Date: 3/19/2008

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

Please Print	
Agenda No. W Address TREK H	OSPIALITY
Please check the appropriate boxes:	
Do not wish to speak Available to answer questions Do no	to speak t wish to speak able to answer questions
At this meeting are you representing an organization or a person other than yours (If you answered "no," STOP ; you need not complete the rest of this form. If yo question)	
Name, address and telephone number of each person or organization you are repr	resenting:
·	
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid duties for this person or organizatio (If you answered "no," STOP; you need not complete the rest of this form. If you question)	
Speaking Limits: Public Hearing 5 minutes Information Hearing 5 minutes	

Registration Statement - Page 2

Are you an el governmental	lected official who is appearing solely on behalf of your office or for your municipality or other body?				
	ed "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question)				
If you are being that:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand				
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?				
.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?				
(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.)					
Date3 19	Signature Print Name Print Name				

Date: 3/19/08

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Are you being paid f	for 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
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