TOWN OF MILFORD Milford, Massachusetts

NOTICE OF MEETING

Board or Commission Milford Board of Selectmen	MILFORD TOWN OLEM
Date and Time of Meeting September 14, 2020 7:00 PM	Waterbased Wiles Base W 1975
Place of Meeting Room 03, 52 Main Street	2020 SEP 10 PM 2: 47

A.) SIGNING OF WARRANT, APPROVAL of Minutes, August 24, 2020, August 31, 2020 **EXECUTIVE SESSION Minutes,** August 24, 2020, August 31, 2020

B.) **INVITATION TO SPEAK**

The Board of Selectmen invites public participation on an in-person basis during its September 14, 2020 meeting. Due to restrictions imposed by Governor Baker's March 2020 Declaration of a State of Emergency prohibiting gatherings of more than ten people, participation in Invitation to Speak shall be limited to two such participants entering the meeting room at a time, wearing appropriate protective equipment, and leaving immediately upon conclusion of the participation to allow others to enter the room and participate equally. Those wishing to participate shall be cued outside the building, at least six-feet apart, and permitted to enter one at a time.

C.) PUBLIC HEARINGS- CALL IN TEL NO. 1-857-444-0744 - Conference Code 143644

Note for public testimony - All comments or testimony at a public hearing including documents or exhibits must be in connection with the matter being considered and confined to the matter at hand and will be limited to 5 minutes to allow for the opportunity for others to speak.

- 1. 7:00PM Nouria Energy Corporation, re: Chapter 148 Amendment
- 2. 7:05PM Mariscos Lagunas, LLC, re: New Common Victualler Wine and Malt Beverages License

D.) SCHEDULED APPOINTMENTS

- 1. IT Director, re: Security Cameras
- 2. SDM Corporation D/B/A Sabor De Minas Restaurant, re: Change of Business Name-Cassia's Restaurant, Inc.

E.) TOWN ADMINISTRATOR'S REPORT

F.) **OLD BUSINESS**

1. Town Hall- New Hours

G.) **NEW BUSINESS**

- 1. Milford Cultural Council, re: Appointment
- 2. Plumbing and Gas Inspector, re: Permit Fee Waiver
- 3. Milford Police Chief, re: Crosswalk-Depot and Whitney Streets
- 4. Town Administrator, re: Appointment to Metropolitan Area Planning Council
- 5. Planning Board, re: Remand Proposed Zoning By-Law Amendments
- 6. Milford National, LLC, re: No Trailer Parking Signs
- 7. Crossing Guards: Appointments/Reappointments

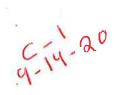
H.) CORRESPONDENCE

- 1. Memo, Milford Police Chief, re: Public Access
- 2. Woodland School Building Committee, re: Resignation

1.) **EXECUTIVE SESSION**

The listing of matters above are those reasonably anticipated by the Chair which may be discussed at the meeting. Not all items listed may be discussed and other items not listed may also be brought up for discussion to the extent permitted by law.

Signature	RA	Quelan	Dated	9/10/20	



DEPARTMENT HEAD REVIEW FORM

	Name of Business: Mailing Address:				
3.	Property Address:	91 Medway Road	i (Street)	ū.	
_	Assessors ID#:				
4.	Has applied for: Amend				
	to store underground,				
	6,000 gallons of Class Aboveground, 200 gal		iquias. It ai	so seeks	to store
5	Selectmen will take acti	_	ntember 14	1 2020	
	Hearing Continued/Pos	•	_		
7.	Abutters Notified:N/A	A Publishe	d:		
	Inquiry Sent To Dept. H				
9.	Please Respond By:	9/4/2020			
10	 License Approved 	:Denied: _	Table	d:	On
	ing Commissioner: (Zon oom Handicap Access, e DING	ning, Occupancy, E	Building/Ha		
OK- P	Planner: (Site Plan/SpecianING BOARD SPECIOVED IN DECISION) ZI	AL PERMIT GRAN	NTED 8/11/	20 (SITE	PLAN
Тах С	collector : (Outstanding '	Γaxes) NO OUTSTA	ANDING TAX	XES	
Town	Treasurer: (Outstandin	g Tax Liens) NONE	C		
	Chief: (Information/Com CTIONS	ment) THE FIRE I	DEPARTME	nt has i	10
Police	Chief: (Information/Co	omment) NO CONC	ERNS		
Crimi	nal Offense Record Info:	(CORI) Approved	l 🗌 Disap _l	proved \square	
	of Health: (Information DEPARTMENT, BOARD				P & MILFORD
Sewer	Commission: (Informa	tion/Comment)	<u> </u>		 ;
Milfor	rd Water Company: (In	formation/commer	nt)		
Dept.	nission on Disability: (I Head Signature:		_ Date:		
	u ct Name/Manager : Dy				

contact), and Tom Healey- 508-762-3727 (Nouria Energy Corp.)



352 Turnpike Road Southborough, MA 01772 508.480.9900

August 17, 2020

Milford Town Hall Board of Selectmen 52 Main Street Milford, MA 01757

RE:

Amended Fuel Storage Application
Proposed Nouria Convenience Store and Fueling Facility
139 Medway Road
Map #43, Lot #5A (AKA 91 Medway Road)

Dear Members of the Board:

On behalf of the leasee of the subject property, Nouria Energy Corporation, Bohler is submitting an "Application for License" pursuant to the Board of Selectmen for the redevelopment of the existing Shell convenience store and fueling facility at 139 Medway Road (Map #43, Lot #5A, also known as 91 Medway Road).

This site is proposed to be updated with the removal and replacement of the existing fueling facility and underground fuel storage tanks. The project requires an Amended Fuel Storage License for the increased capacity of underground petroleum storage proposed.

Enclosed herewith, please find stamped/sealed (as appropriate) copies of the following materials:

- The Application for License (FP-002A) signed by Fire Chief Mark Nelson
- The existing fuel storage license
- Massachusetts Department of Revenue "Revenue Enforcement and Protection (REAP) Attestation" form (signed)
- "Instructions for Completion of C148 Application" form (signed)
- 2 copies (24"x36") of the "Plot Plan" which includes:
 - "Proposed Site Plan Documents" Prepared by Bohler, Dated 08/17/20 ("Site Layout Plan"
 "Overall Parking Plan" sheets only)

Please note that the tank installation notes and instructions on page two of the existing fuel storage license attached are null and void. These notes and instructions should not be reflected on the amended fuel storage license. Current underground storage tank installation and maintenance standards will be addressed on the proposed underground storage tank plans and installation permits that will need to be approved/authorized by the Milford Fire Department prior to installation.

We trust that the above as well as the attached information is sufficient for your review of the project.

Should you have any questions or require additional information, please do not hesitate to contact me at (508) 480-9900. Thank you.

Sincerely.

James A Bernardino, PE

ames Munaudius



Location of Land:

The Commonwe	alth of Massachusetts
City/Town of_	Milford

Application For License

Massachusetts General Law, Chapter 148 §13

\neg	N.T.	т •	- 9-
┙	New	License	

ü	,			
ı	Amer	ided	Lice	ense

dinates
t
3
umber

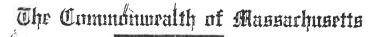
Application is hereby made in accordance with the provisions of Chapter 148 of the General Laws of Massachusetts for a license to store flammables, combustibles or explosives on land in buildings or structures herein described.

139 Medway Road - Map #43, Lot #5A

	Number, Street and Ass	sessor's Map and Parcel ID					
Attach a plot plan of th	e property indicating the locati	ion of property lines and a	ll buildings or struct	ures.			
Owner of Land: Molinari John + Adele Tr c/o GP Milford Trust Realty							
Address of Land Owne	r: 1 Hartfield Boule	vard, East Wind	sor, CT 060	88			
Use and Occupancy of	Buildings and Structures: _G	asoline station a	and convenie	ence store			
If this is an application	for amendment of an existing Date of original licens			ny subsequent amendments			
Complete this section for th	bustible Liquids, Flamm he storage of flammable and con needed. All tanks and containe	ombustible liquids, solids,	and gases; see 527				
PRODUCT NAME	CLASS	MAXIMUM QUANTITY	UNITS gal., lbs, cubic feet	CONTAINER UST, AST, IBC, drums			
Regular Unleaded (Gasoline (Class IB)	30,000	gal.	UST			
Diesel Gasoline (Cla	ass II)	6,000	gal.	UST			
		30,000 a					
	lammable liquids to be						
	combustible liquids to be		al.				
	lammable gases to be st	•					
Total quantity of all f	lammable solids to be st	tored:					

-	-gas (Complete this section for the storage of LP-gas or	
	ndicate the maximum quantity of LP-gas to be a See 527 CMR 1.00 Table 1.12.8.50)	stored and the sizes and capacities of all storage containers.
(4	Maximum quantity (in gallons) of LP-gas to be store	d in aboveground containers: 200
		s used for storage: 42 containers, 4.7 gal. each
•	Maximum quantity (in gallons) of LP-gas to be store	
	List sizes and capacines of all underground containers	s used for storage:
	Total aggregate quantity of all LP-gas to be stored: 20	00 gal.
Fire	works (Complete this section for the storage of firewor	ks)
	ndicate classes of fireworks to be stored and ma Maximum amount (in pounds) of Class 1.3G:	aximum quantity of each class. (See 527 CMR 1.00 Table 1.12.8.50) Type/class of magazine used for storage:
*	Maximum amount (in pounds) of Class 1.4G:	Type/class of magazine used for storage:
*	Maximum amount (in pounds) of Class 1.4:	Type/class of magazine used for storage:
	Total aggregate quantity of all classes of fireworks	to be stored:
Expl	osives (Complete this section for the storage of explosi	ives)
Inc	dicate classes of explosive to be stored and max	kimum quantity of each class. (See 527 CMR 1.00 Table 1.12.8.50)
*	Maximum amount (in pounds) of Class 1.1:	Number of magazines used for storage:
*	Maximum amount (in pounds) of Class 1.2:	Number of magazines used for storage:
*	Maximum amount (in pounds) of Class 1.3:	Number of magazines used for storage:
**	Maximum amount (in pounds) of Class 1.4:	Number of magazines used for storage:
*	Maximum amount (in pounds) of Class 1.5:	Number of magazines used for storage:
*	Maximum amount (in pounds) of Class 1.6:	Number of magazines used for storage:
all ma laws, Code hereu	nterials stored pursuant to any license granted hereu codes, rules and regulations, including but not limit (527 CMR 1.00). I further acknowledge that the stonder may not exceed the maximum quantity specifi	at I am authorized to make this application. I acknowledge that the to the best of my knowledge and belief. I acknowledge that under must be stored or kept in accordance with all applicable ted to Massachusetts Chapter 148, and the Massachusetts Fire prage of any material specified in any license granted ted by the license. Name Tohn Molinary IR
Fire D	Department Use Only	
	Yark A. Nelson, Head of the Milt	Fire Department endorse this application with my
Ap	proval Disapproval	
1	Van Olax	8/18/2020
Signature	of Head of the Fire Department	, Date
Recor	nmendations:	





DEPARTMENT OF PUBLIC SAFETY—DIVISION OF FIRE PREVENTION

1010 COMMONWEALTH AVENUE, BOSTON

MILFORD, MA

OCTOBER 21 19 85

(City or Town) (I

LICENSE

In accordance with the provisions of Chapter 148 of the General Laws, a license is hereby granted to use the land herein described for the lawful use of the building—or other structure—which is/are or is/are to be situated thereon, and as described on the plot plan filed with the application for this license.

Location of land 8.9 MEDWAY STREET Nearest cross street INTERSTATE 495
Owner of land MOLINARI TRUST OF 1968 Address 89 MEDWAY ROAD, MILFORD, MA
Number of buildings or other structures to which this license applies ONE
Occupancy or use of such buildings GASOLINE SERVICE STATION & THREE-BAY LUBRITORIUM
Total capacity of tanks in gallons:—Aboveground 1,575 gallons Underground 31,000 gallons
Kind of fluid to be stored in tanks ABOVE: 1000 gals motor oil; 500 gals. antifreeze; 75 gals. gas in
CONDITION OF THE PROPERTY OF T
THIS LICENSE IS SUBJECT TO RESTRICTIONS AND
CLERR',"MILIFORD" BOARD" OF SELECTMEN

POSTED IN A PROTECTED PLACE ON THE LAND FOR WHICH IT IS GRANTED

89 Medway STREET COPY page 2

1) Tanks shall be installed on concrete pad with steel reinforcement and inspected prior to being poured. Tanks to be tied down to pad.

