

Date: 4.25.12

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

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

PLEASE PRINT CLEARLY

Agenda No. <u>35</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name PATRICK H RYNES  
Address 6518 DOME CIRCLE  
MADISON, WI 53719

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 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:

ECHO TAP & GRILL  
559 WEST MAIN ST 608-256-6928  
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.)

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

(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. 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 4-25-12

Signature

Patrick H. Rymer

Print Name

PATRICK H RYMER

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

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

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Agenda No. \_\_\_\_\_

35

Required – Can be obtained from agenda  
on registration table.

Name \_\_\_\_\_

Susan Bulgrin

Address \_\_\_\_\_

4157 Manitow Way

Madison, WI 53711

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:

Echo Tap & Grill

554 West Main

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.)

Speaking Limits:

Public Hearing..... 5 minutes

Information Hearing..... 5 minutes

Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

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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 4.25.12

Signature

Print Name

~~Kate Bulgren~~ Susan Bulgren  
~~Kate Bulgren~~ Susan Bulgren

Date: 4.25.12

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

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Agenda No. 35

Required – Can be obtained from agenda  
on registration table.

Name Katie Bulgrin

Address 4126 Troquois Dr

Madison, WI 53711

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:

Echo Tap & Grill 608.256.6928

554 W. Main St

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.)

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

(See Back)

Registration Statement - Page 2

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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

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Date 4.25.12

Signature

Print Name

Katie Bulgren  
Katie Bulgren

Date: 4-25-12

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

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PLEASE PRINT CLEARLY

Agenda No. <u>35</u>
<small>Required – Can be obtained from agenda on registration table.</small>

Name Barry Widera  
Address Court Data Technologies  
301 S. Bedford St #7A  
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 **BW**  
(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:

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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?

☐ 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

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☐ 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? ☐ 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

4-25-12

Signature



Print Name

Barry Widera



Date: 4-25-12

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

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PLEASE PRINT CLEARLY

Agenda No. 35

Required – Can be obtained from agenda  
on registration table.

Name

Address

ROSEMARY LEE  
411 W WILSON  
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: ☐ 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

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☐ 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? ☐ 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: Apr 25, 2012

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

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PLEASE PRINT CLEARLY

Agenda No. 26085 35

Required – Can be obtained from agenda  
on registration table.

Name

Nina Emerson

Address

137 S. Brighthouse Place  
Madison WI 53715

Please check the appropriate boxes:

☐

**Support**

- ☐ Wish to speak  
☐ Do not wish to speak  
☐ Available to answer questions

☒

**Oppose** – *expanded hours only*

- ☐ 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)

Registration Statement - Page 2

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*(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. 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 \_\_\_\_\_

Nina J. Emerson  
137 S. Brittingham Place  
Madison, WI 53715

April 25, 2012

Mr. David Hart, Chairperson  
Madison Alcohol License Review Committee  
210 Martin Luther King, Jr. Blvd.  
Madison, WI 53703

Re: Agenda Item 26085, Echo on Main Inc.

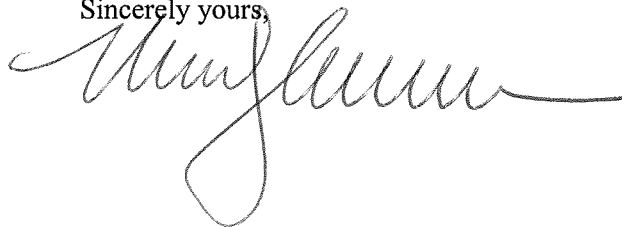
Dear Chairperson Hart and Members of the ALRC:

I am writing this letter in opposition to the request for expanded hours of operation for the outdoor patio at the Echo on Main. I attended the neighborhood meeting that Alder Verveer held at the Echo on March 1, 2012.

There was a fair amount of discussion on the issue of having outdoor patio service as well as the hours of outdoor operation. It seemed to me the consensus of those in attendance was that the conditional use permit hours of closing at 9:00 p.m. Sunday – Thursday and 10:00 p.m. Friday and Saturday be kept for a year before allowing the extended hours. This will allow any impact on the neighborhood to be fairly evaluated.

If both capacity and hours are expanded at the same time, it would be difficult to determine which one is the culprit should any problems result. If the expanded outdoor capacity is successful, then neighbors will likely be more willing to see how expanded hours of operation will work. Thank you for your consideration.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Nina J. Emerson", with a long, sweeping horizontal line extending to the right.



Date: 4/25/12

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

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Agenda No. <u>35</u>
Required – Can be obtained from agenda on registration table.

Name

Paul Krupski

Address

321 East Main Street

Madison, WI 53703

Please check the appropriate boxes:

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

Health First Wisconsin

321 East Main Street

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.)

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

(See Back)

## Registration Statement - Page 2

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(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:

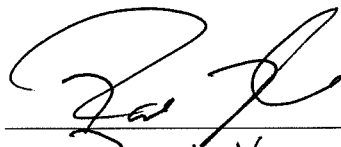
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? ☒ Yes ☐ No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☒ Yes ☐ No
3. If your principal spends or will owe more 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 4/25

Signature

Print Name



Paul Krupski



Date: 4/25/2012

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

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PLEASE PRINT CLEARLY

Agenda No. <u>35</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name Gary Scalzo  
Address 1325 S. Hamilton St. Apt 107  
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:

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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?

☐ 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

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If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

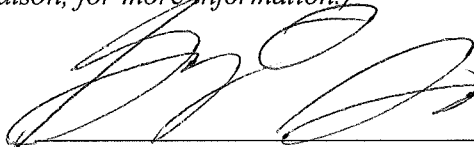
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? ☐ Yes ☐ No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☐ Yes ☐ No
3. If your principal spends or will owe more 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

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Date

4/25/2012

Signature



Print Name

Greg Scalzo

Date: 4.25.12

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

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PLEASE PRINT CLEARLY

Agenda No. <u>35</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name Margaret Brennan  
Address 325 S. Hamilton St. Apt 107  
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:

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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? ☐ 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

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Date 4/25/12

Signature



Print Name

Margaret Brennan

Date: 4-25-12

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

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PLEASE PRINT CLEARLY

Agenda No. <u>35</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name Nancy Crassweller  
Address 10 Dorfmeister Ct.  
Madison WI 53714

Please check the appropriate boxes:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> <b>Support</b> <i>with qualifications (better)</i> | <input type="checkbox"/> <b>Oppose</b>                 |
| <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:

Dane County Coalition to Reduce Alcohol Abuse

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 4/25/12

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

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PLEASE PRINT CLEARLY

Agenda No. <u>35</u> <u>26087</u> Required – Can be obtained from agenda on registration table.
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Name Harold Langhammer  
Address 122 State St.  
Madison, WI

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:

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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? ☐ 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

*(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. 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: 4-25-12

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

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

PLEASE PRINT CLEARLY

Agenda No. 35 Echo

Required – Can be obtained from agenda  
on registration table.

Name

PETER OSTLUND

Address

533 W 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

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:

Bassett District of Capitol Neighborhoods

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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Information Hearing..... 5 minutes

Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

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Date \_\_\_\_\_

Signature



Print Name

\_\_\_\_\_

Date: 4-25-12

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

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

PLEASE PRINT CLEARLY

Agenda No. 35

Required – Can be obtained from agenda  
on registration table.

Name

RAY WESTBURY

Address

510 WEST MAIN ST #307  
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

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At this meeting are you representing an organization or a person other than yourself: ☐ Yes ☒ No  
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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?

☐ 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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Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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Signature \_\_\_\_\_

Print Name \_\_\_\_\_