Date: 8/17///

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

	233/0					
Agenda No.	20	Name	5m	Sta Edgen	ndrid	g & Ave
Required – Can be on registration tabl	obtained from agenda e.		Madi.	Ivn	5	37//
Please check the ap	propriate boxes:					
	speak wish to speak le to answer questions		Do n	se h to speak not wish to ilable to ar		stions
(If you answered "r question.)	you representing an organiza no," STOP; you need not con	mplete the rest of th	is form. If	you answe		□ No ' go on to the next
Name, address and	telephone number of each pe	rson or organization	ı you are re	presenting	;	
Are you being paid	for your representation?				Yes	□ No
	s part of your other paid duting, "STOP; you need not con				☐ Yes red "yes,"	☐ No go on to the next
Speaking Limits:	Public HearingInformation Hearing Other Items	5 min	utes			

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?				
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)				
If you are be that:	ing 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?			
(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date	Signature			
	Print Name			

Date: 8//7//

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	PLEASE PRIN	T CLEARLY	1
Agenda No. Required – Can be obtained from a on registration table.	Name ——— Addres	Alder Bri 916EGY	get Maniaci
Please check the appropriate boxes	:		
Support Wish to speak Do not wish to speak Available to answer qu At this meeting are you representin (If you answered "no," STOP; you question.)	g an organization or a pe	rson other than yourself:	sh to speak to answer questions Yes No
Name, address and telephone numb	er of each person or orga	unization you are represen	iting:
Are you being paid for your represe	entation?		Yes No
Are you appearing as part of your of (If you answered "no," STOP; you question.)			Yes No swered "yes," go on to the nex
1 6	ing Hearing		

Other Items......3 minutes

Registration Statement - Page 2

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Date Alu	15/72011 Signature Bridget Maniaci

Date: 8/17/11

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Please check the app	propriate boxes:						
	speak vish to speak e to answer questions			Oppose Wish to spe Do not wish Available to		stions	
(If you answered "no question.)	you representing an organize, "STOP; you need not contain the second property of each p	omplete the rest	of this	form. If you ans		□ No " go on to the ne	x
Name, address and te	втернопе пиппоет от еаси р	erson or organiz	zadon y	ou are represent	mg.		
Are you being paid fo	or your representation?				Yes	□ No	
	part of your other paid dur, "STOP; you need not co				☐ Yes wered "yes,"	□ No ' go on to the neo	ĸt
Speaking Limits:	Public HearingInformation Hearing		5 minute 5 minute				

Registration Statement - Page 2

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