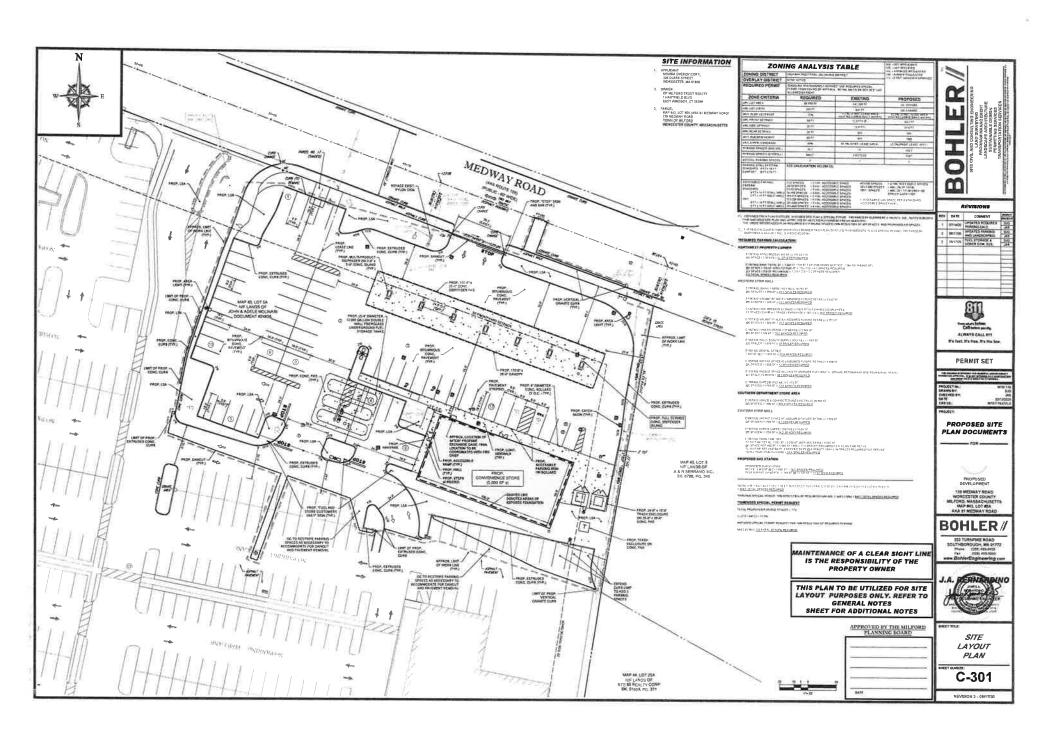
2) Tanks are to be air tested prior to installation and inspected by Fire Dept.

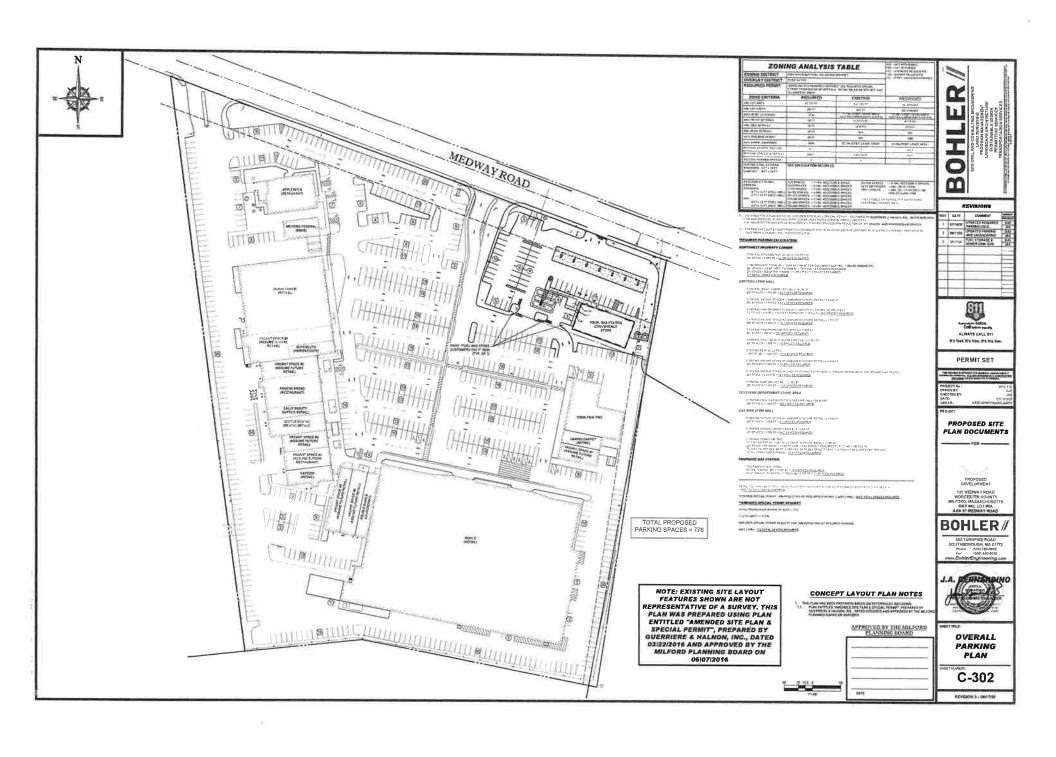
3) No traps in pipes, all piping to be galvanized pipe (no fibreglas) with double swing joints.

4) Soil test is required.

5) Highway-type guard rail to be installed along perimeter of lot. A speed bump to be installed at opening. Appropriate signs to be installed. All as described in memo of 10/15/85 from Town Engineer and as drawn in plan D85-224.

6) Item (5) above to be completed prior to 12/31/85, and inspected by Town Engineer.





9-14-20

DEPARTMENT HEAD REVIEW FORM

	Name of Business:			·	
4.	Business Address: Assessors ID#:	206 East Ma i Map _ 32			14B, IB/IC ZONES
4.	Has applied for: New C Selectmen will take act	ion on: Septem	ber 14, 2020)	
5 .	Hearing Continued/Pos	stponed/MGL I	Deadline:		
6. 7	Abutters Notified: Inquiry Sent To Dept.	Published	8/2/2020		
8.	Please Respond Ry:	8/7/2020	_8/3/2020		
9.	Please Respond By: License Approved:	Denied:	Tabled:		On
Restro	ing Commissioner: (Zo: com Handicap Access, e SSIBLE BUILDING	ning, Occupand tc) IC ZONE, O	y, Building/I	Handica	p Access,
		O CHANGE O			ipulations
Tax C	collector : (Outstanding '				
Town	Treasurer: (Outstandin		AL ESTATE F	TEES OF	\$ 53.73
Fire C	Chief: (Information/Com	_			
Police Crimin	e Chief: (Information/Conal Offense Record Info: NO IS	omment) (CORI) Appro SSUES OR COM	oved 🗍 Disa ICERNS	approved	l 🗀
Board	of Health: (Information				
REGU	ALL (CCTIONS FOUND OWNE LATIONS Commission: (Informa		IANCE WITH		
Milfor	d Water Company: (Ini	formation/com	ment)		
Comm	ission on Disability: (I	nformation/cor	nment)		
Dept.	Head Signature:		Date:		
Conta	ct Name/Manager: Mar	iana Felipe D.(D.B. SS	 ; #	

Phone: 774-431-1800_ e-mail: marianapalomer@yahoo.com



Title:

MANAGER/OWNER

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358 www.mass.gov/abcc

APPLICATION FOR A NEW LICENSE

	Municipal	lity MILFORD						
1. LICENSE CL	ASSIFICATION INFO	RMATION						
ON/OFF-PREMIS	ES TYPE			CATEGOR	Y		CLA	SS
On-Premises-12	§12 Restaurant		-	Wines and M	alt Beve	erages	Ann	ual 🕶
Please provide a na	arrative overview of the tran	nsaction(s) beir	ng applied	for. On-pre	nises a	applicants should also p	rovide a descrip	tion of
	e or concept of the busines OR A WINE AND MALT BEVERA			, -			NG AN APPAY OF	MEVICANI
STYLE SEAFOOD DIS	HES.		011 2011221	TIS MEMICA		OOD . WE WILL DE JENVI	TO AN ARRAT OF	MEXICAN
Is this license appli	cation pursuant to special le	egislation?	0)	res 💽 No	, Cł	hapter Act:	s of	×
	NTITY INFORMATIO						1	
The entity that w	ill be issued the license an	id have opera	tional cor	trol of the	premi	ises.		
Entity Name MA	RISCOS LAGUNAS, LLC					FEIN		
DBA MA	RISCOS LAGUNAS		Manager	of Record	MARI	IANA FELIPE		
]
Street Address 20	06 EAST MAIN STREET, MILFO	ORD, MA 01757	7					
Phone	773-431-1800		Email	MARIANA	PALO	MOR@YAHOO.COM		
Alternative Phone	617-999-2592		Websi	te CC	MING	SOON		
3. DESCRIPTIO	N OF PREMISES							
Please provide a co	mplete description of the pr	emises to be li	censed, in	cluding the	numb	er of floors, number of 1	rooms on each f	loor, anv
outdoor areas to be	included in the licensed are	ea, and total sq	uare foota	ige. You mu	st also	submit a floor plan.		,,
	tuated in a shopping plaza						ontains	
approximately 1,2	50 square feet of ground	floor area. Tl	nere is no	outdoor se	eating			
						1		
Total Square Footag	e: 1,250	Number of En	trances: 2			Seating Capacity:	24 .	
Number of Floors	1	Number of Exi	ts: 2			Occupancy Number	: 24	
APPLICATIO	N CONTACT							
	act is the person whom the	licensing auth	orities sho	ould contact	regar	ding this application.		
Name: MARIA	NA FELIPE		Ph	one:	7	73-431-1800		

Email:

MARIANAPALOMAR@YAHOO.COM

APPLICATION FOR A NEW LICENSE

				TRUCTURE	5. CORPORATE S
	OCTOBER 1, 2019	Date of Incorporation	<u>-</u>	LLC	Entity Legal Structure
No	y traded? O Yes	Is the Corporation publicly	Y	MASSACHUSETTS	State of Incorporation
	y traded? () Yes	is the Corporation publicly		MASSACHUSETTS	State of Incorporation

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers: On Premises (E.g.Restaurant/ Club/Hotel) Directors or LLC Managers - At least 50% must be US citizens; Off Premises(Liquor Store) Directors or LLC Managers - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of

each entity as well as the	Articles of Organization for each corpo	orate entity. Every in	dividual must be ident	tified in Addendum A.
Name of Principal	Residential Address		SSN	DOB
MARIANA FELIPE	<u>.</u>		E -	01/07/1978
Title and or Position	Percentage of Ownership	Director/ LLC Mana	ger US Citizen	MA Resident
MANAGER/OWNER	100		€ Yes ← No	€ Yes ← No
Name of Principal	Residential Address		SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Mana	ger US Citizen	MA Resident
		C Yes C No	OYes ONo	O Yes O No
Name of Principal	Residential Address		SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Mana	ger US Citizen	MA Resident
		○ Yes ○ No	O Yes O No	C Yes C No
Name of Principal	Residential Address		SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Mana	ger US Citizen	MA Resident
		C Yes C No	C Yes C No	O Yes C No
Name of Principal	Residential Address		SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Mana	ger US Citizen	MA Resident
		○Yes ○No	C Yes C No	C Yes C No
Additional pages attached?	C Yes No			7 (1
CRIMINAL HISTORY				
las any individual listed in question	n 6 and applicable attachments over	been convicted of a	C V	0

