

**Village of Colfax
Regular Board Meeting Agenda
Monday, June 22, 2026
7:00 p.m.**

Village Hall, 613 Main Street, Colfax, WI 54730

1. Call the Regular Board Meeting to Order
2. Pledge of Allegiance
3. Roll Call
4. Public Comments:
5. Communications from the Village President
6. Consent Agenda
 - a. Regular Board Meeting Minutes –June 8th, 2026
 - b. Review Statement of Bills Dairy State Bank Checking – June 8th, 2026 – June 21st, 2026
 - c. Review Statement of Bills Solid Waste & Recycling Checking – June 8th, 2026 – June 21st, 2026
 - d. Licenses –Transient-Vallartaco LLC-Aida Hamann-July 2026 – September 2026; Renewals for Operator’s, Liquor, Tobacco and Chicken Licenses
 - e. Training Request – Alayna Ream-CVTC Advanced EMT-12/11/2026-12/11/2028- \$1166.39

July 1, 2026-June 30, 2027 Operator's License

Scott Johnson	Mary Muza	Davina Brenden
Sandra Harp	Christine Neperud	Suzanne Hagen
Jeff Binkowski	Sally Briggs	Megan Vanyo-Wells
Gary Stene	Ashley Larson	Mary Durand
Brooklyn Dresel	Tristan Wolff	Joni Koehler
Mary Roehl	Jalene Amick	Lacey Valine
Steven Longdo	Lyndsey Pederson	Shanna Wayman
Deborah Petersen	Jacqueline Clark	Brittany Sonnenberg
Andrew Anderson	Bailey Haugle-Score	Zachary Leirno
Emily Rubenzer	Chris Lunn	Jeff Prince
Elizabeth Affolter	Burgandy Quimby	Roger Knutson
Mariah Smith	Shelby Wilson	
Nina Blake	Christine Hirsch	
Tammy Dalhoe	Renee Tuschl	
Christopher Larson	Kim Anderson	
Kyle Krall	Trevor Schindler	
Kara Buchner	Tonya Pagenkopf	
Mikki McCutcheon	Kaylee Lemler	
	Kiah Christianson	
Jeffrey Rene	Aubrey Rihn	

July 1, 2026-June 30, 2027 Liquor License

Outhouse Bar, Lisa Johnson, Agent- Class "B" Beer and Class "B" Liquor-413 Main Street, 5/13/2026
Young Active Ventures LLC/Viking Bowl & Lounge, Alicia Prince, Agent-Class "B" Beer and Class "B" Liquor-108 Main Street, 6/1/2026
J & S Sales of Chippewa Falls, LLC/Express Mart, Rondi DeMoe, Agent-Class "A" Beer-616 Main Street, 5/26/2026
Kyle's Market Inc., Nicholas Kressin, Agent -Class"A" Beer and Class "A" Liquor-115 Main Street, 5/28/2026
Synergy Community Cooperative, Kayla Brown, Agent- Class "A" Beer and Class "A" Liquor-401 E Railroad Avenue, 5/12/2026
Mom's Restaurant & Pub LLC, Mark Barstad, Agent-Class "B" Beer and Class "B" Liquor-225 Bremer Ave Suite 101, 6/1/2026
The Blind Tiger LLC, Nicholas Anderson, Agent-Class "B" Beer and Class "B" Liquor-512 Main Street, 5/12/2026
A Little Slice of Italy, Anne Jenson, Agent - Class B" Beer and Class "C" Wine-501 Main Street, 6/3/2026

July 1, 2026-June 30, 2027 Tobacco License

The Blind Tiger LLC-512 Main St
Dolgencorp, LLC/Dollar General-402 Fifth Avenue
J & S Sales of Chippewa Falls, LLC/Express Mart-616 Main Street
Outhouse Bar-413 Main Street
Kyles Market Inc.-115 Main Street
Synergy Community Cooperative-401 E. Railroad Avenue

July 1, 2026-June 30, 2027 Chicken License

Adam & Rachel Fruit-809 Riverview Ave
Jon & Alycia Dickinsen-605 Iverson Road
Nicole Vande-Kolk-412 Main St

7. Consideration Items
 - a. Ayres Street Applications – Approval of Loan through Dairy State Bank - \$743,000
 - b. Emergency Shelter

8. Committee/Department Reports/Discussions – (no action)
 - a. Colfax Police Department – May Report & Financials
 - b. ACT Report

9. Adjourn

Any person who has a qualifying disability as defined by the American Disabilities Act that requires the meeting or materials at the meeting to be in an accessible location or format must contact: Julie Mitchell, Administrator-Clerk-Treasurer, 613 Main St, Colfax, WI (715)962-3311 by 12:00 pm the day prior to the meeting so that any necessary arrangements can be made to accommodate each request.

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

Village Board Meeting – June 8, 2026

On June 8, 2026, the Village Board met at the Village Hall, 613 Main Street, Colfax, WI at 7:00 p.m. Members present included Trustees Stene, Jenson, Spielman, Petznick and Prince. Trustees Rud & Best were absent. Others present were Deputy Clerk-Treasurer Riemer, Administrator-Clerk-Treasurer Mitchell, Public Work Director Brett Sjadera, Interim EMS Director Autumn Wildfeuer, Chloe Styer, Robert Kelsall, Kathy Dunbar and LeAnn Ralph with the Messenger.

Public Comment – Kathy Dunbar expressed anger over people not picking up after their dogs in the Village. She said the Village looks terrible due to dog feces not being cleaned up by owners. Dunbar feels noting is being done, and she said she would put up signs at the Fairgrounds during the Colfax Free Fair.

Communication from the Village President – None

Consent Agenda

- a. Regular Board Meeting Minutes – May 26, 2026
- b. Review Statement of Bills Dairy State Bank Checking – May 26th, 2026 – June 7th, 2026
- c. Review Statement of Bills Solid Waste & Recycling – May 26th, 2026 – June 7th, 2026
- d. Review Statement of Bills Old National – May 26th, 2026 – June 7th, 2026
- e. Licenses – Temporary Class “B” – Russel Toycen Post 131-June 18, 2026-June 21, 2026-Colfax Free Fair
- f. Training Requests- AEMT & AEMT Clinical, August 25, 2026 & October 16, 2026-Chloe Styer-\$1,100.25
-AEMT Class, August 24, 2026 - December 11, 2026-Addison Gray- \$848.20

A motion was made by Trustee Stene and seconded by Trustee Jenson to approve consent agenda items 5a-5f. A voice vote was taken with all members voting in favor. Motion carried.

Consideration Items:

- a. **Resolution 2026-4 – Emergency for Disaster (NIMS)** – A motion was made by Trustee Jenson and seconded by Trustee Stene approving resolution 2026-4. Discussion was had about a storm shelter in the Village. Mitchell will look into the options. Voting For: Trustees Stene, Jenson, Spielman, Petznick and Prince. Voting Against: None. Motion carried.
- b. **Ayres Associates- Pay Application 1-Stout Construction- \$180,241.40** A motion was made by Trustee Stene and seconded by Trustee Petznick to pay Application 1 for Stout Construction in the amount of \$180,241.40. Voting For: Trustees Stene, Jenson, Spielman, Petznick and Prince. Voting Against: none. Motion carried.
- c. **Ayres Associates- Pay Application 1-Skid Steer Guy- \$353,387.55** Questions were raised about the retainage fee. Brett will get answers before the next meeting. A motion was made by Trustee Stene and seconded by Trustee Jenson to pay Application 1 for Skid Steer Guy in the amount of \$353,387.55. Voting For: Trustees Petznick, Spielman, Jenson, Stene and Prince. Voting Against: none. Motion carried.
- d. **Bobcat Quote- \$5,999.10** – Brett presented that we trade for a new machine each year and this year’s price is as listed. A motion was made by Trustee Stene and seconded by Trustee Spielman to approve the \$5,999.10 for the new Bobcat. Voting For: Trustees Petznick, Spielman, Jenson, Stene and Prince. Voting Against: none. Motion carried.
- e. **Building Code Ordinance** – Mitchell suggested that the updates were recommended by our building inspector and the State for referring to current Wisconsin law. The current ordinance has obsolete references. A motion was made by Trustee Spielman and seconded by Trustee Jenson to approve the Building Code Ordinance as presented. Voting For: Trustee Stene, Jenson, Spielman, Petznick and Prince. Voting Against: None. Motion carried.
- f. **Acceptance of Employee Resignations** A motion was made by Trustee Jenson and seconded by Trustee Petznick to accept the resignations of EMS Director Chrystal Smith and Public Works Operator Reggie Skovbroten. A voice vote was taken with all voting in favor. Motion carried.

Committees/Departments/Reports: No discussion.

