24544

Date:	
Date:	

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. 8 Required – Can be o on registration table.	btained from agenda	Name 76	eddy s	teve	NS
Please check the appr	copriate boxes:			×.	
At this meeting are you (If you answered "no question.)	peak ish to speak to answer questions ou representing an organiza "STOP; you need not con lephone number of each per	nplete the rest of t	her than yourself: his form. If you ans	to speak answer ques Yes wered "yes,"	No
Are you being paid fo	or your representation?			Yes	☐ No
	part of your other paid duti "STOP; you need not con			☐ Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing Information Hearing				

Registration Statement - Page 2

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other labody?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	eing 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.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	12.2	7.1	
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City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. Required – Can be on registration table.		Name ————————————————————————————————————	PROCHER H	/ xn202 DDY De 5371	3
Please check the appr	opriate boxes:				
At this meeting are you (If you answered "no question.)	peak ish to speak to answer questions ou representing an organizat "STOP; you need not com lephone number of each per	plete the rest of th	er than yourself: ois form. If you answ	to speak answer quest Yes vered "yes,"	No
, ,	or your representation?			☐ Yes	□ No
Are you appearing as (If you answered "no question.)	part of your other paid dution," STOP; you need not com	es for this person o plete the rest of th	r organization? is form. If you answ	☐ Yes vered "yes,"	∐ No go on to the next
Speaking Limits:	Public Hearing Information Hearing				

Registration Statement - Page 2

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Date	Signature
	Print Name

Date: 12/2/		/
	Date:	12/2/

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. Required – Can be obtained from agenda on registration table.	Name	Ryan Sauic 333 W. Mittinst, 720 Madison, WF 53703
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
At this meeting are you representing an organ (If you answered "no," STOP; you need not question.) Name, address and telephone number of each	complete the rest of t	this form. If you answered "yes," go on to the next
Are you being paid for your representation? Are you appearing as part of your other paid of (If you answered "no," STOP; you need not of question.)		☐ Yes ☐ No or organization? ☐ Yes ☐ No his form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing Information Hearing Other Items	5 mi	nutes

Registration Statement - Page 2

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If you are beithat:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand		
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Date	Signature		
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