State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

🦪 Yes 🕡 No

APPLICATION FOR A NEW LICENSE

6A. INTEREST I	N AN	ALCOHOLIC	BEVERA	GES LICENSE
----------------	------	-----------	--------	-------------

	Name	License Type	Li	cense Name	Municipality
B. PREVIOUSLY H	ELD INTEREST IN AN ALG	COHOLIC BEVERAGES	LICENSE		
as any individual o Iterest in a license t	r entity identified in quest to sell alcoholic beverages, low. Attach additional pag	tion 6, and applicable a , which is not presently	ttachments, ev held?	Yes No [ect, beneficial or financial ⊠
	Name	License Type		ense Name	Municipality
		A 7	11-0	* - 12 · 1 · 1	
5-4-10-1					
	F LICENSE DISCIPLINARY				
	losed licenses listed in que s, list in table below. Attac				elow.
te of Action	Name of License	City			n, revocation or cancellation
j. 3		10		9 M	
	OF PREMISES				
ase complete all fi	elds in this section. Please	provide proof of legal	occupancy of t	the premises.	
- 16 Ab 1:	nt entity owns the premises, a enting the premises, a signed		rad		
				ailable, a copy of the uns	
If leasing or reIf the lease is	es signed by the applicant a	n uns ncense, and a signe	- 1	,,	igned lease and a letter
 If leasing or re If the lease is of intent to lease If the real es 	ase, signed by the applicant a tate and business are owne	and the landlord, is required by the same individual	ed. als listed in que		
 If leasing or re If the lease is of intent to lease If the real es 	ase, signed by the applicant a	and the landlord, is required by the same individual	ed. als listed in que		
 If leasing or re If the lease is of intent to les If the real es business entit 	ase, signed by the applicant a tate and business are owne	and the landlord, is required by the same individual setween the two entities in the two entitles in the two entities in the two entities in the two entitles in the two entities in the two entitles in the t	ed. als listed in que is required. s		
If leasing or re If the lease is of intent to les If the real es business entite ease indicate by w	ase, signed by the applicant a tate and business are owne ies, a signed copy of a lease b hat means the applicant w	and the landlord, is required by the same individual setween the two entities in the two entitles in the two entities in the two entities in the two entitles in the two entities in the two entitles in the t	ed. als listed in que is required. s	stion 6, either individua	lly or through separate
If leasing or re If the lease is of intent to lease in the real est business entities ease indicate by with a modern than the real est business entities in the real est business entities entitled in the real est business entitled in the real es	ase, signed by the applicant a tate and business are owne ies, a signed copy of a lease b hat means the applicant w DSHE ATTIAS	and the landlord, is required by the same individual etween the two entities in will occupy the premises	ed. als listed in que is required. s	stion 6, either individua	Ily or through separate
If leasing or re If the lease is of intent to lease in the real est business entite ease indicate by word and lord Name of the second of the	ase, signed by the applicant a tate and business are owne ies, a signed copy of a lease b hat means the applicant w DSHE ATTIAS	and the landlord, is required by the same individual etween the two entities in will occupy the premises	ed. als listed in que is required. s	stion 6, either individua	Ily or through separate
If leasing or re If the lease is of intent to lease in the real est business entited as a sease indicate by word and lord Name of the sease indicate by word and lord Phone of the sease indicate by word and lord Address	ase, signed by the applicant a tate and business are owneries, a signed copy of a lease behat means the applicant was a signed copy. DSHE ATTIAS 8-320-6262	and the landlord, is required by the same individual etween the two entities in will occupy the premises	ed. als listed in que is required. s	stion 6, either individua ease DARNPROPERTIES@Y	AHOO.COM
 If leasing or re If the lease is of intent to les If the real es business entit 	ase, signed by the applicant a tate and business are owneries, a signed copy of a lease behat means the applicant was a signed copy. DSHE ATTIAS 8-320-6262	and the landlord, is required by the same individual etween the two entities in will occupy the premises	ed. als listed in que is required. s	Lease DARNPROPERTIES@Y Month \$2,700.00	lly or through separate AHOO.COM

8. FINANCIAL DISCLO		LICATIO	ON FOR A NEW LICENSE	
A. Purchase Price for Real Esta				
B. Purchase Price for Business	Assets			
C. Other * (Please specify belo	ow)		*Other Cost(s): (i.e. Costs associate including but not limited to: Prope	
D. Total Cost			Renovations costs, Construction c Inventory costs, or specify other c	osts, Initial Start-up costs,
SOURCE OF CASH CONTRIBU		. Bank or	r other Financial institution Statements, I	Bank Letter, etc.)
	Contributor		Amount of Cont	
Mariana Felipe	1(1)		\$28,635.00	
			The grant of the	Mil hattang ing pa
		T-4-1		
		Total		\$28,635.00
SOURCE OF FINANCING Please provide signed financing	g documentation.			
Name of Lender	Amount		Type of Financing	Is the lender a licensee pursuar to M.G.L. Ch. 138.
None			ÇA - "	CYes O No
				○Yes ○ No
				○Yes ○No
				C Yes C No
The costs for renovation of the	leased space, initial star which were paid from m	t up cos	inding for the cost identified above. ts, inventory and initial rent was \$28,635 nal saving in my Bank of America accou	5.00 as set forth in the enclosed nt #xxxx xxxx 1557 (Dec/Jan
). PLEDGE INFORMATI	<u>ON</u>			
Please provide signed pledge				
Are you seeking approval for a	a pledge? O Yes O N	10		
Please indicate what you are s	eeking to pledge (check a	ll that app	oly) 🔲 License 🔲 Stock 🔲 Inve	ntory

To whom is the pledge being made?

