

Date: 5/18/01

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

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

PLEASE PRINT CLEARLY

Agenda No. 4.5  
Required – Can be obtained from agenda on registration table.

Name Azela Black  
Address 1 S. Pindkey St  
Suite 700 Madison  
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:  
216 State Street, LLC - property owner  
216 State Street  
Madison 255-8755

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

*would like to speak  
LAST on the item*

(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:

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. 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 5/18/2011

Signature Angela Black  
Print Name Angela Black

Date: 5/18/11

# City of Madison Registration Statement – Alcohol License Review Committee

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

PLEASE PRINT CLEARLY

Agenda No. <u>45</u> <u>Required</u> – Can be obtained from agenda on registration table.
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Name Jesse Holst  
 Address 1312 Jennifer St  
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 *(can't, submitting letter)*
  - 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

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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 \_\_\_\_\_

TO: The Madison Alcohol License Review Committee

From : Jesse Holst, private citizen, employee of the Orpheum Theatre Aug 2000 – May 2006

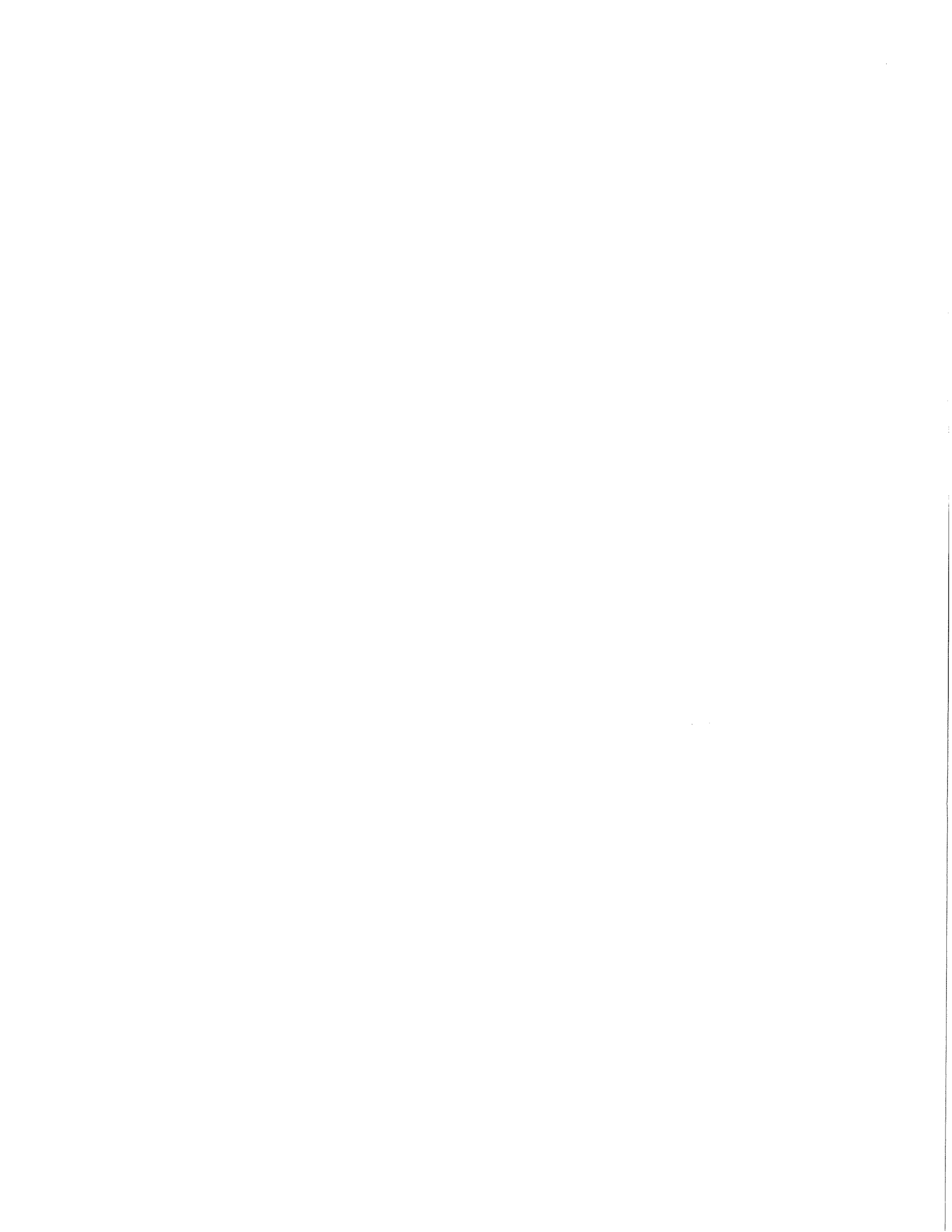
Date: Wednesday May 18<sup>th</sup>, 2011

