

Date: 6-18-14

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

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. 19
Required – Can be obtained from agenda on registration table.

Name Clark Brunner
Address 1429 Monroe St.
Madison WI 53711

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:

- No – **STOP** - you are done with this form
- Yes - go on to the next question

Name, address and telephone number of each person or organization you are representing:

U.W. Madison Police Department - 1429 Monroe St. 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?

- No – **STOP** - you are done with this form
- Yes - go on to the next question

Speaking Limits:

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

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 6-18-14

Signature 

Print Name Clark S. Bruner

Date: _____

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. <u>19</u> Required – Can be obtained from agenda on registration table.

Name DAVE RING
 Address Kwik TRIP
1626 OAK Street
La Crosse, WI

Please check the appropriate boxes:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose |
| <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 checked="" 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:

- No – **STOP** - you are done with this form
- 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?

- No – **STOP** - you are done with this form
- Yes - go on to the next question

Speaking Limits:

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

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

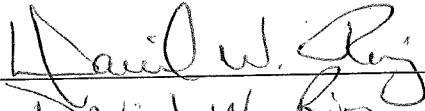
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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Date 6/18/2019

Signature 
Print Name DAVID W. KING

Date: 6/18/14

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. <u>19</u> Required – Can be obtained from agenda on registration table.
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Name Allen Arntsen
 Address 821 South Star Dr
Madison WI

Please check the appropriate boxes:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Support
<input type="checkbox"/> Wish to speak
<input type="checkbox"/> Do not wish to speak
<input checked="" type="checkbox"/> Available to answer questions | <input type="checkbox"/> Oppose
<input type="checkbox"/> Wish to speak
<input type="checkbox"/> Do not wish to speak
<input type="checkbox"/> Available to answer questions |
|--|---|

At this meeting are you representing an organization or a person other than yourself:

- No – **STOP** - you are done with this form
- Yes - go on to the next question

Name, address and telephone number of each person or organization you are representing:

Applicant - Kwik Trip

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization?

- No – **STOP** - you are done with this form
- Yes - go on to the next question

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

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

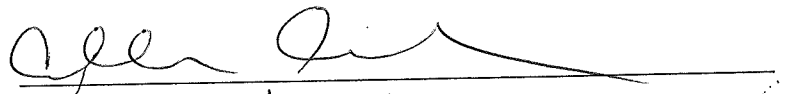
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Date 6/18/14

Signature 
Print Name Allen Arutser