Oate:	

You must register before the ALRC considers your item.

	i Ca	Name	JEFF	WALDI	MAN
Agenda No		Address	2716 .	9 TW 00	0
Required – Can be o on registration table.	btained from agenda		MANK	en in	Ī
Please check the app	ropriate boxes:	· · · · · · · · · · · · · · · · · · ·			
	peak ish to speak e to answer questions		Do not	o speak t wish to speak ble to answer ques	stions
(If you answered "no question.)	ou representing an org	ot complete the rest o	of this form. If yo	u answered "yes,'	□ No go on to the next
	· ·			<u> </u>	
Are you being paid for	or your representation?			Yes	☐ No
	part of your other paid," STOP; you need no				☐ No go on to the next
Speaking Limits:	Public Hearing Information Hearing			· ·	· · · · · · · · · · · · · · · · ·

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other l 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 be that:	ing 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.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.
•	red "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:	4/24	[13]
	1	1 . 🔾

You must register before the ALRC considers your item.

	Name Rehecca Johnson
Agenda No. ±119	Address 2039 Winnebago St. #8
Required – Can be obtained from agenda on registration table.	Name <u>Rebecca Johnson</u> Address <u>2039 Winnebago</u> St. #9 <u>Machison</u> , WI 53704
Please check the appropriate boxes:	
Support Wish to speak Do not wish to speak Available to answer questions At this meeting are you representing an organizat (If you answered "no," STOP; you need not conquestion.) Name, address and telephone number of each per	nplete the rest of this form. If you answered "yes," go on to the next
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid dution (If you answered "no," STOP; you need not compuestion.)	es for this person or organization? Yes No nplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing Information Hearing	

Are you an governmenta	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 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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,	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.)
Date	Signature
	Print Name

Date: 4/24/13

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

Agenda No	Name Lucy Lodgen (Kaner Address 2714 Sommers au
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 (If you answered "no," STOP; you need not compaquestion.) Name, address and telephone number of each person	olete the rest of this form. If you answered "yes," go on to the next
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Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not compaquestion.)	s for this person or organization? Yes No No lete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing Information Hearing	·

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 betthat:	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.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.				
(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: 4/24/13

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

Agenda No	Name TONY CASTANEDA Address 156 TALMADGE ST MADISON, W/ 04
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 organiz (If you answered "no," STOP; you need not co question.) Name, address and telephone number of each position.	omplete the rest of this form. If you answered "yes," go on to the next
	·
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid du (If you answered "no," STOP; you need not co question.)	ties for this person or organization? Yes No mplete the rest of this form. If you answered "yes," go on to the next
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	ou an onmental	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:	ı 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?
	3.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying. Yes No
		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 _	-	Signature
		Print Name

Date: 4/24/2013

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY Agenda No. Required – Can be obtained from agenda on registration table. Please check the appropriate boxes: Support **Oppose** Wish to speak Wish to speak Do not wish to speak Do not wish to speak Available to answer questions Available to answer questions At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered question.) Name, address and telephone number of each person or organization you are representing: Yes Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (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:

	ou an e nmental		appearing sole	ely on behalf of your office	e or for your mur Yes	
				need not complete the rest of on to the next question.)	f this form, except i	that you must sign
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	1.	Before you engage in with the City Clerk?	lobbying as a	lobbyist, you or your princip	oal must file an aut	horization No
	2.	Your principal is not with the City Clerk?	permitted to a	authorize you to lobby unles	ss the principal is Yes	registered No
	3.	Your principal must calendar year regardle		tatements with the City Cleant spent on lobbying.	rk for the remaind	der of the
				tions, please call the City Cle dison, for more information.)		go to the Clerk's
Date _	4	124/2013	Signature	(a)R()		
	, (1 '	Print Name	JOBNA TON	& CANCIO E	TEBOMP

You must register before the ALRC considers your item.

	Name TERESA PULLARA OUABEL
Agenda No	
Required – Can be obtained from agenda	Address 2425 A(WOOD AV MAD(SON, WI SNOW)
on registration table.	MADISON, WI SHAUT
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 org (If you answered "no," STOP; you need no question.)	anization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Name, address and telephone number of ear	ch person or organization you are representing:
	·
Are you being paid for your representation?	Yes Yo
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
	5 minutes 55 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:	sing 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 m 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

You must register before the ALRC considers your item.

