

Date: 04.24.13

**City of Madison**  
**Registration Statement – Alcohol License Review Committee**

*You must register before the ALRC considers your item.*

PLEASE PRINT CLEARLY

Agenda No. <u>23</u>
<i>Required – Can be obtained from agenda on registration table.</i>

Name Daniel Fox  
Address 115 Gilman St. Apt. 401  
Madison, WI 53703

Please check the appropriate boxes:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Support</b>                | <input type="checkbox"/> <b>Oppose</b>                 |
| <input type="checkbox"/> Wish to speak                 | <input type="checkbox"/> Wish to speak                 |
| <input type="checkbox"/> Do not wish to speak          | <input type="checkbox"/> Do not wish to speak          |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No  
(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:

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Are you being paid for your representation? ☐ Yes ☐ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☐ No  
(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  
Information Hearing..... 5 minutes  
Other Items..... 3 minutes

(See Back)

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? ☐ Yes ☐ No

*(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 being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? ☐ Yes ☐ No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☐ Yes ☐ No
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 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: 4/24/2013

**City of Madison**  
**Registration Statement – Alcohol License Review Committee**

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PLEASE PRINT CLEARLY

Agenda No. <u>23</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name Anne Morrison  
Address 1933 Keefer Avenue  
Madison WI 53711

Please check the appropriate boxes:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> <b>Support</b>                | <input type="checkbox"/> <b>Oppose</b>                 |
| <input type="checkbox"/> Wish to speak                            | <input type="checkbox"/> Wish to speak                 |
| <input type="checkbox"/> Do not wish to speak                     | <input type="checkbox"/> Do not wish to speak          |
| <input checked="" type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: ☒ Yes ☐ No  
(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:

Urban Land Interests  
10 E Doty Street  
Madison WI 53703

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☒ Yes ☒ No  
(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  
Information Hearing.....5 minutes  
Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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*(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 being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☒ Yes ☐ No
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 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 4/24/2013

Signature Anne Morrison

Print Name ANNE MORRISON

Date: 4/24/13

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PLEASE PRINT CLEARLY

Agenda No. <u>23</u>
Required – Can be obtained from agenda on registration table.

Name Chad Vogel  
Address 408 N Ingersoll St  
Madison WI 53703

Please check the appropriate boxes:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> <b>Support</b>                | <input type="checkbox"/> <b>Oppose</b>                 |
| <input type="checkbox"/> Wish to speak                            | <input type="checkbox"/> Wish to speak                 |
| <input type="checkbox"/> Do not wish to speak                     | <input type="checkbox"/> Do not wish to speak          |
| <input checked="" type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

At this meeting are you representing an organization or a person other than yourself: ☒ Yes ☐ No  
(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:

Fox and Bird LLC  
131 E. Main St  
Madison WI 53703

Are you being paid for your representation? ☐ Yes ☒ No

Are you appearing as part of your other paid duties for this person or organization? ☐ Yes ☒ No  
(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  
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Registration Statement - Page 2

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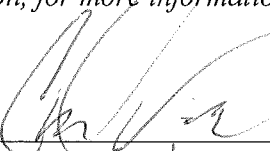
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Date 4/24/13

Signature

Print Name

  
Chad Vogel

Date: 4-24-13

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PLEASE PRINT CLEARLY

Agenda No. 23

Required – Can be obtained from agenda  
on registration table.

Name

Christina Tenuta

Address

214 Karen Ct.  
Madison, Wis. 53705

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 organization or a person other than yourself: ☐ Yes ☒ No  
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Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation?

☐ Yes ☐ No

Are you appearing as part of your other paid duties for this person or organization?

☐ Yes ☐ No

(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_