

Date: 4/27/11

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

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

PLEASE PRINT CLEARLY

**Agenda No.** 18 & B2  
*Required – Can be obtained from agenda on registration table.*

Name Debra Wells  
Address 3626 Atwood Ave  
Madison WI 53714

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:  
My Buddies

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. 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?  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: 4/27/11

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

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

PLEASE PRINT CLEARLY

Agenda No. 22, 18  
Required – Can be obtained from agenda on registration table.

Name Peggy Nowicki  
Address 147 Vine St.  
Sun Prairie, WI 53590

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:  
~~My Buddies LLC~~ My Buddies LLC  
4395 Lien Road

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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Information Hearing.....5 minutes  
Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: \_\_\_\_\_

# City of Madison Registration Statement – Alcohol License Review Committee

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

PLEASE PRINT CLEARLY

Agenda No. <u>2/22/18</u> Required – Can be obtained from agenda on registration table.
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Name Dale A. Wells  
 Address 138 N. Pardee St.  
Marshall Ws 53559

Please check the appropriate boxes:

- |                                     |                               |                          |                               |
|-------------------------------------|-------------------------------|--------------------------|-------------------------------|
| <input checked="" type="checkbox"/> | <b>Support</b>                | <input type="checkbox"/> | <b>Oppose</b>                 |
| <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 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:  
My Buddies  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you being paid for your representation?  Yes  No

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 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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 4/27/11

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

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

PLEASE PRINT CLEARLY

✓ ✓ ✓ ✓	<u>16/18/22/21</u> <b>Agenda No.</b> _____ <u>Required</u> – Can be obtained from agenda on registration table.
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Name JOE CHAUSGUS  
 Address 18 CHARENDON CT  
DEER IN ALDER

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

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Name, address and telephone number of each person or organization you are representing:  
DEER IN ALDER  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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(See Back)

**Registration Statement - Page 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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