Date: 10(20/10

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No(Required – Can be a on registration table	obtained from agenda	Name Davin Il Address 121 5 Pr	r Coucly ALLR ST
Please check the app	propriate boxes:		
At this meeting are (If you answered "n question.)	wish to speak le to answer questions you representing an organiza o," STOP; you need not co	Oppose Wish to specific Do not wish Available to Available to ation or a person other than yourself: Implete the rest of this form. If you answerson or organization you are represented.	to speak o answer questions Yes No swered "yes," go on to the next
Are you being paid	for your representation?		☐ Yes ☐ No
Are you appearing a (If you answered "n question.)	s part of your other paid dut o," STOP; you need not co	ties for this person or organization? mplete the rest of this form. If you ans	Yes No wered "yes," go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes	