

MILFORD BOARD OF SELECTMEN: AGENDA
August 19, 2019– 7:00PM, ROOM 03, TOWN HALL

- A.) SIGNING OF WARRANT, APPROVAL OF Minutes, 8/5/2019**
Executive Session Minutes, 8/5/2019
- B.) INVITATION TO SPEAK**
- C.) PUBLIC HEARINGS***
 - 1. 7:00 PM Greater Milford Social Club, LLC – re: Seasonal Club All Alcohol License
 - 2. 7:05 PM JHM Beaver Street, LLC – re: Change of Manager
- D.) SCHEDULED APPOINTMENTS**
 - 1. Town Engineer, re: Advanced green light at intersection of Medway road and Beaver Street
 - 2. Human Resources Director, re: Town Hall Hours/Vacation Policy
 - 3. Milford TV, re: Annual Report
- E.) TOWN ADMINISTRATOR'S REPORT**
- F.) OLD BUSINESS**
- G.) NEW BUSINESS**
 - 1. Town Administrator, re: Recommendation - Local Building Inspector
 - 2. Sira Naturals, Inc., re: Amend By Law Medical Marijuana Treatment Center Definition – Remand to Planning Board
 - 3. Pine Grove Cemetery, re: Amend By Law – Crematory Use – Remand to Planning Board
 - 4. Milford Fire Department, re: Acceptance of Gifts
 - 5. Saint Mary of the Assumption Church, re: One Day License
 - 6. Town Administrator, re: Recommendation – Junior Building Custodian
- H.) CORRESPONDENCE**
 - 1. Letter to Town of Hopedale, re: Route 16 and Hopedale Street
 - 2. Highway Surveyor, re: Complete Streets Program
- I.) EXECUTIVE SESSION**
 - 1. 6:30 PM Attorney Jed Nosal, re: – Water Company Update

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
8/19/19



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

APPLICATION FOR A NEW LICENSE

Municipality

Milford

1. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES

On-Premises-12

TYPE

\$12 Club

CATEGORY

All Alcoholic Beverages

CLASS

Seasonal

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.

To operate a private member club; to make, sell, deal in and with food products of every kind and description, beverages both alcoholic and non-alcoholic, and other preparations of refreshments of all kinds; and to engage in any activities directly or indirectly related to or incidental thereto and to engage in any activities directly or indirectly related to or incidental thereto and to engage in any other business not prohibited under the Act or other applicable law.

Is this license application pursuant to special legislation?



Yes



No

Chapter

Acts of

2. BUSINESS ENTITY INFORMATION

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

Entity Name

Greater Milford Social Club, LLC

FEIN

DBA

Greater Milford Social Club

Manager of Record

Joshua Lioce

Street Address

28 Granite Street, Milford, MA 01757

Phone

508-962-2909

Email

josh@lioceteam.com

Alternative Phone

Website

N/A

3. 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. You must also submit a floor plan.

The premises consist of a single floor standalone structure purpose built in 1920 to host a social club. The building contains two restrooms, one small kitchen, a bar/function area, and a small storage closet. Floor plan attached hereto and incorporated by reference.

Total Square Footage: 1464

Number of Entrances: 3

Seating Capacity: 66

Number of Floors: 1

Number of Exits: 3

Occupancy Number: 66

4. APPLICATION CONTACT

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

Name:

Joshua Lioce

Phone:

508-962-2909

Title:

Manager and Club President

Email:

josh@lioceteam.com

APPLICATION FOR A NEW LICENSE

5. CORPORATE STRUCTURE

Entity Legal Structure	<input type="text" value="LLC"/>	Date of Incorporation	<input type="text" value="Mar 14, 2019"/>
State of Incorporation	<input type="text" value="Massachusetts"/>	Is the Corporation publicly traded? <input type="radio"/> Yes <input checked="" type="radio"/> No	

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
Christopher Driscoll	9 Calvin Drive, Milford MA 01757		11/16/1968
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Member	1/12	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Christopher Morin	83 Camp Street, Milford MA 01757		4/4/1977
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Member	1/12	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
David Swift	15 Steel Road, Hopedale MA 01747		3/31/1969
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Member	1/12	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Jamie Luchini	6 Park Lane Ave. Milford MA		1/9/1979
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Member	1/12	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Joshua Liocce	97 Highland Street, Milford MA 01757		
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Member Manager	1/12	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input checked="" type="radio"/> Yes <input type="radio"/> 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

APPLICATION FOR A NEW LICENSE

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

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. 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 The Club, LLC

Landlord Phone 508-353-7607

Landlord Email morin_chris@hotmail.com

Landlord Address 83 Camp Street Milford MA 01757

Lease Beginning Date 3/20/2019

Rent per Month \$3,400.00

Lease Ending Date 3/19/2039

Rent per Year \$40,800.00

Will the Landlord receive revenue based on percentage of alcohol sales?

☐ Yes ☒ No

APPLICATION FOR A NEW LICENSE

8. FINANCIAL DISCLOSURE

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

*Other Cost(s): (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
Members of the Greater Milford Social Club	\$30,735.00
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.

