

Date: _____

City of Madison
Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>19</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name

JEFF WALDMAN

Address

2716 ATWOOD

MADISON WI

Please check the appropriate boxes:

- | | |
|--|--|
| <input 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:

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. 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

(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.

PLEASE PRINT CLEARLY

Agenda No. #19

Required – Can be obtained from agenda
on registration table.

Name Rebecca Johnson

Address 2039 Winnebago St #8

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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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

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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. 19

Required – Can be obtained from agenda
on registration table.

Name

Lucy Lodgen (Karen)

Address

2714 Sommers ave

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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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. 19 "NEXT DOOR" BAR
Required – Can be obtained from agenda on registration table.

Name TONY CASTANEDA
Address 156 TALMADGE ST
MADISON, WI (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 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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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. 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

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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. <u>2959219</u>
Required – Can be obtained from agenda on registration table.

Name TOMMY ROSA CARCIO STEBBINS
Address 1115 E. WILSON #407
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:

AR & Co

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:

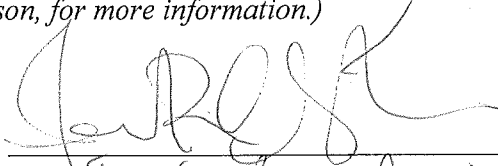
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? ☐ Yes ☐ No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☐ Yes ☐ No
3. Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying. ☐ Yes ☐ No

(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

4/24/2013

Signature



Print Name

Joan A Rosa Cancio Stebbins

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. <u>19</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name TERESA PULLAIZA OUABEL

Address 2405 AIRWOOD AV

MADISON, WI 53704

Please check the appropriate boxes:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose |
| <input checked="" type="checkbox"/> Wish to speak | <input 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:

BUNKY'S CAFE

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. 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

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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. <u>29592 19</u>
Required – Can be obtained from agenda on registration table.

Name Aric Dieter
Address 310 Fairway Circle
Edgerton, WI 53531

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:

Next Door Brewing
2139 Atwood Avenue

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

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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 4/24/13

Signature



Print Name

Aric Dieter

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. <u>29592</u> ¹⁹
<u>Required</u> – Can be obtained from agenda on registration table.

Name Crystal Dieter
Address 310 Fairway Circle
Edgerton, WI 53534

Please check the appropriate boxes:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose |
| <input checked="" type="checkbox"/> Wish to speak <i>Cede time to Aric Dieter</i> | <input 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:

Next Door Brewing, LLC
2439 Atwood Ave

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 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.)*

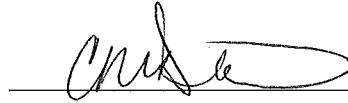
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Date 4/24/13

Signature



Print Name

Crystal Dieter

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. 27592 19
Required – Can be obtained from agenda on registration table.

Name PETER W. STEBBINS
Address 1115 E. Wilson
MADISON, WI 53703

Please check the appropriate boxes:

☒ **Support** CEDE my time to Keith Symonds
☒ 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:

Next Door Brewing
2439 Atwood Avenue

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 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.)

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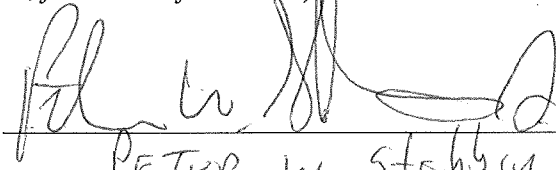
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Date

4/24/2013

Signature



Print Name

PETER W. STEBBINS, JR

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. <u>19597</u> <u>19</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name Gregory Walters

Address 2912 Turbot drive

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:

Next Door Brewing Company
2439 Atwood Avenue
Madison WI 53704

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

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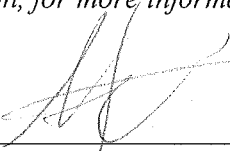
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Date 4/24/13

Signature

Print Name


Gregory Walters

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. <u>19</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name Steve Lodgen
Address 2714 Sommers Ave
Madison

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
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(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

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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 April 2013

City of Madison
Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>29592 19</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name Keith Symonds
Address 1714 Sawtooth Lane
Madison WI 53719

Please check the appropriate boxes:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Support | <input type="checkbox"/> Oppose |
| <input checked="" type="checkbox"/> Wish to speak | <input 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:

<u>Next Door Brewing, LLC</u>	<u>Next Door Brewing Company</u>
<u>310 Fairway Circle</u>	<u>2439 Atwood Avenue</u>
<u>Edgerton WI</u>	<u>Madison WI 53704</u>

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.)

