Date: 4-21-10

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY
#18076
Agenda No. 25 Required – Can be obtained from agenda on registration table. Name James Sresette Address 2509 RAVEWSWOOD K WADISON
Please check the appropriate boxes: Aventwest 5:00 Clu
Support Wish to speak Do not wish to speak Available to answer questions Wish to speak Do not wish to speak 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: WEST SIDE BUSINESS ASSOC
437 Cty thuy M MADSON
(Leox) 833-6355
Are you being paid for your representation?
Are you appearing as part of your other paid duties for this person or organization? Yes INO (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

Date: 4 - 2/ - /0

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PLEASE PRINT CLEARLY

⊙ -	7 1 1 5	Name	ATTY	Rick	PE	FR)
Agenda No.	(+40)	Address	登 3	3 8. Mx	HN	ST.
Required – Can be on registration table	btained from agenda			DISON,		
Please check the app	ropriate boxes:					
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At this meeting are y (If you answered "n question.)	you representing an organizo," STOP; you need not c	zation or a perso omplete the res	on other than yo t of this form. If	ourself: [Yes ["yes," go	□ No o on to the next
Name, address and t	elephone number of each p	-		representing:		
Are you being paid	for your representation?			×	Yes	☐ No
	s part of your other paid do o," STOP; you need not c					No o on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items		5 minutes			