

30840, 30841, 30709 Date: 7-17-13

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. 7, 12, 20
Required – Can be obtained from agenda on registration table.

Name ATTY RICK PEIRI
Address 33 E. MAIN ST.

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:
RED ZONE OF MADISON, INC.

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)

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

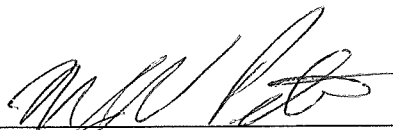
If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

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? Yes No
3. Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying. Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 7-17-13

Signature



Print Name

MARINUS J. W. PETRI

Date: 7-17-13

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Agenda No. <u>#7 #12 #20</u> Required – Can be obtained from agenda on registration table.
--

Name Drew Gerhartz
 Address 4158 Keith Ave
Madison

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

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Date _____

Signature _____

Print Name _____

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PLEASE PRINT CLEARLY

Agenda No. 712 [#] 20 [#]
Required – Can be obtained from agenda on registration table.

Name RILKY L. IMHOFF
Address 5409 NORM RD.
MSN. WI. 53558

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:

RED ZONE OF MADISON

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
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Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

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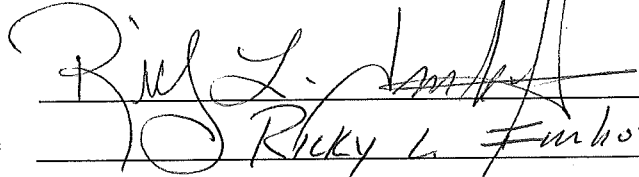
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Date 7-17-13

Signature 
Print Name Rocky L. Furhoff

Date: 7/17/13

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PLEASE PRINT CLEARLY

Agenda No) #7, #12, #20
Required – Can be obtained from agenda on registration table.

Name RYAN HOELKER
Address 8013 STARR GRASS DR
MADISON WI 53719

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Support
 Wish to speak
 Do not wish to speak
 Available to answer questions

Oppose
 Wish to speak
 Do not wish to speak
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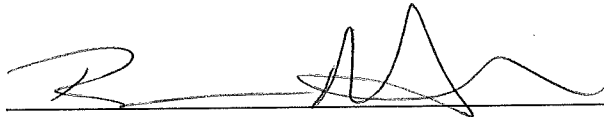
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Date 7/17/13

Signature



Print Name

RYAN HOELKER