25293

Date: 03/14/12

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

| | | | | C : | . Λ f | |
|--|--|--------------------------------|------------------------|---|---------------------|----------------------------|
| 20 | 18 | Name | 30 | nnifer K | allias | 1tt- |
| Agenda No. | 100 | Address | : 54 | 20 Calle | J Bend | 17301 |
| Required – Can be on registration table | obtained from agenda c. | | til | -chburg, | WI 53 | .711 |
| | | | | | | |
| Please check the app | propriate boxes: | | | | | |
| Support | | | | Oppose | | |
| ✓ Wish to | speak | | <u></u> | ☐ Wish to spea | ak | |
| | wish to speak | | | Do not wish | | |
| | le to answer questions | | | Available to | answer ques | stions |
| At this meeting are y (If you answered "n question.) | you representing an organiza o, " STOP; you need not con | tion or a per nplete the re | son othe st of thi | r than yourself: s form. If you answ | Yes wered "yes," | ☐ No ' go on to the nex |
| Name, address and t | elephone number of each per | rson or organ | nization | you are representi | ing: | |
| Avral | ic oba pa | | | | | |
| 901 Wi | Iliamson St. | | | | | |
| Madise | $M, \omega I$ | | | | | |
| 1 | | | | | ☐ Yes | No No |
| Are you being paid | for your representation? | | | | 1 CS | 1/2(140 |
| Are you appearing a (If you answered "n question.) | s part of your other paid duti o, "STOP; you need not con | es for this penplete the re | erson or st of this | organization? s form. If you answ | Yes wered "yes," | No go on to the nex |
| Speaking Limits: | Public Hearing | | 5 minu | ites | | • |
| ~ r | Information Hearing | | | | | |
| | Other Items | | | | | |

| Are you an e governmental | 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 are being that: | 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? |
| 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 03/ | 14/12 Signature Stallias |
| / | Print Name Slivifer Kallias |

| Date: | 3-1 | 4. | <u>Y</u> | g | |
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City of Madison Registration Statement – Alcohol License Review Committee

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| | 18 | Name | Mil | re John | Fur_ | |
|--|--|--|------------------------|---|--------------------------|---------------------------|
| Agenda No. <u>35</u> | 293 | Address | | | | |
| Required – Can be ob | 15 | 2 Iddi Obb | 0,0 | 3 Wynowu Praine 1 | 0.7 0 - y - y | |
| on registration table. | | | SUN | i Prairie 1 | NI | 3590 |
| | and the same of th | | | | | , |
| Please check the appr | opriate boxes: | | | | | |
| | peak sh to speak to answer questions | | | Oppose Wish to speak Do not wish to Available to a | speak | tions |
| At this meeting are yo (If you answered "no question.) | ou representing an orga ," STOP; you need no | inization or a pers t complete the res | on other st of this | than yourself: form. If you answe | Yes ered "yes," | □ No go on to the next |
| Name, address and te | lephone number of eac | h person or organ | ization y | ou are representing | g: | |
| Α | AUC da | | | | | |
| 901 W | Mandon ST | • | | | | |
| Messegn | | | | | | |
| Are you being paid fo | or your representation? | | | | Yes | ∑ No |
| Are you appearing as (If you answered "no question.) | part of your other paid," STOP; you need no | l duties for this pe t complete the res | erson or o | organization? form. If you answe | Yes ered "yes," | go on to the next |
| Speaking Limits: | Public HearingInformation Hearing | | .5 minut | es | | · |
| | Other Items | | .3 minut | es | | |

| | Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | | | | |
|---|--|--|--|--|--|--|--|
| | (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 beithat: | 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? | | | | | | |
| 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 3-10 | Signature Market Print Name Mike Defhinter | | | | | | |

| Date: | 3 | -1 | 4 | - 2 | 01 | 2 |
|-------|---|----|---|-----|----|---|
| Duce. | | | | | | |

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

| | Name | SCOTT B. TAGRAID |) |
|--|---|---|----|
| Agenda No. | - Address | 1 104 JENIFER ST | |
| Required – Can be obtained from agend on registration table. | 2 | Scott B. TAGRAGE 104 JEMIFER ST MADISON, WI 537 | 03 |
| Please check the appropriate boxes: | | | |
| Support Wish to speak Do not wish to speak Available to answer question | s | Oppose Wish to speak Do not wish to speak Available to answer questions | |
| At this meeting are you representing an of (If you answered "no," STOP; you need question.) Name, address and telephone number of | not complete the re. | est of this form. If you answered "yes," go on to | |
| | | | |
| | | | |
| Are you being paid for your representation | on? | Yes No | |
| Are you appearing as part of your other p (If you answered "no," STOP; you need question.) | aid duties for this pend not complete the res | erson or organization? Yes No est of this form. If you answered "yes," go on to | |
| Information Hear | ing | 5 minutes | |

| | • | elected official who is appearing solely on behalf of your office or for your municipality or other al body? |
|----------------|---------|--|
| | | 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.) |
| If yo that: | u are b | 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 | | Signature |
| | | Print Name |