Closed Session: A motion was made by Trustee Stene and seconded by Trustee Spielman to convene into closed session pursuant to Wis. Stat. 19.85(1)(f) considering financial, medical, social or personal histories or disciplinary data of specific persons, preliminary consideration of specific personnel problems or the investigation of charges against Village employee. Autumn Wildfeuer and Robert Kelsall were invited to attend the closed session. Voting For: Trustees Stene, Jenson, Spielman, Petznick and Prince. Voting Against: none. Motion carried. The board entered closed session at 7:32pm.

Open Session: A motion was made by Trustee Spielman and seconded by Trustee Jenson to reconvene into open session. A voice vote was taken with all voting in favor. Motion carried. Open session resumed at 8:09 pm. Action taken was temporarily raising Interim EMS Director Wildfeuer’s rate to \$25.00/hour, and a re-evaluation was done on Kelsall with a raise of 3% + \$1.00.

Adjourn – A motion was made by Trustee Jenson and seconded by Trustee Stene to adjourn the meeting at 8:10 pm. A voice vote was taken with all members voting in favor. Meeting Adjourned.

Jeff Prince, Village President

Attest: _____
Julie Mitchell Administrator-Clerk-Treasurer

1 DSB CHECKING ACCOUNT

Accounting Checks

Posted From: 6/08/2026 From Account:
Thru: 6/21/2026 Thru Account:

Check Nbr	Check Date	Payee	Amount
1470	6/15/2026	CARLTON DEWITT	1,029.80
1471	6/15/2026	CARLTON DEWITT	52.22
1472	6/15/2026	CBS SQUARED, INC	857.75
1473	6/15/2026	CINTAS CORPORATION	125.00
1474	6/15/2026	COAST TO COAST COMPUTER PRODUCTS	399.98
1475	6/15/2026	COMMERCIAL TESTING LAB	1,198.20
1476	6/15/2026	CRAMER CONSULTING, LLC	250.00
1477	6/15/2026	DUNN ENERGY COOPERATIVE	136.00
1478	6/15/2026	ELAN FINANCIAL SERVICES	3,371.78
1479	6/15/2026	EXPRESS MART	195.51
1480	6/15/2026	GILBERTS OF SAND CREEK	46,969.00
1481	6/15/2026	GOTO COMMUNICATIONS INC	75.46
1482	6/15/2026	HANNAH PARROTT	70.00
1483	6/15/2026	HAWKINS, INC.	4,755.95
1484	6/15/2026	KLUKAS ELECTRIC	400.00
1485	6/15/2026	KOVO RCM	2,227.73
1486	6/15/2026	KYLE'S BUFF & SHINE	180.00
1487	6/15/2026	MCCOY CONSTRUCTION & FORESTRY INC	229.71
1488	6/15/2026	NORTHERN LAKE SERVICE, INC	1,250.00
1489	6/15/2026	PENNCARE	400.20
1490	6/15/2026	PITNEY BOWES BANK, INC RESERVE ACCOUNT	500.00
1491	6/15/2026	PITNEY BOWES GLOBAL FINANCIAL SERVICES	168.24
1492	6/15/2026	PROCHNOW ASSESSING LLC	5,700.00
1493	6/15/2026	SCHILLING SUPPLY	590.03
1494	6/15/2026	SYNERGY COOPERATIVE	2,211.87
1495	6/15/2026	U.S. POSTAL SERVICE	268.00
1496	6/15/2026	VC3 INC	975.40
1497	6/15/2026	VIKING DISPOSAL, INC	2,538.00
1498	6/15/2026	WATER CARE SERVICES	31.50
1499	6/15/2026	WELD RILEY SC	6,873.50
1500	6/15/2026	WI DEPT OF TRANSPORTATION	2,461.49
EFTPS	6/18/2026	EFTPS-FEDERAL-SS-MEDICARE	8,182.40
WIDOR	6/18/2026	WI DEPARTMENT OF REVENUE	1,261.88

1 DSB CHECKING ACCOUNT

Accounting Checks

Posted From: 6/08/2026 From Account:
Thru: 6/21/2026 Thru Account:

Check Nbr	Check Date	Payee	Amount
BREMER	6/10/2026	ELAN FINANCIAL SERVICES	2,204.40
WIDCOMP	6/18/2026	WISCONSIN DEFERRED COMPENSATION	175.00
WEENERGIES	6/05/2026	WE ENERGIES	129.79
WEENERGIES	6/18/2026	WE ENERGIES	105.85
Grand Total			98,551.64

SOLID WASTE & RECYCLING RU

Accounting Checks

Posted From: 6/08/2026 From Account:
Thru: 6/21/2026 Thru Account:

Check Nbr	Check Date	Payee	Amount
1693	6/15/2026	CARLTON DEWITT	480.50
1694	6/15/2026	CHARLIE SPIERING	8.42
1695	6/15/2026	DUNN ENERGY COOPERATIVE	158.00
1696	6/15/2026	FIRST CHOICE	1,129.15
1697	6/15/2026	JOHNSON ROLL-OFF SERVICE, LLC	13,798.35
1698	6/15/2026	LIBERTY TIRE SERVICES LLC	1,592.57
1699	6/15/2026	PLASTIC BAGS UNLIMITED	280.00
1700	6/15/2026	UNEMPLOYMENT INSURANCE	186.00
Grand Total			17,632.99

Village of Colfax

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

Jeff Prince, President
Julie Mitchell, Administrator-Clerk-Treasurer

APPLICATION FOR TRANSIENT MERCHANT

Date: 6/11/2026
Name: Aida Hamann
Address: 5745 Cabot Dr, Mounds View MN 55112
Phone: 612-802-1415
Date of Birth: 11/2/1974 Seller's Permit No: 456-1031061779-04

- Food Truck's: Dunn County Health Dept. Inspection/Permit required. Submit a copy.

Name of Employer: Valler-Jaco LLC Description of Merchandise: Mexican Food
Address of Employer: N109 State Rd 79 Bayceville WI 54725
Vehicle: Make Ford Model 2019 Color Black
Year 2019 License# LY4161 State of Issuance MN
Dates Business will be conducted: 7/16/2026
Method of Delivery: Food Truck
References in the Area (at least 2): Colfax Woman's club
Last municipality Business Conducted: Menomonie Dunn County
Location of area you intend to cover: Colfax
Frequency you will be open: Just have 1 date of 7/6/2026 at Farmers Market

*** Have you ever been convicted of a felony? Yes _____ No X

This permit is good only for the date approved by the office of the Village Clerk-Treasurer.

APPLICATION FEE: \$10.00
NONREFUNDABLE FEE: \$45.00 Quarterly Fee

RECEIPT # 128


Applicant's Signature

Police Chief Notification: 

Village of Colfax

Training Reimbursement Agreement (100% Repayment)

Training Reimbursement Agreement

Employee Name: Alyssa Ream

Date: 06/15/2026

TRAINING INFORMATION

Training / Certification: Advanced EMT

Provider: CVTC

Training Dates: 08/24 - 12/11

Total Cost Paid by Village: \$ 848.20 (class) - \$159.19 (book) - \$159 (registry)

YOUR COMMITMENT

The Village is covering the cost of this training. In return, you agree to stay employed with the Village for 2 years after the training is completed.

Training Completion Date: 12/11/2026

2-Year Commitment Ends: 12/11/2028

IF YOU LEAVE EARLY

If you leave your job at any point before the 2-year commitment is complete, you agree to repay 100% of the training costs.

Repayment is due within ___ days after your employment ends, unless other arrangements are made.

EXCEPTIONS

Position is eliminated / layoff

Medical inability to continue working

Other: _____

IMPORTANT NOTES

This is not an employment contract.

REPAYMENT TERMS

I authorize the Village of Colfax to deduct any remaining balance owed under this agreement from my final paycheck to the extent permitted by law. If my final paycheck does not cover the full amount owed, the Employee agrees to work with the Village to establish a reasonable payment plan for the remaining balance.

AUTHORIZATION

Employee Signature: Alyssa Ream Date: 06/15/2026

Village Representative: _____ Date: _____



Chippewa Valley Technical College
 Attn: Cashier's Office
 620 W. Clairemont Avenue
 Eau Claire, WI 54701
 Phone (715) 833-6228
 Fax (715) 833-6216
 cashiersteam@cvtc.edu

Authorization to Bill

This form authorizes Chippewa Valley Technical College to submit, for payment, a bill for all specified fees related to the training and education of the student(s) listed below. Please note that this form does not register the student for any classes, it authorizes billing only. Please fill the form out completely, **including checking boxes for term, tuition, and books if covered, as well as course information.** Invoices for sponsored courses will be sent towards the end of each term. For additional information, please contact the Cashier's Office at (715) 833-6228.

Sponsor Information

						Date:	
Organization Name:	Village of Colfax						
Billing Address:	613 main st	City:	Colfax	State:	WI	Zip:	54730
Contact Name:			Phone Number:				
Email:			Purchase Order # (if applicable):				

Enrollment Information-Please check boxes for Semester, Tuition, and Books

Year	Semester			Tuition		Books	
	<input type="checkbox"/> Summer	<input checked="" type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2026							

Student Information

Students listed below are authorized to take the courses listed below. To authorize different students in different courses, you must use a separate authorization. The sponsor listed above is responsible to cover all fees listed on this authorization. This responsibility remains in effect even if the student and sponsor end their working relationship. If students take additional courses that will not be sponsored, it is the student's responsibility to pay for any charges related to those additional courses.

