

Date: 2/16/2011

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>198</u> <i>Madison 22</i>
Required – Can be obtained from agenda on registration table.

Name DANSWERDLEN
 Address 13 E Gilman Apt
Madison, WI 53703

Please check the appropriate boxes:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose |
| <input type="checkbox"/> Wish to speak | <input type="checkbox"/> Wish to speak |
| <input checked="" type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input 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:

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)

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. 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? 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 _____

Signature _____

Print Name _____

Date: _____

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. <u>22</u> <i>Required – Can be obtained from agenda on registration table.</i>
--

Name John Bengt
 Address 815 Magdalena
MADISON

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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Agenda No. <u>22</u> <u>Required</u> – Can be obtained from agenda on registration table.
--

Name Hannah Somers

Address 801 W. Johnson St.

Madison, WI 53706

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:

Associated Students of Madison - Legislative Affairs Committee
333 East Campus Mall

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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PLEASE PRINT CLEARLY

Agenda No. <u>1 989 22</u> <i>Required – Can be obtained from agenda on registration table.</i>

Name Troy Vosseller
 Address 535 W Johnson St #1108
Madison WI 53703

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
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 - Do not wish to speak
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Agenda No. <u>22</u> Required – Can be obtained from agenda on registration table.
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Name JOY R. PERI

Address 33 E. MAIN

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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Signature _____

Print Name _____

Date: 2-16-11

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. <u>21422</u> Required – Can be obtained from agenda on registration table.
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Name Mary Carbine
 Address 122 W. Washington Ave
Madison, WI 53703

Please check the appropriate boxes:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Support - # <u>21</u> | <input checked="" type="checkbox"/> Oppose # <u>22</u> |
| <input type="checkbox"/> Wish to speak | <input checked="" 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:

Madison Central BID
122 W. Washington Ave #250
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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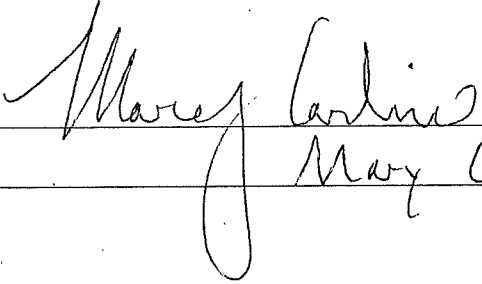
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Date 2-16-11

Signature



Print Name

Mary Carbone

Date: 2/16/11

City of Madison
Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. 21422
Required – Can be obtained from agenda on registration table.

Name Jamie MacFarlane
Address 121 S Butler St #3
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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(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:
Support ALDO w/ attached
conditions

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
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Date 2/16/11

Signature Jamie McCaselle
Print Name Jamie McCaselle

Make the Alcohol License Density Ordinance Permanent

Health Care Concerns

- Madison was just ranked the 15th drunkest city in America, based on alcohol-related liver disease, DUI related arrests and deaths and binge drinking, according to Men's Health Magazine. That's not the reputation any of us want for our home.
- We want a community that encourages healthy, responsible choices, not one that promotes over-consumption. Health begins where we live, work and play. Protect our community by addressing the alcohol abuse today.

Economic Cost

- We could be making Madison a safer, healthier place, while minimizing alcohol-related crime and violence, the source of major economic costs our community and state face.
- Extension of the 365 day rule will allow numerous locations to be grandfathered, creating more competition with a potential negative impact on revenue in the already over saturated market.

Violence

- The ALDO was created to reduce the number of alcohol licenses in the downtown area because of the unacceptably high amount of violence in the area; research shows a strong correlation between violence and the number of liquor licenses.

Law Enforcement Costs

- The financial impact of problem establishments on the city is astronomical. Even one problem establishment costs the city too much.
- Alcohol-related problems downtown drain resources from the Madison Police Department, and even pull city and county officers from outside the area as backup.

The Window of Time for Allowing a Tavern to Reopen within the ALDO Area

- One effective way to reduce alcohol abuse is by limiting the number of alcohol outlets in an area. This will reduce the economic and health-care related burden of alcohol abuse.
- Doubling the window of time for allowing a new tavern to open does not limit the number of alcohol outlets. It does not do what ALDO was set out to accomplish.
- 365 days is a reasonable amount of time to find a new tenant in a competitive real estate area.
- If an establishment closes and new tenants are not found within 365 days, our leaders should seize that opportunity to reduce liquor outlets in our neighborhood.

Exceptional Circumstances

- If an outlet gets more than 50% alcohol revenue, it should be viewed as a bar not a restaurant or entertainment venue.
- Half of a business' revenue does not need to come from alcohol in order for it to be successful.
- The exceptional circumstance clause should remain as it is in the existing ordinance with no more than a 25% liquor sales allowed for non-bar establishments.
- Raising the limit allowed for total alcohol sales does not work to reduce alcohol outlet density downtown. Let's remember what ALDO was set up to do and stick to it. Our community will thrive when we address the very real issue of alcohol abuse in Madison by keeping ALDO strong.

