Date:	_3	17	10

# City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

1773	31 PLEA	SE PRINT CLEARLY	,, ./	1
Agenda No.  Required – Can be of on registration table	btained from agenda	Name Address	102 NH	prioch
Please check the app	propriate boxes:			
At this meeting are y (If you answered "ne question.)	vish to speak le to answer questions you representing an organiza o, "STOP; you need not con	☐ Do	sh to speak not wish to speak ailable to answer ques ourself:  Yes you answered "yes,"	$\searrow_{ m No}$
·				
		·····		
Are you being paid f	for your representation?		Yes	No
		ies for this person or organiza mplete the rest of this form. If		No go on to the next
Speaking Limits:	Public Hearing			
	Information Hearing Other Items			

### Registration Statement - Page 2

Are you an government	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 you are b 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?
	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	Signature
	Print Name

Date: <u>3</u> ^	17-10
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## City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

1773 PLEASE PRINT CLEARLY
Agenda No.   S   Address   Y-93   Hy TT    Required - Can be obtained from agenda on registration table.   Co Hage Grave, WI 53521
Please check the appropriate boxes:    Support
Wish to speak Do not wish to speak Available to answer questions  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: 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:
LLUB LAMBRY 450 15295N. SURVENTION REPORT 244-4001
Are you being paid for your representation?
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

### Registration Statement - Page 2

	ou an e imental		appearing solely	on behalf of your office	or for your muni	cipality or other
		ed "yes" to the question ou answered "no" to the		ed not complete the rest of to the next question.)	this form, except to	hat you must sign
If you that:	are bei	ng paid for your represe	entation, or if you	ar appearance is part of of	ther paid duties, do	you understand
	1.	Before you engage in I with the City Clerk?	lobbying as a lob	byist, you or your principa	al must file an auth Yes	orization No
	2.	Your principal is not with the City Clerk?	permitted to auth	norize you to lobby unless	s the principal is a	registered No
	3.		er), the principal	ore than \$500 for lobbying must file expense statemer ear?	•	
				is, please call the City Cle on, for more information)		go to the Clerk's
Date _	3-	<u>-10</u>	Signature Print Name	Darus	Sieg	

Date:	3-	) - (	<u>0</u>	 _

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177	31 PLEAS	<u>E PRINT (</u>	CLEARLY			
Agenda No.  Required – Can be obtoon registration table.	B ained from agenda	Name _ Address _	STY 15. My	IN OT 25 N. HOISON,	Stave WI	HADN R
Please check the appro-	priate boxes:				÷	
At this meeting are you (If you answered "no," question)		plete the rest	Do Avan other than yo of this form. If	sh to speak not wish to spailable to answurself:  you answered	er questions Yes \	No
	F		,	-1 <i>-</i>		
Are you being paid for	your representation?			d	] Yes 🔯	No
	art of your other paid dutie' STOP; you need not com	-	-	-		No on to the next
Speaking Limits:	Public Hearing Information Hearing					

### 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				
	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 beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand				
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(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.)					
Date3-	17-10 Signature Story Color				
	Print Name Sown Gris				