Date: 4/27/2011

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

You must register before the ALRC considers your item.

### PLEASE PRINT CLEARLY

		Name (1)	lith Sonn	esfield-	Fax
Agenda No	6	Address C/O	MILL LOW	TICE /	tDr.
<u>Required</u> — Can be of on registration table.	otained from agenda	Ā	poletox	3W/ C	54912
Please check the appr	opriate boxes:	•	U ·	1	
	peak ish to speak to answer questions		Oppose  Wish to spe Do not wish Available to		stions
At this meeting are yo (If you answered "no question.)	ou representing an organic "STOP; you need not c	zation or a person other complete the rest of this	er than yourself: is form. If you ans	Yes wered "yes,"	☐ No ' go on to the next
Name, address and te	lephone number of each p	person or organization	you are represent	ing:	
Madison,	WI 53764	608-24	1-2319		
Are you being paid fo	r your representation?		,	. Yes	☐ No
	part of your other paid du "STOP; you need not c			Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minı	utes		

	Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?			
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)		
If you that:	are bein	ng 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?		
	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?		
, ,		ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.)		
Date _		Signature		
		Print Name		

Date: 4/1/101/	Date: <u>4</u>	27/	2011		
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### PLEASE PRINT CLEARLY

<b>Agenda No.</b> <u>Required</u> – Can be o on registration table.	btained from agenda	Name <u>Lacera Clas</u> Address <u>2937 Fish Ha</u> Madison, U	rk Jatchery Rd. I. 53713
Please check the appr	ropriate boxes:		
	speak ish to speak e to answer questions	Oppose Wish to specific Do not wish Available t	
		tion or a person other than yourself:  nplete the rest of this form. If you and	
Name, address and te	lephone number of each per	rson or organization you are represen	ting:
Hooters of	East Madeson		
2639 East	Springs Drive		
Madison, W		***************************************	
Are you being paid for	or your representation?		Yes No
		es for this person or organization?  nplete the rest of this form. If you ans	Yes
Speaking Limits:	Public Hearing Information Hearing	5 minutes	

Are you		lected official who is appearing solely on behalf of your office or for your municipality or other body?
		red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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Date		Signature
		Print Name

#22103

Date:	4	27/11

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#### PLEASE PRINT CLEARLY

		Name	Doug	LONG		
	btained from agenda	Address	78778	CHICORY E. IL	6107 3	LAJ
on registration table.			F0200	e, 1C	V(U, )	***************************************
Please check the app	ropriate boxes:					
Support  Wish to s  Do not w  Available	speak ish to speak e to answer questions		□ D	ose Vish to speak o not wish to so vailable to answ		s
(If you answered "no question.)	ou representing an organization, "STOP; you need not comp	lete the rest	of this form.	If you answere		] No on to the next
Name, address and te	elephone number of each person	n or organi	zation you are	representing:		
1-t0076RS						
2639	E SPRINCS DI	2				
MADIS	82. UI 53704		(608) 2	VH-2319	9	
Are you being paid fo	or your representation?				Yes [	] No
	part of your other paid duties o, "STOP; you need not comp					] No on to the next
Speaking Limits:	Public HearingInformation Hearing	•••••	5 minutes			

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Date _		Signature		
		Print Name		

Date: [ ] 27 1 11

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Agenda No.  Required – Can be of on registration table	obtained from agenda	Name _ Address _	10E 14 C 0880	12 NOBED	4000 4000 7048	-5 cr
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	elephone number of each per	rson or organiza	ation you are repr	esenting:		
Are you appearing as	or your representation?  s part of your other paid dution, " STOP; you need not come				s No	he next
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