

Date: 12/18/13

# City of Madison Registration Statement – Alcohol License Review Committee

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

PLEASE PRINT CLEARLY

Agenda No. <u>9</u> <u>Required</u> – Can be obtained from agenda on registration table.
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Name Henry Doane  
 Address 946 Spaight st  
Madison WI 53707

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:

- No – **STOP** - you are done with this form
- 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

Are you appearing as part of your other paid duties for this person or organization?

- No – **STOP** - you are done with this form
- Yes - go on to the next question

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....5 minutes  
 Other Items.....3 minutes

Registration Statement - Page 2

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?  Yes  No
- 3. Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.  Yes  No

*(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 12/18/13

Signature 

Print Name Henry Doan

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

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Agenda No. <u>9</u> <i>Required – Can be obtained from agenda on registration table.</i>
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Name Perry Blanchard  
 Address 216 State St  
Madison, WI 53703

Please check the appropriate boxes:

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

- No – **STOP** - you are done with this form
- Yes - go on to the next question

Name, address and telephone number of each person or organization you are representing:

Orpheum Management LLC  
216 State St  
(608) 250-2600

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?

- No – **STOP** - you are done with this form
- Yes - go on to the next question

Speaking Limits: Public Hearing.....5 minutes  
 Information Hearing.....5 minutes  
 Other Items.....3 minutes

Registration Statement - Page 2

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Date 12/18/2013

Signature 

Print Name Perry Blanchard

Date: 12.18.13

### City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

#9

Agenda No. <del>32287</del> <u>32287</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name Eve Paras  
 Address 216 State Street  
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:

- No – **STOP** - you are done with this form
- Yes - go on to the next question

Name, address and telephone number of each person or organization you are representing:

Orphum Management LLC  
216 State St. Madison WI 53703  
250 - 2600

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?

- No – **STOP** - you are done with this form
- Yes - go on to the next question

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing ..... 5 minutes  
 Other Items ..... 3 minutes

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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3. Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.  Yes  No

*(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 12-18-13

Signature 

Print Name Eve Paras

Date: 12-12-13

### City of Madison Registration Statement – Alcohol License Review Committee

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

PLEASE PRINT CLEARLY

#9

Agenda No. 32287  
Required – Can be obtained from agenda on registration table.

Name Gus Paras  
Address 216 State 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

At this meeting are you representing an organization or a person other than yourself:



~~No~~ – **STOP** - you are done with this form

Yes - go on to the next question

Name, address and telephone number of each person or organization you are representing:

O'phann Management, LLC  
216 State Street Madison WI 53703

Are you being paid for your representation?

Yes



Are you appearing as part of your other paid duties for this person or organization?

No – **STOP** - you are done with this form

Yes - go on to the next question

Speaking Limits: Public Hearing ..... 5 minutes  
Information Hearing..... 5 minutes  
Other Items..... 3 minutes

Registration Statement - Page 2

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- 3. Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.  Yes  No

*(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 12-18-13

Signature Gus Parcas

Print Name Gus Parcas