Date:	

City of Madison Registration Statement – Alcohol License Review Committee

17702	PLEASE PRINT CLEARLY
Agenda No. /5 Required – Can be obtae on registration table.	Name Auis A. Carrien Address 1212 Williamson 54- III mined from agenda Madison WI 53703
Please check the approp	riate boxes:
_	
(If you answered "no," question.)	STOP; you need not complete the rest of this form. If you answered "yes," go on to the next
Name, address and telep	shone number of each person or organization you are representing: 5 Fac 1210 Williamson St Madison WIT
Are you being paid for y	your representation? Yes No
	art of your other paid duties for this person or organization? Yes No STOP; you need not complete the rest of this form. If you answered "yes," go on to the next
	Public Hearing 5 minutes Information Hearing 5 minutes

	you an rnmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lodge?
		ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you that:	u are be	sing 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? 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?
		ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)
Date	3/1	Print Name Juis A- Carrion

Date:	

City of Madison Registration Statement – Alcohol License Review Committee

1770	2 PLEAS	E PRINT CLE	EARLY		
Agenda No/S Required – Can be of on registration table	btained from agenda	Name Address 23	uis A Mai) 16 Bastger Asson W.2	tinez PŁWY t. 5371	#2 13
Please check the app	ropriate boxes:				
At this meeting are y (If you answered "no question.) Name, address and to	speak vish to speak e to answer questions rou representing an organization, "STOP; you need not come elephone number of each pers	plete the rest of the son or organization	her than yourself: his form. If you answ on you are representi	to speak answer ques Yes wered "yes,"	☐ No go on to the next
					/
Are you being paid f	or your representation?		•	Yes	No
	s part of your other paid dutie o, " STOP; you need not com				
Speaking Limits:	Public Hearing Information Hearing Other Items	5 mi	nutes		

		elected official who is appeal body?	ning solely on l	oehalf of your office	e or for your mun Yes	icipality or other No
		ered "yes" to the question, ST you answered "no" to the ques			of this form, except t	hat you must sign
If you that:	ı are be	eing paid for your representati	on, or if your ap	pearance is part of	other paid duties, d	o you understand
	1	Before you engage in lobby with the City Clerk?	ying as a lobbyis	t, you or your prince	ipal must file an aut Yes	horization No
	2.	Your principal is not perm with the City Clerk?	nitted to authoriz	e you to lobby unl	ess the principal is Yes	registered No
	3	If your principal spends or period (calendar quarter), the remaining quarters of the	the principal mus	st file expense state		
		ered "no" to any of the last th om 103 of the City-County Bui				go to the Clerk's
Date	03-		ignature	1960 1975 L	Harlinez	

Date:			

City of Madison Registration Statement – Alcohol License Review Committee

1770	2 PLEAS	E PRINT C	LEARLY				
Agenda No	S btained from agenda	Name	Maino 25-17 nadisan	Or Dor Rheason Wi	J F Z .t (Zigde 713	786
Please check the appr	opriate boxes:			·			
Available At this meeting are yo	peak ish to speak to answer questions ou representing an organizati "STOP; you need not com		Do r Avai	n to speak not wish to sp ilable to answ uself:	ver quest] Yes	☐ No	ie next
Name, address and te	lephone number of each pers	-	ation you are re	epresenting:			
Jolly B	ob's inc-						
Are you being paid fo	or your representation?] Yes	☑No	
	part of your other paid dutie," STOP; you need not comp	-	_] Yes l "yes,"	No go on to th	ıe next
Speaking Limits:	Public Hearing Information Hearing Other Items	5	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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Date _	03/	17/10 Signature June Signature
		Print Name Maurio OR DON 67

Date: 3/17/20/0

City of Madison Registration Statement – Alcohol License Review Committee

1770	λ PLEA	SE PRINT CLEARLY	
Agenda NoS Required – Can be con registration table	obtained from agenda	Name TIM ERICH Address 4349 HWY MADISON	AB
Please check the app	propriate boxes:		
At this meeting are y	vish to speak le to answer questions you representing an organize	Oppose Wish to sp Do not wis Available to ation or a person other than yourself: mplete the rest of this form. If you an	sh to speak to answer questions Yes No
	• •	erson or organization you are represer	_
JOLLY B	BOB'S INC	1210 WILLIAMSON (608)251-390	MADISON, 53703
Are you being paid f	for your representation?		Yes No
		ties for this person or organization? omplete the rest of this form. If you an	
Speaking Limits:	Information Hearing	5 minutes 5 minutes 3 minutes	

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other labely? Yes No	
	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)	
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	vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)	
Date z	3/17/2010 Signature Din Cul	_
•	Print Name TIM ERICKSON	_