

Date: _____

City of Madison
Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. 44

Required – Can be obtained from agenda
on registration table.

Name

Sammy Benchlitcha

Address

2314 E. Johnson 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

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: 4.25.2012

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

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>25696</u> <u>44</u>
Required – Can be obtained from agenda on registration table.

Name GREGG HINKLEY
Address 522 STATE ST. APT. L
MADISON, WI 53703

Please check the appropriate boxes:

- | | |
|--|--|
| <input type="checkbox"/> Support | <input checked="" type="checkbox"/> Oppose |
| <input type="checkbox"/> Wish to speak | <input checked="" type="checkbox"/> Wish to speak |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> 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.)

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

(See Back)

Registration Statement - Page 2

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☐ Yes ☐ No
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Date _____

Signature _____

Print Name _____

Date: 4

City of Madison
Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>44</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name Nancy Crasswell

Address 10 Dorfmeister Ct

Madison 53714

Please check the appropriate boxes:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose |
| <input type="checkbox"/> Wish to speak | <input type="checkbox"/> Wish to speak |
| <input checked="" type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> 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:

Dane County Coalition to Reduce Alcohol Abuse
268 2620

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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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: 4/25/12

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

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>44</u>
Required – Can be obtained from agenda on registration table.

Name

Paul Krupski

Address

321 East Main Street

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

(unless no entertainment permit is given/applied for)

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:

Health First Wisconsin

321 East Main Street

Madison, WI 53703

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

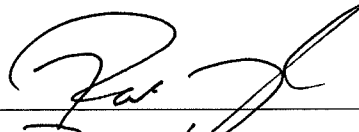
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Date 4/25

Signature

Print Name


Paul Krupski

Date:

4/30/12

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

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No.

25696

44

Required – Can be obtained from agenda
on registration table.

Name

Kent Kampo

Address

522 State St

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
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