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Have you ever been convicted of a state, federal, or military crime? Cyes No fyes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional utilizing the format below. Date Municipality Charge Disposition Charge Supervise Charge Disposition Charge Supervise Charge Disposition Charge Disp	Date of Birth 01/07/1978 SSN COM Phone 773-431-1800 be on the licensed premises 60 Ves No *Manager must be a U.S. Citizen US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. ary crime? Yes No viding the details of any and all convictions. Attach additional pages, if necess Charge Disposition al pages, if necessary, utilizing the format below. Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	The individual that has been appointed to manage and control the licensed business and premises. Proposed Manager Name MARIANA FELIPE Date of Birth 01/07/1978 SSN Residential Address Email MARIANAPALOMAR@YAHOO.COM Phone 773-431-1800 Please indicate how many hours per week you intend to be on the licensed premises 60 3. CITIZENSHIP/BACKGROUND INFORMATION Are you a U.S. Citizen?* © Yes C No *Manager must be a U.S. Citizen fyes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. fave you ever been convicted of a state, federal, or milltary crime? G Yes No *Manager must be a U.S. Citizen fyes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. fave you ever been convicted of a state, federal, or milltary crime? G Yes No Types, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necestificate format below. Date Municipality Charge Disposition Disposition EMPLOYMENT INFORMATION Rease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date Ind Date Position Employer Supervisor Name 704/2009 202/2013 Client Relations Manager Total Coordination Professionals Tabula Lowe 202/2008 06/2009 Project Manager Kimco Corporation Veronica Cardenas 204/2006 11/2007 Office Manager GMAS Mortgage Susan White 204/2006 11/2007 Office Manager GMAS Mortgage Susan White 205/2008 06/2009 Project Manager GMAS Mortgage Susan White			PLICATION								
Proposed Manager Name MARIANA FELIPE Date of Birth 01/07/1978 SSN Residential Address Email MARIANAPALOMAR@YAHOO.COM Phone 773-431-1800 Please indicate how many hours per week you intend to be on the licensed premises 60 CITIZENSHIP/BACKGROUND INFORMATION re you a U.S. Citizen?*	Date of Birth 01/07/1978 SSN COM Phone 773-431-1800 be on the licensed premises 60 CYes No *Manager must be a U.S. Citizen US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. ary crime? Yes No riding the details of any and all convictions. Attach additional pages, if necess Charge Disposition al pages, if necessary, utilizing the format below. Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White	Proposed Manager Name MARIANA FELIPE Date of Birth Date of				d to man	ago and co	ntral tha lic	cancad busi	noce and arom	nia o a		
Email MARIANAPALOMAR@YAHOO.COM Phone Please indicate how many hours per week you intend to be on the licensed premises CYES ON "Manager must be a U.S. Citizenship/BACKGROUND INFORMATION The you a U.S. Citizenship/BackGROUND INFORMATION The you a U.S. Citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalizatiave you ever been convicted of a state, federal, or military crime? Yes No Syes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional tilizing the format below. Date Municipality Charge Disposition EMPLOYMENT INFORMATION Tease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervise Disposition Total Coordination Professionals Tabula Disposition Office Manager Kimco Corporation Veronica of MAS Mortgage Susan PRIOR DISCIPLINARY ACTION The provided a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was sciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the sciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the sciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the sciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the sciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary.	Disposition Total Coordination Professionals GMAS Mortgage GMAS Mortgage Phone 773-431-1800 *Manager must be a U.S. Citizen What all all convictions and all convictions are convicted by the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below. Employer Total Coordination Professionals GMAS Mortgage Susan White The manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	Residential Address Email MARIANAPALOMAR@YAHOO.COM Phone 773-431-1800 Please indicate how many hours per week you intend to be on the licensed premises 60 3. CITIZENSHIP/BACKGROUND INFORMATION Ver you a U.S. Citizen?* G. Yes . C. No "Manager must be a U.S. Citizen feys, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers, lave you ever been convicted of a state, federal, or military crime? C. Yes . G. No "Yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necetilizing the format below. Date Municipality Charge Disposition EMPLOYMENT INFORMATION lease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervisor Name 18/2009 02/2013 Client Relations Manager Total Coordination Professionals Tabula Lowe 18/2009 02/2013 Client Relations Manager Kimco Corporation Veronica Cardenas 18/2006 11/2007 Office Manager GMAS Mortgage Susan White PRIOR DISCIPLINARY ACTION ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to sciplinary action? C. Yes . G. No. If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below. In the provider of the provider of the provided in this application is true and accurate: The provider of the provider of the provided in this application is true and accurate:					age and col			·	ilses.		
Email MARIANAPALOMAR@YAHOO.COM Phone 773-431-1800 Please indicate how many hours per week you intend to be on the licensed premises CYES ON *Manager must be a U.S. Critizens* Gyes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalizative you ever been convicted of a state, federal, or military crime? Gyes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional tillizing the format below. Date Municipality Charge Disposition EMPLOYMENT INFORMATION lease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervise 18/2009 02/2013 Client Relations Manager Total Coordination Professionals Tabula 20/2008 06/2009 Project Manager Kimco Corporation Veronica (19/4/2006 11/2007 Office Manager GMAS Mortgage Susan) DEPRIOR DISCIPLINARY ACTION ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was sciplinary action? Gyes (No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the sciplinary action? Gyes (No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the sciplinary action? Gyes (No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the sciplinary action? The provided the provided action of the provided action o	be on the licensed premises © Yes © No *Manager must be a U.S. Citizen US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. ary crime? © Yes © No riding the details of any and all convictions. Attach additional pages, if necess Charge Disposition al pages, if necessary, utilizing the format below. Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	Phone 773-431-1800	Proposed M	lanager Nam	e MARIANA FELIF	PE			Date of Birth	01/07/1978	SSN		
Please indicate how many hours per week you intend to be on the licensed premises 8. CITIZENSHIP/BACKGROUND INFORMATION Are you a U.S. Citizen?* 6. Yes 6. No *Manager must be a U.S. fyes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturaliza Have you ever been convicted of a state, federal, or military crime? 7. Yes 6. No fyes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional attilizing the format below. Date Municipality Charge Disposition Date Municipality Charge Disposition 8. EMPLOYMENT INFORMATION 1. Lease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervise 1. Description Discription Veronica (Conference of Manager) 1. Description Office Manager GMAS Mortgage Susan Office M	be on the licensed premises © Yes © No *Manager must be a U.S. Citizen US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. ary crime? © Yes © No riding the details of any and all convictions. Attach additional pages, if necess Charge Disposition al pages, if necessary, utilizing the format below. Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	Please indicate how many hours per week you intend to be on the licensed premises 8. CITIZENSHIP/BACKGROUND INFORMATION Are you a U.S. Citizen?* (**Yes C No *Manager must be a U.S. Citizen fyres, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. flave you ever been convicted of a state, federal, or military crime? (**Yes C**No *Manager must be a U.S. Citizen fyres, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. flave you ever been convicted of a state, federal, or military crime? (**Yes C**No *Manager must be a U.S. Citizen Papers. flave you are very selection of the papers. flave you are very selection of the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below. Date Municipality Charge Disposition EMPLOYMENT INFORMATION lease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervisor Name 108/2009 02/2013 Citient Relations Manager Total Coordination Professionals Tabula Lowe 108/2009 02/2013 Citient Relations Manager Total Coordination Professionals Tabula Lowe 108/2009 Project Manager Kimco Corporation Veronica Cardenas 108/2009 Project Manager GMAS Mortgage Susan White 118/2007 Office Manager GMAS	Residential .	Address			*						
Are you a U.S. Citizen?* Personal Control on State Contr	© Yes ○ No *Manager must be a U.S. Citizen US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. ary crime? ○ Yes ○ No riding the details of any and all convictions. Attach additional pages, if necess Charge Disposition al pages, if necessary, utilizing the format below. Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	ACTIZENSHIP/BACKGROUND INFORMATION Are you a U.S. Citizen?* Fyes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. Have you ever been convicted of a state, federal, or military crime? Fyes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necestilizing the format below. Date Municipality Charge Disposition Charge Disposition EMPLOYMENT INFORMATION Heave provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date Ind Date Position Employer Supervisor Name 108/2009 02/2013 Client Relations Manager Total Coordination Professionals Tabula Lowe 109/2008 06/2009 Project Manager Kimco Corporation Veronica Cardenas 104/2006 11/2007 Office Manager GMAS Mortgage Susan White 105. PRIOR DISCIPLINARY ACTION 106. Averyou held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to seciplinary action? Cyes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below, are of Action Name of License State City Reason for suspension, revocation or cancellation	Email		MARIANAPALO	MAR@YAI	HOO.COM		Phone	773-431-1800			
Are you a U.S. Citizen?* Pyes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization of yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional tillizing the format below. Date Municipality Charge Disposition EMPLOYMENT INFORMATION Dease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervise. D8/2009 02/2013 Client Relations Manager Total Coordination Professionals Tabula 20/2008 06/2009 Project Manager Kimco Corporation Veronica (14/2006 11/2007 Office Manager GMAS Mortgage Susant Cardination Professionals Susant Cardination Professionals Cardination Professionals Susant Cardination Professional Susant Cardination Professional Susant Cardination Professional Susant Cardination Professional Susant Cardi	© Yes ○ No *Manager must be a U.S. Citizen US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. ary crime? ○ Yes ○ No riding the details of any and all convictions. Attach additional pages, if necess Charge Disposition al pages, if necessary, utilizing the format below. Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	Are you a U.S. Citizen?* (Pyes C No *Manager must be a U.S. Citizen for you a U.S. Citizen?* (Pyes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. I dave you ever been convicted of a state, federal, or military crime? (Pyes C No *Manager must be a U.S. Citizen for your content of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. I dave you ever been convicted of a state, federal, or military crime? (Pyes C No *Manager must be a U.S. Citizen for your	Please indica	ate how many	y hours per week	you inten	d to be on th	ne licensed p	premises	60			
Are you a U.S. Citizen?* © Yes © No *Manager must be a U.S. fyes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization of the following of the details of the converted of a state, federal, or military crime? O Yes © No Figure 1 No Figure 1 No Figure 1 No Figure 1 No Figure 2 No Figure 1 No Figure 2 No F	US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. Ary crime? C Yes No Notiding the details of any and all convictions. Attach additional pages, if necess Charge Disposition al pages, if necessary, utilizing the format below. Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	Are you a U.S. Citizen?* (Pes No *Manager must be a U.S. Citizen for yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necestilizing the format below. Date Municipality Charge Disposition Disposition											
f yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalizate 20.3 flyes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional attilizing the format below. Date Municipality Charge Disposition Disposition CEMPLOYMENT INFORMATION Rease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervise 08/2009 02/2013 Client Relations Manager Total Coordination Professionals Tabula 02/2008 06/2009 Project Manager Kimco Corporation Veronica 04/2006 11/2007 Office Manager GMAS Mortgage Susan O4/2006 O4/2	US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. ary crime? C Yes No Notiding the details of any and all convictions. Attach additional pages, if necessary. Charge Disposition al pages, if necessary, utilizing the format below. Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	Fyes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. Alave you ever been convicted of a state, federal, or military crime?			UND INFORMATI	ON							
Fave you ever been convicted of a state, federal, or military crime? Fyes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional utilizing the format below. Date Municipality Charge Disposition Fig. EMPLOYMENT INFORMATION Bease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervisor 108/2009 02/2013 Client Relations Manager Total Coordination Professionals Tabular 102/2008 06/2009 Project Manager Kimco Corporation Veronica of Odd/2006 11/2007 Office Manager GMAS Mortgage Susan Odd/2006 11/2007 Office Manager GMAS Mortgage Sus	Ary crime? C Yes No Ariding the details of any and all convictions. Attach additional pages, if necessary Charge Disposition al pages, if necessary, utilizing the format below. Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	Average was a state, federal, or military crime? Cyes No Fyes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necestilizing the format below. Date Municipality Charge Disposition EMPLOYMENT INFORMATION Lease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervisor Name 08/2009 02/2013 Client Relations Manager Total Coordination Professionals Tabula Lowe 08/2008 06/2009 Project Manager Kimco Corporation Veronica Cardenas 04/2006 11/2007 Office Manager GMAS Mortgage Susan White EPRIOR DISCIPLINARY ACTION ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to isociplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below, attending a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to isociplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below, attending the format below. PRIOR DISCIPLINARY ACTION Name of License State City Reason for suspension, revocation or cancellation	-							_			
Fyes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional utilizing the format below. Date Municipality Charge Disposition Charge Dispositi	Charge Disposition al pages, if necessary, utilizing the format below. Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	Types, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necestilizing the format below. Date Municipality Charge Disposition EMPLOYMENT INFORMATION lease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervisor Name 08/2009 02/2013 Client Relations Manager Total Coordination Professionals Tabula Lowe 08/2009 06/2009 Project Manager Kimco Corporation Veronica Cardenas 04/2006 11/2007 Office Manager GMAS Mortgage Susan White PRIOR DISCIPLINARY ACTION are you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to sciplinary action? Or Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below, attended to the page of the format below. Reason for suspension, revocation or cancellation Name of License State City Reason for suspension, revocation or cancellation	f yes, attach	one of the fo	llowing as proof	of citizens	hip US Passi	port, Voter's	Certificate,	Birth Certificate	or Natura	alization Papers.	
Date Municipality Charge Disposition LEMPLOYMENT INFORMATION Lease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervise 08/2009 02/2013 Client Relations Manager Total Coordination Professionals Tabula 02/2008 06/2009 Project Manager Kimco Corporation Veronica (04/2006 11/2007 Office Manager GMAS Mortgage Susant 05. PRIOR DISCIPLINARY ACTION Lave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was isciplinary action? Cyes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the	Charge Disposition al pages, if necessary, utilizing the format below. Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	Date Municipality Charge Disposition EMPLOYMENT INFORMATION lease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervisor Name 08/2009 02/2013 Client Relations Manager Total Coordination Professionals Tabula Lowe 02/2008 06/2009 Project Manager Kimco Corporation Veronica Cardenas 04/2006 11/2007 Office Manager GMAS Mortgage Susan White DEPRIOR DISCIPLINARY ACTION ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to isospiniary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below, attended to the provided of the provided in this application is true and accurate:					•						
Date Municipality Charge Disposition C.EMPLOYMENT INFORMATION Ilease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervise 08/2009 02/2013 Client Relations Manager Total Coordination Professionals Tabula 02/2008 06/2009 Project Manager Kimco Corporation Veronica of Manager GMAS Mortgage Susan of Manager	al pages, if necessary, utilizing the format below. Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	Date Municipality Charge Disposition EMPLOYMENT INFORMATION Lease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervisor Name Date Date Position Professionals Tabula Lowe Date Date Date Project Manager Rimco Corporation Veronica Cardenas Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date D	f yes, fill out	the table be	low and attach ar	n affidavit	providing th	ne details of	any and all c	onvictions. Atta	ıch additi	onal pages, if nece	
EMPLOYMENT INFORMATION lease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date	al pages, if necessary, utilizing the format below. Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	EMPLOYMENT INFORMATION					<u></u>						
Start Date End Date Position Employer Supervisor	Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	lease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date	Date	Date Municipality		Charg				Dispositio	on		
Start Date End Date Position Employer Supervisor	Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	lease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date	1					S S					
Start Date End Date Position Employer Supervisor	Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	lease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date											
Start Date End Date Position Employer Supervisor	Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	lease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date											
Start Date End Date Position Employer Supervisor	Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	lease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date											
Start Date End Date Position Employer Supervisor	Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	lease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date											
Start Date End Date Position Employer Supervisor 08/2009 02/2013 Client Relations Manager Total Coordination Professionals Tabula 02/2008 06/2009 Project Manager Kimco Corporation Veronica Co 04/2006 11/2007 Office Manager GMAS Mortgage Susan Co 04/2006 PRIOR DISCIPLINARY ACTION ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that waisciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the	Employer Supervisor Name Total Coordination Professionals Tabula Lowe Kimco Corporation Veronica Cardenas GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	Start Date End Date Position Employer Supervisor Name 08/2009 02/2013 Client Relations Manager Total Coordination Professionals Tabula Lowe 02/2008 06/2009 Project Manager Kimco Corporation Veronica Cardenas 04/2006 11/2007 Office Manager GMAS Mortgage Susan White 04/2006 Sus				++ - ch - ddi	itional nagge	- :6	المالية المنات المالية	h - f t			
O8/2009 O2/2013 Client Relations Manager Total Coordination Professionals Tabula O2/2008 O6/2009 Project Manager Kimco Corporation Veronica CO O4/2006 11/2007 Office Manager GMAS Mortgage Susan CO O4/2006 DISCIPLINARY ACTION OA PRIOR DISCIPLINARY A	Total Coordination Professionals Kimco Corporation GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	D8/2009 02/2013 Client Relations Manager Total Coordination Professionals Tabula Lowe D2/2008 06/2009 Project Manager Kimco Corporation Veronica Cardenas D4/2006 11/2007 Office Manager GMAS Mortgage Susan White D. PRIOR DISCIPLINARY ACTION ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to isciplinary action? Organical Professionals Tabula Lowe D4/2006 Susan White D. PRIOR DISCIPLINARY ACTION ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to isciplinary action? Organical Professionals Tabula Lowe D4/2006 Susan White D4/2006 Susan White D5/2007 Office Manager GMAS Mortgage Susan White D6/2007 Office Manager GMAS Mortgage Susan White D6/2008 Susan White D6/2008 Susan White D7/2008 Office Manager GMAS Mortgage D7/2008 Office Manager GMAS M					luonai pages						
02/2008 06/2009 Project Manager Kimco Corporation Veronica Co. 204/2006 11/2007 Office Manager GMAS Mortgage Susan	Kimco Corporation GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	D2/2008 06/2009 Project Manager Kimco Corporation Veronica Cardenas D4/2006 11/2007 Office Manager GMAS Mortgage Susan White D4/2006 11/2007 Office Manager GMAS Mortgage Susan White D4/2006 PRIOR DISCIPLINARY ACTION Ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to isciplinary action? CYES No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below. The part of th					Total						
O4/2006 11/2007 Office Manager GMAS Mortgage Susan of the property of the prop	GMAS Mortgage Susan White the manager of, a license to sell alcoholic beverages that was subject to at the table. Attach additional pages, if necessary, utilizing the format below.	Office Manager GMAS Mortgage Susan White Description Disciplinary ACTION ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to isciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below, attended to the page of the		 			101a			nais	Tabula Lowe		
2. PRIOR DISCIPLINARY ACTION ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that wa isciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the	the manager of, a license to sell alcoholic beverages that was subject to It the table. Attach additional pages, if necessary, utilizing the format below.	PRIOR DISCIPLINARY ACTION ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to isciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below, ate of Action Name of License State City Reason for suspension, revocation or cancellation The provided in this application is true and accurate:						Kimco Co	rporation		Veronica Cardenas		
ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that wa isciplinary action? OYes ONO If yes, please fill out the table. Attach additional pages, if necessary, utilizing the	it the table. Attach additional pages, if necessary, utilizing the format below.	ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to isciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below, ate of Action Name of License State City Reason for suspension, revocation or cancellation	04/2006	11/2007	Office Manager			GMAS M	ortgage		Susan White		
ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that wa isciplinary action? OYes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the	it the table. Attach additional pages, if necessary, utilizing the format below.	ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to isciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below, ate of Action Name of License State City Reason for suspension, revocation or cancellation											
ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that wa isciplinary action? OYes ONO If yes, please fill out the table. Attach additional pages, if necessary, utilizing the	it the table. Attach additional pages, if necessary, utilizing the format below.	ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to isciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below, ate of Action Name of License State City Reason for suspension, revocation or cancellation											
ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that wa isciplinary action? OYes ONO If yes, please fill out the table. Attach additional pages, if necessary, utilizing the	it the table. Attach additional pages, if necessary, utilizing the format below.	ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to isciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below, ate of Action Name of License State City Reason for suspension, revocation or cancellation	PRIOR DISC	IPI INARY AC	TION						-		
Cites (© 140 S.)		ate of Action Name of License State City Reason for suspension, revocation or cancellation ereby swear under the parts and penalties of perjury that the information I have provided in this application is true and accurate:	ave you held	d a beneficial	or financial inter	est in, or b	een the mar	nager of, a li	cense to sel	l alcoholic beve	rages tha	t was subject to	
ate of Action Name of License State City Reason for suspension, revocation or cancellation	Reason for suspension, revocation or cancellation	ereby swear under the gains and penalties of perjury that the information I have provided in this application is true and accurate:	isciplinary a	ction? OYe	es ⓒ No lf ye	s, please f	ill out the tal	ble. Attach a	idditional pa	ages, if necessar	y,utilizing	g the format below	
			ate of Actior	n Name	e of License	State	City	Reason for	suspension,	revocation or c	ancellatio	on	



