Date:		

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

1465	PLEA	SE PRINT (CLEARLY		
Agenda No	btained from agenda	Name _ Address _	KEVIN WE 51/D KWY Janesville	AVER 5/5.	53541
Please check the app	ropriate boxes:				
At this meeting are y	speak rish to speak e to answer questions ou representing an organiza o, "STOP; you need not con		other than yourself:	to speak answer questi	□ No
Name, address and te	elephone number of each per hiskey River	rson or organiz	ation you are representi	ing: ' ', J/MS/	Roadhous
Are you being paid for	or your representation?			Yes	No
	s part of your other paid duti o, "STOP; you need not con	-	-	Yes wered "yes," {	□ No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5	minutes		

Registration Statement - Page 2

Are you an government	ected official who is appearing solely on behalf of your office or for your municipality or other body?
	ed "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you are b that:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's a 103 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date:	

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14/051	PLEASE PRINT CLEARLY
Agenda No. Required – Can be obtained from ag on registration table.	Name ATTY RICK PETRI Address 33 E. MAIN ST. M. W.
Please check the appropriate boxes:	
	Oppose Wish to speak Do not wish to speak Available to answer questions an organization or a person other than yourself: Yes No need not complete the rest of this form If you answered "yes," go on to the next
Name, address and telephone number	r of each person or organization you are representing:
WHISK	EY RIVER, LLC.
	BA Rav. Jim's
Are you being paid for your represen	tation? Yes No
	ner paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the next
Information I	15 minutes Hearing 5 minutes 3 minutes

Registration Statement - Page 2

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