

Alcohol Beverage Appointment of Agent

Date
5/12/26

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)

Synergy Community Cooperative

2. Business Trade Name or DBA

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

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

Part B: Agent Information

1. Last Name

Brown

2. First Name

Kayla

3. M.I.

J

4. Email

kaylab@synergycoop.com

5. Phone

(715) 962-3172

6. Home Address

N8227 Cty Rd M

7. City

Colfax

8. State

WI

9. Zip Code

54730

10. Date of Birth

08/05/1983

11. Drivers License/State ID Number

B650-5108-3785-04

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

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

Yes No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)?

Yes No

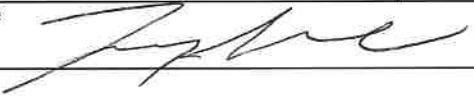
3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.

Yes No

Continued →


Part D: Business Attestation

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

Last Name Strand		First Name Troy	M.I. A
Title Division Manager	Email troys@synergycoop.com	Phone (715) 357-2105	
Signature 		Date 05/01/26	

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 Brown		First Name Kayla	M.I. J
Signature 		Date 04/28/26	

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) <i>Synergy Community Cooperative</i>	
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 <i>Brown</i>		2. First Name <i>Kayla</i>		3. M.I. <i>J</i>
4. Relationship to Business (Title) <i>Manager</i>		5. Email <i>kaylab@synergycoop.com</i>		6. Phone <i>(715) 962-3172</i>
7. Home Address <i>N8227 Cty Rd M</i>				
8. City <i>Colfax</i>		9. State <i>Wi</i>	10. Zip Code <i>54730</i>	11. Date of Birth <i>08/05/19</i>
12. Drivers License/State ID Number <i>B650-5108-3785-04</i>			13. Drivers License/State ID State of Issuance <i>Wi</i>	

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) <i>08/1983</i>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
State	County	State	County

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>Kayla Brown</i>	04/28/2026

Alcohol Beverage Individual Questionnaire

Date
5-5-26

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 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) SYNERGY COMMUNITY COOPERATIVE	
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 KNUTSON		2. First Name KYLE		3. M.I. L
4. Relationship to Business (Title) CEO		5. Email KYLEK@SYNERGYCOOP.COM		6. Phone (715) 949-1979
7. Home Address N10037 CTY RD M				
8. City COLFAX		9. State WI	10. Zip Code 54730	11. Date of Birth 07/11/72
12. Drivers License/State ID Number K532-5127-2251-02			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?			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Years</td> <td style="padding: 2px;">22</td> </tr> <tr> <td style="padding: 2px;">Months</td> <td style="padding: 2px;">2</td> </tr> </table>	Years	22	Months	2
Years	22						
Months	2						
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			
N10037 CTY RD M		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
WI	DUNN	WI	CHIPPEWA	IN	JASPER	WI	BARRON
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 5-5-26

Alcohol Beverage Individual Questionnaire

Date
5-5-26

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 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) SYNERGY COMMUNITY COOPERATIVE	
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 SCORE		2. First Name DAVID	
		3. M.I. A	
4. Relationship to Business (Title) CHAIRMAN		5. Email SCOREDAIRY@GMAIL.COM	
		6. Phone (715) 949-1895	
7. Home Address N12103 430TH ST			
8. City BOYCEVILLE		9. State WI	10. Zip Code 54725
		11. Date of Birth 10-13-55	
12. Drivers License/State ID Number S600-1615-5373-03		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?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years 70</td> <td style="width: 50%;">Months 6</td> </tr> </table>	Years 70	Months 6
Years 70	Months 6				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 N12103 430TH ST		City BOYCEVILLE			
		State WI			
		Zip Code 54725			
Previous Address 2		City			
		State			
		Zip Code			
Previous Address 3		City			
		State			
		Zip Code			
Previous Address 4		City			
		State			
		Zip Code			
Previous Address 5		City			
		State			
		Zip Code			
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County Dunn	State	County		
State	County	State	County		
State	County	State	County		
State	County	State	County		

Continued →

Part D: Criminal History

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

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

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" 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 David S. Sore Date May 5-2026

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
5-5-26

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 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) SYNERGY COMMUNITY COOPERATIVE	
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 SOLUM		2. First Name WAYNE		3. M.I. C
4. Relationship to Business (Title) DIRECTOR		5. Email CTN94610@CENTURYTEL.NET		6. Phone (715) 651-1735
7. Home Address 2686 22ND ST				
8. City RICE LAKE		9. State WI	10. Zip Code 54868	11. Date of Birth 1/16/1958
12. Drivers License/State ID Number Wisconsin			13. Drivers License/State ID State of Issuance 545D - 8835 - 8016 - 00	

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?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years 68</td> <td style="width: 50%;">Months 4</td> </tr> </table>	Years 68	Months 4		
Years 68	Months 4						
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 2686 22ND ST		City RICE LAKE	State WI	Zip Code 54868			
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 Barron	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 *W. Wayne C. Schlem* Date *5/5/2026*

Alcohol Beverage Individual Questionnaire

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) SYNERGY COMMUNITY COOPERATIVE	
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 ACKERLUND		2. First Name STEVEN		3. M.I.
4. Relationship to Business (Title) SECRETARY		5. Email STEVENACKER2002@YAHOO.COM		6. Phone (715) 962-4447
7. Home Address N11014 CTY RD M				
8. City COLFAX		9. State WI	10. Zip Code 54730	11. Date of Birth 5-15-68
12. Drivers License/State ID Number A264-7906-8175-01			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?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years 57</td> <td style="width: 50%;">Months 10</td> </tr> </table>	Years 57	Months 10		
Years 57	Months 10						
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 N11014 CTY RD M		City COLFAX	State WI	Zip Code 54730			
Previous Address 2		City	State	Zip Code			
Previous Address 3		City	State	Zip Code			
Previous Address 4		City	State	Zip Code			
Previous Address 5		City	State	Zip Code			
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State WI	County Dunn	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

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

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

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

Part E: Attestation

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

Signature  Date 5-5-26

Alcohol Beverage Individual Questionnaire

Date
5-5-26

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) SYNERGY COMMUNITY COOPERATIVE	
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 JOHNSON	2. First Name BRIAN	3. M.I. R	
4. Relationship to Business (Title) DIRECTOR	5. Email BRIANRJ@YAHOO.COM	6. Phone (715) 658-1888	
7. Home Address N12038 890TH ST			
8. City COLFAX	9. State WI	10. Zip Code 54730	11. Date of Birth 10/29/1960
12. Drivers License/State ID Number 5525-0766-0389-09		13. Drivers License/State ID State of Issuance WISCONSIN	

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?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years 65</td> <td style="width: 50%;">Months 6</td> </tr> </table>	Years 65	Months 6
Years 65	Months 6				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 N12038 890TH ST	City COLFAX	State WI	Zip Code 54730		
Previous Address 2	City	State	Zip Code		
Previous Address 3	City	State	Zip Code		
Previous Address 4	City	State	Zip Code		
Previous Address 5	City	State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State WI	County Dunn	State	County		
State	County	State	County		

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 Robert R Johnson Date 5-5-2026

Alcohol Beverage Individual Questionnaire

Date
5-5-26

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 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) Synergy Community Cooperative			
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 Rosen		2. First Name Daniel	
		3. M.I. A	
4. Relationship to Business (Title) Director		5. Email darosen7391@gmail	6. Phone (715) 684-9351
7. Home Address 1186 230th Street			
8. City Baldwin		9. State WI	10. Zip Code 54002
		11. Date of Birth 3-30-73	
12. Drivers License/State ID Number R250-1617-3110-02		13. Drivers License/State ID State of Issuance	

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)
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 Same as above	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County St. Croix	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 **5-5-26**

Alcohol Beverage Individual Questionnaire

Date
5-5-26

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 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) SYNERGY COMMUNITY COOPERATIVE	
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 OLSON		2. First Name JEFF		3. M.I. J
4. Relationship to Business (Title) DIRECTOR		5. Email OLSONVILLE@YAHOO.COM		6. Phone (715) 554-3774
7. Home Address 1015 40TH ST				
8. City CLAYTON		9. State WI	10. Zip Code 54004	11. Date of Birth 1-10-93
12. Drivers License/State ID Number 0425-4307-3010-08			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?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years 53</td> <td style="width: 50%;">Months 3</td> </tr> </table>	Years 53	Months 3		
Years 53	Months 3						
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 1015 40TH ST		City CLAYTON	State WI	Zip Code 54004			
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 POLK	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