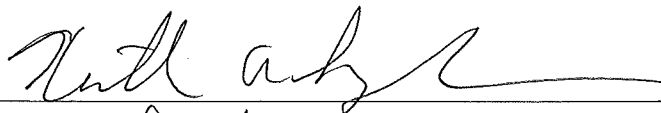
If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

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. 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

(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 24 April 2013

Signature



Print Name

Keith A. Symonds

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. <u>19</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name Aaron Stephenson
Address 314 Evergreen Avenue
Madison, WI 53704

Please check the appropriate boxes:

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

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. 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

(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.

PLEASE PRINT CLEARLY

Agenda No. <u>19</u>
Required – Can be obtained from agenda on registration table.

Name April Jackson
Address 2213 Oakridge
Madison, WI

Please check the appropriate boxes:

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

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. 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

(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.

PLEASE PRINT CLEARLY

Agenda No. <u>19</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name Suzanne Scheuerman
Address 5606 Winnequah Rd
Menomonie WI 53716

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. 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

(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.

PLEASE PRINT CLEARLY

Agenda No. <u>19</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name Jeffery S. Wise

Address _____

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. 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

(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.

PLEASE PRINT CLEARLY

Agenda No. <u>#19</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name Matthew Hutchison
Address 2422 Sommers Ave

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. 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

(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.

PLEASE PRINT CLEARLY

Agenda No. <u>19</u> <i>Required – Can be obtained from agenda on registration table.</i>
--

Name TERRY JACKSON
Address 2213 OAKRIDGE AVE
MADISON, WI 53704

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.)

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:

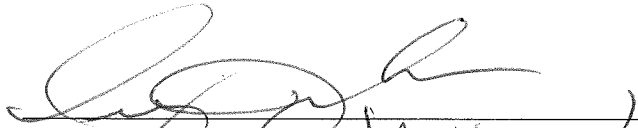
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? ☐ Yes ☐ No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? ☐ Yes ☐ No
3. Your principal must file expense statements with the City Clerk for the remainder of the calendar year regardless of the amount spent on lobbying. ☐ Yes ☐ No

(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

4-24-13

Signature



Print Name

TERENCE JACKSON

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. <u>19</u>
Required – Can be obtained from agenda on registration table.

Name Brian Mitchell
Address 2426 Sommers
MADISON

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. 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

(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.

PLEASE PRINT CLEARLY

Agenda No. 19
Required – Can be obtained from agenda on registration table.

Name Sarah Davis
Address 2414 Sommers Ave
Madison, WI 53704

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:

Sarah Davis
2414 Sommers Ave
Madison, WI 53704

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. 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

(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: 4/25/13

City of Madison
Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>19</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name Tim Nolan
Address 2436 Sommers Avenue
Madison WI 53704

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.)

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. 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

(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.

PLEASE PRINT CLEARLY

Agenda No. 19

Required – Can be obtained from agenda
on registration table.

Name

Address

RICHARD LOFTSGORDON
1110 FORSTER DR
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 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:

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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. 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

(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.

PLEASE PRINT CLEARLY

Agenda No. <u>19</u>
<i>Required – Can be obtained from agenda on registration table.</i>

Name David Rabago
Address 2330 Summers Ave
Madison WI 53704

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.)

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:

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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. 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

(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.

PLEASE PRINT CLEARLY

Agenda No. <u>19</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name JIM SCHEUERMAN

Address 5606 WINNEQUAH RD

MONONA WI

Please check the appropriate boxes:

- | | |
|--|---|
| <input type="checkbox"/> Support | <input checked="" type="checkbox"/> Oppose |
| <input type="checkbox"/> Wish to speak | <input 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 checked="" 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.)

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. 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

(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.

PLEASE PRINT CLEARLY

Agenda No.

29592

Required – Can be obtained from agenda
on registration table.

Name

Ron Hull

Address

5900 Monona Drive Ste 203

Monona, WI 53716

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:

Three Bells, LLC Toni Hull owner of 2439 Atwood Ave

608-345-4049

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:

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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. ☐ 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: 4-25-13

City of Madison
Registration Statement – Alcohol License Review Committee

You must register before the ALRC considers your item.

PLEASE PRINT CLEARLY

Agenda No. <u>19</u>
<u>Required</u> – Can be obtained from agenda on registration table.

Name

TORI Hull

Address

4811 Tonyawatha Tr.

Madison, WI 53716

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:

3 Bells LLP (building owners)

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. 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

(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 _____