

Date: _____

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

17934

PLEASE PRINT CLEARLY

Agenda No. <u>37</u> Required – Can be obtained from agenda on registration table.
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Name Peter Williams

Address 547 S. Randall
Madison 53715

Please check the appropriate boxes:

Support *with conditions*

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: 4-21-10

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. <u>460</u> Required – Can be obtained from agenda on registration table.
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Name Donna M. MAIOLA
 Address 813 Juniper St
Sun Prairie WI 53590

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

(See Back)