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

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

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

Part E: Attestation

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

Signature  Date 5-5-06

Alcohol Beverage Individual Questionnaire

Date: 5-5-2024

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) <u>SYNERGY COMMUNITY COOPERATIVE</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>TETZNER</u>		2. First Name <u>GREG</u>	
		3. M.I. <u>E</u>	
4. Relationship to Business (Title) <u>DIRECTOR</u>		5. Email <u>DCTETZNER@ICLOUD.COM</u>	
		6. Phone <u>(715) 373-2836</u>	
7. Home Address <u>30545 NEVERS RD</u>			
8. City <u>WASHBURN</u>		9. State <u>WI</u>	10. Zip Code <u>54891</u>
		11. Date of Birth <u>5-1-1957</u>	
12. Drivers License/State ID Number <u>1325-2855-7161-04</u>		13. Drivers License/State ID State of Issuance <u>WI</u>	

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 <u>69</u>	Months <u>0</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
<u>30545 NEVERS RD</u>		<u>WASHBURN</u>	<u>WI</u>
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
<u>WI</u>	<u>Washburn</u>		
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 *Gregory E. Totzmer* Date 5-5-26

Alcohol Beverage Individual Questionnaire

Date
5-5-2026

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) SYNERGY COMMUNITY COOPERATIVE				
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 MOLLS		2. First Name ROMAN		3. M.I. A
4. Relationship to Business (Title) VICE CHAIRMAN		5. Email RAMJR@GMAIL.COM		6. Phone (715) 357-8013
7. Home Address 459 16TH AVE				
8. City ALMENA		9. State WI	10. Zip Code 54805	11. Date of Birth 11/11/59
12. Drivers License/State ID Number M420-7215-9411-04			13. Drivers License/State ID State of Issuance	

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 64	Months 0
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
459 16TH AVE		ALMENA	WI	54805
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
WI	Barron			
State	County	State	County	State

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 Roman C. Mueller Date 5-5-2026

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Village of Colfax
License Period	7/1/26 - 4/30/27

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 \$ 100.00 <input type="checkbox"/> "Class A" Liquor \$ _____ <input checked="" type="checkbox"/> Regular "Class B" Liquor \$ 400.00 <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: 60%;">License Fee(s)</td> <td style="width: 40%;">\$ 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) Moms Restaurant + Pub LLC			
2. Business Trade Name or DBA Moms			
3. FEIN 85-1323689		4. Wisconsin Seller's Permit Number 456103033186704	
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 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 WI		8. Date of Organization 6/1/2020	9. Wisconsin DFI Registration Number
10. Premises Address 225 Bremer Ave # 101			
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		16. Aldermanic District
17. Premises Phone 715-962-4617	18. Premises Email momsrestaurant+pub2020@gmail.com		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"/>			
21. Mailing Address (if different from premises address) N 8080 Cty Rd M			
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. 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 Barstad		First Name Mark		M.I. S
Title Owner	Email momsrestaurant + Pub@gmail.com		Phone 715-704-0163	
Signature Mark A Barstad			Date 5-30-2020	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 6/1/20	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk Shubh			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>Moms Restaurant + Pub LLC</u>
2. Business Trade Name or DBA	<u>Moms</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>Barstad</u>	<u>Mark</u>	<u>S</u>	
4. Relationship to Business (Title)	5. Email	6. Phone	
<u>Owner</u>	<u>momsrestaurant + pub2020@gmail.com</u>	<u>715-704-0163</u>	
7. Home Address			
<u>N8080 Guy Rd m</u>			
8. City	9. State	10. Zip Code	11. Date of Birth
<u>Colfax</u>	<u>WI</u>	<u>54730</u>	<u>4/21/1957</u>
12. Driver's License/State ID Number		13. Driver's License/State ID State of Issuance	
<u>B623 5575 6141 04</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>04/1956</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>N8080 Guy Rd m</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
<u>WI</u>	<u>Dunn</u>						
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>Mark A Barstad</i>	Date <i>5-30-202</i>
---------------------------------	----------------------

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 \$ _____	<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							
<input checked="" type="checkbox"/> Class "B" Beer \$ 100.00									
<input type="checkbox"/> "Class A" Liquor \$ _____									
<input checked="" type="checkbox"/> Regular "Class B" Liquor \$ 400.00									
<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) <i>The Blind Tiger LLC</i>			
2. Business Trade Name or DBA <i>Blind Tiger</i>			
3. FEIN <i>82-2896508</i>		4. Wisconsin Seller's Permit Number <i>456102943847602</i>	
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 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 <i>WI</i>		8. Date of Organization <i>10/23/2017</i>	9. Wisconsin DFI Registration Number
10. Premises Address <i>512 Main St.</i>			
11. City <i>Colfax</i>		12. State <i>WI</i>	13. Zip Code <i>54730</i>
14. County <i>Dunn</i>	15. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: <i>Colfax</i>		16. Aldermanic District
17. Premises Phone <i>715-962-4281</i>	18. Premises Email <i>blind-tiger@outlook.com</i>		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"/>			
21. Mailing Address (if different from premises address) <i>233 Olive St</i>			
22. City <i>Chippewa Falls</i>		23. State <i>WI</i>	24. Zip Code <i>54729</i>

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 Anderson	First Name Jessica	M.I. L
Title owner	Email blind-tiger@outlook.com	Phone 715-829-1406
Signature 		Date 5-12-26

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)	

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 is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	<u>The Blind Tiger LLC</u>
2. Business Trade Name or DBA	<u>Blind Tiger</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>Anderson</u>	<u>Jessica</u>	<u>L</u>	
4. Relationship to Business (Title)	5. Email	6. Phone	
<u>owner</u>	<u>blind-tiger@outlook.com</u>	<u>715-829-1406</u>	
7. Home Address			
<u>233 Olive St</u>			
8. City	9. State	10. Zip Code	11. Date of Birth
<u>Chippewa Falls</u>	<u>WI</u>	<u>54729</u>	<u>5/5/89</u>
12. Driver's License/State ID Number		13. Driver's License/State ID State of Issuance	
<u>A536.4328-9665-05</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>05/1989</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>233 Olive St</u>	<u>Chippewa Falls</u>	<u>WI</u>	<u>54729</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
<u>WI</u>	<u>Chippewa</u>		
State	County	State	County

Continued →

Part D: Criminal History

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

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

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

Part E: Attestation

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

Signature  Date 5-12-26

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>The Blind Tiger LLC</u>
2. Business Trade Name or DBA	<u>Blind Tiger</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>Anderson</u>	<u>Nicholas</u>	<u>L</u>	
4. Relationship to Business (Title)	5. Email	6. Phone	
<u>Owner</u>		<u>715.456.7453</u>	
7. Home Address			
<u>233 Olive St</u>			
8. City	9. State	10. Zip Code	11. Date of Birth
<u>Chippewa Falls</u>	<u>WI</u>	<u>54729</u>	<u>2-11-1983</u>
12. Driver's License/State ID Number		13. Driver's License/State ID State of Issuance	
<u>A 536-6368-3051-06</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>2/1983</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>233 Olive St</u>	<u>Chippewa Falls</u>	<u>WI</u>	<u>54729</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
<u>WI</u>	<u>Chippewa</u>		
State	County	State	County

Continued →

Part D: Criminal History

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

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

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

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

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

Part E: Attestation

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

Signature 	Date 5-12-26
---	--------------

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

Fees	
License Fee(s)	\$ <u>200.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>23.00</u>
Total Fees	\$ <u>223.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>A Little Slice of Italy, LLC</u>			
2. Business Trade Name or DBA <u>Little Italy</u>			
3. FEIN <u>85-1981910</u>		4. Wisconsin Seller's Permit Number <u>456103071578604</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 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 <u>WI</u>		8. Date of Organization <u>07/2021</u>	9. Wisconsin DFI Registration Number
10. Premises Address <u>501 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>715-962-4444</u>	18. Premises Email <u>bellabea67@yahoo.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"/>			
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>Jenson</i>	First Name <i>Anne</i>	M.I. <i>E</i>
Title <i>Owner</i>	Email <i>bella.bea.67@yahoo.com</i>	Phone <i>715-556-4110</i>
Signature <i>[Signature]</i>		Date <i>5/19/26</i>

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>6/3/26</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 5/7/36

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>A Little Slice of Italy LLC</u>
2. Business Trade Name or DBA	<u>Little Italy</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>Jenson</u>	<u>Anne</u>	<u>E</u>	
4. Relationship to Business (Title)	5. Email	6. Phone	
<u>Owner</u>	<u>bellabeaker@yahoo.com</u>	<u>715-556-4110</u>	
7. Home Address			
<u>805 E. Railroad Ave</u>			
8. City	9. State	10. Zip Code	11. Date of Birth
<u>Colfax</u>	<u>WI</u>	<u>54730</u>	
12. Driver's License/State ID Number		13. Driver's License/State ID State of Issuance	
<u>J535-0456-7957-01</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>12/1967</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>805 E. Railroad Ave.</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
<u>WI</u>	<u>Dunn</u>		
State	County	State	County

Continued →

Part D: Criminal History

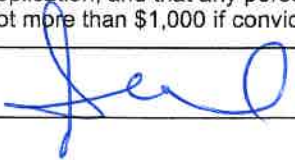
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach 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 5/19/26
---	--------------