* A 0 - C 1	<i>G</i> Name	Asic Dieter 310 Fairway C. Edgerten, WI	·	
Agenda No.	Address	310 Fairway Ci	ircle	
Required – Can be obtained fron on registration table.	agenda	Edgerton, WI	53734	
Please check the appropriate box		, , , , , , , , , , , , , , , , , , ,		
Support Wish to speak Do not wish to speak Available to answer of	questions	Oppose Wish to spea Do not wish Available to	to speak	ions
At this meeting are you represent (If you answered "no," STOP; y question.)	ing an organization or a perso ou need not complete the res	on other than yourself: t of this form. If you answ	Yes vered "yes,"	☐ No go on to the next
Name, address and telephone nur Next Door Brewn		zation you are representir	ıg:	
Next Pour Brewn 2439 ATWOOD A	enve			
			1 11 14 14 14 14 14 14 14 14 14 14 14 14	
Are you being paid for your repre	sentation?		Yes	•
Are you appearing as part of your (If you answered "no," STOP; you question.)	other paid duties for this per ou need not complete the resi	son or organization? Tof this form. If you answ	☐ Yes vered "yes,"	No go on to the next
Information	aringon Hearing	5 minutes		

Are you governme		cted official who is appearing solely on behalf of your office or for your municipality or other ody?
		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.)
If you are that:	e 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.		Your principal must file expense statements with the City Clerk for the remainder of the alendar year regardless of the amount spent on lobbying.
		"no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 03 of the City-County Building, Madison, for more information.)
Date	1/2	Signature July
		Print Name Hric Vieter

Date:	- 4	124	/13	.
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You must register before the ALRC considers your item.

Agenda No. Zesta Agenda No. Required – Can be obtoon registration table.	92 ained from agenda	Name (M) Address 310	istal Dieter D Fairway Circ Jevten, WI 53	le 3534	·
Please check the appro	priate boxes:				
Support Wish to sp Do not wis Available t	eak Cede time to h to speak to answer questions	Arcc Sieter	Oppose Wish to speak Do not wish to Available to a	to speak	tions
	representing an organizat 'STOP; you need not com			X Yes ered "yes,"	☐ No go on to the next
·	phone number of each pers	son or organization	you are representin	ıg:	
Next Door Bi 2439 Atwo	od Ave				
Are you being paid for	your representation?			Yes	₩ No
	art of your other paid dutie STOP; you need not com				No go on to the next
	Public HearingInformation Hearing				

-	ou an e nmental	elected official who is appearing sole lbody?	ly on behalf of your office or	for your muni	cipality or other
		ered "yes" to the question, STOP. You re you answered "no" to the question, go o	, 1	form, except th	at you must sign
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	2.	Your principal is not permitted to a with the City Clerk?	uthorize you to lobby unless the	e principal is re	egistered No
	3.	Your principal must file expense sta calendar year regardless of the amoun	-	or the remainde	er of the
		ered "no" to any of the last three questi m 103 of the City-County Building, Mad		t 266-4601 or g	o to the Clerk's
Date _	ч/.	Signature Print Name	Muster Cystal Sieter		

Date: $\frac{1}{2} \frac{1}{2013}$

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

Agenda No. Required – Can be con registration table	btained from agenda	Name Address	TER W. Sti IS E. Wilson MDISON, WF	53703
∐ Do not v	ropriate boxes: CEDE MY time speak Vish to speak e to answer questions	to umds [Oppose Wish to speak Do not wish to spea Available to answer	
(If you answered "no question.) Name, address and to	Four representing an organization, "STOP; you need not complete phone number of each personal 0 or 0 0	plete the rest of the	iis form. If you answered	Yes MNO yes," go on to the next
2439	Door Brewing Atwood Ave	RUVE		
Are you being paid for	or your representation?		Y	
	part of your other paid dutien, "STOP; you need not comp			——————————————————————————————————————
Speaking Limits:	Public HearingInformation Hearing		and the second s	

