

Date: 4/21/10

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

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

PLEASE PRINT CLEARLY

#17931

Agenda No. <u>35</u> Required – Can be obtained from agenda on registration table.
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Name Jose Arriaga-Gutierrez  
 Address 1729 Baird St  
Madison WI 53713

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:

LA FINCA MEXICAN RESTAURANT  
3302 PACKERS AVE.  
MADISON WI 53704

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)