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	Village of Colfax
License Period	7/1/26 4/30/27

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) The Blind Tiger LLC		
2. Business Trade Name or DBA Blind Tiger		
3. FEIN 82-2896508	4. Wisconsin Seller's Permit Number 456 1029 438 47602	
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		
6. State of Organization WI	7. Date of Organization 10/23/17	8. Wisconsin DFI Registration Number
9. Premises Address (do not use PO Box) 512 Main St.		
10. City Colfax	11. State WI	12. Zip Code 54730
13. County Dunn	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: Colfax	15. Aldermanic District
16. Mailing Address (if different from premises address) 233 Olive St.		
17. City Chippewa Falls	18. State WI	19. Zip Code 54729
20. Premises Phone 715-962-4281	21. Premises Email blind-tiger@outlook.com	22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. Bar + grill area		

Part B: Questions

1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input type="checkbox"/> Tobacco Products <input type="checkbox"/> Electronic Vaping Devices		
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine		
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary 3a. Name of Business Entity: _____ 3b. FEIN of Business Entity: _____		

Part C: Individual Information

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

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

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

Part D: Attestation

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


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

READ CAREFULLY BEFORE SIGNING:


I understand and agree to the following:

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

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

Signature 		Date	5-12-26
Name (Last, First, M.I.) Anderson, Jessica, L			
Title	Owner	Email	blind-tiger@outlook.com
		Phone	715-829-1406

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
5/12/26		6/30/2027	
License fees	Signature of Clerk/Deputy Clerk		
\$5.00			

Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire

Date
5/7/26

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) The Blind Tiger LLC			
2. Business Trade Name or DBA Blind Tiger			
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

Part B: Individual Information			
1. Name (Last) Anderson		2. Name (First) Nicholas	
4. Relationship to Business (Title) Owner		3. Name (M.I.) L	
		5. Email blind-tiger@outlook.com	6. Phone 715-456-7453
7. Home Address 233 Olive St.			
8. City Chippewa Falls		9. State WI	10. Zip Code 54729
		11. Date of Birth 2/11/83	
12. Drivers License/State ID Number A536-6368-3051-06		13. Drivers License/State ID State of Issuance WI	

Part C: Individual's Address History			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 233 Olive 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
Previous Address 6		City	State
			Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence 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
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 currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature *Neil A. [Signature]* Date *5/12/26*

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official *Sheila Riemer* Title *Deputy Clerk-Treasurer*
 Signature of Local Official *Sheila Riemer* Date *5/12/26*

Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire

Date
5/7/26

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) The Blind Tiger			
2. Business Trade Name or DBA Blind Tiger			
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

Part B: Individual Information			
1. Name (Last) Anderson	2. Name (First) JESSICA	3. Name (M.I.) L	
4. Relationship to Business (Title) Owner	5. Email blind-tiger@outlook.com	6. Phone 715-829-1406	
7. Home Address 233 Olive St			
8. City Chippewa Falls	9. State WI	10. Zip Code 54729	11. Date of Birth 5/5/89
12. Drivers License/State ID Number A536-4328-9665-05		13. Drivers License/State ID State of Issuance WI	

Part C: Individual's Address History			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 233 Olive 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
Previous Address 6	City	State	Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence 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
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 currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature: *[Handwritten Signature]* Date: *5/12/26*

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official: *Sheila Riemer* Title: *Deputy Clerk-Treasurer*
 Signature of Local Official: *[Handwritten Signature]* Date: *5/12/26*

6/30/27

COLFAX VILLAGE OF (TAX-WI)
613 MAIN STREET, PO BOX 417 COLFAX,WI 54730

FEE: 5
BGC: 0+ PUBLICATION FEE: 0
11827

FOR CLERKS ONLY
Municipality COLFAX
License Period 7/1/26- 6/30/27

Form
CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) Dolgenercorp, LLC		
2. Business Trade Name or DBA Dollar General Store # 11827		
3. FEIN 61-0852764	4. Wisconsin Seller's Permit Number 456-0000208845-05	
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		
6. State of Organization KY	7. Date of Organization 10/09/2008	8. Wisconsin DFI Registration Number D043567
9. Premises Address (do not use PO Box) 120 MAIN ST		
10. City COLFAX	11. State WI	12. Zip Code 54730-9107
13. County DUNN	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: COLFAX	15. Aldermanic District not in our data
16. Mailing Address (if different from premises address) Attn: Tax Licensing, 100 Mission Ridge		
17. City Goodlettsville	18. State TN	19. Zip Code 37072
20. Premises Phone (615) 855-4000	21. Premises Email tax-beerandwinelicense@dollargeneral.com	22. Website www.dollargeneral.com
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. Sold over the counter. 7193 SQ footage. Consisting of sales floor and stock room.		

Vendor #287922
Invoice #202711827TOBCITY60
Batch #33668 \$5.00

Part B: Questions

1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input type="checkbox"/> Electronic Vaping Devices		
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine		
3. Is the applicant business owned by another business entity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary		
3a. Name of Business Entity: DOLLAR GENERAL CORPORATION		
3b. FEIN of Business Entity: 61-0502302		

Separate check(s)
Please return checks to
Abby Batey

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
BRINING	ZACHARY	LLC MANAGER	(615) 855-4000
HARTSHORN	BRIAN	LLC MANAGER	(615) 855-4000
LAU	DONNY	CFO	(615) 855-4000
LASKA	CANDACE	AGENT	(615) 855-4000

Part D: Attestation

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

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

READ CAREFULLY BEFORE SIGNING:

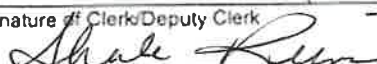
I understand and agree to the following:

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

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

Signature 	Date 03/09/2026	
Name (Last, First, M.I.) BRINING, ZACHARY, J.		
Title LLC MANAGER	Email tax-beerandwinelicense@dollargeneral.com	Phone (615) 855-4000

Part E: For Clerk Use Only

Date application was filed with clerk 5/12/26	Date license issued	Date license expires	License number
License fees \$5.00	Signature of Clerk/Deputy Clerk 		



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

State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT
 2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902
 PHONE: 608-266-2776 FAX: 608-261-6248
 EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

DOLGENCORP LLC
 100 MISSION RDG
 GOODLETTSVILLE TN 37072-2171

Letter ID: L1728810304
 Batch Index: 1356179968-75

Wisconsin Department of Revenue

Seller's Permit

LEGAL/REAL NAME: DOLGENCORP LLC
 BUSINESS NAME: DOLLAR GENERAL STORE #11827
 120 S MAIN ST
 COLFAX WI 54730-9106

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

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

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

Form
CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date
03/16/2026

Agent Type (check one): Original Change

Part A: Agent Information

1. Last Name LASKA	2. First Name CANDACE	3. M.I. M
4. Email tax-beerandwinelicense@dollargeneral.com	5. Phone (615) 855-4000	
6. Home Address 997 SOUTHGATE DRIVE		
7. City ELLSWORTH	8. State WI	9. Zip Code 54011
10. Date of Birth 02/13/1983	11. Drivers License/State ID Number L200-1138-3553-00	12. Drivers License/State ID State of Issuance WI

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. Yes No

2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Agent change

Part C: Business Information

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

2. Business Trade Name or DBA
DOLLAR GENERAL STORE # 11827

3. Entity Type (check one)
 Limited Liability Company Corporation

4. Premises Address
120 MAIN ST

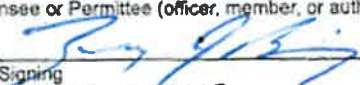
5. City
COLFAX

6. State
WI

7. Zip Code
54730-9107

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the Licensee or Permittee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

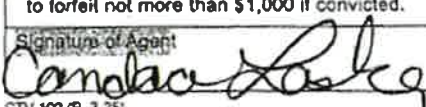
Signature of Licensee or Permittee (officer, member, or authorized signatory)


Date
3/20/26

Name of Person Signing
ZACHARY BRINING

Title
LLC MANAGER

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent


Date
03/16/2026

Date 03/16/2026

Form
CTV-101

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

Part A: Business Information			
1. Legal Business Name (Individual name if sole proprietor) DOLGENCORP, LLC			
2. Business Trade Name or DBA DOLLAR GENERAL STORE # 11827			
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

Part B: Individual Information					
1. Name (Last) Laska		2. Name (First) Candace		3. Name (M.I.) M	
4. Relationship to Business (Title) DIST MGR/STORE MGR		5. Email tax-beerandwinelicense@dg.		6. Phone (615) 855-4000	
7. Home Address 997 Southgate Drive					
8. City Ellsworth		9. State WI	10. Zip Code 54011	11. Date of Birth 02/13/1983	
12. Drivers License/State ID Number L200-1138-3553-00			13. Drivers License/State ID State of Issuance WI		

