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

You must register before the ALRC considers your item.

# 17929 PLEASE PRINT CLEARLY	
Name  Agenda No. 33  Required – Can be obtained from agenda on registration table.  Name  Orange Schrift  Address 1909 (1817 Lawn 8	
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 question.)	ie next
Name, address and telephone number of each person or organization you are representing:	
Or-ge Tree Improsi	
Are you being paid for your representation?  Yes  Yes	
Are you appearing as part of your other paid duties for this person or organization? [] Yes \[ \] No If you answered "no," <b>STOP</b> ; you need not complete the rest of this form If you answered "yes," go on to the truestion.)	e next
Speaking Limits: Public Hearing 5 minutes Information Hearing 5 minutes	