Date: 29 Sep 2013

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

			1				
Agenda No. 19	06	Name _ Address _	Flong 518 G	Keji vand	Tel	Dr	
Required - Can be of	otained from agenda					70	
on registration table.		. –	NVA isov		11 5	717	
Please check the appr	opriate boxes:						
	peak ish to speak to answer questions		Do r	h to speak 10t wish to	speak Iswer quest	ions	
	ou representing an organizati ," STOP; you need not com				Yes Yes "	∏ No go on to the n	ıext
Name, address and te	lephone number of each pers	son or organiz	ation you are re	epresenting	ş: 	<u>.</u>	
Tse Enle	prises IIC.	_					
Are you being paid for	or your representation?				Yes	No	
	part of your other paid dutie," STOP; you need not com				☐ Yes red "yes,"	No go on to the r	ıex t
Speaking Limits:	Public Hearing Information Hearing Other Items						