Date: 00 10, 2010

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

	PLEA	SE PRINT CLE	ARLY		
Agenda No. Agenda No. Required – Can be ob on registration table.	ntained from agenda	Name Address	RIS BRUM	ink Ocadio	DR 537,7
Please check the appro	opriate boxes:		Oppose		
Wish to sp Do not wi	peak sh to speak to answer questions	1	☐ Wish to spea ☐ Do not wish		ions
At this meeting are yo (If you answered "no, question.)	ou representing an organiz "STOP; you need not co	ation or a person otle omplete the rest of the	ner than yourself: his form. If you answ	☐ Yes vered "yes,"	\square No go on to the next
Name, address and tel	lephone number of each p	erson or organizatio	n you are representi	ng:	
Are you being paid fo	r your representation?			Yes	□No
Are you appearing as (If you answered "no, question.)	part of your other paid du "STOP; you need not co	ties for this person omplete the rest of the	or organization? his form. If you ansı	☐ Yes wered "yes,"	□ No go on to the nex
Speaking Limits:	Public HearingInformation Hearing				

Other Items......3 minutes

Date: <u>Id / 10 / 10</u>

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No	btained from agenda	Name SAMANTHA Address 2702 Kono Madison	CROWN Iell O	8UPC 18.
Please check the app	ropriate boxes:			
	speak rish to speak e to answer questions	Oppose Wish to specific Do not wise Available to		tions
(If you answered "no question.)	o," STOP; you need not co	ation or a person other than yourself: mplete the rest of this form. If you an	swered "yes,"	☐ No go on to the next
		erson or organization you are represer	nting:	
·	ILLE CONDO A			
120 S. t	(AMILTON ST	٧.		
MADISO	N W 537	103		
	or your representation?		Yes	No
Are you appearing a (If you answered "no question.)	s part of your other paid du o," STOP; you need not co	ties for this person or organization? omplete the rest of this form. If you are	☐ Yes aswered "yes,"	
Speaking Limits:	Information Hearing	5 minutes5 minutes		

Date:	/10	10	
	'		

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No	btained from agenda	Name	Mark Landis 121 S. Ha Madison, WI	inilton 5370	3
Please check the app	ropriate boxes:				
	speak rish to speak e to answer questions		Oppose Wish to spea Do not wish Available to	k to speak answer ques	tions
(If you answered "no question.)	ou representing an organiza o, " STOP; you need not con	nplete the rest of	this form. If you ansv	vered "yes,"	No go on to the next
Name, address and te	lephone number of each pe	rson or organizat	non you are representi	ng:	
Are you being paid for your representation?					⊠ No
Are you appearing as (If you answered "no question.)	part of your other paid dut ," STOP; you need not con	ies for this person nplete the rest of	n or organization? Tthis form. If you answ	☐ Yes vered "yes,"	☑ No go on to the next
Speaking Limits:	Public HearingInformation Hearing				·

Date: 1/- 10-10

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. 7 Required – Can be on registration table	obtained from agenda	Name Addres	<u>Ros</u> s //(U	EMARY L V WILSON 103	ÉÉ		
			A	Oppose Wish to spea Do not wish Available to	to speak	stions	
(If you answered "n question.)	you representing an organ o, "STOP; you need not elephone number of each	complete the re	est of this	form. If you ansv	·	No on to the	? nex
				·			
Are you being paid t	for your representation?				Yes	No	
	s part of your other paid of o," STOP; you need not				☐ Yes vered "yes,"	□ No go on to the	: nex
Speaking Limits:	Public HearingInformation Hearing Other Items		5 minut	tes	•		