

Date: 9/29/10

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>18</u> Required – Can be obtained from agenda on registration table.

Name Elias Maslorey

Address 818 Regent Street

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:

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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Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

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? Yes No
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? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Connections
Counseling

together we recover

9/27/10

Re Elijah D. McClosky

DOB: 8/9/85

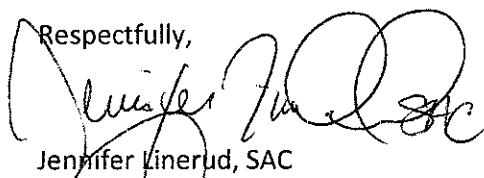
To Whom It May Concern,

I am writing to inform you Mr. McClosky has concluded an AODA assessment here at Connections Counseling on the above date. Mr. McClosky participated in two individual sessions reviewing his AODA history.

It is this writer's opinion Mr. McClosky holds no risk and is capable in maintaining a liquor license and the responsibilities required to his employment and the city.

If you have further questions or concerns please feel free to contact me at 608 221 1500 ex 22.

Respectfully,



Jennifer Linerud, SAC

Substance Abuse Counselor

Connections Counseling