Student Legal Name (First, MI, Last)	CVTC Student ID # or Last four digits of SSN	Date of Birth
Alayna J Ream	6370	03/01/1999

Course Information

Course # (subject/course/section)	Course Dates	CRN#	Course Title
531-103	8/24-12/11	13331	Advanced EMT

See next page for bookstore information. CVTC has switched to an online bookstore eCampus, and employers will need to set up an account if they are covering students book charges. Failure to set up the account will result in the student having to pay out of pocket for books.

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License

Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Scott Aller Johnson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-2567 Email Address Scottsj68@gmail.com

Current Address 501 West St Colfax 54730 10
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 8961 Cedar Colfax 54730
(Street) (City) (Zip Code)

Date of Birth 07-30-1968 Age 57

Place of Employment _____

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny Wm. Spalen 06/13/2026
(Chief of Police or designated staff Signature) (Date)

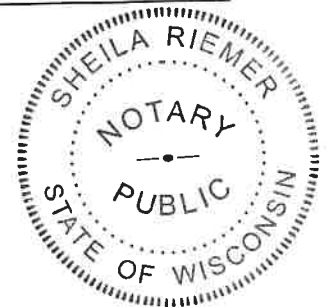
STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 13 day of May, 2026.

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



Date Received: 5/13/26 Date to the Board: 6/22/26 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Sandra M Harp
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-590-2894 Email Address Sandii2006@yahoo.com
Current Address PO Box 73 Colfax 54730
(Street) (City) (Zip Code) (yrs. at address)
610 main St. #2
Previous Address _____
(Street) (City) (Zip Code)
Date of Birth 06-12-1974 Age 51
Place of Employment Outhouse

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 2/6/2026
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

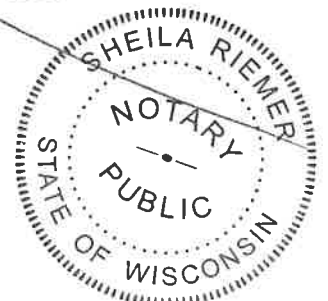
X Sandra M Harp
Signature of Applicant

Subscribed and sworn before me this 15 day of May, 20 26.

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)

Date Received: 5/15/26 Date to the Board: 6/22/26 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME JEFF ALLAN BINKOWSKI
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 574-302-9693 Email Address JEFF.BINKOWSKI@VILLAGE.CO.WI

Current Address 1303 MARTIN RD Bloomer 54724 7
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 11-14-1966 Age 59

Place of Employment OUT HOUSE

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/01/2026
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

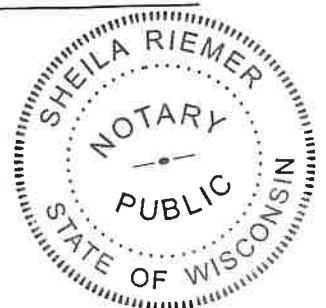
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 21 day of May, 20 26.

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

Date Received: 5/21/26 Date to the Board: 6/22/26 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME GARY Lee Stene
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962.3512 Email Address GARY STENE 45@gmail.com

Current Address 505 HIGH ST. COLFAX - WI 54730 10 yrs +
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 707 OAK ST. COLFAX 54730
(Street) (City) (Zip Code)

Date of Birth 11-08-1945 Age 80

Place of Employment RETIRED

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 5/12/2026
(Chief of Police or designated staff Signature) (Date)

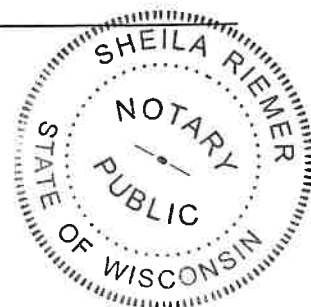
STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 11 day of May, 20 26.

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



Date Received: 5/11/26 Date to the Board: 6/22/26 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Brooklynn Bobbicelo Dresel
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-9748 Email Address BrooklynnDresel@gmail.com

Current Address 808 university Ave, Colfax 54730 2
(Street) (City) (Zip Code) (yrs. at address)

Previous Address E9563 830th Ave Colfax 54730
(Street) (City) (Zip Code)

Date of Birth December 17th 2000 Age 25

Place of Employment The outhouse

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/01/2026
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Brooklynn Dresel
Signature of Applicant

Subscribed and sworn before me this May day of 21st, 20 26.

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

Date Received: 5/21/26 Date to the Board: 6/23/26 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: _____

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mary Jane Roehl
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-6227 Email Address mjroehl78@gmail.com

Current Address N8420 970th St Colfax 54730 17
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 8/8/1978 Age 47

Place of Employment Outhouse

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

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

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 22 day of May, 20 26.

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

Date Received: 5/22/26 Date to the Board: 6/22/26 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Steven Longdo
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-933-2480 Email Address _____

Current Address N8476 745th St CO 18ex 54730 5
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 03-20-90 Age 36

Place of Employment Outhouse

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/01/2026
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 26 day of May 2026.

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

Date Received: 5/26/2026 Date to the Board: 6/22/26 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CL 7143

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jeboah Lynne Petersen
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 7152252595 Email Address Petersenle366@gmail

Current Address 523 MAIN ST #13 Colfax WI 54730 3
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 3/6/66 Age 60

Place of Employment Blind Tiger

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

Recommendation Approve Deny Dunn (Chief of Police or designated staff Signature) 20/07/2020 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Jeboah Petersen
Signature of Applicant

Subscribed and sworn before me this 15 day of May, 2026.

Sheila Riemer (Signature of Notary Public) 7-17-26 (Commission Expires)

Date Received: 5/15/26 Date to the Board: 6/22/26 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 7143

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Andrew Lee Anderson
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-308-1575 Email Address andersonandy1@live.com
Current Address 523 Main st apt 1 Colfax 54730 1
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 2119 Cornell St Equ Claire 54703
(Street) (City) (Zip Code)
Date of Birth 07-09-1992 Age 33
Place of Employment The Blind Tiger

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/06/2006
(Chief of Police or Designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 15 day of May, 2026.

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

Date Received: 5/15/26 Date to the Board: 6/22/26 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: ck 7143

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME EMILY Michelle Rubenzel
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address 510 Cedar St Colfax 54730 2
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 523 main #4 Colfax 54730
(Street) (City) (Zip Code)

Date of Birth 08-07-1988 Age 37

Place of Employment The Blind Tiger

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/04/2026
(Chief of Police or Designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 22 day of May, 2026.

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

Date Received: 5/22/26 Date to the Board: 6/22/26 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 7143

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Elizabeth Bailey Affolter
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-9170 Email Address elizabethaffolter@gmail.com

Current Address E 7520 770th Ave. Colfax 54730 1
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 1415 Pine Street Apt. #1 Stanley 54768
(Street) (City) (Zip Code)

Date of Birth 09/07/2000 Age 25

Place of Employment The Blind Tiger

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/24/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 26 day of May, 2021.

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

Date Received: 5/26/2021 Date to the Board: 6/22/21 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: ck 7143

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2007, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mariah L Smith
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-9660 Email Address MariahSmith200319@gmail.com

Current Address 1503 15th AVE EAST MENOMONIE 54751 2
(Street) (City) (Zip Code) (yrs. at address)

Previous Address E8490 895th AVE Colfax 54730
(Street) (City) (Zip Code)

Date of Birth 12-19-2003 Age 22

Place of Employment The Blind Tiger

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

Recommendation Approve Deny Wanda Peterson 5/26/06
(Chief of Police or Designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 26 day of May, 2006.

Sheila Riemer 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 5/26/06 Date to the Board: 6/22/06 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Nina Pearl Blake
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 931 9130 Email Address nbspraga@yahoo.com

Current Address E9328 690th AVE Elk Mound WI 54739 a month
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 6200 county Rd 120 Saint Cloud MN 56303
(Street) (City) (Zip Code)

Date of Birth 03/25/1999 Age 27

Place of Employment Blind Tiger

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

Recommendation Approve Deny [Signature] 06/01/2006
(Chief of Police or designated staff Signature) (Date)

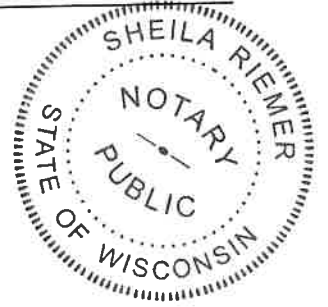
STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 27 day of May, 20 06.

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



Date Received: 5/27/26 Date to the Board: 6/22/26 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tammy FIRST NAME Marie MIDDLE NAME Dalhoe LAST NAME
Telephone Number 715-497-5418 Email Address tammymarriedalho@gmail.com
Current Address ES 520 State Rd. 170 (Street) Colfax, WI (City) 54730 (Zip Code) 11 yrs. (yrs. at address)
Previous Address _____ (Street) _____ (City) _____ (Zip Code)
Date of Birth 06/07/1978 Age 47
Place of Employment Outhouse Bar

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] (Chief of Police or Designated staff Signature) 06/01/2026 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 27 day of May, 2026.
[Signature] (Signature of Notary Public) 7-17-26 (Commission Expires)

Date Received: 5/27/26 Date to the Board: 6/02/26 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Christopher John Larson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 309 9830 Email Address _____

Current Address E 5533 St Rd 170 Colfax 54730 20
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 3 Feb 66 Age 60

Place of Employment Retired

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/01/2026
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

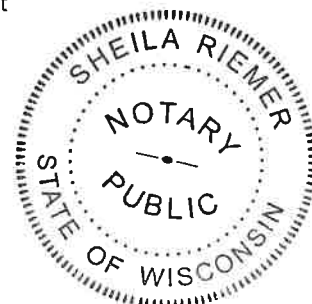
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 28 day of May, 2026.

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

Date Received: 5/28/24 Date to the Board: 6/22/26 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: 110260

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kyle James Krahl
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-2062 Email Address KyleKrahlFishing5000@gmail.com

Current Address N8310 855th ST Colfax 54730 24
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 04/19/2002 Age 24

Place of Employment Kyles Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny Don Coleman 06/01/2026
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

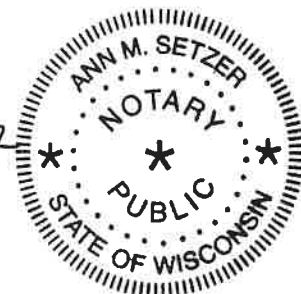
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Kyle Krahl
Signature of Applicant

Subscribed and sworn before me this 22TH day of May 2022.

Ann M. Setzer
(Signature of Notary Public)

July 28, 2027
(Commission Expires)



Date Received: 5/28/26 Date to the Board: 6/22/26 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: 110260

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.63(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kara Buchner
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-651-9466 Email Address Karabuchner0923@yahoo
Current Address 509 Fairview Dr. Colfax WI 54730 19
(Street) (City) (Zip Code) (yrs. at address)
Previous Address _____
(Street) (City) (Zip Code)
Date of Birth 3-6-78 Age 48
Place of Employment @ Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny Don Spier 26/05/2026
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Kara Buchner
Signature of Applicant

Subscribed and sworn before me this 27th day of May, 2026.

Ashley M. Goulet
(Signature of Notary Public)

10-23-2028
(Commission Expires)



Date Received: 5/28/26 Date to the Board: 6/22/26 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: 110260

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mikki Jean McCutcheon
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 505-1388 Email Address mikkimcc5@gmail.com

Current Address 406 Main St Colfax 54730 95
(Street) (City) (Zip Code) (yrs. at address)

Previous Address NW 91 6th 102 470th St Menomonee 54751
(Street) (City) (Zip Code)

Date of Birth Feb 20 1987 Age 39

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/01/2020
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

[Signature]
Signature of Applicant

Subscribed and sworn before me this 21 day of May, 2020.
[Signature] 04-05-2030
(Signature of Notary Public) (Commission Expires)



Date Received: 5/28/2020 Date to the Board: 6/22/20 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: 110960

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.63(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jeffrey Larry Rene
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-4881 Email Address _____

Current Address 302 4th Ave Colfax 54730 21
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 5/6/1971 Age 55

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

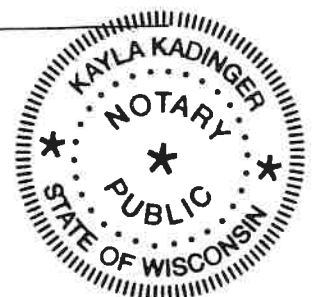
Recommendation Approve Deny [Signature] 04/28/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 21 day of May 2021.
[Signature] 04-09-2030
(Signature of Notary Public) (Commission Expires)



Date Received: 5/28/21 Date to the Board: 6/23/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: 110240

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mary Michele Muza
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address 308 11th St. Menomonie 54751 20+
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth July 8, 1960 Age 65

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/01/2026
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Mary M Muza
Signature of Applicant

Subscribed and sworn before me this 14 day of May, 2026.

[Signature]
(Signature of Notary Public)

04-05-2030
(Commission Expires)

Date Received: 5/28/26 Date to the Board: 6/22/26 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: 110260

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Christine Rose Neperud
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-475-8092 Email Address wilson-symon@yahoo.com

Current Address N 8764 12th St Colfax, WI 54730 (2 years)
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 881 217th St. Osceola, WI 54020
(Street) (City) (Zip Code)

Date of Birth 12-25-1971 Age 54

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 20/01/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

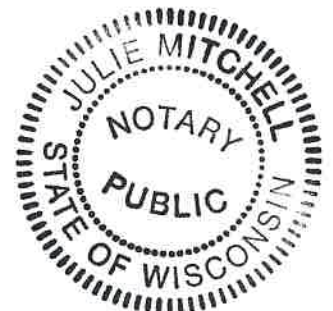
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Christine Neperud
Signature of Applicant

Subscribed and sworn before me this 19 day of May, 20 26.

[Signature] 11/5/30
(Signature of Notary Public) (Commission Expires)

Date Received: 5/28/26 Date to the Board: 6/22/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: 110260

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Sally Rose Briggs
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-702-1053 Email Address S-lynum@yahoo.com

Current Address 118 park dr. Colfax 54730 3
(Street) lot 246 (City) (Zip Code) (yrs. at address)

Previous Address N4579 city rd J Menomonie 54751
(Street) (City) (Zip Code)

Date of Birth 07-06-62 Age 63

Place of Employment Kyle's market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 04/28/26
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

[Signature]
Signature of Applicant

Subscribed and sworn before me this 20th day of May, 2026.
[Signature] 04-05-2030
(Signature of Notary Public) (Commission Expires)

Date Received: 5/28/26 Date to the Board: 6/22/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: 110260

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Ashley Marie Larson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-309-9797 Email Address ashpm3@gmail

Current Address N8583 STRD 40 Colfax WI 54730 1+
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth AUGUST 15 1983 Age 42

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

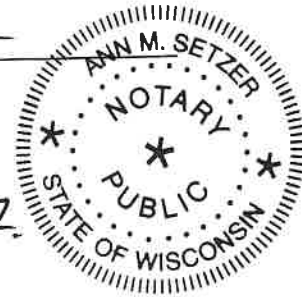
Recommendation Approve Deny W. Dean Coleen 06/01/2026
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

Ashley
Signature of Applicant

Subscribed and sworn before me this 21ST day of May, 2026.
Ann M. Setzer July 28, 2027
(Signature of Notary Public) (Commission Expires)



Date Received: 5/28/24 Date to the Board: 6/22/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: 110260

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tristan James Wolff
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-0695 Email Address soccergot34@hotmail.com

Current Address 100 Viking Dr Colfax 54730 38
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth July 25th 1987 Age 38

Place of Employment Kyles Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/01/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Tristan Wolff Tristan Wolff
Signature of Applicant

Subscribed and sworn before me this 14 day of May, 2021.
[Signature] 04-5-2030
(Signature of Notary Public) (Commission Expires)

Date Received: 5/28/21 Date to the Board: 6/22/21 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: 110240

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jalene Amick
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 699 0419 Email Address _____

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

Previous Address 409 E. River St Colfax WI 54730
(Street) (City) (Zip Code)

Date of Birth 3/10/68 Age 58

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 04/28/21
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

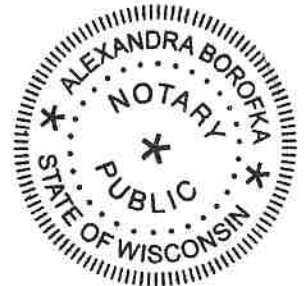
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Jalene Amick
Signature of Applicant

Subscribed and sworn before me this 14 day of May, 2021.

[Signature] 04/28/21
(Signature of Notary Public) (Commission Expires)

Date Received: 5/28/21 Date to the Board: 6/22/21 Approved or Denied



Village of Colfax

LYNDESEY

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Lyndsey Ina Rederson
(FIRST NAME) (MIDDLE NAME) (LAST NAME)

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

Current Address 507 West ST Colfax 54730 9 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 01/01/1984 Age 42

Place of Employment A Little Slice of Italy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/04/2020
(Chief of Police or designated staff Signature) (Date)

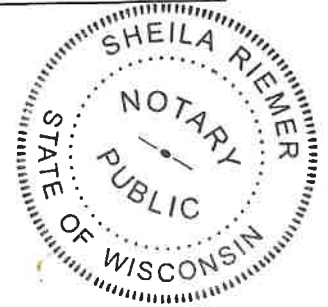
STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 28 day of May, 20 20

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



Date Received: 5/28/26 Date to the Board: 6/22/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jacqueline Kaye Clark
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-5054439 Email Address jackiekclark62@yahoo.com

Current Address E9715 State Road 40 Colfax 54730 14
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N/A
(Street) (City) (Zip Code)

Date of Birth 4/30/62 Age 64

Place of Employment Express Mart

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

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

STATE OF WISCONSIN/ DUNN COUNTY

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

[Signature]
Signature of Applicant

Subscribed and sworn before me this 26 day of May, 20 26.

