

# City of Madison Registration Statement - Alcohol License Review Committee

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

# 18284

16432

PLEASE PRINT CLEARLY

Agenda No. <u>30 + 53</u> Required - Can be obtained from agenda on registration table.
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Name Mark Mackesay  
 Address 4912 Winnequah Rd  
Monroeville

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: 5-19-10

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# 18284

Agenda No. <u>30</u> Required – Can be obtained from agenda on registration table.
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Name: TED GERVASI  
 Address: 5754 Moderneire St

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:

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Are you being paid for your representation?  Yes  No

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(See Back)

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

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Name Aryn P Moore

Address 402 W Bay View St, Apt 308

Madison, WI 53703

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:

Tom Brown

TORM, LLC 30 W M. Jefferson St, Ste 404, Madison, WI 53703

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

(See Back)

Date: 5/19/10

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Name Rebecca Fichtner  
 Address 132 Lakewood borders  
Madison, WI 53704

Please check the appropriate boxes:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> <b>Support</b>                | <input type="checkbox"/> <b>Oppose</b>                 |
| <input 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:  
The Lucky Duck

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)

Date: May 19, 2009

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Name Brad Mullins  
 Address 401 N. Carroll St.  
Madison, WI 53703

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:

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