Date: ()///7

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

Agenda No	ained from agenda	Name Address	Hex Adea to8 w. 1 hadison	man Nifelia	S+ #6 53703
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Speaking Limits:	Public Hearing Information Hearing				

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
	ered "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 be that:	eing 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?
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	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)
Date Co	2/11/12 Signature Ally Ua
	Print Name Alex Aderman

Date:	

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Agenda No	Name CLINE WHITEHSIESE Address PO BUX 8814 MADISON, WI S 370 A
Please check the appro	*
Support Wish to sp Do not wis Available	
At this meeting are you (If you answered "no, question.)	u representing an organization or a person other than yourself: Yes No "STOP; you need not complete the rest of this form. If you answered "yes," go on to the next
Name, address and tele	ephone number of each person or organization you are representing:
WHISKEY	TACKS - STATE ST.
	STATE PRODUCTIONS
PO BOX 88	314 MANSON WI
Are you being paid for	r your representation?
Are you appearing as partial (If you answered "no, question.)	part of your other paid duties for this person or organization? No "STOP; you need not complete the rest of this form. If you answered yes," go on to the next
Speaking Limits:	Public Hearing

Are you a governme	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
	ered "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.)
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Date	Signature
	Print Name

City of Madison Registration Statement – Alcohol License Review Committee

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		Name Soshur 1	HURLEY
Agenda No		Address 8152 BLAK	TON RD.
<u>Required</u> – Can be o on registration table.	btained from agenda	MADICON, WI	
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Please check the app	ropriate boxes:	~ /	KT. SUPPORT
	rish to speak	Oppose Wish to s Do not wi	RI SUPPORT peak WHISKEY SACICS ish to speak
Available A	e to answer questions	Available	to answer questions
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Name, address and te	elephone number of each persor	n or organization you are represe	enting:
. 1	ACKS SALOON		
552 STATE	, 51.		·
MADISON, W.	I 53703		
Are you being paid for	or your representation?		Yes No
		for this person or organization? ete the rest of this form. If you a	No No nswered "yes," go on to the next
Speaking Limits:	Public HearingInformation HearingOther Items	5 minutes	

Are you an egovernmental	elected official who is appearing solely on behalf of your office or for your municipality or other body? Yes No
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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Date	Signature Statement Print Name SHUA HURLEY

Date:	6/11	112

City of Madison Registration Statement – Alcohol License Review Committee

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Agenda No Sequired – Can be ob on registration table.	3 tained from agenda	Name Address	CORES 6915 EDINA	BANNERW Mc CAURCE MD 559	1.A.J 7.L 3.9%
Please check the appro	opriate boxes:	•			
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	ephone number of each			esenting:	
W1+18-KEY	JACUS (SACOON_			
55z	STATE ST	MADISO	1, WI		
(612)	685-2212		•		
Are you being paid for	your representation?			Yes	No
Are you appearing as partial (If you answered "no, question.)	part of your other paid on some of your need not	duties for this per complete the resi	son or organization of this form. If you	n?	No go on to the next
Speaking Limits:	Public HearingInformation Hearing Other Items		5 minutes	·	

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	ered "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.)
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Date	Signature Print Name Print Name 13 A 1968 m 4-1

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

	>	Name	11ctor/	lacre	ے
Agenda No	>.	Address	24/8 mead	owsid	'e D-
Required – Can be of on registration table	obtained from agenda		jerona l		
Please check the app			7		
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At this meeting are y (If you answered "n question.)	you representing an organiz o, " STOP; you need not co	ation or a person ot omplete the rest of t	her than yourself: his form. If you ans	Yes wered "yes,"	☐ No go on to the next
	elephone number of each p	1	n you are represent	ing:	
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	san wt.				
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Speaking Limits:	Public Hearing Information Hearing Other Items	5 mi	nutes		

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-	ou an el mental l	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 u answered "no" to the question, go on to the next question.)
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Date _	61	Print Name Wichwillauren

Date: (1.º (1 º 2012	
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City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

		Name	Brandon Tr	efrein	
Agenda No	3	Address	5510 State	St #1	13
Required – Can be obtoon registration table.	otained from agenda		Brandon Tro 556 State Nedison, n	1 53	703
			Support of Oppose Wish to spea Do not wish Available to	f whak to speak	riskey Jacks
At this meeting are you (If you answered "no, question.)	ou representing an organization," STOP; you need not comp	on or a persolete the re	son other than yourself: st of this form. If you answ	Yes wered "yes,"	☐ No ' go on to the next
Name, address and tel	lephone number of each person	on or organ	nization you are representi	ng:	
Whisken	Jacks Sallon				
557 St.	Jacks Sallon e St				
Madison.	W1 53703				
	r your representation?			Yes	⊠ No
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Speaking Limits:	Public Hearing Information Hearing	• • • • • • • • • • • • • • • • • • • •	5 minutes		

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
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	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)
Date <u>(</u>) *	11.2017 Signature Brandon M. Tre frey

City of Madison Registration Statement – Alcohol License Review Committee

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Agenda No Required – Can be a on registration table	Sobtained from agenda	Name	Jeff Re 5545 Modis	ell State	SI #12 NT 537
Please check the app	ropriate boxes:			- '(
	speak vish to speak e to answer questions		Oppose Wish to spe Do not wish Available to		stions
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Speaking Limits:	Public Hearing Information Hearing Other Items	5 n	ninutes		·

	you an e nmental	lected official who is appearing solely on behalf of your office or for your municipality or other body?
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Date	6/0	Signature Signature
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Agenda No Required – Can be on registration table	3 obtained from agenda	Name Address	Gus Para	5		
At this meeting are y (If you answered "n question.)	speak vish to speak te to answer questions you representing an organization, "STOP; you need not come	plete the rest o	other than yourself: f this form. If you ans	to speak answer quest Yes wered "yes,"	No	ne nexi
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	ered "no" to any of the last three questions, please call the City Clerk at 266-460. om 103 of the City-County Building, Madison, for more information.)	l or go to the Clerk's
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