Are you an e governmental	elected official who is a body?	ppearing solel	y on behalf of	your office or	for your mun	
	red "yes" to the question ou answered "no" to the				form, except t	hat you must sign
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3.	Your principal must fi				r the remaind Yes	er of the
Office at Room	ed "no" to any of the la n 103 of the City-County				t 266-4601 or	go to the Clerk's
		Print Name	VPET	TER W.	Stebbin	1, JR

Date: 4/24/13

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

Agenda No		Name (2912 tupot drive	
Please check the appr	ropriate boxes:			
	peak ish to speak e to answer questions		Oppose Wish to speak Do not wish to speak Available to answer questions	
	ou representing an organization, "STOP; you need not comp		other than yourself: Yes No fthis form. If you answered "yes," go on to	
Name, address and te	lephone number of each perso	on or organizatio	ion you are representing:	
N6x+ Da 2439	or Browing Com	Sary		
	n WI 53704			
Are you being paid fo	or your representation?		☐ Yes ☐ No	
	part of your other paid duties "STOP; you need not comp		n or organization? Yes No this form. If you answered "yes," go on to	the next
Speaking Limits:	Public HearingInformation Hearing			

	ou an e nmental	elected official who is apbody?	ppearing solel	y on behalf of your off		r munie Yes	cipality or ot No	her
		red "yes" to the question, ou answered "no" to the c			of this form, ex	cept th	at you must s	ign
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	3.	Your principal must fil calendar year regardless	*	ements with the City C spent on lobbying.		mainde ⁄es	r of the □ No	
		red "no" to any of the las n 103 of the City-County 1	*	~		01 or g	o to the Cleri	k's
Date _	4/2	9/13	Signature Print Name	Crogan Wal	1625	articos Mila de Santino a missignos e periodos e de Carte		
				t 1				

	4/	24	110
Date:			10

You must register before the ALRC considers your item.

Agenda No	Name Steve Locken Address 2714 Sommers Ave Madison
Please check the appropriate boxes:	
(If you answered "no," STOP; you nee question.)	Oppose Wish to speak Do not wish to speak Available to answer questions Organization or a person other than yourself: Yes No ad not complete the rest of this form. If you answered "yes," go on to the next f each person or organization you are representing:
Are you being paid for your representat	ion? Yes No
	paid duties for this person or organization? Yes No d not complete the rest of this form. If you answered "yes," go on to the next
	5 minutes

•	ou an e imental	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
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		ed "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: 24 April 2013

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

		•	ι/) _
2 2 Cd2	101	Name	Keit	n Symon	
Agenda No.		Address	1714	Saw Footh	Lane
Required – Can be obtained from on registration table.	agenda		•	son WI	
Please check the appropriate boxe	es:				
Support Wish to speak Do not wish to speak Available to answer q	uestions		□ D ₁	ose Tish to speak o not wish to speak vailable to answer q	uestions
At this meeting are you representi (If you answered "no," STOP; yo question.)	ng an organizatio ou need not comp	on or a perso plete the res	on other than y t of this form.	ourself: X Ye If you answered "ye	
Name, address and telephone num	iber of each perso	on or organi			
Next Door Bren	wing, LL	- C	Next Do	por Browing	3 Company
310 Fairway Ci			2439	Atwood A	renue
Edgetten UT				in WI 5	
Are you being paid for your repre	sentation?			Ye	s 🗓 No
Are you appearing as part of your (If you answered "no," STOP; yo question.)	other paid duties ou need not comp	s for this per plete the res	rson or organiz t of this form.	ation?	
Informatio	aring on Hearing		5 minutes		

Are you an elected official who is a governmental body?	ppearing solely on behalf of your office	e or for your municipality or other Yes No
(If you answered "yes" to the question, this form. If you answered "no" to the	, STOP. You need not complete the rest of question, go on to the next question.)	this form, except that you must sign
If you are being paid for your representhat:	ntation, or if your appearance is part of o	ther paid duties, do you understand
1. Before you engage in lowith the City Clerk?	obbying as a lobbyist, you or your princip	al must file an authorization Yes No
2. Your principal is not p with the City Clerk?	permitted to authorize you to lobby unles	s the principal is registered Yes No
	le expense statements with the City Cler s of the amount spent on lobbying.	k for the remainder of the Yes No
	st three questions, please call the City Cle Building, Madison, for more information.)	9
Date 14 Km/ 2013	Signature Lull a	J
•	Print Name Keith A.	Symonds

Date:	4/241	13

You must register before the ALRC considers your item.

