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
Name Agenda No. 23059 Required - Can be obtained from agenda on registration table. Name Sou R Bruns Address 3106 Po-tage Rd Maddsm, Wi 53704
Please check the appropriate boxes:
Support ☐ Wish to speak ☐ Do not 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 ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ 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:
Name, address and telephone number of each person of 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

	ou an menta	elected official who is appearing solely on behalf of your office or for your municipality or other \Bullet Yes \Bullet No
(If you this fo	u answe orm. If y	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you that:	are be	ing 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?
(If yoı Office	u answe at Rooi	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date _		Signature
		Print Name

Date: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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Registration Statement - Page 2

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79	Name	Maricala Men	doea
Agenda No	Addres	001 61.1 00	
Required – Can be obtained from a on registration table.	genda	Du Hordan.	T3711
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Support Wish to speak Do not wish to speak Available to answer que		Oppose Wish to speak Do not wish to speak Available to answer of	
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Name, address and telephone number	er of each person or organ	nization you are representing:	
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Are you being paid for your represen	itation?	Ye	s No
Are you appearing as part of your oth (If you answered "no," STOP; you requestion.)	ner paid duties for this peneed not complete the re	erson or organization?	
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