

Date: 5.19.10

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

*You must register before the ALRC considers your item.*

PLEASE PRINT CLEARLY

# 18081

Agenda No. <u>3</u> Required – Can be obtained from agenda on registration table.
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Name Bob Steyer

Address 73 Whiteoaks  
Madison WI

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- Oppose Cancellation**
- 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:

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Are you being paid for your representation?  Yes  No

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 next question.)*

Speaking Limits: Public Hearing ..... 5 minutes  
 Information Hearing ..... 5 minutes  
 Other Items ..... 3 minutes

(See Back)

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Agenda No. <u>3</u> <i>Required - Can be obtained from agenda on registration table.</i>
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Name: JULIA KERR  
 Address: 1626 MADISON ST

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

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DISTRICT 13, MADISON ALDERPERSON.

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