

Village of Colfax
Regular Board Meeting Agenda
Monday, July 8, 2024
7:00 p.m.
Village Hall, 613 Main Street, Colfax, WI 54730

1. Call the Regular Board Meeting to Order
2. Pledge of Allegiance
3. Roll Call
4. Public Comments
5. Communications from the Village President
6. Consent Agenda
 - a. Regular Board Meeting Minutes –June 24th, 2024
 - b. Review Statement of Bills Pooled Checking– June 24th, 2024- July 7th, 2024
 - c. Review Statement of Bills Solid Waste & Recycling Checking- June 24th, 2024- July 7th, 2024
 - d. Training Request - none
 - e. Facility Rental – none
 - f. Licenses – Operator’s Licenses- July 1, 2024-June 30, 2025 – Andrew Anderson - Blind Tiger, Katherine Walters - American Legion, Debra Holzhueter & Samuel Lindgren – Viking Bowl & Catering, Sierra Stewart – Kyle’s Market, Brittany Sonnenberg – Little Slice of Italy.
7. Consideration Items
 - a. Ayres Associates – 1st installment payment \$289,717.70 to Skid Steer Guy approval
 - b. Looking for bids for Automatic Door - Library has \$10,000 grant
 - c. Rear side entry to Village Administration office and Police Department Front door – doors are degrading and not repairable. Request permission for replacement.
8. Committee/Department Reports – (no action)
 - a. Building Permits –May - Entzminger
 - b. Building Permits – May – Weber Inspections
9. Adjourn

Any person who has a qualifying disability as defined by the American with Disabilities Act that requires the meeting or materials at the meeting to be in an accessible location or format must contact: Carrie L Johnson - Clerk-Treasurer, 613 Main Street, Colfax, WI (715) 962-3311 by 2:00 p.m. the day prior to the meeting so that any necessary arrangements can be made to accommodate each request.

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

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 6/24/2024 From Account:
Thru: 7/07/2024 Thru Account:

Check Nbr	Check Date	Payee	Amount
MWG	7/01/2024	MORGAN WHITE GROUP	1,053.69
XCEL	7/02/2024	XCEL ENERGY	4,091.40
79764	6/25/2024	SKID STEER GUY LLC	289,717.70
79765	6/28/2024	24-7 TELCOM	24.95
79766	6/28/2024	A-1 EXCAVATING, INC	3,846.00
79767	6/28/2024	ADAM'S AUTO REPAIR	20.00
79768	6/28/2024	AT&T MOBILITY	500.42
79769	6/28/2024	AYRES ASSOCIATES	4,275.00
79770	6/28/2024	AYRES ASSOCIATES	22,190.79
79771	6/28/2024	BINDER LIFT INC DBA PHASE	791.00
79772	6/28/2024	BOBCAT PRO	730.00
79773	6/28/2024	CAPITAL ONE	104.52
79774	6/28/2024	CENAGE LEARNING INC/GALE	33.29
79775	6/28/2024	CENTURY LINK	130.32
79776	6/28/2024	COAST TO COAST COMPUTER PRODUCTS	349.96
79777	6/28/2024	COMMERCIAL TESTING LAB	213.50
79778	6/28/2024	CREDIT SERVICE INTERNATIONAL	304.85
79779	6/28/2024	DAIRY STATE BANK	40,384.19
79780	6/28/2024	DEMCO INC	220.33
79781	6/28/2024	DRAGON TALE BOOKS	2,098.50
79782	6/28/2024	DUNN COUNTY NEWS	110.99
79783	6/28/2024	E.O. JOHNSON	52.00
79784	6/28/2024	EBSCO INFORMATION SERVICES	145.26
79785	6/28/2024	FARRELL EQUIPMENT & SUPPLY CO.	4,197.90
79786	6/28/2024	FIRST SUPPLY LLC-EAU CLAIRE	379.68
79787	6/28/2024	H & H PLUMBING	722.17
79788	6/28/2024	HAWKINS, INC.	3,610.55
79789	6/28/2024	HUEBSCH LAUNDRY CO	88.72
79790	6/28/2024	JEFFERSON FIRE & SAFETY	80.96
79791	6/28/2024	JOHN DEERE FINANCIAL	1,428.86
79792	6/28/2024	MENARDS-EAU CLAIRE	271.99
79793	6/28/2024	MID-AMERICAN RESEARCH CHEMICAL	1,072.08
79794	6/28/2024	MYERS SEPTIC SERVICE	205.50