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

Date Received: 5/20/26 Date to the Board: 6/22/26 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

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

Telephone Number 715-931-7514 Email Address matt_bailey_ivie@hotmail.com

Current Address E5406 1170th Ave Lot 1 Wheeler WI 54772
(Street) (City) (Zip Code) (yrs. at address) > 5 years

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 10-21-1992 Age 33

Place of Employment Express mart (J+S sales)

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

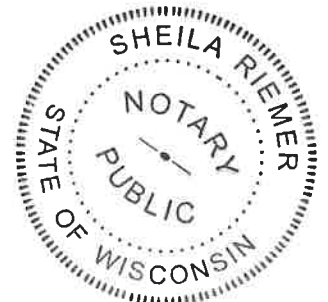
Recommendation Approve Deny [Signature] 06/01/2006
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Bailey Haugle-Score
Signature of Applicant

Subscribed and sworn before me this 11 day of May, 20 26.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)



Date Received: 5/29/26 Date to the Board: 6/22/26 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME CHRIS ALLEN LURN
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-3225 Email Address _____

Current Address 512 STHAVE COLFAX 54730 LIFE
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 4-25-58 Age 68

Place of Employment EXPRESS MART

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

Recommendation Approve Deny Wendy Johnson 06/21/2021
(Chief of Police or designated staff Signature) (Date)

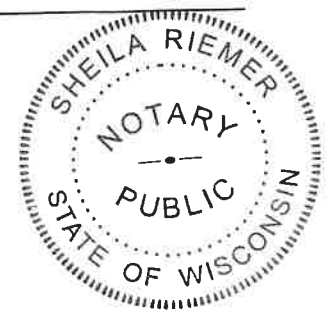
STATE OF WISCONSIN/ DUNN COUNTY

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

X Chris Allen
Signature of Applicant

Subscribed and sworn before me this 11 day of May, 20 26.

Sheila Riemer 7-17-26
(Signature of Notary Public) (Commission Expires)



Date Received: 5/29/26 Date to the Board: 6/22/26 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Burgandy Danielle Quimby
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-0910 Email Address Bquimby332@qmeil.com

Current Address 415 University Ave Colfax 54730 14 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 4.20.02 Age 24

Place of Employment Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny Wendy Galen 26/05/2026
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

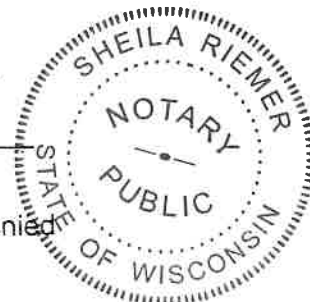
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Burgandy Danielle Quimby
Signature of Applicant

Subscribed and sworn before me this 11 day of May, 20 26.

Sheila Riemer
(Signature of Notary Public)

7-17-26
(Commission Expires)



Date Received: 5/29/26 Date to the Board: 6/22/26 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Shelby Brianne Wilson
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715 704 1437 Email Address shelby.nightskymoon@gmail.com
Current Address 514 1/2 University Ave, Colfax 54730 13 yrs
(Street) (City) (Zip Code) (yrs. at address)
Previous Address _____
(Street) (City) (Zip Code)
Date of Birth 2-12-1996 Age 30
Place of Employment Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny Wendy J. [Signature] 06/02/20
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Shelby Wilson
Signature of Applicant

Subscribed and sworn before me this 12 day of May, 20 26.
[Signature] 1/6/2030
(Signature of Notary Public) (Commission Expires)

Date Received: 5/29/26 Date to the Board: 6/22/26 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2012, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Christine Marie Hirsch
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-716-2585 Email Address hirschchristine@gmail.com

Current Address 1503 15th Ave East 54751 1 Apt. 1e
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 403 28th Ave. Menomonie 54751 Apt. 5
(Street) (City) (Zip Code)

Date of Birth 09/04/1977 Age 48

Place of Employment Colfax Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 05/02/2012
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

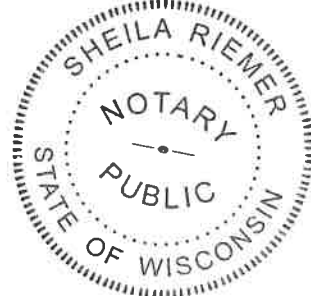
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Christine Hirsch
Signature of Applicant

Subscribed and sworn before me this 12 day of May, 20 2012.

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

Date Received: 5/29/2012 Date to the Board: 6/22/2012 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Renee Jo Tuschl
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address 716 Stetten St Colfax, WI 54730 1yr
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 2/15/1990 Age 36

Place of Employment Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 6/22/21
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 18 day of May, 20 26.

[Signature] 1/25/30
(Signature of Notary Public) (Commission Expires)

Date Received: 5/29/26 Date to the Board: 6/22/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kim FIRST NAME Anderson LAST NAME
MIDDLE NAME
Telephone Number 715-225-3669 Email Address okpkrf@aol.com
Current Address 8576 595th Ave Elk Mound WI 54739 5
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 10021 530th Ave Elk Mound WI 54739
(Street) (City) (Zip Code)
Date of Birth 10/29/64 Age 41
Place of Employment Express Mart

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

Recommendation Approve Deny Wendy Olson (Chief of Police or designated staff Signature) 5/29/26 (Date)

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

Kim Anderson
Signature of Applicant

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



Date Received: 5/29/26 Date to the Board: 6/22/26 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: 60444

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Trevor Patrick Schindler
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-944-5952 Email Address _____

Current Address 12286 120th Ave Chippewa Falls, WI 54729 5 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N10114 City Rd W Colfax, WI 54730
(Street) (City) (Zip Code)

Date of Birth 9/25/96 Age 29

Place of Employment Viking Bowl

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/01/2026
(Chief of Police or designated staff Signature) (Date)

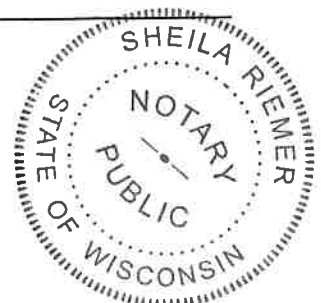
STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 1st day of June, 20 26.

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



Date Received: 6/1/26 Date to the Board: 4/22/26 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: 6444

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Tonya Lynn Pagenkopf
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 507-272-7757 Email Address tonyapagenkopf@yahoo.com

Current Address 105 Kings Court Elk mound, WI 54739 8 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth October 7m, 1995 Age 30

Place of Employment Viking Bowl

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/01/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Tonya Pagenkopf
Signature of Applicant

Subscribed and sworn before me this 19 day of June, 2021

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

Date Received: 6/1/26 Date to the Board: 6/22/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: 6424

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kaylee Marie Lemler
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-764-2484 Email Address kmdshadow@yahoo.com

Current Address N13314 Cty Hwy M New Auburn 54757 13yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 7/12/1978 Age 47

Place of Employment Viking Bowl

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 26/6/2026
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Kaylee Lemler
Signature of Applicant

Subscribed and sworn before me this 1st day of June, 2026.

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

Date Received: 6/1/26 Date to the Board: 6/22/26 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: 6444

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Kian Yvonne Christianson
FIRST NAME MIDDLE NAME LAST NAME

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

Current Address 220 S Holly Ave Elk Mound 54739
(Street) (City) (Zip Code) (yrs. at address) 1

Previous Address 12404 County HW DD Colfax 54730
(Street) (City) (Zip Code)

Date of Birth May 31st 2006 Age 19

Place of Employment Viking Bowl & Catering

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny Don J. [Signature] 06/17/26
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

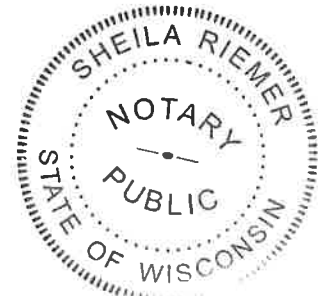
X Kian Christianson
Signature of Applicant

Subscribed and sworn before me this 1st day of June, 2026.

