Date:	

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

You must register before the ALRC considers your item.

18762 PLEASE PRINT CLEARLY
Agenda No. 15  Required – Can be obtained from agenda on registration table.  Name TAM: LAX  Address: 26 S FNANKLIN ST.  Monison, WI S3783
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
(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?
Are you appearing as part of your other paid duties for this person or organization?   Yes Woo (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

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Are you an elected official who is a governmental body?	ppearing solely on l	pehalf of your office	ce or for your mui	nicipality or other
(If you answered "yes" to the question, this form. If you answered "no" to the			of this form, except	that you must sign
If you are being paid for your represent that:	ntation, or if your ap	pearance is part of	other paid duties, o	do you understand
1. Before you engage in lowith the City Clerk?	obbying as a lobbyis	t, you or your princi	ipal must file an aut	horization
2. Your principal is not p with the City Clerk?	ermitted to authoriz	e you to lobby unle	ess the principal is Yes	registered
3. If your principal spend period (calendar quarte the remaining quarters of	r), the principal mus	=		
If you answered "no" to any of the la. Office at Room 103 of the City-County		<del>-</del>		go to the Clerk's
Date 6 11 10	Signature	Tn. IA	1	
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