

MILFORD BOARD OF SELECTMEN: AGENDA
May 06, 2019– 7:00PM, ROOM 03, TOWN HALL

- A.) SIGNING OF WARRANT, APPROVAL OF April 22, 2019 MINUTES**
- B.) INVITATION TO SPEAK**
- C.) PUBLIC HEARINGS***
- | | |
|---------|--|
| 7:00 PM | 1. James G. Guido, re: Transfer of License and change of manager |
| 7:05 PM | 2. Mass Electric Co. and Verizon New England, Inc. Beaver St. Plan #27569105 |
| 7:06 PM | 3. Mass Electric Co. and Verizon NE, Inc. 144-84 Beaver St Plan # 27898719 |
- D.) SCHEDULED APPOINTMENTS**
- | | |
|---------|---|
| 7:10 PM | 1. Ice Cream Ward LLC/DBA Bertie's Creative Creamery re: Com Vict License |
|---------|---|
- E.) TOWN ADMINISTRATOR'S REPORT**
- F.) OLD BUSINESS**
1. Discussion- Interim Police Chief, July 1, 2019
- G.) NEW BUSINESS**
1. July 4th Committee, re: Acceptance of Gift
 2. Milford Fire Local 2140, re: MDA Toll Road
 3. Milford Youth Council, re: surplus Property
 4. Metro West Regional Transit Authority, re: Designee appointment
 5. Fire Department, re: Acceptance of Gift- Benjamin Moore
 6. Ronald & Linda Jencks, re: Acceptance of Gift
 7. Library, re: Request to Waive Permit fees
 8. Milford Department of Veteran Services, re: Parade Permit
- H.) CORRESPONDENCE**
- I.) EXECUTIVE SESSION**
1. Town Hall Clerical Workers' Union- Grievance

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.



MILFORD BOARD OF SELECTMEN

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

William D. Buckley, Chairman
William E. Kingkade, Jr.
Michael K. Walsh

Richard A. Villani
Town Administrator

April 17, 2019

Mr. James G. Guido
33 Iadarola Avenue
Milford, MA 01757

RE: APPLICATION FOR TRANSFER OF LICENSE from sole proprietor, James G. Guido to Guido and Son, LLC and change of Manager

Dear Mr. Guido:

The Milford Board of Selectmen will act on your application for the above referenced license (s) at a meeting scheduled for Monday, May 6, 2019 at 7:00PM, in Room 03 at the Milford Town Hall.

You are expected to be present to discuss this application with the members of the Board. If you are unable to attend in person, please inform me as to whom you are delegating to represent you.

Any outstanding local real estate and personal property taxes owed by the applicant, the transferor/transferee and the property owner should be paid in full before the date referenced above. It is the responsibility of the applicant to remind all other parties of this obligation.

If you are required by State law to provide Workers' Compensation coverage for your employees, you must submit evidence of said coverage to this office prior to your scheduled appointment. **See enclosed form.**

Very truly yours,

Richard A. Villani
Town Administrator

Enclosure

RAV/jmd

cc: Mr. James E. Guido
Files



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street Boston, MA 02114
www.mass.gov/abcc

APPLICATION FOR A TRANSFER OF LICENSE

Municipality

1. TRANSACTION INFORMATION

- ☒ 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.

TRANSFER OF EXISTING LICENSE TO GUIDO AND SON LLC

2. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
<input type="text" value="Off-Premises-15"/>	<input type="text" value="\$15 Package Store"/>	<input type="text" value="Wines and Malt Beverages"/>	<input type="text" value="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	<input type="text" value="00089-PK-0706"/>	FEIN	<input type="text"/>
Entity Name	<input type="text" value="GUIDO AND SON LLC"/>		
DBA	<input type="text"/>	Manager of Record	<input type="text" value="JAMES E. GUIDO"/>
Street Address	<input type="text" value="194 WEST STREET, STE 1, MILFORD, MA 01757"/>		
Phone	<input type="text" value="508-381-1273"/>	Email	<input type="text" value="guidoandson@msn.com"/>
Add'l Phone	<input type="text" value="508-498-1051"/>	Website	<input type="text" value="www.guidoandson.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.

THIS PREMISES IS ALREADY LICENSED AND OPERATING SINCE 2012

Total Sq. Footage	<input type="text" value="1200"/>	Seating Capacity	<input type="text" value="N/A"/>	Occupancy Number	<input type="text" value="N/A"/>
Number of Entrances	<input type="text" value="2"/>	Number of Exits	<input type="text" value="2"/>	Number of Floors	<input type="text" value="1"/>

APPLICATION FOR A TRANSFER OF LICENSE

5. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

Transferor Entity Name GUIDO AND SON LLC By what means is the license being transferred? Gift

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
JAMES G. GUIDO	LLC MANAGER	33
JAMES E. GUIDO	LLC MANAGER	34
MARY L. GUIDO	LLC MANAGER	33
		
		

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
JAMES G. GUIDO	33 IADAROLA AVENUE, MILFORD, MA		07/22/1948
Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
LLC MANAGER	33	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
JAMES E. GUIDO	12 AVALON DRIVE, MARLBORO, MA 01752		08/13/1977
Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
LLC MANAGER	34	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
MARY L. GUIDO	33 IADAROLA AVENUE, MILFORD, MA 01757		12/13/1952
Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
LLC MANAGER	33	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
			
Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

APPLICATION FOR A TRANSFER OF LICENSE

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

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached?

☒ Yes ☐ No

Birth Certificate

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 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

APPLICATION FOR A TRANSFER OF LICENSE

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 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

LLC

Date of Incorporation

Feb 7, 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

A & P REALTY

Landlord Phone

508-478-7286

Landlord Email

Landlord Address

189 MAIN STREET, MILFORD, MA 01757

Lease Beginning Date

2012

Rent per Month

1200

Lease Ending Date

OPEN

Rent per Year

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:

MARY L. GUIDO

Phone:

508-498-1051

Title:

LLC MANAGER/RESIDENT AGENT

Email:

guidoandson@msn.com

APPLICATION FOR A TRANSFER OF LICENSE

10. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	<input type="text"/>
B. Purchase Price for Business Assets	<input type="text"/>
C. Other (Please specify)	<input type="text"/>
D. Total Cost	<input type="text"/>

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
Total	

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.
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

FINANCIAL INFORMATION

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

This is an existing business that was investigated and approved when opened in Sept., 2012 by Dennis Keefe. All financial documentation was submitted at that time and is on file at the abcc.

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 Date of Birth SSN

Residential Address

Email Phone

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

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
6/2000	PRESENT	SALES	GUIDO AND SON ITALIAN IMPORTS	JAMES G. GUIDO
2002	2012	PERSONAL TRAINER	SELF-EMPLOYED	SELF

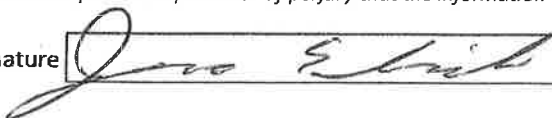
D. PRIOR DISCIPLINARY ACTION

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



Date

3-6-19

C-2

5/6/19



MILFORD BOARD OF SELECTMEN

Room 11, Town Hall, 52 Main St. (Route 16), Milford, Massachusetts 01757-2679

Phone 508-634-2303 Fax 508-634-2324

William D. Buckley, Chairman

William E. Kingkade, Jr.

Michael K. Walsh

Richard A. Villani

Town Administrator

TOWN OF MILFORD: NOTICE OF PUBLIC HEARING

Notice is hereby given that the Milford Board of Selectmen has received the following petition:

PLAN NO. 27569105

RECEIVED FROM: Massachusetts Electric Company and Verizon New England, Inc.

DESCRIPTION: Beaver Street Pole 89-84

National Grid request per Chuck Reneau Milford town Tree Warden remove tree guy from existing Joint Owned Pole 89. Install 37' NW a 35' Joint Owned stub pole with anchor to support existing Pole 89.

Also for permission to lay and maintain underground laterals, cables and wires in the above or intersecting public ways for the purpose of making connections with such poles and buildings as each of said petitioners may desire for distributing purposes.

May 6, 2019 Room 03 Milford Town Hall at 7:05pm

Abutters are invited to attend this hearing and participate in the discussion, if you wish to do so.

PER ORDER BOARD OF SELECTMEN

William D. Buckley, Chairman

William E. Kingkade Jr.,

Michael K. Walsh

cc: Massachusetts Electric
Verizon New England, Inc.
Files

April 24, 2019

PETITION FOR JOINT OR IDENTICAL POLE LOCATIONS

Town Copy

February 15, 2019

To the Board of Selectmen
of the Town of Milford, Massachusetts

MASSACHUSETTS ELECTRIC COMPANY and VERIZON NEW ENGLAND, INC.

request permission to erect and maintain poles and wires to be placed thereon, together with such sustaining and protecting fixtures as said Companies may deem necessary to be owned and used in common by your petitioners, in the following public way or ways:

Beaver Street Pole 89-84

National Grid request per Chuck Reneau Milford town treewarden remove tree guy from existing Joint Owned Pole89. Install 37' NW a 35' Joint Owned stub pole with anchor to support existing Pole89.

Wherefore they pray that after due notice and hearing as provided by law, it be granted joint or identical locations for and permission to erect and maintain poles and wires, together with such sustaining and protecting fixtures as they may find necessary, said poles to be erected substantially in accordance with the plan filed herewith marked: **MASSACHUSETTS ELECTRIC COMPANY and VERIZON NEW ENGLAND, INC.**

Plan No. **27569105** Dated: **2/14/2019**

Also for permission to lay and maintain underground laterals, cables and wires in the above or intersecting public ways for the purpose of making connections with such poles and buildings as each of said petitioners may desire for distributing purposes.

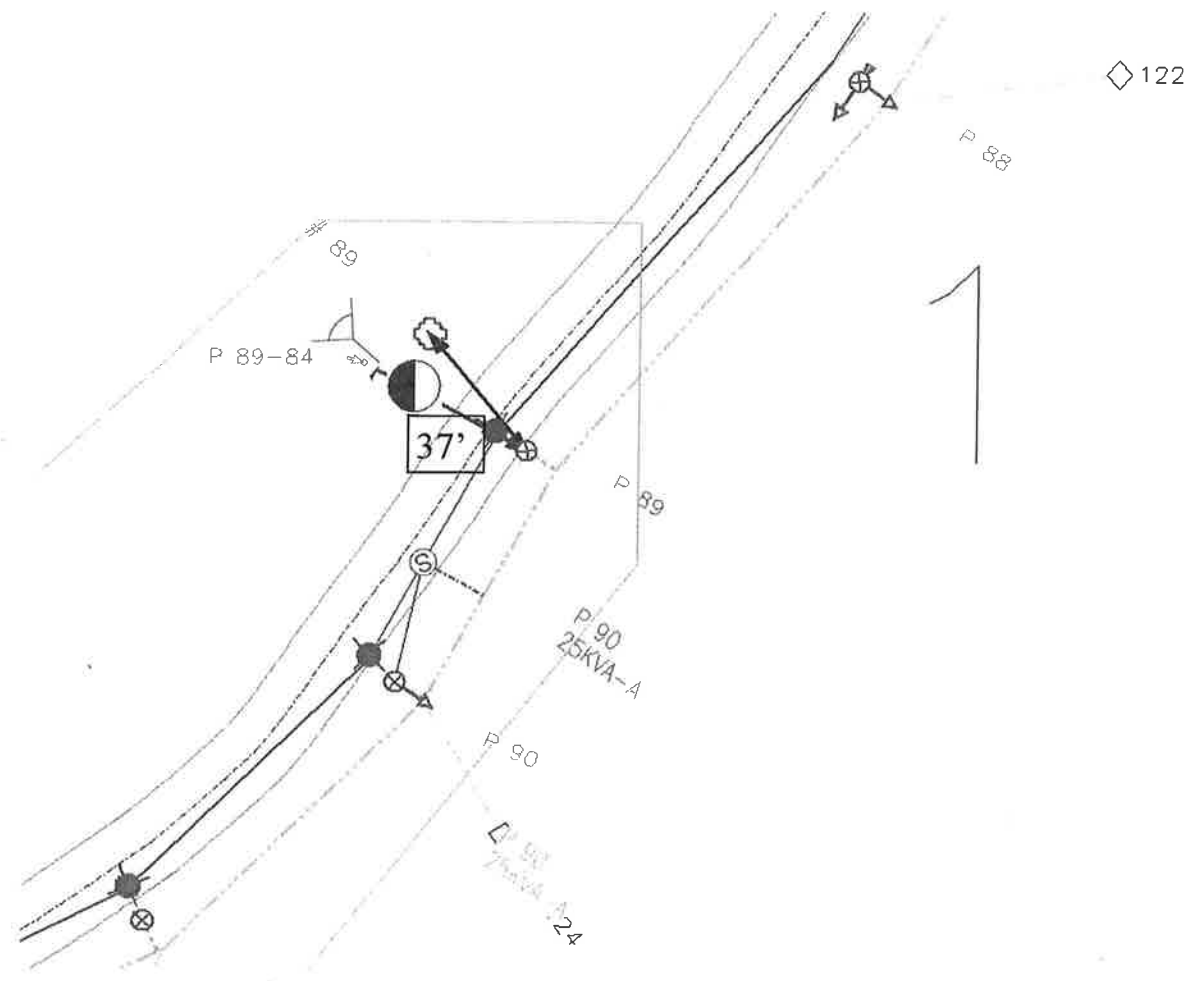
Your petitioners agree to reserve space for one cross arm at a suitable point on each of said poles for the fire, police, telephone and telegraph signal wires belonging to the municipality and used by it exclusively for municipal purposes.




MASSACHUSETTS ELECTRIC COMPANY

By: *Rob Leonardo*
Manager of Distribution Design

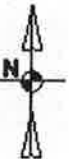
VERIZON NEW ENGLAND, INC.

By: *Alba E. Donnell*
Manager, R.O.W.



-  Existing JO Pole
-  New JO Pole
-  New Anchor and Down Guy

P89-84 is;
 37' NW of p89
 16.5' NW of centerline of road
 72' to p90
 173' to p88



Petition

nationalgrid

Legend:see above

Date:2/14/2019

Work Request #:27569105

Job Description:

Per Chuck Reneau, Milford town treewarden NGrid to remove tree guy from existing JO p89. Install 37' NW a 35' JO stub pole with anchor to support existing p89.

To : Milford Of: Massachusetts

For Proposed: p89-84 Beaver St

Drawn By: Lynn Pekarski

DISTANCES ARE APPROXIMATE



MILFORD BOARD OF SELECTMEN

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

William D. Buckley, Chairman
William E. Kingkade, Jr.
Michael K. Walsh

Richard A. Villani
Town Administrator

TOWN OF MILFORD: NOTICE OF PUBLIC HEARING

Notice is hereby given that the Milford Board of Selectmen has received the following petition:

PLAN NO. 27898719

RECEIVED FROM: Massachusetts Electric Company and Verizon New England, Inc.

DESCRIPTION: 144 -84Beaver Street Pole 89-84

National Grid request per Chuck Reneau Milford town Tree Warden that National Grid remove tree guy from existing Joint owned P114. Install P114-84 32' with a 35' Joint owned stub pole with anchor to support existing P114.

Also for permission to lay and maintain underground laterals, cables and wires in the above or intersecting public ways for the purpose of making connections with such poles and buildings as each of said petitioners may desire for distributing purposes.

