

Date: Oct 10, 2010

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

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

PLEASE PRINT CLEARLY

Agenda No. 4  
Required – Can be obtained from agenda on registration table.

Name Curtis Brink  
Address 1110 Acadia Dr  
Madison, WI 53717

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)

Date: 10/10/10

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

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

PLEASE PRINT CLEARLY

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

Name SAMANTHA CROWNOVER  
Address 2702 Kendall Ave.  
Madison, WI 53705

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:  
BASKERVILLE CONDO ASSOC.  
121 S. HAMILTON SPR.  
MADISON, WI 53703

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)

Date: 11/10/10

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

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

PLEASE PRINT CLEARLY

Agenda No. 7 (also 4+6)  
Required – Can be obtained from agenda on registration table.

Name Mark Landis  
Address 121 S. Hamilton  
Madison, WI 53703

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:

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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)

Date: 11-10-10

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

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

PLEASE PRINT CLEARLY

Agenda No. 7 (also 476)  
Required – Can be obtained from agenda on registration table.

Name ROSEMARY LEE  
Address 111 W Wilson  
53703

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)