

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

17977

Agenda No. <u>23</u> <u>Required</u> – Can be obtained from agenda on registration table.
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Name THE COOPERS TAVERN
 Address 20 W MIFFLIN ST
MADISON, WI

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:

PETER McELWANNA 917 743 1220
THE COOPERS TAVERN, 20 W MIFFLIN ST, 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 Items3 minutes

(See Back)

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Name Greg Froull
 Address 5 Wallingford circle
Mad 53717

Please check the appropriate boxes:

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 - Do not wish to speak
 - Available to answer questions

- Oppose**
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 Other Items..... 3 minutes

(See Back)