Alcohol Beverage License Application

For Municipa	I Use Only
Municipality Village of License Period	Colfax
7/1/2025 to	6/30/2026

License(s) Requested: (up to two boxes may	y be checked)			Fees	
Class "A" Beer \$ 10.00	Class "B" Beer	S	License Fe	es	\$ 60.00
"Class A" Liquor \$ 50.00	☐ "Class B" Liquor	·	Backgroun	d Check Fee	\$
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor	S	Publication	Fee	\$ 23.00
"Class C" Liquor (wine only) \$			Total Fees		\$ 83.00
Part A: Premises/Business Information	on the second second				
1. Legal Business Name (individual name if sole pro					
2. Business Trade Name or DBA	LUC.				
3. FEIN		nsin Seller's Pe		<i>X</i> 2	
26 020 7158	45	6 10255	7 1066	03	
5. Entity Type (check one) Sole Proprietor Partnership	Limited Liability Compar	ny 🖟 Co	orporation	☐ Nonpro	fit Organization
6. State of Organization	7. Date of Organization			DFI Registration	on Number
Wisconsin	7-1-2007				
9. Premises Address					
115 Main St.			11 Chata	12. Zip Code	
10. City Colfax	**		11. State	5473	30
13. County	14. Governing Municipality:	City Town		15. Aldermani	c District
Dann	of: Colfab				
16. Premises Phone	17. Premises Email		18. Web	site	
715-942-3585	into @ Kylesmark				
19. Premises Description - Describe the building o are kept. Describe all rooms within the building only on the premises described in this application. Room by Front regions.	i, including living quarters. Authoriz ion. Attach a map or diagram and a	ed alcohol bevo additional sheet	erage activitie s if necessary	s and storage o	of records may occur
20. Mailing Address (if different from premises addr	ress)				
25. Maining / tod/cob (ii dinoro/ii ii orii promisee addi	555,				
21. City			22. State	23. Zip Code	
Part B: Questions					
Has the business (sole proprietorship, partiviolating federal or state laws or local ordin	nership, limited liability compa nances? Exclude traffic offense	ny, or corpora s unless relat	ation) been o ed to alcoho	onvicted of I beverages.	☐ Yes ∰ No
If yes, list the details of violation below. Atta	ach additional sheets if necess	ary.			
Law/Ordinance Violated	Location		Tr	ial Date	
Penalty Imposed	ı.	Was ser	ntence comp	leted?	Yes No
Law/Ordinance Violated	Location		Tı	ial Date	
Penalty Imposed	1	Was ser	ntence comp	leted?	Yes No

Are charges for any offenses pending a beverages.			,			s No
If yes, describe the nature and status of	f pending charges usin	g the space be	low. Attach a	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 interest in	n an aiconoi be	verage prod	lucer of distribute	related or? Ye	s 🛣 No
					,,	s No
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	of the business entity?	owners below	Attach addit	tional sheets as r	needed.	
4a. Name of Business Entity		4b. Business	Entity FEIN			
Have the partners, agent, or sole propri this license period? Submit proof of cor	etor satisfied the respondence	onsible beverag	ge server tra	ining requirement	t for	s 🗌 No
6. Is the applicant business indebted to ar	ny wholesaler beyond	15 days for bee	er or 30 days	for liquor/wine?.	🗌 Ye	s 🔀 No
7. Does the applicant business owe past of	due municipal property	taxes, assess	ments, or oth	ner fees?	Ye	s 🛃 No
Part C: Individual Information						
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compared to the compared to th	s, and agent of a corpora	tion or nonprofit (sitions in the ap organization, a	pplicant business o all partners of a part	r businesses lis tnership, and al	ted in Part B, I members,
Include Form AB-100 for each person listed bel		.Cs must appoint		ncluding Form AB-1		
Last Name	First Name		Title	10	Phone	2004
Kressin	Nicholas		Owner Hgent		715489-0007	
Kressin	Hannah		Treasu	iser	715-989-	0007
Part D: Attestation						
One of the following must sign and attest • sole proprietor • one genera	to this application: I partner of a partnersh	nip • one	e corporate o	officer • one	e member of a	n LLC
DEAD CAREELL LY REFORE SIGNING: Und	er negalty of law. I have	answered each	of the above o	questions complete	ly and truthfully	. I agree that
I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice	ense(s), if granted, will no	ot be assigned to	another indiv	/idual or entity. 🛘 ag	gree to operate	this dusiness
according to the law, including but not limited to any portion of a licensed premises during in	spection will be deemed	a refusal to allo	winspection.	Such refusal is a m	usdemeanor an	a grounas tor
revocation of this license. I understand that all understand that I may be prosecuted for subm	ny ficense issued contrar	rv to Wis. Stat. 0	Chapter 125 st	hall be void under	penalty of state	law. I luminer
ingly provides materially false information on t	his application may be re	equired to forfeit	not more than	1 \$1,000 if convicte	ed.	
Last Name Kressin		rst Name <i>Nich</i> o	las			N.I.
Title (10	Email	Nicho @ Kyles			Phone	460M
Owner / Higent	1070	& Kyles	Date	com	715-989	- 000 (
Signature			5,	15/2025	7	
Part E: For Clerk Use Only	(G) The second of the second					
Date Application Was Filed With Clerk Licens	se Number		Date Lic	cense Granted	Date License	
Signature of Clerk/Deputy Clerk		-	·	Date Provisional	License Issued	(if applicable)

Alcohol Beverage Individual Questionnaire

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I Da	ate
1-,	~/aalac
1	- 5/23/29

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

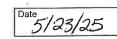
Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A:	Business Info	ormatio	on		7					
1. Legal E	Business Name (inc									
	Kules		larket	- the.						
2. Busine	ss Trade Name or	DBA								
	Type (check one)		-tbis	□ Limited I	iahilih	/ Compan	, E	Corporation	ПМ	Ionprofit Organization
So	le Proprietor	Pa	artnership		lability	Compan	y <u>e</u>	- Corporation		J. S.
D 4 D	المسائد بالمسائد المسائد	d-Min 201	RS THE		20 100			Times of the Control of the		
1. Last Na	Individual Inf	ormati	On		2. Fir:	st Name		Mile North Larrance in	AR PROPERTY.	3, M.I.
	1 1 1 1 1 1 1 1 1 1						95			N
4. Relatio	nship to Business	(Title)		5. Email		0 .00			6	. Phone
	resident	,		5. Email	Lyle	smark	it, 60	m		715-962-3585
7. Home	Address									
	N9811 5	50th	5							
8. City					11	9. State	10. Zip			
	Colfayo					WI		54730 vers License/State II	D Ctate	of loor (appo
	rs License/State ID							wers License/State ii		Of Issuance
	K625-6	347	5-540	e (M1200421	/-	
		In the Court					, J. D. Harris	The second of the second	single-	
	Address Hist									
1. Do yo	ou currently live in	n Wisco	nsin?					***********		Yes No
If yes	provide the mo	oth and	vear wher	n you permanently	move	d to Wisco	onsin			(MM/YYYY)
n yes	, provide the men	TICT OTIC								12/1985
2. List in	chronological o	rder all o	of your ad	dresses within the	last 5	years. Att	ach addi	tional sheets if ne	cessar	
Previous	Address 1				City			I	State	Zip Code
NYE	11 5500	STE	ZZET		COLFRE				W(54730
	Address 2				City				State	Zip Code
Previous	Address 3				City			i	State	Zip Code
									01-1-	7:- Code
Previous	Address 4				City				State	Zip Code
Desident	Address E				City				State	Zip Code
Previous Address 5 City State Zip Code										
					1	1.122				
		nties yo		ed in as an adult. A	Attach					
State	County		State	County		State	County		State	County
WI	DUNN		W ₁	CHIPPEW	4	State	Countr		State	County
State	County		State	County		State	County		Glait	County

Continued \rightarrow

Part D: Criminal History					
Have you ever been convicted of any offenses (exclude 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	needed.		
Law/Ordinance Violated	Location			Conviction	Date
Penalty Imposed		Was senten	ce completed?	. Yes	☐ No
Law/Ordinance Violated	Location			Conviction	Date
Penalty Imposed	ul.	Was senten	ce completed?	. Yes	☐ No
Law/Ordinance Violated	Location	Ja		Conviction I	Date
Penalty Imposed		Was senten	ce completed?	. Yes	☐ No
beverages) for violation of any federal, Wisconsin, or a ordinances?				. Yes	⊠ No
BEAGLES USUAL SUBSTITUTE OF THE SUBSTITUTE OF TH				ascial literature	7111552
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 knowingly to forfeit not more than \$1,000 if convicted.	iting in this business of that any license issu be prosecuted for sul	due to any inv led contrary to bmitting false	olvement in anothe o Wis. Stat. Chapte statements and affic	r tier of the r 125 shall davits in con	alcohol be void nection
Signature			Date 5/5/202	5	

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 Information					
1. Legal Business Name (individual name if sole p					
Kules Market :	Inc.				
2. Business Trade Name or DBA					
3. Entity Type (check one)					
☐ Sole Proprietor ☐ Partnership	Limited Lia	ability Compa	any Corporation	on L	lonprofit Organization
Part B: Individual Information					
1. Last Name		2. First Name			3. M.I.
4 ressin		Hann	eh		R
4. Relationship to Business (Title)	5. Email				. Phone
Treasurer	infoch	cules m	eh what.com		715962.3585
7. Home Address					
N9811 550th St					
8. City		9. State	10. Zip Code		
Colfax		WI	54730		
12. Drivers License/State ID Number	2 00		13. Drivers License/S		
K625-3368-800	5-05		WISCONS	, //	
Part C: Address History					
1. Do you currently live in Wisconsin?					ZYES No
					(MM/YYYY)
If yes, provide the month and year when y	ou permanently n	noved to Wis	consin		63/1980
2. List in chronological order all of your addre	esses within the la	st 5 years. A	ttach additional sheets	if necessar	y.
Previous Address 1		City		State	Zip Code
N9811 550m STREET		Corf	-A-	w	54730
Previous Address 2		City		State	Zip Code
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived	in as an adult. Att	ach addition	al sheets if necessary.	I.	
	County	State	County	State	County
1 1	CHIPPEWA				
	County	State	County	State	County
	-				

Continued →

Part D: Criminal History			
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)	e's laws or of any coun	ty or municipal ordinances?	
If yes to question 1, please list details of each convicti	on below. Attach additi	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	1	Was sentence completed?	. Yes No
beverages) for violation of any federal, Wisconsin, or a ordinances?			. Yes No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under pena 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 issu y be prosecuted for sul	due to any involvement in anothe led contrary to Wis. Stat. Chapte bmitting false statements and affic	r tier of the alcohol r 125 shall be void davits in connection
Signature		Date 5/21/2	25

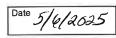
Alcohol Beverage License Application

For Municipal Use Only						
Municipa V 110	140+ 401+av					
Liconce	Period 2025 to 6/30/2026					

License(s) Requested: (up to two boxes may l		Fees					
✓ Class "A" Beer \$ 10	Class "B" Beer	\$		License Fe	ees	\$	60
☑ "Class A" Liquor \$50	"Class B" Liquor	\$		Backgroun	d Check Fee	\$	
"Class A" Liquor (cider only) \$	Reserve "Class B" Li	iquor \$		Publication	ı Fee	\$	23
Class C" Liquor (wine only) \$				Total Fees	3	\$	83
D. (A. D							
Part A: Premises/Business Information 1. Legal Business Name (individual name if sole prop							
Synergy Community Cooperati							
2. Business Trade Name or DBA							
Colfax Cenex							
3. FEIN	4	. Wisconsin S					
39-1764869		456-102	2042079	96-02			
5. Entity Type (check one)					□ N	£:4 Oi	-41
Sole Proprietor Partnership	Limited Liability			poration		ofit Organiz	ation
6. State of Organization	7. Date of Organization		1	8. vvisconsi R0293	n DFI Registrati	on Number	
WI	10/01/2017			RU293			
9. Premises Address 401 Railroad Ave							
10. City				11. State	12. Zip Code		
Colfax				WI	54730		
13. County	14. Governing Municipal	lity:	☐ Town	✓ Village	15. Alderman	ic District	
Dunn	of: Colfax	, , ,					
16. Premises Phone	17. Premises Email			18. We	bsite		
(715) 962-3172	Kaylab@synerg	усоор.с	om	Syne	rgycoop.	com	
19. Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application Sales Floor, Coolers	including living quarters.	Authorized al	cohol bever	rage activiti	es and storage	, and related of records m	records ay occur
20. Mailing Address (if different from premises addre	ess)						
21. City				22. State	23. Zip Code		
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	ances? Exclude traffic	offenses un	or corporat less relate	tion) been ed to alcoh	convicted of ol beverages.	Yes	✓ No
Law/Ordinance Violated	Location				rial Date		
Penalty Imposed			Was sent	tence com	pleted?	Yes	☐ No
Law/Ordinance Violated	Location				rial Date		
Penalty Imposed			Was sen	tence com	pleted?	Yes	☐ No

2. Are charges for any offenses pending a beverages.	gainst the b	usiness	? Exclu	ıde traffic	offer	nses unle	ess related to alco	ohol 🔲 `	Yes	√ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.										
Is the applicant business or any of its of individuals or entities a restricted investigation of the restricted investigation. If yes, provide the name of the restricted investigation of the restricted investigation.	tor with any	interes	st in an	alcohol be	ever	age prod	lucer or distribute	related or?	Yes	√ No
Is the applicant business owned by and If yes, provide the name(s) and FEIN(s)	ther busines of the busin	ss entity ness en	y? ntity owr	ners below	 /. Att	ach addi	tional sheets as r	needed.	Yes	✓ No
4a. Name of Business Entity			4	lb. Busines	s En	tity FEIN				
Have the partners, agent, or sole propri this license period? Submit proof of cor	npletion							✓	Yes	☐ No
6. Is the applicant business indebted to ar									Yes	✓ No
7. Does the applicant business owe past of	due municipa	al prope	erty taxe	es, assess	mer	nts, or oth	ner fees?	*** 5538	Yes ——	✓ No
Part C: Individual Information										
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compa	s, and agent o	of a corpo	oration o	or nonprofit	orga	ns in the a inization, a	pplicant business o all partners of a par	or businesses tnership, and	listed all me	in Part B, embers,
Include Form AB-100 for each person listed bel	ow. Corporat	tions and	d LLCs m	nust appoin	t an	agent by i	ncluding Form AB-	101.		
Last Name	First Name				Title	9		Phone		
Knutson	Kyle				CE	0	(715)	949-	-1165	
Brown	Kayla				St	ore Ma	(715)	354	-7991	
See Attached										
Part D: Attestation								i hi		
One of the following must sign and attest	to this applic	cation:								
sole proprietor one genera	•	•	•			rporate c		e member of		
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 all understand that I may be prosecuted for submingly provides materially false information on the	usiness and nense(s), if gra to, purchasing spection will ny license iss itting false sta	not on be nted, wil g alcoho be deem ued con atements	ehalf of a ill not be of bevera ned a ref ntrary to s and affi	any other in assigned to ages from s fusal to allo Wis. Stat. (idavits in co	divid o and state ow ins Chap onne	dual or ent other indiv authorize spection. oter 125 s ction with	ity seeking the lice vidual or entity. I and wholesalers. I ur Such refusal is a π hall be void under this application, ar	ense. Further, gree to operanderstand than isdemeanor penalty of stand that any pend that any penders.	I agre te this t lack and g ate lav	ee that the business of access rounds for w. I further
Last Name			First N						M.l.	
Strand			Troy	7				r		A
Title		Email	- 0					Phone	E 4	4007
Retail Division Manager		troy	s@syr	nergyc	goc	Date		(715) 5	54-	4097
Signature Troy Strand						Date	05/0	01/20		
Part E: For Clerk Use Only						1		Deta III	00 1-	und
Date Application Was Filed With Clerk Licens 5/9/2035	se Number					Date Lie	cense Granted	Date Licer		
Signature of Clerk/Deputy Clerk	E .						Date Provisional	License Issue	d (if a	pplicable)
Strule Four	-									

