

Date: _____

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

21557

Agenda No. <u>116</u> Required – Can be obtained from agenda on registration table.

Name Robert Holloway
 Address 360 W. Washington P212
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:

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:

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
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? 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 3/16/2011

Signature Robert Holloway
Print Name Robert Holloway

Date: 3-16-11

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

21557

Agenda No. <u>16</u> Required – Can be obtained from agenda on registration table.

Name Mary Carbins
 Address 122 W. Washington
Madison 53703

Please check the appropriate boxes:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Support <i>only w/ amendments</i> | <input checked="" type="checkbox"/> Oppose <i>in current form</i> |
| <input type="checkbox"/> Wish to speak | <input type="checkbox"/> Wish to speak |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> 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:

Madison Central BSN
122 W. Washington Ave. #122
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)

Registration Statement - Page 2

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(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.)

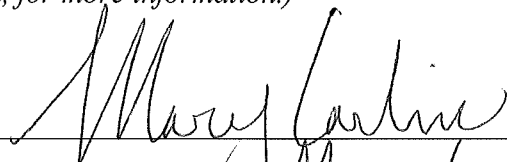
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Date 3-16-11

Signature



Print Name

Mary Carbine

Date: 3/16/11

City of Madison Registration Statement – Alcohol License Review Committee

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21557

Agenda No. <u>16</u> <i>Required – Can be obtained from agenda on registration table.</i>
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Name Jamie McCarver
 Address 1215 Butler St #3
Madison WI 53103

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:

Support ALDO W Entertainment Venue no
more than 50%

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

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(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 3/10/11

Signature Jamie McCowell
Print Name Jamie McCowell

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

21557

Agenda No. <u>16</u> Required – Can be obtained from agenda on registration table.

Name Julia Sherman
 Address 6729 First Lloyd Wright
Middleton

Please check the appropriate boxes:

Entertainment Venue - oppose

- 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
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Speaking Limits: Public Hearing..... 5 minutes
 Information Hearing..... 5 minutes
 Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: _____

City of Madison Registration Statement – Alcohol License Review Committee

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21557

Agenda No. <u>16</u> Required – Can be obtained from agenda on registration table.

Name

LOW BERZGH

Address

815 MADRID LINE DR
MADISON

Please check the appropriate boxes:

- Support** BID POSITION
- 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
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Speaking Limits:

Public Hearing.....	5 minutes
Information Hearing.....	5 minutes
Other Items.....	3 minutes

(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: 3/18/11

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

21557

Agenda No. <u>16</u> Required – Can be obtained from agenda on registration table.

Name Maureen Basalacchi
 Address 401 Wisconsin Ave
Madison, WI 53717

Please check the appropriate boxes:

- Support** *parts*
- 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:

Health First WI
see above
608-268-2620

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

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Date 3/18/11

Signature Maureen Busalacchi
Print Name Maureen Busalacchi

Date: 3/16/11

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

2155 >

Agenda No. <u>16</u> Required – Can be obtained from agenda on registration table.
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Name Sam Polstein

Address 925 Fahrenbrök Ct #233

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:

Associated Students of Madison

333 East Campus Mall

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.)

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Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: 3/16/11

City of Madison Registration Statement – Alcohol License Review Committee

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16
21557

PLEASE PRINT CLEARLY

Agenda No. 16 - Alcohol License
Required – Can be obtained from agenda on registration table.

Name Sandra Zerkildson
Address 1214 Elizabeth
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
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Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

215-57



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.

#16
MS.