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City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

	Name Andra Bendice	
Agenda No.		
FI 1 - 1	10	
<u>Required</u> – Can be ob on registration table.	tainea from agenaa	
On rogistic directions		
Please check the appro	opriate boxes:	•
Support Wish to sp Do not wis Available		
At this meeting are you (If you answered "no, question.)	u representing an organization or a person other than yourself: Yes No '' STOP; you need not complete the rest of this form. If you answered "yes," go on to the r	rext
Name, address and tele	ephone number of each person or organization you are representing:	
and yet you	1 402 W. Gura St GUD3570400 YUL Striz St GUD3575972 Urryan LDG University Are GUD359-0444 251-0400	
Churchy +	Whyen Lab univery Are 600259-0449 251-0400	 -
Are you being paid for	No.	
Are you appearing as p (If you answered "no," question.)	part of your other paid duties for this person or organization? Yes No "STOP; you need not complete the rest of this form. If you answered "yes," go on to the n	ıext
Speaking Limits:	Public Hearing 5 minutes Information Hearing 5 minutes Other Items 3 minutes	

Registration Statement - Page 2

		elected official who is a al body?	ppearing solely or	behalf of your off	ice or for your mu	nicipality or o	thei
		ered "yes" to the question you answered "no" to the			of this form, except	that you must s	sign
If you		eing paid for your represen	ntation, or if your a	appearance is part of	f other paid duties,	do you underst	and
	1.	Before you engage in lowith the City Clerk?	obbying as a lobbyi	st, you or your princ	ipal must file an au	thorization No	. •
	2.	Your principal is not p with the City Clerk?	ermitted to authori	ze you to lobby unl	ess the principal is Yes	registered .	
	3.	Your principal must fil calendar year regardless	*	· · · · · · · · · · · · · · · · · · ·	lerk for the remain	der of the	
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Date	_6/	(2/1)	Signature	Girly		•	
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Date:	6	- 3_	(3	

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

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		Name /VA	TT BENTS	
Agenda No. 2, 3	,4,5	Address 203	7 HELEM S	T HZ
Required - Can be o	btained from agenda	In	DISON, WI	C7714
on registration table.			1013·101 (01)	33.0
				• .
Please check the app	ropriate boxes:		•	
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(If you answered "no question.)	ou representing an organizato, "STOP; you need not com	plete the rest of this fo	orm. IJ you answerea	Yes No "yes," go on to the next
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Are you being paid fo	or your representation?		Q	Yes No
Are you appearing as (If you answered "no question.)	part of your other paid dutie," STOP; you need not com	es for this person or org plete the rest of this fo		Yes \[\] No 'yes,'' go on to the next
Speaking Limits:	Public HearingInformation Hearing	5 minutes	3	

Registration Statement - Page 2

Are you an government	elected official who is all body?	appearing sole	ely on behalf	of your offic	·		ity or othe No
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Date 6	3-13	Signature	M	· · · · · · · · · · · · · · · · · · ·			. ,
		Print Name	MATT	BENT	<u> </u>		