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 6/24/2024 From Account:
Thru: 7/07/2024 Thru Account:

Check Nbr	Check Date	Payee	Amount
79795	6/28/2024	SHACKLETON TREE SERVICE	4,000.00
79796	6/28/2024	T-MOBILE	29.40
79797	6/28/2024	WOODS RUN FOREST PRODUCTS	43.54
AFLAC	6/28/2024	AFLAC	61.86
CHARTER	6/28/2024	CHARTER COMMUNICATIONS	159.98
COMPLIFE	7/01/2024	COMPANION LIFE INSURANCE	1,103.03
		Grand Total	388,844.88

SOLID WASTE & RECYCLING RU

Accounting Checks

Posted From: 6/24/2024 From Account:
Thru: 7/07/2024 Thru Account:

Check Nbr	Check Date	Payee	Amount
1399	6/28/2024	AT&T MOBILITY	65.07
1400	6/28/2024	LIBERTY TIRE SERVICES LLC	1,463.22
1401	6/28/2024	MID-AMERICAN RESEARCH CHEMICAL	90.68
1402	6/28/2024	TOWN OF COLFAX	225.00
1403	6/28/2024	VILLAGE OF COLFAX	52.86
		Grand Total	1,896.83

UNIT PRICE APPLICATION FOR PAYMENT



Project: Colfax 2024 Street and Utility Improveme Project No: 23-1952.00
 Owner: Village of Colfax Contract For:
 Contractor: Skid Steer Guy LLC Contract Date:
 Application No: 1 Period Beginning:
 Application Date: Period Ending:

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) \$709,592.00
 Net Change by Change Orders \$0.00
 Net Change by Change in Final Quantities \$0.00
 Contract Price (Sum) to Date \$709,592.00

 Total Completed Amount to Date (Col. J on Continuation Sheet) \$304,966.00
 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) \$304,966.00
 Less 5% Retainage to 50% Complete \$15,248.30
 Amount Due Less Retainage \$289,717.70
 Less Previous Payments \$0.00
 Amount Due This Application \$289,717.70

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:  **Managing member**
 (Authorized Signature and Title)
 Date: 6/18/2024

RECOMMENDED:

By:  **Architect/Engineer**
 (Authorized Signature and Title)
 Date: 6/20/24

APPROVED:

By:  **Owner**
 (Authorized Signature and Title)
 Date: 6/25/24

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

CONTINUATION SHEET (FOR UNIT PRICE APPLICATION FOR PAYMENT)

Project: Collax 2024 Street and Utility Improvements
 Contract No: 23-1952.00
 Contract For:
 Contract Date:

Application No: 1
 Application Date:
 Period Beginning:
 Period Ending:

