24795 24794 City of Madison

Date: 12/21/11

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

		Name	Ju had	(Hie	2
Agenda No\O^	+13	Address	W 450	suling	wh hu
Required – Can be ob on registration table.	tained from agenda		Madisa	1W1	53715
Please check the appro	opriate boxes:				
	peak sh to speak to answer questions		Oppose Wish to spe Do not wish Available to		ions
At this meeting are yo (If you answered "no, question.)	u representing an organization of STOP; you need not comp	on or a person of the second o	other than yourself: this form. If you ans	Yes wered "yes,"	☐ No go on to the next
Name, address and tel	ephone number of each person	on or organizat	ion you are represent	ing: Le Ma	Disan WI
Are you being paid for	your representation?			Yes	⊠No
	part of your other paid duties "STOP; you need not comp			Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing Information Hearing	5 m			

Are you an elected official was governmental body?	ho is appearing solely on beh	alf of your office o	r for your muni	cipality or other
	question, STOP. You need not co " to the question, go on to the ne		is form, except th	nat you must sign
If you are being paid for your that:	representation, or if your appear	rance is part of othe	er paid duties, do	you understand
1. Before you eng with the City C	age in lobbying as a lobbyist, yolerk?	ou or your principal	must file an auth	orization No
2. Your principal with the City Cl	is not permitted to authorize yeark?	ou to lobby unless t	he principal is r	egistered No
period (calenda	oll spends or will owe more than r quarter), the principal must fil uarters of the calendar year?			<u>, </u>
	of the last three questions, please County Building, Madison, for n		at 266-4601 or g	go to the Clerk's
Date12/21 /10	Signature	Alle		
	Print Name	Midia	elthe	wl

Date: <u>Det 21, 2011</u>

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

Agenda No. 2 Required – Can be obton registration table.	4795 tained from agenda	Name Address	Nina Emerso 1375. Bnt Madison	m Engham Pla 53 HS
Please check the appro	priate boxes:			×
Support Wish to sp Do not wis Available t			Oppose Wish to speak Do not wish to speak Available to answer q	uestions
(If you answered "no," question.)		mplete the rest of th	is form. If you answered "ye	
Name, address and tele	phone number of each pe	erson or organizatioi	n you are representing:	
	:			
Are you being paid for	your representation?		☐ Ye	s 🗌 No
Are you appearing as p (If you answered "no," question.)	art of your other paid dut 'STOP; you need not con	ies for this person o mplete the rest of th	r organization?	
	Public HearingInformation Hearing			

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
	vered "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 b that:	eing 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.	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?
	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	12/21/2011

You must register before the ALRC considers your item.

Agenda No. Required – Can be o on registration table.	otainea from agenaa	Name Address	Andrew S PO Box 3		
Please check the app	ropriate boxes:		and a		
	speak rish to speak e to answer questions		Oppose Wish to spe Do not wish Available to		itions
(If you answered "no question.)	ou representing an organizate, "STOP; you need not combete the second state of each per	plete the rest	of this form. If you ans		No go on to the next
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Are you being paid fo	or your representation?			Yes	☐ No
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Speaking Limits:	Public Hearing Information Hearing	5	*****		

Are you an egovernmental	elected official who is appearing solely of body?	on behalf of your office or for your mu	unicipality or other
	red "yes" to the question, STOP. You need ou answered "no" to the question, go on to		t that you must sign
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1.	Before you engage in lobbying as a lobb with the City Clerk?	yist, you or your principal must file an au	uthorization No
2.	Your principal is not permitted to authowith the City Clerk?	orize you to lobby unless the principal is	s registered
3.	If your principal spends or will owe mo period (calendar quarter), the principal nather remaining quarters of the calendar year	nust file expense statements with the Cit	
	red "no" to any of the last three questions, n 103 of the City-County Building, Madison		or go to the Clerk's
Date	Signatura		
	SignaturePrint Name		

Date:	12	21	20	(

You must register before the ALRC considers your item.