Part C: Individual's Address History							
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1				City		State	Zip Code
Previous Address 2				City		State	Zip Code
Previous Address 3				City		State	Zip Code
Previous Address 4				City		State	Zip Code
Previous Address 5				City		State	Zip Code
Previous Address 6				City		State	Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State WI	County PEIRCE		State MN	County GOODHUE		State MN	County DAKOTA
State IA	County BLACK HAWK		State IA	County CERRO GORDO		State	County BUCHANAN
State	County		State	County		State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence 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
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 currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature <i>Candace Laska</i>	Date 03/16/2026
-----------------------------------	--------------------

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official <i>Sheila Riemer</i>	Title <i>Deputy Clerk - Treas</i>
Signature of Local Official <i>Sheila Riemer</i>	Date <i>5/12/26</i>

Date 5/12/26

Form
CTV-101

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

Part A: Business Information			
1. Legal Business Name (Individual name if sole proprietor) Dolgencorp, LLC			
2. Business Trade Name or DBA Dollar General Store # 11827			
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

Part B: Individual Information			
1. Name (Last) Lau	2. Name (First) Donny	3. Name (M.I.) H	
4. Relationship to Business (Title) CFO	5. Email donny.lau@dollargeneral.com	6. Phone 615-855-4000	
7. Home Address 4026 Russellwood Dr			
8. City Nashville	9. State TN	10. Zip Code 37204	11. Date of Birth 9-11-78
12. Drivers License/State ID Number 115024451		13. Drivers License/State ID State of Issuance TN	

Part C: Individual's Address History			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 N/A	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State TN	County Davidson	State	County
State KY	County Jefferson	State	County

Continued →

Part D: Individual's Criminal History		
1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes to question 1, please list details of each conviction below:		
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
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 currently pending against you (other than traffic offenses) 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 by Individual	
READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.	
Signature <i>Danny Kean</i>	Date 3-26-26

Part F: Licensing Authority Approval	
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.	
Name of Local Official <i>Shiela Riemer</i>	Title <i>Deputy Clerk Treas.</i>
Signature of Local Official <i>Shiela Riemer</i>	Date 5/12/26

Date 5/12/26

Form
CTV-101

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) Dolgencorp, LLC			
2. Business Trade Name or DBA Dollar General Store # 11827			
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

Part B: Individual Information					
1. Name (Last) Hartshorn		2. Name (First) Brian		3. Name (M.I.) T	
4. Relationship to Business (Title) LLC Manager		5. Email tax-beerandwine@dollargeneral.com		6. Phone 615-855-4000	
7. Home Address 508 Brennan Ln					
8. City Franklin		9. State TN	10. Zip Code 37067		11. Date of Birth 5-19-79
12. Drivers License/State ID Number 082726098			13. Drivers License/State ID State of Issuance TN		

Part C: Individual's Address History							
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 N/A		City		State		Zip Code	
Previous Address 2		City		State		Zip Code	
Previous Address 3		City		State		Zip Code	
Previous Address 4		City		State		Zip Code	
Previous Address 5		City		State		Zip Code	
Previous Address 6		City		State		Zip Code	
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State TN	County Williamson	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence 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
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 currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature *Guen Hartman* Date *4/14/24*

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official *Shirley Riemer* Title *Deputy Clerk - Treas.*

Signature of Local Official *Shirley Riemer* Date *5/12/26*

Date 03/09/26

Form
CTV-101

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information

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

2. Business Trade Name or DBA
Dollar General Store # 11827

3. Entity Type (check one)
 Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation

Part B: Individual Information

1. Name (Last) BRINING	2. Name (First) ZACHARY	3. Name (M.I.) J
4. Relationship to Business (Title) LLC MANAGER	5. Email tax-beerandwinelicense@dollargeneral.com	6. Phone (615) 855-4000
7. Home Address 1019 MORCHELLA PRIVATE WAY		
8. City HENDERSONVILLE	9. State TN	10. Zip Code 37075
11. Date of Birth 08/15/1978		
12. Drivers License/State ID Number 135104213	13. Drivers License/State ID State of Issuance TN	

Part C: Individual's Address History

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

Previous Address 1 1017 MONTROSE DR	City GALLATIN	State TN	Zip Code 37066
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State IL	County KANE	State TN	County SUMNER	State MN	County HENNEPIN	State MN	County RAMSEY
State IL	County CHAMPAIGN	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:


Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence 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
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 currently pending against you (other than traffic offenses) 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.

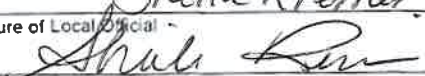
Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature	Date
	03/09/2026

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title
Sheila Riemer	Deputy Clerk - Treas.
Signature of Local Official	Date
	5/12/26

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	
Municipality	VILLAGE OF COLFAX
License Period	7/1/2026 - 6/30/2027

Part A: Premises/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. FEIN 271107309	4. Wisconsin Seller's Permit Number 456102644642902		
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			
6. State of Organization WI	7. Date of Organization	8. Wisconsin DFI Registration Number J031100	
9. Premises Address (do not use PO Box) 616 MAIN ST.			
10. City COLFAX	11. State WI	12. Zip Code 54730	
13. County DUNN	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: COLFAX		15. Aldermanic District
16. Mailing Address (if different from premises address) P.O. BOX 428			
17. City COLFAX	18. State WI	19. Zip Code 54730	
20. Premises Phone (715) 962-3241	21. Premises Email COLFAX@THALEROIL.COM		22. Website WWW.THALEROIL.COM
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. CONVENIENCE STORE LOCATED AT 616 MAIN ST. COLFAX, WI 54730			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: _____ 3b. FEIN of Parent Company: _____	

Part C: Individual Information

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

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

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

Part D: Attestation

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

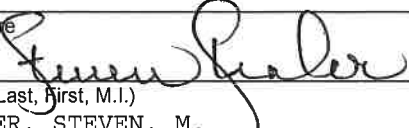
- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

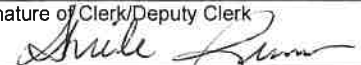
I understand and agree to the following:

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

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

Signature 		Date 05/13/2026
Name (Last, First, M.I.) THALER, STEVEN, M.		
Title MEMBER	Email INFO@THALEROIL.COM	Phone (715) 723-2822

Part E: For Clerk Use Only

Date application was filed with clerk 5/26/2026	Date license issued	Date license expires 6/30/27	License number
License fees \$5.00	Signature of Clerk/Deputy Clerk 		

Date
05/13/26

Form
CTV-101

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

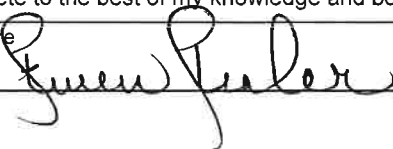
Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) J & S SALES OF CHIPPEWA FALLS, LLC			
2. Business Trade Name or DBA EXPRESS MART			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked=""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


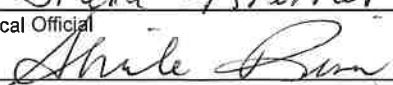
Part B: Individual Information			
1. Name (Last) THALER	2. Name (First) STEVEN	3. Name (M.I.) M	
4. Relationship to Business (Title) MEMBER	5. Email INFO@THALEROIL.COM	6. Phone (715) 723-2822	
7. Home Address 310 S. MAIN ST.			
8. City CHIPPEWA FALLS	9. State WI	10. Zip Code 54729	11. Date of Birth 09/16/52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

Part C: Individual's Address History			
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
Previous Address 6	City	State	Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County CHIPPEWA	State	County
State	County	State	County

Continued →

Part D: Individual's Criminal History		
1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below:		
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
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 currently pending against you (other than traffic offenses) 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 by Individual	
READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.	
Signature 	Date 05/13/2026

Part F: Licensing Authority Approval	
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.	
Name of Local Official 	Title Deputy Clerk - Treasurer
Signature of Local Official 	Date 5/26/2026

Date
05/13/26

Form
CTV-101

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

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

Part B: Individual Information			
1. Name (Last) IVERSON-DEMOE	2. Name (First) RONDI	3. Name (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: Individual's Address History			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 703 PINE ST.	City COLFAX	State WI	Zip Code 54730
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County DUNN	State	County
State	County	State	County

Continued →

Part D: Individual's Criminal History		
1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes to question 1, please list details of each conviction below:		
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
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 currently pending against you (other than traffic offenses) 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 by Individual	
<p>READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.</p>	
Signature	Date
<i>Rondi Iverson Derr</i>	05/13/2026

Part F: Licensing Authority Approval	
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.	
Name of Local Official	Title
<i>Sheila Riemer</i>	<i>Deputy Clerk-Treasurer</i>
Signature of Local Official	Date
<i>Sheila Riemer</i>	5/26/2026

Form
CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

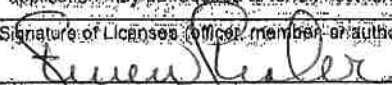
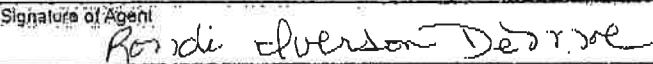
Date
05/13/2026

