Date:	4-2110
	

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

# 170	PLEAS	E PRINT CLE	EARLY		
Agenda No	g tained from agenda	Name	OSEMARY LE W Wilson	3C	
Please check the appro	opriate boxes:				
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At this meeting are yo (If you answered "no, question.)	u representing an organizati "STOP; you need not comp	on or a person oth plete the rest of th	ner than yourself: his form. If you answ	☐ Yes vered "yes,"	
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Speaking Limits:	Public Hearing Information Hearing Other Items	5 mi	nutes		

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

Agenda No. Required – Can be con registration table	bbtained from agenda	Name Address	Tom J Buer 3101 Stratten Madison, WI	Ischy Weg #/l 53719	6
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