30840, 30841, 30709 Date: 7-17-13

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

		Name	ATTY	RICK	PETRI
Agenda No.	12,20	Address	33 E	MOYU	ST.
Required – Can be on registration tabl	obtained from agenda e.				
		-			- VEX. (10.00)
Please check the ap	propriate boxes:				•
	speak wish to speak le to answer questions			speak wish to speak le to answer que	estions
(If you answered "r question.)	you representing an organizat	plete the rest of	this form. If you	answered "yes,	☐ No " go on to the next
•	elephone number of each per		on you are repre	senting:	
RED	PONE OF MADISON	/NC			
4.000.00			· · · · · · · · · · · · · · · · · · ·		
Are you being paid	for your representation?			Yes	☐ No
	s part of your other paid dutie o, "STOP; you need not comp	-	_		☐ No " go on to the next
Speaking Limits:	Public HearingInformation Hearing			-	

	Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	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:	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? 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.				
(If you answe Office at Room	red "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 0	7-17-13 Signature MM/165				
	Print Name MAKINUS J. W. PETRI				

Date: /- (- (}

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	PLE	EASE PRINT	CLEARLY		<i>(</i>
Agenda No. Required – Can be of on registration table.	bbtained from agenda	NameAddress	Muce 4158	Jerl Heitl	nartz n Aue
		·		peak ish to speak to answer qu	estions
	ou representing an organi o, " STOP; you need not c				\
Name, address and te	lephone number of each p	person or organiz	ation you are represe	enting:	
Are you being paid fo	or your representation?	·		☐ Yes	□ No
	part of your other paid du			Yes uswered "yes,	☐ No " go on to the next
Speaking Limits:	Public HearingInformation Hearing			-	.

	ou an e imental	elected official who is appearing solely on behalf of your office or for your municipality or other body?
		red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you that:	are bein	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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D		Gi ana danna
Date _		Signature
		Print Name

Date:	- [7 ~	13.	,

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PLEASE PRINT CLEARLY

			-		•
Agenda No.	12# 96#	Name	RICKY		MHOFF
		Address	3 <u>5409</u>	NORM	Ka.
Required – Can be on registration tab	e obtained from agenda lle.		MSN.	WI.	53558
Please check the a	ppropriate boxes:		•		
			Do no	to speak t wish to speak able to answer que	estions
At this meeting are (If you answered "question.)	you representing an organiza no, "STOP; you need not con	tion or a pers	son other than yours	self: XYes nu answered "yes,	No go on to the next
Name, address and	telephone number of each per	rson or organ	ization you are repr	esenting:	
	NE OF MAL		,		
		F		1,000	
					•
Are you being paid	for your representation?			☐ Yes	No
	as part of your other paid dution of your other paid dution of you need not come.				☐ No ' go on to the next
Speaking Limits:	Public HearingInformation Hearing		5 minutes		.

	you an e nmental	lected official who is appearing solely on behalf of your office or for your municipality or other body?
(If yo: this fo	u answei orm. If yo	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you that:	ı are bei	ng 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.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.
If yoi Office	u answer e at Roon	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.)
Date _.	7-	17-13 Signature Print Name Ricky L Funhoff

Date:	.7	17/	13	

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PLEASE PRINT CLEARLY

Agenda No) #/ Required – Can b on registration tal	e obtained from agenda	Address	RYAN 8013 MADISON	STARR	GRASS		
Please check the a	ppropriate boxes:	•					
At this meeting are (If you answered "question.)	wish to speak ble to answer questions you representing an organizating, "STOP; you need not comp	plete the rest o	other than of this form.	yourself: <i>If you ans</i> v	to speak answer que Yes vered "yes,"	No	ext
	telephone number of each pers		ation you ar	e representi	ng:		
	<u>'</u>					•	
		-	,,,				
Are you being paid	for your representation?				☐ Yes	No	_
Are you appearing a (If you answered "r question.)	ns part of your other paid duties no, " STOP; you need not comp	for this perso lete the rest o	n or organiz f this form.	zation? <i>If you answ</i>	Yes ered "yes,"	No go on to the ne	xt
Speaking Limits:	Public HearingInformation HearingOther Items	5 r	ninutes		-		

	you an c rnmental	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
(If yo this f	u answe orm. If y	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.)
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Date	_7/	17/13 Signature Print Name Ryan HOELKER