Date: 4/21/10

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the AIRC considers your item.

# 17974 PLEASE PRINT CLEARLY	
Name Patricia Sweet 4 dowest 4 Agenda No. 28 + 31 Required - Can be obtained from agenda on registration table. Name Patricia Sweety 4 dowest 4 Address 4918 Sherwood Rd. Wadisov, WI 53711	<u>-</u>
Please check the appropriate boxes:	
Support Wish to speak Do not wish to speak Available to answer questions Oppose 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 requestion.)	next
Name, address and telephone number of each person or organization you are representing: PAMICA SWEENEY 4 FOSH RUMBON > HOVEST FOODS	
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," SIOP; you need not complete the rest of this form If you answered "yes," go on to the requestion)	ıext
Speaking Limits: Public Hearing 5 minutes Information Hearing 5 minutes	