

Date: 9/29/10

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>12</u> Required – Can be obtained from agenda on registration table.

Name DANIEL MOMONT
 Address 15 S BROOM ST. #402
MADISON, WI 53703

Please check the appropriate boxes:

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

89 WEST LLC
108 KING ST. MADISON WI 53703
608-255-4343

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)