Agenda No		Name	Aaron Ste 14 Every Madison, W	phenso. reen Av VI 53	N. enue 704
Please check the appr	opriate boxes:				
	peak ish to speak to answer questions		Oppose Wish to specific Do not wis Available to		stions
(If you answered "no question.)	ou representing an organizate, "STOP; you need not con	iplete the rest of i	this form. If you an		☑No ' go on to the next
Are you being paid for	or your representation?			☐ Yes	☑ No
Are you appearing as (If you answered "no question.)	part of your other paid dution of your other paid dution of some of the paid and some of the paid and some of the paid and	es for this person aplete the rest of t	or organization? his form. If you ans	Yes ywered "yes,"	No go on to the next
Speaking Limits:	Public HearingInformation Hearing			:	

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:	sing 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 m 103 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: 4/24/13

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No	Name April Jackson Address 2213 Oaknidge 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 Available to answer questions
At this meeting are you representing an organizat (If you answered "no," STOP; you need not comquestion.)	ion or a person other than yourself: Yes No plete the rest of this form. If you answered "yes," go on to the next
Name, address and telephone number of each per	son or organization you are representing:
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid dutie (If you answered "no," STOP; you need not comquestion.)	es for this person or organization? Yes No plete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing Information Hearing	·

Other Items.....

	an elected official who is apental body?	opearing solely on behalf of your office of	r for your municipality or other Yes No
		STOP. You need not complete the rest of the question, go on to the next question.)	is form, except that you must sign
If you ar that:	e being paid for your represer	station, or if your appearance is part of other	r paid duties, do you understand
1	Before you engage in lowith the City Clerk?	bbying as a lobbyist, you or your principal i	must file an authorization Yes No
2.	Your principal is not powith the City Clerk?	ermitted to authorize you to lobby unless the	ne principal is registered Yes No
3.	1 1	e expense statements with the City Clerk of the amount spent on lobbying.	for the remainder of the Yes No
		t three questions, please call the City Clerk Building, Madison, for more information.)	at 266-4601 or go to the Clerk's
Date		Signature	
		Print Name	

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

	Name	Suzanne Scheuerman
Agenda No	Address	5606 Winnesman Rd
Required – Can be obtained from agenda on registration table.		Suzanne Scheuerman 5606 Winneguah Rd Monona WI 53716
		·
Please check the appropriate boxes:		
Support		Oppose
Wish to speak		Wish to speak
Do not wish to speak		Do not wish to speak
Available to answer questions		Available to answer questions
question.) Name, address and telephone number of each personal statement o		of this form. If you answered "yes," go on to the next zation you are representing:
	Name of the State	
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not compaquestion.)	for this pers lete the rest	son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing Information Hearing		

Other Items.....

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.)
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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 m 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

	41	20/12
Date: _		4115

You must register before the ALRC considers your item.

Agenda No	ned from agenda	Name Address	Ter	fery S. Cr	134	
Please check the appropri	ate boxes:					
Support Wish to speak Do not wish t Available to a]	Ø	Oppose Wish to speak Do not wish to Available to a	o speak	stions
At this meeting are you re (If you answered "no," S question.) Name, address and teleph	TOP; you need not comp	olete the rest	of this	s form. If you answ		☑ No ' go on to the next
Are you being paid for yo	ur representation?		,		Yes	☐ No
Are you appearing as part (If you answered "no," S question.)	of your other paid duties TOP; you need not comp	s for this pers solete the rest	son or of this	organization? s form. If you answe	☐ Yes ered "yes,"	No go on to the next
	blic Hearingformation Hearing					

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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3.	Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying.
	red "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:	L	\coprod	24	13
				*

You must register before the ALRC considers your item.