(A) Item No.	(B) Description of Work	(C) Unit	(D) Approx. Quantity	(E) Unit Price	(F) Total Price	Completed Quantity			(J) Completed Amount	(K) Stored Material*	(L) = (U + K) Completed & Stored To Date
						(G) Previous Period	(H) This Period	(I) Total to Date			
SCHEDULE A											
1/A-1	Abandon Existing Water System	L.S.	1	1200	1200	1	1	1200			1200
2/A-2	Remove Existing Hydrant	Each	2	650	1300	2	2	1300			1300
3/A-3	6" Water Main PVC	L.F.	28	58	1682	397	397	23026			23026
4/A-4	8" Water Main PVC	L.F.	810	70	56700	711	711	49770			49770
5/A-5	6" Valve and Box	Each	2	1900	3800	2	2	3800			3800
6/A-6	8" Valve and Box	Each	7	2700	18900	5	5	13500			13500
7/A-7	Hydrant	Each	2	5800	11600	2	2	11600			11600
8/A-8	Connect to Existing Water Main	Each	4	500	2000	4	4	2000			2000
9/A-9	Connect to Existing Water Main 8" Live Tap	Each	1	4500	4500	1	1	4500			4500
10/A-10	1" Water Service	L.F.	172	46	7912	204	204	9384			9384
11/A-11	2" Water Service	L.F.	173	49	8477	0	0	0			0
12/A-12	1" Corp Stop, Curb Stop, and Box	Each	7	500	3500	9	9	4500			4500
13/A-13	2" Corp Stop, Curb Stop, and Box	Each	1	1500	1500	0	0	0			0
14/A-14	Temporary Water Service	L.S.	1	3500	3500	1	1	3500			3500
15/A-15	10" Sanitary Sewer PVC	L.F.	972	61	59292	953	953	58133			58133
16/A-16	Connect to Existing Sanitary	Each	4	250	1000	4	4	1000			1000
17/A-17	Sanitary Manhole 4 Ft	V.F.	52.9	340	17986	52.9	52.9	17986			17986
18/A-18	Casting Type 1-S	Each	5	900	4500	0	0	0			0
19/A-19	4" Wye	Each	8	500	4000	15	15	7500			7500
20/A-20	4" Sanitary Lateral PVC	L.F.	224	47	10528	466	466	21902			21902
21/A-21	Tracer Wire Access Box	Each	8	85	680	15	15	1275			1275
22/A-22	Sanitary Sewer Telescoping	L.F.	972	70	68040	143	143	10010			10010
23/A-23	6" Underdrain Pipe	L.F.	143	4	572	0	0	0			0
24/A-24	Connect to Existing Storm	V.F.	4.4	400	1672	4.4	4.4	1672			1672
25/A-25	Storm Manhole 4 Ft	V.F.	11.9	260	3094	11.9	11.9	3094			3094
27/A-27	Inlet 2x3 Ft	V.F.	4.4	380	1672	4.4	4.4	1672			1672
28/A-28	Casting Type J	Each	1	900	900	0	0	0			0
29/A-29	Casting Type H	Each	4	900	3600	0	0	0			0
30/A-30	Inlet Protection	Each	4	50	200	0	0	0			0
31/A-31	Trackout Control	L.S.	1	800	800	0	0	0			0
32/A-32	Remove Existing Inlet	Each	2	250	500	3	3	750			750
33/A-33	Remove Existing Asphalt	S.Y.	3302	2	6604	3302	3302	6604			6604
34/A-34	Remove Existing Concrete	S.Y.	876	5	4380	0	0	0			0
35/A-35	Remove Existing Concrete	L.F.	1021	6	6126	0	0	0			0
36/A-36	Clearing and Grubbing	L.D.	93	55	5115	200	200	11000			11000
37/A-37	Pavement Saw Cutting	L.F.	314	2	628	0	0	0			0
38/A-38	Roadway Earthwork	C.Y.	4800	13	59800	0	0	0			0
39/A-39	Geotextile Stabilization Fabric	S.Y.	3614	2.5	9035	0	0	0			0
40/A-40	Breaker Run	C.Y.	1205	30	36150	0	0	0			0
41/A-41	Base Course	C.Y.	1107	29	32103	0	0	0			0
42/A-42	1.5" Asphaltic Concrete Binder Paving	S.Y.	3117	9	28053	0	0	0			0
43/A-43	1.5" Asphaltic Concrete Surface Paving	S.Y.	3117	9	28053	0	0	0			0
44/A-44	30" Concrete Curb and Gutter	L.F.	1278	15	19170	0	0	0			0
45/A-45	Concrete Driveway Paving	S.F.	1590	6	9540	0	0	0			0
46/A-46	4" Concrete Sidewalk	S.F.	5425	4	21700	0	0	0			0
47/A-47	Detachable Warming Field	S.F.	120	45	5400	0	0	0			0
48/A-48	Turf Replacement	L.S.	1	15200	15200	0	0	0			0

* If applicable, attach receipts or other proof of ownership or title to stored products

Instructions for Unit Price Application for Payment (Ayres Form 57427D, 07/20 Edition)

This Application for Payment consists of three sheets (see tabs below):

- Cover Sheet
- Continuation Sheet
- Instructions

Cover Sheet Instructions

General Information

- Line 2 (Left): Insert name of project.
- Line 3 (Left): Insert name of Owner.
- Line 4 (Left): Insert name of Contractor.
- Line 5 (Left): Insert application number.
- Line 6 (Left): Insert application date.
- Line 2 (Right): Insert Ayres or Owner project number.
- Line 3 (Right): Insert designation or name of contract. If only one contract, insert "---" or "All Work".
- Line 4 (Right): Insert date of contract (see page 1 of Agreement).
- Line 5 (Right): Insert beginning date of pay application period.
- Line 6 (Right): Insert ending date of pay application period.