TOWN OF MILFORD, MASSACHUSETTS OFFICE OF INFORMATION TECHNOLOGY INFORMATION TECHOLOGY DIRECTOR

TOWN HALL 52 MAIN STREET, ROOM 8 MILFORD, MASSACHUSETTS 01757

Telephone (774) 462-3328 Fax (508) 634-2324 E-Mail: cgeorge@townofmilford.com

E-Mail: adiorio@townofmilford.com

CHRISTOPHER W. GEORGE INFORMATION TECHNOLOGY DIRECTOR

ANDREW DIORIO
SYSTEMS ADMINISTRATOR

MEMORANDUM

TO: Board of Selectmen

FROM: Christopher George, Information Technology Director

DATE: September 10, 2020 RE: Security Camera Information

The following is for the Board's information:

Town Hall and Memorial Hall are in the process of having a security camera system installed. With the increasing concerns over violent behavior, active shooter/shelter in place scenarios, bomb threats, B&E / theft, being blind as a first responder is the last thing anyone needs. Not to mention the protection this offers to our staff and the community when business is being performed on a day to day basis. We have also had issues with illegal, hazardous material dumping at our dumpster in the parking lot, nighttime suspicious activity, and kids climbing on the stairs and ramp areas.

These cameras only record video. These cameras do not record audio. In the state of Massachusetts, there is a "two-party consent" law. The law states that you need the consent of both parties to legally record a conversation.

Facilities Director, Town Administrator, 911 Dispatch, Police Chief and Fire Chief are to be given access upon completion unless otherwise requested. This system is being recorded two ways; one through a network video recorder (NVR) with a rolling 6-month backup and the other through a cloud-based recording with a three-month backup as redundancy. Any issue reported, would be downloaded as a clip, and stored on a network folder for a period of no more than 7 years unless otherwise requested.

All the internal cameras only cost about \$60 each. There will be 4 outdoor PTZ (pan/tilt/zoom) cameras on the corners of Town Hall which cost about \$350 each. The PTZ cameras which will automatically pan and zoom areas of interest based on motion.

Town Hall will have a total of 20 high definition cameras being installed. Memorial Hall will only have 8 cameras.

Town Hall indoor coverage areas: upper town hall, upper town hall doors/stairs, basement and 1^{st} floor town hall lobbies, clerk's entrance door, court street entrance (upper and lower levels), basement and 1^{st} floor hallways, basement mechanical rooms, and upper town hall mechanical and sprinkler systems.

Town Hall outside coverage areas: 4 corners of Town Hall using the PTZ cameras and back alley egress door camera.

Memorial Hall coverage areas: upper and lower level common areas, bulkhead door, access doors, museum, outdoor ramp, and outside stairs.

A camera diagram will be supplied to the Board, Police, Fire and 911 Dispatch upon completion.

Thank You

PLEASE SEE SAMPLE IMAGES ON SECOND PAGE

Sample Indoor Views:







Planned Outdoor Cameras:





2-14-20

DEPARTMENT HEAD REVIEW FORM

	Name of Business:		•		
2.	Business Address:	122 East Ma	in Street		
	Assessors ID#:	Map _42	Block 0 Lo	t_266 CB ZONI	E _
3.	Has applied for: AMENI CHAN	DMENT TO CO		ALLER LICENSE	;-
4.	Selectmen will take acti	ion on: S e	ptember 14, 2	020	
5.	Hearing Continued/Pos	stponed/MGL I	Deadline:		
	Abutters Notified:				
7.	Inquiry Sent To Dept.	Heads on:	_9/3/2020		
8.	Please Respond By:	_9/9/2020			
9.	License Approved:	Denied:	Tabled:	On	
Restr CONF	ing Commissioner: (Zoroom Handicap Access, eforming BUILDING	tc) CB ZONE, I	NO VIOLATION	s, pre-existin	
Town	Planner: (Site Plan/Spe)
Ф С	Na 11 a a 4 a a 2 (O a 4 a 4 a a 1 a a 2		NGE OF ACTUA	AL USE	
Tax C	Collector : (Outstanding '	•	TSTANDING TA	VPC	
		NO OU	ISTANDING TA	MES	
Town	Treasurer: (Outstandin	g Tax Liens) N	ONE		
Fire (Chief: (Information/Com	ment) APPRO	VED		
	e Chief: (Information/Conal Offense Record Info:	,		proved [
Board	of Health: (Information	n/comment) N	O VIOLATIONS	;	
Sewe	r Commission: (Informa	tion/Commen	t)		
Milfo	rd Water Company: (In	formation/com	nment)		
Comr	nission on Disability: (I	nformation/co	mment)		
	Head Signature:				
	act Name/Manager: Cas			***************************************	

Phone: 508-933-8147_e-mail: ncbviana@yahoo.com

MILFORD BOARD OF SELECTMEN

Room 11, Town Hall, 52 Main St. (Route 16), Milford, Massachusetts 01757-2679 508-634-2303 Fax 508-634-2324

www.milfordma.gov

$\frac{\textbf{LICENSE APPLICATION}}{(\textit{CHECK ONE})}$

000			NEW LICENSE
			KISTING LICENSE
	AMENDI	MENT TO E	XISTING LICENSE (Change of operating days/hours, describe on reverse
	Change of R	ocation, etc.)	describe on reverse
1 AUCT	IONEER	11.	LIVE ENTERTAINMENT (describe on reverse)
2 BOAR	DING HOUSE	12.	AUTOMATIC AMUSEMENT
3BOWI	ING ALLEY(S)		(Coin-Operated Games)
	ION VICTUALLER	13.	TRANSIENT VENDORS
	JNE TELLER	14.	CARNIVAL/CIRCUS
-	ERS/PEDDLERS		Location:
7 INNH		15.	CHRISTMAS TREE SALES
	TABLES		\$ VALUE OF GOODS
	AND/ANTIQUE DEALER	16.	CLASS I (NEW CARS)
10. PAWN	BROKER		CLASS II (USED CARS)
			CLASS III (JUNK CARS) - Public Hearing Required
			(Describe on Reverse)
		17.	WORKERS COMPENSATION IF NEEDED
	SEE ADDITIONAL	INFORMAT	TION REQUIRED BELOW
BUSINESS NAME:	CASSIA'S RES	TAURA	NT TNC.
BUSINESS ADDRES	s: 122 EAST	MAIN	ST MILFORD MA
DAYS/HOURS OF O	PERATION		
	(Some Sun	day licenses	may require approval of State DPS)
under penalties of perjury, required under law.	ply for this license in accordance that, to the best of my/our kno	wledge and be	ovisions of all Statutes relating thereto. I/We further certify, elief, I/We have filed all state tax returns and paid all state taxes
	F:		5. 6 0
WIAILING ADDRESS	<u>C </u>	<u> </u>	<u> </u>
EMAIL ADDRESS: _	NebuiANA e	YA HOO	· COM
APPLICANT'S DATE	OF BIRTH: 01/2	7/196	1
72	Or		
Social Security No.			Federal Identification No. (Mandatory)
3	Q - N		rederal rachtmeation ivo. (wrandatory)
APPLICANT'S SIGNA		- 22	DATE: 09 11 2020
Carris X	(Individual or Corpora	ite Officer)	TOR 9228141
Type or print name on this	line	NVC.	Daytime Telephone Number
J1 P			Daytime Telephone Number
IMPORTANT: Read thi License # Above	s section carefully. Provide	required info	ormation on reverse side. Additional Information Required:
	Provide copy of State and/or Co	ounty Auction	eer's License
3, 8, 12	Indicate number of alleys, pool	tables and nu	mber and types of coin-operated games
6, 9, 10, 13	Request Town By Laws, whic	ch states app	plicant's responsibility
6, 13	Describe in detail: type, qua	ntity, and co	ost (to you) of goods to be offered for sale
11]	Describe in detail: type of liv	ve entertainr	nent to be licensed
14	Applicant must request and	agree to abic	le by established policy
CONTIN	IUE APPLICATION 1	PRACES	S ON REVERSE SIDE OF THIS FORM

TRANSFERS: Proposed new owner should complete application form. Current license holder must sign below,

ADDITONAL REQUIREMENTS:

- * This application must be returned with all required documents at least <u>two weeks prior to a scheduled Selectmen's Meeting</u>
- *License will not be issued unless Tax Certification Clause is signed by the applicant.
- *License will not be issued unless all local (Town of Milford) taxes and assessments are paid by the business entity and/or all principals involved in the business activity.
- *License will not be issued without Workers Compensation Affidavit
- *Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Chapter 62A, Section 49A of the Massachusetts General Laws.

Effective Monday, September 14, 2020, the Milford Town Hall hours will change, with all offices open until 6:30 PM on Wednesdays, and open 8:30 am - noon on Fridays.

Additional office hours are as follows:

All offices on the first floor will be open from 8:30 – 5:00 Monday, Tuesday and Thursday. These offices include: Town Administrator, Town Clerk, Assessor, Tax Collector, Legal, Benefits, Retirement, Accounting and Treasurer.

All offices on the ground floor will be open as follows: Monday and Tuesday: 8:00-4:30 and Thursday 8:00-4:00.

All hours will be posted on the Town website at www.milfordma.gov

All first-floor departments and Human Resources:

Accounting, Assessor, Benefits, Legal, Retirement, Selectmen, Tax Collector, Town Clerk, Treasurer

Monday: 8:30 - 5:00
Tuesday: 8:30 - 5:00
Wednesday: 8:30 - 6:30
Thursday: 8:30 - 5:00
Friday: 8:30 - 12:00

Ground floor offices:

Health, Inspections, IT, Planning and Engineering, Veterans

Monday: 8:00-4:30Tuesday: 8:00-4:30Wednesday: 8:00-6:30Thursday: 8:00-4:00Friday: 8:30-12:00



From:

Geri Eddins <geri@eddins.net>

Sent:

Friday, August 21, 2020 10:33 AM

To:

Richard Villani

Cc: Subject: Bryan Cole
Request to Appoint New Member to Cultural Council

Attachments:

Gary Bonetti Talent Bank Application.pdf

Good morning,

I would like to request that the Board of Selectmen appoint Mr. Gary Bonetti as a new member to the Milford Cultural Council. He is a former member of the council, and he is eager to work with us again. His appointment will fill our remaining vacant seat and bring our membership to our maximum of 13 as stipulated in our rules and regulations.

Could you please include this appointment request on the agenda at an upcoming BOS meeting? Mr. Bonetti's talent bank application is attached.

Thank you for your help with this matter.

