PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors χ Renewal License Fee: \$10.00 each application Receipt: _________ New License Provisional License TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>26</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Andrew Lee Anderson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-1575 Email Address 91de1501 91dy 10 live, com

Current Address 2119 cornell 5+ Fau 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 Place of Employment Blind 11901 POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this H day of May, 20 25

Mule Lun T-17-2

(Signature of Notary Public) (Commission Expi

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

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors
Provisional License New License Menewal License Fee: \$10.00 each application Receipt: CK 10-17
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:
I, hereby apply for a license to serve, from date hereof to JUNE 30, $20\frac{26}{2}$, 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 Jeborah Lune Petersen FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 152252595 Email Address Deters de 366 @ Smart
Current Address 523 MAIN 5+ #3 Co Hax LUT 54930 340 (City) (Zip Code) (yrs. at address)
Previous Address E 9050 ChtyR & BB () Rpy 54130 (Zip Code)
Date of Birth Age
Place of Employment Birth 1992
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.
Recommendation Deny (Chief of Police or designated staff Signature)
STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and
signed the foregoing application for an operator's license: that all the statements made by applicant are true. X Signature of Applicant
Subscribed and sworn before me this
WISC

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

Application fo	r Licens	se to Serve	Ferment	ed Malt B	everages a	nd Intoxi	cating Lic	quors
Provisional Lice				1	al License	Fee: \$10.	00 each app	plication
TO THE BOARD O	F THE VI	LLAGE OF C	OLFAX, WI	SCONSIN:		± 27€		
, hereby apply for a Fermented Malt Bev and 125.68(2) of the nereby agree to con the sale of such bev	verages a Wiscons mply with verages a	and Intoxicating sin Statutes ar all laws resolu nd liquors if a	g Liquors, s nd all acts a itions, ordin license be g	ubject to the mendatory ances and e granted to n	e limitations im thereof and su regulations, Fe ne.	posed by a pplementa	ry thereto, a	.32(2) and
Answer the following					RINT)	0 \		
NAME MILL			Miche	N		KUDE	nces	
		212 01110	MIDDLE NA	ME	C \200	LAST NAM	Lance. CAN	1
Telephone Numbe					s <u>Lubenz</u>	encoyo	Moor con	,
Current Address _	510 C	eder St	Colfax		54730 (Zip Code)	(vre a	t address)	
			(City)	0 10	(Zip Code)	54 <i>730</i>	t addicess)	
Previous Address	242	WMV 2+	_	(City)		(Zip Code)		
Date of Righ				3	Age 36			
Date of Birth	-1	121.			9-		=	
Place of Employme	ent <u> N</u>	5 DIIVG I	ige/					
POLICE DEPT APF A records check we substantially relate Colfax in determin Police Department Recommendation	vill be co e to the l ing whet	nducted for v icense applie :her a license	iolations o d for. Tho will be gra recommer	se convicti inted. You ided for de	ons are cons will be notified	idered by ed by the \ lage Boar	the Village /illage of C d.	10
STATE OF WISCO The above named a	apolicant.	beina first du	v sworn on	oath says t	hat he/she is t	he person	who made a	and
signed the foregoing	g applica	tion for an ope	erator's licer	nse: that all	the statement	ts made by	applicant a	re true.
Subscribed and swo (Signal Date Received: 5/				of <u>May</u>	, 20 <u>25</u> 7-/7-20 nmission Expires)	2	A PUS	RY NISNO
* *		-					· minn	Titter

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

Application for Lice	ense to Serve Fe	rmented Mal	t Beverages ar	d Intoxicating Liquors
Provisional License	X New Licens	eRe	newal License	Fee: \$10.00 each application Receipt:
TO THE BOARD OF THE	VILLAGE OF COLF	AX, WISCONS	in:	
Fermented Malt Beverage and 125.68(2) of the Wisc	s and Intoxicating Lic onsin Statutes and a ith all laws resolution	quors, subject to Il acts amendat s, ordinances a	o the limitations imports thereof and sup and regulations, Fed	sive (unless sooner revoked), bosed by Section 125.32(2) oplementary thereto, and deral, State or Local, affecting
Answer the following ques	tions fully and compl	etely: (PLEASI	E PRINT)	E \$620 E
NAME Tracy FIRST NAME	A	DDLE NAME	ľ	LAST NAME
Telephone Number 11	5-828-9007	_ Email Add	dress honeybu	nches 4169@gmail.com
Current Address <u>E932</u> (Stre				
Previous Address 117	GreyFriarLn.	EauClai	re	54701
	101 T-W	(Ci	• /	
Date of Birth _		1.20	Age <u>56</u>	
Place of Employment A	pex C'hiroprach	e & Blin	d liger	
substantially relate to th	conducted for viola e license applied fo nether a license wil	tions of any la or. Those conv I be granted. \	rictions are consider ou will be notifie	age Board.
STATE OF WISCONSIN/				
The above named applica signed the foregoing appli	nt, being first duly sv cation for an operato	vorn on oath sa or's license: tha	ys that he/she is the tall the statements Signature of App	made by applicant are true.
Subscribed and sworn before (Signature of	Fore me this Notary Public)		7-17-26 Commission Expires)	- NOTARL SIM
Date Received: 6/10/2	Date to the Boa	ard: <u>6/23/25</u>	Approved or Der	nied OF WISCORDING



Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Tracy Miller

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

www.Wisconsin-Bartending.com

Training Provider

06/01/2025

Training Date

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors ____ New License _____ Renewal License Fee: \$10.00 each application Provisional License Receipt: Cask. TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>A6</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME EVA PEAN GENTANAME

FIRST NAME MIDDLE NAME

LAST NAME Telephone Number 715-651-5302 Email Address ____ Current Address 305 May n St Coffat 54730 (Street) (City) (Zip Code) (yrs. at address) Previous Addre (Zip Code) (City) Date of Birth Place of Employment Out House POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve _____ Deny ______(Chief of Police or designated staff Signature) Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license; that all the statements made by applicant are true.

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

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

Provisional THE BOAR hereby apply ermented Mal and 125.68(2) of ereby agree to	al License RD OF THE VI for a license to the Beverages and the Wiscons	New Lice LLAGE OF CC	ense	<u>├</u> Renev	wal License	Fee: \$10.00 each ap Receipt:	plication
nereby apply ermented Mal ad 125.68(2) of ereby agree to	for a license to the total for a license to the Beverages and the Wiscons	LLAGE OF CC	DLFAX, WI	ISCONSIN	1		
ereby apply rmented Mal d 125.68(2) or reby agree to	for a license to the total for a license to the Beverages and the Wiscons	LLAGE OF CC	DLFAX, WI	ISCONSIN	1		
rmented Mal d 125.68(2) o reby agree to	t Beverages a of the Wiscons	o serve, from d	ate hereof	Fto ILINE 3	0 20 2/- :		
	comply with	sin Statutes and	Liquors, s d all acts a ions, ordin	subject to the mendatory nances and	ne limitations in thereof and si regulations, F	clusive (unless sooner remposed by Section 125, upplementary thereto, a ederal, State or Local, a	32(2) ind
swer the follo	owing question	ns fully and cor	npletely: ((PLEASE F	'RINT)		
ME /	120		Daw	SILVE		Longo	
(IAIE	FIRST NAME	**	MIDDLE NA	AME		LONGO	
lephone Nu	mber <u>715</u> -	933-2480	Er	mail Addre	ess		
					94730	(yrs. at address)	
ijelit Addic	(Street)		(City)		(Zip Code)	(yrs. at address)	
evious Add	-aee						
				(City)		(Zip Code)	
te of Birth					Age <u>35</u>		
oo of Empl	oyment _ <i>△</i> ∪	+h					
ice of Empi	Cyment	- Nouse					
records che ibstantially r olfax in dete	ck will be corelate to the limining whet ment if your a	icense applied	olations o I for. Tho will be gra recommer	ese convict anted. You nded for d	tions are cons will be notifi enial to the Vi	s during the past 10 yes idered by the Village ied by the Village of Cillage Board.	OT
		JNN COUNTY	(sworp on	oath savs	that he/she is	the nerson who made a	and
e above nam	ned applicant, going applicat	ion for an oper	ator's licer	nse: that a	If the statemen	the person who made a nts made by applicant a	re true,
griod the lore			X	181	Signature of A	pplicant	IEMA

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Renewal License Fee: \$10.00 each application New License Provisional License Receipt: ___Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 46, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Telephone Number 715-051-5059 Email Address davina Current Address N7694 Column (City) (yrs. at address) Previous Add NR247 940 th St Date of Birth Place of Employment _ UWH OUS POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. 19 day of May, 20 25 Subscribed and sworn before me this ___ (Signature of Notary Public) Date Received: 4/33/25 Approved or Denied

Phone 715-962-3311

715-962-2221

PO Box 417 - Colfax, Wisconsin 54730 -

Village of Colfax PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application Renewal License New License Provisional License Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 36, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Telephone Number **Previous Address** Date of Birth Place of Employment POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve Deny Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. signature of Applicant

Subscribed and sworn before me this

(Signature of Notary Public)

Date to the Board: 6/33/25 Approved or Denied

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

					, 10 302 422
Application for Lie	cense to Serve Fern	nented Malt	Beverages ar	nd Intoxicating	Liquors
Provisional License	New License	X Rene	ewal License	Fee: \$10.00 each	
O THE BOARD OF TH	IE VILLAGE OF COLFA	X, WISCONSI	N:		
Fermented Malt Beverage and 125.68(2) of the Wis nereby agree to comply	nse to serve, from date h ges and Intoxicating Liqu sconsin Statutes and all a with all laws resolutions, ges and liquors if a licens	ors, subject to acts amendato ordinances an	the limitations im ry thereof and su id regulations, Fe	posed by Section pplementary there	to, and
Answer the following qu	estions fully and complet	ely: (PLEASE	PRINT)	0 10	ę.
NAME Mar	4 (7	ane		Koehl	
FIRST NAM		DLE NAME		LAST NAME	./ -
elephone Number	715-308-6227	Email Add	ress <u>Miro</u>	ehl 18 p	Mail.Co
Current Address(S	8420 970 th St treet) (City)	2 Colfax	(Zip Code)	(yrs. at address	s)
	4526 430th A		nonnie	<i>SY7S</i> / (Zip Code)	
Date of Birth	7 7 5 1 1 L	· ·	Age <u>46</u>		
Place of Employment	Duthouse	,			
A records check will be substantially relate to Colfax in determining	ABLE OFFENSE CRITE e conducted for violation the license applied for. whether a license will be our application is reco	ons of any law Those convi oe granted. Yo	ctions are cons ou will be notifie	idered by the Village	age oi
Recommendation	Approve	Deny	(Chief of Police or design	gnated staff Signature)	(Date)
STATE OF WISCONSI	N/ DUNN COUNTY				
The above named appli	cant, being first duly swo plication for an operator's	orn on oath say	s that he/she is to	he person who mats made by applica	ide and int are true.
nghed the loregoing ap	phoanor to an operator.	x_110	Signature of Ap	4	LA RIENNIN
		· ·	- dimini 2 1 1 1	Marie SH.	OTAP.
Subscribed and sworn b	pefore me this 3/	day of Ma	y, 20 <u>25</u> .		-•-
Shule	- frem		7-17-20	6	, NB LIC
, ,	of Notary Public)		commission Expires)	annan O	WISCOMME
	Data to the Book	1 6/23/25	Approved or De	nied	minimus.