May 6, 2019 Room 03 Milford Town Hall at 7:06pm

Abutters are invited to attend this hearing and participate in the discussion, if you wish to do so.

PER ORDER BOARD OF SELECTMEN

William D. Buckley, Chairman

William E. Kingkade Jr.,

Michael K. Walsh

cc: Massachusetts Electric
Verizon New England, Inc.
Files

April 24, 2019

PETITION FOR JOINT OR IDENTICAL POLE LOCATIONS

Town Copy

February 15, 2019

To the Board of Selectmen
of the Town of Milford, Massachusetts

MASSACHUSETTS ELECTRIC COMPANY and VERIZON NEW ENGLAND, INC.

request permission to erect and maintain poles and wires to be placed thereon, together with such sustaining and protecting fixtures as said Companies may deem necessary to be owned and used in common by your petitioners, in the following public way or ways:

Beaver Street P114-84

NGRID request per Mr. Chuck Renear Milford town tree warden that NGRID to remove tree guy from existing JOINT OWNED P114. Install P114-84 32' w a 35' JOINT OWNED stub pole with anchor to support existing P114.

Wherefore they pray that after due notice and hearing as provided by law, it be granted joint or identical locations for and permission to erect and maintain poles and wires, together with such sustaining and protecting fixtures as they may find necessary, said poles to be erected substantially in accordance with the plan filed herewith marked: **MASSACHUSETTS ELECTRIC COMPANY and VERIZON NEW ENGLAND, INC.**

Plan No. ~~27569105~~ Dated: 2/14/2019
27898719

Also for permission to lay and maintain underground laterals, cables and wires in the above or intersecting public ways for the purpose of making connections with such poles and buildings as each of said petitioners may desire for distributing purposes.

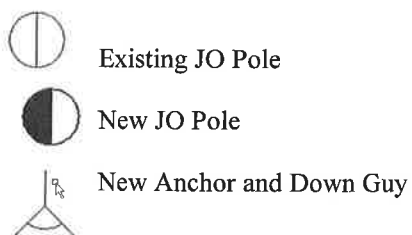
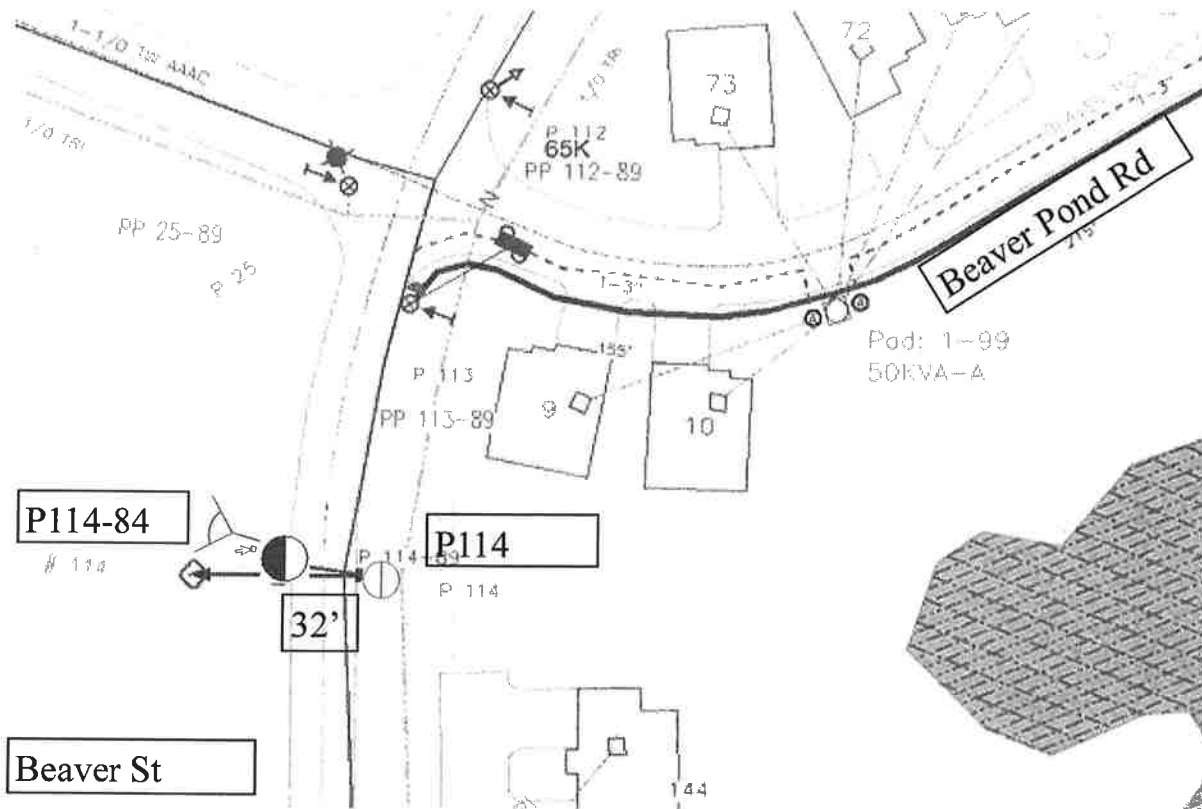
Your petitioners agree to reserve space for one cross arm at a suitable point on each of said poles for the fire, police, telephone and telegraph signal wires belonging to the municipality and used by it exclusively for municipal purposes.

MASSACHUSETTS ELECTRIC COMPANY

By: *Rob Leonida* *RB*
Manager of Distribution Design

VERIZON NEW ENGLAND, INC.

By: *Chloe E. Donnell*
Manager, R.O.W.



P114-84 is;
32' W of p114
93' to p113
131' to p115



Petition

Legend: see above

Job Description:

Per Chuck Reneau, Milford town treewarden NGrid to remove tree guy from existing JO p114. Install p114-84 32' W a 35' JO stub pole with anchor to support existing p114.

nationalgrid

Date: 2/14/2019

Work Request #: ~~27569105~~ 27898119

To : Milford Of: Massachusetts

For Proposed: p114-84 Beaver St

Drawn By: Lynn Pekarski

DISTANCES ARE APPROXIMATE

D-1

5/6/19



MILFORD BOARD OF SELECTMEN

Room 11, Town Hall, 52 Main St. (Route 16), Milford, Massachusetts 01757-2679

Phone 508-634-2303 Fax 508-634-2324

William D. Buckley, Chairman

William E. Kingkade, Jr.

Michael K. Walsh

Richard A. Villani

Town Administrator

April 30, 2019

Mr. Stephen Ward
436 South Street
Needham, MA 02492

RE: APPLICATION FOR COMMON VICTUALLER LICENSE –ICE CREAM WARD LLC / DBA BERTIE'S
CREATIVE CREAMERY- 198 East Main Street Milford, MA 01757

Dear Mr. Ward:

The Milford Board of Selectmen will act on your application for the above referenced license (s) at a meeting scheduled for Monday, May 6, 2019 at 7:10PM, in Room 03 at the Milford Town Hall.

You are expected to be present to discuss this application with the members of the Board. If you are unable to attend in person, please inform me as to whom you are delegating to represent you.

Any outstanding local real estate and personal property taxes owed by the applicant, the transferor/transferee and the property owner should be paid in full before the date referenced above. It is the responsibility of the applicant to remind all other parties of this obligation.

If you are required by State law to provide Workers' Compensation coverage for your employees, you must submit evidence of said coverage to this office prior to your scheduled appointment. **See enclosed form.**

Very truly yours,

Richard A. Villani

Town Administrator

Enclosure

RAV/LP

cc: Files

7:10 PM



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

SEE ADDITIONAL INFORMATION REQUIRED BELOW

BUSINESS NAME: Ice Cream Ward LLC / DBA Bertie's Creative Cakery

BUSINESS ADDRESS: 198 East Main St Milford MA 01757

DAYS/HOURS OF OPERATION VARIES - OPEN 7 DAYS A WEEK - SUMMER - 11A-10P, WINTER - VARIES
 (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: Stephen Ward

HOME ADDRESS: 436 South St, Needham MA 02492

APPLICANT'S SIGNATURE: Stephen P Ward
 (Individual or Corporate Officer)

DATE: _____

Stephen Ward

(508) 771-4700

The name signed above must be typed or printed on this line

Weekday Telephone Number

APPLICANT'S MAILING ADDRESS: 44 Bodick Rd Hyannis MA 02601
 No. & Street Town State Zip

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. The following Applicant: Ice Cream Creamery, LLC/ DBA Bertie's Creative Creamery
198 East Main Street, Milford, MA
2. Has applied for: **Common Victualler License**
Varies, Open 7 days a week – Summer 11 am-10 pm, Winter Varies
3. Selectmen will take action on: Monday May 06, 2019 7:10PM
4. Hearing Continued/Postponed/MGL Deadline:_____
5. Abutters Notified: _ N/A Published: _N/A
6. Inquiry Routed To Dept. Heads: _X Please Respond By: May 2, 2019
7. License Approved _____ Denied _____ Tabled _____ On _____

Building Commissioner (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access) No violations, building and bathroom are accessible.

Town Planner: (Site Plan Review/Waiver; Other Requirements/Stipulations)
Ok- No change of use- No site plan required.

Tax Collector: (Outstanding Taxes) Outstanding FY19 Real Estate tax \$8,786.76,
Outstanding FY18 Personal property \$ 58.91 (PP tax Truffles)

Town Treasurer: (Outstanding Tax Liens) None

Fire Chief (Information/Comment) The Fire Department has no issues at this time

Police Chief (Information/Comment) No issues or concerns

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

Board of Health: (Information/comment) Pending Board of Health approval

Sewer Commission: (Information/comment)_____

Milford Water Company: (Information/comment)_____

Commission on Disability: (Information/comment)_____

Applicant: _____ D.O.B. _____ SS Number: _____
Dept. Head Signature: _____ Date: _____

G-1
5-6-19

Milford 4th of July Parade Committee Donations

Total \$ 600.00

Checks

Montgomery Lodge.....	\$50.00	check # 30186
A Step in Time Preschool....	\$50.00	check # 3119
Doyle Siding Inc.....	\$500.00	check # 1665



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 Fire Local 3140
MAILING ADDRESS:

21 Birch St

Milford, MA 01757

CONTACT PERSON: William Collins
CHECK ONE:

PHONE # 508-922-1345

- ☒ 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:

MMA Toll Road 0900-1200 Sept. 7, 2019

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

Main St Winter

#1 Spruce St

Jefferson St Main

[Signature]

Signature of person authorized to apply for permit

5-1-19
Date

[Signature]

Police Chief's Signature

5-2-19
Date

Comments:

6-3

5-6-19



United Way
of Tri-County



TOWN OF MILFORD, MASSACHUSETTS

MILFORD YOUTH CENTER

24 Pearl St., Milford, MA 01757

(508) 473-1756 Phone

(508) 381-0759 FAX

milfordyouthcenter@comcast.net

www.milfordyouthcenter.net



April 24, 2019

Dear Town Administrator and Board of Selectmen,

I am writing to you on behalf of the Milford Youth Commission to inform the Board of the request to declare items at the Center as surplus. Some items include:

- Miscellaneous office items and furniture:
 - Printers
 - Monitors
 - Desk organizers
 - Binding machine
- Miscellaneous sports equipment:
 - Bats
 - Balls
 - Gloves
- Miscellaneous:
 - Board games
 - Holiday decorations
 - Gaming system accessories
 - Karaoke machine

Thank you for your time and consideration,

Jen Ward
Director
Milford Youth Center





METROWEST REGIONAL TRANSIT AUTHORITY

Public Transportation System

15 Blandin Avenue
Framingham, MA 01702

Ph. (508) 935 2222 • Fax (508) 935 2225 • www.mwrta.com

April 22, 2019

William D. Buckley
Milford Board of Selectmen
52 Main Street
Milford, MA 01757

Re: MWRTA Advisory Board Member

Dear William D. Buckley,

Pursuant to Massachusetts General Law, Chapter 161B, Sections 3 & 5, each Chief Elected Executive Official of a city or town that is a member of the Authority, is that municipality's representative to the Authority's Advisory Board. The Chief Elected Executive may, in writing, appoint a designee to act for her/him on the Advisory Board.