The operation of the Greater Milford Social Club is supported entirely by cash contributions of its private members in the form of dues. Each member listed at Number 6 above contributed \$750.00 to fund the founding of the organization. Upon its founding, the organization undertook a membership drive to attract new members, each of whom contributes \$750.00. The landlord has not yet completed renovations of the premises, therefore the Club has not yet incurred costs other than monthly rent. Bank statement attached

9. 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?

10. 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
2/17	PRESENT	OPERATOR	TOWN OF MILFORD - STREET	JOHN MAININI
9/15	2/17	OPERATOR	TOWN OF NORTHBOROUGH - SEWER	MARK KURAS
4/10	10/15	LES HT EQUIPMENT OPERATOR	TOWN OF MILFORD - PARKS	MIKE BRISLANT
11/09	4/10	OPERATOR / LABORER	MILFORD WATER CO	HENRY PAPUGA

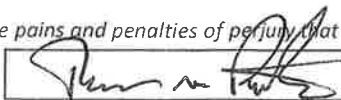
D. PRIOR DISCIPLINARY ACTION

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

7/19/19

ADDITIONAL INFORMATION

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

APPLICANT'S STATEMENT

I, Joshua Lioce the: ☐ sole proprietor; ☐ partner; ☐ corporate principal; ☒ LLC/LLP manager
Authorized Signatory
of Greater Milford Social Club, LLC
Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature:



Date:

7/19/2019

Title:

Member

CORPORATE VOTE

The Board of Directors or LLC Managers of

Greater Milford Social Club, LLC

Entity Name

duly voted to apply to the Licensing Authority of

Milford

City/Town

and the

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

Date of Meeting

For the following transactions (Check all that apply):

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> New License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/ LLP Partners,
Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change of Hours |
| | <input type="checkbox"/> Other | | <input type="checkbox"/> Change of DBA |

"VOTED: To authorize

Joshua Lioce

Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

"VOTED: To appoint

Thomas Parente

Name of Liquor License Manager

as its manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts."

A true copy attest,

Corporate Officer /LLC Manager Signature

Joshua M. Lioce
(Print Name)

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature

(Print Name)



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

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
MONETARY TRANSMITTAL FORM**

APPLICATION FOR A NEW LICENSE

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL
LICENSING AUTHORITY.

ECRT CODE: RETA

Please make \$200.00 payment here: ABCC PAYMENT WEBSITE

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE
PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

ENTITY/ LICENSEE NAME Greater Milford Social Club, LLC

ADDRESS 28 Granite Street

CITY/TOWN Milford

STATE MA

ZIP CODE 01757

For the following transactions (Check all that apply):

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> New License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/ LLP Partners,
Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change of Hours |
| | | <input type="checkbox"/> Other | <input type="checkbox"/> Change of DBA |

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS
TRANSMITTAL FORM ALONG WITH
COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150-2358

ADDENDUM A

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

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.).

Entity Name

Greater Milford Social Club, LLC

Percentage of Ownership in Entity being Licensed
(Write "NA" if this is the entity being licensed)

NA

Name of Principal	Residential Address	SSN	DOB
Matthew Marcotte	9 San Clemente Circle Milford MA 01757		6/19/1979

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Member	1/12	<input type="radio"/> Yes <input checked="" type="radio"/> No	<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
Patrick Holland	1 Caroline Drive Milford, MA 01757		3/19/1976

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Member	1/12	<input type="radio"/> Yes <input checked="" type="radio"/> No	<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
Paul Pellegrini	45 Woodridge Rd Milford MA 01757		1/30/1977

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Member	1/12	<input type="radio"/> Yes <input checked="" type="radio"/> No	<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
Richard Vasile	8 Bethel Rd Milford MA 01757		9/3/1968

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Member	1/12	<input type="radio"/> Yes <input checked="" type="radio"/> No	<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
Robert Bullock	3 Bear Hill Road Milford MA 01757		5/21/1977

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Member	1/12	<input type="radio"/> Yes <input checked="" type="radio"/> No	<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
Thomas Parente	23 Pleasant Street Milford MA 01757		

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Member	1/12	<input type="radio"/> Yes <input checked="" type="radio"/> No	<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
William Kingkade	50 Woodridge Rd Milford MA 01757		1/2/1976

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Member	1/12	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

CRIMINAL HISTORY

Has any individual identified above 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

DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **Greater Milford Social Club, LLC**
Business Address: **28 Granite Street Milford**
Assessors ID#: Map **41** Block **0** Lot **423 & 424 (pt) (IA Zone)**

2. Has applied for: **Seasonal Club All Alcohol License.**

3. Selectmen will take action on: **Monday August 19, 2019**
4. Hearing Continued/Postponed/MGL Deadline: _____
5. Abutters Notified: **8/6/2019** Published: **8/6/2019**
6. Inquiry Sent To Dept. Heads on: **8/6/2019**
7. Please Respond By: **8/9/2019**
8. License Approved: _____ Denied: _____ Tabled: _____ On _____

.....
Building Commissioner: (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.)

Preexisting non-conforming use, OCC Load 70, building accessibility to be addressed in future, existing restroom is accessible.

