Date:			

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

#18284	NG432 PLEASE	PRINT CLE	<u>ARLY</u>	• · · · · · · · · · · · · · · · · · · ·	
Agenda No. <u>30</u> Required – Can be of on registration table	btained from agenda	Name Management Manage	grk Mack 2 Winne 6765A	esoy	L
Please check the app	ropriate boxes:	·			
	speak rish to speak e to answer questions	V	Oppose Wish to spea Do not wish Available to		tions
	rou representing an organization, "STOP; you need not compl			☐ Yes wered "yes,"	No go on to the next
Name, address and to	elephone number of each perso	n or organization	n you are represent	ing:	
Are you being paid f	or your representation?		•	Yes	Ž/No
	s part of your other paid duties o, "STOP; you need not comp			☐ Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing Information Hearing				

Other Items 3 minutes

Date: 5-19-10

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

#1829		SE PRINT	CLEARLY		
Agenda No. 30 Required – Can be of on registration table.)	Name Address	JED GER 5154 Mo	VASI dermain	0 St
Please check the appr	opriate boxes:				
At this meeting are you (If you answered "no question)	peak ish to speak to answer questions ou representing an organizat "" STOP; you need not con lephone number of each per	iplete the re	son other than yourself: est of this form. If you answ	to speak answer ques Yes wered "yes,"	□No
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Speaking Limits:	Public Hearing Information Hearing Other Items	triani disan e na sale	5 minutes		

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City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

		Name	Lyan	PHOOR	<u>e</u>	
Agenda No	30	Address	Fryan 402 4	1 Day Fo	on 52	407 308
Required – Can be ob	tained from agenda			_		
on registration table.			Madis	im, OL	537	3
Please check the appro	opriate boxes:					
Support			Opp	ose		
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Available	to answer questions		<i>.</i>	Available to a	ınswer quest	ions
(If you answered "no, question.)	u representing an organizatio "STOP; you need not comple ephone number of each person	lete the res	t of this form	. If you answe	ered "yes,"	☐ No go on to the next
76RM, 1.7C	30 W M. ff.	n 525	2 404, 1	Yorkson	JUT:	53703
Are you being paid for	your representation?				Yes	#No
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Speaking Limits:	Public Hearing Information Hearing					

Date: 5/19/10

City of Madison Registration Statement - Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No	atained from agenda	Name Address	Rel 13;	olyafic 2 laken dison, i	ntre oxl	v bandens 3704
Please check the appre	opriate boxes:					
Available	sh to speak to answer questions			Oppose Wish to speak Do not wish t Available to a	o speak	stions No
	ou representing an organization of some serior of the seri					_
Name address and tel	ephone number of each pe	etgan ar argan	ization	vou are rentesentir	10"	
True	· Wcky J	Dek_		you are representing	·5·	
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Are you being paid fo	r your representation?				Yes	No
	part of your other paid dut "STOP; you need not co.				☐ Yes ered "yes,	yoo on to the next
Speaking Limits:	Public Hearing Information Hearing					

Date: May 19,2009

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

	30 Obtained from agenda	Name Brad Mullins Address 401 N. Carroll St. Madison, W1 53703
Please check the app	propriate boxes:	
At this meeting are	vish to speak e to answer questions you representing an organize	Oppose Wish to speak Do not wish to speak Available to answer questions ation or a person other than yourself: Yes No mplete the rest of this form. If you answered "yes," go on to the nex
Name, address and t	elephone number of each pe	erson or organization you are representing:
Are you being paid i	for your representation?	☐ Yes X No
Are you appearing a (If you answered "naquestion.)	s part of your other paid du o, "STOP; you need not co	ties for this person or organization? Yes Yoo implete the rest of this form. If you answered "yes," go on to the nex
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