

25268

Date: 3.14.12

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>15</u> Required – Can be obtained from agenda on registration table.
--

Name Veslie Petersen

Address 917 Williams St

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

Neither

- 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:

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: 3/14/12

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. 205200 <u>15</u> <u>Required</u> – Can be obtained from agenda on registration table.
--

Name BONNIE Arent

Address 2638 Heard St

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:

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

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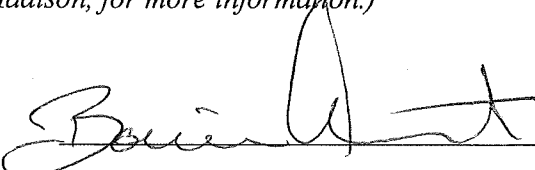
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Date 3/14/12

Signature



Print Name

BONNIE ARENT

Date: 3/14/12

City of Madison Registration Statement – Alcohol License Review Committee

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Agenda No. <u>15</u> 25268 Required – Can be obtained from agenda on registration table.
--

Name Daniel Borzano

Address 2617 East Johnson

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:

A Pig in a Fur Coat

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

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Date 3/14/12

Signature 
Print Name Daniel Boone

Date: 3-14-2012

City of Madison Registration Statement – Alcohol License Review Committee

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PLEASE PRINT CLEARLY

Agenda No. <u>15</u> Required – Can be obtained from agenda on registration table.

Name ~~SCOTT B. THORN~~ SCOTT B. THORN
 Address 1104 JENIFER ST
MADISON, WI 53703

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:

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
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Speaking Limits: Public Hearing..... 5 minutes
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(See Back)

Registration Statement - Page 2

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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

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Date _____

Signature _____

Print Name _____

Date: 3-14-12

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. 15, 17, 18
Required – Can be obtained from agenda on registration table.

Name ROSEMARY LEE
Address 111 W WILSON
53103

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:

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
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(See Back)

Registration Statement - Page 2

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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: 3-12-2012

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. 15, ~~18~~
Required – Can be obtained from agenda on registration table.

Name JUDITH Guyot

Address 936 Jennifer

Please check the appropriate boxes:

Support

- Wish to speak
- Do not wish to speak
- Available to answer questions

Neither but wish to speak

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:

Self

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
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(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: 3-14-2012

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

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. 15, 17, 18
Required – Can be obtained from agenda on registration table.

Name Dick Guyot
Address 936 Jennifer
Madison WI 53703

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:

Dick Guyot 936 Jennifer 608 256 8080
Own 3 Willy st Properties each is within 100 ft.
of Each applicant prop. 15, 17, 18

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
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Date 3-14-2012

Signature

Dick Guyot

Print Name

Dick Guyot