Date Received: 5/31/35 Date to the Board: 6/23/25 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License Renewal License Fee: \$10.00 each application Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 36, 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 7/5-962-325) Email Address _____ Current Address 5 Th RIF (517) COLFAX 5473() LIFE (67 VRS (Street) (City) (Zip Code) (vrs. at address) Previous Address (City) (Zip Code) Date of Birth Place of Employment EN PRESS 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 Deny Deny (Chief of Police or designated staff Signature) (Date) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20\frac{26}{2}$, 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 To Haugle-Score
LAST NAME

LAST NAME Telephone Number 715-931-7514 Email Address Current Address E5406 1170th Ave Lot 1 Wheeley, W1 54772 4 years (Street) (City) (Zip Code) (yrs. at address) **Previous Address** (City) (Zip Code)
Age 33 Date of Birth Place of Employment _____Express Mart POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 8 day of May, 20 25

(Signature of Notary Public) day of May, 20 25

(Commission Expire)

Date Received: 5/21/25 Date to the Board: 4/23/25 Approved or Denied



PO Box 417 - Colfax, Wisconsin 54730 -Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X Renewal License Fee: \$10.00 each application New License Provisional License Receipt: Cook TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>\$\delta\$\$\langle\$\$, inclusive (unless sooner revoked),</u> 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 Breane Wilson

FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 704 1437 Email Address Shelby. nightskyman@gmail.com

Current Address 5142UniversityAve, Colfax 54730 12yrs

(Street) (City) (Zip Code) (yrs. at address) Previous Address (Zip Code) (City) Date of Birth Place of Employment Express Mart POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve ____ Deny (Chief of Police or designature) Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Date Received: 5/2//25 Date to the Board: 6/23/25 Approved or Denied

(Signature of Notary Public)

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application X Renewal License New License Provisional License Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 36, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-704-9142 Email Address + uschir@ youros. Com Current Address 716 Sletten St Colfax W1 54772 (Street) (City) (Zip Code) Previous Address MINY 72nth St While M (City) Date of Birth Place of Employment Express Mart POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Date Received: 5/21/25 Date to the Board: 4/23/25 Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Renewal License Fee: \$10.00 each application New License Provisional License Receipt: __Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>36</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-505-443 Fmail Address Jacuek Clark 62@ yahoo. Coy Current Address £9715 State Rd 40 COVAY 54730 13 years
(Street) (City) (Zip Code) (yrs. at address) Previous Addr (Zip Code) (City) Date of Birth Place of Employment Express POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. (Chief of Police or designated staff Signature) Approve ____ Deny Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this_ Date Received: 5/21/25 Date to the Board: 6/23/25 Approved or Denied

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Receipt: Provisional License TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>A6</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Burgandy Danielle Quimby
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-704-0910 Email Address 20 umby 332 Cogmail Com

Current Address 415 University Ave Coufax WI 54730 13 years

(Street) (City) (Zip Code) (yrs. at address) Previous Address 415 University Ave COIFDX WI 54730
(City) (Zip Code)

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

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License 🙎 Renewal License Fee: \$10.00 each application Y Provisional License 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, 20 36, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Email Address OXOX FMD Qol, Com Telephone Number 512-916-0786 Previous Address E10021 535th Ave EX Mound, wt 54789
(City) (Zip Code) Date of Birth 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 (Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this _____ day of ____, 20 ____ (Signature of Notary Public)

Date Received: 42/25 Date to the Board: 423/25 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

Expiration Date 05/29/2027 05/29/2027

Certificate#

WI-00638984

Official Signature

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

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

Application	n for Licen	se to Serve I	ermented	d Malt Beverages	and Intoxicating Liquors
Provisiona	al License	New Lice	ense X	Renewal License	Fee: \$10.00 each application Receipt:
TO THE BOAR	D OF THE V	ILLAGE OF CO	LFAX, WIS	CONSIN:	
Fermented Mal and 125.68(2) onereby agree to	t Beverages of the Wiscon comply with	and Intoxicating sin Statutes and	Liquors, sub d all acts am ions, ordinar	oject to the limitations endatory thereof and nces and regulations,	inclusive (unless sooner revoked) s imposed by Section 125.32(2) I supplementary thereto, and Federal, State or Local, affecting
Answer the follo	owing questic	ons fully and cor	npletely: (Pl	LEASE PRINT)	
NAME Robi	<u> </u>	·	Sue		Sarguer
					LAST NAME
Telephone Nu	mber(<u>715)</u> 6	126-5819	Ema	ail Address <u>1 Finks</u>	084@Gmail.com
Current Addre	ss 619 1	7th Ave 1	Bloomer	547 <u>9</u> 4 (Zip Code)	5
	(Street		(City)	(Zip Code)	(yrs. at address)
Previous Addr	ress			(0)	(7% Code)
				(City)	(Zip Code)
Date of Birth				`Age <u>੫\</u>	
Place of Emplo	oyment <u>S</u>	ynergy c	900		
A records che substantially r Colfax in dete	ck will be co relate to the rmining whe ment if your	license applied ther a license v	olations of a for. Those will be gran	e convictions are co ted. You will be not ed for denial to the	tes during the past 10 years that onsidered by the Village of tified by the Village of Colfax Village Board.
Necommenda		Approve			designated staff Signature) (Date)
				500-5	addignated state of greaters,
STATE OF WIS The above namesigned the fore	ned applicant	. being first duly	sworn on oa ator's licens	ath says that he/she e: that all the statem	is the person who made and ents made by applicant are true.

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

Application fo	r License	to Serve Fei	mented I	Malt Beverages	and Into	xicating Liquors
Provisional Lic	ense	New Licens	e <u>X</u>	Renewal License	Fee: \$ Receir	10.00 each application ot:Cash
TO THE BOARD O	F THE VILL	AGE OF COLF	AX, WISCO	DNSIN:	·	
Fermented Malt Be and 125.68(2) of th	verages and e Wisconsin t mply with all I	Intoxicating Liq Statutes and al aws resolutions	luors, subje l acts amen s, ordinance	ct to the limitations datory thereof and es and regulations,	s imposed t I suppleme	nless sooner revoked), by Section 125.32(2) ntary thereto, and state or Local, affecting
Answer the followin					, , , , , , , , , , , , , , , , , , ,	
NAME Suz	canne	9	marie		Had	ren
						AME
Telephone Numbe						
Current Address_	N8519	County 1	dM Co	Fax, 54730		34
-	(Street)	(Ci	ty)	(Zip Code)	(yı	s. at address)
Previous Address						
				(City)	(Zip Co	
Date of Birth _				Age	62	,
Place of Employm	ent <u>5yn</u>	ergy Coo	perati v	e	-	
substantially relat	vill be condu e to the lice ning whether	icted for violatinse applied for a license will	tions of an r. Those c be grante	onvictions are co d. You will be not	onsidered l tified by th	e Village of Colfax
Recommendation	_ _ A	approve	Deny	(Chief of Police or	designated state	f Signature)
STATE OF WISCO			vorn on oath	s save that he/she	is the ners	on who made and
The above named a signed the foregoin	g applicant, bei	for an operato	r's license:	that all the statem	ients made	by applicant are true.
			x <u>.5</u>	Signature o	<u>Clages</u> f Applicant	A RIEMANN
, 3	ature of Notary	Public)		(Commission Expir	 <u>26</u> res)	OTARY NIS
Date Received: <u>5</u>	101125 1	Date to the Boa	ard: <u>4/23/</u>	25 Approved or	Denied	OF WISHING

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

Application for License to Serv	ve Fermented Malt	Beverages and	Intoxicating Liquors
Provisional LicenseNew	License Rene	wal License Fe	ee: \$10.00 each application
TO THE BOARD OF THE VILLAGE OF	COLFAX, WISCONSIN	l:	
I, hereby apply for a license to serve, fro Fermented Malt Beverages and Intoxica and 125.68(2) of the Wisconsin Statutes hereby agree to comply with all laws res the sale of such beverages and liquors in	ting Liquors, subject to t and all acts amendator olutions, ordinances and f a license be granted to	he limitations impos y thereof and suppled d regulations, Feder me.	ementary thereto, and
Answer the following questions fully and	completely: (PLEASE)	PRINT)	Ε
NAME	Dawn	W	ilson
FIRST NAME	MIDDLE NAME	LA	SI NAME :/
Telephone Number (7/5)440-45	58 Email Addr	ess downiting	gmall.com
Telephone Number (7/5) 440-45. Current Address <u>F 7096 County</u> (Street)	Rd W, Colfax,	WT 547. (Zip Code)	(yrs. at address)
Previous Address F.8967 555	Ave EIK M. (City)	ound, WI (Z	54730 ip Code)
Date of Birth		Age 35	
Place of Employment <u>Cene</u> Sy	inergy, Coltax	(
POLICE DEPT APPLICABLE OFFENS A records check will be conducted fo substantially relate to the license app Colfax in determining whether a licen Police Department if your application	r violations of any law blied for. Those convic use will be granted. Yo	ctions are consider ou will be notified b	y the Village of Colfax
Recommendation Approve	Deny	Chief of Police or designate	d staff Signature) (Date)
STATE OF WISCONSIN/ DUNN COUN			
The above named applicant, being first signed the foregoing application for an c	operator's license: that a	all the statements m	age by applicant are true.
	19)	Signature of Applica	Int SHEILA PRINTER
Subscribed and sworn before me this (Signature of Notary Public)	19 day of Mac	7-17-26 ommission Expires)	NOTA PLATE
Date Received: 5/21/25 Date to t	the Board: <u>(d/23) 25</u>	Approved or Denie	WISCONSHIRM