Agenda No	Name Matheattutchison Address 2422 Sommers A	√(
Please check the appropriate boxes:		
Support Wish to speak Do not wish to speak Available to answer questions At this meeting are you representing an organizati (If you answered "no," STOP; you need not comparestion.) Name, address and telephone number of each personal statements of each personal statements.	plete the rest of this form. If you answered "yes," go on to the n	ext
Are you being paid for your representation?	☐ Yes ☐ No	
Are you appearing as part of your other paid dutie (If you answered "no," STOP; you need not comparestion.)	s for this person or organization? Yes No Plete the rest of this form. If you answered "yes," go on to the no	ext
Speaking Limits: Public Hearing Information Hearing	5 minutes5 minutes	

		elected official who is appearing solely on behalf of your office or for your municipality or other al body?
		vered "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 that:	u are be	eing 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 om 103 of the City-County Building, Madison, for more information.)
Date _	7.77	Signature
		Print Name

Date: 4-24-13

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

	Name TERRY JACKSON
Agenda No.	Address 2213 CAKRIDGE AUE
Required – Can be obtained from agenda on registration table.	Address 2213 CAKRIDGE AUE MADISON, WIS3704
Please check the appropriate boxes:	
Trease effect the appropriate toxes.	
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 organiza (If you answered "no," STOP; you need not conquestion.) Name, address and telephone number of each pe	mplete the rest of this form. If you answered "yes," go on to the next
	•
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid dut (If you answered "no," STOP; you need not conquestion.)	ies for this person or organization? Yes No mplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing Information Hearing	

Are you an governmenta	elected official who is a l body?	ppearing sole	ely on behalf	of your office o	or for your mun	icipality or other No
	ered "yes" to the question, you answered "no" to the				is form, except t	hat you must sign
If you are be that:	ing paid for your represen	ntation, or if	your appearanc	ee is part of other	er paid duties, d	o you understand
1.	Before you engage in lowith the City Clerk?	obbying as a l	obbyist, you o	your principal	must file an auth	norization No
2.	Your principal is not p with the City Clerk?	ermitted to a	uthorize you to	o lobby unless t	he principal is a	registered No
3.	Your principal must fil calendar year regardless				for the remaind Yes	er of the
	red "no" to any of the las m 103 of the City-County I				at 266-4601 or	go to the Clerk's
Date 4	24-13	Signature Print Name		Sur !	ALL SE	

Date: 42043

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

Agenda No	Name Briag Mitchell Address 2426 Sommers Modelson
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 organiza (If you answered "no," STOP; you need not conquestion.) Name, address and telephone number of each per	tion or a person other than yourself: Yes No inplete the rest of this form. If you answered "yes," go on to the next reson or organization you are representing:
	·
Are you being paid for your representation?	☐ Yes ₩No
Are you appearing as part of your other paid duti (If you answered "no," STOP; you need not con question.)	es for this person or organization? Yes No nplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing Information Hearing	

_		elected official who is appearing solely on behalf of your office or for your municipality or other al body?
		vered "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 that:	are be	eing 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 om 103 of the City-County Building, Madison, for more information.)
Date _		Signature
		Print Name

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

Agenda No Required – Can be ob on registration table.	tained from agenda	Name	Sarahl 2414 Sov Madism	nmers Ave W1 53704
Please check the appro	opriate boxes:			
	peak sh to speak to answer questions	Þ	Oppose Wish to speak Do not wish to Available to a	
(If you answered "no, question.)	u representing an organizat "STOP; you need not come ephone number of each per	plete the rest o	f this form. If you answe	Yes No No Pred "yes," go on to the nex
24/4/Sa	mmed Ave			
Maderin,	DVS 5371)4		
Are you being paid for Are you appearing as J (If you answered "no, question.)	part of your other paid dutie	es for this perso plete the rest of	n or organization? f this form. If you answe	Yes No Yes No Yes on to the nex
Speaking Limits:	Public HearingInformation Hearing			

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other l 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 be that:	ing 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 m 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	. 4	125/13