Sheila Riemer
(Signature of Notary Public)

7-17-26
(Commission Expires)

Date Received: 4/1/26 Date to the Board: 4/22/26 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Aubrey Anne Rihn
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-6079 Email Address aubreyrihn@gmail.com

Current Address 505 Balsam St. Colfax 54730 16 yrs.
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth June 21st, 2007 Age 18

Place of Employment Mom's Restaurant & Pub

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 6/10/2006
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

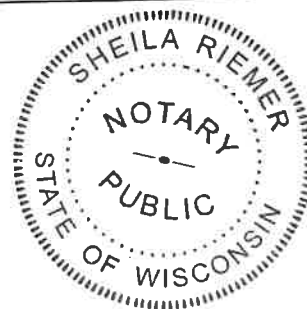
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 3rd day of June, 20 26.

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

Date Received: 6/2/26 Date to the Board: 6/22/26 Approved or Denied





LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Aubrey Rihn

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Expiration Date
06/01/2026



Expiration Date
05/31/2028



Certificate #
WI-00651426

Official Signature

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

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Davina Hynn Brenden
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-5059 Email Address davinabrenden@gmail.com

Current Address N7694 Co Rd M Colfax 54730 4 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N8247 940th St Colfax 54730
(Street) (City) (Zip Code)

Date of Birth 2-3-74 Age 52

Place of Employment Moms Restaurant & Pub

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

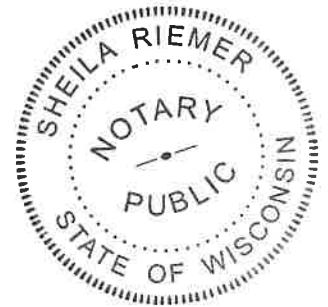
Recommendation Approve Deny [Signature] 06/03/2020
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

[Signature]
Signature of Applicant

Subscribed and sworn before me this 1st day of June, 20 20.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)



Date Received: 6/1/20 Date to the Board: 6/22/24 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Suzanne Marie Hagen
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-2280 Email Address _____

Current Address N851A County rd M Colfax 54730 34
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth February 17, 1963 Age 63

Place of Employment Synergy Cooperative

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/10/2006
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Suzanne M. Hagen
Signature of Applicant

Subscribed and sworn before me this 3 day of June, 2026.

[Signature]
(Signature of Notary Public)

7-17-26
(Commission Expires)



Date Received: 6/3/26 Date to the Board: 6/22/26 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: cl

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Megan Rose Vanyo-Well
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 471-0440 Email Address megvanyo@gmail.com

Current Address 303 RIVER ST COLFAX WI 54730 2
(Street) Apt D (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 2/4/88 Age 38

Place of Employment Cenex

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

Recommendation Approve Deny [Signature] 06/10/2016
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x megvanyowell
Signature of Applicant

Subscribed and sworn before me this 4th day of June, 20 26.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)



Date Received: 6/4/26 Date to the Board: 6/22/26 Approved or Denied

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: ce

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Mary Ann Durand
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-440-1999 Email Address mdurand715@yahoo
Current Address 715 Johnson Olsen St Colfax WI 54730-3
(Street) (City) (Zip Code) (yrs. at address)
Previous Address _____
(Street) (City) (Zip Code)
Date of Birth 10-11-60 Age 65
Place of Employment Synergy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] ce. 6/5/26
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Mary Durand
Signature of Applicant

Subscribed and sworn before me this 5 day of June, 2026.

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

Date Received: 6/5/26 Date to the Board: 6/22/26 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: OK

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2021, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Soni Lynn Koehler
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-714-4233 Email Address Soni.Koehler79@yahoo.com

Current Address N7001 1690th St. Menomonie, WI. 54751
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 5-11-1979 Age 47

Place of Employment Synergy / Subway

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/05/2021
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X Soni Koehler
Signature of Applicant

Subscribed and sworn before me this 5 day of June, 2021.

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

Date Received: 6/5/21 Date to the Board: 4/22/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: OK

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Lacey Ann Valine
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-1486 Email Address Laceyvaline2015@gmail.com

Current Address N11561 670th St Wheeler 54772 4 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 11/23/2004 Age 21

Place of Employment Synergy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 6/10/26
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 4 day of June, 2026.

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

Date Received: 6/4/26 Date to the Board: 6/22/26 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Shanna Marie Wayman
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-440-4476 Email Address Swayman54730@Aimail.com

Current Address E 9771 780th Ave Colfax 54730 2
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 6353 Lower 161st St W Rosemount 55068
(Street) (City) (Zip Code)

Date of Birth 3-4-86 Age 40

Place of Employment Synergy Coop / Cenex Gas Station

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny 6/10/2026
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Shanna Wayman
Signature of Applicant

Subscribed and sworn before me this 5 day of June, 20 26.

(Signature of Notary Public)

7-17-26
(Commission Expires)

Date Received: 6/7/26 Date to the Board: 6/22/26 Approved or Denied



Village of Colfax

BRITANNY

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Brittany FIRST NAME Jean MIDDLE NAME Sonnenberg LAST NAME

Telephone Number 715 663-0283 Email Address sonnenbergbrittany@gmail.com

Current Address E8131 1130 Ave Colfax (Street) (City) (Zip Code) (yrs. at address)

Previous Address E8117 1130 Ave Colfax (Street) (City) (Zip Code)

Date of Birth 8-18-92 Age 33

Place of Employment Little Italy

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

Recommendation Approve Deny [Signature] (Chief of Police or Designated staff Signature) 06/14/2020 (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x B [Signature] Signature of Applicant

Subscribed and sworn before me this 5 day of June, 2026.

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

Date Received: 6/5/26 Date to the Board: 6/22/26 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Zachary W Leitman
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-619-1735 Email Address Zachary Leitman@gmail.com

Current Address 509 High St Colfax 54730 10 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 2/12/09 Age 18

Place of Employment Kyles Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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Recommendation Approve Deny [Signature] 06/10/2010
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

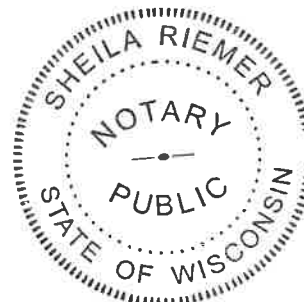
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 8 day of June, 20 26.

[Signature] 7.17.26
(Signature of Notary Public) (Commission Expires)

Date Received: 6/8/26 Date to the Board: 6/22/26 Approved or Denied





CERTIFICATE OF COMPLETION

This certifies that

Zachary Leirimo

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

Completion Date
06/07/2026

Expiration Date
06/06/2028

Certificate #
WI-00651746

A handwritten signature in black ink, appearing to read 'Sarah Negroni', written over a horizontal line.

Official Signature

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

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Jeffrey William Prince
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-3471 Email Address jeffprince89@gmail.com

Current Address 1004 University Ave Colfax WI 25yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 02-04-1971 Age 54

Place of Employment Self Employed

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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Recommendation Approve Deny [Signature] 4/05/2016
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

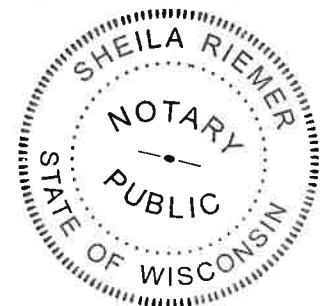
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 28 day of May, 20 16

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

Date Received: 5/28/26 Date to the Board: 6/22/16 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2027, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME ROGER LaVERN KWITSON
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 505 7761 Email Address Roc Kwitson @ Hotmail.com

Current Address E 8057 city R/RB Colfax 54730 10 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(Street) (City) (Zip Code)

Date of Birth 9-12-59 Age 66

Place of Employment Retired

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/11/2026
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 11 day of June, 2026.

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

Date Received: 6/11/26 Date to the Board: 6/22/26 Approved or Denied



Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Village of Colfax
License Period	7/1/26 - 6/30/27

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)	Fees								
<input type="checkbox"/> Class "A" Beer \$ _____ <input checked="" type="checkbox"/> Class "B" Beer \$ <u>100.00</u> <input type="checkbox"/> "Class A" Liquor \$ _____ <input checked="" type="checkbox"/> Regular "Class B" Liquor \$ <u>400.00</u> <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">License Fee(s)</td> <td style="width: 30%;">\$ 500.00</td> </tr> <tr> <td>Background Check Fee</td> <td>\$</td> </tr> <tr> <td>Publication Fee</td> <td>\$ 23.00</td> </tr> <tr> <td>Total Fees</td> <td>\$ 523.00</td> </tr> </table>	License Fee(s)	\$ 500.00	Background Check Fee	\$	Publication Fee	\$ 23.00	Total Fees	\$ 523.00
License Fee(s)	\$ 500.00								
Background Check Fee	\$								
Publication Fee	\$ 23.00								
Total Fees	\$ 523.00								