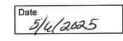
Alcohol Beverage Appointment of Agent



Agent Type (check one)						
✓ Original (no fee)	☐ Successor (\$10 fee for mu	nicipal licer	sees only)			
Part A: Business Information						
1. Legal Business Name (individua						
Synergy Community	Cooperative					
2. Business Trade Name or DBA						
3. Entity Type (check one)	Limited Liability Company] Corporation		orofit Organization	
4. Alcohol Beverage Business Auth✓ Municipal Retail Licens	· · · · · · · · · · · · · · · · · · ·	5. If successo	or agent, provide S	State Permit or Mu	nicipal Retail Licens	e Number
6. Describe the reason for appointi	ng a successor agent, if successor i	is checked at	ove.			
Part B: Agent Information						
1. Last Name		2. First Name			3.	M.I.
Brown		Kayla				J
4. Email					5. Phone	
kaylab@synergycoo	n com					-3172
6. Home Address	p. com					
N8227 Cty Rd M						
7. City		8. State	9. Zip Code			
Colfax		Wi	54730			
11. Drivers License/State ID Numb	PET		12. Drivers L	icense/State ID S	tate of Issuance	
B650-5108-3785-04			WI			
2030 3100 3703 01						
Dort C. Agant Overtions						
Part C: Agent Questions					<u> </u>	
Have you satisfied the resp Submit proof of completion.	onsible beverage server trainin	g requirem	ent?		Ye:	s 📙 No
2. Have you completed Form Form AB-300, Alcohol Beve	AB-100, Alcohol Beverage Indi erage Personal Questionnaire (vidual Ques permittee)?	tionnaire (licens	see) or		s 🗌 No
Have you been a Wisconsin See instructions for exceptions	n resident for at least 90 continuons.	uous days?			🗹 Ye	s 🗌 No
					Cor	itinued \rightarrow

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING: I, the Undersign corporation, nonprofit organization, or limited liability composerage activities on such premises. I certify that I am au on behalf of the entity. If I am appointing a successor agen I understand that I may be prosecuted for submitting false any person who knowingly provides materially false informatic convicted.	pany with full authority and con uthorized by the above-named of t, I rescind all previous agent a statements and affidavits in con	trol of the premises and entity to authorize this ind ppointments for this preminection with this applicat	of all alcohol ividual to act ses. Further, ion, and that
Last Name	First Name		M.I.
Stand	100-7		1
Title Email		Phone	
DINDIN Muniques troyse	esyperaycoxp. 10	m 715554	409
Signature	/ 0/ (Date/_/	
		5/8/25	
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the Agent , here nonprofit organization, or limited liability company and asson the premises for the above-named business. I further and affidavits in connection with this application, and that a application may be required to forfeit not more than \$1,000	ume full responsibility for the co understand that I may be proso any person who knowingly provi	induct of all alcohol bever ecuted for submitting fals	age activities e statements
Last Name	First Name		M.I.
Brown	Kayla		J
Signature Kaula, Braura		Date	•
MANUA DAGUM		05/06/2	^

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 Infor	mation	1						
	Business Name (indiv			proprietor)					
Synergy Community Cooperative									
-	ss Trade Name or DI		- F						
Z. Dusiries	33 Hade Hame of Di	D A							
0 5 44 7	Sura (abaataana)								
	ype (check one)		lmarahin	□ Limited I	iobilib	Company	✓ Corporation		Nonprofit Organization
50	le Proprietor	☐ Fait	tnership		lability	Company	V Corporation		Horiprone Organization
	Individual Info	rmatio	n		0 5	4 M			3. M.I.
1. Last Na					l .	st Name			
Brow					Kā	ıyla			J
4. Relation	nship to Business (Ti	itle)		5. Email					6. Phone
Mana	ger			kaylab@	esyn	ergyco	op.com		(715) 962-3172
7. Home A	Address								
N822	7 Cty Rd M								
8. City						9. State	10. Zip Code		
Colf	ax					Wi	54730		
12. Driver	s License/State ID N	lumber					13. Drivers License/Sta	te ID Sta	
B650	-5108-3785-	04					Wi		
Dort C:	Address Histor	FV.							
									Yes No
1. Do yo	ou currently live in t	vviscons	sin?						Yes No
If ves	provide the month	h and ve	ar when	vou permanently	move	d to Wisco	nsin	0.0020202020	(MM/YYYY)
ii yes,	, provide the mont	ii ana ye	Jai Wilon	you pormanonay		u 10 111000			08/1983
2 List in	chronological ord	er all of	vour add	dresses within the	last 5	vears. Att	ach additional sheets if	necessa	ary.
	Address 1		,					State	Zip Code
i levious i	Addicas i				City				
Danidana	Add O				City			State	Zip Code
Previous	Address 2				City			State	Zip Code
					0:4			Ctoto	Zip Code
Previous	Address 3				City			State	Zip Code
								4	
Previous /	Address 4				City			State	Zip Code
Previous	Address 5				City			State	Zip Code
3. List al	II states and count	ties you	have live	ed in as an adult. A	Attach	additional	sheets if necessary.		
State	County		State	County		State	County	State	County
Sidio									,
State	County		State	County		State	County	State	County
5.0.0				- ·· · - y			,		

Continued →

Part D: Criminal History					
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state	s's laws or of any count	y or municipal	ordinances?	. Yes	✓ No
If yes to question 1, please list details of each conviction	on below. Attach addition	onal sheets as	needed.		
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was sentend	ce completed?	. Yes	☐ No
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was sentend	ce completed?	. Yes	☐ No
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was sentend	ce completed?	. Yes	□ No
beverages) for violation of any federal, Wisconsin, or a ordinances?				Yes 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 issumed by be prosecuted for su	due to any inv ued contrary to bmitting false	olvement in anothe o Wis. Stat. Chapte statements and affic	er tier of the er 125 shall davits in cor	alcohol be void nection
Signature Kayla Brown			Date 05/0	6/2025	

-2-

Alcohol Beverage Individual Questionnaire

2-20
2025

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

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

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

11.77	t A: Business Info	dividual name i	f sale proprietor)						
S	YNERGY COMMUN	ITY COOF	PERATITOR						
2. Bu	siness Trade Name or D	DBA	TICATIVE						
									E
3. Er	tity Type (check one)								
	Sole Proprietor	☐ Partners	ship 🗀 Li	mited Lia	bility Comp				
				- LIG	Dinty Corri	eany 🔽 Corpo	pration [_]	Nonprofit O	rganizatio
Parl	B: Individual Info	ormation							
	st Name			12	. First Name	==			
K	TUTSON			'					3. M.I.
l. Re	ationship to Business (T	Title)	5. Ema	air	KYLE				L
CE		•	- 1		ATED CVC	OOP.COM	(6. Phone	
7. Hoi	ne Address		1111	TEICES I	NERGIC	JOP.COM		(715)	949-197
N1	.0037 CTY RD N	M.					-		
3. City					9. State	10. Zip Code			
	LFAX				9. State				
2. Dr	ivers License/State ID N	lumber		_	MT	54730			
K5	32-5127-2251-	-02				WI	se/State ID State	UI ISSUATICE	
						MT			
art	C: Address Histor	rv							
	C: Address Histor								
. Do	you currently reside i	in Wisconsin	?					📝 Y	es \bigcap N
. Do	you currently reside i	in Wisconsin	?	ed in Wi	sconsin nri	or to the date of any	Materia o	25.7	
. Do If y	you currently reside i es to 1 above, how lo	in Wisconsin	continuously liv	ed in Wi	sconsin pri	or to the date of app	olication?	Years	Months
. Do If yo	you currently reside it es to 1 above, how look in chronological orde	in Wisconsin	continuously liv	ed in Wi	sconsin pri	or to the date of app	olication?	Years	
If you List	you currently reside it es to 1 above, how loo in chronological orde is Address 1	in Wisconsin	continuously liv	ed in Wi	sconsin pri	or to the date of app	ets if necessary	Years 29	Months
If you List	you currently reside it es to 1 above, how loo in chronological orders as Address 1 37 CTY RD M	in Wisconsin	continuously liv	n the last	sconsin pri : 5 years. A	or to the date of app	olication?	Years 29 /. Zip Code	Months
. Do If yo . List reviou	you currently reside it es to 1 above, how loo in chronological orde is Address 1	in Wisconsin	continuously liv	n the last	sconsin pri 5 years. A y OLFAX	or to the date of app	ets if necessary State WI	Years 29 // Zip Code 54730	Months
If you List	you currently reside it es to 1 above, how lost in chronological orders Address 1 3.7 CTY RD M is Address 2	in Wisconsin	continuously liv	n the last	sconsin pri 5 years. A y OLFAX	or to the date of app	olication?	Years 29 /. Zip Code	Months
If you List revious 100 cevious	you currently reside it es to 1 above, how loo in chronological orders as Address 1 37 CTY RD M	in Wisconsin	continuously liv	n the last	sconsin pri 5 years. A by OLFAX	or to the date of app	ets if necessary State WI State	Years 29 // Zip Code 54730 Zip Code	Months
If you List revious 2000 or contract of the co	you currently reside it es to 1 above, how lost in chronological orders Address 1 37 CTY RD M s Address 2 s Address 3	in Wisconsin	continuously liv	n the last	sconsin pri 5 years. A by OLFAX	or to the date of app	ets if necessary State WI	Years 29 // Zip Code 54730	Months
If you List revious 2000 or contract of the co	you currently reside it es to 1 above, how lost in chronological orders Address 1 3.7 CTY RD M is Address 2	in Wisconsin	continuously liv	n the last	sconsin pri 5 years. A by OLFAX y	or to the date of app	ets if necessary State WI State State State	Years 29 Zip Code 54730 Zip Code	Months
If you List revious 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	you currently reside it es to 1 above, how lost in chronological orders Address 1 3 7 CTY RD M is Address 2 s Address 3 s Address 4	in Wisconsin	continuously liv	the last	sconsin pri 5 years. A by OLFAX y	or to the date of app	ets if necessary State WI State	Years 29 // Zip Code 54730 Zip Code	Months
If you List List 1000 or cevious evious	you currently reside it es to 1 above, how lost in chronological orders Address 1 37 CTY RD M s Address 2 s Address 3	in Wisconsin	continuously liv	the last	sconsin prid	or to the date of app	ets if necessary State WI State State State State	Years 29 // Zip Code 54730 Zip Code Zip Code	Months
If you List List 1000 or cevious evious	you currently reside it es to 1 above, how lost in chronological orders Address 1 3 7 CTY RD M is Address 2 s Address 3 s Address 4	in Wisconsin	continuously liv	red in Wis	sconsin prid	or to the date of app	ets if necessary State WI State State State	Years 29 Zip Code 54730 Zip Code	Months
If you List revious 2000 and 1000 arevious evious e	you currently reside it es to 1 above, how lost in chronological orders Address 1 3 7 CTY RD M Is Address 2 Is Address 3 Is Address 4 Is Address 5	in Wisconsin	continuously liv	red in Wis	sconsin pri 5 years. A by OLFAX y	or to the date of app	State State State State State State State State	Years 29 // Zip Code 54730 Zip Code Zip Code	Months
If you List a Li	you currently reside it es to 1 above, how lost in chronological orders Address 1 3 7 CTY RD M s Address 2 s Address 3 s Address 4 s Address 5	in Wisconsin	continuously liv	red in Wis	sconsin pri	or to the date of app ttach additional she	State State State State State State State State	Years 29 // Zip Code 54730 Zip Code Zip Code	Months
If you List revious evious evious List and the state	you currently reside it es to 1 above, how lost in chronological orders Address 1 3 7 CTY RD M as Address 2 address 3 s Address 4 s Address 5 all states and counties County	in Wisconsining have you are all of your a	continuously liv	cit City	sconsin prices 5 years. A by OLFAX y h additiona	or to the date of app	State State State State State State State State	Years 29 // Zip Code 54730 Zip Code Zip Code	Months
If you List a Li	you currently reside it es to 1 above, how lost in chronological orders Address 1 3 7 CTY RD M s Address 2 s Address 3 s Address 4 s Address 5	in Wisconsin	continuously liv	cit City	sconsin pri	or to the date of app ttach additional she	sets if necessary State WI State State State State State	Years 29 Zip Code 54730 Zip Code Zip Code Zip Code	Months

 $Continued \longrightarrow$

1 Have you ever been convicted of any offenses /			
for violation of any federal, Wisconsin, or another	excluding traffic offenses er state's laws or of any c	unless related to alcohol beverages ounty or municipal ordinances?	s) Yes 🗹 No
If yes to question 1, please list details of each co	onviction below. Attach ad	lditional 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
sheets as needed.			
Part E: Attestation			

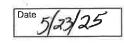
Alcohol Beverage License Application

For Municip	al Use	Only
Municipality Village	of	Colfar
License Period 4	0.	30/2024

License(s) Requested: (up to tw	o boxes may	be checked)				Fees		
Class "A" Beer\$		Class "B" Beer	\$ <u>/0</u>	0.00	License Fe	es	\$ 500	.00
☐ "Class A" Liquor \$		"Class B" Liquor \$ <u>400</u> .co			Backgroun	d Check Fee	\$ —	
Class A" Liquor (cider only) \$		Reserve "Class B" Liquor \$			Publication	Fee	\$ 23.0	0
"Class C" Liquor (wine only) \$					Total Fees		\$ 523	00
Part A: Premises/Business	Informatio				and metal			
Legal Business Name (individual r	A STREET STREET STREET STREET	Charles III II I I I I I I I I I I I I I I I	BIOTHURIDAD SCHOOL	7,77,214				
Moms Restaur	ant +P	ub LLC						
2. Business Trade Name or DBA	341.5.							
Moms lestaure	int							
3. FEIN			4. Wisconsin S			.1		
85 1323689			45610	3 03	3 186 70	4		
5. Entity Type (check one))t	Limited Liabilit	u Company		orporation	☐ Nonnro	ifit Organiz	ration
	Partnership	7. Date of Organizati				DFI Registration		dion
6. State of Organization		6-1-70			6. VVIGOOTIGII	i Di i rogionam	311112111231	
9. Premises Address								
225 Brem	on Also	#101						
10. City 4	V V.UC				11. State	12. Zip Code		
Colfax					WI	547	130_	
13. County		14. Governing Municip		Town	Village	15. Aldermani	ic District	
Dunn		of: Colfa	W					
16. Premises Phone		17. Premises Email			18. Web	site		
715-962-4617		noms restaurant	+ pub 2020 C	grail	com me	omsrestaw	rant and	pub. C
Premises Description - Describe are kept. Describe all rooms with only on the premises described in	nin the building,	including living quarter	s. Authorized ald	ohol beve	erage activitie	s and storage o	and related of records m	d records lay occur
Shelving in	hallwa	1 office +	urnece r	-00M	4 cool-	er		
		, ,						
05.15								
20. Mailing Address (if different from		ess)						
N8680 Cty	Rd III				22. State	23. Zip Code		
21. City Colfaso					WI	54		
Part B: Questions	TOTAL PLANTAGE			E Dally	40.00			
Has the business (sole propriet)	torobin north	orobin limited liabili	ty company or	corpora	otion) been c	onvicted of		
violating federal or state laws	or local ordina	ances? Exclude traffi	c offenses unle	ess relat	ed to alcoho	beverages.	Yes	₩ No
If yes, list the details of violation								
Law/Ordinance Violated		Location			Tr	ial Date		
Penalty Imposed								[] N
No.				Was ser	ntence comp	leted?	Yes	∐ No
Law/Ordinance Violated		Location			Tr	ial Date		
Penalty Imposed		1194		Mae son	itence comp	leted?	☐ Yes	∏ No
				• •aə əcı	TOUG COULT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Are charges for any offenses pending beverages.	against the business? Ex	clude traffic offens	es unless related to alco	ohol Yes	Ø No
If yes, describe the nature and status	of pending charges using	the space below.	Attach additional sheets	as needed.	
Is the applicant business or any of its individuals or entities a restricted invited invi	estor with any interest in a	an alcohol beverag	ge producer or distribut	related or? Yes	Ø No
Is the applicant business owned by a If yes, provide the name(s) and FEIN	nother business entity? (s) of the business entity o	wners below. Attac	ch additional sheets as i	Yes	₩ No
4a. Name of Business Entity		4b. Business Entity			
5. Have the partners, agent, or sole prothis license period? Submit proof of c 6. Is the applicant business indebted to	ompletion	days for beer or 3	0 days for liquor/wine?	····· W Yes	☐ No No No
7. Does the applicant business owe pas	t due municipal property to	axes, assessments	s, or other fees?	, ∐ Yes	M INO
Part C: Individual Information			t the street had a second	- husinesses listes	in Oort D
List the name, title, and phone number for ea Question 4: sole proprietor, all officers, direct managers, and agent of a limited liability com Include Form AB-100 for each person listed by	ors, and agent of a corporatio pany. Attach additional sheet	n or nonprofit organi: s if necessary.	zation, all partners of a par	tnership, and all m	embers,
Last Name	First Name	Title	one by morading room.	Phone	
Barstad	Mark	Òwr		715.962-4	1617
EM Stad	11 10011	CO	WI		
Part D: Attestation					You AV
One of the following must sign and attes • sole proprietor • one gene	et to this application: ral partner of a partnership	• one corp	orate officer • one	e member of an l	LC
READ CAREFULLY BEFORE SIGNING: Ut I am acting solely on behalf of the applicant rights and responsibilities conferred by the li according to the law, including but not limite to any portion of a licensed premises during revocation of this license. I understand that understand that I may be prosecuted for sub ingly provides materially false information or	nder penalty of law, I have an business and not on behalf of cense(s), if granted, will not led d to, purchasing alcohol beveninspection will be deemed a any license issued contrary mitting false statements and	swered each of the fany other individua oe assigned to anotherages from state au refusal to allow insposo Wis. Stat. Chapte affidavits in connecti	al or entity seeking the lice her individual or entity. I a uthorized wholesalers. I ur ection. Such refusal is a m r 125 shall be void under on with this application, an	nse. Further, I agr gree to operate thi derstand that lack hisdemeanor and openalty of state land d that any personed.	ree that the is business of access grounds fo w. I furthe who know
Rast Name	n	Name Lav K		M.I	-
Title	Email Many R	ant a un a mil	FPUS GMait, COM	Phone 7/5-704	-0163
Signature Baralo) /// // // // // // // // // // // // /	D	ste 23-25		
Part E: For Clerk Use Only					
	nse Number		Date License Granted	Date License Is	sued
Signature of Clerk/Deputy Clerk			Date Provisional	License Issued (if a	applicable)
Mul Thin		2 -			

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.