Re: Proposed License Transfer at 216 State St

Members of the Committee:

It has come to my attention that Eric Fleming has sought to have the liquor license issued to Orpheum Theatre Co. of Madison LLC transferred to Orpheum of Madison LLC. Holding a liquor license is clearly a privilege as opposed to a right. There is a significant amount of responsibility tied to such a license. Having worked for both Henry Doane and Eric Fleming, I have serious concerns about whether Mr. Fleming fully acknowledges his responsibilities to his staff, his patrons, and the Madison community generally. It has now been publicized in the local press that Mr. Fleming has misrepresented the status of the eviction of Orpheum Theatre Co. LLC. to the assistant city attorney. The city attorney's office is funded by and works for the public. Being duplicitous with that office is being duplicitous with the public. This is consistent with a past track record of being less than clear with his communication with his staff. I also feel that it is a cynical misuse of this committee's time to attempt to solve an internal business dispute when the proper venue for that is the court system. Finally, I believe there are still unanswered questions regarding an incident at Mr. Fleming's former bar, The Crave where a patron was the victim of substantial battery resulting in his death. I and other members of the public would like Mr. Fleming to explain what type of security training his involved staff member had that would qualify him for the responsibility of providing security in a manner that is consistent with safe and established practices. I ask that this committee neither grant the request to transfer this license to Orpheum of Madison LLC nor issue it a new license until these questions are answered and the pending court case has reached a conclusion. I regretfully cannot attend the rest of tonight's meeting but would like this letter entered into the public record and I am available for any questions this committee may have.

Sincerely,  
Jesse Holst  
608-215-1059  
jessebryon@gmail.com



Date: 5-18-11

# City of Madison Registration Statement – Alcohol License Review Committee

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

PLEASE PRINT CLEARLY

Agenda No. <u>45</u> Required – Can be obtained from agenda on registration table.
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Name Joe LUSSON  
 Address 627 E. Gorham St  
Madison WI

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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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 5/19/11

# City of Madison Registration Statement – Alcohol License Review Committee

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

PLEASE PRINT CLEARLY

Agenda No. <u>45</u> <i>Required – Can be obtained from agenda on registration table.</i>
--

Name ERICA FOX GERRIG  
 Address 1811 VILLAS AVE  
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?  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  
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Registration Statement - Page 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 5/18/11

# City of Madison Registration Statement – Alcohol License Review Committee

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

PLEASE PRINT CLEARLY

Agenda No. <u>45</u> Required – Can be obtained from agenda on registration table.
---

Name Henry Doane  
 Address 523 E. Gorham  
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  
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 Other Items.....3 minutes

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Registration Statement - Page 2

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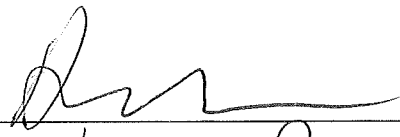
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Date 9/18/11

Signature   
Print Name Henry J Downey

Date: 5-18-11

# City of Madison Registration Statement – Alcohol License Review Committee

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

PLEASE PRINT CLEARLY

Agenda No. <u>45</u> Required – Can be obtained from agenda on registration table.
---

Name Eric Fleming  
 Address 428 N. Livingston  
Madison, WI  
53701

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
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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:

David Michael Corbin of Modesto Dist  
Capitan of Madison, Wis.  
PO Box 1829, Madison WI 53701

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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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_