Date:		
-------	--	--

## City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY
Agenda No. Agenda No. Address Name Address Add
Please check the appropriate boxes:
Support  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?
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

## Registration Statement - Page 2

If you that:	ı are b	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 lobby with the City Clerk?	yist, you or your principal must file an authorization Yes No
	2.	Your principal is not permitted to authowith the City Clerk?	orize you to lobby unless the principal is registered  Yes No
	3.	* * * *	re than \$500 for lobbying services in any reporting nust file expense statements with the City Clerk for ar?
		ered "no" to any of the last three questions, om 103 of the City-County Building, Madison	, please call the City Clerk at 266-4601 or go to the Clerk's n, for more information.)
Date		Signature	