							*	10000000	THE RESIDENCE OF THE PROPERTY
Part A:	Business Info	rmation						56N	
1. Legal E	Business Name (inc								
n	noms R	estauran	+ + Pub.	LLC					
2. Busines	ss Trade Name or I								
	Moms R	estaurant							
3. Entity T	Type (check one)								
☐ So	le Proprietor	☐ Partnership	Limit	ed Liabilit	y Compar	ry 🗆] Corporation	□ N	onprofit Organization
Part B:	Individual Info	ormation			United Sta				
1. Last Na				2. Fir	st Name				3. M.I.
	Barsta	d		1	narl	_			S
4. Relation	nship to Business (5. Email	·	//			6.	Phone
	Owner	•	M Ama S	raction	a tando	מכמב איי	Ognail. com	\cdot	715-404-0143
7. Home A	Address		THORS	C)LECH C	VIN UNCE I	(DC) CAUCO	e grinari a	-	
^	18080 C	y Rd M)				1		
8. City	1000	9 100			9. State	10. Zip (Code		
	Colfan				WI	5	4730		
12. Driver	s License/State ID	Number					ers License/State ID	State t	JI ISSUALIOC
RG	23-5575	5-6141-0	4			W.	OI		
20	,								
Part C.	Address Histo				41.73	10 E E		(miles)	
									Tes No
1. Do yo	u currently live in	vvisconsin?							
If ves.	provide the mon	th and vear whe	n vou permane	ntly move	d to Wisc	onsin			(MM/YYYY)
									04-1956
2. List in	chronological or	der all of your ad	dresses within	the last 5	years. At	tach addit	ional sheets if nece	essary	
Previous A	Address 1			City			Sta	ate	Zip Code
1181	080 Con	NITNY POR	1 M		Colfax 4			II	54730
Previous A	Address 2	TO THE MOON	a vi	City	L-01,	J / 1/~		ate	Zip Code
Previous A	Address 3			City			Sta	ate	Zip Code
Previous A	Address 4			City			Sta	ate	Zip Code
, , , , , , , , , , , , , , , , , , , ,				0,					
Previous A	Address 5			City			Sta	ate	Zip Code
									'
3. List all	states and coun	ties you have liv	ed in as an adu	ult. Attach	additiona	I sheets if	necessary.		
State	County	State	County		State	County	Sta	ate	County
WI	Dunk	l l							
State	County	State	County		State	County	Sta	ate	County

Continued →

Part D: Criminal History			
Have you ever been convicted of any offen for violation of any federal, Wisconsin, or an arms.			
If yes to question 1, please list details of ea	ch conviction below. Attach	additional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	1	Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
beverages) for violation of any federal, Wisc ordinances?			□ Yes ☑ No
j			
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Up truthfully. I certify that I am not prohibited from beverage industry as a restricted investor. I sunder penalty of state law. I further understand with this application, and that any person who to forfeit not more than \$1,000 if convicted.	m participating in this busing understand that any license d that I may be prosecuted fo	ess due to any involvement in anoi issued contrary to Wis. Stat. Cha or submitting false statements and a	ther tier of the alcohol pter 125 shall be void affidavits in connection
Mark & Barston		Date 5-23-	7075

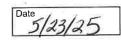
Alcohol Beverage License Application

For Municipal Use Only						
Municipality V: 1 ase	of	0010 ax				
Tril202	5-6	130/2026				

License(s) Requested: (up to two boxes may					Fees	
☐ Class "A" Beer \$ [Class "B" Beer	\$ <u>/</u> /	00.00	License Fe	es	\$ 500.00
Class A" Liquor \$ ["Class B" Liquor	\$ <u>4</u>	20.60	Backgroun	d Check Fee	\$
Class A" Liquor (cider only) \$	Reserve "Class B" I	Liquor \$		Publication	Fee	\$ 23.00
"Class C" Liquor (wine only) \$				Total Fees		\$ 523,00
Part A: Premises/Business Information	n					
1. Legal Business Name (individual name if sole pro						
The Blind Tiger 2. Business Trade Name or DBA	- LLC					
Blind Tiger						
3, FEIN		4. Wisconsin			0	
82.2896508		456	10294	13847	602	
5. Entity Type (check one)				41	N	St Oidia-
Sole Proprietor Partnership	Limited Liability			rporation		fit Organization
6. State of Organization	7. Date of Organization			8. Wisconsir	n DFI Registration	on Number
Wisconsin	10/23/8	1011				
9. Premises Address 512 main St	Ē					
10. City Colfax				11. State	12. Zip Code 547	
13. County Dun	14. Governing Municipal of:	ality: City	☐ Town	☑─Village	15. Aldermani	c District
16. Premises Phone	17. Premises Email			18. Wel	osite	
715-962-4281	blind-tiger	· @outloo	k con	~		
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. on. Attach a map or diagr	. Authorized a am and additi	lcohol beve onal sheet	erage activities s if necessary	s and storage of	and related records f records may occur
20. Mailing Address (if different from premises address	ess)					
23301ive 54.						
21. City Chippewa Falls				22. State	23. Zip Code	• •
		Managara and Ann	Manufacture and	WI	547	79
Part B: Questions						
Has the business (sole proprietorship, partr violating federal or state laws or local ordinal	nership, limited liability ances? Exclude traffic	company, c offenses un	or corpora less relate	tion) been o	convicted of libeverages.	☐ Yes No
If yes, list the details of violation below. Atta	ach additional sheets if	f necessary.				
Law/Ordinance Violated Location					rial Date	
Penalty Imposed			Was sen	itence comp	leted?	Yes No
Law/Ordinance Violated	Location			Tı	rial Date	
Penalty Imposed				Was sentence completed? Yes No		

2. Are charges for any offenses pending a	gainst the busine	ess? Exclude	traffic offe	nses unle	ss related to alc	ohol Yes	No
beverages. If yes, describe the nature and status of	pending charge	s using the sp	pace belov	v. Attach a	dditional sheets	as needed.	
Is the applicant business or any of its continuous individuals or entities a restricted investigation of the restricted investigation. If yes, provide the name of the restricted investigation in the restricted investigation.	tor with any inte	erest in an alc	conoi beve	rage proc	ucer or distribut	related tor? Yes	₩ No
4. Is the applicant business owned by and	ther husiness er	ntity?				\ \ \ Yes	No
If yes, provide the name(s) and FEIN(s)	of the business	entity owners	s below. At	ttach addit	ional sheets as	needed.	<i>y</i>
4a. Name of Business Entity		4b. I	Business Er	ntity FEIN			
5. Have the partners, agent, or sole propri	etor satisfied the	e responsible	beverage	server trai	ning requireme	nt for	
this license period? Submit proof of cor 6. Is the applicant business indebted to ar	npletion					<u>/</u> 165	∐ No
7. Does the applicant business owe past of	due municipal pr	operty taxes,	assessme	ents, or oth	er fees?	Yes	☐ No
Part C: Individual Information							
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compared to the compared to th	s, and agent of a c	orporation or n	onprotit orga	ons in the ap anization, a	oplicant business Il partners of a pa	or businesses listed rtnership, and all m	in Part B, embers,
Include Form AB-100 for each person listed bel		and LLCs must			ncluding Form AB	-101. Phone	
Last Name	First Name	24220) III	Title			
Hinderson	Nichola Tessic			Dwner		715-456-7453	
Hnauson	76221G	ca		wher		112-021	7400
			615 W.S. (1946)	100	等用1.5 层 0 1,18 1	ENGERO ADMINISTRAÇÃO	
Part D: Attestation One of the following must sign and attest	to this application	n:		引 道 计对			Expliant expl
T -	l partner of a pai		• one co	orporate o	fficer • on	e member of an L	LC.
READ CAREFULLY BEFORE SIGNING: Und	er penalty of law,	I have answere	ed each of t	he above q	uestions complet	ely and truthfully. I ense. Further, I agr	agree that ee that the
rights and responsibilities conferred by the lice according to the law, including but not limited	ense(s), if granted.	, will not be ass	sianed to ar	nother indiv	idual or entity. Il a	agree to operate thi	s dusiness
to any portion of a licensed premises during in revocation of this license. I understand that an	spection will be de	eemed a refusa	al to allow in	nspection. S	Such refusal is a i	misdemeanor and g	grounds for
understand that I may be prosecuted for submingly provides materially false information on t	ittina false stateme	ents and affiday	vits in conne	ection with 1	this application, a	nd that any person	who know-
Last Name	то арриодиот то	First Name				M.I	
Anderson	1		sica			Phone	
Title	Ema	t_baild"	7961 (C)	Outla	2X.can -23-25	(713)829-	1406
Signature	>			Date 5	12-25		
Part Er Ear Clark Han Only	MERCEN SAME			Assamania di	<i>45 4</i> 0	群 经运行服务	
Part E: For Clerk Use Only Date Application Was Filed With Clerk License	se Number			Date Lic	ense Granted	Date License Is	sued
5/83/25 Signature of Clerk/Deputy Clerk					Date Provisional	License Issued (if a	applicable)
Signature of Clerk Deputy Clerk	_						

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.

THE STATE OF THE S	Business Info	Contract of the second of the						
1. Legal E	Business Name (inc	dividual name if sole	and the second					
	The Blic	od Tigur	- LLC					
2. Busine	ss Trade Name or	DBA 1						
	Blind -	Tiger						
	Type (check one)	U	_/					N St Ownerinstine
☐ So	le Proprietor	Partnership	Limited	Liabilit	y Compar	ny 📙 Cor	poration	Nonprofit Organization
Part B:	Individual Inf	ormation					E has been all the	Long
1. Last Na					st Name			3. M.l.
	Anders				455	Sica		
4. Relatio	nship to Business	(Title)	5. Email					6. Phone
	Durer		blind	-4	ger D	outlook	com	715-829-1406
7. Home					ň			
	233 Oli				0.017	40. Zin Codo		
8. City	-hippewa	~ 4.			9. State	10. Zip Code	19	
	-nippewa	Laus			WI	_	cense/State ID Sta	
12. Driver	s License/State ID	Number	~				CONSIN	
_ 4 5	1267-9C	3-9665-1	35			1 000	COTONI	
								osessen sura an
Part C:	Address Hist	ory						
1. Do yo	u currently live in	Wisconsin?						····· 🖸 Yes 🗌 No
					-1 t- \AC			(MM/YYYY)
If yes	, provide the mor	ith and year whei	n you permanently	/ move	ed to vvisc	onsin		5-5-89
2 List in	chronological or	der all of your ad	dresses within the	last 5	vears At	tach additional	sheets if necess	arv.
	Address 1	der all of your du	dicodes within the	City	yourorra		State	Zip Code
777	A. C.	~ \		100	him	21152 21	W	A
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Address 2	reet		City	MARCI	ua falls	State	Zip Code
Previous	Address 2			City			Otate	Z.p code
Dravious	Address 3			City			State	Zip Code
Previous	Address 3			City			Julia	
Descrisors	A alalan on A			City			State	Zip Code
Previous	Address 4			City			Otate	Zip codo
Draviava	Address 5			City			State	Zip Code
Previous	Address 5			City			Cidio	2.5 0000
3. List al	ll states and cour	nties you have liv	ed in as an adult.	Attach	additiona	I sheets if nece	ssary.	
State	County	State	County		State	County	State	County
State	County	State	County		State	County	State	County

Continued \rightarrow

Part D: Criminal History			
Have you ever been convicted of any offenses (exclusion for violation of any federal, Wisconsin, or another state of the state of each required to the	e's laws or of any cour	ty or municipal ordinances?	
If yes to question 1, please list details of each convict		onal sneets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location	J.	Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
beverages) for violation of any federal, Wisconsin, or a ordinances?			. Yes No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under pena 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 issum to be prosecuted for sul	lue to any involvement in another ed contrary to Wis. Stat. Chapte omitting false statements and affid	r tier of the alcohol r 125 shall be void avits in connection
Signature		Date 5-23	25

Form

AB-100

Alcohol Beverage Individual Questionnaire

Date 5/23/25

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
- · all partners of a partnership
- · members and agent of a limited liability company

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

						VALUE OF STREET	re e will sole i del	TALLEY OF MAUNTAINED
11-19/8/21 11	Business Info				EFEN			
1. Legal	Business Name (inc							
	INE BIT	nd Tig	er L	LC				
2. Busine	ess Trade Name or							
	Blind	Tiger						
	Type (check one)		_	_				7. N. G. G. J. M.
☐ Sc	le Proprietor	☐ Partnershi	p Li	Łimited Liabilit	y Compar	y L Co	orporation	Nonprofit Organization
Part B	Individual Inf	ormation		NEP SWITE				
1. Last N	ame			2. Fir	st Name			3, M.I.
	Anders	977			Vicho	as		L
4. Relation	nship to Business (5. I	Email	0 0,0			6. Phone
	Durser							715-456-7453
7. Home	Address							
	233 (DING SH	_					
8. City		1 10000			9. State	10. Zip Code	э	
	hiporus	Fells			WI	547	29	
12. Drive	rs License/State ID	Number				13. Drivers	icense/State ID Sta	
14	536-630	08-306t	-06			()) Scarsin	
		00 000.						
Part C	Address Hist	ony	EARL STATE					
		OT THE RESERVE TO THE	1.87/6	THE PART OF THE PA	24111101 (25)			Ves ∏ No
1. Do yo	ou currently live in	wisconsin?						
If ves	provide the mon	ith and vear whe	en vou per	manently move	d to Wisc	onsin		(MM/YYYY)
			,			M304 84 00 4 1 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4	s separation and the same	2-11-83
2. List in	chronological or	der all of your a	ddresses v	within the last 5	years. Att	ach additiona	al sheets if necess	sary.
Previous	Address 1			City,			State	Zip Code
123	2 Miles	troorts		()'	1,000	wa Fr	W Sile	1 SUDJ9
Previous	Address 2	JACOL		City	rippo	0000	State	
Previous	Address 3			City			State	Zip Code
Previous	Address 4			City			State	Zip Code
11011000	1000			0.13			Oldis	Zip osas
Previous	Address 5			City			State	Zip Code
704,000	1441000			0,1,9			- Cidio	
3. List a	I states and coun	ities you have liv	ved in as a	ın adult. Attach	additional	sheets if nec	essary.	
State	County	State	County		State	County	State	County
State	County	State	County		State	County	State	County

Continued \rightarrow

minal History		
	ng traffic offenses unless related to alcohol beverage 's laws or of any county or municipal ordinances?	
estion 1, please list details of each conviction	n below. Attach additional sheets as needed.	
Violated	Location	Conviction Date
d	Was sentence completed?	Yes No
Violated	Location	Conviction Date
d	Was sentence completed?	Yes No
Violated	Location	Conviction Date
d	Was sentence completed?	Yes No
for violation of any federal, Wisconsin, or and ?	you (excluding traffic offenses unless related to alcohother state's laws or any county or municipal ding charges using the space below. Attach addition	Yes No
station		
FULLY BEFORE SIGNING: Under penalty rtify that I am not prohibited from participatustry as a restricted investor. I understand of state law. I further understand that I may	of law, I have answered each of the above questing in this business due to any involvement in anoth that any license issued contrary to Wis. Stat. Chapt be prosecuted for submitting false statements and aff provides materially false information on this application.	er tier of the alcohol er 125 shall be void idavits in connection
of state law. I further understand that I may cation, and that any person who knowingly	be prosecuted for submitting fa	ilse statements and aff mation on this applicat

