Date:	

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Agenda No. Required – Can be of on registration table.	btained from agenda	Name Address	Robert 360 W, L Madzon	Hollon Vashine , Wi	way 5ton P21 53703
Please check the approximately Support	ropriate boxes:		Oppose		
☐ Wish to s ☐ Do not w	peak ish to speak e to answer questions		☐ Wish to sp ☐ Do not wis ☐ Available t		tions
	ou representing an organization, "STOP; you need not comp			☐ Yes swered "yes,"	No go on to the next
Name, address and te	elephone number of each perso	on or organ	ization you are represen	ting:	
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Speaking Limits:	Public HearingInformation Hearing	•••••	.5 minutes		

•	re you an elected official who is appearing solely on behalf of your office or for your municipality or other overnmental body?						
	(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 a	are bein	ng paid for your representation, or if your appearance is part of other paid duties, do you understand					
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?					
	2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?					
	3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?					
		ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.)					
Date _	3/	Signature Robert Hollowery Print Name Robert Holloway					

Date:	. 3	-1	6-	1

PLEASE PRINT CLEARLY
Agenda No. Required - Can be obtained from agenda on registration table. Name May (arbino May (arbi
Please check the appropriate boxes:
Support only wantendments Wish to speak Do not wish to speak Available to answer questions Oppose in current form 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: Mudism Central BID
122 W. Washington Ave, #122
Madism US 53703
Are you being paid for your representation?
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

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Agenda No. / Can be ob	otained from agenda	Name Address	Jamie Ma 1215 Ber	- Corvelles Fiere Sta	2 \$3 53)05
on registration table.			IV Color	1. 001	
Please check the appr	opriate boxes:		·		
	peak sh to speak to answer questions			speak wish to speak le to answer questic	ons
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	ou an el imental	lected official who is appearing solely on behalf of your office or for your municipality or other body?
		red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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		ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.)
Date _	3/16	Signature James McCoulle Print Name Van 18 1 Mrs Control
	1/ '	FILLULIALITY VIVY / P JIVY CONCOURT

Date: 3/18/11

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

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on registration table	6,	Name Julia Di Address 6799 F Middlet	
	•	Oppose Wish to sp Do not wis	• •
(If you answered "n question.)	o," STOP; you need not c	zation or a person other than yourself: complete the rest of this form. If you are person or organization you are represent	nswered "yes," go gn to the next
Are you being paid f	for your representation?		☐ Yes ☐ No
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Speaking Limits:	Information Hearing	5 minutes	

	an elected ntal body?	official who is appearing solely on behalf of your office or for	your municipality or other Yes No
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		o" to any of the last three questions, please call the City Clerk at 26 of the City-County Building, Madison, for more information.)	6-4601 or go to the Clerk's
Date		Signature	
		Print Name	

Date:	

2155	PLEAS	E PRINT CL	EARLY		
Agenda No ((bbtained from agenda	Name	SIS MA	397291 988 LNE) Du
Please check the app Support Wish to	ropriate boxes: 13.0 Formon		Oppose ☐ Wish to sp	peak	
At this meeting are y (If you answered "naquestion.)	vish to speak e to answer questions you representing an organization," STOP; you need not comp	plete the rest of	Available ther than yourself: this form. If you an	nswered "yes,'	No No
Are you being paid f	or your representation?			Yes	No
	s part of your other paid duties o, " STOP ; you need not comp			Yes nswered "yes,"	No go on to the next
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Are you		ected official who is appearing solely on behalf of your office or for your municipality or other body?
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
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		ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

		10	1.	
Date:	3	118	/ 15	

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY
Agenda No. Name Maurlen Busalauli Address Go (Wisconsin Auf on registration table. Madison, WI 53717
Please check the appropriate boxes:
Support Putton 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 need question.)
Name, address and telephone number of each person or organization you are representing:
Health First WI
seeabout
608-268-2620
Are you being paid for your representation?
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

Other Items......3 minutes

•	ou an el nmental	lected official who is appearing solely on behalf of your office or for your municipality or other body?
		red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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		red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's In 103 of the City-County Building, Madison, for more information.)
Date _	3(19	Signature Manen Muscalanti Print Name Warren Buscalanti

Date:	S	16	

PLEASE PRINT CLEARLY
Agenda No. Name Scym Polsteih Address 925 Fahren brook C+ #233 Required - Can be obtained from agenda on registration table.
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 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: Associated Students of Madison 333 East Campus Mall
333 East Campus Mall
Are you being paid for your representation?
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

•	nn elected official who is appearing solely on behalf of your office or for your municipality or other ntal body?
, , ,	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question.)
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	wered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's com 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	3/	16/	1	

You must register before the ALRC considers your item. PLEASE PRINT CLEARLY Alcohollicense Density Address 12/4 Elizabeth Required – Can be obtained from agenda on registration table. Please check the appropriate boxes: Support Oppose Wish to speak Wish to speak Do not wish to speak Do not wish to speak Available to answer questions Available to answer questions At this meeting are you representing an organization or a person other than yourself: (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: □No Are you being paid for your representation? Yes Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Public Hearing......5 minutes Speaking Limits: Information Hearing......5 minutes

Other Items.....3 minutes

•	ou an el mental	lected official who is appearing solely on behalf of your office or for your municipality or other body?
		red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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		red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.)
Date _		Signature
		Print Name

21557



March 16, 2011

Contact: Maureen Busalacchi, DCCRAA Facilitator, 608.443.4361

Dane County Coalition to Reduce Alcohol Abuse: Position on Alcohol License Density Ordinance

The Dane County Coalition to Reduce Alcohol Abuse (DCCRAA) has recently reorganized and increased its capabilities by joining forces with Health First Wisconsin – home of SmokeFree Wisconsin. Going forward, the Coalition's position on the Alcohol License Density Ordinance (ALDO) and proposed changes to the ordinance is as follows:

ALDO was adopted in an attempt to curb the increasing rates of violence and crime downtown, and since ALDO was implemented in 2007, preliminary crime statistics are promising. Furthermore, evidence-based studies done worldwide show that if you reduce the number of alcohol-outlets in an alcohol-outlet dense area, crime and violence rates will decrease. Therefore, DCCRAA strongly supports ALDO and supports making the ordinance permanent.

As for proposed changes to this ordinance, DCCRAA feels these changes have the potential to weaken the ordinance and the Coalition does not support weakening ALDO.

The Coalition does not support the entertainment venue exemption. We are in favor of attracting new businesses that offer other forms of entertainment than simply vertical drinking, but, as drafted, we do not support the proposed entertainment venue exemption. The DCCRAA believes any entity with more than 50 percent of its revenue coming from alcohol sales will, in fact, make a significant contribution to the alcohol problems in the ALDO area. With this in mind, DCCRAA does not support increasing the allowable percentage of revenue from alcohol in the exceptional circumstance clause from 25 percent to 50 percent, as has been proposed.

DCCRAA stands behind the original 365-day window to allow a new bar or tavern to open in place of an establishment that has closed. Doubling this window to 730 days, as has been proposed, does not reduce the number of bars downtown overtime, as ALDO was adopted to do. ALDO does not restrict other viable businesses from opening in the district after the 365-day window passes. If an establishment closes and new tenants are not found within 365 days, our leaders should seize that opportunity to reduce the number of liquor outlets in our community.

Thank you for your time.

X/b