Given that the majority of municipal elections in the MetroWest region are conducted in the spring, and that most of the boards of selectman are then re-organized where the Chairperson is likely to change, the MWRTA asks that each member community re-certify with the name and contact information of its representative to the Authority, in writing, as soon as a Chairperson is selected. The Federal Transit Administration under Title VI encourage participation by minorities on Boards such as this.

Advisory Board members have four major duties; hire an administrator, approve a budget, set fares, and finally, to advocate for their respective municipalities by working with the administrator to improve public transportation options as well as to be the conduit for their municipal officials to the Authority.

The Authority expects to meet at least on a quarterly basis, but may have a couple of monthly meetings when votes need to be taken. As the public transportation system grows and develops, the relationship between the Advisory Board members themselves has proven to be beneficial as a regional tool to begin initiatives in other important area of municipal concern, like planning and resource sharing. If I can provide assistance, or further information, please do not hesitate to contact me.

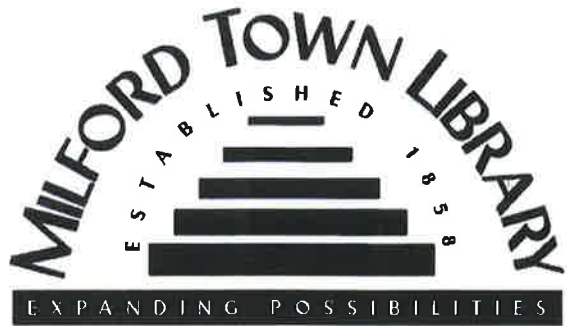
Sincerely,

Ed Carr
Administrator

Current Designee: William Kingkade

Framingham ♦ Ashland ♦ Holliston ♦ Natick ♦ Wayland ♦ Hopkinton ♦ Weston ♦ Sherborn ♦
Sudbury ♦ Marlborough ♦ Southborough ♦ Wellesley ♦ Dover ♦ Hudson ♦ Milford ♦ Hopedale

G-7
5/6/19



May 1, 2019

Mr. Richard A. Villani
Town Administrator
58 Main St
Milford, MA 01757

Dear Mr. Villani:

The Milford Town Library is preparing to begin the front stairs renovation project. The stairs are original from the 1986 building construction and need replacement.

The stairs replacement project is scheduled to begin during the week of May 6, 2019 and I would like to request the permit fees be waived.

Thank you in your assistance in this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Susan L. Edmonds", is written over the printed name.

Susan L. Edmonds
Library Director

Milford Town Library, 80 Spruce Street, Milford, MA 01757
Phone 508•473•2145 Fax 508•473•8651
<http://www.milfordtownlibrary.org>

G-8

5/6/19



MILFORD BOARD OF SELECTMEN

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NAME OF ORGANIZATION Milford Department of Veterans' Services
 MAILING ADDRESS: _____

CONTACT PERSON: John A. Pilla PHONE # 634-2311
 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:

Conduct annual Memorial Day Parade

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

Monday, May 27, 2019 @ 9:30 a.m. assembly of divisions on Veterans Memorial Drive,
 NEW LOCATION (beside I HOP Restaurant)
 10:00 am. step-off and march up E. Main Street to Calzone Park for brief ceremony.
 Continue up Main Street to Draper Memorial Park for speaking program.

John A. Pilla
 Signature of person authorized to apply for permit

5/6/2019
 Date

[Signature]
 Police Chief's Signature
 Comments:

05/02/2019
 Date