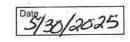
Alcohol Beverage License Application

For Municipa	al Use Only
Municipality Utilax of	Colfax
License Period	6/30/2026

cense(s) Requested: (up to two boxes may be checked)				Fees			
☐ Class "A" Beer \$	Class "B" Beer	\$ <u>/00</u> .	Lícens	e Fees	\$ 200.00		
☐ "Class A" Liquor \$	☐ "Class B" Liquor	\$	— Backgı	ound Check Fee	\$		
Class A" Liquor (cider only) \$	Reserve "Class B"	Liquor \$	— Publica	ation Fee	\$ 23.00		
Class C" Liquor (wine only) \$ /00.00			Total F	ees	\$ 223.00		
Part A: Premises/Business Information	on						
1. Legal Business Name (individual name if sole pr							
2. Business Trade Name or DBA	dy , CLC						
2. Business made warme of BB/1							
3. FEIN		4. Wisconsin Selle					
85-1981910		45610	30715	578604			
5. Entity Type (check one) Sole Proprietor Partnership	Limited Liabilit	v Company	Corporation	n 🗆 Nonpro	ofit Organization		
6. State of Organization	7. Date of Organizati			onsin DFI Registrati			
Wisconsin	51120	121					
9. Premises Address							
501 Main St			11. Stat	e 12. Zip Code			
Coffas			WI		730		
13. County	14. Governing Municip		Town 🖵 🗸	age 15. Alderman	ic District		
Dann	of: <u>Colfa</u>	W					
16. Premises Phone 715 -962 - 4444	17. Premises Email	alvana en		Website			
19. Premises Description - Describe the building o				tored, or consumed	and related records		
are kept. Describe all rooms within the building	g, including living quarter	s. Authorized alcoh	ol beverage act	tivities and storage	of records may occur		
only on the premises described in this application of the premises described in the premises described in the premise of the premises described in the premise of					Me		
Diving 1 with 11 with	1 2301	age poons	, KI TOUR	, + perio	<i>O</i> , <i>C C</i>		
-							
20. Mailing Address (if different from premises address	ress)						
501 Main St			T 20 21	100 7 70 1			
21. City Colfax			22. Stat		730		
Part B: Questions			liant pro-				
Has the business (sole proprietorship, part violating federal or state laws or local ordinates)		ity company, or co	orporation) be related to ald	en convicted of cohol beverages.	☐ Yes 🔀 No		
If yes, list the details of violation below. Atta	ach additional sheets	if necessary.					
Law/Ordinance Violated	Location			Trial Date			
Penalty Imposed							
		į. Wa	as sentence c	ompleted?	∐ Yes ∐ No		
Law/Ordinance Violated	Location			Trial Date			
Penalty Imposed		W	as sentence c	ompleted?	Yes No		

Are charges for any offenses pending a beverages.	gainst the business	? Exclude traffic o	offenses unle	ss related to alco	ohol Yes	No No
If yes, describe the nature and status of	pending charges u	sing the space be	elow. Attach a	additional sheets	as needed.	
Is the applicant business or any of its condividuals or entities a restricted investif yes, provide the name of the restricted.	tor with any interes	it in an alcohol be	everage prod	lucer or distribute	related or? Yes	X No
						_,
 Is the applicant business owned by and If yes, provide the name(s) and FEIN(s) 	ther business entity of the business en	?tity owners below	. Attach addit	tional sheets as n	····. Yes needed.	▼ No
4a. Name of Business Entity		4b. Business	s Entity FEIN			
Have the partners, agent, or sole propri this license period? Submit proof of con	etor satisfied the re	sponsible bevera	ge server tra	ining requirement	t for	□ No
6. Is the applicant business indebted to ar	ny wholesaler beyor	nd 15 days for bee	er or 30 days	for liquor/wine?.	Yes	ĭX No
7. Does the applicant business owe past of	due municipal prope	erty taxes, assess	ments, or oth	ner fees?	Yes	∏ No
Part C: Individual Information						以語風
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compared to the compared to th	s, and agent of a corpo	oration or nonprofit	organization, a	pplicant business o all partners of a part	r businesses listed tnership, and all m	embers,
Include Form AB-100 for each person listed bel	ow. Corporations and	LLCs must appoint		ncluding Form AB-1		
Last Name	First Name		Title		Phone	21
Jenson	Anne		Own	w	715-556	,-4110
Part D: Attestation	TE A Christian William					
One of the following must sign and attest				FG.		1.0
	I partner of a partne		e corporate o		e member of an l	- 1
READ CAREFULLY BEFORE SIGNING: Und	isiness and not on be	half of any other inc	dividual or ent	ity seeking the lice:	nse. Furtner, I agr	ee mat me
rights and responsibilities conferred by the lice	ense(s), if granted, will to, purchasing alcoho	I not be assigned to I beverages from s	o another indiv tate authorize	ridual or entity. I ag d wholesalers. I un	gree to operate thi iderstand that lack	s dusiness c of access
to any portion of a licensed premises during in revocation of this license. I understand that ar	spection will be deem	ied a refusal to allo	w inspection. S	Such refusal is a m	lisdemeanor and g	grounds for
understand that I may be prosecuted for submittingly provides materially false information on t	tting false statements	and affidavits in co	nnection with	this application, an	a that any person	who know-
Leat Name	.,	First Name	NF_		M.I.	2
Title PULLER	Email		0.1		Phone	440
	be	LABEAG		001011	715.556	4110
Signature			Date	5/30/2	25	
Part E: For Clerk Use Only	milita , militar					
Date Application Was Filed With Clerk Licens 5/3/a 0a5	se Number		Date Lic	cense Granted	Date License Is	
Signature of Clerk/Deputy Clerk	D.			Date Provisional I	License Issued (if	applicable)

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 Information	v. 35.							
Legal Business Name (individual name if sole proprietor)			0					
A Little Slice of It	ali	1 6	<u>.c</u>					
2. Business Trade Name or DBA		<u>v</u>						
3. Entity Type (check one)	1.2 - 1. 224		. Corporation	□м	onprofit Organization			
Sole Proprietor Partnership PLimited	Sole Proprietor Partnership Limited Liability Company Corporation Monprofit Organizati							
		Trong and a		1001 177				
Part B: Individual Information				mines of	3. M.I.			
1. Last Name	2. Firs	at Name			3. W.I.			
Jenson	1	HAN	ــــــــــــــــــــــــــــــــــــــ	10				
4. Relationship to Business (Title) 5. Email					Phone			
Owner					115-554-4110			
7. Home Address								
805 E Kailroad Ave			T-0 7' 0 1					
8. City		9. State	10. Zip Code					
Witab	(OI	54130	ID OLDE	#In-out to			
12. Drivers License/State ID Number			13. Drivers License/Stat	e ID State d	rissuance			
J525-CASLO-7957-01			141					
Part C: Address History								
1. Do you currently live in Wisconsin?					Yes No			
					(MM/YYYY)			
If yes, provide the month and year when you permanently	/ move	d to Wisco	nsin ,	*******	12/1867			
List in chronological order all of your addresses within the	last 5	vears Att	ach additional sheets if	necessarv				
Previous Address 1	City	700101710		State	Zip Code			
Ses E PAUROSO AVE	Oity	(O) CA	λÍ	WI	GA730			
00,000	Ciby	2001	<u>``</u>	State	Zip Code			
Previous Address 2	City			Otate	Zip Gode			
Previous Address 3	City			State	Zip Code			
Frevious Address 3	Oity			Ciaco				
D :	City			State	Zip Code			
Previous Address 4	City			State	Zip Code			
Duránia Addresa F	City			State	Zip Code			
Previous Address 5	City			State	Zip Gode			
3. List all states and counties you have lived in as an adult.	Attach	additional	sheets if necessary.					
State County State County		State	County	State	County			
WI DAW WI								
State County State County		State	County	State	County			

 $Continued \rightarrow$

Part D: Criminal History				
Have you ever been convicted of any offenses (excluding for violation of any federal, Wisconsin, or another state)				У No
If yes to question 1, please list details of each conviction	n 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 [)ate
Penalty Imposed		Was sentence completed?	. Yes	☐ No
Law/Ordinance Violated	Location		Conviction E)ate
Penalty Imposed		Was sentence completed?	. Yes	☐ No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or an ordinances?	nother state's laws or a	any county or municipal	. Yes	⊠ No
Part E: Attestation				
READ CAREFULLY BEFORE SIGNING: Under penalt 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.	ting in this business d that any license issu be prosecuted for sub	ue to any involvement in another ed contrary to Wis. Stat. Chapte mitting false statements and affidalse information on this application.	r tier of the a r 125 shall t lavits in coni	alcohol be void nection equired

Form CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY						
Village of	Colfer					
icense Period 7/1/3035 -	6/30/2036					

Part A: Premises/Business Information				
Legal Business Name (individual name if sole proprietor)				
2. Business Trade Name or DBA				
Blind Tigut				
3. FEIN	4. Wisconsin Seller's			
82-2896508	45610	29 4	13847602	
5. Entity Type (check one) Sole Proprietor Partnership	Limited	Liability	Company Corporation	
6. State of Organization 7. Date of Organiz	ation		Wisconsin DFI Registration Number	
Wisconsin 10/23/2	017			
9. Premises Address (do not use PO Box)				
512 main St	144	Ct-to I	49. Zin Codo	
10. City Colfar		State	12. Zip Code 54730	
13. County 14. Governing Municipality: Ci		/illage	15. Aldermanic District	
Dam of Colfax				
16. Mailing Address (if different from premises address)				
233 Olive St	Lan	01.1	40.7'. 0.1	
17. City Chippewa Falls		State	19. Zip Code 54729	
20. Premises Phone 21. Premises Ema	ıil	UI	22. Website	
715-942-4281 Hind-tie	ii gir@Owlook	.com	NA	
23. Premises Description - Describe the building or buildings where cig	garettes, tobacco produ	ıcts, and e		
Describe all rooms including living quarters, if used, for the sales records. Cigarettes, tobacco products, and electronic vaping devi	and/or storage of cigar ices mav be sold and s	ettes, tob stored Of	vacco products, and electronic vaping devices and VLY on the premises described in this application.	
Attach a floor plan if possible.	,			
Bara grillarea				
Dara grin screen				
Part B: Questions				
1. What products will be sold at this business location? (check	k all that apply)			
☐ Cigarettes ☐ Tobacco	o Products		☐ Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping device	es be sold? (check a	all that a	pply)	
Over the counter	g machine			
3. Is the applicant business owned by another business entity	?		Yes 🖳 Yo	
If yes, provide the name and FEIN of the parent company b CTV-101 for all of the parent company's members, partners	pelow, identify parent s, or officers.	t compa	ny members in Part C, and attach Form	
3a. Name of Parent Company:				
3b. FEIN of Parent Company:				
52.1 2.1.1 5.1. 5.1. 5.1. 5.1. 5.1. 5.1.				

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Anderson	Nicholas	Owner	715-456-7453
Andurson	Jessica	Owner	715-829-1406

Part D: Attestation

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

sole proprietor
 one general partner of a partnership

one corporate officer

· one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

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

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

Signature		Date 5-22-6	25
Name (Last. First, M.T.) Anderson, Jessica	, L.		
Title OWNER	Wind - Tiger	@ Outlook. Com	(715) 829-1406

Part E: For Clerk Use Only			
Date application was filed with clerk	Date license issued	Date license expires 6/30/26	License number
License fees 5.00	Signature of Clerk/Deputy Clerk	Run	

Date 5/23/25

Form CTV-101

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

Legal Business Name (individual	name if sole proprietor)				. Heverteves
The Bind	To				
Business Trade Name or DBA	1.gar LLC				
Blind 7	Name :				
Entity Type (check one)	.80				
Sole Proprietor					
	Partnership		mited Liability Con	npany	☐ Corporation
rt B: Individual Informati	on				
Vame (Last)		2 No (E)			
Anderson		2. Name (First)			3. Name (M.I.)
		Nichola	S		
telationship to Business (Title)		0.00			
Relationship to Business (Title)		5. Email			6. Phone
Relationship to Business (Title)		5. Email		nt co	6. Phone
Relationship to Business (Title)	· 51	5. Email	ger e outlo	ok.com	6. Phone 715-454-7453
Relationship to Business (Title) OWNOR ome Address 233 Öl	ive St	5. Email		ok.com	f .
Relationship to Business (Title) OWNOR ome Address 233 Öl	ive St	5. Email	izer e autlo	ok.com	f .
Chitpsewa Fa	ive St	5. Email blind - +	ger @ oxullo	ok.com	f .
ity Chi prewa Facilities Drivers License/State ID Number	iels	5. Email blind _ ti	ger @ oxtlo		f .
Relationship to Business (Title) OWNEY Iome Address 233 Ött Orivers License/State ID Number	iels	5. Email blind - +	10. Zip Code 54729	/State ID SI	f .
ity Chi prewa Facilities Drivers License/State ID Number	iels	5. Email blind - +	ger @ oxtlo	/State ID SI	f .
ity Chi prewa Facilities Drivers License/State ID Number	iels	5. Email blind - +	10. Zip Code 54729	/State ID SI	f .
celationship to Business (Title) DWN- ome Address 233 01 ty CM Plewa Fa privers License/State ID Number 4536 - 6368 - 30	iels 51-06	5. Email blind - +	10. Zip Code 54729	/State ID SI	f .
ity Chr prewa Fabrices (State ID Number 1536 - 6368 - 30	SI-06 History	9. State	10. Zip Code 54729 13. Drivers License	/State ID Si	f .
celationship to Business (Title) OWNER ome Address 233 Öl; ty Chrippewa Fa privers License/State ID Number 1536 - 6368 - 30 C: Individual's Address	SI-06 History	9. State	10. Zip Code 54729 13. Drivers License	/State ID Si	f .
ity Chr prewa Fabrices (State ID Number 1536 - 6368 - 30	SI-06 History	9. State WT	10. Zip Code 54729 13. Drivers License	/State ID Si	f .
celationship to Business (Title) OWNER ome Address 233 Öl; ty Aprewa Fa privers License/State ID Number 1536 - 6368 - 30 C: Individual's Address of chronological order all of your specific properties of the company of the c	SI-06 History	9. State	10. Zip Code 54729 13. Drivers License	/State ID Si	715-454-7453 Zip Code
Relationship to Business (Title) OWNER J33 Öt ity Chi prewa Fa	SI-06 History	9. State WT	10. Zip Code 54729 13. Drivers License	/State ID SI	715-454-7453

			City		State	Zip-Code
ble, list all states	s and counties y	ou have lived in) as an adult Attac	b addition to	=	
County	State	County	Tao an addit. Attac	in additional sheet:	s if necessary.	
		Obunty	State	County	State	County
County	State	County				
		County	State	County	State	County
		otato	County	ble, list all states and counties you have lived in as an adult. Attac County State County State	ble, list all states and counties you have lived in as an adult. Attach additional sheet County State County State County County	ble, list all states and counties you have lived in as an adult. Attach additional sheets if necessary. County State County State County State County State County State County

City

City

Continued \rightarrow

Previous Address 4

Previous Address 5

Previous Address 6

State

State

Zip Code

Zip Code

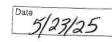
Part D: Individual's Criminal His	tory	
Have you ever been convicted of ar Wisconsin, or another state's laws.	ny offenses (other than traffic of or of any county or municipal o	ffenses) for violation of any federal, and indicate and references?
If yes to question 1, please list detail	s of each conviction below:	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? Yes No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? Yes No
Law/Ordinance Violated	Location	Trial Date
Penalty imposed		Was sentence completed? Yes No
Are charges for any offenses current federal, Wisconsin, or another state	tly pending against you (other the slaws or any county or municip	nan traffic offenses) for violation of any pal ordinances?
Part E: Attestation by Individual		
connection with this application, and the	hat any person who knowingly tobacco products retail license hat I have examined this inform	be prosecuted for submitting false statements and affidavits in provides materially false information on an application for cigamay be required to forfeit not more than \$1,000 if convicted, nation and, to the best of my knowledge, it is true, correct, and
Signal Could		Date 5/23/25
Part F: Licensing Authority Appr	roval	
Control of the Contro	unicipal and state criminal recor	ds. To the best of my knowledge, with the available information, amed business.
Name of Local Official	Imed	
Signature of Local Official	Q.	Deputy Chesk-Trasurer Date \$\frac{1}{2}\$

-2-

Form

CTV-101

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



3. Name (M.J. 4-529-7406
3. Name (M.I.
3. Name (M.I
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Part D: Individual's Criminal Hist	ory		
Have you ever been convicted of an Wisconsin, or another state's laws, or	y offenses (other than traffic of or of any county or municipal o	ffenses) for violation of aredinances?	y federal,
If yes to question 1, please list details	s of each conviction below:		
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence	completed? Yes No
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence	completed? Yes No
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence	completed? Yes No
Are charges for any offenses current federal, Wisconsin, or another state's	ly pending against you (other the same same same same same same same sam	nan traffic offenses) for vic	olation of any
Part E: Attestation by Individual READ CAREFULLY BEFORE SIGNI connection with this application, and to rette, electronic vaping devices, and it I declare under penalties of the law the	nat any person who knowingly obacco products retail license	provides materially false in may be required to forfer	ntormation on an application for ciga- et not more than \$1,000 if convicted.
complete to the best of my knowledge	and belief.		
Signature			5-23-28
Part F: Licensing Authority Appr			
I hereby certify that I have checked mu this individual qualifies to serve in the	nicipal and state criminal recor reported role with the above-n	rds. To the best of my know amed business.	wledge, with the available information,
Name of Local Official Sheile K.	emer	Diputy C	lerk-Tressurer S123125
Signature of Local Official	Rum		5123/25