Town Planner: (Site Plan/Special Permit; Other Requirements/Stipulations)

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

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

Board of Health: (Information/comment) **In process of working with new owners regarding BOH requirements such as, floor plan, applications, etc.**

Sewer Commission: (Information/Comment)

Milford Water Company: (Information/comment)

Commission on Disability: (Information/comment)

Dept. Head Signature: _____

Date: _____

.....
Contact Name: **Joshua Lioce**

D.O.B.: _____

SS #: _____

Phone: **508-962-2909**

e-mail: _____



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

AMENDMENT-Change of Manager

☒ **Change of License Manager**

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
JHM Beaver Street LLC	Milford	00001-HT-0706

2. APPLICATION CONTACT

The application contact is the person who should be contacted with any questions regarding this application.

Name	Title	Email	Phone
Jahayra Santiago	General Manager	jahayra.santiago@hilton.com	508-478-7010

3A. MANAGER INFORMATION

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

Proposed Manager Name	Jahayra Santiago	Date of Birth	02/14/1973	SSN	
Residential Address	10 Carleton Avenue, Chelmsford, MA 02124				
Email	Jahayra.santiago@hilton.com	Phone	978-596-4785		
Please indicate how many hours per week you intend to be on the licensed premises	50	Last-Approved License Manager	Maureen Lee		

3B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?*

☒ Yes ☐ No *Manager must be 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

3C. EMPLOYMENT INFORMATION

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

Start Date	End Date	Position	Employer	Supervisor Name
08/16	07/19	General Manager	Courtyard by Marriott-South Boston	Beth Schrer
03/11	08/16	General Manager	Holiday Inn & Suites - Marlborough	Sam Sidholm

3D. 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

Jahayra Santiago

Date

7-26-19



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

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
MONETARY TRANSMITTAL FORM**

AMENDMENT-Change of Manager

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL
LICENSING AUTHORITY.

ECRT CODE: RETA

Please make \$200.00 payment here: ABCC PAYMENT WEBSITE

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE
PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

00001-HT-0706

ENTITY/ LICENSEE NAME JMH Beaver Street LLC

ADDRESS 11 Beaver Street

CITY/TOWN Milford

STATE MA

ZIP CODE 01757

For the following transactions (Check all that apply):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input checked="" type="checkbox"/> Change of Manager | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/ LLP Partners,
Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change of Hours |
| | | <input type="checkbox"/> Other <input type="text"/> | <input type="checkbox"/> Change of DBA |

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS
TRANSMITTAL FORM ALONG WITH
COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150-2358

CORPORATE VOTE

The Board of Directors or LLC Managers of

JHM Beaver Street LLC

Entity Name

duly voted to apply to the Licensing Authority of

Milford, MA

City/Town

and the

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

Aug 19, 2019

Date of Meeting

For the following transactions (Check all that apply):

☒ Change of Manager

☐ Other

"VOTED: To authorize

Jahayra Santiago

Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

"VOTED: To appoint

Jahayra Santiago

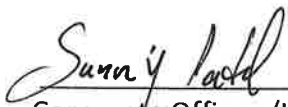
Name of Liquor License Manager

as its manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts."

A true copy attest,

For Corporations ONLY

A true copy attest,



Corporate Officer /LLC Manager Signature

Sunny Patel

(Print Name)

Corporation Clerk's Signature

(Print Name)

APPLICANT'S STATEMENT

I, Sunny Patel the: ☐ sole proprietor; ☐ partner; ☐ corporate principal; ☒ LLC/LLP manager
Authorized Signatory
of JHM Beaver Street LLC
Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature:

Sunny Patel

Date:

7-26-19

Title:

Owner

DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **JHM Beaver Street, LLC D/B/A DoubleTree by Hilton**
Business Address: **11 Beaver Street**
Assessors ID#: Map: **31** Block: **0** Lot: **21**

2. Has applied for: **Amendment to All Alcohol License – Change of Manager**

3. Selectmen will take action on: **Monday August 19, 2019**

4. Hearing Continued/Postponed/MGL Deadline: _____

5. Abutters Notified: **N/A** Published: **N/A**

6. Inquiry Sent To Dept. Heads on: **7/29/2019**

7. Please Respond By: **7/31/2019**

8. License Approved: _____ Denied: _____ Tabled: _____ On _____

.....
Building Commissioner: (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **IB Zone, OCC Load 2104, No violations, Accessible Building**

.....
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) **Nothing in-house, nothing on file**

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

Board of Health: (Information/comment) **All set. Updated information on 8/16/2019**

Sewer Commission: (Information/Comment) _____

Milford Water Company: (Information/comment) _____

Commission on Disability: (Information/comment) _____

Dept. Head Signature: _____ Date: _____

.....
Applicant Name: _____ D.O.B.: _____ SS #: _____

Applicant Mailing Address: _____

Applicant Phone: _____ e-mail: _____

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8/19/19



OFFICE OF PLANNING
AND ENGINEERING

TOWN OF MILFORD

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

Michael Dean, P.E.
Town Engineer

M E M O R A N D U M

TO: Richard Villani, Town Administrator
FROM: Michael Dean, P.E. *MD*
DATE: August 14, 2019
SUBJECT: **Update on Advanced Green Light** at the Intersection of Medway Road (Rt. 109)
and Beaver Street

This information is to serve as an update following the August 01, 2019 Memo, regarding the signalization at the intersection of Medway Road (Rout 109) and Beaver Street.