All best,

Geri

Geri Eddins, Chair Milford Cultural Council

Email: <u>CulturalCouncil@TownofMilford.com</u>
Web: <u>milfordma.gov/milford-cultural-council</u>



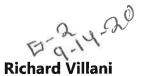
MILFORD BOARD OF SELECTMEN

Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757 508-634-2303 Fax 508-634-2324

APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

If you would like to serve on any of the local government boards whose members are appointed by the Board of Selectmen, please complete this application, providing all information requested, and return to the Board of Selectmen at the above address. Your application will remain on file for **three years**. If you have not had an opportunity for appointment within that time period, please reapply, so that your application can remain current. Thank you for your interest. (All information required on this form should be typed or printed clearly.)

be typed or printed clearly.)	
YOURNAME GARY BONET	11
YOUR ADDRESS 64 CONGRESS	5° ST MILFORD, MA
TELEPHONE NO. FOR WEEKDAYS (508-517-	-7475 & EVENINGS()
EMAIL ADDRESS BONETTIO	COMCAST, NET
PLEASE INDICATE BELOW, INFORMATION PERTINENT INTERESTS WHICH WOULD BE RELEVANT TO THE BO	TO YOUR EDUCATION, EXPERIENCE, AND/OR ARD)S_ YOU HAVE CHOSEN.
EDUCATION M.EP. BOSTON	COLLEGE
75 S. A.	R-MILFORD ARTS LOTTER
- RAN NON - PRO	FIT MUSIC VENUE W MIL
INTERESTS ART, MUSIC	PHOTOGRAPHY, SPORTS
Please indicate below if you are a Town Employee or serve	on any Town Board.
Please place "x" beside the Board(s) on which you	are interested in serving:
Cedar Swamp Pond Development Committee Commission on Disability Community School Use Committee Conservation Commission Council on Aging Fair Housing Committee Finance Committee	Historical Commission Industrial Development Commission Memorial Hall Cultural Center Committee Milford Cultural Council (formerly Arts Lottery Council) Milford Geriatric Authority Milford Youth Commission Personnel Board Zoning Board of Appeals Other (Describe Below)
7-21-00-	. 79100
FOR OFFICE USE ONLY: Date Rec'd /-3 490 Recol	tion



From:

Joseph Zacchilli

Sent:

Monday, August 24, 2020 9:10 AM

To:

Richard Villani

Cc:

Matt Marcotte

Subject:

Permit fee waiver for MHS replacement ovens in kitchen.

Good morning Mr. Villani

I have received a gas permit application for the replacement of eight ovens in the MHS cafeteria. Before I can issue this permit I believe I would need a letter from the Board of Selectman for the permit fee waiver.

Thank you Joseph Zacchilli Town of Milford Plumbing and Gas Inspector

	MASSACHUS	ETTS (JNIFC	RM A	PPLI	CATIC	N FO	RAPE	ERMIT	TO P	ERFO	RM P	LUMB	ING V	VORK	
	CITY/TOWN /// JOBSITE ADDRESS / OWNER ADDRESS /	ord	A(2)			MA	DATE	9/	4/2	0		PERM	IT #			
Same	JOBSITE ADDRESS	10	Con	gre	ss e	St.			OWN	ER'S N	AME]	TO60-	1 00	PM	//-	ard
P	OWNER ADDRESS 1	300	ok	sid	e	Sc	hoo		TEL.57	58-9	178-	1/77	Z FAX		10	
TYPE OR PRINT	OCCUPANCY TYPE											NTIAL [
CLEARLY	NEW: ☐ RENOVATION: ☐ REPLACEMENT: ☑ PLANS SUBMITTED: YES ☐ NO											D 🗆				
FIXTURES 7	FLOOR→	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BATHTUB																
CROSS CONNEC																
	CIAL WASTE SYSTEM															
DEDICATED GAS	S/OIL/SAND SYSTEM															
	AY WATER SYSTEM	-				_										
	TER RECYCLE SYSTEM															
DISHWASHER	TER NEOTOLL STSTEW															
DRINKING FOUN	ITAIN															
FOOD DISPOSER																
FLOOR / AREA D																
INTERCEPTOR (I	INTERIOR)															
KITCHEN SINK																
LAVATORY																
ROOF DRAIN																
SHOWER STALL																
SERVICE / MOP S	SINK															
TOILET																
URINAL																
	INE CONNECTION		\ A													
WATER HEATER	ALL TYPES		X													
WATER PIPING OTHER			_													
UINER																
									-							
					-						-					
		1		INSL	JRANC	E CO	VERAG	iF:								-
I have a current <u>liability</u> insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142. YES NO IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW LIABILITY INSURANCE POLICY OTHER TYPE OF INDEMNITY BOND OWNER'S INSURANCE WAIVER: I am aware that the licensee <u>does not have</u> the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application <u>waives</u> this requirement.																
S	IGNATURE OF OWNER O	R AGE	VT						CHE	CK ON	E ONL	Y: OV	/NER [A(SENT [
I hereby certify that and that all plumbi	at all of the details and informing work and installations peate Plumbing Code and Cha	mation I	have su	the perr	nit issue	red reg ed for th	arding tl is applic	his appli cation w	ication a	re true complia	and ac	curate to	the be	st of my rovision	knowle of the	dge
PLUMBER'S NAM	NE Thomas C)	Yain	n		_, LIC	ENSE	# <u>M</u> 9	160	_4	TV	127	SIGNA	TURE	eni	~_	
MP ☒ JP [CORPORATION	_#_	01		111	PART	NERSH	IP 🗌 #				LLC	#			
COMPANY NAME	Buddy Mair	in	Mg	15	MA	ADD	RESS_	104	, _	Sea	vei	1	Ct	-		
CITY MITTE	ird O'		_ \$	TATE !	12	ZIP_	017	57		T	EL <u></u>	508	-47	13-8	116	_
FAX	CEL	L			(1)	E	MAIL,									

(2) (a) (d) (d)	MASSACHUSE	ETTS U	NIFOF	RM AF	PPLICA	ATION	I FOR	A PEI	RMIT	ГО РЕ	RFOF	RM GA	S FIT	TING	WORK	(
	CITY Milford JOBSITE ADDRESS / OWNER ADDRESS /	d	 			P	/IA DA	TE 9	14%	20	PE	RMIT#				
3055.400	JOBSITE ADDRESS /	16	Con	gres	's Si	<u> </u>		OWN	ER'S NA	AME	Tole	no	fx	lilf	ora	<u>/</u>
G	OWNER ADDRESS 7	3roc	ks	ide	5	ch	00/		TE	L 50	8-47	8-11	77	FAX		
TYPE OR PRINT	OCCUPANCY TYPE															
CLEARLY	NEW: RENOVAT	TION:	R	EPLAC	EMENT	X				Р	LANS S	SUBMIT	TED: \	/ES	NO	X
	FLOORS→	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BOILER		-	-		-500		1000	and the	Londonii.		-		L			West
BOOSTER CONVERSION I	DUDNED		-		LICE I			-		-		1000		-		
COOK STOVE	BURNER	-	-		-						-	-				
DIRECT VENT	HEATER									_		-				
DRYER										-						
FIREPLACE						A. Series							7			
FRYOLATOR													1000			
FURNACE											5					
GENERATOR																
GRILLE											a luth					
INFRARED HEA		16.4500			Segment (in the	100		
LABORATORY ((3-11-4					25,	
MAKEUP AIR UI OVEN	NI I	h		4			N	i i i i i i i i i i i i i i i i i i i	-	-		-				-
POOL HEATER		-		-		-	2-71	-	-			7-11-07-5				
ROOM / SPACE	HEATER			OT		-		-		-		-				
ROOF TOP UNI			X174274111			- Comm	-	ionunca.	Jimes -			twill leave	elenavy.			
TEST		-							11000114							
UNIT HEATER				3 -												
UNVENTED RO	OM HEATER															
WATER HEATER	R		X													
OTHER																enny 9 Rengant
	- P	-										-1				
				La L	NI IDANI	05.00	VED 4.0	1 115	7					The state of		
I have a current	<u>liability</u> insurance policy	or its s	ubstan		SURAN uivalent				uireme	nts of	MGL. C	h. 142	YE	s X	NO O	
I IF YOU CHECKE	D YES, PLEASE INDICATE 1	THE TYPE	OF CC	VERAG	SE BY C	HECKIN	IG THE	APPROF	PRIATE	вох ве	LOW					
	LIABILITY INSURA	NCE PO	LICY	X		OTHE	R TYPE	INDEN	INITY			BOND				1
OWNED & INCH	RANCE WAIVER: I am aw	iaro that	the lie	nneon (done no	at havo	the inc	uranco	COVORS	ao roa	uirod b	w Chan	tor 142	oftha		
	General Laws, and that m										uneu n	y Gilap	IGI 142	OI tile		
	·					-					<i>F</i> .2		-		nii cam	201
	OLONIATURE OF OWNER	00.405	UT				1	1	CHEC	K ONE	ONLY	: OW	NER	AG	ENT _	
	SIGNATURE OF OWNER at all of the details and infor			hmitted	l or anto	red rea	amino H	his anni	ication a	re true	and acc	rurate to	the ho	et of mi	knowle	dne
and that all plumb	ing work and installations parter Plumbing Code and Ch	erformed	under	he pen	nit issue											dge
PLUMBER-GASF	FITTER NAME Thoma	s C	Mai	nini		LI	CENSE	#119	160	/	, .	SIGI	VATUR	E		n en
MP X MGF	JP JGF LP	1		- 1	ATION	#		P	ARTNE	RSHIP	#	- 19	Ll	.C #		
COMPANY NAMI	E Buddy 1	13:0	ini	PIX	ADDR	ESS	104	B	COV	er	St					
CITY Mily	ord	l	. I. r	U	STATE	Ma	_ ZIP	01'	7.57	TEL	-	- X				.J.
FAX	CELL	E	MAIL		er varetre		erezen e	v	**************************************		-1-2					i



MILFORD POLICE DEPARTMENT

Michael A. Pighetti Chief of Police

250 Main Street * Milford, MA 01757 * Tel. (508) 473-1113 * Fax (508) 634-2346

TO:

Richard Villani

FROM:

Michael A. Pighetti, Chief of Police

DATE:

August 31, 2020

For

RE: Request To Install Crosswalk (Depot St. @ Whitney St.)

Dear Mr. Villani,

Upon receipt of a request from a neighborhood resident requesting a crosswalk at the intersection of Depot & Whitney Sts., I remit the following recommendation:

In collaboration with Highway Surveyor Scott Crisafulli and Town Engineer Michael Dean, we investigated the proposed site. Quickly we realized there was no safe place to cross Depot St. from Whitney St. One critical piece missing is a sidewalk on the westerly side of Depot St. which would provide safe access to existing crosswalks at Forest or Fruit Sts.

Vehicle and pedestrian traffic observations were conducted, along with Engineer's and Surveyor's assessments. All respective Department's concur that to provide safe pedestrian crossing would require the installation of a crosswalk. During our initial review, it was discovered that the correct curb-cut is already in place. This will significantly reduce the installation time as a large portion of required construction has been done.

In the interest of public safety, the best and most cost effective solution is to add two white painted crosswalks at Depot & Whitney Sts. as follows:

- 1) Across Depot St. connecting the southerly sidewalk on Whitney St. to the easterly sidewalk on Depot St.
- 2) Across Whitney St. connecting the northerly sidewalk to the southerly sidewalk at the intersection with Depot St.

NOTE: A measure of reconstruction will be necessary to accommodate ADA compliant Handicap Ramps at this location.

Thank you for your time and consideration of this request.

Pighetti, Michael

To:

RoselleHiatt@gmail.com

Cc:

Richard Villani; Scott Crisafulli; Michael Dean

Subject:

Request For Crosswalk Installation (Depot St. & Whitney St.)

Good Day Ms. Hiatt:

I am writing today to inform you that, upon investigation of your request, it has been determined that the installation of a crosswalk at Depot & Whitney Sts. is warranted and in the best interest of the public safety. I will be making a formal request at the next Selectmen's meeting scheduled for September 14, 2020. Upon the Board's approval, we will be able to move the process forward.

I would like to take this opportunity to thank you for your interest in the safety of our community and forwarding your request to our attention.

Should you have any questions or concerns please contact us.

Please Be Safe,



Michael A. Pighetti Chief of Police Milford Police Department 250 Main Street Milford, MA 01757 508.473-1113 x3612



Please consider the environment before printing this e-mail.

PUBLIC RECORDS NOTICE: Please be advised that the Massachusetts Secretary of State considers email to be a public record, and therefore subject to the Massachusetts Public Records Law, M.G.L. c. 66 § 10.

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient's and may contain confidential or proprietary information. Any unauthorized review, use, disclosure or distribution is prohibited under the 201 CMR 17 of M.G.L c. 93H. If you are not the intended recipient, immediately contact the sender by reply e-mail and destroy all copies of the original message.

