Date:	7,18,12	

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

		Name	YAN KOG	4	
Agenda No	12	Address 2	ON 9th	AVEN	
Required – Can be ob on registration table.	otained from agenda		211/11/60	MT S	9/0/
on registration table.		<u> </u>	10011043		(10)
Please check the appr	opriate boxes:				
Support			Oppose		
Wish to s			Wish to spea		
Do not wi	ish to speak to answer questions		Do not wish Available to		tions
Available	to answer questions		Available to	answer ques	tions
At this meeting are you (If you answered "no, question.)	ou representing an organizat , " STOP; you need not con	tion or a person othe	r than yourself: s form. If you answ	☐ Yes vered "yes,"	go on to the next
Name, address and tel	lephone number of each per	rson or organization	you are representii	ng:	
KARBE	NY BREWIA	G, LLC			,
P. 0-130	× 607				
MADI:	Sov, WI 53	701	120.205.5	369	
	or your representation?	,		Yes	No
	part of your other paid dution," STOP; you need not com				
Speaking Limits:	Public Hearing Information Hearing	5 minu	ites		

Registration Statement - Page 2

Are you a governmen	n elected official who is appearing solely on behalf of your office or for your municipality or other tal body? Yes No
	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:	peing 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?
	wered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's com 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	7-	Å	-	''Z

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY Required – Can be obtained from agenda on registration table. Please check the appropriate boxes: **Oppose** Support Wish to speak Wish to speak Do not wish to speak Do not wish to speak Available to answer questions Available to answer questions At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Speaking Limits: Public Hearing......5 minutes

Registration Statement - Page 2

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Date	Signature
	Print Name

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PLEASE PRINT CLEARLY

	7	Name ZAK	LogA
Agenda No		Address 1137 57	LIZABETH ST.
<u>Required</u> – Can be o on registration table	obtained from agenda		0, WI 53703
Please check the app	propriate boxes:		,
Availabl	vish to speak e to answer questions	☐ Do no ☐ Availa	to speak t wish to speak able to answer questions
At this meeting are y (If you answered "ne question.)	ou representing an organize o, " STOP; you need not co	ation or a person other than yours implete the rest of this form. If yo	self: Yes No nu answered "yes," go on to the nex
·	elephone number of each po	erson or organization you are rep	resenting:
Are you being paid f	or your representation?		☐ Yes No
		ties for this person or organizatio mplete the rest of this form. If yo	n?
Speaking Limits:	Public HearingInformation Hearing		

Registration Statement - Page 2

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Date _	7/1	Signature Print Name ZACHARY 1206A