Over the past two weeks there have been several emails sent to and from the developer RD Management and their contractors. The information sent to the Town via emails are reflected below. The project consists of only 3 to 4 days' worth of work once started.

The Developer's Contractors Central Mass Signal (CMS) and Waterfalls Services have forwarded the following information / schedule through several different emails:

- The materials associated with the signal heads and parts for the re-phasing of the system have been ordered. Small lead time therefore the materials and parts will be ready / delivered the last week in August.
- Contractor has secured a road opening permit from the Highway Department on August 12, 2019.
- Minor roadway work for conduit installation and base for new traffic pole to start on August 26, 2019, this is no more than 2 days' worth of work.
- Last week of August:
 - 1 days' worth of work for overhead signal work
 - 1 days' worth of work for system programing (parts will be ready last week in August).
- The Advanced Green Light (Left Turn) will be **operational by the last week of August.**

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8/19/19



Department of Human Resources

Town of Milford, MA

52 Main Street – Room 10

Milford, MA 01757

MAUREEN GIFFIN

HUMAN RESOURCES DIRECTOR

Telephone: (774) 462-3309

Fax: (508) 634-2324

E-mail: mgiffin@townofmilford.com

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

FROM: Maureen Giffin, Human Resources Director

RE: Town Hall hours of operations - proposed revisions

DATE: August 16, 2019

To make the services available at the Town Hall more accessible to residents and other customers, it is suggested that the hours be modified, offering extended hours one evening per week.

Comparing other local municipalities, we found that, of the 75 towns who replied to a Mass Municipal HR survey, 53 are open late one night (between 6:30 – 8:00); 68 have shortened hours on Fridays (they generally close between noon and 1:00 pm). Only four municipalities have no variation in their schedules, however, all four close daily at 4:00 or 4:30 p.m. The remaining towns have a variety of modifications to their schedules. Attached is a summary of all municipalities who participated in the survey.

Preliminary conversations with the MACE union and departments who report to Boards/Committees all had a favorable response to modification of the Town Hall hours. Next steps are to determine the new Town Hall schedule, and to ensure internal and external communication strategies are in place. Below is one proposal that will align all departments within the Town Hall, and a second that allows the Inspections, Health, and Planning & Engineering departments to maintain an 8:00 start time.

All departments / same hours of operation:

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

Inspections/Planning & Engineering/ Health Department maintain 8:00 start time:

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

Municipality	Monday	Tuesday	Wednesday	Thursday	Friday
Abington	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 12:30 PM
Arlington	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 7 PM	8 AM - 12 PM
Ashburnham	7:30 AM - 7 PM	7:30 AM - 5 PM	7:30 AM - 5 PM	7:30 AM - 5 PM	9 AM - 12 PM
Ashland	8:00 AM - 3:30 PM	8:00 AM - 3:30 PM	8:00 AM - 7 PM	8:00 AM - 3:30 PM	10 AM - 12 PM
Ayer	8 AM - 4 PM	8 AM - 7 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM
Bellingham	8:30 AM - 7 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 1 PM
Belmont	8 AM - 7 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM	8:30 AM - 1 PM
Bridgewater	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM	8:30 AM - 1 PM
Brookline	8 AM - 5 PM	8 AM - 5 PM	8 AM - 5 PM	8 AM - 5 PM	8:30 AM - 1 PM
Burlington	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 7 PM	8:30 AM - 4:30 PM	8:30 AM - 1 PM
Cambridge	8:30 AM - 8 PM	8:30 AM - 5:00 PM	8:30 AM - 5:00 PM	8:30 AM - 5:00 PM	8:30 AM - 1 PM
Chelsea	8 AM - 4 PM	8 AM - 7 PM	8 AM - 4 PM	8 AM - 4 PM	8:30 AM - 1 PM
Chicopee	9:00 AM - 4:30 PM	9:00 AM - 4:30 PM	9:00 AM - 4:30 PM	9:00 AM - 4:30 PM	9:00 AM - 4:30 PM
Danvers	8 AM - 5 PM	8 AM - 5 PM	8 AM - 5 PM	8 AM - 7:30 PM	8 AM - 1 PM
Dedham	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 7:00 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM 8:30- 1:00 pm Memorial Day to Labor Day.
Dighton	7:30 AM - 4:30 PM	7:30 AM - 4:30 PM	7:30 AM - 5:30 PM	7:30 AM - 4:30 PM	CLOSED
Dudley	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 7 PM	8:30 AM - 1 PM
Duxbury	8 AM - 7 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 12:30 PM
Easton	8:30 AM - 7:30 PM	8:30 AM - 4 PM	8:30 AM - 4 PM	8:30 AM - 4 PM	8:30 AM - 1 PM
Everett	8:00 AM - 7:30 PM	8 AM - 5 PM	8 AM - 5 PM	8:00 AM - 7:30 PM	closed
Fitchburg	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM
Foxborough	8:30 AM - 4:00 PM	8:30 AM - 4/5-8 PM	8:30 AM - 4:00 PM	8:30 AM - 4:00 PM	8:30 AM - 12:30 PM
Framingham	8:30 AM - 5:00 PM	8:30 AM - 7:00 PM	8:30 AM - 5:00 PM	8:30 AM - 5:00 PM	8:30 AM - 12:30 PM
Franklin	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 6 PM	8 AM - 1 PM
Freetown	8am-4pm	8am-4pm	8am-4pm	8am-4pm	8am-12 PM
Gardner	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 1 PM
Groton	8 AM - 7 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 1 PM
Hanover	8 AM - 4 PM	8 AM - 4 PM	8 AM - 8 PM	8 AM - 4 PM	8 AM - 12:00 PM
Haverhill	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM
Hingham	8:30 AM - 4:30 PM	8:30 AM - 7 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 1 PM
Holliston - 1st flr	8:30 AM - 4:30 PM	8:30 AM - 7 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 1 PM
basement	7:30 AM - 4:30 PM	7:30 AM - 4:30 PM	7:30 AM - 4:30 PM	7:30 AM - 4:30 PM	7:30 AM - 12:30 PM
Hopedale	8 AM - 7 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 1 PM
Hopkinton	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 7:30 PM	8 AM - 12:30 PM
Ipswich	8 AM - 7 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 12 PM
Lancaster	9 AM - 5 PM	9 AM - 4 PM	9 AM - 4 PM	9 AM - 4 PM	closed
Lynnfield	8 AM - 4:30 PM	8 AM - 4:30 PM	8 AM - 4:30 PM	8 AM - 4:30 PM	8 AM - 1 PM
Lincoln	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM
summer hours	7 AM - 4:30 PM	7 AM - 4:30 PM	7 AM - 4:30 PM	7 AM - 4:30 PM	closed
Lynn	8:30 AM - 4:30 PM	8 AM - 8 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 12:30 PM
Malden	8 AM - 4 PM	8 AM - 7 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 12 PM
Mansfield	8 AM - 4 PM	8 AM - 4 PM	8 AM - 8 PM	8 AM - 4 PM	8 AM - 12 PM
Marian	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 - 3:30 PM
Marlboro	9 AM - 7 PM Close at 5:00 in summer	9 AM - 5 PM	9 AM - 5 PM	9 AM - 5 PM	9 AM - 5PM
Maynard	8 AM - 4 PM	8 AM - 7 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 12 PM
Medfield	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 7:30 PM	8 AM - 12:30 PM
Medford	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 7:30 PM	8:30 AM - 4:30 PM	8:30 AM - 12 PM
Medway	7:30 AM - 5:30 PM	7:30 AM - 4:30 PM	7:30 AM - 4:30 PM	7:30 AM - 4:30 PM	7:30 AM - 12:30 PM
Melrose	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 12:30 PM
Mendon	9:00 AM - 6:30 PM	9 AM - 4 PM	9 AM - 4 PM	9 AM - 4 PM	closed
Millis	8:30 AM - 7:30 PM	8:30 AM - 4:30 PM	8:30 AM - 7:30 PM	8:30 AM - 4:30 PM	8:30 AM - 12:30 PM
Milton	8 AM - 5 PM	8 AM - 5 PM	8 AM - 5 PM	8 AM - 5 PM	8 AM - 1:30 PM
Natick	8 AM - 5 PM	8 AM - 5 PM	8 AM - 5 PM	8 AM - 8 PM	8 AM - 12:30 PM
Newburyport	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 8 PM	8 AM - 12:00 PM

Norfolk	8 AM - 6 PM	8 AM - 6 PM	8 AM - 6 PM	8 AM - 6 PM	closed
North Attleboro	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 12:30 PM
Northbridge	8:30 AM - 7 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 1 PM
Paxton	9 AM - 7 PM	9 AM - 4 PM	9 AM - 4 PM	9 AM - 4 PM	9 AM - 1 PM
Salem	8 AM - 4 PM	8 AM - 4 PM	8 AM - 8 PM	8 AM - 4 PM	8 AM - 12:00 PM
Saugus	8:30 AM - 7:00 PM	8:15 AM - 5 PM	8:15 AM - 5 PM	8:15 AM - 5 PM	8:15 AM - 12:30 PM
Sharon	8:30 AM - 5 PM	8:30 AM - 5 PM	8:30 AM - 5 PM	8:30 AM - 8 PM	8:30 AM - 12:30 PM
Somerville	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 7:30 PM	8 AM - 12:30 PM
Southboro	8 AM-5PM	8 AM-7 PM	8 AM-5PM	8 AM-5PM	8 AM-12 PM
Taunton	8 AM - 4 PM	8 AM - 7 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 12:00 PM
Templeton	7:30 AM - 6:30 PM	7:30 AM - 4:30 PM	7:30 AM - 4:30 PM	7:30 AM - 4:30 PM	Closed
Upton	8:30 AM - 4 PM	8:30 AM - 6:30 PM	8:30 AM - 4 PM	8:30 AM - 4 PM	8:30 AM - 11:30 AM
Uxbridge	7:30 AM - 5 PM	7:30 AM - 5 PM	8:00 AM - 7 PM	7:30 AM - 5 PM	closed
Wakefield	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 7 PM	8 AM - 12:30 PM
Walpole	8 AM - 4 PM	8 AM - 8 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 12 PM
Wayland	8 AM - 7 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 12:30 PM
Webster	8 AM - 7 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM	8:30 AM - 12 PM
West Newbury	8 AM - 4:30 PM	8 AM - 4:30 PM	8:00 AM - 7 PM	8 AM - 4:30 PM	8 AM - 12 PM
Westwood	8:30 AM - 4:30 PM	8:30 AM - 7:00 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 1 PM
Winchester	8 AM - 7 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 12 PM
Woburn	9 AM - 4:30 PM	9 AM - 4:30 PM	9 AM - 4:30 PM	9 AM - 7 PM	9 AM - 1 PM
Wrentham	8 AM - 4 PM	8 AM - 7 PM	8 AM - 4 PM	8 AM - 4 PM	8 AM - 12:00 PM
Yarmouth	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM	8:30 AM - 4:30 PM