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

Application for L	icense to Serve l	- ermented	Malt Bevera	ages and Into	xicating Liquors
				nse Fee: \$	10.00 each application
O THE BOARD OF 1	THE VILLAGE OF CO	LFAX, WISC	ONSIN:	•	
ermented Malt Bever nd 125.68(2) of the W ereby agree to compl	ages and Intoxicating Visconsin Statutes and	Liquors, subj d all acts ame ons, ordinand	ect to the limita ndatory thereol ces and regulat	itions imposed b f and supplemer	nless sooner revoked), by Section 125.32(2) ntary thereto, and tate or Local, affecting
nswer the following q	uestions fully and cor	npletely: (PL	EASE PRINT)		
NAME Mean	JOW) AME	LYNN MIDDLE NAME		Keltne LASTN	AME
					- Rgmail.com
Current Address	19564 Countu (Street)	(City)	Colfax 6	94730 ode) (yr	13 years s. at address)
Previous Address	N9564 Count	y Rd N			
ate of Birth			Age _	19	
lace of Employment	synergy	Co-op			
POLICE DEPT APPLI A records check will substantially relate to Colfax in determining Police Department if Recommendation	be conducted for vio the license applied whether a license v	olations of a for. Those will be grante	convictions ared. You will be d for denial to	re considered be e notified by th	e Village of Colfax ard. — <u>6/16/2</u> 0
TATE OF WISCONS	SIN/ DUNN COUNTY blicant, being first duly pplication for an oper	sworn on oa	th says that he/	/she is the perso	on who made and by applicant are true.
		X	Museum Signat	w lecton ture of Applicant	STATE LA RIENTE
Subscribed and sworn	before me this	day of _	17 20	7-26	NOTARL POTARL

Date Received: 52125 Date to the Board: 42325 Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License _____ Renewal License Fee: \$10.00 each application Provisional License Receipt: Noch TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>\$\frac{1}{26}\$</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-491-9446 Email Address MFShea 29 @ amail Com Current Address VIOOOS COUNTY VOM COLFOX, WIT 50 (Street) (City) (Zip Code) **Previous Address** (City) (Zip Code) Date of Birth Place of Employment Syneray POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. 9 day of May, 20 2 Subscribed and sworn before me this

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

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>26</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME JONI LAST NAME LAST NAME Telephone Number 715-714-4233 Email Address ____ Current Address N 7001 690th St Menomonie WT. 54751 30+
(Street) (City) (Zip Code) (vrs. at address) **Previous Address** (City) (Zip Code) 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 STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License _____ Renewal License Fee: \$10.00 each application Receipt: ______ Provisional License TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>36</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Drake Allan Alexander Knytson

FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-990-6502 Email Address Drake KN 9450N 991@9M9, 1. COM

Current Address E 7962 990th Ave Coltex 54730

(Street) (City) (Zip Code) (yrs. at address) Previous Address (City) (Zip Code) Date of Birth Place of Employment _ Lenet - 5x heryx POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve Deny Chief of Police or designated staff Signature) Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. X Signature of Applicant Subscribed and sworn before me this 2 day of 90, 20 25

(Signature of Notary Public) (Commission Expires)

(Commission Expires)

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

PO Box 417 - Colfax, Wisconsin 54730 -Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License Renewal License Fee: \$10.00 each application Provisional License Receipt: Cosh TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 36, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME _ Email Address Velasgmv1@ gmail.com Telephone Number <u>715 704 1923</u> Current Address 303 River St. Apt A. POPOx 43, Colfax WIF5 4730
(Street) (City) (Zip Code) Previous Address 512 Pine St Date of Birth Place of Employment Collax POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve Deny Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 5th day of May, 20 25

Date Received: 521185 Date to the Board: 6/23/25 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X Renewal License Fee: \$10.00 each application Receipt: New License Provisional License TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: 1, hereby apply for a license to serve, from date hereof to JUNE 30, 20 36, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number (715)471-0440 Email Address McQuanyo amail.com **Previous Address** (Zip Code) City) Date of Birth Place of Employment ___________ POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Deny Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Subscribed and sworn before me this Date Received: 5/21(25 Date to the Board: 6/23/25 Approved or Denied

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

Application for License to Serve Fermented Malt Beverages an	d Intoxicating Liquors
Provisional LicenseNew LicenseRenewal License	Fee: \$10.00 each application Receipt:
TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:	• • • • • • • • • • • • • • • • • • • •
I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>36</u> , inclusive fermented Malt Beverages and Intoxicating Liquors, subject to the limitations impand 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and suphereby agree to comply with all laws resolutions, ordinances and regulations, Fed the sale of such beverages and liquors if a license be granted to me.	plementary thereto, and
Answer the following questions fully and completely: (PLEASE PRINT)	*
NAME LISO Elizabeth Kurba FIRST NAME MIDDLE NAME	LAST NAME
Telephone Number 7/5 93 1 7279 Email Address Harash	ermon, 2014 @ama
Current Address 508 Big Blue Stem Lame Apt 2 Colfax U (Street) (City) (Zip Code)	(yrs. at address)
Previous Address	
(City)	(Zip Code)
Date of Birth Age 35	
Place of Employment Syntray	x
POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances of substantially relate to the license applied for. Those convictions are considered to determining whether a license will be granted. You will be notified Police Department if your application is recommended for denial to the Village.	dered by the Village of d by the Village of Colfax age Board.
Recommendation Approve Deny (Chief of Police or design	nated staff Signature) (Date)
STATE OF WISCONSIN/ DUNN COUNTY	ž = = = = = = = = = = = = = = = = = = =
The above named applicant, being first duly sworn on oath says that he/she is the signed the foregoing application for an operator's license; that all the statements	
*Risa Kurbo	mal
Signature of App	licant MILLA RIENTING
Subscribed and sworn before me this	NOTAPL
Mule Bum 7-17-26	of Purice

(Signature of Notáry Public) (Commission Expires)

Date Received: 52125 Date to the Board: 6123 5Approved or Denied (Signature of Notary Public)

Date Received: 5/21/25

Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application ✗ Renewal License New License Provisional License Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 36, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Email Address dill Telephone Number Current Address Previous Addre (Zip Code) (City) Date of Birth Place of Employment POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve Denv Recommendation (Chief of Police of designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. 6 day of M Subscribed and sworn before me this (Commission Expires) (Signature of Notary Public) Date to the Board: 6/23/25 Approved or Denied

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

PO Box 417 - Colfax, Wisconsin 54730 -Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Renewal License Fee: \$10.00 each application New License Provisional License 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, 20 <u>A6</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Telephone Number 115-828-8365 Email Address 1 Ammy 26- tool who. Loh ETKUI, 1,20th AM Previous Add Date of Birth Place of Employment Viking bowl . Cattring 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. Deny Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 23 day of May, 20 25

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License X Renewal License Fee: \$10.00 each application Provisional License Receipt: 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, 20 <u>এ6</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Trevor Patrick Schindler
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-944-5952 Email Address

Current Address 12286 120th Ave Chippus Falls 54729

(Street) (City) (Zip Code) (yrs. at address)

Previous Add 144 ft pl V Colfry (Zip Code)

Date of Birth Age 28

Place of Employment Viking Boul + Cafring POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve Deny (Chief of Police or designature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 23 day of May, 2025.

(Signature of Notary Public)

(Commission Expires) Date Received: 5/33/25 Date to the Board: 4/23/25 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application Renewal License New License Provisional License 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, $20 \frac{26}{2}$, inclusive (unless sooner revoked). Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-933-4763 Email Address Just doit 3247@gma Current Address 12404 County HWDD Colfax , 54730 (Street) (City) (Zip Code) Previous Add (City) (Zip Code) Date of Birth Place of Employment Viking Bowl 3 Caterina POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve Deny (Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

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

(Signature of Notary Public)

Age of May, 20 25

(Commission Expires)

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X Renewal License New License Fee: \$10.00 each application Provisional License 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, 20 <u>26</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-764-2484 Email Address Kayleelemler egmail. com Current Address N13314 CtyRa M New Awarn WI 54757 Ilyrs
(Street) (City) (Zip Code) (yrs. at address) Previous Address (Zip Code) (City) Date of Birth Place of Employment Viving KOWI POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Denv STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Signature of Applicant Subscribed and sworn before me this 33 day of May, 20 25.

(Signature of Notary Public) (Commission Expires)

Date Received: 5/43/45 Date to the Board: 6/23/25 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License _____ New License _____ Renewal License Fee: \$10.00 each application Receipt: CK (0917) TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>26</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Kara Lynn Buchner
FIRST NAME MIDDLE NAME LAST NAME Telephone Number 715-651-9466 Email Address Karabuchner 0973 Ryahoo Current Address 509 Fairview Dr. Colfax w1 54730 (Street) (City) (Zip Code) (yrs. at address) Previous Addres Date of Birth ____ Place of Employment Kyle'5 Market POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve ____ Deny _____(Chief of Police or designated staff Signature) Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 20th day of May, 20 25.

(Signature of Notary Public)

Commission Expires)

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

PO Box 417 - Colfax, Wisconsin 54730 -Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors X) Renewal License Fee: \$10.00 each application New License Provisional License 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, 20 <u>A6</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Telephone Number 1/5-556-2062 Email Address Current Address N830 853 Previous Address (Zip Code) Date of Birth Place of Employment POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve ____ STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. (Signature of Notary Public)

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

Fax 715-962-2221 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application X Renewal License New License Provisional License Receipt: CK 10917/ TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>A6</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Telephone Number 115-505-4801 Email Address Mary Muzalo & gonail.com Current Address 308 11th St. E Menomonie 54757 (945)
(Street) (City) (Zip Code) (yrs. at address) Previous Address (City) Age <u>64</u> Date of Birth 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 STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 14th day of May, 20 25.

