

Date: 10/20/10

City of Madison
Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

| |
|--|
| Agenda No. <u>14 / 20088</u> Required – Can be obtained from agenda on registration table. |
|--|

Name Ekaterina Pronina
 Address 5317 Old Middleton Rd, St 101
Madison, WI 53705

Please check the appropriate boxes:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose |
| <input checked="" 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:

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)

Date: Oct 20th, 2010

City of Madison Registration Statement – Alcohol License Review Committee

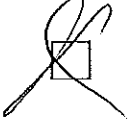
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PLEASE PRINT CLEARLY

| |
|---|
| Agenda No. <u>14</u> Required – Can be obtained from agenda on registration table. |
|---|

Name Mark Williams
 Address 5321 OLD MIDDLETON RD
Madison WI

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
 (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:

Wolf & Williams Helicopters (Landlord/Property Owner/Mgr)

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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 Other Items.....3 minutes

(See Back)