6-30-26

COLFAX VILLAGE OF (TAX-WI)

613 MAIN STREET, PO BOX 417

COLFAX, WI 54730

11827

FOR CLERKS ONLY

Municipality
V.D. Colfax
License Period
7/1/25-6/30/26

Form CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

Part A: Premises/Business Informati	on				Permit FEE: 5
1. Legal Business Name (individual name if sole p	proprietor)				BGC FEE: N/A
Dolgencorp, LLC					BGC FEE. N/A
2. Business Trade Name or DBA					Ad FEE: N/A
Dollar General Store # 11827					
3. FEIN		4. Wisconsin Se		Number	
61-0852764		456-00002	08845-05		
5. Entity Type (check one) Sole Proprietor	artnership	☑ Lim	ited Liability	Company	☐ Corporation
6. State of Organization	7. Date of Organiz	zation		8. Wisconsi	n DFI Registration Number
KY	09/09/2000				
9. Premises Address (do not use PO Box)	MAIN ST				
10. City COLFAX			11. State	12. Zip Cod	e 54730-9107
COLPAX			WI		34730-9107
13. County 14. Governing	Municipality: C	ity Town	☐ Village	15. Alderma	nic District
	LFAX VILLAGE OF		<u>=</u>		
16. Mailing Address (if different from premises ad					
Attn: Tax Licensing, 100 Miss	sion Ridge				
17. City			18. State	19. Zip Cod	e
Goodlettsville			TN	37072	
20. Premises Phone	21. Premises Ema			22. Website	' I
(615) 855-4000		LICENSE@DOLLARGE		to deside un	in a device are to be sold and stored
23. Premises Description - Describe the building of Describe all rooms including living quarters, if records. Clgarettes, tobacco products, and extrach a floor plan if possible Sq footage 8161 consisting of sales floor a	f used, for the sales lectronic vaping dev	and/or storage or vices may be sold	and stored C		
			lavoico	#202611	327TOBCITY33
					327 TOBCIT Y 33
			Batch #	29931	\$5.00
Part B: Questions					
What products will be sold at this busines Cigarettes	ss location? (chec Tobacc	ck all that apply) co Products			Electronic Vaping Devices
How will cigarettes, tobacco, and/or elect Over the counter	☐ Vendin	g machine			
3. Is the applicant business owned by anoth	ner business entit	y?			Yes 🗌 No
If yes, provide the name(s) and FEIN(s)	of the business er	ntity(s) below. At	tach additio	nal sheets if	necessary
3a. Name of Business Entity: Dollar		ooration			
3b. FEIN of Business Entity: 61-05023	302				

SEPERATE CHECK
PLEASE RETURN CHECK TO:
ABBY BATEY

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, Individual Questionnaire, for each person listed below.

	First Name	Title	Phone
Brining	Zachary	SVP-Store Ops	(615) 855-4000
Taylor	Emily	EVP-Merch (CMO)	(615) 855-4000
Merkel	Dusti	District Manager	(615) 855-4000

Part D: Attestation

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

• sole proprietor • one general partner of a partnership

· one corporate officer

· one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

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

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

taise information on this application may be requi		
Signature - 2/	Date 4-10-25	
Name (Last, First, M.I.) Taylor, Emily		l Divers
Title EVP-Merch (CMO)	Email TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM	Phone (615) 855-4000

Part E: For Clerk Use Only				-
Date application was filed with clerk 5-1-2025	Date license issued	Date license expires 0 - 30 - 2026	License number	
License fees \$5.00	Signature of Clerk/Deputy Clerk	Riemer		

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date.		e.
31	11/	125

Agent Type (check one):	ange	- 110	
Part A: Agent Information			
1. Last Name MerheL	2. First Name DUST	V.	3. M.I.
4. Email tax-beerandwinelicense@dollargeneral.	com	5, Phone (615)	855-4000
6. Home Address N8U37 490th St		Ē.	*
Colfax		8. State WI	9. Zìp Code 54730
11. Drivers License/State ID Nun M い 24 - 1708		12. Drivers Licens	e/State ID State of Issuan
ex questions			
Questionnaire? Submit a completed Form CTV-101 v 2. If this is a change of agent, please describe the reason CHANGE OF MANAGER			
DOLGENCORP, LLC 2. Business Trade Name or DBA DOLLAR GENERAL STORE # 3. Entity Type (check one)	☐ Cor	poration	
4. Premises Address 120 main Street		60	
5. City Colfax		6. State WI	7, Zip Code 54730
Part D: Attestations			
READ CAREFULLY BEFORE SIGNING: I, the Licensee, au liability company with full authority and control of the premises devices conducted therein. I certify that I am authorized by the successor agent, I rescind all previous agent appointments is statements and affidavits in connection with this application application may be required to forfeit not more than \$1,000 if	s and of all business relative to cig ne entity to authorize this individu for this premises, Further, I under n, and that any person who know	garettes, tobacco produ al to act on behalf of th stand that I may be pro	ucts, and/or electronic vap ne entity, If I am appointin osecuted for submitting fa
Signature of Licensee (officer, member, or authorized signatory		Date 5	1/6025
Name of Person Signing for Licensee		Title	? Merch-(un
READ CAREFULLY BEFORE SIGNING: I, the Agent, herby company and assume full responsibility for the conduct of all devices conducted on the premises for the above-named but and affidavits in connection with this form, and that any perset to forfeit not more than \$1,000 if convicted.	It business relative to sales of cig siness. I further understand that I	arettes, tobacco produ may be prosecuted fo	icts, and/or electronic var r submitting false stateme
Signature of Agent		Date	11105

Date 4/24/25

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

	Business Informatio								
_	lusiness Name (individual na	ame if sole	proprietor)						
_	encorp, LLC								
	ss Trade Name or DBA		11827	1					
	ar General Stor	re #	11027						
3. Enlity T	ype (check one)								`amaratian
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation						Corporation			
Part B:	Individual Information	on			(F: 1)				3. Name (M.I.)
1. Name ((Last)				ne (First)				C C
Tayl	Lor			Emi				C Dhana	
	nship to Business (Title)			5. Em		IELICENSE@DOLLARGI	ENERAL COM	6. Phone (615)	855-4000
EVP-	-Merch (CMO)			I AX-BI	EERANDWIN	ELICENSE@DOLLARGE	ZNE(VAE,OOM	(013)	833-4000
7. Home									
1805	OTTER CREEK RI	D							D. H.
8. Cily					9. State	10. Zip Code		11. Date of 03/19	
NASHVILLE TN				TN	37215	ise/State ID State of Issuance			
12, Driver	rs License/State ID Number						State ID State	e of Issuance	е
0776	528941					TN			
Part C:	Individual's Addres	s Histor	V						
	nronological order all of y			5 yea	ars. Attach	additional sheets	f necessary.		
	Address 1			City			State	Zip Cod	le
	ADDRESS FOR 5+	YEARS							
	Address 2			City			State	Zip Cod	le
1 1641000	7,00,000 =			ľ					
Dravious	Address 3			City			State	Zip Cod	le
Tevicus	, (44,000 0								
Previous	Address 4			City			State	Zip Coc	le
Fievious	V001622 ±								
Previous	Address 5		*	City			State	Zip Cod	le
rievious	71001000								
Provious	Address 6			City			State	Zip Cod	de
Fievious	Address 0								
If applie	able, list all states and co	ounties vo	u have lived in as a	ın adı	ılt. Attach	additional sheets if	necessary.		
		State	County	-	State	County	State	County	
State TN	County DAVIDSON	State			/	-		V	
State	County	State	County		State	County	State	County	
Ciale	5541.17		,						

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Part D: Individual's Criminal History			
Have you ever been convicted of any offenses	· (other than traffic offenses) for violation of any	federal.
Wisconsin, or another state's laws, or of any o	ounty or municipal ordinand	ces?	Yes V No
If yes to question 1, please list details of each of	conviction below:		
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence co	ompleted? Yes No
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed	,	Was sentence co	ompleted? Yes No
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed			ompleted? Yes No
Are charges for any offenses currently pending federal, Wisconsin, or another state's laws or a	any county or municipal ordi	Tances :	
If yes to question 2, describe nature and statu	is of pending charges using	the space below. At	ttach additional sheets as needed.
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	4		He
Part E: Attestation by Individual			
	locational that I may be pros	ecuted for submitting	g false statements and affidavits in
READ CAREFULLY BEFORE SIGNING: 1 und connection with this application, and that any perette, electronic vaping devices, and tobacco publication likely and the law that I have	erson who knowingly provide	s materially laise in	not more than \$1,000 if convicted.
complete to the best of my knowledge and belie	f _a	100	
Signature 7		Dat	6/1/2023
- may			
Part F: Licensing Authority Approval			
I hereby certify that I have checked municipal ar this individual does not have a criminal record t electronic vaping device retailer license accordi	UST MORIO OIZORSIIIA IIIZIII II	Utti itavilig ali ilitoros	edge, with the available information, at in a cigarette, tobacco product, or
Name of Local Official		tle	Transaction
Theila frems		Justy Cl	utc. reasure
Signature of Local Official			6/1/25

Date	4/24/25
	4/24/23

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

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e (First)	ted Liability Compan	ıy		Corporation
e (First)	ted Liability Compan	·y		Corporation
e (First)	ted Liability Compan	iy		Corporation
				T
				3. Name (M.I.)
ARY				J
	CHOCHECOROL ARCEN		6. Phone	1000
HANDWIN	STICENSE SEDOLLARGEN	ERAL,COM	(615)	855-4000
TN				
	13, Drivers License/St	ate ID State	of Issuance	
	TN			
s, Attach	additional sheets if r	ecessary.		
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	3. State TN	RANDWINSLICENSE@DOLLARGEN 3. State 10, Zip Code TN 37075 13, Drivers License/St TN TN	RANDWINGLICENSE@DOLLARGENERAL.COM 3. State 10. Zip Code TN 37075 13. Drivers License/State ID State TN 5. Attach additional sheets if necessary. State ATIN TN	RANDWINSLICENSE@DOLLARGENERAL.COM (615) 3. State 10, Zip Code TN 37075 13, Drivers License/State ID State of Issuance TN 4. Attach additional sheets if necessary. State Zip Cod 3706

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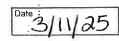
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County

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D. J. D. L. McCharlie Columbia History			
Part D: Individual's Criminal History	the second second		Frank and
Have you ever been convicted of any offense: Wisconsin, or another state's laws, or of any of	county or municipal ordinance	for violation of any es?	lederal, Yes ☑ No
If yes to question 1, please list details of each	conviction below:		
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed	1	Was sentence co	mpleted? Yes No
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence co	mpleted? Yes No
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence co	mpleted? Yes No
Are charges for any offenses currently pending federal, Wisconsin, or another state's laws or a	g against you (other than traffi any county or municipal ordina	c offenses) for viola	tion of any
If yes to question 2, describe nature and state	us of pending charges using t	he space below. At	tach additional sheets as needed.
•			
			1
Part E: Attestation by Individual			
DEAD CADECILLY PECODE SIGNING: Luce	forstand that I may be prose	cuted for submitting	false statements and affidavits in
connection with this application, and that any perette, electronic vaping devices, and tobacco pull declare under penalties of the law that I have complete to the best of my knowledge and belie	erson who knowingly provides products retail license may be examined this information ar	materially talse interesting	not more than \$1,000 if convicted.
Signature	1	Date	-//
Say ///	3-		5/1/25
1412			
Part F: Licensing Authority Approval			-
I hereby certify that I have checked municipal an this individual does not have a criminal record t electronic vaping device retailer license accordi	hat would disqualify them from	n having an interes	edge, with the available information, it in a cigarette, tobacco product, or
Name of Local Official Shila Rim	M Title	Deputy (Clerk-Trasurer
Signature of Local Official		Date	Clerk-Truasurer



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

Part A	: Business Inform	ation				(n) (26)	が 100mm は 10		50 yyd 131 (1824 - 184, 15)
1. Legal	Business Name (individ	ual name if sole	proprietor)		81				
DOL	GENCORP, LLC					6	9.5		
2. Busine	ess Trade Name or DBA								
DOL	LAR GENERAL S	STORE #	1827			1			
3. Entity	Type (check one)				2		E		
□ S	Sole Proprietor		Partnership		✓ Lin	nited Liability C	company	☐ Corp	oration
			t)						
Part B	: Individual Inform	nation					建 加		
1. Name	(Last)			2. Na	me (First)	¥	27	3.	Name (M.I.)
Me	rhel			1 5	DUST	ĺ			U
	onship to Business (Title	•		5. Em			Account the same of the same o	6. Phone	12 12 TANAS (191
5	STORE MANAGE	R		0	dust	neans	amail Lon	715 308	4004
7. Home	Address	44				J	J		
NBI	437 690	5th St					100		
8. City					9. State	10. Zip Code			
Co	Ifax				WI	5473			
1.12 Drivers License/State ID Number				1011			ense/State ID St	antCB	Vi securer
MI	24-1708	-280	54 - 08			M624	-1708-28	84-68	WI
Part C	: Individual's Ado	Iress Histor							
CHECKSON NO.	chronological order al	March Sparit Metal Street Card Lates	Control and the second	st 5 ve	ars. Attacl	n additional sh	eets if necessary.	Ĉ.	
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Previous	s Address 5			City			State	Zip Code	
								-	
Previous	s Address 6			City			State	Zip Code	
- 7077561				'		3	ķ	L	
If applie	cable, list all states ar	nd counties w	ou have lived in as	an adı	ılt. Attach	additional she	ets if necessary		
		State	County	J., GOI	State	County	State	County	
State	County	State	County		Julia	Journey	Ciaio		
Ctata	- County	State	Соипту		State	County	State	County	
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Part D: Individual's Criminal His	otory		
Have you ever been convicted of a Wisconsin, or another state's laws,	ny offenses (other than traffic offe or of any county or municipal ord	enses) for violation of and dinances?	y federal, Yes 🔀 No
If yes to question 1, please list detail	ils of each conviction below:		V
Law/Ordinance Violated	Location	6 5	Trial Date
Penalty Imposed	15	Was sentence of	completed? Yes No
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence	completed? Yes No
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence	completed? Yes No
Are charges for any offenses currer federal, Wisconsin, or another state	ntly pending against you (other that's laws or any county or municipa	n traffic offenses) for vio	lation of any
If yes to question 2, describe natur	e and status of pending charges	using the space below.	Attach additional sheets as needed.
ā	å.		
Part E: Attestation by Individua			
READ CAREFULLY BEFORE SIGN connection with this application, and	IING: I understand that I may be that any person who knowingly person who knowingly person to be the products retail license in that I have examined this information.	rovides materially false in may be required to forfe tion and, to the best of t	ng false statements and affidavits in nformation on an application for ciga- it not more than \$1,000 if convicted, my knowledge, it is true, correct, and
Signature SWZWZW		De	3/11/2025
11			
Part F: Licensing Authority App	roval		
I hereby certify that I have checked methics individual qualifies to serve in the	unicipal and state criminal records e reported role with the above-na	s. To the best of my know ned business.	rledge, with the available information,
Name of Local Official	amer	Title	Clerk-Treasurer
Signature of Local Official	9	Da	(0/1/25





WISCONSIN DEPARTMENT OF REVENUE PO BOX 8902 MADISON, WI 53708-8902

State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT

2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902

PHONE: 608-266-2776 FAX: 608-261-6248

EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

DOLGENCORP LLC 100 MISSION RDG GOODLETTSVLLE TN 37072-2171 Letter ID: L0158348608 Batch Index: 1622157824-3

Wisconsin Department of Revenue

Seller's Permit

LEGAL/REAL NAME:

DOLGENCORP LLC

BUSINESS NAME:

DOLLAR GENERAL STORE #11827

120 S MAIN ST

COLFAX WI 54730-9106

The seller whose name appears above is authorized to engage in the business of selling tangible personal property and taxable services at the location shown. This permit is not transferable and is not valid at any other location. This permit must be conspicuously displayed at the place of business for which issued. Return this permit to the Department if you discontinue sales of taxable property and services at this location.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., this permit should be displayed or carried with you to the various events.