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

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application Renewal License New License Provisional License 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, 20 36, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715) 933 2647 Email Address 11. COIC_got L'bson_ zoosohotrialicou Current Address 13626 40 th ave apt.1 Chippena fallswi 54729 4 Months (Street) (City) (Zip Code) (yrs. at address) Previous Address 118583 5+. rd. 40 COIFax WI S4730 (City) (Zip Code) Date of Birth Place of Employment KIR'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 STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 19th day of May, 20 25.

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application Renewal License New License Provisional License Receipt: _ < 109/71 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 36, 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) 115-933-0926 Email Address Nancy 85. 5@ hot mail, com Previous Addres (Zip Code) Date of Birth Place of Employment POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation (Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 15th day of May Date to the Board: 6/23/25 Approved or Denied

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Renewal License Fee: \$10.00 each application New License Provisional License Receipt: CK 66171___ TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 36, 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 WIKKI SEW MIDDLE NAME Telephone Number 15 505 1388 Email Address Mikking 50 gmai Current Address 401e main of Colfax 54730 (Street) (City) (Zip Code) Previous Add (Zip Code) (City) Age 38 Date of Birth Place of Employment Kyle's Market POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation ____ Deny STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 15th day of May, 20 25.

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

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License Renewal License Fee: \$10.00 each application Provisional License Receipt: CK (09(7/____ TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 36, 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 JOSSY LAST NAME

FIRST NAME

MIDDLE NAME

LAST NAME Telephone Number 715-308-4881 Email Address mana tucsh @ yahoo. com Current Address 302 4th Ave. Colfax 54730 (City) (Zip Code) (vrs. at address) Previous Address (Zip Code) (City) Date of Birth Place of Employment <u>Kyle's Market</u> POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve ____ Deny Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. X Signature of Applicant Subscribed and sworn before me this 15th day of May, 20 25.

Haley Sundstron 3/19/2028

(Signature of Notary Public) (Commission Expires)

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application Provisional License Receipt: CK (0917) TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>36</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Jalene FIRST NAME MIDDLE NAME Telephone Number 715 699 0419 Email Address _____ Current Address 502 1/2 Ceclar St. Colfax WI 54730 8 years (Street) (City) (Zip Code) (vrs. at address) Previous Addr (Zip Code) (City) Date of Birth Place of Employment Kyle's Market POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve Deny Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this Hthat day of May, 20 25. 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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Fee: \$10.00 each application New License X Renewal License Provisional License Receipt: CK 10917) TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u></u> る。inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-308-0695 Email Address Socce good 346 hot mail. com

Current Address 100 V; King Dr Colf RX 54730 37

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

ity) (Zip Code) Date of Birth Place of Employment Kyles Market POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve Deny Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License _____ Renewal License Fee: \$10.00 each application Provisional License Receipt: Ck (09/71____ TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 এ৫, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-309-9797 Email Address <u>ASNPM3D 9Mail Con</u>

Current Address <u>N6583 St Rd 40 Colfax W1 54730</u>

(Street) (City) (Zip Code) (yrs. at address) Previous Address 119 Park Dr #246 Colfax W1 54730

(City) (Zip Code)

Place of Employment Kyles Market POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation Approve Deny (Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 15th day of May, 20 75.

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

Date Received: 5/23/25 Date to the Board: 423/25 Approved or Denied



360 LEARN 2 SERVE

CERTIFICATE OF COMPLETION

This certifies that

Ashley Larson

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

Completion Date

Expiration Date 55/15/2027

Certificate #

Official Signature

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

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

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

Application for Lice	nse to Serve Ferm	ented Malt Beverage	s and Intoxicating Liquors
Provisional License	New License	Renewal License	Fee: \$10.00 each application Receipt: CK (09) 7
TO THE BOARD OF THE	VILLAGE OF COLFAX	, WISCONSIN:	
Fermented Malt Beverages and 125.68(2) of the Wisco	s and Intoxicating Liquo onsin Statutes and all ac th all laws resolutions, c	rs, subject to the limitation ets amendatory thereof and ordinances and regulations	inclusive (unless sooner revoked), s imposed by Section 125.32(2) d supplementary thereto, and s, Federal, State or Local, affecting
Answer the following quest	ions fully and complete	ly: (PLEASE PRINT)	
NAME Salla FIRST NAME	ROMIDDL	Se E NAME	Briggs LAST NAME
Telephone Number 📆	1-702-1083	Email Address	gnum@ yahoo, com
			(yrs. at address)
Previous Address N43	579 Cty RDJ		
Date of Birth		Age	2
Place of Employment	Kyles marke	+	
substantially relate to the	conducted for violation e license applied for. ether a license will be	ns of any law or ordinand Those convictions are co granted. You will be no	ces during the past 10 years that onsidered by the Village of otified by the Village of Colfax village Board.
			designated staff Signature) (Date)
STATE OF WISCONSIN/ I	DUNN COUNTY		
The above named applicar signed the foregoing applic	nt, being first duly sworr ation for an operator's	n on oath says that he/she license: that all the staten	is the person who made and nents made by applicant are true.
		signature of	of Applicant
	1-th	M.,	WILLOOK MSCOnnin
Subscribed and sworn befo	ore me this 15 d	lay of May , 20 25	OBELO SE
Haly Simestian (Signature of N		ndstrom 3/19 (Commission Exp	2028 STALL OF THE PROPERTY OF
(Signature Of I		(こう! ひ へだ!

Date Received: 5123/25 Date to the Board: 6/23/25 Approved or Denied



60 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

Official Signature

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

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Renewal License Fee: \$10.00 each application New License Provisional License 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, 20 36, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Telephone Number 1/5 - / Email Address Current Address /\ (yrs. at address) Previous Address (Zip Code) (City) Date of Birth Place of Employment POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Signature of Applicant 03 day of May, 2025 Subscribed and, sworn before me this

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Renewal License New License Fee: \$10.00 each application Provisional License Receipt: CL 6(85 TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 36, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 7/5-828-0727 Email Address Yashky 276 @gmail Previous Address (Zip Code) (City) Date of Birth Place of Employment NOVIS 12Staura 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. Deny Recommendation (Chief of Police or designated staff Signature) STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 33 day of May, 2025

(Signature of Notary Public)

| Commission Expire

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors Provisional License New License Renewal License Fee: \$10.00 each application Receipt: Cosh TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>A/e</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Josephine Rose Riba Doerr
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-411-0165 Email Address Josie doerr @gmail.com

Current Address Cobar St Collax 54738

(Street) (City) (Zip Code) (yrs. at address) Previous Address 2709 Znd St W Menomonie 54751

(City) (Zip Code)

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

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



360 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

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

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PO Box 417 - Colfax, Wisconsin 54730 --Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License Renewal License Fee: \$10.00 each application Provisional License Receipt: TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>26</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 715-663-0283 Email Address sonnenberg brittany Egmail (Um)

Current Address E8131 1130 Ave Colfax W1 54730 O

(Street) (City) (Zip Code) (yrs. at address) Previous Address £8117 1130 Ave Colfax W1 SM30

(City) (Zip Code)

Age 32 Place of Employment Little POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve ____ Deny ______Deny Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Date Received: 5/38/25 Date to the Board: 4/33/25 Approved or Denied

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors ____ New License ______ Renewal License Fee: \$10.00 each application Provisional License TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, $20 \frac{36}{5}$, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number (715) 505-2381 Email Address Current Address 507 West ST Colfax
(Street) (City) Previous Address (Zip Code) Date of Birth Place of Employment A Little Slice of POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Date Received: <u>5/30/25</u> Date to the Board: <u>(423/25</u> Approved or Denied

Subscribed and sworn before me this 30 day of May, 20 25.

(Signature of Notary Public)

| Commission Expires

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors ____ New License ____ Renewal License Fee: \$10.00 each application Provisional License Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 1/2, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Telephone Number 7/5-6/9-571 Email Address Lobotok Macken 7/ @ gmall. Com Current Address E5585 1140th AUC Wheelex 54772 (City) (Zip Code) (yrs. at address) Previous Address (Zip Code) Date of Birtl 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 STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 30 day of May, 20 25.

Shall Cam 7-17-26

(Signature of Notary Public) (Commission Expires)

Date Received: 5/30/35 Date to the Board: 6/33/35 Approved or Denied

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License Renewal License Fee: \$10.00 each application Receipt: _______ Provisional License TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>36</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) Email Address Soum 3000, ah@gmail.com Telephone Number 715-828-2779 Previous Address Date of Birth Place of Employment Small Business owner Cooq 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. Deny Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this 30 day of May, 20 25

(Signature of Notary Public) day of May (Commission Expi

Date Received: 5/30/25 Date to the Board: 4/23/25 Approved or Denied

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



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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors ___ New License Renewal License Fee: \$10.00 each application Provisional License Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 36, 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 Britany A Mateski LAST NAME LAST NAME Telephone Number (715)491-7321 Email Address Zaybay7/1@gmail.com Current Address 508 Big Bluestein Los Apt. 1 Colfax ' 54730 3
(Street) (City) (Zip Code) (yrs. at address) Previous Address 1005 Newman St. Bloomer 54724 (City) (Zip Code) Age 34_____ Date of Birth Place of Employment <u>W/A</u> POLICE DEPT APPLICABLE OFFENSE CRITERIA A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board. Approve Deny Quantification OS/31/2005 (Chief of Police or designated staff Signature) (Date) Recommendation STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true. Subscribed and sworn before me this about day of May, 20 25.

