Date: 10(19/11	
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City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

24077

PLEASE PRINT CLEARLY

		Name	500	TT M. SPILOER	
Agenda No. 13		Address	7039	13 My Chelson PARKWAY #110	
Required - Can be	obtained from agenda			7,7	
on registration table			FITC	HBURG, W1 53711	
Please check the app	propriate boxes:				
Support	y			Oppose	
Wish to				Wish to speak	
	vish to speak e to answer questions			Do not wish to speakAvailable to answer questions	
				1	
	you representing an organizatio, "STOP; you need not comp			er than yourself: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	he nexi
Name, address and to	elephone number of each pers	on or organi	zation	n you are representing:	
POURTH WAVE	PROJECT LLC, 414 N	. 7TH XT.	wwo	DISON, WI 5370+	
			, , , , ,		
Are you being paid f	or your representation?			Yes No	
	s part of your other paid duties o, "STOP; you need not comp			organization? Yes No is form. If you answered "yes," go on to the	ne next
Speaking Limits:	Public Hearing		5 minu	utes	
-1	Information Hearing				
	Other Items		3 minu	ntec	

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:					
Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No					
Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?					
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 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.)					
Print Name scott w. spices					

Date:	10	/19	l_{l}	1

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240	72]	PLEASE	E-PRINT C	LEAI	RLY		
Agenda No			Name Address	411	AN DAN YN TH HDISONIL	4 ST	3704
Please check the appr	ropriate boxes:						
Support Wish to s Do not w Available At this meeting are yo (If you answered "no question.)	ish to speak to answer questions ou representing an or	ganizatio	n or a person of	other t	han yourself:	to speak answer ques	⊠ No
Name, address and te	· ·	-		ion yo	ou are representi	ng:	
FOURTH W.	AVE PROSECT	, uc	•				
Are you being paid fo	or your representation	?				Yes	ŊNo
Are you appearing as (If you answered "no, question.)						☐ Yes vered "yes,"	No go on to the next
Speaking Limits:	Public Hearing Information Hearin					•	

Registration Statement - Page 2

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Date	Signature
	Print Name