Date: 5 9 10

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

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY					
#1828	. <del></del>			_	
4.	79	Name	Joan F	aler	
Agenda No		Address	Blue Plate	2 Caterina	)
<u>Required</u> — Can be ob on registration table.	ntained from agenda		8401 C11	enway V	2/vol
Please check the appro	opriate boxes:		Middle	in W	5356z
	peak sh to speak to answer questions		Oppose  Wish to specific Do not wish Available to		
	ou representing an organization of STOP; you need not comp			Yes X wered "yes," go o	No n to the next
Name, address and tel	lephone number of each pers	on or organ	ization you are represent	ing:	
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Are you being paid fo	r your representation?			☐ Yes 💆	No
	part of your other paid duties "STOP; you need not comp			☐ Yes wered "yes," go o	No n to the next
Speaking Limits:	Public Hearing	en garen mekeregi	.5 minutes		