Date: 7-18-12

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

Agenda No Required – Can be o on registration table.	15 btained from agenda	Name	Esic Fl 1542 h	Emin (fulled S	his
Please check the app	ropriate boxes:				•
At this meeting are y	speak vish to speak e to answer questions ou representing an organizat o, "STOP; you need not com		er than yourself:	n to speak o answer ques Yes	☐ No
	elephone number of each per		you are represent	ting:	
		(
Are you being paid fo	or your representation?			Yes	No No
	s part of your other paid dutien," STOP; you need not com				No go on to the next
Speaking Limits:	Public HearingInformation Hearing				

	ou an el mental l	ected official who is appearing solely on behalf of your office or for your municipality or other body?			
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)			
If you that:	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?			
	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 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 Print Name			

Date: 0.7/18/2012

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Agenda No Required – Can be on registration table	15 obtained from agenda	Address <u>15</u>	LESYA 42 WILD IN Prain	TRIS S.	7
Please check the app	propriate boxes:				
	speak wish to speak le to answer questions			peak ish to speak to answer ques	stions
(If you answered "n question.) Name, address and t	you representing an organization," STOP; you need not contact the selephone number of each periods.	nplete the rest of	his form. If you a	nswered "yes,'	No no to the next
Chpheu	m of Madi's	<u>ОИ</u>			
Are you being paid	for your representation?			Yes Yes	No No
Are you appearing a (If you answered "n question.)	s part of your other paid duti o, " STOP ; you need not con	es for this person on the second of the second of the rest of the second	or organization? vis form. If you a	☐ Yes nswered "yes,"	No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 mir	nutes		

	ou an el nmental	lected official who is appearing solely on behalf of your office or for your municipality or other body?
		red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you that:	are beir	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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		red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.)
Date _	07/1	Signature Kuzuieus Mesya Print Name Pesya Kuzueuso

Date: 7 - 18 - 12

City of Madison Registration Statement – Alcohol License Review Committee

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Agenda No Required – Can be on registration table	obtained from agenda	Name ATTY RICK PERI Address 33 E. MAIN SV.
Please check the app	propriate boxes:	
Support Wish to Do not v	speak vish to speak le to answer questions	Oppose Wish to speak Do not wish to speak Available to answer questions ion or a person other than yourself: Yes No
(If you answered "n question.)	o," STOP; you need not con	tion or a person other than yourself: Yes No nplete the rest of this form. If you answered "yes," go on to the next
Name, address and t	elephone number of each per	rson or organization you are representing:
<u>ORPI</u>	teum or mor	ISON, INC.
Are you being paid	for your representation?	Yes No
		es for this person or organization?
Speaking Limits:	Public Hearing Information Hearing	5 minutes

•	Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	(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 b that:	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?				
2.	2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?				
3.	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 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:	

City of Madison Registration Statement – Alcohol License Review Committee

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Agenda No Required – Can be on registration table	obtained from agenda	Address	Jeff Kett 2603 farst Madiston	c/0. 2/	
Please check the app	propriate boxes:			·	
At this meeting are (If you answered "raquestion.)	speak wish to speak le to answer questions you representing an org no, " STOP; you need n telephone number of ea	ot complete the rest o	Available other than yourself: f this form. If you an	sh to speak to answer ques Yes nswered "yes,"	☐ No
Ara you being paid	for your representation	7		☐ Yes	□No
Are you appearing a	ns part of your other pai	d duties for this perso		☐ Yes	□ No
Speaking Limits:	Information Hearing	5 1 g5 1	minutes		

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?				
	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 are be that:	ing paid for your representation, or if your appearance is part of other paid duties, do you understand				
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	ered "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: 7/10/17-

City of Madison Registration Statement – Alcohol License Review Committee

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Agenda No	obtained from agenda	Name Address	Herry 503 EV Malison	Doan	2
Please check the app	propriate boxes:				
	speak vish to speak e to answer questions	Ĺ	Oppose Wish to spea Do not wish Available to	ak to speak answer ques	tions
(If you answered "n question.)	you representing an organizat o, " STOP; you need not come elephone number of each per	plete the rest o	f this form. If you ans	·	□ No go on to the next
	erepriorie fidinical of each per	on or organiza			
Are you being paid f	for your representation?			☐ Yes	☐ No
	s part of your other paid dution," STOP; you need not com			☐ Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public HearingInformation Hearing	5 1	ninutes		

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.)				
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, do you understand				
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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: M-18-12

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You must register before the ALRC considers your item.

Agenda No2 Required – Can be on registration table	Deptained from agenda	Name G	OZ STATE ST MADISON
Please check the app	propriate boxes:		
	speak wish to speak le to answer questions	×	Oppose Wish to speak Do not wish to speak Available to answer questions
(If you answered "n question.)	you representing an organization o, " STOP; you need not complete elephone number of each person	te the rest of th	ner than yourself: Yes No
Are you being paid	for your representation?		Yes No
	s part of your other paid duties foo, "STOP; you need not complete		or organization?
Speaking Limits:	Public HearingInformation Hearing	5 min	nutes

	ou an e nmental	elected official who is appearing solely on behalf of your office or for your municipality or other body?
		red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you that:	are bei	ng 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? 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?
		red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information.)
	7	
Date		Signature
		Print Name