City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY
Agenda No. 19, 70 Required - Can be obtained from agenda on registration table. Name Scott Lesus Address 355 5. Mus M80, Wi \$345
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 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:
Mayestre Cue 119 MANO ST, E 53703 GOS-255-0901
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

Other Items......3 minutes

22618

Registration Statement - Page 2

Are you		lected official who is apploody?	pearing solely	on behalf of your	office or for	your mun Yes	icipality or o	other
		ed "yes" to the question, we answered "no" to the q				m, except t	hat you must	sign
If you a that:	ıre bein	ng paid for your represent	ation, or if you	ur appearance is par	rt of other pai	d duties, d	o you unders	tand
	1.	Before you engage in lob with the City Clerk?	bying as a lob	byist, you or your p	rincipal must	file an autl	norization No	
;	2.	Your principal is not pewith the City Clerk?	rmitted to auth	norize you to lobby	unless the pr	rincipal is i	registered No	
,		If your principal spends period (calendar quarter) the remaining quarters of	, the principal	must file expense s				
		ed "no" to any of the last 103 of the City-County B				66-4601 or	go to the Cle	rk's
Date			Signature					
			Print Name					

Date: 6-15-11

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22620	PLEASE F	RINT CLEAD			_
Agenda No. 2 C Required – Can be obtain on registration table.) A	Name Conditions III U	SEMARU 1 RULSON 1703	JUE	
Please check the appropria	ate boxes:				
At this meeting are you re		r a person other t	Oppose Wish to speak Do not wish t Available to a chan yourself: form. If you answ	o speak answer questi	No.
Name, address and telepho	one number of each person o	r organization yo	ou are representin	g;	
Are you being paid for you	ur representation?		• .	☐ Yes	□ No
Are you appearing as part (If you answered "no," ST question.)	of your other paid duties for TOP; you need not complete	this person or or the rest of this fo	ganization? orm. If you answe	Yes ered "yes," g	☐ No o on to the next
	olic Hearingormation Hearing				

Registration Statement - Page 2

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, STOP. 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 are that:	e bein	g 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?			
		d "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.)			
v					
Date		Signature			
		Print Name			