MILFORD BOARD OF SELECTMEN: AGENDA
September 23, 2019– 7:00PM, ROOM 03, TOWN HALL

A.) SIGNING OF WARRANT, APPROVAL OF Minutes, September 9, 2019
Executive Session Minutes, September 9, 2019

B.) INVITATION TO SPEAK

C.) PUBLIC HEARINGS*

1. 7:00 PM Superb Cuisine, Inc. D/B/A Tokyo Japanese Steakhouse, re: Transfer of License
2. 7:05 PM Jay Siya Ram, LLC D/B/A La Quinta Inn, re: New Common Victualler License

D.) SCHEDULED APPOINTMENTS

1. Town Treasurer, re: Disposition of Land-Birch Street
2. Town Treasurer, re: Permission to list for sale 9 Westchester Drive, Milford MA (Tax Title Foreclosure)
3. Town Administrator, re: Special Town Meeting Articles

E.) TOWN ADMINISTRATOR'S REPORT

F.) OLD BUSINESS

G.) NEW BUSINESS

1. Sira Naturals, Inc. re: Second Amendment to Community Host Agreement
2. Town Administrator, re: Appointment- Client Services Coordinator- Senior Center
3. Milford Commission on Disability, re: Resignation
4. Milford Commission on Disability, re: Appointment
5. Milford Permanent Firefighters Assoc. in partnership with Tri- Valley Front Runners, re: Permit to Obstruct
6. Milford Firefighters Association, Local 2140, re: Annual Santa Parade
7. Saint Mary of the Assumption Church, re: One Day License

H.) CORRESPONDENCE

I.) EXECUTIVE SESSION

1. Town Counsel, re: Fire Department Collective Bargaining
2. Attorney Patrick Holland, re: Collective Bargaining - MACE Union
3. Attorney Patrick Holland, re: Collective Bargaining-Library Union

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.

C-1
9-23-19

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

APPLICATION FOR A TRANSFER OF LICENSE

Municipality: Milford

1. TRANSACTION INFORMATION

- [x] Transfer of License
- [ ] Alteration of Premises
- [ ] Change of Location
- [ ] Management/Operating Agreement
- [ ] Pledge of Inventory
- [ ] Pledge of License
- [ ] Pledge of Stock
- [ ] Other
- [ ] Change of Class
- [ ] Change of Category
- [ ] Change of License Type (§12 ONLY, e.g. "club" to "restaurant")

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

ASIAN CUISINE WITH DINE IN AND TAKE OUT SERVICES

2. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
On-Premises-12	§12 Restaurant	All Alcoholic Beverages	Annual

3. BUSINESS ENTITY INFORMATION

The entity that will be issued the license and have operational control of the premises.

Current or Seller's License Number: 00009-RS-0706 FEIN:

Entity Name: SUPERB CUISINE INC

DBA: TOKYO JAPANESE STEAKHOUSE Manager of Record: JIAN LIN

Street Address: 121 DEPOT STREET, MILFORD, MA, 01757

Phone: 5084787788 Email: NA

Add'l Phone: N/A Website: tokyosteakhousemilford.com

4. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. If this application alters the current premises, provide the specific changes from the last approved description. You must also submit a floor plan.

TWO-FLOOR RESTAURANT WITH FRONT, SIDE, AND REAR ENTRANCES/EXITS, WITH SEATING ON FIRST FLOOR FOR 48 AT BBQ STATIONS,18 AT SUSHI COUNTER AND 20 AT BAR/LOUNGE AREA, TWO RESTROOMS, STORAGE AREA AND KITCHEN; SECOND FLOOR WITH FUNCTION ROOM, TWO RESTRIINS AND STORAGE.

Total Sq. Footage	6500	Seating Capacity	135	Occupancy Number	150
Number of Entrances	3	Number of Exits	3	Number of Floors	2

5. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

Transferor Entity Name: GREAT DRAGON CORP.

By what means is the license being transferred? Purchase

List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

Name of Principal	Title/Position	Percentage of Ownership
PETER GUANGJIN LI	PRESIDENT	100%

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 corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	SSN	DOB
JIAN LIN	1 OCEANIC TERRACE, ATLANTIC CITY, NJ, 08401		03/02/1986

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
PRESIDENT	50%	○ Yes ◉ No	◉ Yes ○ No	○ Yes ◉ No

Name of Principal	Residential Address	SSN	DOB
YAN BO ZOU	2102 BRIGHTON ST PHILADELPHIA PA 19149		01/16/1976

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
VICE PRESIDENT	25%	○ Yes ◉ No	◉ Yes ○ No	○ Yes ◉ No

Name of Principal	Residential Address	SSN	DOB
HUI YANG	2138 VISTA ST, PHILADELPHIA PA 19152		10/29/1982

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
VICE PRESIDENT	25%	○ Yes ◉ No	◉ Yes ○ No	○ Yes ◉ No

Name of Principal	Residential Address	SSN	DOB
YUNMEI YE	1 OCEANIC TERRACE, ATLANTIC CITY, NJ, 08401		05/26/1988

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
CLERK	0%	○ Yes ◉ No	○ Yes ○ No	○ Yes ◉ No

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST (Continued...)

Name of Principal | Residential Address | SSN | DOB

Title and or Position | Percentage of Ownership | Director/ LLC Manager ◯ Yes ◯ No | US Citizen ◯ Yes ◯ No | MA Resident ◯ Yes ◯ No

Name of Principal | Residential Address | SSN | DOB

Title and or Position | Percentage of Ownership | Director/ LLC Manager ◯ Yes ◯ No | US Citizen ◯ Yes ◯ No | MA Resident ◯ Yes ◯ No

Name of Principal | Residential Address | SSN | DOB

Title and or Position | Percentage of Ownership | Director/ LLC Manager ◯ Yes ◯ No | US Citizen ◯ Yes ◯ No | MA Resident ◯ Yes ◯ No

Additional pages attached? ◯ Yes ◉ No

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions. ◯ Yes ◉ No

MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement. ◯ Yes ◉ No

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes ☐ No ☒ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes ☐ No ☒
If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6Aor 6B ever been suspended, revoked or cancelled?

Yes ☐ No ☒ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

7. CORPORATE STRUCTURE

Entity Legal Structure: Corporation

Date of Incorporation: 06/07/2019

State of Incorporation: Massachusetts

Is the Corporation publicly traded? ○ Yes ◉ No

8. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises: Lease

Landlord Name: YUE WAH REALTY, INC.

Landlord Phone: 8572340760

Landlord Email: N/A

Landlord Address: 783 WASHINGTON STREET, BROOKLINE, MA

Lease Beginning Date: 05/27/2015

Rent per Month: 3500.00

Lease Ending Date: 05/27/2025

Rent per Year: 42000.00

Will the Landlord receive revenue based on percentage of alcohol sales? ○ Yes ◉ No

9. APPLICATION CONTACT

The application contact is the person who the licensing authorities should contact regarding this application.

Name: RUSSELL CHIN, ESQ

Phone: 6174713460

Title: ATTORNEY

Email: RCHIN@CHINFIRM.COM

10. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	0.00
B. Purchase Price for Business Assets	300000.00
C. Other* (Please specify)	0.00
D. Total Cost	300000.00

*Other: (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):"

SOURCE OF CASH CONTRIBUTION

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
JIAN LIN	75000.00
HUI YANG	37500.00
YAN BO ZOU	37500.00
Total:	150000.00

SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
N/A			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No

FINANCIAL INFORMATION

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

SHAREHOLDERS WILL PAY 150000.00 TO THE SELLER IN THREE YEARS ACCORDING TO SHARED INTEREST (JIANLIN PAYS 75000, HUI YANG PAYS 37500. YAN BO ZOU PAYS 37500), PAYMENTS WILL BE MADE MONTHLY (36 PAYMENTS IN TOTAL), AND WITHOUT INTEREST.

11. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge? ◯ Yes ◉ No

Please indicate what you are seeking to pledge (check all that apply) ☐ License ☐ Stock ☐ Inventory

To whom is the pledge being made?

12. MANAGER APPLICATION

A. MANAGER INFORMATION

The individual that has been appointed to manage and control the licensed business and premises.

Proposed Manager Name: JIAN LIN Date of Birth: 03/02/1986 SSN:

Residential Address: 1 OCEANIC TERRACE, ATLANTIC CITY, NJ 08401

Email: jianlin0302@outlook.com Phone: 4144187378

Please indicate how many hours per week you intend to be on the licensed premises: 70+

B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?* (●) Yes ( ) No *Manager must be a U.S. Citizen

If yes, 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? ( ) Yes (●) No

If yes, fill out 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

C. EMPLOYMENT INFORMATION

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name
01/01/2010	12/31/2012	KITCHEN MANAGER	WISCONSIN MILWAUKEE MEJI	MYSELF
01/01/2013	PRESENT	KITCHEN MANAGER	SAKURA	CHRISTINE

D. PRIOR DISCIPLINARY ACTION

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action? ( ) Yes (●) No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Manager's Signature: Jin Date: 6/26/19

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.milford.ma.us.com

LICENSE APPLICATION
(CHECK ONE)

_____ APPLICATION FOR A **NEW** LICENSE
__✓__ TRANSFER OF AN **EXISTING** LICENSE
_____ **AMENDMENT** TO EXISTING LICENSE (Change of operating days/hours, change of location, etc.) *describe on reverse*

1. _____ AUCTIONEER
2. _____ BOARDING HOUSE
3. _____ BOWLING ALLEY(S)
4. __✓__ COMMON VICTUALLER
5. _____ FORTUNE TELLER
6. _____ HAWKERS/PEDDLERS
7. _____ INNHOLDERS
8. _____ POOL TABLES
9. _____ 2ND HAND/ANTIQUE DEALER
10. _____ PAWNBROKER
11. _____ LIVE ENTERTAINMENT (*describe on reverse*)
12. _____ AUTOMATIC AMUSEMENT (Coin-Operated Games)
13. _____ TRANSIENT VENDORS
14. _____ CARNIVAL/CIRCUS
    Location: _____
15. _____ CHRISTMAS TREE SALES
    $_____ VALUE OF GOODS
16. _____ CLASS I (NEW CARS)
    _____ CLASS II (USED CARS)
    _____ CLASS III (JUNK CARS) - Public Hearing Required (Describe on Reverse)
17. _____ *WORKERS COMPENSATION IF NEEDED*

SEE ADDITIONAL INFORMATION REQUIRED BELOW

BUSINESS NAME: SUPERB CUISINE INC

BUSINESS ADDRESS: 121 DEPOT STREET, MILFORD, MA 01757

DAYS/HOURS OF OPERATION MONDAY TO WEDNESDAY 11:30AM TO 9:30PM, THURSDAY TO SATURDAY 11:30AM-1AM,SUNDAY 12:30AM-9:30PM

(Some Sunday licenses may require approval of State DPS)

I/We, the undersigned, apply for this license in accordance with the provisions of all Statutes relating thereto. I/We further certify, under penalties of perjury, that, to the best of my/our knowledge and belief, I/We have filed all state tax returns and paid all state taxes required under law.

NAME OF APPLICANT: JIAN LIN

HOME ADDRESS: 1 OCEANIC TERRACE,ATLANTIC CITY, NJ, 08401

APPLICANT'S SIGNATURE: _____ **DATE:** 6-26-2019
(Individual or Corporate Officer)

_____ (414) 4187378
The name signed above must be typed or printed on this line — Weekday Telephone Number

APPLICANT'S MAILING ADDRESS: 1 OCEANIC TERRACE — ATLANTIC CITY — NJ — 08401
No. & Street — Town — State — Zip

_____ Or _____
Social Security No. (Voluntary) — Federal Identification No. (Mandatory)

IMPORTANT: Read this section carefully. Provide required information on reverse side.
Additional Information Required:
License # Above

1	Provide copy of State and/or County Auctioneer's License
3, 8, 12	Indicate number of alleys, pool tables and number and types of coin-operated games
6, 9, 10, 13	Request Town By Laws, which states applicant's responsibility
6, 13	Describe in detail: type, quantity, and cost (to you) of goods to be offered for sale
11	Describe in detail: type of live entertainment to be licensed
14	Applicant must request and agree to abide by established policy

CONTINUE APPLICATION PROCESS ON REVERSE SIDE OF THIS FORM

TRANSFERS: Proposed new owner should complete application form. Current license holder must sign below, indicating agreement to transfer of license.

I/We, the undersigned, agree to the transfer of existing license(s) to the applicant named on the face of this form.

SIGNATURE_____ DATE: 6-26-19

_____ **AMENDMENTS:** specific changes desired should be explained below in detail.
_____ **LIVE ENTERTAINMENT:** explain below, times and location

ADDITONAL REQUIREMENTS:

* This application must be returned with all required documents at least two weeks prior to Selectmen's Meeting

*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.

DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **Superb Cuisine Inc. D/B/A Tokyo Japanese Steakhouse**
   Business Address: **121 Depot Street, Milford**
   Assessors ID#: Map __ Block __ Lot__

2. Has applied for: **Transfer of an existing Restaurant, All Alcohol License from Great Dragon Corp. D/B/A Tokyo Japanese Steakhouse**
3. Selectmen will take action on: **Monday September 09,2019**_____
4. Hearing Continued/Postponed/MGL Deadline:_____
5. Abutters Notified: __N/A_____ Published: ___
6. Inquiry Sent To Dept. Heads on: ____8/26/2019_____
7. Please Respond By: __**9/18/2019**_____
8. License Approved: _____Denied: _____Tabled: _____On_____

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Building Commissioner: (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **CC Zone, OCC Load 125 Dining, 30 Bar, No Violations, Building and restrooms are accessible**

Town Planner: (Site Plan/Special Permit; Other Requirements/Stipulations) **Ok- no change in actual use**

Tax Collector: (Outstanding Taxes) **No outstanding taxes**

Town Treasurer: (Outstanding Tax Liens) **None**

Fire Chief: (Information/Comment) **Approved**

Police Chief: (Information/Comment) **No issues or concerns**

Criminal Offense Record Info: (CORI) Approved ☐ Disapproved ☐

Board of Health: (Information/comment) **All set with BOH, all information has been updated and an inspection is scheduled for September 6, 2019**

Sewer Commission: (Information/Comment) _____

Milford Water Company: (Information/comment) _____

Commission on Disability: (Information/comment) _____

Dept. Head Signature: _____ Date: _____

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Contact Name/Manager: *Jian Lin* ***D.O.B.*** ***SS #***
Phone: *__414-418-7378*_____ ***e-mail***: *__jianlin0302@outlook.com__*

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9-23-19

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.milford.ma.us.com

LICENSE APPLICATION
(CHECK ONE)

_X_ APPLICATION FOR A **NEW** LICENSE
____ TRANSFER OF AN **EXISTING** LICENSE
____ **AMENDMENT** TO EXISTING LICENSE (Change of operating days/hours, change of location, etc.) *describe on reverse*

1. ____ AUCTIONEER
2. ____ BOARDING HOUSE
3. ____ BOWLING ALLEY(S)
4. _X_ COMMON VICTUALLER
5. ____ FORTUNE TELLER
6. ____ HAWKERS/PEDDLERS
7. ____ INNHOLDERS
8. ____ POOL TABLES
9. ____ 2ND HAND/ANTIQUE DEALER
10. ____ PAWNBROKER
11. ____ LIVE ENTERTAINMENT (*describe on reverse*)
12. ____ AUTOMATIC AMUSEMENT (Coin-Operated Games)
13. ____ TRANSIENT VENDORS
14. ____ CARNIVAL/CIRCUS
    Location: ____
15. ____ CHRISTMAS TREE SALES
    $____ VALUE OF GOODS
16. ____ CLASS I (NEW CARS)
    ____ CLASS II (USED CARS)
    ____ CLASS III (JUNK CARS) - Public Hearing Required (Describe on Reverse)
17. ____ *WORKERS COMPENSATION IF NEEDED*

SEE ADDITIONAL INFORMATION REQUIRED BELOW

BUSINESS NAME: Jay Siya Ram dba La Quinta Inn

BUSINESS ADDRESS: 24 Beaven St, Milford, MA 01757

DAYS/HOURS OF OPERATION 24/7 365 days.
(Some Sunday licenses may require approval of State DPS)

I/We, the undersigned, apply for this license in accordance with the provisions of all Statutes relating thereto. I/We further certify, under penalties of perjury, that, to the best of my/our knowledge and belief, I/We have filed all state tax returns and paid all state taxes required under law.

NAME OF APPLICANT: Kalpesh Patel

HOME ADDRESS: 2 Maita St, Seekonk, MA 02771

APPLICANT'S SIGNATURE: KPatel. **DATE:** ____
(Individual or Corporate Officer)

Kalpesh Patel (802)477-3222
The name signed above must be typed or printed on this line — Weekday Telephone Number

APPLICANT'S MAILING ADDRESS: 2 Maita St Seekonk MA 02771
No. & Street — Town — State — Zip

____ Or ____
Social Security No. (Voluntary) — Federal Identification No. (Mandatory)

IMPORTANT: Read this section carefully. Provide required information on reverse side.
Additional Information Required:

License # Above	
1	Provide copy of State and/or County Auctioneer's License
3, 8, 12	Indicate number of alleys, pool tables and number and types of coin-operated games
6, 9, 10, 13	Request Town By Laws, which states applicant's responsibility
6, 13	Describe in detail: type, quantity, and cost (to you) of goods to be offered for sale
11	Describe in detail: type of live entertainment to be licensed
14	Applicant must request and agree to abide by established policy

CONTINUE APPLICATION PROCESS ON REVERSE SIDE OF THIS FORM

DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **Jay Siya Ram, LLC D/B/A La Quinta Inn**
2. Business Address: **24 Beaver Street**
   Assessors ID#: Map _44_ Block _0_ Lot_27_ IB Zone

3. Has applied for: **Common Victualler License**

4. Selectmen will take action on: **Monday September 23, 2019**_____
5. Hearing Continued/Postponed/MGL Deadline:_____
6. Abutters Notified: __N/A_____ Published: ___
7. Inquiry Sent To Dept. Heads on: ___9/11/2019_____
8. Please Respond By: ___9/18/2019_____
9. License Approved: _____Denied: _____Tabled: _____On_____

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Building Commissioner: (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **OCC 89 guest rooms, no violations, accessible building and restrooms.**

Town Planner: (Site Plan/Special Permit; Other Requirements/Stipulations) **OK- no change of actual use**

Tax Collector: (Outstanding Taxes) **No outstanding taxes**

Town Treasurer: (Outstanding Tax Liens) **None**

Fire Chief: (Information/Comment) **Approved**

Police Chief: (Information/Comment) **No issues or concerns**

Criminal Offense Record Info: (CORI) Approved ☐ Disapproved ☐

Board of Health: (Information/comment) **Updated information with BOH, paid for new permits- Approved**

Sewer Commission: (Information/Comment) _____

Milford Water Company: (Information/comment) _____

Commission on Disability: (Information/comment) _____

Dept. Head Signature: _____ Date: _____

.....

Contact Name/Manager: *Kalpesh Patel* ***D.O.B.*** ***SS #***
Phone: *802-477-3222*_____ ***e-mail***: *kalpesh238@yahoo.com*_ __

D-1
9-23-19

OFFICE OF THE TOWN TREASURER

TOWN OF MILFORD, MASSACHUSETTS

52 MAIN STREET, ROOM 18
MILFORD, MA 01757

CHRISTOPHER C. PILLA
TOWN TREASURER

JANET A. FERREIRA
ASSISTANT TREASURER

Telephone: (508) 634-2300
Fax: (508) 634-2324
E-Mail: cpilla@townofmilford.com
Web: milford.ma.us

September 23, 2019

Mr. William Buckley - Chairman
Milford Board of Selectmen
52 Main Street
Milford, Ma 01757

RE: Lot 43-0-54 Town Owned Land Birch Street

Dear Mr. Chairman,

At your meeting of September 9, 2019, we discussed the sale of Town owned land on Birch Street. During that meeting, the Board had several questions that could not be answered at the meeting. The Board also asked for a third-party appraisal of the land value.

As previously stated, the Town took ownership of the land in 2004. The lot is surrounded by three abutters, facing the parcel from Birch Street, the parcel to the right is owned by Mr. Anthony Scafuto, the parcel behind is owned by Mr. Jagdish Patel, and the parcel to the left is currently in Tax Title listed under the Heirs of Raimondo Bianchi (C/O Greenwald & Greenwald LLP). Mr. Scafuto has contacted me regarding the parcel with interest in purchasing it and expanding his current parcel. If purchased, Mr. Scafuto plans to merge his parcel and the parcel currently for sale to build a garage for his cars. He also plans to fence in the property so his dog can run around freely. Mr. Scafuto has also been grooming land.

There was discussion regarding having the land appraised by a third party by Selectman Walsh. We informed the Board that this would have a cost and suggested maybe reaching out to Real Estate Brokers for a price opinion. We reached out to several Brokers and found only one willing to go out and look at the land if they had time. Since then, the Assessor has valued the land at $11,900.

Again, I ask you to consider taking the following votes:

1. A vote to declare the parcel surplus:
2. A vote to offer the land for sale through either a public auction or a direct disposition to the abutters, with the condition that if purchased by an abutter the parcels within three months of the sale be merged into a single tax parcel.

Sincerely,

Christopher C. Pilla,
Town Treasurer
Town of Milford

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9-23-19

OFFICE OF THE TOWN TREASURER

TOWN OF MILFORD, MASSACHUSETTS

52 MAIN STREET, ROOM 18
MILFORD, MA 01757

CHRISTOPHER C. PILLA
TOWN TREASURER

JANET A. FERREIRA
ASSISTANT TREASURER

Telephone: (508) 634-2300
Fax: (508) 634-2324
E-Mail: cpilla@townofmilford.com
Web: milford.ma.us

September 23, 2019

Mr. William Buckley - Chairman
Milford Board of Selectmen
52 Main Street
Milford, Ma 01757

RE: 9 Westchester Drive Foreclosure

Dear Mr. Chairman,

At your meeting of September 9, 2019, the Board authorized the Town to work with the former owner to market the property with a goal of paying off the delinquent taxes. Since the meeting, the property was placed marketed for $219,900. The property had many offers, and a cash agreement was accepted for $219,000. The parties have a closing date of October 10, 2019. At that time, the Town will be paid out of the proceeds, a sum of $24,396.34. Below is a breakout of the amount due to the Town:

Taxes Owed (Including Interest) as of 10/11/2019 $22,731.34
Land Court Filing Fee $515.00
Legal Fees $750.00 – this includes Town Treasurer and Town Counsel Time spent on the case.
Finding Fees $100.00
Recording Fees $300.00 – this includes the complaint, vacating the judgement, recording fees.
Total Due $24,396.34

I ask the Board to vote to vacate the judgement in Land Court upon payment in full of $24,396.34, allow the former owner to redeem the property, finalize the sale, and clear the title to the premises.

Thank you for your time on this matter.

Sincerely,

Christopher C. Pilla,
Town Treasurer
Town of Milford

G-1
9-23-19

JOHN V FERNANDES, Esq.

100 Cambridge Street, Suite 1301
Boston, Massachusetts 02114

508.935.7625 ***John@fplaw.net***

September 17, 2019

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

Re: Sira Naturals, Inc. and Town of Milford Host Agreement Second Amendment

Dear Mr. Villani:

Per our discussion, I am writing to forward the proposed Second Amendment to the Community Host Agreement dated March 12, 2018 as amended by a Frist Amendment dated September 10, 2018 between Sira Naturals, Inc. and the Town of Milford. The Amendment is submitted to add a third location for operation of the adult recreational marijuana business anticipated under that Host Agreement. As you know, the Community Host Agreement was executed in conjunction with Sira's proposal to expand its medical marijuana operation to include adult recreational marijuana and to operate to full capacity. The proposed expansion cannot be accomplished solely on the sites at 13 Commercial Way or at One Industrial Road. Sira has secured a third location at 5-7 Industrial Road very nearby the current locations at 13 Commercial Way and One Industrial Road. As with the first expansion, it is not expected that this expansion will result in any cost impacts upon the community, or that there are any actual and anticipated expenses resulting from the operation of the Marijuana Establishment other than perhaps some normal inspection fees. I have also included a Host Community Agreement Certification Form for execution as well.

I want to emphasize that the retail sale of marijuana is not a part of the operation.

Please contact me with any questions.

Very truly yours,

John V. Fernandes

SECOND AMENDMENT TO
HOST COMMUNITY AGREEMENT

This SECOND AMENDMENT TO HOST COMMUNITY AGREEMENT (the "Second Amendment") is made as of the 23rd day of September 2019 (the "Effective Date") by and between the TOWN OF MILFORD (hereinafter referred to as the "Town"), a municipal corporation existing within the Commonwealth of Massachusetts with an address of 52 Main Street, Milford, Massachusetts 01757, and SIRA NATURALS, INC. (hereinafter referred to as the "Applicant") a Massachusetts corporation with a usual place of business located at 13 Commercial Way, Milford, Massachusetts 01757. The Town and the Applicant shall be collectively known herein as the "Parties".

BACKGROUND

WHEREAS, on March 12, 2018, the Parties executed a HOST COMMUNITY AGREEMENT (the "Agreement") related to the Applicant's intent to operate a Marijuana Establishment at its current location of 13 Commercial Way, Milford, Massachusetts 01757 pursuant to M.G.L. Ch. 94G, which Agreement was amended by a First Amendment to the Host Agreement dated September 10, 2018 relating to the location of a portion of that intended Marijuana Establishment at a second location at One Industrial Road, Milford, Massachusetts for the purpose of cultivation, product manufacture, research, and distribution of adult use marijuana products; and,

WHEREAS, Applicant has determined that it cannot locate the entirety of the Marijuana Establishment operation as contemplated for adult use marijuana at 13 Commercial Way, and One Industrial Road, Milford, Massachusetts 01757 and seeks to locate a portion of that intended Marijuana Establishment for adult use marijuana at a third location at 5-7 Industrial Road, Milford, Massachusetts;

NOW, THEREFORE, the Applicant and the Town agree as follows:

1. To amend paragraph # 2, "Payment Amount" by striking the number "$250,000" and inserting in its place the number "$275,000".

2. To amend paragraph # 3, Payment Schedule" by striking the number, "$62,500" and inserting in its place the number, "$68,750".

3. The increase in amounts in Paragraphs 2 & 3 above shall commence after at the end of the first quarter in which the Applicant makes its first sale to a retail customer from product originating from the facility at 5-7 Industrial Road.

4. To add the following paragraph 16 to the Agreement as previously amended, incorporated therein as follows:

   "16. The Parties agree that the applicant may operate Marijuana Establishments as the same are provided for herein for adult use at any or all of 13 Commercial Way, 1 Industrial Road, and 5-7 Industrial Road, all in Milford, Ma."

5. In all other respects, the Agreement is hereby ratified and confirmed.

IN WITNESS WHEREOF, Applicant and the Town have executed this Agreement under seal as of the day and year first above written.

TOWN:

TOWN OF MILFORD

By:

_____

Approved as to form:

By:

_____
Town Counsel

APPLICANT:

SIRA NATURALS, INC.

By: _____
Michael Dundas, President

Cannabis Control Commission
COMMONWEALTH OF MASSACHUSETTS

Host Community Agreement Certification Form

The applicant and contracting authority for the host community must complete each section of this form before uploading it to the application. Failure to complete a section will result in the application being deemed incomplete. Instructions to the applicant and/or municipality appear in italics. Please note that submission of information that is "misleading, incorrect, false, or fraudulent" is grounds for denial of an application for a license pursuant to 935 CMR 500.400(1).

Applicant

I, Michael Dundas, President, (*insert name*) certify as an authorized representative of Sira Naturals, Inc. (*insert name of applicant*) that the applicant has executed a host community agreement with the Town of Milford (*insert name of host community*) pursuant to G.L.c. 94G § 3(d) on September 23, 2019 (*insert date*).

_____

Signature of Authorized Representative of Applicant

Host Community

I, Richard Villani, Town Administrator (*insert name*) certify that I am the contracting authority or have been duly authorized by the contracting authority for Town of Milford (*insert name of host community*) to certify that the applicant and the Town of Milford (*insert name of host community*) has executed a host community agreement pursuant to G.L.c. 94G § 3(d) on September 23, 2019 (*insert date*).

_____

Signature of Contracting Authority or
Authorized Representative of Host Community

5-2
9-23-19

Milford Council on Aging

60 North Bow Street • Milford, MA 01757-3405
Tel: 508 473-8334 VOICE/TDD
Fax: 508 634-2347
E-mail: seniorcenter@milfordma.com

TO: William D. Buckley, Chairman
William E. Kingkade, Jr.
Michael K. Walsh
Richard A. Villani, Town Administrator

FROM: Susan Clark, Senior Center Director

RE: APPOINTMENT OF CLIENT SERVICES COORDINATOR TO MILFORD SENIOR CENTER

DATE: September 19, 2019

The position of part-time Client Services Coordinator was advertised both on the Town and Senior Center websites, as well as Indeed.com. We received forty-seven (47) applications for this position.

I reviewed the resumes with the HR Director and selected four (4) candidates to be interviewed. After the initial phone screen, three (3) candidates were chosen to be interviewed in-person.

Each of the candidates were highly qualified for the position and bring many years of experience in the field. After careful consideration, I am recommending Ms. Kimberli Considine for the position.

Ms. Considine has worked as a Care Coordinator for the last seven years, supporting clients and their families. She holds a BS in Psychology and a MA in Counseling/Psychology; and is a Certified Dementia Specialist. Her years of experience in a variety of related work environments will bring great skills to the position.

If you approve of my recommendation, I would request that she be placed at Level 2/Step 1 under Article 2 with a starting hourly rate of $22.23. No start date has yet been confirmed, but we would ask that she be allowed to begin working as early as October 7, 2019.

Thank you for your consideration.

Enclosure

cc: Board of Selectmen
Files

G-3
9-23-19

Richard Villani

From: Rachel <misspink578@yahoo.com>
Sent: Wednesday, September 11, 2019 1:00 PM
To: Richard Villani
Subject: Resignation from Disability Commission

Dear Richard,
I am sorry to have to resign from my place on the Milford Commission on Disability. It was an honor to serve.

Rachel Haser

G-4
9/23/19

Richard Villani

From: Jennifer Walsh <jwalsh@milfordma.com>
Sent: Friday, September 20, 2019 8:23 AM
To: Richard Villani
Subject: Re: vacancy

Rick,
I am looking for Justin Dulak to be appointed to the Commission on Disability to fill the vacancy. I feel that he will offer a lot to the disabled community with his many years of experience.
Thanks so much,
Jen

On Fri, Sep 20, 2019 at 8:19 AM Richard Villani <rvillani@townofmilford.com> wrote:

Jen: Please send an email indicating you are asking to have Justin Dulak appointed as I have to provide all Talent Bank Applications to the Selectmen.

Richard A. Villani

Town Administrator

*P*508-634-2303*

*F*508-634-2324*

rvillani@townofmilford.com

www.milfordma.gov

From: Jennifer Walsh <jwalsh@milfordma.com>
Sent: Wednesday, September 11, 2019 6:50 AM
To: Richard Villani <rvillani@townofmilford.com>
Subject: vacancy

Hi Rick,

I have an application for the MCOD opening. Please consider.

Thanks
Jen

9-23-19

MILFORD BOARD OF SELECTMEN

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

PERMIT TO OBSTRUCT APPLICATION

1) Read appropriate By-Law on reverse side (Article and Section is identified below)

2) An Insurance Certificate ($1,000,000/$3,000,000) is required, worded as follows: **THE TOWN OF MILFORD IS AN ADDITIONAL INSURED.**

3) If requesting a Permit to hang a Sign or Banner, first obtain a permit for the **Sign or Banner** itself from the Building Commissioner. Attach a copy of that permit.

4) If a Banner overhanging a public street is to be attached to a building, you must obtain permission from the property owner.

5) Applicant shall engage a responsible individual to hang banner: **town employees are prohibited from engaging in this activity.**

6) Submit complete application, including Insurance Certificate and any other required documents, to Selectmen's Office at least **two weeks prior to date requested below.**

Detach and retain top section for future use; Complete and submit bottom section to Selectmen's Office

---

NAME OF ORGANIZATION Milford Permanent Firefighters Assoc. in Partnership with Tri-Valley Front Runners, 21 Birch St, Milford, Ma

MAILING ADDRESS:

CONTACT PERSON: John Dumont **PHONE #** 508-479-7939

CHECK ONE:

____ PERMIT TO OVERHANG PUBLIC WAY (Article 13, Section 5)
_X_ PERMIT TO OBSTRUCT A PUBLIC WAY (Article 12, Section 3)
____ PERMIT TO OBSTRUCT SIDEWALK (MERCHANDISE DISPLAY) (Article 13, Sec. 6)

DESCRIBE IN DETAIL WHAT YOU PLAN TO DO: A road race prior to the Welcome Santa Parade. The proceeds from this race benefit local charities/ organizations.

INDICATE EXACT LOCATION (Street(s) & Number(s), EXACT DAY(S) AND DATE(S), TIMES OF DAY, AND ALL OTHER RELEVANT INFORMATION: December 1, 2019 at 3:50 PM, ten mins prior to the start of the Parade, runners will leave Birch St at Industrial Rd and proceed along the parade route until School St where they will turn right, and right again on Spruce to finish at fire station.

J Y Dumont
Signature of person authorized to apply for permit

Sept. 3, 2019
Date

Police Chief's Signature

9-4-19
Date

Comments:

TOWN OF MILFORD BY-LAWS

ARTICLE 12, Section 3: OBSTRUCTING OF WAY: Any person who intends to erect, repair, or take down any building on land abutting on any way which the Town is required to keep repaired, and desires to make use of any portion of said way for the purpose of placing therein building materials or rubbish, shall give notice thereof to the Selectmen. Thereupon, the Selectmen may grant a permit to occupy such portion of said way, to be used for such purposes as, in their judgment, the necessity of the case demands and the security of the public allows; such permit, in no case, to be for a period of longer than ninety (90) days and to be on such conditions that, during the whole of every night from sunset to sunrise, sufficient lighted lanterns shall be so placed as to effectually secure all travelers from liability of coming in contact with such building materials or rubbish.
The Selectmen may, before granting such permit, require such persons to furnish a satisfactory bond to save the Town harmless for any damages which may arise from such use of the street and to insure the faithful compliance with the conditions of said permit.

ARTICLE 13, Section 5: SIGNS. Whoever shall establish or maintain over any street or highway any sign, sign-board or advertising device without a permit from Selectmen, shall be punished by a fine not exceeding Five Dollars. Such permit shall be granted if such sign, sign-board or devise is safely and securely made, fastened, supported and maintained, does not interfere with the public use of such street or way, is not affixed to any tree, tree-guard or other object within the limits of the street or way, and is not of a dangerous character.

ARTICLE 13, Section 6: SIDEWALK OBSTRUCTIONS. Whoever shall use any sidewalk or street for the display of merchandise or other articles of personal property, without first obtaining written permission to do so from the Selectmen, shall be punished by a fine not exceeding Ten Dollars.

G-6
9-23-19

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.milford.ma.us.com

PERMIT TO OBSTRUCT APPLICATION

1) Read appropriate By-Law on reverse side (Article and Section is identified below)

2) An Insurance Certificate ($1,000,000/$3,000,000) is required, worded as follows:
THE TOWN OF MILFORD IS AN ADDITIONAL INSURED.

3) If requesting a Permit to hang a Sign or Banner, first obtain a permit for the **Sign or Banner** itself from the Building Commissioner. Attach a copy of that permit.

4) If a Banner overhanging a public street is to be attached to a building, you must obtain permission from the property owner.

5) Applicant shall engage a responsible individual to hang banner: **town employees are prohibited from engaging in this activity.**

6) Submit complete application, including Insurance Certificate and any other required documents, to Selectmen's Office at least **two weeks prior to date requested below.**

Detach and retain top section for future use; Complete and submit bottom section to Selectmen's Office

---

NAME OF ORGANIZATION Milford Firefighters Association, Local 2140
MAILING ADDRESS: 21 Birch St
Milford MA 01757

CONTACT PERSON: Matthew Denman **PHONE #** (774) 217-2988
CHECK ONE:

___ PERMIT TO OVERHANG PUBLIC WAY (Article 13, Section 5)
✓ PERMIT TO OBSTRUCT A PUBLIC WAY (Article 12, Section 3)
___ PERMIT TO OBSTRUCT SIDEWALK (MERCHANDISE DISPLAY) (Article 13, Sec. 6)

DESCRIBE IN DETAIL WHAT YOU PLAN TO DO:

• Annual Santa Parade

INDICATE EXACT LOCATION (Street(s) & Number(s), EXACT DAY(S) AND DATE(S), TIMES OF DAY, AND ALL OTHER RELEVANT INFORMATION:

• See attached -

Matt R Denman
Signature of person authorized to apply for permit

9.4.19
Date

Michael C. Polatti
Police Chief's Signature

9-6-19
Date

Comments:

