Date:		

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

171,99	PLEASE PRINT CLEARLY
Agenda No. 12 Required – Can be obtained from age on registration table.	Name Mehnel Rendell Address Me Centuck (Cf. Af C Medison WI 53703
Please check the appropriate boxes:	
(If you answered "no," STOP; you ne question.)	Oppose Wish to speak Do not wish to speak Available to answer questions Oppose Wish to speak Available to answer questions Oppose Oppose No
Are you being paid for your representa	ation?
	er paid duties for this person or organization? Yes No ed not complete the rest of this form. If you answered "yes," go on to the next
	searing 5 minutes

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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?		
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		