Тах Туре	Account Type	Filing Number	Account Number
Sales & Use	Seller's Permit		456-0000208845-05

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	
Municipality VILLAGE OF COLFAX	
License Period 7/1/2025 - 6/30/2026	

Part A: Premises/Business Informati	ion							
1. Legal Business Name (individual name if sole p								
J & S SALES OF CHIPPEWA FALLS, LLC								
2. Business Trade Name or DBA EXPRESS MART								
3. FEIN 271107309		4. Wisconsin Sel 4561026446		Number				
5. Entity Type (check one)								
_	artnership		ited Liability					
6. State of Organization WI	7. Date of Organiza	ation		8. Wisconsin DFI Registration Number J031100				
9. Premises Address (do not use PO Box)								
616 MAIN ST.								
10. City COLFAX			11. State WI	12. Zip Code 54730				
13. County 14. Governing DUNN of: COLF	g Municipality: Ci	ty 🗌 Town [Village	15. Aldermanic District				
16. Mailing Address (if different from premises ad				ı				
P.O. BOX 428				···				
17. City COLFAX			18. State WI	19. Zip Code 54730				
20. Premises Phone (715) 962-3241	21. Premises Ema			22. Website WWW.THALEROIL.COM				
Describe all rooms including living quarters it	f used, for the sales lectronic vaping dev	and/or storage of o	cigarettes, to and stored C	electronic vaping devices are to be sold and stored. bacco products, and electronic vaping devices and NLY on the premises described in this application.				
	e							
Part B: Questions								
1. What products will be sold at this busines								
✓ Cigarettes	✓ Tobacco	o Products						
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) Vending machine								
3. Is the applicant business owned by anoth	ner business entity	? **********		Yes V No				
If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.								
3a. Name of Parent Company:								
3b. FEIN of Parent Company:								

Part C: Individual Information

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

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

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

Part	n.	٨	ttoe	to	fi.	۸n
raii.	u.	~	LLCS	La	u	u

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

• sole proprietor • one general partner of a partnership

one corporate officer

· one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

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

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

Signature	1	Date 05/06/2025	
Name (Last, First, M.I.) THALER, STEVEN, M.			
Title MEMBER	Email INFO@THALEROIL.COM		Phone (715) 723-2822

Part E: For Clerk Use Only								
Date application was filed with clerk 5/12/2125	Date license issued	Date license expires	License number					
License fees \$5.00	Signature of Clerk/Deputy Cle	erk Kun						

CTV-100 (N, 2-24) - 2 -

Date		
05/	06/	25

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

Part A:	Business Information	on							
	Business Name (individual n								
J &	S SALES OF CHIL	PPEWA :	FALLS, LLC						
	ss Trade Name or DBA								
EXPE	RESS MART								
3. Entity	Type (check one)				_				
□s	Sole Proprietor		Partnership		✓ Lim	nited Liability Comp	any		Corporation
	Individual Informati	on		0.44	(Firet)				3. Name (M.I.)
1. Name				1	me (First) EVEN				M M
THA							_	6. Phone	
	onship to Business (Title)			5. Em		LEROIL.COM			723-2822
MEMI				TIVE	OGINAL	EROIL.COM		(710)	723 2022
7. Home . 310	Address S. MAIN ST.								
8. City					9. State	10. Zip Code			
-	PPEWA FALLS				WI	54729			
12. Drive	rs License/State ID Number					13. Drivers License	e/State ID Sta	e or issuanio	AND WARRANTER
Т460	0-7935-2336-03					WI			
	: Individual's Addres								
List in cl	hronological order all of y	our addre	esses within the las	st 5 yea	ars. Attach	additional sheets	if necessary		
Previous	Address 1			City			State	Zip Cod	
310 S	B. MAIN ST.			CHI	PPEWA	FALLS	WI		
Previous	Address 2			City			State	Zip Cod	e
				011			State	Zip Cod	0
Previous	Address 3			City			State	2.p 000	C
Previous	Address 4			City			State	Zip Cod	e
levious	Addices 4								
Previous	Address 5			City State			Zip Cod	e	
Previous	Previous Address 6 City State Zip Code							le	
If applic	able, list all states and co	ounties yo	u have lived in as	an adu	ılt. Attach	additional sheets if	necessary.		
State WI	County CHIPPEWA	State	County		State	County	State	County	
State	County	State	County		State	County	State	County	

 $Continued \rightarrow$

Part D: Individual's Criminal History							
1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances?							
If yes to question 1, please list details of each	conviction below:						
Law/Ordinance Violated	Location		Trial Date				
Penalty Imposed		Was sentence co	mpleted? Yes No				
Law/Ordinance Violated	Location		Trial Date				
Penalty Imposed		Was sentence co	mpleted? Yes No				
Law/Ordinance Violated	Location	*	Trial Date				
Penalty Imposed	A.	Was sentence co	mpleted? Yes No				
Are charges for any offenses currently pending federal, Wisconsin, or another state's laws or a	g against you (other than traffic any county or municipal ordina	offenses) for viola	tion of any				
If yes to question 2, describe nature and statu							
Part E: Attestation by Individual READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and							
complete to the best of my knowledge and belie	f _{ec}	Date					
June June 1		,					
Part F: Licensing Authority Approval							
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.							
Name of Local Official Shella Riemer	Title		K-Treasurer				
Signature of Local Official	,	Date	5/12/2025				

Legal Business Name (individual name if sole proprietor)
 J & S SALES OF CHIPPEWA FALLS, LLC

-6

Form CTV-101

Part A: Business Information

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

i iii	
Data	
05/06/25	
44, 20, 50	

2. Business Trade Name or DBA EXPRESS MART	* ***		N-IAM-	10 10-3 17-37		·
3. Entity Type (check one) Sale Proprietor	Partnership		☑ Lìm	ilted Liability Company	/	Corporation
	*					
Part B: Individual Information		V 12-5 V.		· · · · · · · · · · · · · · · · · · ·		
1. Name (Last) IVERSON~DEMOE		2. Nan RON	ne (First) DI	5 3 3 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*****	3. Name (M.L.)
Relationship to Business (Title) MANAGER		5. Email INFOGTHALEROIL.COM			6. Phone (715)	962-3241
7. Home Address 703 PINE ST. P.O. BOX	X 251	100177-II	16			
8. City COLFAX	- Vo plate		9. State WI	10, Zip Code 54730	To the	
12. Drivers License/State ID Number	-5807-10		I.u	13. Drivers License/Sta WI	ite ID State of Issuance	3

: Individual's A	ddress Histo	ry						
chronological orde	r all of your addr	esses wilhin th	e last 5 ye	ars, Atta	ch additional shee	ts if necessary.		
BAGGRESS 1 PINE ST.			City COI	FAX		State WI	Zip Code 54730	
8 Address 2		1	City		****	State	Zip Code	
as Address 3		City		City		State	Zip Code	
Address 4		City		City		Zip Çade		
s Address 5		CI		City		State	Zip Code	
s Address 6	7)	fi(City			State	Zip Code	•
cable, list all states	s and counties y	ou have lived i	n as an adı	ult, Attac	h additional sheets	if necessary.	Alasi ozza oznane	
County	State	County		State	County	State	Совяту	
County	State	Соилту		State	County	State	County	
	chronological orders and address 1 PINE ST. Address 2 Address 3 Address 5 Address 6 Cable, list all states County DUNN	chronological order all of your address a Address 1 PINE ST. Address 2 Address 3 Address 5 Address 6 Cable, liet all states and counties your address 5 County State	chronological order all of your addresses within the Address 1 PINE ST. Address 2 Address 3 Address 5 Address 6 Cable, liet all states and counties you have lived in County OUNN	Address 1 PINE ST. Address 2 City Address 3 City Address 5 City Address 6 City Cable, liet all states and counties you have lived in as an address County DUNN County DUNN City Cable, State County Co	chronological order all of your addresses within the last 5 years. Attacts and countries and countries you have lived in as an adult. Attact DUNN County State City City City City State City City City State County State County State County State	chronological order all of your addresses within the last 5 years. Attach additional sheets address 1 City COLFAX CALFAX	chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. Address 1 City COLFAX WI Address 2 City State County State	chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. Address 1 City State Zip Code WI 54730 City State Zip Code City State City State Zip Code City State City State Zip Code City State City State City State City State City State City State County State County County County State County State County State County State County State County

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C15		1719	11	~~~

CTV-101 (N. 2-24)

Wisconsin Department at Revenue

Part D: Individual's Criminal I	fistory				
 Have you ever been convicted a Wisconsin, or another state's law If yes to question 1, please list de 	vs, or of any county or municipal			☐ Yes	✓ No
.aw/Ordinance Violated	Location	- AND THE PROPERTY OF THE PROP	Trial Date		
Penalty Imposed		Mac content	pe completed?		☐ No
aw/Ordinance Violated	11	770	~		
ession something	Location		Trial Date		
Penalty Imposed	· · · · · · · · · · · · · · · · · · ·	Was sentend	ce completed?	Yes	☐ No
.aw/Ordinance Violated	Location	··· 1	Trial Date		
Penally Imposed		Was sentend	ce completed?	Yes	□ No
Are charges for any offenses cun federal, Wisconsin, or another sta	rently pending against you (other ate's laws or any county or munici			Yes	₩ No
If yes to question 2, describe nat	ture and status of pending charge	s using the space below	w, Attach additional s	heets as c	eeded.
		v			
Part E: Attestation by Individ	ua!		•		
Part E: Attestation by Individence READ CAREFULLY BEFORE SIGN of the large rette, electronic vaping devices, and declare under penalties of the large complete to the best of my knowled	GNING: I understand that I may not that any person who knowingly not tobacco products retail ilcens withat I have examined this inform	provides meterially fals e may be required to fo	e information on an a rifelt not more than \$	spolication 1,000 if co	nvicted.
connection with this application ar	GNING: I understand that I may	provides meterially fals	e information on an a	spolication	DE CH
READ CAREFULLY BEFORE SIGnered to with this application, are telectronic vaping devices, a declare under penalties of the largomplete to the best of my knowled Signature Part F: Licensing Authority A I hereby certify that I have checked	GNING: I understand that I may not that any person who knowingly not tobacco products retail licens withat I have examined this informage and belief. Differential products and state original recommendations.	provides meterially false may be required to for nation and, to the best	e information on an a rifelt not more than \$ of my knowledge, it i Date 05/06	spolication \$1,000 if ct is true, con	for digi
READ CAREFULLY BEFORE SIX connection with this application, ar rette, electronic vaping devices, a I declare under penalties of the lar complete to the best of my knowled Signature Prondu 1	GNING: I understand that I may not that any person who knowingly not tobacco products retail licens withat I have examined this informage and belief. Differential products and state original recommendations.	provides meterially false may be required to for nation and, to the best	e information on an a rifelt not more than \$ of my knowledge, it i Dete 05/06	spolication \$1,000 if ct is true, con	orvicted rect, an

CTV-101 (N. 2-24)

CTV-102	Cigarette, Tobacco, ai	nd Electronic Va ment of Agent	ping De	vic	© Date 05/05/	2025
Agent Type (check o	one): 🗹 Original 🔲 Change	3				
Part A: Agent Inf	ormation			~		
T. Last Name		2. First Name		9.85	*	3. M.I.
IVERSON-DEMOE		RONDI				L.
4 Emeil INFO@THALEROI	L,COM	***	6. Ph (71		962-3241	
6. Home Address				-		
703 PINE ST.	P.O. BOX 251					
7, City		1 11 201	8. Sta	ite I	9. Zip Code 54730	
	11. Drivers License/State ID Number 1162-7325-58	ó7- 10	12. Drivers	icens	e/State ID State	of Issuance
Part B: Question	9	W. 1000				
Questionnaire? S	ted Form CTV-101, Cigarette, Tobacco, tubmit a completed Form CTV-101 with the of agent, please describe the reason for	this form.			☑ Y	es 🗀 No
Part C: Business					***	
=	ne (Individual name if sole proprietor)					
	F CHIPPEWA FALLS, LLC					
2. Business Trade Nan	ne or DBA	94				
EXPRESS MART						
Entity Type (check of	ne) ☑ Limited Liability Company	□ Согр	oration	-6/		
4. Premises Address						
616 MAIN ST						
6. City COLFAX	ii		6. St	ate (I	7. Zip Code 54730	11533 113833
Part D; Attestation	ons	÷				
fiability company with devices conducted to successor agent, I re statements and affid	BEFORE SIGNING: I, the Licensee, authorize full authority and control of the premises and rerein. I certify that I am authorized by the enterior all previous agent appointments for this evits in connection with this application, and equired to fortest not more than \$1,000 if control to the state of the second state of the se	t of all business relative to ciga ithy to authorize this individus is premises. Further, I unders d that any person who know	areties, tobacco I to act on beha tand that I may	prode of of the prode	ucts, and/or elect he cality. If I am osscuted for sub	Ironic vaplng appointing a milling false
Signature of Licensee	(afficer, member, or authorized signatory)		Date 05/	06/2	2025	
Name of Person Signi		- Ca	Title	DET.		
company and assumed of devices conducted of and affidavits in con-	BEFORE SIGNING: I, the Agent, herby account full responsibility for the conduct of all but in the premises for the above-named business nection with this form, and that any person wan \$1,000 if convicted.	siness relative to sales of ciga se. I further understand that I	for the above-rarettes, tobacco	proa	ucis, and/or elec or submitting fals	e alatement
Signature of Agent	Bondi Demore		Date 05/		2025	
CTV-103 (N. 2-24)	· · · · · · · · · · · · · · · · · · ·				Wething! De	раприять об 100 годи

06/06/2026 10:22AM 17159623243

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

	FOF	CLE	RKS ONLY
Munic	ipality	0+	Colfaso
	se Period		6-30-2025

Part A: Premises/Business Information			
Legal Business Name (individual name if sole proprietor)			
Outhouse Bar			
2 Business Trade Name or DBA			
			1
3. FEIN	4, Wisconsin Seiler's Permi		
39-1347846	4560	000165549	302
5. Entity Type (check one) Sole Proprietor Partnership	Limited Liabili	ty Company	☐ Corporation
6 State of Organization 7 Date of Organiz	ation	8. Wisconsin DFI Reg	istration Number
o a sale of o sgamma of			
9. Premises Address (do not use PO Box) 413 main St	11. State	12. Zip Code	
COlfax	WI	5473	0
13. County 14. Governing Municipality: Confirmation of: Colfax	ty 🗌 Town 🔽 Village	15. Aldermanic Distric	t
16. Mailing Address (if different from premises address)			
17. City	18. State	19. Zip Code	
Collar	WI	54730	
20 Premises Phone 21. Premises Ema		22. Website	
715.962-3339 lisasme	segmail.com		
Describe all rooms including living quarters, if used, for the sales records. Cigarettes, tobacco products, and electronic vaping dev Attach a floor plan if possible.	and/or storage of cigarettes, tices may be sold and stored	obacco products, and ele	ectronic vaping devices and escribed in this application.
Part B: Questions		1 2844	A London
1. What products will be sold at this business location? (check		_	
Cigarettes	o Products	☐ Electron	nic Vaping Devices
How will cigarettes, tobacco, and/or electronic vaping device. Over the counter Uending		t apply)	
3. Is the applicant business owned by another business entity	?gavan man masays		Yes No
If yes, provide the name and FEIN of the parent company to CTV-101 for all of the parent company's members, partners	pelow, identify parent comp	pany members in Part	C, and attach Form
3a. Name of Parent Company:			

Part C: Individual Information An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company. List the full name, title, and phone number for each person below. Attach additional sheets if necessary, First Name Last Name Title 715-962-2829 715-967-2425 Part D: Attestation One of the following must sign and attest to this application: · one managing member of an LLC one general partner of a partnership · one corporate officer sole proprietor READ CAREFULLY BEFORE SIGNING: I understand and agree to the following: · I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes. · I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner. • I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org). · I will not sell single cigarettes. • I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors. • I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory. · I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands. Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signature 5-06-2025 Name (Last, First, M.I. Email Title 715-962-2829 lisasmes@gmail.com

Part E: For Clerk Use Only	5			
Date application was filed with clerk 5/14/2025	Date license issued	Date license expires	License number	
License fees \$5.00	Signature of Clerk/Deputy Cle	Sum.		