Google Maps



Map data ©2020 , Map data ©2020 20 ft





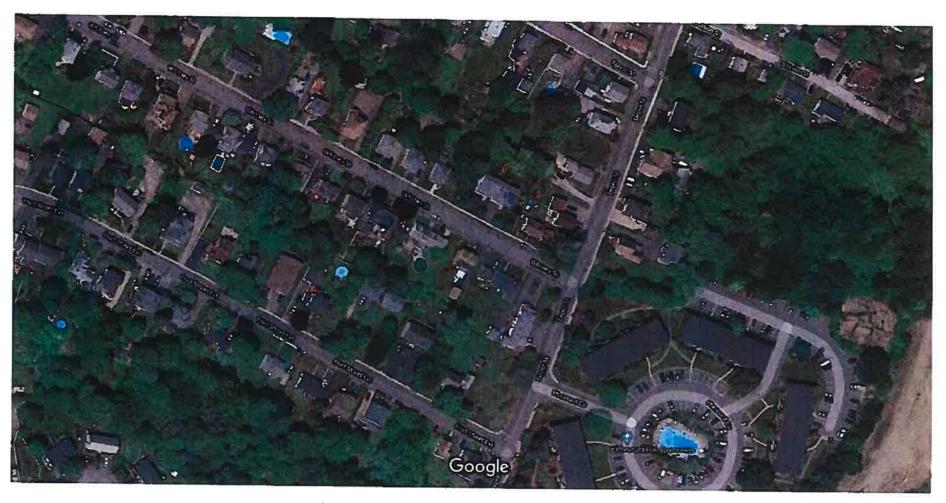
Map data \$2020 , Map data \$2020 23 It



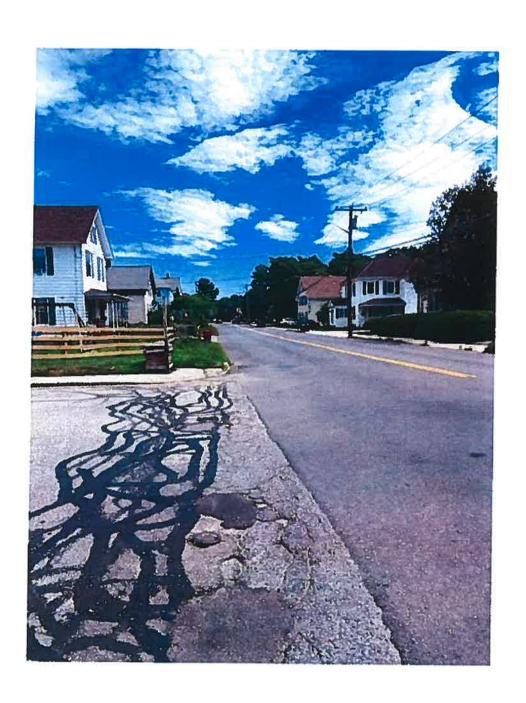


Map data €2020 , Map data €2020 20 ft





Imagery ©2020 MassGIS, Commonwealth of Massachusetts EOEA, Maxar Technologies, Map data ©2020 100 ft





September 1, 2020

Richard A. Villani, Town Administrator Town of Milford 52 Main Street Milford, MA 01757

Dear Mr. Villani:

The position of Milford's Representative to the Metropolitan Area Planning Council (MAPC) is currently vacant. It is my hope that the Town will participate on the Council by appointing a Representative for a three-year term, and I have outlined this process below.

In accordance with the provisions of Massachusetts General Laws, Chapter 40B, Section 24, when the term of an appointed member expires, his/her successor shall be appointed for a term of three years. This term should commence on the date of appointment and must comply with the statute in order to be considered valid. The Board of Selectmen is the appointing authority for the Town of Milford.

We recommend that the Town select an elected or appointed official or resident who can effectively represent Milford's interests in the region, and who will appropriately report back to the Town on MAPC's projects and policy priorities.

In keeping with MAPC's ongoing efforts to diversify our staff and members of the Council, we always appreciate it if an appointing authority can give due consideration to candidates who might help MAPC to reflect more accurately the population of our region, and for those reasons, we especially encourage you to consider appointing a woman or person of color.

Please be aware that in the capacity of Council Representative, individuals hold a statutory office and are considered to be special state employees within the meaning of various statutes, including the Conflict of Interest Law.

This is an exciting time for smart growth and regional collaboration and MAPC is rising to the challenge:

- MetroFuture: Making a Greater Boston Region, our long-range regional plan, was adopted in 2008, and the region has changed a great deal in the intervening 10 years. We are now working to update the plan to incorporate the significant changes in demographics, land use, market forces and technologies that are transforming our region and will be releasing our MetroCommon plan in 2020. We have had the good fortune to receive funding resource to help achieve the goals of the MetroFuture plan and we are excited to update it and create a vision that will serve as a roadmap for a sustainable and equitable region.
- MAPC provides top-notch technical assistance to its member communities drafting zoning bylaws, preparing applications to state government, helping communities to prepare for natural or human-caused disasters, protecting water supplies, establishing 40R or 43D districts, etc. We assist our communities to develop and implement all manner of plans, including housing, economic

development, open space protection, and/or downtown vibrancy. Often, MAPC can cover all or part of the costs of these efforts.

- MAPC does not stand still. In recent years we have added new programs for our members, covering topics such as clean energy, public health, arts and culture planning, food policy, and "aging in place." Many cities and towns have taken advantage of these new services, either individually or in concert with their neighbors.
- The Council has an active legislative agenda, overseen by its Legislative Committee. MAPC was actively engaged in successful efforts to expand funding for the Community Preservation Act (CPA), and we continue to work on efforts to reform the state's antiquated zoning and subdivision laws, and to increase transportation funding opportunities for cities and towns.
- As vice chair of the region's Metropolitan Planning Organization (MPO), we play an active role in making sure that the voice of our member communities is heard in regional efforts to program federal transportation funds.
- We continue to assist communities in the bulk purchase of goods and services everything from
 fire trucks to office supplies. Buying as a group keeps the price low and helps to ensure quality
 products and services. We have added many new products and services that are consistent with our
 mission, such as smart parking systems that include smart meters and mobile payment applications;
 local produce, meat and fish for schools; and automated vehicle locator systems for public works
 vehicles.
- We believe that achieving equity is paramount to the long-term economic and social wellbeing of the Metro Boston region and the Commonwealth. MAPC is committed to advancing equity in the region through our organization policies, planning projects, and public policy positions.

You can learn more about MAPC's ongoing activities by consulting our website, <u>www.mapc.org</u>, or you can follow us on Facebook or Twitter.

MAPC takes pride in playing a critical role to promote sustainable growth and inter-local cooperation across the region. We value Milford's involvement in deliberations about the region's physical, social and economic condition, and we need your participation. We look forward to the involvement of your new appointee.

I would also like to point out that the Town has the option of appointing an Alternate member to serve conterminously with the Representative. Details on this process are enclosed with this letter. The Alternate member can vote at all Council meetings on behalf of the City in the absence of the Representative.

Please address any questions regarding the appointment process to Heidi Anderson, Operations Manager, at (617) 933-0764 or handerson@mapc.org. Or, if you have broader questions about the role of MAPC and its Council members, feel free to call me directly at (617) 933-0701, or contact me by email at mdraisen@mapc.org. Thank you for your attention.

Respectfully,

Marc D. Draisen Executive Director

Enclosure



TOWN OF MILFORD

52 MAIN STREET, MILFORD, MASSACHUSETTS 01757 508-634-2317 Fax 508-473-2394 ldunkin@townofmilford.com

Larry L. Dunkin, MCRP

Town Planner

MEMORANDUM

TO:

Board of Selectmen

FROM:

Larry L. Dunkin, MCRP

DATE:

9-9-2020

SUBJECT:

Proposed Zoning Bylaw Amendments

At their regular meeting on 9-8-20, the Planning Board voted to forward the following Zoning Bylaw amendment proposals to the Board of Selectmen for inclusion on the up-coming Special Town Meeting Warrant. The amendments relate to the following:

- 1. Amend Section 3.9 of the Zoning Bylaw relating to Inflatable Signs definition.
- 2. Amend Section 4.1 of the Zoning Bylaw relating to the definition of Massage Parlor.

A full Warrant Article for each proposed amendment is attached hereto. I recommend that you refer these amendments to the Planning Board for public hearing and report to Town Meeting for the 10-26-20 Special Town Meeting.

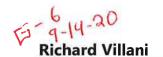
ARTICLE : To see if the Town will vote to amend Section 3.9 <u>Sign Regulations</u> of the Zoning Bylaw relating to Inflatable Signs as noted hereinafter:		
BY ADDING in 3.9.3 Definitions, the words "except for balloons under two feet in diameter." at the end of the current definition of Inflatable Sign.		
Or take any other action related thereto.		
(Planning Board)		
ARTICLE : To see if the Town will vote to amend Article VI Definitions of the Zoning Bylaw relating to Massage Parlor uses as noted hereinafter:		
BY DELETING in Section 4.1 the current definition of Massage Parlor and adopting in lieu thereof the following new definition:		
"Massage Parlor - Any establishment in which a person practices an activity of treating the soft tissues of the body by manipulation with the hands through touching, handling, rubbing, or the use of pressure, friction, stroking, percussion, kneading, or vibration by manual or mechanical means, but excluding an athletic club or gymnasium the primary use of which is physical		

Or take any other action related thereto.

chiropractor, or a licensed physical therapist."

(Planning Board)

conditioning or athletics, or any establishment such as a hospital or medical clinic where such activity is performed by or under the direction of a licensed medical practitioner, a licensed



From:

Jason McLevy < JMcLevy@pda2000.com>

Sent:

Wednesday, September 9, 2020 10:19 AM

To:

Richard Villani

Cc:

Larry Dunkin; Michael Dean; Joe Antonellis

Subject:

1 National Street -signage

Attachments:

1 National St -signs.pdf

Mr. Villani,

Attached is a letter and supporting documents for "NO TRAILER PARKING" signs that have been requested by the Milford Planning Board. I would appreciate your time to read this document and provide direction to move forward. I can be reached by email or my mobile phone number listed below.

Thank you and have a great day,

Jason McLevy Project Captain



16 Huron Drive Natick, MA 01760 Office direct: 508.652.1656 mobile: 508.397.1754 imclevy@dacon1.com



This e-mail transmission may contain information that is proprietary, privileged and/or confidential and is intended exclusively for the person(s) to whom it is addressed. Any use, copying, retention or disclosure by any person other than the intended recipient or the intended recipient's designees is strictly prohibited. If you have received this message in error, please notify the sender immediately by return e-mail and delete all copies.



18 HURON DR VE NATICK, MASSACHUSETTS 01760-1337 TEL 508 651 3600 FAX 508 655 2229 WWW.FDA2360.COM

MEMORANDUM

TO:

Mr. Rick Villani

FROM:

Jason McLevy

DATE:

September 9, 2020

RE:

1 National Street -requested signage

Mr. Villani,

I am writing to you with regard to the ongoing construction project at 1 National Street. The Milford Planning Board has approved the final stage of the project with a list of conditions which I have attached to this letter. Item #4 calls for "No trailer parking" signs to be placed along National Street. Ms. Janice Coogan at the Highway Department directed us to provide you with a letter requesting approval to do this. Also attached to this letter is a partial site map with proposed sign locations. Please let us know if this is an acceptable plan. If you have any questions or suggestions for alterations, I can be reached directly on my cell phone or email. Thank you for your attention to this matter.

Sincerely,

Jason McLevy

Cc: Larry Dunkin, Mike Dean



PLANNING BOARD OF MILFORD, MASS.

TOWN HALL, 52 MAIN STREET 634-2317

Joseph Calagione John H. Cook Patrick J. Kennelly Marble Mainini, III Lena McCarthy

7-15-2020

Mr. Matt Marcotte Building Commissioner Town Hall Milford, MA 01757

RE: Notice of Site Plan approval with conditions.

Dear Mr. Marcotte:

This is to notify you that, at their regularly scheduled meeting of 7-14-2020, the Planning Board approved with conditions the Site Plan for:

1 National Street - Milford National LLC

The Site Plan concerns: The proposal is to occupy the remodeled warehouse building and redeveloped site as a Parcel Hub warehouse and distribution facility.

The Site Plan was approved subject to the following conditions:

- The owner/applicant shall be responsible for the roadway improvements within the Town's right of way, at the intersection of South Main Street and Depot Street, all of which improvements are shown on the sketch prepared by MDM Consultants, entitled "Conceptual Intersection Improvement Plan" dated July 7, 2020.
- 2. The owner/applicant shall submit a bond to the Town of Milford in an amount of not less than \$115,000.00 to provide funding for the reconstruction of the Depot Street/South Main Street intersection utilizing the design noted above in condition #1 herein.
- 3. The owner/applicant shall submit a bond to the Town of Milford in an amount of not less than \$35,000.00 to provide funding for the possible re-timing and other signalization improvements at the Route 140 Cape Road/South Main Street Intersection.
- 4. The owner/applicant shall post signage on its property in a location where it can be easily seen by Trailer Truck Drivers exiting the Site, which sign shall state "No right turns onto Depot Street". The owner/applicant shall also apply to the Milford Highway Department for permission to install "No Trailer Parking" signs along National Street
- 5. Unless otherwise approved by a Modified Site Plan, the owner/applicant and any tenant of the Site shall be prohibited from having refrigerated trucks running at the site.