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Lisa Johnson</u>			
2. Business Trade Name or DBA <u>Outhouse Bar</u>			
3. FEIN <u>41-3285539</u>		4. Wisconsin Seller's Permit Number <u>4561025093394-05</u>	
5. Entity Type (check one) <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.			
7. State of Organization <u>WI</u>		8. Date of Organization	
9. Wisconsin DFI Registration Number			
10. Premises Address <u>413 main St.</u>			
11. City <u>Colfax</u>		12. State <u>WI</u>	13. Zip Code <u>54730</u>
14. County <u>Dunn</u>	15. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>Colfax</u>		16. Aldermanic District
17. Premises Phone <u>715-462-3339</u>	18. Premises Email <u>lisemes@gmail.com</u>		19. Website
20. Premises Description Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same: <input checked="" type="checkbox"/> <u>Ground floor, Storage room, deck on South Side</u>			
21. Mailing Address (if different from premises address) <u>P.O. Box 81</u>			
22. City <u>Colfax</u>		23. State <u>WI</u>	24. Zip Code <u>54730</u>

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

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

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

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

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name <i>Johnson</i>		First Name <i>Lisa</i>		M.I. <i>J</i>
Title <i>Owner</i>	Email <i>lisasmes@gmail.com</i>		Phone <i>715-962-2829</i>	
Signature <i>Lisa Johnson</i>			Date <i>5/10/2026</i>	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>5/13/26</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>Shelby</i>			Date Provisional License Issued (if applicable)

Alcohol Beverage Individual Questionnaire

Date
5/7/26

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	Outhouse Bar
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name	2. First Name	3. M.I.	
Johnson	Lisa	J	
4. Relationship to Business (Title)	5. Email	6. Phone	
Owner	lisasjmes@gmail.com	715.962-2829	
7. Home Address			
501 West St.			
8. City	9. State	10. Zip Code	11. Date of Birth
Colfax	WI	54730	
12. Driver's License/State ID Number		13. Driver's License/State ID State of Issuance	
J 525 5307 771504		WI	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 04/1977
2. List in chronological order all of your addresses within the last 5 years . Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
501 West St	Colfax	WI	54730
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

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

Signature: *Michael Johnson* Date: *5/10/2020*

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Village of Colfax
License Period	7/1/26 - 6/30/27

Application Type (check one)

Initial (New) Renewal

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

Class "A" Beer \$ _____ Class "B" Beer \$ 100.00
 "Class A" Liquor \$ _____ Regular "Class B" Liquor \$ 400.00
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____ Above-Quota "Class B" Liquor \$ _____

Fees	
License Fee(s)	\$ 500.00
Background Check Fee	\$
Publication Fee	\$ 23.00
Total Fees	\$ 523.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Young Active Ventures LLC</u>			
2. Business Trade Name or DBA <u>Viking Bowl</u>			
3. FEIN <u>47-4672395</u>		4. Wisconsin Seller's Permit Number <u>456102899123602</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.			
7. State of Organization <u>WI</u>		8. Date of Organization <u>Aug 2015</u>	9. Wisconsin DFI Registration Number <u>Y004459</u>
10. Premises Address <u>108 Main St</u>			
11. City <u>Colfax</u>		12. State <u>WI</u>	13. Zip Code <u>54730</u>
14. County <u>Dunn</u>		15. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>Colfax</u>	16. Aldermanic District
17. Premises Phone <u>715-962-3252</u>		18. Premises Email	19. Website
20. Premises Description <p>Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.</p> <p>Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/></p> <p style="font-size: 1.2em; text-align: center;"><u>Lounge + dining area, party room, bowling alley section</u></p>			
21. Mailing Address (if different from premises address) <u>P.O. Box 524</u>			
22. City <u>Colfax</u>		23. State <u>WI</u>	24. Zip Code <u>54730</u>

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No
If yes, list the details of violation below. Attach additional sheets if necessary.

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

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

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

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

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

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

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

Last Name <i>Prince</i>	First Name <i>Alicia</i>	M.I. <i>M</i>
Title <i>Owner / Agent</i>	Email <i>amyong1966@gmail.com</i>	Phone <i>715-781-0598</i>
Signature <i>Alicia Prince</i>		Date <i>5-22-26</i>

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>6/1/26</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>Shah</i>			Date Provisional License Issued (if applicable)

Alcohol Beverage Individual Questionnaire

Date 5/7/26

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

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

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

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

Part B: Individual Information			
1. Last Name	2. First Name	3. M.I.	
<u>Prince</u>	<u>Alicia</u>	<u>m</u>	
4. Relationship to Business (Title)	5. Email	6. Phone	
<u>Owner / agent</u>	<u>amyyoung1966@gmail.com</u>	<u>715-781-0598</u>	
7. Home Address			
<u>1933 Southridge Ave #4</u>			
8. City	9. State	10. Zip Code	11. Date of Birth
<u>Menomonie</u>	<u>WI</u>	<u>54751</u>	<u>6/28/1966</u>
12. Driver's License/State ID Number		13. Driver's License/State ID State of Issuance	
<u>P652-0136-6728-01</u>		<u>WI</u>	

Part C: Address History							
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) <u>05/1996</u>				
2. List in chronological order all of your addresses within the last 5 years . Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
<u>706 Stetten St.</u>	<u>Colfax</u>	<u>WI</u>	<u>54730</u>				
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

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

Signature <i>Alicia Prince</i>	Date <i>5-22-20</i>
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Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality VILLAGE OF COLFAX
License Period 7/1/2026 to 6/30/2027

Application Type <i>(check one)</i>
<input type="checkbox"/> Initial (New) <input checked="" type="checkbox"/> Renewal

License(s) Requested: (up to two boxes may be checked)	Fees								
<input checked="" type="checkbox"/> Class "A" Beer \$ <u>10</u> <input type="checkbox"/> Class "B" Beer \$ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">License Fee(s)</td> <td style="width: 20%; text-align: right;">\$ 10</td> </tr> <tr> <td>Background Check Fee</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Publication Fee</td> <td style="text-align: right;">\$ 23</td> </tr> <tr> <td>Total Fees</td> <td style="text-align: right;">\$ 33</td> </tr> </table>	License Fee(s)	\$ 10	Background Check Fee	\$ _____	Publication Fee	\$ 23	Total Fees	\$ 33
License Fee(s)	\$ 10								
Background Check Fee	\$ _____								
Publication Fee	\$ 23								
Total Fees	\$ 33								
<input type="checkbox"/> "Class A" Liquor \$ _____ <input type="checkbox"/> Regular "Class B" Liquor \$ _____									
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> Reserve "Class B" Liquor \$ _____									
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____									

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) J & S SALES OF CHIPPEWA FALLS, LLC		
2. Business Trade Name or DBA EXPRESS MART		
3. FEIN 27-1107309	4. Wisconsin Seller's Permit Number 456-1026446429-02	
5. Entity Type <i>(check one)</i> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.		
7. State of Organization WI	8. Date of Organization	9. Wisconsin DFI Registration Number J031100
10. Premises Address 616 MAIN ST.		
11. City COLFAX	12. State WI	13. Zip Code 54730
14. County Dunn	15. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: COLFAX	
17. Premises Phone (715) 962-3241	18. Premises Email COLFAX@THALEROIL.COM	19. Website WWW.THALEROIL.COM
20. Premises Description Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/> CONVENIENCE STORE LOCATED AT 616 MAIN ST. COLFAX, WI 54730.		

21. Mailing Address (if different from premises address) P.O. BOX 428		
22. City COLFAX	23. State WI	24. Zip Code 54730

Part B: Questions

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

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

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

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

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

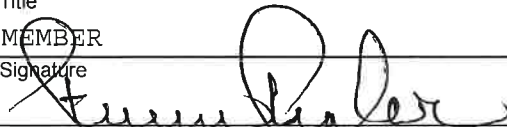
(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

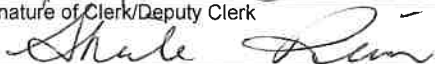
Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name THALER		First Name STEVEN		M.I. M.
Title MEMBER		Email INFO@THALEROIL.COM	Phone (715) 723-2822	
Signature 			Date 05/13/26	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/24/2026	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 			Date Provisional License Issued (if applicable)

Alcohol Beverage Individual Questionnaire

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

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

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

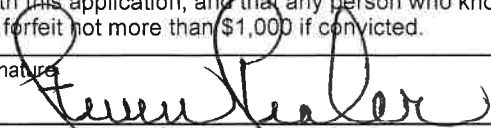
Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) J & S SALES OF CHIPPEWA FALLS, LLC	
2. Business Trade Name or DBA EXPRESS MART	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/>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

Part B: Individual Information					
1. Last Name THALER		2. First Name STEVEN		3. M.I. M.	
4. Relationship to Business (Title) MEMBER		5. Email INFO@THALEROIL.COM		6. Phone (715) 723-2822	
7. Home Address 310 S. MAIN ST.					
8. City CHIPPEWA FALLS		9. State WI	10. Zip Code 54729	11. Date of Birth 09/16/52	
12. Drivers License/State ID Number T460-7935-2336-03			13. Drivers License/State ID State of Issuance WI		

