Date:	
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City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

18635 PLEAS	SE PRINT CLEARLY
Agenda No. 29 Required – Can be obtained from agenda on registration table.	Name Gleun Jahns Address 533 W. Main. 5). Madison, WI 8370)
Please check the appropriate boxes:	
Support Wish to speak Do not wish to speak Available to answer questions At this meeting are you representing an organizat (If you answered "no," STOP; you need not comquestion.) Name, address and telephone number of each per	plete the rest of this form. If you answered "yes," go on to the nex
Are you being paid for your representation?	. Yes No
Are you appearing as part of your other paid dutie (If you answered "no," STOP; you need not comquestion.)	es for this person or organization? Yes No plete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing	5 minutes

Registration Statement - Page 2

		elected official who is appearing solely on behalf of your office or for your municipality or other 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 that:	ı 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?
	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 in 103 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name