Change Order Information

- Line 9: Insert dollar additions and/or deductions and net time change due to previous months' change orders.
- Lines 12 to 14: Insert number, date, dollar addition or deduction, and time addition or deduction due to this month's change orders.
- Line 9 (Right): Insert original contract (substantial) completion date (see Notice to Proceed).
- Line 15 (Right): Insert new contract (substantial) completion date due all change orders.

Computations

- Line 16 (Right): Insert original contract price (see Agreement).
- Line 18 (Right): For 100% complete bid items, insert net dollar change due to difference in approx. quantities vs. final quantities.
- Line 21 (Right): This amount will be filled in automatically if the Continuation Sheet is properly completed, otherwise insert dollar amount of work completed to date.
- Line 22 (Right): This amount will be filled in automatically if the Continuation Sheet is properly completed, otherwise insert dollar amount of materials stored (but not yet installed) to date.
- Line 24: If another retainage formula applies or retainage is being reduced after substantial completion, unprotect worksheet and modify description (left) and formula (right).
- Line 26 (Right): Insert dollar amount of previous payments to Contractor.

Final Lines

- Line 40: Generally these distribution boxes are checked manually after the application has been completed, but the text can be edited if desired.
- Line 41: Insert name of Contractor to indicate to whom Owner should make payment.

Continuation Sheet Instructions

General Information

- Lines 2 to 5: The project, contract, and application information will be automatically copied from the Cover Sheet.

Table

Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Andrew Lee Anderson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-1575 Email Address andersonandy2@live.com

Current Address 2119 Cornell St Eau Claire 54703 1
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 7215 Folsom St Eau Claire 54703
(City) (Zip Code)

Date of Birth _____ Age 31

Place of Employment The Blind Tiger

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 04/17/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 12 day of June, 2024.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)

Date Received: 6/12/24 Date to the Board: 7/8/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Katherine Ann Walters
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 320-761-9699 Email Address Kathyafaber@gmail.com

Current Address N9544 640th St, Colfax 54730 10
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 17177 State Hwy 24 NW, Clearwater MN 55320
(City) (Zip Code)

Date of Birth _____ Age 72

Place of Employment (Retired) & American Legion Post 131

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 6/17/24
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

x Katherine Ann Walters
Signature of Applicant

Subscribed and sworn before me this 13 day of June, 20 24.

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

Date Received: 6/13/24 Date to the Board: 7/8/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Debra Ann Holzhueter
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-5846 Email Address holzhueter373@gmail.com

Current Address ES434 Cty Rd. BB Menomonie, WI 54757 21
(Street) (City) (Zip Code) (yrs. at address)

Previous Address: _____ (City) (Zip Code)

Date of Birth _____ Age 49

Place of Employment Viking Bowl

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/10/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 10 day of June, 20 24.

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

Date Received: 6/10/24 Date to the Board: 7/8/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Samuel G Lindgren
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-417-1852 Email Address samlindgren@icloud.com

Current Address 209 E Menomonie St #1 Elk Mound WI 54739 1.5
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 4543 Arrowhead Dr #1 Eau Claire WI 54703
(City) (Zip Code)

Date of Birth [REDACTED] Age 34

Place of Employment Viking Bowl

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/26/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 25 day of June, 20 24.

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

Date Received: 6/25/24 Date to the Board: 7/8/24 Approved or Denied



Village of Colfax

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Sierra Jean Stewart
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-931-7555 Email Address _____

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

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 18

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

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

Recommendation Approve Deny [Signature] 06/17/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

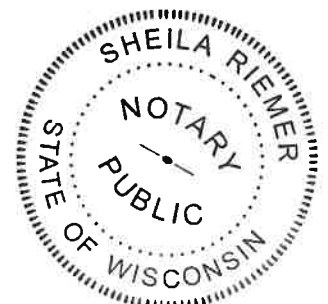
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 17 day of June, 20 24.

