

Date: _____

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> <i>Required – Can be obtained from agenda on registration table.</i>

Name Alder Bridget Maniaci
 Address 744 E Johnson 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? 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: 11-10-10

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PLEASE PRINT CLEARLY

Agenda No. <u>9</u> <i>Required – Can be obtained from agenda on registration table.</i>

Name SP3TI SHRCINGER
 Address 2205 SOMMERS AVE
MADISON WI 53701

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
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11 Bryne

PLEASE PRINT CLEARLY

Agenda No. <u>9</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name Dylan Bryne
 Address 20 N BALDWIN 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

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(See Back)

Date: 11/10/10

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Registration Statement – Alcohol License Review Committee**

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Agenda No. <u># 9</u> <i>Required – Can be obtained from agenda on registration table.</i>

Name Matt Krueger
 Address 24 N. BALDWIN 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

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