Department of Human Resources

Town of Milford, MA

52 Main Street – Room 10

Milford, MA 01757

MAUREEN GIFFIN

HUMAN RESOURCES DIRECTOR

Telephone: (774) 462-3309

Fax: (508) 634-2324

E-mail: mgiffin@townofmilford.com

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

FROM: Maureen Giffin, Human Resources Director

RE: Vacation Policy proposed revisions

DATE: August 11, 2019

As we continue our efforts to attract and retain top talent in the Town of Milford, it's important that we consider all aspects of a total compensation package. One such aspect is the Town's current vacation policy. While it is aligned with other municipalities' policies starting in the third year of employment, we are at a competitive disadvantage in the first two years of service.

I would like to make a recommendation that we revise the policy for the first two years, allowing new hires to begin using their accrued vacation days after six months of continuous employment. In addition, I would suggest we offer five vacation days beginning in the second calendar year.

Most applicants would have earned at least two weeks' vacation time at their previous job. To ask a new hire to wait up to a year before being allowed to take a vacation day, and receiving no additional vacation days in their second year, makes it difficult to recruit new hires to the Town.

I have attached a revised vacation policy proposal, and would respectfully request input from the Board of Selectmen. If the Board is favorable to the proposal, I will take it to the Personnel Board for a vote, and it will then be brought to the October Town Meeting for ratification.

Thank you for your consideration and perspective on this matter.

VACATION LEAVE

5.8(A) To be eligible for vacation leave, an employee shall have been employed on a permanent, full-time basis, for a period of not less than six (6) continuous months.

The vacation year shall be the period January 1 – December 31. An employee who has resigned or retired within a given vacation year shall be paid for any unused vacation leave accrued ~~during said year~~ at the time of separation.

YEAR 1: ~~For the remainder~~ that portion of the calendar year ~~of~~ after an employee's initial hiring, he/she shall accrue one (1) vacation day for each month or part thereof worked, up to a maximum of ten (10) days during the initial vacation year. Employees in their first year of employment may begin using vacation days no sooner than six months of their hire date, and only when they have been continuously employed for said period. Recently hired employees may carry up to ten (10) vacation days into the following calendar year following their first date of employment. At least five (5) of these days must be taken no later than June 30th of the new calendar year.

YEAR ONE

First month of employment	Year one accrual	First month vacation days available for use
January	10	July
February	10	August
March	10	September
April	9	October
May	8	November
June	7	December
July	6	January
August	5	February
September	4	March
October	3	April
November	2	May
December	1	June

YEAR 2: ~~Each vacation day accrued in Year 1 shall be taken during this year of employment. No additional vacation leave shall be accrued in Year 2.~~

All employees accrue five (5) days' vacation on January 1st. These days may be used after initial completion of six (6) months continuous employment. All employees may carry over a maximum of ten (10) days into the following calendar year. At least five (5) of these days must be taken no later than June 30th of the new calendar year.



Department of Human Resources

Town of Milford, MA

52 Main Street – Room 10

Milford, MA 01757

MAUREEN GIFFIN

HUMAN RESOURCES DIRECTOR

Telephone: (774) 462-3309

Fax: (508) 634-2324

E-mail: mgiffin@townofmilford.com

5.8(B) Vacation leave for subsequent years of continuous employment shall be accrued in accordance with the following schedule, as of January 1st:

Upon completion of Two (2) Years	10 days
Upon completion of Five (5) Years	15 days
Upon completion of Eleven (11) years	20 days
Upon completion of Seventeen (17) years	25 days

Vacation entitlement shall not be cumulative from year to year. Said leave shall be taken within the year it is accrued, unless otherwise authorized under Section 5.08c.

An employee shall be eligible for increased vacation leave, as determined above, upon the actual date of his/her 5th, 11th, and/or 17th anniversary of continuous employment, notwithstanding when said date falls within the January – December vacation leave.

5.8(C) Any employee may request, in writing, a carry-over of up to ten (10) unused vacation days into the following calendar year. However, five (5) of the carry over vacation days must be taken no later than June 30th of the new calendar year. Such request must be submitted in writing thirty (30) days prior to the end of the calendar year, and must be approved by the Department Head and the Personnel Board.

Revised October 2019 STM

G-2
8/19/19

JOHN V FERNANDES, Esq.
100 Cambridge Street, Suite 1301
Boston, Massachusetts 02114

508.935.7625

John@fplaw.net

August 13, 2019

William Buckley, Chairman
Milford Board of Selectmen
Town of Milford
52 Main Street
Milford, MA 01757

RE: Milford Zoning Bylaw change

Dear Chairman Buckley:

Enclosed please find a proposal for an Article that I request, on behalf of Sira Naturals, Inc., be placed on this coming Annual Town Meeting warrant. The article seeks to conform the Milford Zoning Bylaw to Massachusetts law as it relates to the type of entity that may operate as a Medical Marijuana Treatment Center in Milford. As you are aware, Massachusetts no longer requires the use of a non-profit entity.

I request that you please remand the Article to the Planning Board that they may expeditiously schedule a public hearing on the matter that would then allow consideration of the matter at the Annual Town Meeting.

Very truly yours,

John V. Fernandes

CC: client
Town Planner

ARTICLE _____: To see if the Town will vote to amend Section 4.1 Definitions of the Zoning Bylaw relating to Medical Marijuana Treatment Centers as follows:

By replacing in the definition of Medical Marijuana Treatment Center the words "A not-for-profit entity" with the words "An entity",

or take any other action related thereto.

()

C-3
8/19/19

Mayer, Antonellis, Jachowicz & Haranas, LLP

Attorneys at Law

288 Main Street, Milford, MA 01757
Tel. (508) 473-2203 Telecopier (508) 473-4041

William H. Mayer
Robert P. Jachowicz
Joseph M. Antonellis
Peter J. Haranas
Jill P. Dawczyk
Erin Wright (also admitted in R.I.)
A. Eli Leino (also admitted in N.H.)

August 12, 2019

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

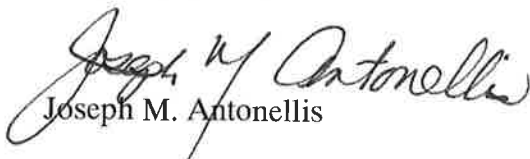
Hand Delivered
Re: Proposed Zoning Article –Crematory

Dear Mr. Villani:

I have been retained by the Proprietors of the Pine Grove Cemetery, ("Pine Grove") a nonprofit organization which manages the affairs of the Pine Grove Cemetery. Pine Grove would like to build a Crematory at the cemetery. Presently Crematories are not listed as an allowed use in the Town of Milford. Accordingly on their behalf, I have prepared a proposed Zoning Article which if adopted will allow a Crematory to be constructed as and accessory use to an existing cemetery.

I am submitting a copy of the proposed article and request you refer this to the Board of Selectmen. At their next regularly scheduled meeting I am hopeful the Board will consider the article's merits and thereafter refer same to the Milford Planning Board. Please feel free to contact me with any questions or concerns.

Very truly yours,


Joseph M. Antonellis

cc: Larry Dunkin

ARTICLE _____: To see if the Town will vote to amend the Zoning Bylaw relating to Crematory uses as noted hereinafter:

BY ADDING in Section 2.3 Use Regulation Schedule references to Crematory uses as follows:

Section 2.3 Use Regulation Schedule

ACTIVITY OR USE	DISTRICT											
	RA	RB	RC	RD	OR	BP	CA	CB	CC	IA	IB	IC
<u>ACCESSORY USES</u>												
Crematory as Secondary Use ¹	O ³³	O ³³	O ³³	O ³³	O ³³	O ³³	O ³³	O ³³	O ³³	O ³³	O ³³	O ³³

³³ A crematory may be permitted as a secondary (i.e. accessory) use to a cemetery upon approval of a site plan by the Planning Board pursuant to Section 1.15 herein.

AND BY ADDING in Section 4.1 of Article VI Definitions the following definition:

Crematory – A facility used exclusively for the reduction of corpses to ashes by means of incineration.

Or take any other action related thereto.



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

Acceptance of Gift Form

Date Received: 8/5/2019

Dept. Accepting Gift: MILFORD FIRE DEPARTMENT

Donor Name: HYMAN I. STRAMER

Donor Address: 134 MAIN STREET

MILFORD, MA 01757

Name of Gift MISCELLANEOUS GIFT

Purpose of Donation: EQUIPMENT/SUPPLIES

Total of Gift \$1000.00

- ☒ Attached is a copy of the correspondence received.
- ☐ There is no written Correspondence with this gift.
- ☐ The Board of Selectmen have been notified of this gift and have
Approved of the expenditures for the purposes stated.

