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Date:	6	16	10	

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

18643	
Agenda No. 35 Required – Can be obtained from agenda on registration table. Name TROPICA CUISINE, CIC (DA Address 13 N. BROWN 5TREST MADISON WIT 537	reyl Mal
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: X Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go o question.)	No on to the next
Name, address and telephone number of each person or organization you are representing:	
TROPICAL CUISINE, UC 15 N. BROOM STREET MADISON	-
(630)770-5272	
Are you being paid for your representation?	No
Are you appearing as part of your other paid duties for this person or organization? [] Yes [] (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go o question.)	No n to the next
Speaking Limits: Public Hearing	

		elected 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.)
If yo that:	u are be	ing 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? Yes No
	2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes Volume 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?
		red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date	<u>Co[16</u>	(10 Signature and Walerro
		Print Name DARY C MA PONE

Date: 6-10-10

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

Agenda No	obtained from agenda	Name 7	537	Lewis bright	5 on Aut Pill
Please check the ap	propriate boxes:				
	speak wish to speak le to answer questions		Oppose Wish to spea Do not wish Available to		stions
	you representing an organiza o," STOP; you need not con			☐ Yes wered "yes,"	No go on to the next
	clephone number of each per	_	ı you are representi		
(5 N	Broom,	53703			
	,		•		
Are you being paid	for your representation?			Yes	M No
	s part of your other paid dution," STOP; you need not con			☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing Information Hearing	5 min	utes		·

this form. If	ered "yes" to the question, STOP. You need not complet you answered "no" to the question, go on to the next que eing paid for your representation, or if your appearance	estion.)
1.	Before you engage in lobbying as a lobbyist, you or with the City Clerk?	your principal must file an authorization Yes No
2.	Your principal is not permitted to authorize you to with the City Clerk?	lobby unless the principal is registered Yes No
3.	If your principal spends or will owe more than \$500 period (calendar quarter), the principal must file exp the remaining quarters of the calendar year?	
	ered "no" to any of the last three questions, please call om 103 of the City-County Building, Madison, for more i	
Date	Signature	
	Print Name	

Date:	

City of Madison Registration Statement – Alcohol License Review Committee

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Agenda No. Required – Can be on registration table	obtained from agenda	Name Bob Hollowell Address 360 W. Washing Mudson, WI 5	ton Po 2703
Please check the app	propriate boxes:		
At this meeting are y (If you answered "n question.)	wish to speak le to answer questions you representing an organiza o, "STOP; you need not co	Oppose Wish to speak Do not wish to speak Available to answer questions Wish to speak Wish to speak Available to answer questions Wish to speak Wish to speak Available to answer questions Wish to speak Wish to speak	No
·		· · ·	
Are you being paid i	for your representation?	Yes	No
~ ~ ~ ~		ies for this person or organization? Yes mplete the rest of this form. If you answered "yes," go o	No on to the next
Speaking Limits:	Public HearingInformation Hearing		

	you an rnmenta	elected official who is appearing solely on behalf of your office or for your municipality or other body?
		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 yo that:		eing 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?
		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	61	116/10 Signature Robert M. Hollower
	7	Print Name Robert M Hollowdy

Date:		

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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	7 /	Name /	12/1/		5hbr
Agenda No	<u>y</u> 2	Address	107 1	HON	5hbN Cock
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on registration table					·
Please check the app	ropriate boxes:				
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	rish to speak		Do not wish		•
Available Available	e to answer questions		Available to	answer ques	tions
question.)	o," STOP; you need not con			•	go on to the nex
Are you being paid for	or your representation?			Yes	No
	part of your other paid duti o," STOP; you need not con			☐ Yes wered "yes,"	go on to the next
Speaking Limits:	Public HearingInformation Hearing				

Other Items......3 minutes

gover (If yo this fo	nmenta u answe orm. If y	lected official who is appearing solely on behalf of your office or for your municipality or other body? Yes No Yes No no answered "no" to the question, STOP. You need not complete the rest of this form, except that you must sign on answered "no" to the question, go on to the next question.) In paid for your representation, or if your appearance is part of other paid duties, do you understand
that:		A CONTRACTOR OF THE CONTRACTOR
_	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?
		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

Date: 3-16-10

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

·		Name A	MES JOHI	USON		
Agenda No.	35	Address				
	btained from agenda					
on registration table		•				
Please check the app	ropriate boxes:	•				
	speak rish to speak e to answer questions		Oppose Wish to spea Do not wish Available to	to speak	tions	
At this meeting are y (If you answered "no question.)	ou representing an organizatio," STOP; you need not com	ion or a person oth plete the rest of the	er than yourself: is form. If you ansv	Yes vered "yes,"	No go on to the n	ıex
Name, address and te	lephone number of each pers	son or organization	ı you are representi	ng:		
TROPICAL C	CISTINE LIC					
15 N. B/2000	CISINK LIC	·	· · · · · · · · · · · · · · · · · · ·			
			•			
Are you being paid for	or your representation?		•	☐ Yes	PNo	
	part of your other paid dutie," STOP; you need not comp			☐ Yes vered "yes,"	· +-	ex
Speaking Limits:	Public HearingInformation Hearing	5 min	utes			

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?				
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?				
(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	Signature				
	Print Name				

Date: (4/14/2010

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

		Nama	11700	da Ma	100/	innical Cuni
Agenda No.	35	Name	- 15	A) RAD	ADM ST	igra i carri
	obtained from agenda 2.	Addres		ladise	M. W.	ropica (Cuixii C
Please check the app	propriate boxes:	•				
	speak vish to speak le to answer questions	·	O 	ppose Wish to speal Do not wish to Available to	to speak	tions
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 t	elephone number of each	person or orga	nization you DOM SA	are representin	ng: NM be	3D803847.
•		•				
Are you being paid f	or your representation?			•	Yes	X No
	s part of your other paid do, ".STOP; you need not c				☐ Yes vered "yes,"	No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items		5 minutes			·

		elected 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.)
If you that:	are bei	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? Yes No
	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?
(If you Office	answe at Rooi	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information.)
Date _	0	14/3010 Signature WMalus
		Print Name Wanda Malax

Date: 0/14/20/0

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

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Agenda No. Z Required – Can be ob	5 stained from agenda	Name Address	Blan	N. Bro	donadi om St	(Tvopica	<u> Ce</u>
on registration table.			IVIC	adism	1:W.L		
Please check the appr	opriate boxes:	٠			7		
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(If you answered "no, question.)	u representing an organiza "STOP; you need not con ephone number of each per	iplete the res	st of this for	rm. If you ansv	•	☑ No go on to the ne	xt
- Tropica	î A		-			8 21734	<u>/</u> /-
Are you being paid for	r your representation?			•	Yes	70	
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Speaking Limits:	Public HearingInformation Hearing						

•		ing 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? 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?
		red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date _	6/	Print Name Blanca Maldonada
	I	Print Name Blanca Maldonada