Date: 03 17 2010

City of Madison Registration Statement – Alcohol License Review Committee

17634 E	LEASE PRINT CLEARLY
Agenda No. 36 Required – Can be obtained from agenda on registration table.	Name Joanne Malvik Address 2701 Sommers fre Madison W153704
Please check the appropriate boxes:	-
(If you answered "no," STOP; you need n question)	Oppose Wish to speak Do not wish to speak Available to answer questions Ganization or a person other than yourself: Yes No Yes No Yes No No answered "yes," go on to the next Ach person or organization you are representing:
Are you being paid for your representation	? Yes No
Are you appearing as part of your other par (If you answered "no," STOP; you need n question)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
· · · · · · · · · · · · · · · · · · ·	5 minutes

Are you a governme	-	alf of your office or for your municipality or other Yes No	
	vered "yes" to the question, STOP . You need not conyou answered "no" to the question, go on to the ne	omplete the rest of this form, except that you must sign ext question.)	
If you are that:	eing paid for your representation, or if your appear	arance is part of other paid duties, do you understand	
1	Before you engage in lobbying as a lobbyist, you with the City Clerk?	ou or your principal must file an authorization Yes No	
2.	Your principal is not permitted to authorize y with the City Clerk?	ou to lobby unless the principal is registered Yes No	
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?		
	vered "no" to any of the last three questions, pleas om 103 of the City-County Building, Madison, for t	se call the City Clerk at 266-4601 or go to the Clerk's more information)	
Date	Signature		
	Print Name		

Date: $\frac{3(17/10)}{}$

City of Madison Registration Statement – Alcohol License Review Committee

17/5	PLEA	ASE PRINT CLE	ARLY	•	
Agenda No. Required – Can be o on registration table.	3 lp btained from agenda	Name Address	pril 22/3 C Madico	Jac Dakri n	Kson
Please check the app	ropriate boxes:				
At this meeting are y	vish to speak e to answer questions you representing an organiz		ner than yourself:	to speak answer ques	⊠ No
(If you answered "no question.)	o," STOP; you need not co	omplete the rest of the	vis form. If you ans	wered "yes,"	go on to the next
Name, address and to	elephone number of each p	erson or organizatio	n you are represent	ing:	·
Are you being paid for	or your representation?			☐ Yes	□ No
	s part of your other paid du o, " STOP; you need not co			☐ Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 mii	nutes		

Are you a governmei	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, do you understand
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Date	Signature
	Print Name

Date: 3 - 17 - 10

City of Madison Registration Statement – Alcohol License Review Committee

1762	4 PLEAS	SE PRINT CLI	<u>EARLY</u>		
Agenda No. Required – Can be of on registration table.	,	Name 17 Address 2	ERRY JA 213 CX ADISON,	ACKSO FRID WI S	DN GE AUE 53704
Please check the appr	ropriate boxes;				
At this meeting are you (If you answered "no question.)	speak ish to speak to answer questions ou representing an organiza o, "STOP; you need not contain the selephone number of each perfect to speak to the selephone number of each perfect to speak	mplete the rest of t	her than yourself: his form. If you ans	n to speak o answer quest Yes swered "yes,"	No
·		 .			
Are you being paid for	or your representation?		•	☐ Yes	No
	part of your other paid duti o," STOP; you need not con			Yes Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 mi	inutes		

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Date	Signature
	Print Name

Date: 3/17/10

City of Madison Registration Statement – Alcohol License Review Committee

17/2	PLEASE PRI	NT CLEARLY	
Agenda No. 36 Required – Can be o on registration table.	, ,	ress 303 Huds	e on ave. WI 5370F
Please check the appr	ropriate boxes:	· /	
At this meeting are y (If you answered "no question)	speak ish to speak to answer questions ou representing an organization or a p, "STOP; you need not complete the	person other than yourself: e rest of this form. If you ans	n to speak o answer questions \[\sum \text{Yes} \ \bullet \text{No} \] wered "yes," go on to the next
Are you being paid for	or your representation?		☐ Yes ☐ No
	part of your other paid duties for the," STOP; you need not complete th		Yes No wered "yes," go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes	

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Date _	·	Signature		
		Print Name		