Agent Type (check one) Original Change

Part A: Agent Information		
1. Last Name IVERSON-DEMOE	2. First Name RONDI	3. M.I. L.
4. Email COLFAX@THALEROil.COM	5. Phone (715) 962-3241	
6. Home Address 703 PINE ST, P.O. BOX 251		
7. City COLFAX	8. State WI	9. Zip Code 54730
10. Date of Birth 08/27/1955	11. Drivers License/State ID Number 1162-7325-5807-10	12. Drivers License/State ID State of Issuance WI

Part B: Questions
1. Have you completed Form CTV-101, Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information		
1. Legal Business Name (individual name if sole proprietor) J & S SALES OF CHIPPEWA FALLS, LLC		
2. Business/Trade Name or DBA EXPRESS MART		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 616 MAIN ST.		
5. City COLFAX	6. State WI	7. Zip Code 54730

Part D: Attestations	
READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature of Licensee (officer, member, or authorized signatory) 	Date 05/13/2026
Name of Person Signing for Licensee STEVEN M. THALER	Title MEMBER
READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.	
Signature of Agent 	Date 05/13/2026

CTV-102 (R. 2-24)

Wisconsin Department of Revenue

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	Village of Colfax
License Period	7/1/26 - 6/30/27

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) Outhouse Bar			
2. Business Trade Name or DBA			
3. FEIN 91-3285539		4. Wisconsin Seller's Permit Number 456102509339405	
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			
6. State of Organization WI		7. Date of Organization	8. Wisconsin DFI Registration Number
9. Premises Address (do not use PO Box) 413 main St.			
10. City Colfax		11. State WI	12. Zip Code 54730
13. County Dunn	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: Colfax		15. Aldermanic District
16. Mailing Address (if different from premises address) P.O. Box 81			
17. City Colfax		18. State WI	19. Zip Code 54730
20. Premises Phone 715-962-3339	21. Premises Email lisasms@gmail.com		22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. Bar Area + Stock room			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary 3a. Name of Business Entity: _____ 3b. FEIN of Business Entity: _____	

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Johnson	Lisa	Owner	715-962-2829

Part D: Attestation

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


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

READ CAREFULLY BEFORE SIGNING:

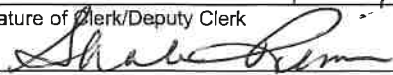
I understand and agree to the following:

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

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

Signature 		Date 05-10-2026
Name (Last, First, M.I.) Johnson, Lisa J		
Title Owner	Email l.sasmes@gmail.com	Phone 715-962-2829

Part E: For Clerk Use Only

Date application was filed with clerk 5/13/26	Date license issued	Date license expires 6/30/27	License number
License fees \$5.00	Signature of Clerk/Deputy Clerk 		

Date 5/7/24

Form
CTV-101

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) <u>Outhouse Bar</u>			
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

Part B: Individual Information				
1. Name (Last) <u>Johnson</u>		2. Name (First) <u>Lisa</u>		3. Name (M.I.) <u>J</u>
4. Relationship to Business (Title) <u>Owner</u>		5. Email <u>lisa.johnson@gmail.com</u>		6. Phone <u>715-962-2829</u>
7. Home Address <u>501 West St</u>				
8. City <u>Colfax</u>		9. State <u>WI</u>	10. Zip Code <u>54730</u>	11. Date of Birth <u>6/15/77</u>
12. Drivers License/State ID Number <u>J525 5301 7715 04</u>			13. Drivers License/State ID State of Issuance <u>WI</u>	

Part C: Individual's Address History				
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.				
Previous Address 1 <u>501 West 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
Previous Address 6		City	State	Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.				
State	County	State	County	State
State	County	State	County	State

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence 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
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 currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature *Dina Johnson* Date *05-10-2026*

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official *Sheila Riemer* Title *Deputy Clerk - Treasurer*
 Signature of Local Official *Sheila Riemer* Date *5/13/26*

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	Village of Colfax
License Period	7/1/26 - 6/30/27

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) Kyles Market Inc.			
2. Business Trade Name or DBA			
3. FEIN 26-0207158		4. Wisconsin Seller's Permit Number 456102559186603	
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			
6. State of Organization WI		7. Date of Organization 7/1/07	8. Wisconsin DFI Registration Number
9. Premises Address (do not use PO Box) 115 Main St			
10. City Colfax		11. State WI	12. Zip Code 54730
13. County Dunn	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of: Colfax		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City		18. State	19. Zip Code
20. Premises Phone		21. Premises Email	22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. Sold behind service counter in front of store			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary 3a. Name of Business Entity: _____ 3b. FEIN of Business Entity: _____	

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Kressin	Nicholas	President/owner	715-942-3585
Kressin	Hannah	Treasurer	715-942-3585

Part D: Attestation

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


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

READ CAREFULLY BEFORE SIGNING:

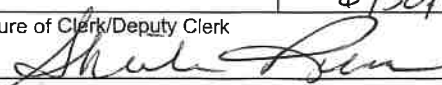
I understand and agree to the following:

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

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

Signature 	Date 5-26-26	
Name (Last, First, M.I.) Kressin, Nicholas N		
Title President/owner	Email info@kylesmarket.com	Phone 715-942-3585

Part E: For Clerk Use Only

Date application was filed with clerk 5/28/26	Date license issued	Date license expires 6/30/2027	License number
License fees \$ 5.00	Signature of Clerk/Deputy Clerk 		

Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire

Date 5/7/26

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

Part B: Individual Information			
1. Name (Last) Kressin	2. Name (First) Nicholas	3. Name (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. Drivers License/State ID Number K625 6348		13. Drivers License/State ID State of Issuance	

Part C: Individual's Address History			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 2799 23rd 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
Previous Address 6	City	State	Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

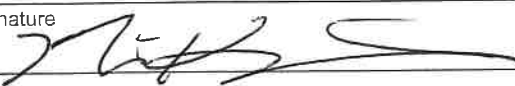
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated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

2. Are charges for any offenses currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature  Date 5-26-26

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official Sheila Riemer Title Deputy Clerk-Treasurer
 Signature of Local Official  Date 5/28/26

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	
Municipality	Village of Colfax
License Period	7/1/26 - 6/30/27

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) 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			
6. State of Organization Wisconsin		7. Date of Organization 10/01/2017	8. Wisconsin DFI Registration Number R029329
9. Premises Address (do not use PO Box) 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: Colfax		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City		18. State	19. Zip Code
20. Premises Phone (715) 962-3172		21. Premises Email kaylab@synergycoop.com	22. Website synergycoop.com
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. Convenience Store, Sold/Stored Behind Service Counter			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary	
3a. Name of Business Entity: _____	
3b. FEIN of Business Entity: _____	

Part C: Individual Information

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

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

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

Part D: Attestation

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


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

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

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

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

Signature 		Date 05/01/2026
Name (Last, First, M.I.) Strand, Troy, A		
Title Retail Division Manager	Email troys@synergycoop.com	Phone (715) 554-4097

Part E: For Clerk Use Only

Date application was filed with clerk 5/19/2026	Date license issued	Date license expires 6/30/27	License number
License fees \$5.00	Signature of Clerk/Deputy Clerk 		

Form
CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date
05/06/2026

Agent Type (check one): Original Change

Part A: Agent Information

1. Last Name Brown		2. First Name Kayla		3. M.I. J	
4. Email kaylab@synergycoop.com			5. Phone (715) 962-3172		
6. Home Address N8227 Cty Rd M					
7. City Colfax			8. State WI	9. Zip Code 54730	
10. Date of Birth 08/05/1983		11. Drivers License/State ID Number B650-5108-3785-04		12. Drivers License/State ID State of Issuance WI	

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. Yes No

2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

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

2. Business Trade Name or DBA
Colfax Cenex

3. Entity Type (check one)
 Limited Liability Company Corporation

4. Premises Address
401 Railroad Ave

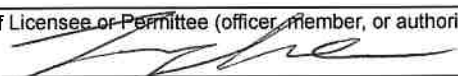
5. City
Colfax

6. State
WI

7. Zip Code
54730

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the Licensee or Permittee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature of Licensee or Permittee (officer, member, or authorized signatory) 	Date 05/01/2026
Name of Person Signing Troy Strand	Title Division Manager

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent 	Date 04/28/2026
---	--------------------

Date 5/12/26

Form
CTV-101

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) Synergy Community Cooperative			
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

Part B: Individual Information			
1. Name (Last) Brown	2. Name (First) Kayla	3. Name (M.I.) J	
4. Relationship to Business (Title) Manager	5. Email kaylab@synergycoop.com	6. Phone (715) 962-3172	
7. Home Address N8227 Cty Rd M			
8. City Colfax	9. State WI	10. Zip Code 54730	11. Date of Birth 08/05/19
12. Drivers License/State ID Number B650-5108-3785-04		13. Drivers License/State ID State of Issuance WI	

