

☒ Yes ☐ No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, 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 this application may be required to forfeit not more than \$1,000 if convicted.

Last Name THALER		First Name STEVEN	M.I. M.
Title MEMBER	Email INFO@THALEROIL.COM	Phone (715) 723-2822	
Signature 		Date 05/06/25	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further 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 this application may be required to forfeit not more than \$1,000 if convicted.

Last Name IVERSON-DEMOE		First Name RONDI	M.I. L.
Signature 		Date 05/06/25	