(Signature of Notary Public)

| Commission Expires

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

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

Application for	License to Serve	Fermented	Malt Beverages	and Intoxicating Liqu	ors
Provisional Lice	ense New Lic	ense <u>X</u>	Renewal License	Fee: \$10.00 each applic	atio
O THE BOARD OF	THE VILLAGE OF CO	OLFAX, WISC	ONSIN:	\ \	
ermented Malt Bev nd 125.68(2) of the ereby agree to com	rerages and Intoxicating Wisconsin Statutes an	g Liquors, subje id all acts amer tions, ordinanc	ect to the limitations adatory thereof and es and regulations,	nclusive (unless sooner revolution in the contract of the cont	!(2)
nswer the following	questions fully and co	mpletely: (PLE	ASE PRINT)		
IAME Sier	YQ NAME	Jean		Stewart	
		MIDDLE NAME		LAST NAME	
elephone Number	715-931-7555	Email	Address Sievra	stewart2025@gmail.co	m
	E8140 770th Ave (Street)	colfax V	VI 54730 (Zip Code)	(yrs. at address)	
revious Address				(7: 0: 1)	
246			(City)	(Zip Code)	
ate of Birth .			Age	<u> </u>	
lace of Employme	ent Kyle's Mark	et			
A records check wi substantially relate Colfax in determini	to the license applied	iolations of an d for. Those c will be grante	onvictions are co d. You will be not I for denial to the	es during the past 10 years nsidered by the Village of ified by the Village of Colf Village Board.	
he above named a	NSIN/ DUNN COUNTY pplicant, being first duly	y sworn on oath	n says that he/she	s the person who made and ents made by applicant are	I true.
.gee a.e.ee.egeg	The state of the s	, C	Row &	tent	
		X	Signature of	Applicant	=
ubscribed and swo	orn before me this	th 0 day of <u></u>	1ay , 20 25	Applicant SUNDO	MON NOW
Haly Sundstron	M Haley Sur	dStrom	3/19/2028	OS OURLIC	

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

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311 Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors New License ____ Renewal License Fee: \$10.00 each application Provisional License Receipt: Cash TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN: I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 <u>26</u>, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me. Answer the following questions fully and completely: (PLEASE PRINT) NAME Hanch Claire Sxkore Sxkore LAST NAME Telephone Number 715 764 1180 Email Address handa Sylforal & gmall.com

Current Address NOOLUCHY REA COLFUX DF TU

(Street) (City) (Zip Code) (yrs. at address) Previous Add (City) (Zip Code)
Age _ こく Date of Birth 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 (Chief of Police or designated staff Signature) (Date STATE OF WISCONSIN/ DUNN COUNTY The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

Subscribed and sworn before me this day of Tune, 20 25

Signature of Applicant

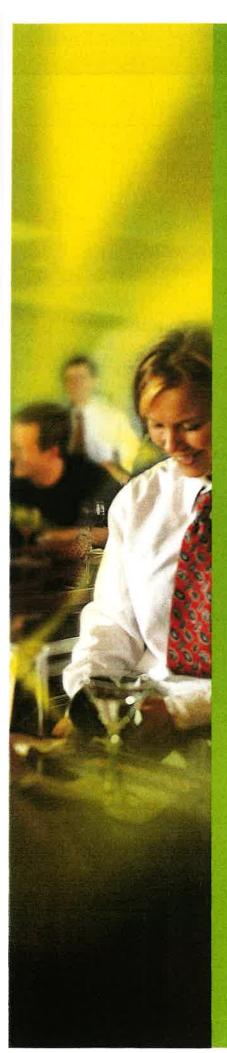
Signature of Applicant

Application of Tune, 20 25

(Signature of Notary Public)

Commission Expires)

Date Received: 4/25 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

Cord 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

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Sherman Brown Senior Vice President, National Restaurant Association Solutions

Most Cheur

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

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

NOTE: You can access your score and certification information anytime at ServSafe.com with the class number provided on this form.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at ServiceCenter@restaurant.org or 800.765.2122, ext. 6703.



233.5. Wacker Drive, Suite 3600 Chicago, II. 606046.383 1.800 SERVSAFE 312,715,1010 In the Chicago area ServSafe.com 2015 Hattood Recurrent Accordant Educational Foundation
(IRAEE), All high reservoir SerSala® and the SerSala® are
hademake at the IRAEE Hatmoof Restaurant Accordance and the
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Form AB-200

Alcohol Beverage License Application

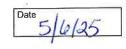
Z IIZWES	For Municipal Use Only
Municip V:1149	e Colfax
Licensé	Period 7/1/2025 - 6/30/2026

License(s) Requested: (up to two boxes may	Fees						
☐ Class "A" Beer \$	Class "B" Beer	\$ <u>/</u>	00.00	License F	ees	\$ 500	.00
Glass A" Liquor	"Class B" Liquor	\$ <u>4</u>	00.00	Backgrou	nd Check Fee	\$	-
Glass A" Liquor (cider only) \$	Reserve "Class B" L	iquor \$		Publication	n Fee	\$ 23.	00
Class C" Liquor (wine only) \$				Total Fee	s	\$ 523	3,00
Part A: Premises/Business Information							
1. Legal Business Name (individual name if sole prop	orietorship)						
Mark A Nelson							
2. Business Trade Name or DBA OUTHOUSE BOY							
3, FEIN	4	I. Wisconsin S	Seller's Pe	rmit Numbe			
39-1344846		456	6000	1655	4802		
5. Entity Type (check one)		104	-0-0-0	,,,,			
Sole Proprietor Partnership	Limited Liability	Company	☐ Co	rporation	☐ Nonpro	fit Organi	zation
6. State of Organization	7. Date of Organization			8. Wiscons	in DFI Registrati	on Number	
Wisconsin							
9. Premises Address							
10. City.				11. State	12. Zip Code		
Colfax				WI	5413	30	
13. County Dunn	14. Governing Municipal of:		Town	→ ∀illage	15. Alderman	c District	
Till the state of	17, Premises Email	<i></i>		18. Website			
715-962-3339	lisasmese	email	· (firm				
19. Premises Description - Describe the building or to are kept. Describe all rooms within the building, it only on the premises described in this application. Ground Floor, Storage To	ouildings where alcohol t including living quarters. n. Attach a map or diagra	peverages are Authorized ale am and addition	e produced cohol beve onal sheets	d, sold, store erage activit s if necessa	ies and storage o	and relate of records r	d records nay occur
20. Mailing Address (if different from premises address	ss)						
P.O. Box 81							
21. City Co Hax				22. State	23. Zip Code	730	
Part B: Questions							
Has the business (sole proprietorship, partner violating federal or state laws or local ordina	ership, limited liability nces? Exclude traffic	company, o offenses unl	r corpora ess relate	ition) been ed to alcoh	convicted of ol beverages.	Yes	₩ No
If yes, list the details of violation below. Attac	ch additional sheets if	necessary.					
Law/Ordinance Violated	Location				Trial Date		7
Penalty Imposed			Was sen	itence com	pleted?	Yes	No
Law/Ordinance Violated	Location	 			Trial Date		
Penalty Imposed			Was ser	ntence com	pleted?	☐ Yes	☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes beverages.								
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?								
rs.								
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s	other business entity?) of the business entity	y owners below	. Attach addi	tional sheets as i	needed.	es No		
4a. Name of Business Entity		4b. Business	s Entity FEIN					
5. Have the partners, agent, or sole propr this license period? Submit proof of cor	ietor satisfied the resp	onsible bevera	ge server tra	ining requiremen	t for	es No		
6. Is the applicant business indebted to ar						es No		
7. Does the applicant business owe past	due municipal property	y taxes, assess	ments, or oth	ner fees?		es No		
Part C: Individual Information					r husinassas li	ated in Part R		
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability compa	s, and agent of a corpora	ation or nonprofit	organization, a	pplicant business of a par	tnership, and a	Il members,		
Include Form AB-100 for each person listed bel		LCs must appoint		ncluding Form AB-				
Last Name	First Name		Title		Phone	· H 2406		
Nelson	mark		turther		715-967-2425			
Johnson	hisa		Partner		715-90	02-2829		
Part D: Attestation								
One of the following must sign and attest	to this application:							
	I partner of a partners	•	e corporate o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	e member of a			
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that an understand that I may be prosecuted for submi	usiness and not on beha ense(s), if granted, will n to, purchasing alcohol b spection will be deemed ny license issued contra itting false statements ar	of of any other in- ot be assigned to everages from s a refusal to allo ry to Wis. Stat. C and affidavits in co	dividual or ento another indivitate authorize w inspection. Chapter 125 sennection with	ity seeking the lice vidual or entity. I a d wholesalers. I ur Such refusal is a n hall be void under this application, ar	ense. Further, I gree to operate nderstand that nisdemeanor a penalty of stat nd that any pers	agree that the this business lack of access nd grounds for e law. I further		
ingly provides materially false information on t		irst Name	TIOI THOTE CHAI	1 ψ 1,000 11 0011/1010	1	M.I.		
Johnson		Lis	ja			J		
Title	Email				Phone	.000		
Partner			Date		115-96	2-2829		
Signature Colonia	NS(1)	1	E CHARLES	06-707	75			
Part E: For Clerk Use Only								
	se Number		Date Lic	cense Granted	Date Licens	e Issued		
Signature of Clerk/Deputy Clerk				Date Provisional	License Issued	(if applicable)		
Mule Alun	ir							

Form **AB-100**

Alcohol Beverage Individual Questionnaire



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

· sole proprietor

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

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

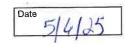
	Business Info	THE SHOULD SEE THE STATE OF THE SECOND SECON						
1. Legal E	Business Name (ind	_	proprietor)					
	authous	e Bor						
2. Busine	ss Trade Name or D							
3. Entity 7	Type (check one)							
	le Proprietor	Partnership	Limited L	iability	/ Compan	y Corporat	ion 🗌	Nonprofit Organization
		<u></u>						
Dort D.	Individual Info	rmation						
1. Last Na	ALL CALCULATION CO.	Jilliation	THE COLUMN TWO IS NOT	2 Fir	st Name			3, M.I.
I. Last No				1	2			す
	Johnson				Lisa	•		
	nship to Business (Title)	5. Email					6. Phone
•	Partner							715-962-2829
7. Home A		<u>~</u> .						
1	501 Wes	+ 2+						
B. City					9. State	10. Zip Code		
	Colfas				WI	54730		
	s License/State ID	Number				13. Drivers License.	/State ID Sta	
J	535 536	7 7715 64	Į.			Wiscon	nsin	
	2013 3 30	11(1)				0 1 - 00 .		
D-40.	Address History			Tr Land	A P			
	Address Histo			Albert S				
1. Do yo	u currently live in	Wisconsin?		· · · · ·				Yes ☐ No
1.5	2.1	0			J 4- 10/:			(MM/YYYY)
If yes,	provide the mon	in and year wher	i you permanentiy	move	a to wisc	onsin		06/1977
2 Lintin	obropological or	dor all of your ad	draceae within the	last 5	veare Att	ach additional shee	ts if necessa	
		dei all oi your au	Tiesses within the		years. Au	acti additional stice	State	Zip Code
Previous /	Address 1			City			State	Zip Code
Previous /	Address 2			City			State	Zip Code
Previous /	Address 3			City			State	Zip Code
Previous A	Address 4			City			State	Zip Code
				1				
Previous A	Addrage 5			City			State	Zip Code
1 Tevious /	-dd1633 5			0.1.5			J State	
				1				
3. List al	l states and coun	ties you have live	ed in as an adult. A	Attach	additional	sheets if necessary	<i>/</i> .	
State	County	State	County		State	County	State	County
	li i		-					
State	County	State	County		State	County	State	County
	ľ		20					

