24556

Date: 12-21-11

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

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Please check the ap	propriate boxes:		<i>(</i> ·	/	
Support Wish to Do not	•			speak wish to speak ole to answer ques	stions
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Name, address and t	relephone number of each pe	rson or organizati	on you are repre	senting:	
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À	Jadison, Wi	//	53700	<i>f</i>	
Are you being paid:	for your representation?			Yes	☐ No
	s part of your other paid duti o," STOP; you need not con				☐ No go on to the next
Speaking Limits:	Public Hearing Information Hearing	5 m			

Are you a governmer	n elected official who is appearing solely on behalf of your office or for your municipality or other tal body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
If you are that:	being 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?
	wered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's soom 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: /2-2/-//

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	PLEASE	E-PRINT	CLEARLY OW	ner	Land Low
Agenda No. 9 Required – Can be obtained on registration table.	ined from agenda	Name Address	MIKP 1 133 COY MAD C	Mac,	k csex 3 T 53704
Please check the appropri	riate boxes:				
At this meeting are you r	to speak answer questions representing an organization	n or a pers	Oppose Wish to spe Do not wish Available to on other than yourself:	to speak answer qu	No
(If you answered "no," I question.)	STOP; you need not compl	lete the res	t of this form. If you ans	wered "ye.	s," go on to the next
Name, address and telepl	hone number of each perso	n or organ	ization you are represent	ing:	
Are you being paid for yo	our representation?			☐ Yes	□ No
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Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
	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.)
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Date	Signature
	Print Name

Date:	

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	You must register bef	fore the ALRC considers yo	our item.	0.75
	PLEASE	E PRINT CLEARLY	OWNER-LAND	- , , , LOR V
Agenda No. Required – Can be obton registration table.	ained from agenda	Name	Corry St Corry St V 53704	
	eak h to speak o answer questions	Do no	to speak to speak able to answer questions	E
At this meeting are you (If you answered "no," question.)	representing an organization 'STOP; you need not compl	n or a person other than your ete the rest of this form. If yo	self: Yes No ou answered "yes," go on to ti	he next
Name, address and tele	phone number of each person	n or organization you are rep	presenting:	
Are you being paid for	your representation?		Yes No	
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	Public HearingInformation HearingOther Items	5 minutes		

Are you governme		ected official who is appearing solely on behalf of your office or for your municipality or other ody? Yes No
		d "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
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		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.)
Date		Signature
		Print Name

Date: 12 - 21.2011

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Agenda No		Name Address	High 530 Madiz	WT- Myre a w	9 Ave 1 577
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149	en Comm Was hos	ć.	31-		
Ma	dzen	wl			
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Speaking Limits:	Public Hearing Information Hearing Other Items	5	minutes		

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?					
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Date	21 7011	Signature			
		Print Name	Hogh	Wing.	

City of Madison Registration Statement – Alcohol License Review Committee

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1 (2	Name	21shin S	Keller	1
Agenda No.		Address 9	15 Teni	her St	Aut. 3F
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on registration tabl	e		Madison	WI	55107
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4					
Name, address and	telephone number of each pe	rson or organization	n you are represen	ting:	
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Madiso	n WI S	53704	/		
1				[] xz	M
Are you being paid	for your representation?			Yes	[\(\triangle \)]
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Speaking Limits:	Public Hearing				
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Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?				
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* * 1	s or will owe more than \$500 for lobbr), the principal must file expense state of the calendar year?			
	st three questions, please call the City (Building, Madison, for more information			
Date 12/21/11	Signature			
	Print Name Dustin	skelly		

Date:	12	20	2011
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		Name <u>W</u>	Vargo Trec	lt	
Agenda No		Address _ 57	Drad fo	rd has	ve/
<u>Required</u> – Can be of on registration table.	btained from agenda		adeson 1	N 53	714
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	ou representing an organizati "STOP; you need not comp			☐ Yes swered "yes,'	☐ No ' go on to the next
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0	ubesa St				
Madison	W 5370L				
Are you being paid fo	r your representation?			Yes	J No
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Speaking Limits:	Public HearingInformation Hearing	5 min	utes		

Are you an elected official who is apgovernmental body?	ppearing solely on behalf of your office or for your	municipality or other es No
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	st three questions, please call the City Clerk at 266-460 Building, Madison, for more information.)	I or go to the Clerk's
Date 12/21/2011	Signature March J. J.	
	Print Name MPP60 165T	