City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No	D	Name <u>M</u> Address <u>U</u>	LICH KOWA. 79 OAK ST	LESKI T	
Required – Can be a on registration table	obtained from agenda	1	la FANIANO	. (4)	53558
Please check the app Support Wish to Do not v	propriate boxes:		Oppose Wish to spea Do not wish Available to	ak to speak	
At this meeting are y (If you answered "naquestion.)	ou representing an orgo," STOP; you need no	ganization or a person of ot complete the rest of the complete the rest of the chapter of the person or organization	her than yourself: his form. If you ansv	☐ Yes wered "yes,"	⊠No
Are you being paid f	or your representation	?		☐ Yes	□No
		d duties for this person of the complete the rest of the			☐ No go on to the next
Speaking Limits:	Information Hearing	5 mi g5 mi 3 mi	nutes		

Registration Statement - Page 2

Are you a governme	elected official who is appearing solely on behalf of your office or for your municipality or other tal 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 that:	being 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?			
(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: 7-18./2

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PLEASE PRINT CLEARLY Agenda No. Address Required – Can be obtained from agenda on registration table. Please check the appropriate boxes: X **Oppose** Support Wish to speak Wish to speak Do not wish to speak Do not wish to speak Available to answer questions Available to answer questions At this meeting are you representing an organization or a person other than yourself: (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: - putchell Konalaski, ☐ Yes Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (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:

Registration Statement - Page 2

Are you an elected official who is ap governmental body?	ppearing solely on behalf of your office or	for your municipality or other Yes No			
(If you answered "yes" to the question, this form. If you answered "no" to the q	STOP. You need not complete the rest of this question, go on to the next question.)	s form, except that you must sign			
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Date 7-18-12	Signature Print Name Apprint	J. Franke			
	SEN 1	0708,56			