Continued \rightarrow

Part D: Criminal History			
Have you ever been convicted of any offenses for violation of any federal, Wisconsin, or anoth	(excluding traffic offense er state's laws or of any	es unless related to alcohol beverage county or municipal ordinances?	s) 🗌 Yes 🗼 No
If yes to question 1, please list details of each of	conviction below. Attach	additional sheets as needed.	*
Law/Ordinance Violated	Location	Location	
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	<u> </u>	Was sentence completed?	Yes No
ordinances?	s of pending charges us	ing the space below. Attach addition	al Yes No
16			
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under truthfully. I certify that I am not prohibited from p beverage industry as a restricted investor. I und under penalty of state law. I further understand the with this application, and that any person who kn to forfeit not more than \$1,000 if convicted.	articipating in this busir erstand that any license at I may be prosecuted f	less due to any involvement in anoth e issued contrary to Wis, Stat. Chap or submitting false statements and af	ner tier of the alcohol ter 125 shall be void fidavits in connection
Signature Successful Adon N	Sur	Date () 5 - 0	6-2025

Form **AB-100**

Alcohol Beverage Individual Questionnaire



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

· sole proprietor

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

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

Part A:	Business Inform	nation		on it			915 RSA	
1. Legal E	Business Name (individ	dual name if sol	e proprietor)					
	Suthouse	Bar						1
2. Busine	ss Trade Name or DBA							
	Owthous	e Bar						
'	Type (check one)	M				□ ○		Non-west Organization
☐ So	le Proprietor	Partnership	Limited	Liability	/ Compan	y Corporation	on 🔲	Nonprofit Organization
					SAL TOWN			
1 1200	Individual Inforr	mation		la Cir	st Name		design of	3. M.I.
1. Last Na					nark			A
	Velson		5. Email		Tare		1,	6. Phone
_	nship to Business (Title	e)	5. Elliali					715-967-2425
7. Home	Address							رزيء نوا دندع
		k Si						
8. Cíty	054 1854	<i>→ → →</i>		T T	9. State	10. Zip Code		
,	Jim Falls				WI	34748		
	rs License/State ID Nu				W.\$	13. Drivers License/S	tate ID State	of Issuance
Part C:	Address History		YEAR BUILDING	EVEL BE				
			SAMPLE DESIGNATION S				GE THERE IS BUYER	□Yes □ No
1. DO yo	u currerilly live in vv	isconsiii:						
If yes	, provide the month	and year whe	n you permanentl	y move	d to Wisc	onsin		(MM/YYYY)
								07/1956
2. List in	chronological order	all of your ad	dresses within the	e last 5	years. Att	ach additional sheets	if necessa	ry.
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 al	II states and counties	s you have liv	ed in as an adult.	Attach	additiona	sheets if necessary.		0.1
State	County	State	County	_	State	County	State	County
	,		,			,		
State	County	State	County		State	County	State	County

Continued \rightarrow

Part D: Criminal History					QUE RIVE
Have you ever been convicted of any offenses (exclude)	ing traffic offenses unl	ess related to a	Icohol heverages)		MC INC.
for violation of any federal, Wisconsin, or another state				. 🗍 Yes	No
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as r	needed.		h
Law/Ordinance Violated	Location			Conviction [Date
Penalty Imposed		Was sentence	completed?	. Yes	☐ No
Law/Ordinance Violated	Location			Conviction [Date
Penalty Imposed		Was sentence	completed?	. Yes	☐ No
Law/Ordinance Violated	Location			Conviction [Date
Penalty Imposed	l,	Was sentence	completed?	. Yes	☐ No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of pensheets as needed.	nother state's laws or	any county or m	nunicipal 	. Yes	No No
					1.5 E W.
Part E: Attestation					
READ CAREFULLY BEFORE SIGNING: Under penalt truthfully. I certify that I am not prohibited from participa beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.	ting in this business of that any license issu be prosecuted for sul	fue to any invol led contrary to b mitting false st	vement in anothe Wis. Stat. Chapte atements and affid	r tier of the r 125 shall l lavits in con	alcohol be void nection
Signature Mark A. Nulsur		D	ate 5-/2-	25	

Form AB-200

Alcohol Beverage License Application

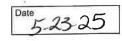
For Mui	ricipa	al U	se Only
Municipality V:11 age	0	Ş	COLCOR
T/01/2025			13012026

License(s) Requested: (up to two boxes may		Fees				
☐ Class "A" Beer \$	Class "B" Beer \$ <u>16</u>	0.00	License F	ees	\$ 500.9	၁၀
Class A" Liquor	ৈClass B" Liquor \$ <u>বা</u>	x0.00	Backgroui	nd Check Fee	\$	
Glass A" Liquor (cider only) \$	Reserve "Class B" Liquor \$		Publicatio	n Fee	\$ 23.9	00
Class C" Liquor (wine only) \$			Total Fee	5	\$ 523,	00
Part A: Premises/Business Information						
1. Legal Business Name (individual name if sole pro						
2. Business Trade Name or DBA	**					
3. FEIN	4. Wisconsin	Seller's Per	mit Number			
47 4672395	4561	02 899	12360	a		
5. Entity Type (check one) Sole Proprietor Partnership	Limited Liability Company	□ Со	rporation	☐ Nonpro	ofit Organiza	ation
6. State of Organization	7. Date of Organization			in DFI Registrati		
WI			401	14459		
9. Premises Address						
10. City			11. State	12. Zip Code		
Colfax			WI	5473	<u> </u>	
13. County Dun	14. Governing Municipality: City of:	Town	Village	15. Alderman	ic District	
16. Premises Phone	17. Premises Email		18. We	ebsite		
715-962-3252						
19. Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.	including living quarters. Authorized a n. Attach a map or diagram and additi	cohol beve onal sheets	rage activiti if necessa	es and storage or y.	, and related of records ma	records ay occur
20. Mailing Address (if different from premises addre	ess)					
P.O. BOX 524						
21. City			22. State	23. Zip Code 54 1 3		
Part B: Questions						
Has the business (sole proprietorship, partn violating federal or state laws or local ordinal lf yes, list the details of violation below. Atta	inces? Exclude traffic offenses un	or corporati less relate	tion) been ed to alcoh	convicted of ol beverages.	Yes	₽ No
Law/Ordinance Violated	Location			Trial Date		
Penalty Imposed		Was sen	tence com	pleted?	Yes	☐ No
Law/Ordinance Violated	Location			Trial Date		
Penalty Imposed	·	Was sen	tence com	pleted?	Yes	☐ No

Are charges for any offenses pending as beverages.	gainst the business	? Exclude traffic o	offenses unle	ss related to alco	hol Te	s 🗗 No		
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.								
5								
Is the applicant business or any of its of individuals or entities a restricted investif yes, provide the name of the restricted.	tor with any interes	st in an aiconoi de	everage prod	acer or distribute	elated or? Ye	es 🛂 No		
						. . .		
Is the applicant business owned by ano If yes, provide the name(s) and FEIN(s)	ther business entity of the business er	y? ntity owners below	Attach addit	ional sheets as n	eeded.	es No		
4a. Name of Business Entity		4b. Busines	s Entity FEIN					
5. Have the partners, agent, or sole propri this license period? Submit proof of con6. Is the applicant business indebted to ar7. Does the applicant business owe past of	npletion	nd 15 days for be	er or 30 days	for liquor/wine?.	🗀 Y	es No es No es No		
Part C: Individual Information	sorvis albasena a v							
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors	person or entity hold	ling the following po	sitions in the a	pplicant business o	r businesses lis	sted in Part B,		
managers, and agent of a limited liability compa	any. Attach additional	sneets if necessary.	•					
Include Form AB-100 for each person listed bel		d LLCs must appoin		ncluding Form AB-1				
Last Name	First Name		Title	14	Phone 715-78/			
Prince	Alicia		Owner	wer Agent		-0598		
Part D: Attestation								
One of the following must sign and attest								
• sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant bu rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that ar understand that I may be prosecuted for subm ingly provides materially false information on the	usiness and not on be ense(s), if granted, we to, purchasing alcohe espection will be deer ny license issued con itting false statement	ave answered each ehalf of any other in ill not be assigned to be been ages from somed a refusal to allohtrary to Wis. Stat. Is and affidavits in or	o another individual or entrology of another individual state authorized by inspection. Chapter 125 sonnection with	questions complete ity seeking the lice ity seeking the lice of an are also ity seeking the lice of a wholesalers. I ur Such refusal is a mall be void under this application, ar	gree to operate of the control of th	y. I agree that agree that the athis business lack of access and grounds for e law. I further		
Last Name		First Name				M.I.		
trince		Alicia			Phone	M		
Title	Email	10.4	e de		715-781	-A50 C		
Owner Agent	amy	oung 1966 C	Date Date	0.00	113.70	-0316		
alicia Princ	P		5	-7-25				
Part E: For Clerk Use Only				Ore-tod	Date Licens	o legued		
Date Application Was Filed With Clerk Licens	se Number		Date Li	cense Granted				
Signature of Clerk/Deputy Clerk				Date Provisional	License Issued	l (if applicable)		
XXIIII 9 um								

