Date: 8/17/11

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. Required – Can be o on registration table.	btained from agenda	Name	Natt. Aro 6 King	Street	
At this meeting are yo		on or a person oth	er than yourself:	sh to speak to answer ques Yes	☐ No
Name, address and te	lephone number of each perso	on or organization	you are represen	iting:	
Are you appearing as	or your representation? part of your other paid duties "STOP; you need not comp	for this person or lete the rest of thi	organization?	Yes Yes Yes wered "yes,"	No No go on to the next
Speaking Limits:	Public HearingInformation Hearing	5 min	utes		

Date: And 17/2011.

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PLEASE PRINT CLEARLY

Agenda No Required – Can be on registration tabl	obtained from agenda e.	Name Address	lp Lewing (1 2. South DISON WIS	DBA He Mulls s 3715	ng King Gaze
Please check the ap	propriate boxes:				
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(If you answered "i question.)	you representing an organization," STOP; you need not contact telephone number of each pe	nplete the rest of th	is form. If you answ	·	No go on to the next
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Are you being paid	for your representation?			Yes	☑ No
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Speaking Limits:	Public HearingInformation Hearing Other Items	5 min	utes		