Date: 5/22/13

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

* *	<u>PLE</u>	ASE PRIN	<u> I CLEAF</u>	$\frac{\text{RLY}}{2}$			
Agenda No. Required – Can boon registration taken	e obtained from agenda	Name Address	88; 113! Magi	s willi	HONG CANSON	Sork w 5+ 3403	6
Please check the a	ppropriate boxes:		. "			,	
Do not Availa	to speak t wish to speak ble to answer questions you representing an organize no, "STOP; you need not con	ation or a pers	son other th	Dppose Wish to spea Do not wish Available to an yourself: rm. If you answ	to speak answer q	, 	next
Name, address and	telephone number of each pe	erson or organ	ization you	are representi	ng:		
Are you being paid	for your representation?		·		☐ Yes	☐ No	
Are you appearing a (If you answered "r question.)	as part of your other paid dution of some of s	es for this per aplete the rest	son or orga t of this for	unization? m. If you answ	☐ Yes ered "yes	☐ No ," go on to the ne	ext
Speaking Limits:	Public Hearing Information Hearing		5 minutes 5 minutes				

Registration Statement - Page 2

Are you a	n elected official who is appearing solely on behalf of your office or for your municipality or other tal body?
(If you ans this form. Į	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, do you understand
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
3.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying. Yes No
(If you ans Office at R	wered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's pom 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

)ate:				

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PLEASE PRINT CLEARLY

Agenda No Required – Can b on registration tal	e obtained from agenda	Name Address	eler WOLF 945 JENI MADISON	FER ST 53703
Please check the a	ppropriate boxes:			
Do not	o speak wish to speak ble to answer questions		Oppose Wish to speak Do not wish to spe Available to answe	
(If you answered 'question.)	e you representing an organific, "STOP; you need not on the telephone number of each party	complete the rest of th	is form. If you answered	Yes No No "yes," go on to the next
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Are you being paid	for your representation?			Yes No
	as part of your other paid du no, "STOP; you need not co	~		Yes
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minu	ıtes	

Registration Statement - Page 2

If you ar that:	e being paid for your	representation, or if your	appearance is part of	other paid duties, do	you understand
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2	Your principal i with the City Cle	s not permitted to author	ize you to lobby unle	ss the principal is repulsed in the second s	gistered No
3.		nust file expense stateme ardless of the amount spe	•	erk for the remainder Yes [of the No
		the last three questions, pounty Building, Madison,	•	_	to the Clerk's
7-4-		Gi a washa sa	· .		
Date		Signature			
		Print Name			

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PLEASE PRINT CLEARLY

Agenda No. 26 Cafe Costa	Name Alder Marshe-Rummel Address
Required – Can be obtained from agenda on registration table.	
Please check the appropriate boxes:	
 Support Wish to speak Do not wish to speak Available to answer questions 	Oppose Wish to speak Do not wish to speak Available to answer questions
question.)	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," go on to the next ach person or organization you are representing:
Are you being paid for your representation	? Yes No
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
	5 minutes 5 minutes

Registration Statement - Page 2

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Date	Signature
	Print Name