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

Agenda No	Name Address	Tim Nolan 2436 Sommers Mudism 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 s Available to ans	
At this meeting are you representing an org (If you answered "no," STOP; you need n question.) Name, address and telephone number of each	ot complete the rest	t of this form. If you answere	Yes 🛚 No 'd "yes," go on to the next
Are you being paid for your representation	?		Yes No
Are you appearing as part of your other pair (If you answered "no," STOP; you need no question.)	d duties for this person to complete the rest	son or organization? [of this form. If you answere	Yes No d "yes," go on to the next
Speaking Limits: Public Hearing Information Hearing			

Are you an governments	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 be that:	eing 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: 4/14/13

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY Name Agenda No. Address Required – Can be obtained from agenda on registration table. Please check the appropriate boxes: Oppose Support Wish to speak Wish to speak Do not wish to speak Do not wish to speak Available to answer questions Available to answer questions At this meeting are you representing an organization or a person other than yourself: (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: Yes No. Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Public Hearing......5 minutes Speaking Limits:

Are you governme	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
	vered "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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	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	1/2	4/13
		•

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

		Name	David	Raloney o) .	
Agenda No	7	Address	2330	Smine	1	Ave
Required – Can be ob on registration table.	btained from agenda		Marky	Rabay c Smine m WI	53	704
Please check the appr	opriate boxes:					
	peak ish to speak to answer questions			speak wish to speak le to answer que	estions	
(If you answered "no question.)	ou representing an organization, "STOP; you need not complete of each personal perso	plete the rest of th	is form. If you	answered "yes,	□N " go on	
Name of the Control o						
			•			
Are you being paid fo	r your representation?			Yes	□N	Го
Are you appearing as (If you answered "no, question.)	part of your other paid dutie," STOP; you need not com	es for this person o plete the rest of th	r organization? is form. If you	Yes answered "yes,	go on	
Speaking Limits:	Public HearingInformation Hearing					

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:	sing 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:	 /24	13

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

Agenda No Required – Can be obtained from agenda on registration table.	Name JIM SCHEUERMAN Address 5606 WININEQUAH RO MONONA 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 ☒ Available to answer questions 	
At this meeting are you representing an organi (If you answered "no," STOP; you need not a question.) Name, address and telephone number of each process.	zation or a person other than yourself: Yes No omplete the rest of this form. If you answered "yes," go on to the person or organization you are representing:	? next
	•	
Are you being paid for your representation?	☐ Yes ⑤ No	
Are you appearing as part of your other paid du (If you answered "no," STOP; you need not c question.)	nties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the	next
	5 minutes	

-		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 that:	ı are be	eing 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 om 103 of the City-County Building, Madison, for more information.)
Date _		Signature
		Print Name

Date: 4/24/13

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY
Agenda No. 29592 Required – Can be obtained from agenda on registration table. Name Ron Hull Address 5900 Monor Dolve Ste 203 Monor W Ste 203
Please check the appropriate boxes: Support
Name, address and telephone number of each person or organization you are representing: Three Bells LLC Tori Hull Owner of 2439 Atwood Ave 608-345-4049
Are you being paid for your representation?
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

Are you an egovernmental	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 are being that:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand	
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Date	Signature	
	Print Name	

Date: 4-25-13

City of Madison Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

		Name	TORIF	tall	
Agenda No		Address 4	611 Tonyac	vatha	Tr.
Required – Can be obto on registration table.	ained from agenda	<u> </u>	ladison, 1	NIS	3716
Please check the approp	priate boxes:		•		
Support Wish to specific Do not wish Available to			Oppose Wish to spea Do not wish Available to		tions
At this meeting are you (If you answered "no," question.)	representing an organization of STOP; you need not comp	on or a person ot lete the rest of t	her than yourself: his form. If you ansv	│ Yes wered "yes,"	☐ No go on to the next
Name, address and tele	phone number of each person	on or organizatio	n you are representi	ng:	
3 Rolls	S LLP (6	Maina	owners)		
		C. Marine			
Are you being paid for	your representation?			☐ Yes	No
Are you appearing as pa (If you answered "no," question.)	art of your other paid duties STOP; you need not comp	for this person of the the the rest of the	or organization? his form. If you answ	☐ Yes vered "yes,"	No go on to the next
	Public HearingInformation Hearing				

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:	sing 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	