TOWN OF MILFORD BY-LAWS

ARTICLE 12, Section 3: OBSTRUCTING OF WAY: Any person who intends to erect, repair, or take down any building on land abutting on any way which the Town is required to keep repaired, and desires to make use of any portion of said way for the purpose of placing therein building materials or rubbish, shall give notice thereof to the Selectmen. Thereupon, the Selectmen may grant a permit to occupy such portion of said way, to be used for such purposes as, in their judgment, the necessity of the case demands and the security of the public allows; such permit, in no case, to be for a period of longer than ninety (90) days and to be on such conditions that, during the whole of every night from sunset to sunrise, sufficient lighted lanterns shall be so placed as to effectually secure all travelers from liability of coming in contact with such building materials or rubbish.
The Selectmen may, before granting such permit, require such persons to furnish a satisfactory bond to save the Town harmless for any damages which may arise from such use of the street and to insure the faithful compliance with the conditions of said permit.

ARTICLE 13, Section 5: SIGNS. Whoever shall establish or maintain over any street or highway any sign, sign-board or advertising device without a permit from Selectmen, shall be punished by a fine not exceeding Five Dollars. Such permit shall be granted if such sign, sign-board or devise is safely and securely made, fastened, supported and maintained, does not interfere with the public use of such street or way, is not affixed to any tree, tree-guard or other object within the limits of the street or way, and is not of a dangerous character.

ARTICLE 13, Section 6: SIDEWALK OBSTRUCTIONS. Whoever shall use any sidewalk or street for the display of merchandise or other articles of personal property, without first obtaining written permission to do so from the Selectmen, shall be punished by a fine not exceeding Ten Dollars.

MILFORD FIREFIGHTERS ASSOCIATION
21 Birch Street · Milford Ma 01757

Board of Selectmen

52 Main Street, Room 11

Milford MA 01757

RE: Santa Parade 2019

Dear Honorable Selectmen,

Thank you for the opportunity to apply for the permit to run our annual Santa Parade. It has been 30 plus years now. With the cooperation of town hall, Fire, Police and Highway Departments, we seem to make this work every year.

In reference to the application:

DATE: Sunday December 1, 2019

TIME: 3:30-6:00

STREET CLOSURES:

Birch Street @ Medway Road

Medway Road@ Veterans Memorial Drive

East Main St

East Main Street @ Prairie	Churchill
Hamilton	Reade
North	Middleton
South Free	Cedar
Free	Hayward
Short	Plain
Meade	Jason

	Cook	Beach
	Altieri	
Main Street @	Pond	North Bow
	Sumner	Pearl
	Winter	Court
	Spruce	Spring
	School	Pine
	Jefferson	Fayette
	Exchange	Central
	South Bow	Park
	Franklin	Park Terr
	Congress	

OTHER RELEVANT INFORMATION: The past several years, we have had trouble with the walking vendors saying inappropriate things to people along the parade route. They have also been blocking the Santa sleigh and Santa with oversized carts while kids are trying to look on. I would like to either have them not be a part of the parade (which is preferable), or put in a stipulation that they have to be towards the front of the route as not to block the Santa at the end. This is one of the biggest complaints I get every year. I'm sure everyone along the route would prefer them not to be a part of the parade.

Please reach out with questions or concerns.

Thank you and Best Regards.

Matthew R. Denman

Milford Firefighters Association

Local 2140, Vice President

mdenman@milfordfire.org

Personal Cell: 774-217-2988

Work Cell: 508-400-6338

Work Phone: 508-473-2256

E-7
9-23-19

TOWN OF MILFORD
APPLICATION FOR ONE-DAY LICENSE
PER MGL, C138, S14

This application must be returned at least two (2) weeks prior to a scheduled Board of Selectmen Mtg.

Name of Organization: St. Mary of the Assumption

Address: 17 Winter St. Milford, MA 01757

Contact Person: Brenda Wagner Weekday Telephone: 508 473-2000

Signature: Brenda Wagner Title: Bookkeeper/Office Manager

License is requested for the sale of: (check one) ***Fee = $100.00 per day***

All-alcoholic Beverages _____ Wine Only _____
Wine & Malt Beverages Only ✓ Malt Beverages Only _____

Purpose of Event: Fundraisor

Name of Applicant/Organization: St. Mary of the Assumption

Address: 17 Winter St.

Telephone: 508473-2000 Email: bookkeep.smamilford@gmail.com

Non-Profit Organization Yes ✓ No ____

Date of Event: Saturday, Sept 28, 2019

Event will take place at the following location: Parish Hall
17 Winter St. Milford MA

Between the hours of: 5:00pm - 11:00pm

Is the event held by, or held for the benefit of, a business or non-profit group? Yes ✓ No ___
Will there be a cash bar? Yes ✓ No ___
Is there an entrance fee or donation required? Yes ✓ No ___
Is the event open to the general public? Yes ✓ No ___

If the answer to ANY of these questions is YES:
A One-Day Special license is required. License applications must go before the Board of Selectmen. ***ALL*** alcohol must be purchased by the licensee from a ***wholesaler***. (List can be found at www.mass.gov/abcc)

I certify under the pains and penalties of perjury that the above information is true and that I will comply with all applicable Alcohol Control Laws of the State of Massachusetts and policies and regulations of the Town of Milford.
Applicant's Signature: Brenda Wagner

Youth Ctr. Director Signature: _____ (***If Applicable***)