Date: 3/14/12

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

| | Name Paul Krupski |
|---|--|
| Agenda No | Address 321 East Main Street |
| Required – Can be o on registration table | btained from agenda |
| | |
| Please check the app | _ · · · · · · · · · · · · · · · · · · · |
| Support (| Speak MPD conditions Oppose Wish to speak |
| Wish to s | speak Wish to speak vish to speak |
| | e to answer questions Available to answer questions |
| At this meeting are y (If you answered "no question.) | you representing an organization or a person other than yourself: Yes No o, "STOP; you need not complete the rest of this form. If you answered "yes," go on to the next |
| Name, address and te | elephone number of each person or organization you are representing: |
| Health F | irst Wisconsin |
| 321 Ea | st Main Street |
| Madiso. | 1, WI 53703 |
| Are you being paid for | or your representation? |
| Are you appearing as (If you answered "no question.) | s part of your other paid duties for this person or organization? Yes No No, "STOP; you need not complete the rest of this form. If you answered yes," go on to the next |
| Speaking Limits: | Public Hearing5 minutes |
| | Information Hearing5 minutes Other Items3 minutes |

| Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? |
|---|
| (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? |
| 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? |
| (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 3/4/12 Signature Print Name Paul Konoski |
| rint Name Jawyingthi |

Date: Moul (4 2012

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

| Agenda No. Required – Can be o on registration table. | | Name Address | 917 | ne Refi | eren : | |
|--|--|---|-------------------------------|---|-------------------------------|---------------------------|
| Please check the appr | ropriate boxes: | | | | | |
| | peak ish to speak e to answer questions | | | ppose Wish to spea Do not wish Available to | .k to speak answer ques | tions |
| (If you answered "no question.) | ou representing an organ, "STOP; you need not lephone number of each | complete the res | t of this for | m. If you ansv | | □ No go on to the next |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Are you being paid for | or your representation? | | | | ☐ Yes | ŊNo |
| Are you appearing as (If you answered "no question.) | part of your other paid," STOP; you need not | duties for this per complete the res | rson or orga t of this for | ınization? m. If you ansч | ☐ Yes vered "yes," | No gø on to the next |
| Speaking Limits: | Public HearingInformation Hearing | | 5 minutes | | | • |

| | you an rnmenta | elected official who is appearing solely on behalf of your office or for your municipality or other lbody? |
|--------|-------------------|--|
| | | 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 | 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? |
| | 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 | | Signature |
| | | Print Name |

| Date: | 3-14-12 | |
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| 20400. | | - |

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

| Agenda No. 15, Required – Can be on registration table | obtained from agenda | Name Ro | SEMARY 1 WUS | CEE | |
|---|--|--|---|-----------------------|---------------------------|
| Please check the ap | | | Oppose ☐ Wish to spea | ole | |
| | speak wish to speak le to answer questions | | Do not wish | | tions |
| (If you answered "n question.) | you representing an organization, "STOP; you need not conseled not conselephone number of each per | nplete the rest of th | is form. If you ansv | | go on to the next |
|) | | | | | |
| Are you being paid | for your representation? | | | ☐ Yes | ☐ No |
| Are you appearing a (If you answered "n question.) | s part of your other paid duti o, " STOP; you need not con | es for this person or aplete the rest of the | r organization? is form. If you ansv | ☐ Yes wered "yes," | ☐ No go on to the next |
| Speaking Limits: | Public HearingInformation Hearing Other Items | 5 min | utes | | • |

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Date: 3-14-2012

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

| | | Jame D |); ck Guxot |
|---|---|---|--|
| Agenda No. 15, 1 | 17, 18 A | Address 93 | lick Guxot 36 Jenifen |
| Required — Can be obtained on registration table. | | 140 | adison WI 53703 |
| | | | |
| Please check the appre | opriate boxes: | | |
| | oeak sh to speak to answer questions | | Oppose Wish to speak Do not wish to speak Available to answer questions |
| (If you answered "no, question.) | | the rest of thi | iis form. If you answered "yes," go on to the next |
| | ephone number of each person o | i contract of the contract of | |
| Dick Gur | ot 936 Janife | 1 608 | 256 8080 |
| Own 3 W. | Illy st Properties | each | 256 8080 is within 160 ft, |
| of Each | applicant p | rop. 1 | 15, 17, 18 |
| Are you being paid for | r your representation? | • | Yes No |
| Are you appearing as (If you answered "no, question.) | part of your other paid duties for "STOP; you need not complete | this person or the rest of this | r organization? |
| Speaking Limits: | Public Hearing Information Hearing | 5 minu | autes |

| Are you an egovernmental | elected official who is appearing solely on behalf of your office or for your municipality or other lbody? | | | | | | |
|---|--|--|--|--|--|--|--|
| (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 beithat: | 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? | | | | | | |
| 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 3 - | 14-2012 Signature Dick Guyot Print Name Dick Guyot | | | | | | |
| | Print Name Uick Goyo(| | | | | | |

Date: 3-12-2012

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

| | Name Judith Guyot |
|---|--|
| Agenda No. 15 2 18 | Name Judith Guyot Address 936 Jenifer |
| | Address 936 Service |
| Required – Can be obtained from agenda | |
| on registration table. | |
| Please check the appropriate boxes: | eak Dppose Wish to speak |
| Support to 0.12 | Oppose |
| Wish to speak | Wish to speak |
| Do not wish to speak | Do not wish to speak |
| Available to answer questions | Available to answer questions |
| | ranization or a person other than yourself: Yes No |
| question.) | ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," go on to the next ach person or organization you are representing: |
| 2.1. | |
| Self. | |
| | |
| | |
| 1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | yes ⊠ No |
| Are you being paid for your representation | |
| Are you appearing as part of your other part (If you answered "no," STOP; you need n question.) | id duties for this person or organization? Yes No No not complete the rest of this form. If you answered "yes," go on to the next |
| Speaking Limits: Public Hearing | 5 minutes |
| Information Hearin | g5 minutes |
| | 3 minutes |

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