City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

17922 PLEASE PRINT CLEARLY
Name Jennifer Fenton
Agenda No. 30 Address Ull West Dayton
Required – Can be obtained from agenda on registration table.
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 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 ne question.)
Name, address and telephone number of each person or organization you are representing: Wang Page (205) 609-3641
1826 Fordern Ave Apt 12
Madison, WI 53704
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," STOP; you need not complete the rest of this form. If you answered "yes," go on to the ne question.)
Speaking Limits: Public Hearing 5 minutes Information Hearing 5 minutes Other Items 3 minutes

Date: 4/21/2010

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PLEASE PRINT CLEARLY

Agenda No. 2 Required – Can be obton registration table.	() etained from agenda	NameAddress	Marg Pa 18 \$8 26 radison WI	porson A S3704	tre Apt 12
Please check the appr	opriate boxes:				
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(If you answered "no, question.)	ou representing an organization of each position	omplete the rest o	f this form. If you a	inswered "yes,"	No go on to the next
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Are you being paid fo	r your representation?			Yes	□ No
Are you appearing as (If you answered "no, question.)	part of your other paid du "STOP; you need not co	ties for this perso omplete the rest o	n or organization? f this form. If you a	☐ Yes inswered "yes,"	No go on to the next
Speaking Limits:	Public Hearing Information Hearing				