Form **AB-100**

Alcohol Beverage Individual Questionnaire



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

· sole proprietor

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

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

Part A:	Business Informati	on							
1. Legal I	Susiness Name (individual Yourna Acti			LL	\sim				
2. Busine	ss Trade Name or DBA			esare.					
	VIKINGE	sow (& Loung	£_					
	Type <i>(check one)</i> Ile Proprietor	artnership	Limited L	iahilit	/ Compan	v 🗆 Coi	poration	□и	onprofit Organization
	ile Proprietor	artifici Ship	A Limited L	LIADIIII	Compan	,	p 0. 0.00		
Part B:	Individual Informat	ion	Blocker, Inc.			align States	ali reportation di		
1. Last Na				2. Fir	st Name	HALL E HUNG			3. M.I.
	Prince			1 F	Alicia	i.			m
4. Relatio	nship to Business (Title)		5. Email	111					Phone
	Dwner Aquet		amyoun	9194	6 egn	rail . com			115-481-0598
7. Home	2		ā 41(
l i	933 South	idal	TUL #4	T.	9. State	10. Zip Code	<mark>/</mark>		
8. City	Menomonie				WI.	547			
	rs License/State ID Numbe	Г			10 T		cense/State IL	olaic i	UI 1000urios
,2,5,,,,						WI			
Part C:	Address History	Brau Re							
Chi South Old St. C-10	ou currently live in Wisco	nsin?							Yes No
	^ '								(MM/YYYY)
If yes	, provide the month and	year whe	n you permanently	move	d to Wisco	onsin	***********	• • • •	05/1996
2 List in	chronological order all	of vour ad	dresses within the	last 5	vears, Att	ach additional	sheets if nece	ssary	/.
	Address 1			City	001		Sta		Zip Code
706	Slettenst	2eet		10	Las	L	W	12	54730
	Address 2			City	00-7		Sta	ate	Zip Code
Previous	Address 3			City			Sta	ate	Zip Code
Previous	Address 4			City			Sta	ate	Zip Code
				City			Sta	ato	Zip Code
Previous	Address 5			City			316	316	Zip Gods
2 Lints	II states and counties yo	u boyo liy	od in as an adult i	Attach	additional	shoots if non	esary		
				าแสบท	State	County	Sta	ato	County
State	County	State	County		State	County	1318	410	Julie
State	County	State	County		State	County	Sta	ate	County
	·								

Continued \rightarrow

reflection and a supplication of the supplicat				
Part D: Criminal History				ile soini
Have you ever been convicted of any offenses (excludi for violation of any federal, Wisconsin, or another state)			Yes	No
If yes to question 1, please list details of each convictio	n below. Attach addition	onal sheets as needed.		1
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	. Yes	☐ No
Law/Ordinance Violated	Location		Conviction [Date
Penalty Imposed		Was sentence completed?	. Yes	☐ No
Law/Ordinance Violated	Location		Conviction [Date
Penalty Imposed		Was sentence completed?	. Yes	☐ No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or ar ordinances? If yes to question 2, describe nature and status of pendisheets as needed.	nother state's laws or	any county or municipal	Yes Yes	№ No
Dad F. Add - L. dilla - III - O. S. Millare - Law Holland	Manage State of the state of th		wedishs	50 B 5000
Part E: Attestation				
READ CAREFULLY BEFORE SIGNING: Under penalty truthfully. I certify that I am not prohibited from participat beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.	ing in this business d that any license issu be prosecuted for sub	ue to any involvement in another ed contrary to Wis. Stat. Chapter mitting false statements and affid	r tier of the r 125 shall i lavits in con	alcohol be void nection
aliciam, Prince		Date 05-29	-25	

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 b	e checked)		Fees		
☑ Class "A" Beer \$ 10	Class "B" Beer \$	License	Fees	\$	10
☐ "Class A" Liquor	"Class B" Liquor \$	Backgro	ound Check Fee	\$	
☐ "Class A" Liquor (cider only) \$ ☐	Reserve "Class B" Liquor \$	Publicat	tion Fee	\$	23
☐ "Class C" Liquor (wine only) \$		Total Fo	ees	\$	33
		-			
Part A: Premises/Business Information					
1. Legal Business Name (individual name if sole prop					
J & S SALES OF CHIPPEWA FALI	LS, LLC				
2. Business Trade Name or DBA EXPRESS MART					
3. FEIN	4. Wisconsin S	Seller's Permit Num	per		
271107309	456-102	26446429-02			
5. Entity Type (check one)	7				
☐ Sole Proprietor ☐ Partnership	✓ Limited Liability Company	☐ Corporation	n 🗌 Nonpro	ofit Organiza	ation
6. State of Organization	7. Date of Organization	8. Wisco	nsin DFI Registrat	on Number	
WI					
9. Premises Address					
616 MAIN ST.		144.014	40 75 0 4		
10. City		11. State	12. Zip Code 54730		
COLFAX	A Commission of the Commission			ic District	
13. County Dunn	14. Governing Municipality: City of: COFLAX	☐ Town 🔽 Villa	ige 13. Aideimai	ilo District	
	17. Premises Email	18.			
	INFO@THALEROIL.COM	WW	W.THALEROI	L.COM	
Premises Description - Describe the building or are kept. Describe all rooms within the building, i only on the premises described in this application CONVENIENCE STORE LOCATED	ncluding living quarters. Authorized a n. Attach a map or diagram and additi	cohol beverage acti onal sheets if neces	vities and storage sary.	l, and related of records ma	records ay occur
20. Mailing Address (if different from premises address	ss)				
P.O. BOX 428	•				
21. City		22. Stat	e 23. Zip Code	:	
COLFAX		WI	54730		
Part B: Questions					
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal lf yes, list the details of violation below. Attack	nces? Exclude traffic offenses un	or corporation) be- less related to alc	en convicted of ohol beverages.	Yes	✓ No
Law/Ordinance Violated	Location		Trial Date		
Penalty Imposed		Was sentence c	ompleted?	Yes	☐ No
Law/Ordinance Violated	Location		Trial Date		
Penalty Imposed		Was sentence c	ompleted?	Yes	☐ No

Are charges for any offenses pending a beverages.	gainst the busir	ness? Exc	clude traffic o	offenses u	nless related to alc	ohol Y	es 🔽 No
If yes, describe the nature and status of	f pending charge	es using 1	the space be	elow. Attac	h additional sheets	as needed.	
Is the applicant business or any of its condition individuals or entities a restricted investigation of the restricted investigation.	tor with any int	erest in a	ın alcohol be	everage pi	oducer or distribut	related or? \ Y	∕es ☑ No
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	other business e	entity? s entity o	wners below		dditional sheets as	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	∕es ☑ No
4a. Name of Business Entity			4b. Busines:	s Entity FEI	N		
5. Have the partners, agent, or sole propri this license period? Submit proof of con	ietor satisfied th	ne respon	sible bevera	ge server	training requiremer	nt for 🗹 🗎	res No
6. Is the applicant business indebted to ar	ny wholesaler be	eyond 15	days for bee	er or 30 da	ys for liquor/wine?	_{***} 🔲 \	res 🔽 No
7. Does the applicant business owe past of	due municipal p	roperty ta	exes, assess	ments, or	other fees?	<u>.</u> 🔲 ۱	Yes 🔽 No
Part C: Individual Information							
List the name, title, and phone number for each	s, and agent of a	corporation	n or nonprofit	organizatio	e applicant business on a partners of a pa	or businesses I rtnership, and	isted in Part B, all members,
managers, and agent of a limited liability compa					. 1004000	101	
Include Form AB-100 for each person listed bel		s and LLCs	s must appoin	t an agent t	by including Form AB-	Phone	
Last Name	First Name			MEMBER			23-2822
THALER	STEVEN						
IVERSON-DEMOE	RONDI			MANAGE	R 	(715) 9	062-3241
Part D: Attestation	t- this smallestic	•••					
	I partner of a pa	artnership		e corporat		e member of	
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant by rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that all	usiness and not on ense(s), if granted to, purchasing all aspection will be on the license issued	on behalf o d, will not t lcohol bevo deemed a d contrary t	of any other in the assigned to erages from s refusal to allo to Wis. Stat. (dividual or o another in state author ow inspection Chapter 12	entity seeking the lich ndividual or entity. I a ized wholesalers. I u n. Such refusal is a r 5 shall be void under	ense. Further, agree to operat nderstand that misdemeanor a penalty of sta	t agree that the te this business t lack of access and grounds for tte law. I further
understand that I may be prosecuted for submingly provides materially false information on t	itting false staten	nents and a	affidavits in co	onnection w	ith this application, a	na mai any pei	SOII WHO KHOW
Last Name		1	Name				M,I.
THALER			EVEN			Ta.	М.
Title	Em		7	COM		Phone (715) 7	23-2822
MEMBER	110	VEOG.TH.	ALEROIL	Date		(713) 7	2022
Signature turn light				Dute	05/	06/25	
Part E: For Clerk Use Only				1.		I Detect?	no lanced
Date Application Was Filed With Clerk Licens	se Number			Date	License Granted	Date Licens	
Signature of Clerk/Deputy Clerk				7/	Date Provisional	License Issue	d (if applicable)
Shule from							

