

Date: 7/25/11

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

*You must register before the ALRC considers your item.*

PLEASE PRINT CLEARLY

36

Agenda No. <u>23059</u>
<small>Required – Can be obtained from agenda on registration table.</small>

Name Jon R Bruns  
Address 3106 Portage Rd  
Madison, WI 53704

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

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:

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Are you being paid for your representation? ☐ Yes ☒ No

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.....5 minutes  
Information Hearing.....5 minutes  
Other Items.....3 minutes

(See Back)

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? ☐ Yes ☐ No

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? ☐ Yes ☐ No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☐ Yes ☐ No
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? ☐ Yes ☐ No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 1-25-11

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

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Agenda No. <u>38</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name

Bill Herzog

Address

5406 Penny Lane  
Madison WI

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

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:

Legis. S. Dineen  
5150 S. Milwaukee

Are you being paid for your representation?

☐ Yes ☒ No

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.)

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(See Back)

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Date 7-25-11

Signature   
Print Name Bill Hertz

Date: 7/25/2011

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

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PLEASE PRINT CLEARLY

<div style="font-size: 2em; font-weight: bold;">39</div>
Agenda No. _____
<small>Required – Can be obtained from agenda on registration table.</small>

Name Santa Maria Grocery, Inc  
Maricela Mendoza  
Address 1326 S. MIDVALE BLVD  
MADISON, WI 53711

GABRIEL SANCHEZ WILL REPRESENT  
W

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

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(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:

GABRIEL SANCHEZ  
LADINO CHAMBER OF COMMERCE  
DANE COUNTY

Are you being paid for your representation? ☐ Yes ☒ No

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.)

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Registration Statement - Page 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_