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** ** ** ** ** ** ** ** ** ** ** ** **	, ,	Name	A. Schv	reider	
Agenda No.	5	Address	Po Box ?	160319	
Required – Can be o	btained from agenda	Addi 633	•		
on registration table.			Madison	5372	26
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Please check the app	ropriate boxes:			8	
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□ Support	1		Oppose	1	
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	rish to speak		Do not wish		
Available	e to answer questions		Available to	answer ques	itions
question.)	elephone number of each per	· ·		·	go on to the next
	The state of the s				
Are you being paid fo	or your representation?			☐ Yes	□ No
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Speaking Limits:	Public Hearing	5 mi	nutes	· Market	
10	Information Hearing			The state of the s	
	Other Items		nutes	ì	Contract of the Contract of th

Are you an governmenta		on behalf of your office or for your municipality or other Yes No
	ered "yes" to the question, STOP. You need to answered "no" to the question, go on t	d not complete the rest of this form, except that you must sign o the next question.)
If you are be that:	ing paid for your representation, or if you	ir appearance is part of other paid duties, do you understand
1.	Before you engage in lobbying as a lob with the City Clerk?	pyist, you or your principal must file an authorization Yes No
2.	Your principal is not permitted to authorith the City Clerk?	orize you to lobby unless the principal is registered Yes No
3.	7 1 1 1	ore than \$500 for lobbying services in any reporting must file expense statements with the City Clerk for ear?
	red "no" to any of the last three question, n 103 of the City-County Building, Madiso	s, please call the City Clerk at 266-4601 or go to the Clerk's on, for more information.)
Date	Signature	
	Print Name	

Date:	12-	22.	1	

You must register before the ALRC considers your item.

Agenda No. 10 4 Required – Can be of on registration table	obtained from agenda	Name Co Address	WWISON 3703	
Please check the app	propriate boxes:	•		
Support Wish to Do not v Available	speak vish to speak e to answer questions	4 ;	Oppose Wish to speak Do not wish to speak Available to answer que	stions
(If you answered "na question.)	you representing an organize, "STOP; you need not contain the second property of each prope	emplete the rest of th	his form. If you answered "yes,"	No go on to the next
			•	
A wa wan hain a maid £	in various and the same		☐ Yes	∏No
Are you being paid i	or your representation?		1 es	[] 140
	s part of your other paid du o, " STOP; you need not co		or organization?	☐ No ' go on to the next
Speaking Limits:	Public Hearing Information Hearing	5 min	nutes	

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?				
(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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(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:	

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Agenda No	btained from agenda	Name Address	Jett 703 Mad	Maurer Universion, William, Will	ty Am	
Please check the app	ropriate boxes:					
	speak vish to speak e to answer questions			Oppose Wish to spea Do not wish Available to		tions
(If you answered "no question.)	ou representing an organ o, "STOP; you need not elephone number of each	complete the res	st of this fo	orm. If you ansv	·	☐ No go on to the next
		F ******* - 1 - 8****			<i>G</i>	
Are you being paid for	or your representation?				Yes	□No
	part of your other paid of or," STOP; you need not of				Yes yered "yes,"	☐ No go on to the next
Speaking Limits:	Public HearingInformation Hearing			3	·	

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?				
(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.	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?			
(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:

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Agenda No	btained from agenda	Name Address	Brayo M 624 Drive	la de la	tone
Please check the appr	ropriate boxes:				
At this meeting are ye	peak ish to speak to answer questions ou representing an organizati y" STOP; you need not comp		er than yourself:	n to speak o answer ques Yes	☐ No
Name, address and te	lephone number of each pers	son or organization	n you are represent	ing:	
Are you being paid fo	or your representation?			Yes	No
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Speaking Limits:	Public Hearing Information Hearing				

-	ou an el mental	lected official who is appearing solely on behalf of your office or for your municipality or other body?
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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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		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 _	12	Signature Supplied Su
		Print Name UNIVILLA (116)