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date	
05/06/2	2025

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

· sole proprietor

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

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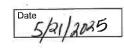
1 Legal F	Business Informa	ation							
	Business Name (individu								
J &	S SALES OF CH	IPPEWA E	TALLS, LLC						
2. Busine	ss Trade Name or DBA								
EXPR	RESS MART								
3. Entity 1	Type (check one)		_						
☐ So	le Proprietor	Partnership	Limited !	Liabili	y Compan	y 🗌 Corporat	ion 📙 🌣	Nonprofit O	rganization
Part B:	Individual Inform	ation							0.141
1. Last Na	ame				rst Name				3. M.I.
THAL	LER			S	TEVEN				М.
4. Relatio	onship to Business (Title)		5. Email				6	S. Phone	702 2022
MEMB			INFO@T	HALI	EROIL.C	MOM		(715)	723-2822
7. Home									
310	S. MAIN ST.					1			
8. City					9. State	10. Zip Code			
	PPEWA FALLS				MI	54729	101 1 10 0		
	rs License/State ID Num					13. Drivers License	State ID S		
T460)-7935-2336-03	3				MI			
Part C:	Address History								
1. Do vo	ou currently reside in	Visconsin? .						· · · · · · ·	Yes 🗌 No
If yes	to 1 above, how long	have you co	ntinuously lived in	า Wisc	annin meiar			Years	Months
					onsin prioi	to the date of appli	cation?	Years	Months 5
								72	Months 5
Previous	A -1 -1	all of your ad	dresses within the	e last :	5 years. Att	to the date of appli ach additional shee	ts if necessar	72 ry.	
		all of your ad	dresses within the	e last s	5 years. Att	ach additional shee	ts if necessar	72 ry. Zip Code	5
	Address 1	all of your ad	dresses within the	City	5 years. Att	ach additional shee	ts if necessar	72 ry. Zip Code 54729	5
310 S		all of your ad	dresses within the	e last s	5 years. Att	ach additional shee	ts if necessar	72 ry. Zip Code	5
310 S Previous	Address 2	all of your ad	dresses within the	City CH	5 years. Att	ach additional shee	ts if necessar State WI State	72 Ty. Zip Code 54729 Zip Code	5
310 S Previous	. MAIN ST.	all of your ad	dresses within the	City	5 years. Att	ach additional shee	ts if necessar	72 ry. Zip Code 54729	5
310 S Previous	Address 2	all of your ad	dresses within the	City CH City	5 years. Att	ach additional shee	s if necessar State WI State State	72 Zip Code 54729 Zip Code Zip Code	5
310 S Previous	Address 2	all of your ad	dresses within the	City CH	5 years. Att	ach additional shee	ts if necessar State WI State	72 Ty. Zip Code 54729 Zip Code	5
310 S Previous	Address 2 Address 3	all of your ad	dresses within the	City City City	5 years. Att	ach additional shee	state WI State State State State State	72 Zip Code 54729 Zip Code Zip Code	5
310 S Previous Previous	Address 2 Address 3	all of your ad	dresses within the	City CH City	5 years. Att	ach additional shee	s if necessar State WI State State	72 Zip Code 54729 Zip Code Zip Code	5
310 S Previous Previous	Address 3 Address 4	all of your ad	dresses within the	City City City	5 years. Att	ach additional shee	state WI State State State State State	72 Zip Code 54729 Zip Code Zip Code	5
310 S Previous Previous Previous	Address 3 Address 4			City City City City	5 years. Att	ach additional shee	State WI State State State State State	72 Zip Code 54729 Zip Code Zip Code	5
310 S Previous Previous Previous 3. List a	Address 2 Address 3 Address 4 Address 5			City City City City	5 years. Att	ach additional shee	State WI State State State State State	72 Zip Code 54729 Zip Code Zip Code	5
310 S Previous Previous Previous 3. List a State	Address 3 Address 4 Address 5 All states and counties County	you have liv	ed in as an adult.	City City City City	5 years. Att	ach additional shee	state WI State State State State State	72 Zip Code 54729 Zip Code Zip Code Zip Code	5
310 S Previous Previous Previous 3. List a	Address 2 Address 3 Address 4 Address 5	you have liv	ed in as an adult.	City City City City	5 years. Att	ach additional shee	state WI State State State State State	72 Zip Code 54729 Zip Code Zip Code Zip Code	5

 $Continued \rightarrow$

Part D: Criminal History			
Have you ever been convicted of any offenses (excluding for violation of any federal, Wisconsin, or another state)	ing traffic offenses unle	ess related to alcohol beverages) y or municipal ordinances?	Yes V No
If yes to question 1, please list details of each conviction	on below. Attach additio	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of persheets as needed.	nother state's laws or	any county or municipal	Yes 🗹 No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ating in this business of that any license issue to be prosecuted for su	due to any involvement in anoth ued contrary to Wis. Stat. Chapt bmitting false statements and aff	er 125 shall be void idavits in connection
Signature		Date 05/0	06/2025

Form •

Alcohol Beverage Individual Questionnaire



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

· sole proprietor

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

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

Part A:	Business Informati	on							
1. Legal E	Business Name (individual	name if sole	e proprietor)						
	J45 Sale	70 2	Chippun	a f	alls.	LLC			
2. Busine	ee Trade Name of HBA								
	Express	ma	ert						
3. Entity	Type (check one)						=	٦	8.6
☐ So	le Proprietor 🔲 P	artnership	Limited L	_iability	/ Compan	/ ☐ Cor	poration L	_ No	nprofit Organization
Part B:	Individual Informat	ion			Very a le				
1. Last Na	ame			2. Fir	st Name				3. M.I.
	Demoe			1	Rond				L
4. Relatio	nship to Business (Title)		5. Email					6. F	Phone
	Agent							7	15 556-3796
7. Home		2							
	703 Pines	1/8	0. BON 251						
8. City	100 11110	1			9. State	10. Zip Code			
	Colfar				WI	5473	30		
12. Drive	rs License/State ID Numbe	r				13. Drivers Lic	cense/State ID उ	ສເຮ ບາ	ISSUALICE
	I162-7325-		-10			l u	DI		
					- //				
Part C:	Address History	Description of	±0.5	A. I					
	ou currently live in Wisco	nein?				Co. In deposits settings			4 Yes No
1. Do yo	iu currently live in wisco	moni:			,	· · · · · · · · · · · · · · · · · · ·	CHEMICA CHIMAGES	1000 a Verie	
If yes	, provide the month and	year whe	n you permanently	move	d to Wisco	nsin			08/1955
2 List in	chronological order all	of vour ad	dresses within the	last 5	vears. Att	ach additional	sheets if neces	sary.	
Previous				City			State		Zip Code
	103 Pine St.			,	Colfe	2X	l w	ا ئر	54730
	Address 2			City			State		Zip Code
Previous	Address 2			City			Old K		Zip oddo
Brovious	Address 3			City			State	e	Zip Code
Previous	Address 5			City			Oldic		2.10 0000
				C:h.			Chat	_	Zip Code
Previous	Address 4			City			State	е	Zip Gode
				0:1			State		Zip Code
Previous	Address 5			City			State	e	Zip Code
3. List al	ll states and counties yo	u have liv	ed in as an adult. A	Attach	additional	sheets if nece	ssary.		
State	County	State	County		State	County	State	е	County
Wi	DUNN	Chata	Country		Ctots	County	State		County
State	County	State	County		State	County	State	G	County

Continued \rightarrow

		tend to		8 10 10 10 10	
Part D: Criminal History					
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state)				. 🗌 Yes	No
If yes to question 1, please list details of each conviction	on below. Attach additio	onal sheets a	s needed.		
Law/Ordinance Violated	Location	Location		Conviction I	Date
Penalty Imposed	<u>.</u>	Was senten	ce completed?	. Yes	☐ No
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was senten	ce completed?	. Yes	☐ No
Law/Ordinance Violated	Location	1		Conviction I	Date
Penalty Imposed	4	Was senten	ce completed?	. Yes	☐ No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of per sheets as needed.	nother state's laws or	any county oi	municipal	. Yes	No No
	Suverief and Monthly				
Part E: Attestation				CROSSIT SA	
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.	ating in this business of that any license issu be prosecuted for sub	due to any inv led contrary to mitting false	olvement in anothe o Wis. Stat. Chapte statements and affic	r tier of the r 125 shall lavits in con	alcohol be void nection
Signature Rordi Dimot			Date 5-6-25		

AB-101		Alcoho Appointm		_	Dat (9 5/06/20 2 5
Agent Type (chec	ek one)					
Original (no fee		Successor (\$10 fee for mu	nicipal licens	ses only)		
E Original (sio lee	.,	Oxfocassi (410 too tot men				PV-
art A: Busines:	a Information					-
. Legal Business Nar		e If sale proprietor)		• • • • • • • • • • • • • • • • • • •	#	•
		EWA FALLS, LLC				
. Business Trade Na	me or DBA					
express map	T					
. Entity Type (check	one)	Limited Liability Company		Corporation	☐ Nonprofit Orga	nization
. Alcohol Beyerage E					te Permit or Municipal Reta	I License Number
☐ Municipal i		✓ State Permit successor agent, If successor is		644642902		
art B: Agent in	formation	- MW-1		V = to)) (1-2)
. Leat Name			2, First Name			3. M.I.
IVERSON-DE	MOE		RONDI			L.
i. Emsil INFOGTHALE	ROIL.COM				5. Phone (715)	962-3241
3. Home Address 703 PINE S	T. P.O. BC	0X 251				
7. City			8. Stale	9. Zip Code	10. Ago 69	
COLFAX			MI	54730	ense/State ID State of Issu	ance
11. Drivers License/5	2- 7325	- 5807-10		WI	or court in our street	- N-11
		(#191		*		20
Part C: Agent C	lugetions			···		
	led the respons	ible beverage server training	ng requirem	ent?		☑ Yeş 📋
2 Have Voll com		100, Alcohol Beverage Ind	ividual Ques	tionnaire?		☑ Yes □
		as min and many				
3. Have you been See instruction	a Wisconsin re s for exceptions	sident for at least 90 contin	nuous days?			✓ Yes □
3. Have you been See Instruction	a Wisconsin re s for exceptions	sident for at least 90 contin	ายous days?			Yes Continued

Part 0: Business Attestation	n		
corporation, nonprofit organizate beverage activities on such pre on behalf of the entity. If I am at Lunderstand that I may be pros	SIGNING: I, the Undersigned, authorize the above- tion, or limited liability company with full authority at emises. I certify that I am authorized by the above-na appointing a successor agent. I rescind all previous a secuted for submitting false statements and affidavity wides materially false Information on this application m	nd control of the premises an amed entity to authorize this l gent appointments for this pre s in connection with this appli	ndividual to act imises. Further, cation, and that
Last Name	First Name		M.I.
THALER	STEVEN		M.
Tile	I Email	Phone	
MEMBER	TNFO@THALEROIL.COM	(715)	723-2822
Signature	(alex)	Date 05/06,	/25
Part E: Agent Attestation			1.0%
nonprofit organization, or limite on the premises for the above and affidavits in connection wit	SIGNING: I, the Agent, herby accept this appointment is about the Agent, herby accept this appointment is a distributed by the properties of the properties	r the conduct of all alcohol be be prosecuted for submitting f	verage activities sise statements
Last Nama	First Name		M.L
IVERSON-DEMOE	RONDI		Y.
Signature Rondi D	iemoe	Date 05/36	/25

AB-101 (N. 03-24)