Date 5/14/25

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

F	Part A: Business	s Information							
	Legal Business Nar			or)					
2	Business Trade Nan	thou se	Bar						
		ile or DBA							
3,	Entity Type (check o	ne)							
	☐ Sole Proprieto								
-			Partnersh	ıip —————	[Li	mited Liability	y Company	☐ Corporation
P	ırt B: Individual	11							
1.1	Name (Last)	information						1	
				2	2. Name (F	irst)			3. Name (M.
4 F	Relationship to Busine	2500			h	is	C.		
	Da Busine	ess (Tille)			. Email				6. Phone
7. H	ome Address	Ther			lisas	mes	Pama	il. com	415-962-2829
	501	West	<				0.10	com	113-102 904 1
8. C	ity		01						
	Cal	Law			9. S		10. Zip Code		
12. [Privers License/State	ID Number			W	I	54	130	
	J525 5		~ 0.11				13. Drivers Li	cense/State ID Sta	te of Issuance
	- JOJ J	30 1 1 1)	5 04				Wi	Sconsin	
Part	C: Individual's	Addans			4				
ist i	Chronological	Augress His	tory					V. H. H.	
FOV i	n chronological ord ous Address 1	ter all of your ac	dresses within	the last 5 y	years. Att	ach a	additional she	ets if necessary	
ievit	ous Address 1			Cit	у			State	
revic	us Address 2			1				State	Zip Code
	4371341635 2			City	1			State	Zip Code
evio	us Address 3							Otate	Zip Gode
				City				State	Zip Code
evio	us Address 4							Julia	Zip Code
	-9 : (@#/ 603 4			City				State	Zip Code
eviou	ıs Address 5							7.3.0	Zip Code
				City				State	Zip Code
viou	Is Address 6							- 1.11.5	1 Zip Gode
0	earcos (;			City				State	Zip.Code
- I'								T T	ZIM-COUG
bbii	Cable, list all states County	and counties y	ou have lived in	as an adı	ult. Attack	hhe r	itional shoots	if poor	
te	County	State	County		State	I Co	indiai Sijee(S		
			1		Sidio	COL	unty	State	County
е	County	State	County		State	Car	unt.		
	1		1		Sigle	Cor	inty	State	County

 $\textit{Continued} \rightarrow$

Part D: Individual's Criminal Hi	story	
Have you ever been convicted of a Wisconsin, or another state's laws	any offenses (other than traffic of ,, or of any county or municipal or	ffenses) for violation of any federal. ordinances?
If yes to question 1, please list deta	ails of each conviction below:	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? Yes No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	water the state of	Was sentence completed? Yes No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? Yes No
Are charges for any offenses curre federal, Wisconsin, or another stat	ntly pending against you (other the	han traffic offenses) for violation of any pal ordinances? Yes
Part E: Attestation by Individua		
READ CAREFULLY BEFORE SIGN connection with this application, and cette, electronic vaning devices, and	VING: I understand that I may be that any person who knowingly p tobacco products retail license that I have examined this informa-	be prosecuted for submitting false statements and affidavits in provides materially false information on an application for cigal may be required to forfeit not more than \$1,000 if convicted nation and, to the best of my knowledge, it is true, correct, an
Signature Suice W	Jamsons	Date 05-010-2025
Part F: Licensing Authority App I hereby certify that I have checked n	nunicipal and state criminal record	ds. To the best of my knowledge, with the available information
this individual qualifies to serve in th	e reported role with the above-na	amed business.
Shella Ki	emer	Deputy Cherk-Trasurer Date 5/14/25
Signature of Local Official	A mem	5/14/25

Date 5/14/25

Form CTV-101

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

Legal Business Name (individual name if sole proprietor)		
- OUTROUSO Proc	•	
Business Trade Name or DBA		
. Entity Type (check one)		
C Solo Deserting	_	
Partnership	Limited Liability Company	Corporation
art B: Individual Information		
Name (Last)		
Malson-	2. Name (First)	3. Name (M.I.)
	00	or value (IVI.I.)
Relationship to Dunian Control	Wark	1
	5. Email	A
Partner	5. Email	6. Phone
-Panthor Home Address	5. Email	
Partner Home Address	5. Email	6. Phone 715-967-2425
Hanther Home Address 15054 185th St	5. Email	
Hanther Home Address 15054 185th St	5. Email	
Hanther Home Address 15054 185th St Tim Falls	5. Email	
Hanther Home Address 15054 185th St Tim Falls	5. Email 9. State 10. Zip Code WI 54748	715-967-2425
Home Address 15054 185th St	5. Email 9. State 10. Zip Code	715-967-2425

Listi	n chronological or	s Address His	dresses within	the last 5	VOCUS AL	tach additional she		
	Ous Address 1 30149 Ous Address 2	1364 3	* .	Cit	ew A	ubur	eets if necessary. State	Zip Code 54757
Previo	us Address 3			City			State	Zip Code
Previo	us Address 4						State	Zip Code
Previou	us Address 5			City			State	Zip Code
Previou	ıs Address 6			City			State	Zip Code
				City			State	Zip.Code
f appli	cable, list all state	es and counties y	ou have lived in	n as an ad	ult. Attac	h additional sheets	if and	
state	County	State	County		State	County	State	County
state	County	State	County		State	County	State	County

Continued \rightarrow

Part D: Individual's Criminal His	story	ALSE LE	
Have you ever been convicted of a Wisconsin, or another state's laws			
If yes to question 1, please list deta	ills of each conviction below:		
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed	k	Was sentence co	mpleted? Yes No
Law/Ordinance Violated	Location	1	Trial Date
Penalty Imposed	*	Was sentence co	mpleted? Yes No
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentence co	mpleted? Yes No
Are charges for any offenses currer federal, Wisconsin, or another state			
If yes to question 2, describe natur	re and status of pending charges	using the space below. At	ach additional sheets as needed.
Part E: Attestation by Individua			
READ CAREFULLY BEFORE SIGN connection with this application, and rette, electronic vaping devices, and I deciare under penalties of the law to complete to the best of my knowledge.	that any person who knowingly pi tobacco products retail license r hat I have examined this informa	rovides materially false info may be required to forfeit	ormation on an application for ciganot more than \$1,000 if convicted.
Signature Mash A.	Nelson	Date 5	-12-25
Part F: Licensing Authority App		18	
I hereby certify that I have checked methis individual qualifies to serve in the			dge, with the available information,
Name of Local Official Shuile Signature of Local Official	emer_	Diputy Clark	- Trasurer
Signature of Local Official	Kan-	Date	5/14/25

CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

			KS ON	
Munici	vality $ u$	1100	o of	Colfax
Licens	Period			12026

Part A: Premises/Busines	s Information				
Legal Business Name (individua	I name if sole proprietor)				
Kules Ma	irkit Inc.				
2 Business Trade Name or DBA					
3. FEIN		4. Wisconsin S	eiler's Permit	Number	
26-0207158			2559 18		
5. Entity Type (check one)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Sole Proprietor	Partnership	☐ Li	mited Liability	y Company	Corporation
6. State of Organization	7. Date of Organiza			8. Wisconsin DFI	Registration Number
Wisconsin	7-1-200	07			
9. Premises Address (do not use P					
10. City	in It ni		11. State	12. Zip Code	
Colfax			WI	5473	0
13. County	14. Governing Municipality: Cit	y 🗌 Town	Village	15. Aldermanic Dis	strict
Dann	of: Coi fax				
16, Mailing Address (if different from	m premises address)				
17 City			18. State	19. Zip Code	
: ? - City			101 01010	, 5. 2. p 5525	
20 Premises Phone	21. Premises Emai	I	-	22. Website	
	e the building or buildings where cig				
records. Cigarettes, tobacco p Attach a floor plan if possible	ving quarters, if used, for the sales a roducts, and electronic vaping devi	ces may be solo	d and stored C	ONLY on the premise	es described in this application.
Part B: Questions					
	t this business location? (check	all that apply			
Cigarettes		Products		☐ Elec	stronic Vaping Devices
2. How will cigarettes, tobacco,	, and/or electronic vaping device	es be sold? (c	heck all that	apply)	
✓ Over the counter		machine			
	ned by another business entity				
If yes, provide the name and CTV-101 for all of the parent	FEIN of the parent company b t company's members, partners	elow, identify , or officers.	parent comp	any members in F	Part C, and attach Form
3a. Name of Parent Compar	ту:				
	y:				

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Kressin	Nicholas	President Jowner	715-962-3585
Kressin	Hannah	Treasurer	715-902-3585

A	D.	A Same	hati an
raru	DI:	ALLES	station

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

• sole proprietor • one general partner of a partnership

• one corporate officer

one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

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

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

Signature A.S.	Date 5/22/2:	5
Name (Lagt. First, M.I.) KNSSin, Nichola	S	
Title President Owner	info@kylesmaket.com	Phone 715-962-3575

Part E: For Clerk Use Only				
Date application was filed with clerk 5/23/25	Date license issued	Date license expires	License number	
License fees \$5.00	Signature of Clerk/Deputy Cle	Lum		

Ø

Date 5/22/25

Form CTV-101

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

1 Legal Business Name (individual name if sole proprietor)				
Kulps Market Too				
2. Business Trade Name or DBA				
B. Entity Type (check one)				
Sole Proprietor Partnership	, ,	Limited Liability Company		
		- Company		Corporation
art B: Individual Information				
moratulal information				
Name (Last)	To M. (=			
Name (Last) KMSSin	2 Name (First)			3. Name (M.L.)
Name (Last) KMSSin	N: chola			3. Name (M.L.)
Name (Last) Kryssin Relationship to Business (Title)	N: Chold 5. Email	15	6. Phone	
Name (Last) KMSSin	N: Chold 5. Email			
Name (Last) Kressin Relationship to Business (Title) Duner [President] Home Address N9811 55 N/h S+	N: Chold 5. Email	15		N
Name (Last) Kressin Relationship to Business (Title) Owner President	N. Credo 5. Email Info@ K	ylasmarket.com		N
Name (Last) Kressin Relationship to Business (Title) Owner [President] Home Address N9811 55074 St. City Colifera	5. Email 1. Soc K	ylesmarket.com		N
Name (Last) Kresin Relationship to Business (Title) Owner [President Home Address N98/1 55074 5+.	N. Credo 5. Email Info@ K	10. Zip Code 54730	715.90	N 2-3585
Name (Last) Kressin Relationship to Business (Title) Owner [President Home Address N9811 550th St.	5. Email 1. Soc K	ylesmarket.com	715.90	N 2-3585

List	t C: Individual's in chronological ord	der all of your ac	ddresses within	the last 5			14 Table 1 6	
	in chronological ord ous Address 1 2789 23 4	54	Tal Goods With M	Cit	У		eets if necessary. State	Zip Code
Previo	ous Address 2		-		Colfa	4	WI	54730
				City	ý		State	Zip Code
Previo	ous Address 3							
				City	/		State	Zip Code
Previo	us Address 4							
				City			State	Zip Code
Previo	us Address 5							
				City			State	Zip Code
Previou	ıs Address 6							
				City			State	Zip.Code
f appli	icable list all states	2 = 2 - 1					1	, = 30
	cable, list all states County	and counties y	ou have lived in	as an adı	ult. Attac	h additional sheets	if necessary	
,,,,,,,	County	State	County		State	County	State	10.
State	County						State	County
	County	State	County		State	County	04-1	
							State	County

Continued \rightarrow

Part D: Individual's Criminal His	tory		
1. Have you ever been convicted of all Wisconsin, or another state's laws.			
If yes to question 1, please list detail	ls of each conviction below:		
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentend	ce completed? Yes No
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentend	ee completed? Yes No
Law/Ordinance Violated	Location		Trial Date
Penalty Imposed		Was sentend	ce completed? Yes No
Are charges for any offenses current federal, Wisconsin, or another state			
If yes to question 2, describe nature	e and status of pending charge	es using the space below	w. Attach additional sheets as needed.
			La variable of the annual
Part E: Attestation by Individual			
connection with this application, and to rette, electronic vaping devices, and	hat any person who knowingly tobacco products retail license hat I have examined this inforr	provides materially false may be required to for	itting false statements and affidavits in e information on an application for ciga- rfeit not more than \$1,000 if convicted, of my knowledge, it is true, correct, and
Signature Kan			Date 5/22/25
1-710			. ,
Part F: Licensing Authority Appr	roval	18	
I hereby certify that I have checked mu this individual qualifies to serve in the	unicipal and state criminal reco reported role with the above-r	rds. To the best of my kn amed business.	owledge, with the available information,
Name of Local Official		Title	
Shile Kiemer		Dione, Clas	Date 5/23/25

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY			
Municipality V.Nay O	+ Colford		
License Period	6/30/26		

Part A: Premises/Busines	s Informati	on				
Legal Business Name (individua						
Synergy Community Cooperative						
2. Business Trade Name or DBA						
Colfax Cenex						
3. FEIN			4. Wisconsir	Seller's Permit	Number	
39-1764869 456-1020420796-02						
5. Entity Type (check one)						
☐ Sole Proprietor	☐ Pa	artnership		Limited Liabilit	y Company	✓ Corporation
6. State of Organization		7. Date of Organiza	ation		8. Wisconsin DFI	Registration Number
Wisconsin		10/01/2017			R029329	
9. Premises Address (do not use P	O Box)	•				
401 Railroad Ave				10		
10. City				11. State	12. Zip Code	
Colfax				MI	54730	
13. County		Municipality: Cit	ty 🗌 Tow	n ✓ Village	15. Aldermanic Di	istrict
Dunn	of: Colf					
16. Mailing Address (if different from	n premises add	dress)				
					1011 — — — — — — — — — — — — — — — — — —	
17. City				18. State	19. Zip Code	
20. Premises Phone		21. Premises Emai	il		22. Website	
(715) 962-3172		kaylab@syne	rgycoop.	com	synergycoo	p.com
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. Convenience Store, Sold/Stored Behind Service Counter						
Part B: Questions						
What products will be sold a Cigarettes	t this busines	s location? (check ✓ Tobacco		y)	✓ Elec	etronic Vaping Devices
2. How will cigarettes, tobacco. ✓ Over the counter	and/or electi		es be sold? ı machine	(check all that	apply)	
3. Is the applicant business ow If yes, provide the name(s) a						
3a. Name of Business Entity	;					<u>,</u>
3b. FEIN of Business Entity:						

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, Individual Questionnaire, for each person listed below.

Last Name	First Name	Title	Phone
Knutson	Kyle	CEO	(715) 949-1165
Brown	Kayla	Store Manager	(715) 962-3172
See Attached			

Part D: Attestation

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

sole proprietor
 one general partner of a partnership

one corporate officer

· one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

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

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

Signature		Date	
		05/01/2025	
Name (Last, First, M.I.)			
Strand, Troy, A			
Title	Email		Phone
Retail Division Manager	troys@synergycoop	. com	(715) 554-4097

Part E: For Clerk Use Only			
Date application was filed with clerk 5/9/35	Date license issued	Date license expires (0/3)/2024	License number
License fees 5,00	Signature of Clerk/Deputy Clerk	Ham	

CTV-100 (R. 3-25) - 2 -

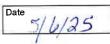
Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date	
05/06/2025	

Agent Type (check one):	☐ Original ☐ Change				4		
Part A: Agent Informati	ion						
1. Last Name		2. First Name			3. M.I.		
Brown		Kayla			J		
4. Email		-	5. Phone				
kaylab@synergycoop	. COM		(715)	962-3172			
6. Home Address							
N8227 Cty Rd M							
7. City			8. State	9. Zip Code			
Colfax			Wi	54730			
	11. Drivers License/State ID Number	1		se/State ID State	of Issuance		
	B650-5108-3785-04		WI				
Part B: Questions							
1. Have you completed Form CTV-101, Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire? Submit a completed Form CTV-101 with this form. Yes No 2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.							
Part C: Business Information 1. Legal Business Name (individual name if sole proprietor) 2. Business Trade Name or DBA 3. Entity Type (check one)							
4. Premises Address	Limited Liability Company	☐ Corpora	tion				
5. City			6. State	7. Zip Code			
Part D: Attestations							
READ CAREFULLY BEFORE SIGNING: I, the Licensee or Permittee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/ or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.							
Signature of Licensee or Perm	ittee (officer, member, or authorized signate	ory)	Date 5/	16/25			
Name of Person Signing Name of Person Signing	d		Title	6/25 SIUN Mar	rayer		
company and assume full re devices conducted on the pre and affidavits in connection version to forfeit not more than \$1,000.	E SIGNING: I, the Agent, herby accept the sponsibility for the conduct of all business emises for the above-named business. I fu with this form, and that any person who kn	relative to sales of cigarettour ther understand that I may	the above-name es, tobacco prod be prosecuted f false information	d corporation or li lucts, and/or electorsuble submitting fals	mited liability tronic vaping e statements		
Signature of Agent	ryla Brown		Date 05/06/	2025			

Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire

Form CTV-101



Dort A	: Business Informa	tion							
	Business Informa Business Name (individua		nronrietor)						
_	ergy Community								
	ess Trade Name or DBA	COOPEL	acive						
	fax Cenex								
	Type (check one)		Dawler a salain			ited Liability Compa	ans.	[7]	Corporation
	Sole Proprietor		Partnership			nited Liability Compa	arry	[4]	Corporation
Part E	3: Individual Inform	ation							
1. Name	(Last)			2. Nar	ne (First)				3. Name (M.I.)
Bro	own			Kay	la				J
4. Relat	ionship to Business (Title)			5. Em	ail			6. Phone	
Man	ager			kay	lab@sy	nergycoop.co	om	(715)	962-3172
7. Home	Address								
N82	27 Cty Rd M					W.			
8. City					9. State	10. Zip Code			
Col	fax				WI	54730			
12. Driv	ers License/State ID Num	ber			13. Drivers License/State ID State of Issuance				
B65	0-5108 - 3785-04	<u> </u>			WI				
Part C	: Individual's Addr	ess Histor	у						
	chronological order all o			t 5 yea	ars. Attach	additional sheets if	necessary.		
Previou	s Address 1			City			State	Zip Co	de
Previou	s Address 2			City			State	Zip Co	de
Previou	s Address 3			City		State		Zip Co	de
Previou	s Address 4			City			State	Zip Co	de
Previou	s Address 5			City			State	Zip Co	de
Danida	- Add G			City			State	Zip Co	
LIENIOU	s Address 6			City			Otate	2ip 00	
If appli	cable, list all states and	counties yo	ou have lived in as a	an adu	lt. Attach	additional sheets if r			
State	County	State	County		State	County	State	County	
State	County	State	County		State	County	State	County	

 $\textit{Continued} \rightarrow$

CTV-101 (R. 3-25) Wisconsin Department of Revenue

Part D: Individual's Criminal History						
1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? ✓ Yes ✓ No						
If yes to question 1, please list details of each	conviction below:					
Law/Ordinance Violated	Location		Trial Date			
Penalty Imposed		Was sentence co	mpleted? Yes	☐ No		
Law/Ordinance Violated	Location		Trial Date			
Penalty Imposed	Was sentence co	mpleted? Yes	☐ No			
Law/Ordinance Violated	Location		Trial Date			
Penalty Imposed		Was sentence co	mpleted? Yes	☐ No		
Are charges for any offenses currently pending federal, Wisconsin, or another state's laws or a second control of the con				☑ No		
If yes to question 2, describe nature and statu	us of pending charges using the	ne space below. Att	tach additional sheets as r	needed.		
· .						
<u></u>						
Part E: Attestation by Individual						
READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.						
Signature Kaula Baarus		Date				
Signature Kayla Brown			05/06/2025			
•						
Part F: Licensing Authority Approval						
I hereby certify that I have checked municipal an this individual does not have a criminal record the electronic vaping device retailer license accordi	hat would disqualify them from	n having an interest	dge, with the available info in a cigarette, tobacco pro	rmation, oduct, or		
Name of Local Official Suila Riemer	Title	Deputy Cherk	K-Treasurer			
Signature of Local Official		Date	5/9/2025			

Date 5/6/2025

Form CTV-101

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

1. Legal Business Name (Individual n SYNERGY COMMUNITY (ame if sole proprietor) COOPERATIVE				-	
2. Business Trade Name or DBA						
3. Entity Type (check one)						
☐ Sole Proprietor	☐ Partnership			mited Liability Company	[V]	Corporation
Part B: Individual Information 1. Name (Last) KNUTSON 4. Relationship to Business (Title)	on	KY				3. Name (M,I
CEO		5. Em		NERGYCOOP.COM	6. Phone	040 40-4
7. Home Address N10037 CTY RD M					(715)	949-1979
3. City			9. State WI	10. Zip Code 54730	-	
COLFAX 2. Drivers License/State ID Number					D State of Issuance	

: Individual's Ad hronological order a Address 1							
Address 1		resses within the !	last 5 ve	ears. Atta	ach additional sheet	s if necessary	
Previous Address 1 N10037 CTY RD M		City	City			Zip Code	
Previous Address 2		City				54730 Zlp Code	
Previous Address 3			City			State	Zlp Code
Previous Address 4			City	City			Zip Code
Previous Address 5		Cily	City			Zip Code	
Previous Address 6		Cily	Cily			Zip Gode	
ble, list all states a	nd countles y	ou have lived in as	an adı	ult. Attach	additional sheets i	f necessary	
County DUNN	State WI	County CHIPPEWA		State	County	State	County BARRON
County	Slate	County		State	County	State	County
	Address 2 Address 3 Address 4 Address 5 Address 6 ble, list all states an County DUNN	Address 2 Address 3 Address 4 Address 5 Address 6 ble, list all states and countles you countly State WI.	Address 2 Address 3 Address 4 Address 5 Address 6 ble, list all states and countles you have lived in as County County State CHIPPEWA	Address 2 Address 3 City Address 4 City Address 5 City Address 6 City City	Address 2 Address 3 City Address 4 City Address 5 City Address 6 City City City City City City City City City Address 6 City City	Address 2 Address 3 City Address 4 City Address 5 City Address 6 City Address 6 City City City City City Address 6 City City City City Address 6 City City City City Address 6 City Cit	Address 2 City State Address 3 City State Address 4 City State Address 5 City State City State Address 6 City State County County DUNN WI CHIPPEWA IN JASPER WI COUNTY State County JASPER WI

 $\textit{Continued} \rightarrow$

1 House was every bear and the contract of the	istory		
visconsin, or another state's law	s, or of any county of municipal o	ffenses) for violation of any federal, rdinances?	✓ N
If yes to question 1, please list deta	ails of each conviction below:		
aw/Ordinance Violated	Location	Trial Dale	
Penalty Imposed			
		Was sentence completed? Yes	□и
_aw/Ordinance Violated	Location	Trial Date	
Penalty Imposed			
		Was sentence completed? Yes	□и
.aw/Ordinance Violated	Location	Trial Date	
Penalty Imposed			
			□N
 Are charges for any offenses curre federal, Wisconsln, or another state 	ntly pending against you (other the	an traffic offenses) for violation of any al ordinances?	V N
		using the space below. Attach additional sheets as ne	_
		•	
Part E: Attestation by Individua	N	•	
READ CAREFULLY BEFORE SIGN connection with this application, and rette, electronic vaping devices, and declare under penalties of the law	IING: I understand that I may be that any person who knowingly I tobacco products retail license that I have examined this informa-	e prosecuted for submitting false statements and affida rovides materially false information on an application fo may be required to forfeit not more than \$1,000 if con- ation and, to the best of my knowledge, it is true, corre	rciga
READ CAREFULLY BEFORE SIGN connection with this application, and rette, electronic vaping devices, and declare under penalties of the law complete to the pest of my knowledge	IING: I understand that I may be that any person who knowingly I tobacco products retail license that I have examined this informa-	rovides materially false information on an application for	rciga
READ CAREFULLY BEFORE SIGN connection with this application, and ette, electronic vaping devices, and declare under penalties of the law complete to the best of my knowledge lignature	IING: I understand that I may be that any person who knowingly p I tobacco products retail license that I have examined this informate and belief.	rovides materially false information on an application for may be required to forfeit not more than \$1,000 if con- ation and, to the best of my knowledge, it is true, corre-	rciga
READ CAREFULLY BEFORE SIGN connection with this application, and rette, electronic vaping devices, and declare under penalties of the law complete to the best of my knowledge dignature Part F: Licensing Authority App hereby certify that I have checked my	IING: I understand that I may be that any person who knowingly p I tobacco products retail license that I have examined this informate and belief.	rovides materially false information on an application for may be required to forfeit not more than \$1,000 if conation and, to the best of my knowledge, it is true, correct Date	or ciga victed ct, and
READ CAREFULLY BEFORE SIGN connection with this application, and rette, electronic vaping devices, and declare under penalties of the law complete to the best of my knowledge ignature Part F: Licensing Authority App hereby certify that I have checked me his individual qualifies to serve in the	IING: I understand that I may be that any person who knowingly p I tobacco products retail license that I have examined this informate and belief.	rovides materially false information on an application for may be required to forfeit not more than \$1,000 if conation and, to the best of my knowledge, it is true, correctly to the best of my knowledge, it is true, correctly to the best of my knowledge, with the available informed business.	or ciga victed ct, and
rette, electronic vaping devices, and declare under penalties of the law complete to the best of my knowledge signature to the best of the law to the best of the law complete to the law comp	IING: I understand that I may be that any person who knowingly p I tobacco products retail license that I have examined this informate and belief.	rovides materially false information on an application for may be required to forfeit not more than \$1,000 if conation and, to the best of my knowledge, it is true, correct Date	or ciga victed ct, and

Village of Colfax

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

July 1, <u>3035</u> to June 30, <u>306</u> License Application for Keeping Domesticated Chickens \$10.00 (non-refundable application fee)

1. Name of Applicant Pamela Moln

2. Address 705 University Ave Colfax W1 54730

3. Phone 715 - 308 - 1946

4. Parcel Number ... 17111 - 2-291109 - 430-0040

5. Number of female chickens (maximum 10) 5

6. Application (circle one) New Renewal

In submitting this application, I hereby agree to comply with the regulations imposed by the Village of Colfax Code of Ordinances. I understand the information requested on this form will be used by the Village of Colfax in the issuance of a license or processing of a renewal application. I understand the information supplied on this form will become public information when received by the Village of Colfax. I have no intention or agreement to transfer the license to another person or to allow any other entity to operate under the authority of the license. I hereby affirm that the foregoing

Ordinance under which this license is granted.			
Signature of Applicant		5-12-2025 Date	
Office use only 5/(2/2025 Date Application Received	<u> </u>	Date Board Reviewed Application Approved / Denied License Number	

statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the

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

July 1, <u>2025</u> to June 30, <u>2026</u> License Application for Keeping Domesticated Chickens \$10.00 (non-refundable application fee)

(please print)						
1. Name of Applicant Alan & Ruchel Fruit						
2. Address 709 Riverview Ave Co	Ifax WI 54730					
3. Phone 7/5-781-6310						
4. Parcel Number 17/11-2-29/109 - 330 -	0011					
5. Number of female chickens (maximum 10) $5 - 10$						
6. Application (circle one)	Renewal					
In submitting this application, I hereby agree to comply with the ronginances. I understand the information requested on this formulicense or processing of a renewal application. I understand the information when received by the Village of Colfax. I have no integer or to allow any other entity to operate under the authority statements are true and correct to the best of my knowledge and Ordinance under which this license is granted.	n will be used by the Village of Colfax in the issuance of a information supplied on this form will become public tention or agreement to transfer the license to another of the license. I hereby affirm that the foregoing					
admi	5-23-2025					
Signature of Applicant	Date					
Diffice use only $5/33/25$ Date Application Received	Date Beard Reviewed Application Approved Denied					

Village of Colfax

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

License Number

July 1, <u>2025</u> to June 30, <u>2026</u> License Application for Keeping Domesticated Chickens

\$10.00 (non-refundable application fee) (please print) 1. Name of Applicant Jon + Alycia Dickinsen 3. Phone 7111-2-29 1114-210-0046 Parcel Number 5. Number of female chickens (maximum 10)_ New Renewal 6. Application (circle one) In submitting this application, I hereby agree to comply with the regulations imposed by the Village of Colfax Code of Ordinances. I understand the information requested on this form will be used by the Village of Colfax in the issuance of a license or processing of a renewal application. I understand the information supplied on this form will become public information when received by the Village of Colfax. I have no intention or agreement to transfer the license to another person or to allow any other entity to operate under the authority of the license. I hereby affirm that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the Ordinance under which this license is granted. Date Board Reviewed Application **Date Application Received** Approved / Denied

Village of Colfax

613 Main Street, Colfax WI 54730

(Phone: 715-962-3311; Fax: 715-962-2221; E-mail: colfaxclerk@charter.net)

Special Event

Instructions: Complete all questions, indicating N/A where non-applicable. Return to the Village Clerk-Treasurer's office at the above address at least 60 days prior to the event.

Are you represe			anization sponsoring the below)	event?	Is the	organization n	on-p	orofit? No Yes
Organization's Na	ame:					2 1		
Organization's Ac	ldress:							
Organization's Ph	ione:		(Fax)			(E-mail)		
Purpose of Event: Type of Event:								
Event Organizer's	Name:							
Event Organizer's	Address:							
Event Organizer's	Phone:	((home)	(work)		(E	-mail	
Name of Event:	Wedo	ting	t ronds			Type of Event	:	
Location of Event	Fai	-B3	ronds	Date o	f Even	t: 6.28,2	5	Rain date: NA
Time of Event: Time on Site:	Start: 3'	•	•			t-up and clean-	up ti	ime)
Total Number o	•		Village of Colfax Support	Staff Red	queste	d?	X	No 🗌 Yes
Attendees: (incomparizers, staf	f, volunte		Police:		No Yes		Number:	
and spect	tators)		Roads:		K	No Yes	Nυ	ımber:
150	51		Other: (Specify)		⊠ No ☐ Yes		Number:	
		- Fn#	ire langth3 Vec No.			, i		
closed?	closed? Check here if City Road (attach approval from Village of C		Colfax)	1.				
No Yes, if (If less than entir indicate by street where to begin and	e length, number	Che	ire length? Yes No eck here if County Road ach approval from Dunn Coun	ty)	2.			

What provisions are being made for traffic and parking? (Be sure to note traffic flow and parking sites on your site plan) Attach additional sheets if necessary.						
What provisions are being made for crowd control and security? Attach additional sheets if necessary.						
What provisions are being made for First Aid and Fire Emergency? (Be sure to show locations of emergency services on your site plan.)						
What provisions are being made for additional restrooms, port-a-potty facilities? (Be sure to show locations of restrooms and port-a-potty facilities on your site plan.)						
What provisions are being made for collection and removal of litter and recycling generated by the event? (Be sure garbage /recycling receptacles or dumpsters are shown on your site plan.)						
Are vendors, information tables, or volunteer groups a part of your event? No Yes If yes, please explain.						
Hold Harmless Agreement Completed and Attached?						
Will you be utilizing Village chair rental? No Yes How many? 135 (Cost: \$1.00/chair)						
\$300 for Event-due upon booking pl \$500 Deposit-due at time of rental pl						

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The applicant is responsible for obtaining any additional permits required by the municipality in conjunction with this event. Contact individual departments to obtain applications.

Check all that apply:

VILLAGE CLERK-TREASURER PERMITS 715-962-3311	DUNN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT 715-232-2388	FIRE DEPARTMENT PERMITS 715-962-9184						
Temporary Beer/Wine	Temporary Food Permit	Fireworks/Pyrotechnics						
By signing this application, applicant acknowledges that the issuance of a special event permit does not obligate or require the Village of Colfax to provide Village services, equipment or personnel in support of the event.								
Signature:	Eming Prul							
Print Name:	Emily Rube	nzer						

6-12-25

Affiliation with Applicant (if applicable):

Date:

HOLD HARMLESS AGREEMENT

This Hold Harmless and Indemnification Agreement ("A	Agreement") is entered into by and between the Village of
Colfax, hereinafter "Promisee", and Emily Roberter	~ 3 , hereinafter "Promisor", on this 28^{+} day of
Tune, 20 75, in Colfax, WI. Steve Be	hereinafter "Promisor", on this 28^+ day of
0,000	
The intent of this Agreement is to indemnify Promisee	from any claims arising from and related to the event
scheduled on Village property.	
Event Date: June 28th 7025 Event I	· · · Fax acas 45
Event Date: Jove Co (003 Event)	Location: (Will 4(00)CC)
FOR VALUABLE CONSIDERATION, the receipt of which i	is hereby acknowledged, Promisor and Promisee agree as
follows:	is here of admired angular former and a remove agree and
ioliows.	
Promisor will indemnify and hold harmless Promisee fr	om any and all claims, actions, and judgements, including all
•	ling against same, arising from and related to the above listed
event. Promisor's actions include the acts of Promisor'	
event. Tromisor's actions include the acts of Fromisor	a Bacosto, aBonto ana empre person
In the event any claim or suit is brought against Promis	see within the scope of this Agreement, Promisor shall pay for
legal counsel chosen by Promisee to defend against the	e same.
This Agreement shall encompass claims resulting from	the scheduled event listed above against the Promisee.
	the party
	nterpret or to enforce the terms of this Agreement, the party
	any legal fees incurred in defending against any third party
claim, to its reasonable legal fees and costs incurred in	such action to interpret or to enforce the terms of this
agreement.	
	al Will fire
This agreement shall be interpreted under the laws of t	the State of Wisconsin.
Eman Vela House Providen	(ai In
Promisor Signature	Promisee Signature – Village of Colfax
From Sol Signature	Lynn M. Niggemann, Administrator-Clerk-Treasurer
	Carrie Brown
	Latific Dieser
STATE OF WISCONSIN)	
)55.	
COUNTY OF DUNN)	
Promisor Emily Ruby 200 came before me	this 🔼 day of <u>June</u> , 20 <u>2</u> as the known person
	romisor is fully aware that the Promisee, Village of Colfax,
	s and judgements arising from and related to the named
event.	3 and judgements unsing from and related to the named
event.	Shale of your
RIEME	Notary Public, State of Wisconsin
Strill A CO THE	Notary Public, State or Wisconsin
T ARY	My Commission Expires: 7-17-26
S Z	My Commission Expires:
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Thomas and the second	