Part C: Address History							
1. Do you currently reside in Wisconsin?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?					Years 73	Months 8	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 310 S. MAIN ST.		City CHIPPEWA FALLS		State WI	Zip Code 54729		
Previous Address 2		City		State	Zip Code		
Previous Address 3		City		State	Zip Code		
Previous Address 4		City		State	Zip Code		
Previous Address 5		City		State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State WI	County CHIPPEWA	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature 	Date 05/13/2026

Alcohol Beverage Individual Questionnaire

Date
05/06/2025

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

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

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

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

Part B: Individual Information			
1. Last Name IVERSON-DEMOE		2. First Name RONDI	
		3. M.I. L.	
4. Relationship to Business (Title) MANAGER		5. Email COLFAX@THALEROIL.COM	
		6. Phone (715) 962-3241	
7. Home Address 703 PINE ST. P.O. BOX 251			
8. City COLFAX		9. State WI	
		10. Zip Code 54730	
		11. Date of Birth 08/27/55	
12. Drivers License/State ID Number I162-7325-5807-10		13. Drivers License/State ID State of Issuance WI	

Part C: Address History			
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years 70
			Months 8
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1		City	State
703 PINE ST.		COLFAX	WI
Previous Address 2		City	State
Previous Address 3		City	State
Previous Address 4		City	State
Previous Address 5		City	State
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
WI	DUNN		
State	County	State	County

Continued →

Part D. Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets, as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E. Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature	Date
* <i>Rondi Iverson DeMaie</i>	05/13/2025

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
05/13/2026

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

J & S SALES OF CHIPPEWA FALLS, LLC

2. Business Trade Name or DBA

EXPRESS MART

3. Entity Type (check one)

- Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- Municipal Retail License State Permit

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

456102644642902

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

Part B: Agent Information

1. Last Name

IVERSON-DEMOE

2. First Name

RONDI

3. M.I.

L.

4. Email

COLFAX@THALEROYL.COM

5. Phone

(715) 962-3241

6. Home Address

703 PINE ST. P.O. BOX 251

7. City

COLFAX

8. State

WI

9. Zip Code

54730

10. Age

70

11. Drivers License/State ID Number

I162-7325-5807-10

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

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

Last Name THALER	First Name STEVEN	M.I. M.
Title MEMBER	Email INFO@THALEROIL.COM	Phone (715) 723-2822
Signature <i>Steven Thaler</i>		Date 05/13/26

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name IVERSON-DEMEO	First Name RONDI	M.I. L.
Signature <i>Rondi Iverson Demeo</i>		Date 05/13/26

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Village of Colfax
License Period	7/1/24 - 6/30/27

Application Type (check one)

Initial (New) Renewal

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

<input checked="" type="checkbox"/> Class "A" Beer \$ <u>10.00</u> <input checked="" type="checkbox"/> "Class A" Liquor \$ <u>50.00</u> <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	<input type="checkbox"/> Class "B" Beer \$ _____ <input type="checkbox"/> Regular "Class B" Liquor \$ _____ <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____
---	--

Fees	
License Fee(s)	\$ <u>60.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>23.00</u>
Total Fees	\$ <u>83.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Kyles Market Inc.</u>			
2. Business Trade Name or DBA			
3. FEIN <u>26-0207158</u>		4. Wisconsin Seller's Permit Number <u>456102559186603</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.</small>			
7. State of Organization <u>WI</u>		8. Date of Organization <u>7/1/07</u>	
9. Wisconsin DFI Registration Number			
10. Premises Address <u>115 Main St</u>			
11. City <u>Colfax</u>		12. State <u>WI</u>	13. Zip Code <u>54730</u>
14. County <u>Dunn</u>		15. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>Colfax</u>	
16. Aldermanic District		17. Premises Phone <u>715-942-3585</u>	
18. Premises Email <u>info@kylesmarket.com</u>		19. Website	
20. Premises Description <p>Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.</p> <p>Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/></p> <p style="font-size: 1.2em; text-align: center;"><u>Room by front registers, beer cave, sales floor by beer cave.</u></p>			
21. Mailing Address (if different from premises address)			
22. City		23. State	24. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, list the details of violation below. Attach additional sheets if necessary.

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

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

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

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name <i>Krissin</i>		First Name <i>Nicholas</i>		M.I. <i>N</i>
Title <i>Owner / Agent</i>		Email <i>info@kylesmarket.com</i>	Phone <i>715-989-0007</i>	
Signature <i>[Signature]</i>			Date <i>5-26-2020</i>	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>5/28/20</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk <i>[Signature]</i>			Date Provisional License Issued (if applicable)

Alcohol Beverage Individual Questionnaire

Date 5/7/26

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Kyles Market Inc.	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Kressin	2. First Name Nicholas	3. M.I. N	
4. Relationship to Business (Title) President / owner	5. Email info@kylesmarket.com	6. Phone 715-962-3585	
7. Home Address N9811 550th St			
8. City Colfax	9. State WI	10. Zip Code 54730	11. Date of Birth 12/21/1985
12. Driver's License/State ID Number K625-4348-5461-00		13. Driver's License/State ID State of Issuance WI	

Part C: Address History							
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 12/1985				
2. List in chronological order all of your addresses within the last 5 years . Attach additional sheets if necessary.							
Previous Address 1 N9811 550th St	City Colfax	State WI	Zip Code 54730				
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State WI	County Dunn	State WI	County Chippewa	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History


1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

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

Signature 	Date 5-26-26
--	-----------------

Alcohol Beverage Individual Questionnaire

Date 5/7/26

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <u>Kyles Market Inc</u>	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name <u>Kressin</u>	2. First Name <u>Hannah</u>	3. M.I. <u>R</u>	
4. Relationship to Business (Title) <u>Treasurer</u>	5. Email <u>info@kylesmarket.com</u>	6. Phone <u>715.902-3585</u>	
7. Home Address <u>N9811 550th St</u>			
8. City <u>Colfax</u>	9. State <u>WI</u>	10. Zip Code <u>54730</u>	11. Date of Birth <u>3/23/1988</u>
12. Driver's License/State ID Number <u>K625 3368-8603-05</u>		13. Driver's License/State ID State of Issuance <u>WI</u>	

Part C: Address History							
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) <u>03/1988</u>				
2. List in chronological order all of your addresses within the last 5 years . Attach additional sheets if necessary.							
Previous Address 1 <u>N9811 550th St</u>	City <u>Colfax</u>	State <u>WI</u>	Zip Code <u>54730</u>				
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State <u>WI</u>	County <u>Dunn</u>	State <u>WI</u>	County <u>Chippewa</u>	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History


1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

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

Signature  Date 5-26-26

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Village of Colfax
License Period	7/1/26 - 6/30/27

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

- Class "A" Beer \$ 10.00 Class "B" Beer \$ _____
 "Class A" Liquor \$ 50.00 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____
- Cig 5

Fees	
License Fees	\$ <u>60.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>23.00</u>
Total Fees	\$ <u>83.00</u>

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Synergy Community Cooperative			
2. Business Trade Name or DBA Colfax Cenex			
3. FEIN 39-1764869		4. Wisconsin Seller's Permit Number 456-1020420796-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 10/01/2017	8. Wisconsin DFI Registration Number R029329
9. Premises Address 401 Railroad Ave			
10. City Colfax		11. State WI	12. Zip Code 54730
13. County Dunn		14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <u>Colfax</u>	15. Aldermanic District
16. Premises Phone (715) 962-3172		17. Premises Email Kaylab@synergycoop.com	18. Website Synergycoop.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Sales Floor, Coolers			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

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

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

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

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

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

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

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

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

Part C: Individual Information

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


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

Last Name	First Name	Title	Phone
Knutson	Kyle	CEO	(715) 949-1165
Brown	Kayla	Store Manager	(715) 354-7991
See Attached			

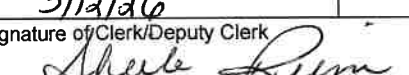
Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name Strand	First Name Troy	M.I. A
Title Retail Division Manager	Email troys@synergycoop.com	Phone (715) 554-4097
Signature 		Date 05/01/26

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/12/26	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable)	

Board Of Directors

David Score Chair N12103 430th Street Boyceville, WI 54725	Cell 715-308-4106 Office 715-949-1895
Sonny Molls Vice Chair 459 16th Avenue Almena, WI 54805	715-357-8013
Steven Ackerlund Secretary-Treasurer N11014 County Road M Colfax, WI 54730	Cell 715-308-3169 Office 715-962-4447
Brian Johnson Director N12038 890th Street Colfax, WI 54730	715-704-0830
Greg Tetzner Director 30545 Nevers Rd Washburn, WI 54891	715-373-2836
Dan Rosen Director 2057 280 th Street, Glenwood City WI 54013	715-684-9351
Jeff Olson Director 1015 40th Street Clayton, WI 54004	715-554-3774
Wayne Solum Director 2686 22nd Street Rice Lake, WI 54868	715-651-1735