Part C: Individual's Address History			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence 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
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 currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature <i>Kayla Brown</i>	Date 04/28/2026
---------------------------------	--------------------

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official <i>Sheila Riemer</i>	Title <i>Deputy Clerk - Treasurer</i>
Signature of Local Official <i>Sheila Riemer</i>	Date 5/12/26

Form
CTV-101

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

Date 5-5-26

Part A: Business Information

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

Part B: Individual Information

1. Name (Last) ACKERLUND		2. Name (First) STEVEN		3. Name (M.I.) J	
4. Relationship to Business (Title) SECRETARY		5. Email STEVEACKER2002@YAHOO.COM		6. Phone (715) 962-4447	
7. Home Address N11014 CTY RD M					
8. City COLFAX		9. State WI	10. Zip Code 54730		11. Date of Birth 5-15-68
12. Drivers License/State ID Number A264-7906-8175-D1			13. Drivers License/State ID State of Issuance WI		

Part C: Individual's Address History

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

Previous Address	City	State	Zip Code
N11014 CTY RD M	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
Previous Address 6	City	State	Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
W	Dunn						
State	County	State	County	State	County	State	County

Continued →

Form
CTV-101

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

Date
5-5-26

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) SYNERGY COMMUNITY COOPERATIVE			
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

Part B: Individual Information			
1. Name (Last) JOHNSON		2. Name (First) BRIAN	
		3. Name (M.I.) R	
4. Relationship to Business (Title) DIRECTOR		5. Email BRIANRJ@YAHOO.COM	6. Phone (715) 658-1888
7. Home Address N12038 890TH STREET			
8. City COLFAX		9. State WI	10. Zip Code 54730
		11. Date of Birth 10/29/2024	
12. Drivers License/State ID Number J525-0766-0389-09		13. Drivers License/State ID State of Issuance WISCONSIN	

Part C: Individual's Address History			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 N12038 890TH STREET		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
Previous Address 6		City	State
			Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County Dunn	State	County
State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence 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	
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 currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature *Brian A Johnson* Date *5-5-26*

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official *Sheila Biemer* Title *Deputy Clerk-Treas.*
 Signature of Local Official *Sheila Biemer* Date *5/12/26*

Form
CTV-101

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

Date
5-5-26

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) SYNERGY COMMUNITY COOPERATIVE			
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

Part B: Individual Information			
1. Name (Last) SOLUM	2. Name (First) WAYNE	3. Name (M.I.) C	
4. Relationship to Business (Title) DIRECTOR	5. Email CTN94610@CENTURYTEL.NET	6. Phone (715) 651-1735	
7. Home Address 2686 22ND ST			
8. City RICE LAKE	9. State WI	10. Zip Code 54868	11. Date of Birth 1/16/1958
12. Drivers License/State ID Number WISCONSIN		13. Drivers License/State ID State of Issuance 545D-8835-8016-00	

Part C: Individual's Address History			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 2686 22ND ST	City RICE LAKE	State WI	Zip Code 54868
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County Barron	State	County
State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence 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
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 currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature *Alex C. [unclear]* Date 5-5-26

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official *Sheila Riemer* Title *Deputy Clerk-Treas.*
 Signature of Local Official *Sheila Riemer* Date 5/12/26

Form
CTV-101

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

Date
5-5-20

Part A: Business Information

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

Part B: Individual Information

1. Name (Last) TETZNER		2. Name (First) GREG		3. Name (M.I.) E	
4. Relationship to Business (Title) DIRECTOR		5. Email dctetzner@icloud.com		6. Phone (715) 373-2836	
7. Home Address 30545 NEVERS RD					
8. City WASHBURN		9. State WI	10. Zip Code 54891		11. Date of Birth 5-1-1957
12. Drivers License/State ID Number T325-2855-7161-04			13. Drivers License/State ID State of Issuance WI		

Part C: Individual's Address History

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

Previous Address	City	State	Zip Code
30545 NEVERS RD	WASHBURN	WI	54891
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Washburn						
State	County	State	County	State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence 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	
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 currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature *Gregory E. Tetzner* Date *5-5-26*

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official *Sheila Rieman* Title *Deputy Clerk - Treas*
 Signature of Local Official *Sheila Rieman* Date *5/12/26*

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

Date
5-5-26

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) SYNERGY COMMUNITY COOPERATIVE			
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

Part B: Individual Information					
1. Name (Last) MOLLS		2. Name (First) ROMAN		3. Name (M.I.) A	
4. Relationship to Business (Title) VICE CHAIRMAN		5. Email RAMJR@GMAIL.COM		6. Phone (715) 357-8013	
7. Home Address 459 16TH AVE					
8. City ALMENA		9. State WI	10. Zip Code 54805		11. Date of Birth 11/11/59
12. Drivers License/State ID Number M 420-7215-9411-04			13. Drivers License/State ID State of Issuance WI		

Part C: Individual's Address History							
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 459 16TH AVE				City ALMENA		State WI	Zip Code 54805
Previous Address 2				City		State	Zip Code
Previous Address 3				City		State	Zip Code
Previous Address 4				City		State	Zip Code
Previous Address 5				City		State	Zip Code
Previous Address 6				City		State	Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State WI	County Barron		State	County		State	County
State	County		State	County		State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence 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
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 currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature <i>Raven A. Myles</i>	Date 5-5-26
------------------------------------	----------------

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official <i>Shila Lerner</i>	Title <i>Deputy Clerk - Treas.</i>
Signature of Local Official <i>Shila Lerner</i>	Date 5/12/26

Form
CTV-101

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

Date 5-5-26

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) SYNERGY COMMUNITY COOPERATIVE			
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

Part B: Individual Information			
1. Name (Last) OLSON	2. Name (First) JEFF	3. Name (M.I.) J	
4. Relationship to Business (Title) DIRECTOR	5. Email OLSONVILLE@YAHOO.COM	6. Phone (715) 554-3774	
7. Home Address 1015 40TH ST			
8. City CLAYTON	9. State WI	10. Zip Code 54004	11. Date of Birth 1-10-73
12. Drivers License/State ID Number 0425-4307-3010-08		13. Drivers License/State ID State of Issuance WI	

Part C: Individual's Address History			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 1015 40TH ST	City CLAYTON	State WI	Zip Code 54004
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County POLK	State	County
State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence 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
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 currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

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

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official <i>Shirley Riernor</i>	Title <i>Deputy Clerk-Treas.</i>
Signature of Local Official 	Date 5/12/26

Form
CTV-101

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

Date
5-5-26

Part A: Business Information			
1. Legal Business Name (Individual name if sole proprietor) SYNERGY COMMUNITY COOPERATIVE			
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

Part B: Individual Information			
1. Name (Last) SCORE	2. Name (First) DAVID	3. Name (M.I.) A	
4. Relationship to Business (Title) CHAIRMAN	5. Email SCOREDAIRY@GMAIL.COM	6. Phone (715) 949-1895	
7. Home Address N12103 430TH STREET			
8. City BOYCEVILLE	9. State WI	10. Zip Code 54725	11. Date of Birth 10-13-55
12. Drivers License/State ID Number 5600-1615-5373-03		13. Drivers License/State ID State of Issuance WI	

Part C: Individual's Address History			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 N12103 430TH ST	City BOYCEVILLE	State WI	Zip Code 54725
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County Dunn	State	County
State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances?..... Yes No

If yes to question 1, please list details of each conviction below:

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

2. Are charges for any offenses currently pending against you (other than traffic offenses) 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.