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

Date Received: 6/17/24 Date to the Board: 7/18/24 Approved or Denied





CERTIFICATE OF COMPLETION

This certifies that
sierra stewart

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
06/17/2024



Expiration Date
06/17/2026



Certificate #
WI-00627585

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

Official Signature

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

Village of Colfax

FIVE BY 9/26/24

BRITTANY

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

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

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

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2025, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

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

NAME Brittany Jean Sonnenberg
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 663 0283 Email Address _____

Current Address E8117 1130 Ave Colfax WI 54730 2
(Street) (City) (Zip Code) (yrs. at address)

Previous Add 809 Ctu Rd M Colfax WI 54730
(City) (Zip Code)

Date of Birth _____ Age 31

Place of Employment Little Italy

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

Recommendation Approve Deny [Signature] 06/26/24
 (Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

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

X B. Sly
Signature of Applicant

Subscribed and sworn before me this 26 day of June, 2024.
[Signature] 7-17-26
(Signature of Notary Public) (Commission Expires)



Date Received: 6/26/24 Date to the Board: 7/8/24 Approved or Denied

Wisconsin Division of Safety and Buildings
Wisconsin Stats. 101.63, 101.73

**VILLAGE OF COLFAX
UNIFORM BUILDING PERMIT APPLICATION**

Application No.
2024- 7
Parcel No.

PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control **Other:**

Owner's Name <i>Morgan Enterprises</i>	Mailing Address <i>4040 Shannon Dr, Hastings, MN 55033</i>	Tel.
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg <i>West Central Contractors</i>	Lic/Cert#	Mailing Address <i>800 Gaylord Ave, Waverly, WI 54785</i>
		Tel. <i>715-757-6904</i>
		FAX#
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
		Tel.
		FAX#
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
		Tel.
		FAX#
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
		Tel.
		FAX#

PROJECT LOCATION Lot area Sq. ft. _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W

Building Address *409 Cedar St.* Subdivision Name Lot No. Block No.

Zoning District(s) Zoning Permit No. Setbacks: Front ft. Rear ft. Left ft. Right ft.

1. PROJECT	3. OCCUPANCY	6. ELECTRICAL	9. HVAC EQUIPMENT	12. ENERGY SOURCE						
<input type="checkbox"/> New <input checked="" type="checkbox"/> Repair	<input type="checkbox"/> Single Family	Entrance Panel	<input type="checkbox"/> Forced Air Furnace	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar
<input type="checkbox"/> Alteration <input type="checkbox"/> Raze	<input type="checkbox"/> Two Family	Amps: _____	<input type="checkbox"/> Radiant Basebd/ Panel	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Addition <input type="checkbox"/> Move	<input type="checkbox"/> Garage	<input type="checkbox"/> Underground	<input type="checkbox"/> Heat Pump	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Overhead	<input type="checkbox"/> Boiler	<input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.						
2. AREA INVOLVED	4. CONST. TYPE	7. FOUNDATION	<input type="checkbox"/> Central Air Cond.	13. HEAT LOSS						
Unfn.	<input type="checkbox"/> Site-Built	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other:	_____ BTU/HR Total Calculated						
Bsmt _____ Sq Ft	<input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC	<input type="checkbox"/> Masonry	10. SEWER	Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)						
Living Area _____ Sq Ft	<input type="checkbox"/> U.S. HUD	<input type="checkbox"/> Treated Wood	<input type="checkbox"/> Municipal	14. EST. BUILDING COST						
Garage _____ Sq Ft	5. STORIES	<input type="checkbox"/> Other:	<input type="checkbox"/> Sanitary Permit No.:	S _____						
Deck _____ Sq Ft	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	11. WATER							
	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Permanent	<input type="checkbox"/> Municipal Utility							
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Private On-Site Well							
	<input type="checkbox"/> Plus Basement									

I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

APPLICANT'S SIGNATURE *[Signature]* **DATE SIGNED** *06-04-24*

APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. See attached for conditions of approval.

Re build Body Shop

Municipality Number of Dwelling Location
1 7 1 1 1

FEES:	PERMIT(S) ISSUED	PERMIT ISSUED BY:
Plan Review \$ _____	<input type="checkbox"/> Construction	Name <i>George Entzinger</i>
Inspection \$ _____	<input type="checkbox"/> HVAC	Date <i>6-3-24</i> Tel. <i>715-962-4402</i>
Wis. Permit Seal \$ _____	<input type="checkbox"/> Electrical	Cert No. _____
Other \$ _____	<input type="checkbox"/> Plumbing	
Total \$ <i>50.00</i>	<input type="checkbox"/> Erosion Control	

Wisconsin Division of Safety and Buildings
Wisconsin Stats. 101.63, 101.73

**VILLAGE OF COLFAX
UNIFORM BUILDING PERMIT APPLICATION**

Application No. 2024-8
Parcel No.

PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other:

Owner's Name <u>Daniel Preston</u>	Mailing Address <u>305 Fairview</u>	Tel. <u>715 764 2328</u>
Contractor's Name: <input checked="" type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg <u>Erie Construction</u>	Lic/Cert# <u>DC-099500</u> <u>162</u>	Mailing Address <u>3516 Granite Circle</u> <u>Toledo, Ohio, 43617</u>
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address

PROJECT LOCATION

Lot area _____ Sq. ft. _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W

Building Address 305 Fairview Subdivision Name _____ Lot No. _____ Block No. _____

Zoning District(s) _____ Zoning Permit No. _____

Setbacks: Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.

1. PROJECT <input type="checkbox"/> New <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input checked="" type="checkbox"/> Other: <u>ROOFING</u>	3. OCCUPANCY <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	6. ELECTRICAL Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	9. HVAC EQUIPMENT <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:	12. ENERGY SOURCE Fuel: _____ Nat Gas _____ LP _____ Oil _____ Elec _____ Solid _____ Solar _____ Space Htg _____ Water Htg _____ <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.
2. AREA INVOLVED Unfin. _____ Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft	4. CONST. TYPE <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD	7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:	10. SEWER <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.:	13. HEAT LOSS BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)
	5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement	8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	14. EST. BUILDING COST \$ <u>64,350</u>

I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

APPLICANT'S SIGNATURE [Signature] DATE SIGNED 6/4/24

APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. See attached for conditions of approval.

New Roof

Municipality Number of Dwelling Location 17111

FEES: Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ <u>5.00</u>	PERMIT(S) ISSUED <input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control	PERMIT ISSUED BY: Name <u>George Entzminger</u> Date <u>6-6-24</u> Tel. <u>715-962-4402</u> Cert No. _____
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2921 Ingalls Road
Menomonie, WI 54751

Mobile: 715-556-0066
www.weberinspections.com
inspector@weberinspections.com

Activity Report

Village of Colfax

June

Date	Customer	Service	Pass/Fail	Project
<input type="checkbox"/>	6/3/2024	Ciokiewicz	Final Inspection/Occupancy	Passed
<input type="checkbox"/>	6/3/2024	Ciokiewicz	Rough Construction	Passed
<input type="checkbox"/>	6/11/2024	Meyer/Ivkovich #204	Electrical Hook-up	Passed
<input type="checkbox"/>	6/24/2024	Nelson	Final Inspection/Occupancy	Passed
<input type="checkbox"/>	6/24/2024	Nelson	Rough Electrical	Passed
<input type="checkbox"/>	6/24/2024	Nelson	Rough Construction	Passed
<input type="checkbox"/>	6/28/2024	Meyer/Ivkovich #202	Electrical Hook-up	Passed



Adding Value to Everything We Do

Market & Johnson, Inc. 2350 Galloway Street PO Box 630 Eau Claire WI 54702-0630 Ph. 715.834.1213 Fax. 715.834.2331

PROPOSAL

TO: City of Colfax

DATE: July 3, 2024

JOB NAME: Door Projects

LOCATION: Colfax, WI

We hereby submit specifications and estimates for:

ADA Operator and New Door and Frame

- Remove existing door and frame.
- Install new door and frame.
 - o New door will have a window.
 - o Door Hardware includes: deadbolt, push/pull, threshold, sweep.
 - o Installed automatic operator with 2 wireless actuators.
- Paint new door and frame.
- No electrical work is figured in this pricing.
- **For the sum of: \$14,880**

Side Entrance Door

- Remove existing door and frame.
- Install new door and frame.
 - o New door and hardware will match existing.
- Paint new door and frame.
- No electrical work is figured in this pricing.
- **For the sum of: \$5,920**

We Propose to furnish material and labor in complete accordance with above specifications, for the sum of:

See Above Pricing

Payment to be made as follows: **Net 30**

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized
Signature: _____

Brandon Wathke

Note: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal – The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment to be made as outlined above.

Date of Acceptance:

Signature: