Date: Och. Al

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY
Agenda No. 38 Required – Can be obtained from agenda on registration table. Name Address Address Address Made San
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 next question.)
Name, address and telephone number of each person or organization you are representing:
Madisin Alcohol Advising (ounci)
284-2616
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 nex question.)
Speaking Limits: Public Hearing 5 minutes Information Hearing 5 minutes

Other Items 3 minutes

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office governmental body?					or for your mun Yes	icipality or No	other
			tion, STOP . You need n the question, go on to th		this form, except t	hat you mus	it sign
If you that:	ı are be	ing paid for your repr	esentation, or if your a	ppearance is part of or	ther paid duties, d	o you unde	rstand
	1.	Before you engage with the City Clerk	in lobbying as a lobbyis?	et, you or your principa	al must file an aut	horization No	
	2	Your principal is n with the City Clerk?	ot permitted to authoris?	ze you to lobby unless	s the principal is	registered No	
	3.	period (calendar qu	ends or will owe more arter), the principal mu ers of the calendar year	st file expense stateme	•		
			e last three questions, p nty Building, Madison,			go to the C	lerk's
Date		0/21/09	Signature	WILL	tilul	5	
		1	Print Name	WmF.	White		

Date: 10/21/2089

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

154	4) PI	EASE PRINT	CLEARLY		
Agenda No. 38 Required – Can be o on registration table. Please check the app.		Name _ Address	Jennife Bad WPMCA 121 S. Pincha Medison, 5	2 705	· · · · · · · · · · · · · · · · · · ·
At this meeting are y	ish to speak to answer questions ou representing an orga		/	sh to speak to answer que	□No
	-	-	nization you are represe 5 1 Covarance		Issaichen
Are you being paid for	or your representation?			Yes	□ No
	part of your other paid, "STOP; you need no		erson or organization? est of this form. If you as	Yes nswered "yes,	☐ No " go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	yt lilli ebosis in eon iki	5 minutes		

Registration Statement - Page 2

_		elected official who is appearing solely on behalf of your office or for your municipality or other labody?
		ered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you that:	are be	eing 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?
		ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information)
Date	10/2	1/2009 Signature Annie Range Badeau

Date:	10	21-0	

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Please check the appropr	riate boxes:				
Support Wish to spea Do not wish Available to	ak to speak answer questions		Oppose Wish to spea Do not wish Available to		ons
(If you answered "no," a question.)	representing an organization STOP; you need not comple	te the rest of th	is form. If you answ	, ,	
	mone number of each person				····
Are you being paid for y	our representation?		e e	Yes	∐ No
	rt of your other paid duties f STOP; you need not comple			Yes vered "yes," g	No o on to the next
I	Public Hearing nformation Hearing Other Items	5 mir	nutes		

Registration Statement - Page 2

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Date	Signature
	Print Name