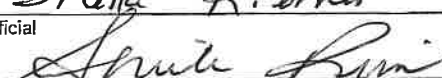
Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature  Date 5-5-26

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	<i>Sheila Riemer</i>	Title	<i>Deputy Clerk-Treas</i>
Signature of Local Official		Date	<i>5/12/24</i>

Form
CTV-101

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

Date
5-5-26

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) SYNERGY COMMUNITY COOPERATIVE			
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

Part B: Individual Information					
1. Name (Last) KNUTSON		2. Name (First) KYLE		3. Name (M.I.) L	
4. Relationship to Business (Title) CEO		5. Email KYLEK@SYNERGYCOOP.COM		6. Phone (715) 949-1979	
7. Home Address N10037 CTY RD M					
8. City COLEFAX		9. State WI	10. Zip Code 54730		11. Date of Birth 07/11/72
12. Drivers License/State ID Number K532-5127-2251-02			13. Drivers License/State ID State of Issuance WI		

Part C: Individual's Address History								
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		
N10037 CTY RD M		COLEFAX		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		
Previous Address 6		City		State		Zip Code		
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.								
State	County		State	County		State	County	
WI	DUNN		WI	CHIPPEWA		IN	JASPER	
State	County		State	County		State	County	

Continued →

Part D: Individual's Criminal History		
1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes to question 1, please list details of each conviction below:		
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
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 currently pending against you (other than traffic offenses) 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 by Individual	
<p>READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.</p>	
Signature <i>Kyle Kuntz</i>	Date 5/5/26

Part F: Licensing Authority Approval	
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.	
Name of Local Official <i>Sheila Kimmor</i>	Title <i>Deputy Clerk - Treas.</i>
Signature of Local Official <i>Sheila Kimmor</i>	Date 5/12/26

Date 5-5-26

Form CTV-101

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information

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

2. Business Trade Name or DBA

3. Entity Type (check one)
 Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation

Part B: Individual Information

1. Name (Last) Rosen	2. Name (First) Daniel	3. Name (M.I.) A
4. Relationship to Business (Title) Director	5. Email darosen7391@gmail	6. Phone (715)684-9351
7. Home Address 1186 230th Street		
8. City Baldwin	9. State WI	10. Zip Code 54002
12. Drivers License/State ID Number R250-1617 3110-20		11. Date of Birth 3-30-73
13. Drivers License/State ID State of Issuance WI		

Part C: Individual's Address History

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

Previous Address	City	State	Zip Code
1 Same as above			
2			
3			
4			
5			
6			

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	St. Croix						

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence 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
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 currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature  Date **5-5-26**

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official **Sheila Riemer** Title **Deputy Clerk - Treas**
 Signature of Local Official  Date **5/12/26**

Village of Colfax

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

July 1, 2026 to June 30, 2027
**License Application for
Keeping Domesticated Chickens**
\$10.00 (non-refundable application fee)

(please print)

1. Name of Applicant Nicole Vande-Kolk
2. Address 412 Main St.
3. Phone 262-989-0548
4. Parcel Number ~~17111-2-291116-240-0087~~ 17111-2-291116-240-0087
5. Number of female chickens (maximum 10) 4
6. Application (circle one) New Renewal

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

Nicole Vande Kolk
Signature of Applicant

5/22/26
Date

Office use only

6/2/26 Date Application Received

6/22/26 Date Board Reviewed Application
Approved / Denied
License Number

UNIT PRICE APPLICATION FOR PAYMENT




Project:	2026 Street and Utility Improvements	Project No:	23-2029.00
Owner:	Village of Colfax	Contract For:	Cedar Street - Contract 2
Contractor:	Skid Steer Guy	Contract Date:	April 20, 2026
Application No:	1	Period Beginning:	May 1, 2026
Application Date:	May 26, 2026	Period Ending:	May 26, 2026


Change Order Summary		Dollars		Time	
		Additions	Deductions	Add/Deduct (Days)	Original Completion Date:
Total Change Orders Approved in Previous Months By Owner					New Completion Date:
Change Orders This Period					
Number	Approved (Date)				
Net Change		\$0.00		0	

Original Contract Price (Sum)	\$557,858.00
Net Change by Change Orders	\$0.00
Net Change by Change in Final Quantities	\$0.00
Contract Price (Sum) to Date	\$557,858.00
<hr/>	
Total Completed Amount to Date (Col. J on Continuation Sheet)	\$367,334.00
Material Suitably Stored Not Incorporated Into Work (Col. K on Continuation Sheet)	\$0.00
Total Completed and Stored to Date (Col. L on Continuation Sheet)	\$367,334.00
Less 5% Retainage to 50% Complete	\$13,946.45
Amount Due Less Retainage	\$353,387.55
Less Previous Payments	\$0.00
Amount Due This Application	\$353,387.55

CONTRACTOR'S CERTIFICATION:

The undersigned Contractor certifies, to the best of its knowledge, the following: (1) All previous progress payments received from Owner on account of Work done under the Contract have been applied to discharge Contractor's legitimate obligations incurred in connection with the Work covered by prior Applications for Payment; (2) Title to all Work, materials, and equipment incorporated in said Work, or otherwise listed in or covered by this Application for Payment, will pass to Owner at time of payment free and clear of all liens, security interests, and encumbrances (except such as are covered by a bond acceptable to Owner indemnifying Owner against any such lien, security interest, or encumbrance); and (3) All Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.

By:  Contractor
(Authorized Signature and Title)
Date: 5/26/26

RECOMMENDED:	APPROVED:
By:  Architect/Engineer (Authorized Signature and Title)	By: _____ Owner (Authorized Signature and Title)
Date: 6/2/2026	Date: _____

Copy to: Owner Contractor A/E Proj. Mgr. A/E Field Rep. _____

**UNIT PRICE
APPLICATION FOR PAYMENT**



Project:	2026 Street and Utility Improvements	Project No:	23-2029.00
Owner:	Village of Colfax	Contract For:	Contract 1
Contractor:	Stout Construction LLC	Contract Date:	March 11, 2026
Application No:	1	Period Beginning:	April 27, 2026
Application Date:	May 29, 2029	Period Ending:	May 29, 2026

Change Order Summary		Dollars		Time	
		Additions	Deductions	Add/Deduct (Days)	Original Completion Date:
Total Change Orders Approved in Previous Months By Owner					New Completion Date:
Change Orders This Period		\$4,515.00			
Number	Approved (Date)				
1	May 29, 2026				
Net Change		\$4,515.00		0	

Original Contract Price (Sum)	\$181,108.85
Net Change by Change Orders	\$4,515.00
Net Change by Change in Final Quantities	\$0.00
Contract Price (Sum) to Date	\$185,623.85
<hr/>	
Total Completed Amount to Date (Col. J on Continuation Sheet)	\$184,882.00
Material Suitably Stored Not Incorporated Into Work (Col. K on Continuation Sheet)	\$0.00
Total Completed and Stored to Date (Col. L on Continuation Sheet)	\$184,882.00
Less 5% Retainage to 50% Complete	\$4,640.60
Amount Due Less Retainage	\$180,241.40
Less Previous Payments	\$0.00
Amount Due This Application	\$180,241.40

CONTRACTOR'S CERTIFICATION:

The undersigned Contractor certifies, to the best of its knowledge, the following: (1) All previous progress payments received from Owner on account of Work done under the Contract have been applied to discharge Contractor's legitimate obligations incurred in connection with the Work covered by prior Applications for Payment; (2) Title to all Work, materials, and equipment incorporated in said Work, or otherwise listed in or covered by this Application for Payment, will pass to Owner at time of payment free and clear of all liens, security interests, and encumbrances (except such as are covered by a bond acceptable to Owner indemnifying Owner against any such lien, security interest, or encumbrance); and (3) All Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.

Contractor
By: *Travis Terasinski*
(Authorized Signature and Title)
Date: 6/2/2026

RECOMMENDED:

Architect/Engineer
By: *Michael D. [Signature]*
(Authorized Signature and Title)
Date: 6/1/2026

APPROVED:
Owner
By: _____
(Authorized Signature and Title)
Date: _____

Copy to: Owner Contractor A/E Proj. Mgr. A/E Field Rep. _____

WILLIAM J. ANDERSON
CHIEF OF POLICE



(715) 962-3136 OFFICE
(715) 962-4357 FAX

MAY 2026 POLICE REPORT

Printed on June 4, 2026

CFS Date/Time	Description	Primary Units
05/01/26 09:37:21	DEATH- NATURAL CAUSES	ME3
05/01/26 22:01:34	EMERGENCY MEDICAL SERVICES	CXMD6
05/02/26 19:39:22	ESCORT	217
05/02/26 23:29:27	EMERGENCY MEDICAL SERVICES	CXMD6, 217
05/03/26 12:33:00	ESCORT	214
05/03/26 12:55:36	PAPER SERVICE	214
05/04/26 09:51:32	HARASSMENT/THREATS - PHONE, IN PERSON,	501
05/04/26 10:23:34	EMERGENCY MEDICAL SERVICES	CXMD8, M2
05/04/26 13:30:22	CIVIL COMPLAINTS	501
05/04/26 18:04:29	PROPERTY RECOVERED/FOUND/LOST	508
05/05/26 08:23:49	CRIMINAL DAMAGE TO PROPERTY	501
05/05/26 21:03:03	TRAFFIC STOP	508
05/05/26 22:50:30	NOISE COMPLAINT - NEVER BARKING DOG CALLS	508
05/06/26 20:29:49	PROPERTY RECOVERED/FOUND/LOST	508
05/08/26 08:35:16	THEFT - TAKE PROPERTY WITHOUT CONSENT	501
05/08/26 09:58:52	THEFT - TAKE PROPERTY WITHOUT CONSENT	501
05/08/26 10:04:24	TRAFFIC RELATED INCIDENT	501
05/08/26 10:57:09	FRAUD/ FORGERY/ COUNTERFEITING/ EXTORTION	229, 501
05/08/26 11:08:12	SUSPICION	501
05/08/26 13:10:01	SUSPICION	501, 214
05/08/26 14:08:10	EMERGENCY MEDICAL SERVICES	CXMD6
05/08/26 14:36:32	911 HANG UP CALL - NO INITIAL CONTACT MADE	
05/09/26 08:01:12	DEATH- NATURAL CAUSES	ME3
05/09/26 09:16:42	EMERGENCY MEDICAL SERVICES	CXMD6
05/10/26 16:52:38	EMERGENCY MEDICAL SERVICES	CXMD6
05/11/26 02:31:00	DEATH- NATURAL CAUSES	ME3
05/11/26 13:45:53	TRAFFIC STOP	501