- 6. With the exception of tractor trailers scheduled to be loaded or unloaded at the Site, the owner/applicant shall not allow overnight parking of tractor trailers that are not being loaded or unloaded at this site.
- 7. The owner/applicant shall coordinate any new sanitary line installation work in accordance with Milford Sewer Department guidelines and regulations. No new sanitary lines will connect to National Street and shall instead connect to the existing sanitary line within the site.
- 8. The owner/applicant shall conduct a monitoring study of the Cape Road/South Main Street intersection during a weekday morning and weekday evening peak period within 3 months of full occupancy to determine whether signal timing adjustments are warranted based on site traffic conditions.
- The owner/applicant shall clear and trim select vegetation at the National Street/Depot Street intersection to enhance sight lines as shown on the sketch plan prepared by MDM Consultants, entitled "Intersection Sight Distance Analysis" dated July 9, 2020
- 10. The Site Plan shall be clearly labeled as being for a proposed Parcel Hub Warehouse and Distribution Facility.
- 11. To document the information submitted in the Supplemental Traffic Evaluation dated 5-19-2020 prepared by MDM Consultants, the owner/applicant shall devise a 3-year on-site traffic monitoring scheme, to be approved by the Town Engineer, within 3 months of full occupancy.
- 12. The owner/applicant shall install traffic counters at the National Street main truck driveway to be maintained for a period of three years following the date of condition #11 herein, with reports of same to be submitted to the Planning Board every 6 months during said 3-year term.

NO OCUPANCY PERMITS ARE TO BE ISSUED UNTIL ALL SITE WORK IS COMPLETED

Respectfully,

Milford Planning Board

cc: applicant

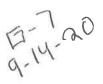
9/9/2020 Google Maps

Google Maps 1 National Street



Imagery @2020 MassGIS, Commonwealth of Massachusetts EOEA, Maxar Technologies, Map data @2020 100 ft

Kevin R. McIntyre, Ed.D. Superintendent of Schools





Kathleen S. Perry
Assistant SuperIntendent
for Business and
Human Resources

Craig A. Consigli
Assistant Superintendent
for Curriculum, Instruction
and Assessment

Milford Public Schools

31 West Fountain Street • Milford, Massachusetts 01757 www.milfordpublicschools.com • Telephone: 508-478-1100 • Facsimile: 508-478-1459

September 3, 2020

Richard Villani, Town Administrator 52 Main Street Milford, MA 01757

Dear Rick,

Please see the attached list of crossing guards, who will need to be sworn in at your earliest convenience.

Thank you,

Kathleen Perry

Assistant Superintendent for Business & Human Resources

NAME	LOC Phone
Brogioli, Richard	508-473-3655
Connolly, Lauris	508-478-6979
Davidson, Paul	508-887-0742
Farrell, Peggy	508-282-0878
Fonseca, Manuel	508-282-0249
Gorbey, Myron	508-381-0364 or 508-282-7305
Iacovelli, Don	508-473-1282
Jackson, Barbara	508-478-2063
Jackson, Toussaint	508-478-2063
Kozlowski, Sue	508-282-0412
Ladeau, Nadine	508-922-9011
Linnell, Gloria	508-314-0322
Lowther, Larry	774-573-2282
Mason, Donna	508-482-0860
O'Neill, Francis	508-473-0169
Whitney, Bill	508-400-1162
Wyspianski, Christine	508-478-2753 or 508-868-3904

REV/ September 3, 2020



MILFORD POLICE DEPARTMENT

Michael A. Pighetti Chief of Police

250 Main Street * Milford, MA 01757 * Tel. (508) 473-1113 * Fax (508) 634-2346

TO:

Richard Villani, Town Administrator

FROM:

Michael A. Pighetti, Chief of Police

DATE:

August 27, 2020

RE:

Public Access To Police Headquarters

Dear Mr. Villani,

Thank you for your inquiry. Public access to the Police Headquarters facility remains as follows:

- 1. Excepting the Main Entrance to the facility, all points of ingress are secure 24/7/365. A Card Access System allows authorized personnel access at all times. This system has been in place since the facility was reconstructed in 1996.
- 2. The Main Entrance is accessible to the public, with restrictions, resulting from the on-going COVID-19 pandemic by way of a doorbell/2-way intercom system that connects directly to the 911 Dispatch Room, staffed by 2 Dispatchers 24 hours a day. NOTE: This equipment recently malfunctioned and has subsequently been replaced with new equipment. It is fully functional at this time with a redundant back up system. Directions to make contact via telephone/cellphone are posted at the entrance in multiple languages.
- 3. Our ability to obtain and record vital Contact-Tracing Information can only be accomplished by limiting who enters the facility and under specifically controlled conditions.
- 4. The Main Entrance, as well as all other points of entry, are monitored by real time video camera capability. Entrances are monitored by Dispatch personnel 24 hours a day.
- 5. Public/Police face-to-face interactions continue to be kept to a minimum and are conducted outside police headquarters in open air settings as much as possible so as to reduce interpersonal exposure as COVID pandemic conditions continue. Equally as important, it limits the virus from entering the facility and potentially contaminating interior spaces and other personnel. You will recall several months ago we had an incident where we had to shut down two floors of the building as a result of a presumed exposure which significantly impacted our ability to function as we would under normal conditions. Several officers were also quarantined for 14 days as a direct result of this single occurrence.

<u>Baby Safe Haven Facility</u>: Police Headquarters is a designated Baby Safe Haven facility. As provided in M.G.L. c.119 s.39 1/2, designated facilities are hospitals, police departments and manned fire stations. Access to these facilities, under the current COVID-19 Pandemic conditions, restricts public entry as follows:

<u>HOSPITAL</u>: (Private Facility) MRMC - During daytime hours, the public has limited access. Hospital personnel require everyone to check in and state their purpose. Entry may or may not be allowed and is decided on a case-by-case basis. Personal information is recorded, in part, for COVID related contact tracing purposes. These points of entry are also manned by uniformed security guards. During off-hours, all points of entry are locked and secured from public access. Entry is only allowed via the main emergency entrance. This location is also manned by uniformed security and hospital personnel who allow entry based upon necessity and only after completing the aforementioned protocols to assure the health and safety of the facility and its personnel.

FIRE STATIONS: (Public Facilities) Spruce Street Station and Birch Street Station are both secure facilities with no public access without authorization. All points of ingress are secure and accessible by fire personnel only. Contact is made via a doorbell/2-way intercom system with personnel inside the facility who ascertain the purpose of the visit. Access is allowed on a case-by-case basis so as to reduce potential exposure to personnel and facilities. When fire personnel respond to calls for service, many times these facilities are locked and unmanned for an undetermined period of time.

Baby Safe Haven facilities are designated, in part, because they are staffed with personnel who are more highly trained and are typically staffed at all times. There are no provisions in the law that require the facility to be unlocked and freely accessible with no restrictions. These designated facilities are publicized locations where a parent of a newborn infant, 7 days of age or less, can be placed in the care of hospital, police or fire personnel safely and securely. As it always has, Police Headquarters continues to be an active and viable Baby Safe Haven facility in lawful compliance.

With respect to Police Headquarters and its personnel, I am proud to report, we remain safe as a direct result of all our COVID protocols. One of these imperative protocols is restricting uncontrolled access to the main lobby. As you are aware, under normal, non-pandemic conditions, the public enjoys free access to the main lobby area where personnel can make contact via a glass partition which can provide a relatively safe environment. The problem exists where we cannot control how many people enter that relatively small lobby area at any given time. People are free to come and go from this area which exposes everyone, employees and the public, to potential infection. More importantly, we have no ability to contact trace these people should it be determined that someone may have been exposed while in our lobby.

Town Hall has recently reopened to the public. Access, however, is greatly restricted. Entry is only allowed via one point of ingress where everyone is immediately stopped at a checkpoint that is staffed at all times the building is open.

An employee is behind a protective Plexiglas partition and engages everyone that enters. Everyone must sign in and state there business prior to being allowed entry.

Police and Fire facilities are not set up to provide the same accessibility safely. Following the Town Hall protocols, police and fire personnel would have to be assigned to entry points at their respective facilities to provide contact protocols and public access. Speaking only as the Head of the Police Department, I would not recommend utilizing already stretched police resources in this manner. It is non-productive and very cost prohibitive. The only identifiable alternative would be to hire additional personnel, as Town Hall was forced to do to reopen safely and in compliance. Please remember, this position would require staffing around the clock, seven days a week.

As you are fully aware, the Police Headquarters facility does not come under the control of the Police Chief. I am simply a tenant and custodian. Decision making authority ultimately comes from the Board of Selectmen through the office of the Town Administrator. For the litany of previously stated safety concerns, it would be my recommendation to continue to manage the COVID protocols currently in place that have a proven record of safety. However, should it be decided to reopen the front entrance at this time, I would respectfully request to be provided with new clearly defined safety protocols for all affected employees who occupy the facility, prior to the order to reopen being made effective. Their safety is paramount to me as well as the safety of the public for which we serve. Any guidance regarding this important concern is greatly appreciated.

In accordance with Governor Baker's COVID-19 Orders and guidance, Police Headquarters has been and continues to remain accessible to the public at all times. As was originally recommended by Milford's COVID-19 Task Force, to secure our public buildings as best as possible, we continue these best practices to protect everyone at the facility to the best of our ability, while providing all services effectively and safely.

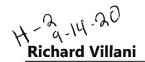
As always, I am available and willing to work to identify a better solution. Any guidance regarding this important concern is greatly appreciated.

Thank you very much for your time and consideration of this matter.

Respectfully,

Michael A. Pighetti Chief of Police

Cc: Files



From:

willkingkade <willkingkade@gmail.com>

Sent:

Tuesday, September 1, 2020 3:18 PM

To:

Richard Villani

Subject:

FW: WSBC Warrant - Approvals Needed

Attachments:

SKM_458e20090112590.pdf

Please add as correspondence to our next meeting agenda and packet.

------ Original message ------

From: billbuckley1 <billbuckley1@verizon.net>

Date: 9/1/20 1:33 PM (GMT-05:00)

To: willkingkade <willkingkade@gmail.com> Subject: FW: WSBC Warrant - Approvals Needed

Dear Mr. Chairman.

Now that the Woodland School building is substantially complete it is my thinking that a member of the current Board of Selectmen would like to take over as a Member and representative to the Board. As you may recall, when Town Meeting first established the Woodland School Building Committee they ensured that it had broad based representation that included a member of the Board of Selectmen. When originally formed, Dino Debartolmeis served the in this capacity until his departure from the Board.

I have enjoyed my time as a member of this committee representing the town and Board of Selectmen and an proud to have served with such a hard working and competent building committee.

Thank you,

Bill Buckley

----- Original message -----

From: Melissa Bullock < mbullock@milfordma.com>

Date: 9/1/20 1:00 PM (GMT-05:00)

To: Richard Villani <rvillani@townofmilford.com>, Jen Parson <jenparson@milfordma.com>, Kevin McIntyre <kmcintyre@milfordma.com>, Contact <billbuckley1@verizon.net>, Richard Villani <rvillani@milfordma.com>, Aldo

Cecchi <acecchi@comcast.net>, Timothy Kearnan <tkearnan@milfordma.com>, Alex Ohannesian

<aohannesian@milfordma.com>, Rob Quinn <rquinn@milfordma.com>, Steve & Rosemary Trettel

<srtrettel@comcast.net>, George Swymer <swymer08@gmail.com>, "Jonathan M. Bruce" <jbruce@armidainc.com>,

Eric Dahlgren <ecdahlgren@verizon.net>, Patrick DiGregorio <pd>cpdigregorio@nordblom.com>, Lena McCarthy

<jfm64@comcast.net>, Pat Kennelly <pat@hillviewequipment.com>

Cc: "Perry, Kathy" <kperry@milfordma.com>, Contact <ztaylor@townofmilford.com>, Rosemary Soderberg

<rsoderberg@milfordma.com>, Melissa Bullock <mbullock@milfordma.com>

Subject: WSBC Warrant - Approvals Needed

Dear Members of the Woodland School Building Committee:

As we have done in the past few months, I am requesting your approval on the attached warrant. Detailed invoices are attached.