CFS Date/Time	Description	Primary Units
05/11/26 21:07:16	DISORDERLY	225
05/12/26 03:25:44	EMERGENCY MEDICAL SERVICES	CXMD6, M2
05/12/26 06:57:03	911 HANG UP CALL - NO INITIAL CONTACT MADE	214
05/12/26 08:24:19	TRAFFIC STOP	501
05/13/26 16:46:46	SUSPICION	222
05/13/26 16:54:51	911 HANG UP CALL - NO INITIAL CONTACT MADE	
05/13/26 18:21:28	FIRE	CF1, CXMD6
05/13/26 18:42:39	EMERGENCY MEDICAL SERVICES	CXMD6
05/13/26 22:58:03	SUSPICION	223
05/14/26 10:19:03	FRAUD/ FORGERY/ COUNTERFEITING/ EXTORTION	501
05/14/26 16:17:20	SUSPICION	
05/15/26 08:38:41	AREA WATCH/EXTRA PATROL REQUESTED	501
05/15/26 10:24:04	PAPER SERVICE	219
05/15/26 20:45:26	THEFT - TAKE PROPERTY WITHOUT CONSENT	217
05/15/26 22:12:51	EMERGENCY MEDICAL SERVICES	CXMD6
05/16/26 18:45:19	PROPERTY RECOVERED/FOUND/LOST	231
05/18/26 12:42:31	TRAFFIC STOP	219
05/18/26 12:55:17	PAPER SERVICE	219
05/18/26 19:43:55	STRAY/DEAD ANIMAL CALLS	232
05/18/26 23:28:38	EMERGENCY MEDICAL SERVICES	CXMD6
05/19/26 09:49:40	CRIMINAL DAMAGE TO PROPERTY	501
05/19/26 22:08:37	INEBRIATE CONTACT	223
05/19/26 22:30:15	REFERRAL FOR SUBSTANCE ABUSE DISORDERS	223
05/20/26 19:28:43	FIRE	225, CF1, CXMD6
05/21/26 11:53:20	FIRE	501, CXMD6, CF1, 215
05/21/26 14:46:11	CITY/COUNTY ORDINANCE VIOLATION NOT LISTED	501
05/21/26 14:59:08	CITY/COUNTY ORDINANCE VIOLATION NOT LISTED	501
05/21/26 15:05:12	CITY/COUNTY ORDINANCE VIOLATION NOT LISTED	501
05/22/26 08:16:33	REPOSSESSION	214
05/22/26 08:44:55	REPOSSESSION	214
05/22/26 10:42:48	STRAY/DEAD ANIMAL CALLS	501
05/22/26 11:16:24	TRAFFIC RELATED INCIDENT	501
05/22/26 11:38:18	CITY/COUNTY ORDINANCE VIOLATION NOT LISTED	501

CFS Date/Time	Description	Primary Units
05/22/26 11:41:20	CITY/COUNTY ORDINANCE VIOLATION NOT LISTED	501
05/22/26 12:07:10	CITY/COUNTY ORDINANCE VIOLATION NOT LISTED	501
05/22/26 15:38:31	TRAFFIC STOP	501
05/22/26 16:52:57	DRUGS/CONTROLLED SUBSTANCE	CXMD6, 222, M2
05/22/26 22:06:16	DEATH- NATURAL CAUSES	ME5
05/22/26 23:16:10	911 HANG UP CALL - NO INITIAL CONTACT MADE	223
05/23/26 03:14:17	DEATH	ME5
05/23/26 08:18:27	PUBLIC RELATIONS	226
05/24/26 10:29:43	PAPER SERVICE	214
05/24/26 10:41:58	PAPER SERVICE	214
05/24/26 21:22:24	SUSPICION	241
05/26/26 10:41:48	PROPERTY RECOVERED/FOUND/LOST	501
05/26/26 12:03:08	EMERGENCY MEDICAL SERVICES	CXMD6
05/26/26 13:49:51	MISCELLANEOUS - NEVER 911 CALLS UNLESS	
05/27/26 16:06:16	911 MISDIALS, SOMEONE STAYS ON THE PHONE	901, 501
05/27/26 22:23:09	CHECK WELFARE ON SUBJECT	229, CXMD6
05/28/26 20:59:07	TRAFFIC RELATED INCIDENT	232
05/29/26 15:49:00	SUSPICION	207
05/31/26 05:06:42	DEATH- NATURAL CAUSES	ME8

Total Records: 79

6/17/2026 1:19 PM

All Vendors Transaction Detail

Page: 1

Bank Account: All Accounts

ACCT

	<u>Trans Date</u>	<u>Name</u>
From:	5/01/2026	DUNN COUNTY CLERK
Thru:	5/31/2026	DUNN COUNTY CLERK

<u>Transaction</u>	<u>Posting</u>		<u>Amount</u>
5/08/2026	5/08/2026	DUNN COUNTY CLERK	534.27
Receipt	265		
100-00-45100-100-000		FINES/FORFEITURES-MUNI COURT	534.27

	Expenditures	0.00
	Receipts	534.27

Treasurer's Report – Financial Position

Village of Colfax

Meeting Date: June 22, 2026

As of Date: June 19, 2026

Executive Snapshot

- The Village remains in a stable financial position with sufficient cash on hand to meet current obligations.
- General obligation debt usage remains below statutory limits.
- No immediate liquidity concerns have been identified at this time.
- The new end loader payment has cleared; no borrowing necessary

Cash on Hand Summary

Fund	Cash on Hand
General Fund* (Commingled – includes water, sewer, rescue, and library activity)	\$829,792.05

***Does not include restricted funds**

Note: Cash balances are legally commingled within the General Fund. This balance includes activity related to water, sewer, rescue, and library operations. While cash is held collectively for liquidity and operational efficiency, revenues and expenditures for these functions are tracked separately through the budget and reported to the Village Board for oversight and accountability.

Items to Watch

- Cedar Street/Dunn Street financing
- Routine seasonal expenditure timing
- No unusual or unexpected financial activity identified as of this report

Budget Status – See next page

Prepared by the Village Treasurer based on information available as of June 19, 2026.

	Fund: All Funds		2025 Budget	Budget Status	% of Budget
	2025 Actual 06/19/2025	2025 Actual 06/19/2025			
TAXES	1,045,335.69	1,079,663.44	972,155.00	107,508.44	111.06
INTERGOVERNMENTAL REVENUES	184,348.60	203,735.53	710,578.00	-506,842.47	28.67
LICENSES AND PERMITS	2,899.91	2,881.38	9,060.00	-6,178.62	31.80
FINES, FORFEITS AND PENALTIES	577.55	1,349.68	1,000.00	349.68	134.97
PUBLIC CHARGES FOR SERVICES	274,240.95	317,544.14	1,063,454.00	-745,909.85	29.86
INTERGOV'T. CHARGES FOR SERV.	585,677.42	515,338.28	663,309.32	-147,971.04	77.69
MISCELLANEOUS REVENUES	607,622.68	72,758.72	106,174.00	-33,415.28	68.53
OTHER FINANCING SOURCES	255,000.00	0.00	10,300.00	-10,300.00	0.00
Total Revenues	2,955,702.80	2,193,271.17	3,536,030.32	-1,342,759.15	62.03

	Fund: All Funds		2025 Budget	Budget Status	% of Budget
	2025 Actual 06/19/2025	2025 Actual 06/19/2025			
GENERAL GOVERNMENT	148,594.48	179,327.95	316,284.00	136,956.05	56.70
PUBLIC SAFETY	676,529.30	474,096.64	1,384,704.00	910,607.36	34.24
PUBLIC WORKS	420,565.43	430,755.76	1,049,271.00	618,515.24	41.05
HEALTH AND HUMAN SERVICES	8,574.45	5,474.77	24,366.00	18,891.23	22.47
CULTURE, RECREATION AND EDU.	132,100.98	147,416.15	279,695.00	132,278.85	52.71
CONSERVATION AND DEVELOPMENT	651.60	28,712.27	0.00	-28,712.27	0.00
CAPITAL OUTLAY	4,876.52	453,485.72	1,476,120.00	1,022,634.28	30.72
DEBT SERVICE	45,362.37	123,268.20	200,848.00	77,579.80	61.37
Total Expenses	1,437,255.23	1,842,537.46	4,731,288.00	2,888,750.54	38.94
Net Totals	1,518,447.57	350,733.71	-1,195,257.68	-1,545,991.39	-29.34