Board of Selectmen

TOWN ACCOUNTANT USE

Assigned Account # 2635-4830

Date Received _____

HYMAN I. STRAMER, ESQ.
Attorney at Law
134 MAIN STREET
MILFORD, MASSACHUSETTS 01757
Tel: (508) 478-6944
Fax: (508) 478-6949
www.stramer.com

Hyman I. Stramer, Esq.
hstramer@stramer.com

Miriam S. Marcus, Esq.
mmarcus@stramer.com

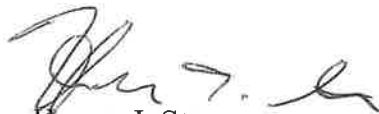
July 31, 2019

Milford Fire Department
21 Birch Street
Milford, MA 01757
ATTN: Paula

Dear Paula:

Enclosed please find a check in the amount of \$1,000.00 for the Fire Department gift account in appreciation of the exemplary service and dedication by the members of the Milford Fire Department in protecting the lives and property of the residents of the Town of Milford.

Very truly yours,



Hyman I. Stramer

enclosure

HIS/rmm

6-5
8/14/19

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 Church
Address 17 Winter ST, Milford - MA
Contact Person Renata Deoliveira Weekday Telephone 774-287-2557
Signature [Signature] Title Secretary

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 Fundraiser

Name of Applicant/Organization St. Mary of the Assumption

Address 17 Winter ST, Milford - MA

Telephone 508-473-2000 Email combrasilmilford@outlook.com

Non-Profit Organization Yes ☒ No _____

Date of Event August 24, 2019

Event will take place at the following location: 17 Winter ST, Milford - MA
(Parish Center)

Between the hours of 8pm - 12am

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: [Signature]

Youth Ctr. Director Signature: _____ (If Applicable)

1-1
8/19/19



MILFORD BOARD OF SELECTMEN

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

August 13, 2019

Town of Hopedale
Attention: Steven A. Sette, Town Administrator
78 Hopedale Street
Hopedale, MA 01747

Re: Intersection Route 16 and Hopedale Street

Dear Mr. Sette:

It is my understanding that the Town of Hopedale is preparing to submit a Mass Works application seeking to redesign and reconstruct the intersection at Route 16 and Hopedale Street.

As you know Milford is on the TIP Target Program for FY 19 for a Route 16 Traffic Improvement Project which begins at the intersection of Main Street and Water Street and continues southwest along Route 16 to the Hopedale Town Line. The Project includes major upgrades to the Route 16 and 140 intersection adjacent to the Milford Regional Medical Center. We expect to begin work this fall with the major construction work occurring in the spring of 2020.

On behalf of the Board of Selectmen, please consider this letter as the Town of Milford's support for your project to redesign the intersection of Route 16 and Hopedale Street. Your project will truly complement our project by improving traffic flows and patterns on the Route 16 corridor, and providing easier and more efficient access to the Medical Center.

This intersection is extremely busy and important to not only the Town of Hopedale, but the surrounding area as well. Being in such close proximity to the Milford Regional Medical Center, emergency vehicles frequent this intersection often. A redesign and reconstruction of the intersection will better facilitate an uninterrupted medical response for those vehicles.

In addition, an updated intersection will only improve safety for the numerous motor vehicle operators who pass through it on a daily basis (traffic volumes), as Route 16 is a major commuter route, and pedestrians, many of whom are young people who walk regularly to the nearby Memorial Elementary School and the Hopedale Junior High School.

Should you need anything further, please do not hesitate to contact me.

Very truly yours,

Richard A. Villani
Town Administrator

CC: Files

H-2
8/19/19

Complete Streets & The MassDOT Program



**Milford Board of Selectman
August 5, 2019**

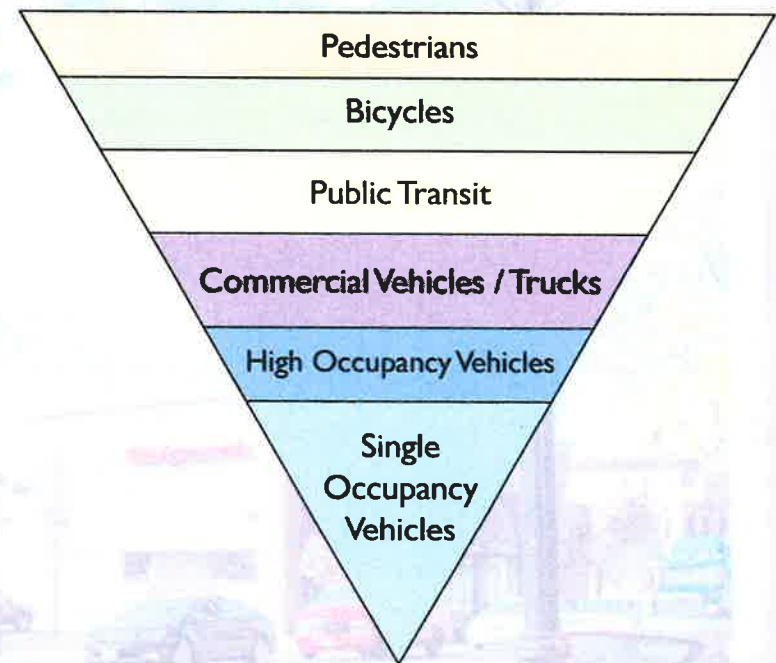
Presentation Outline

- Complete Streets Overview
- The MassDOT Program
- The Process
- Municipal Examples

Complete Streets – What are they?

Complete Streets...

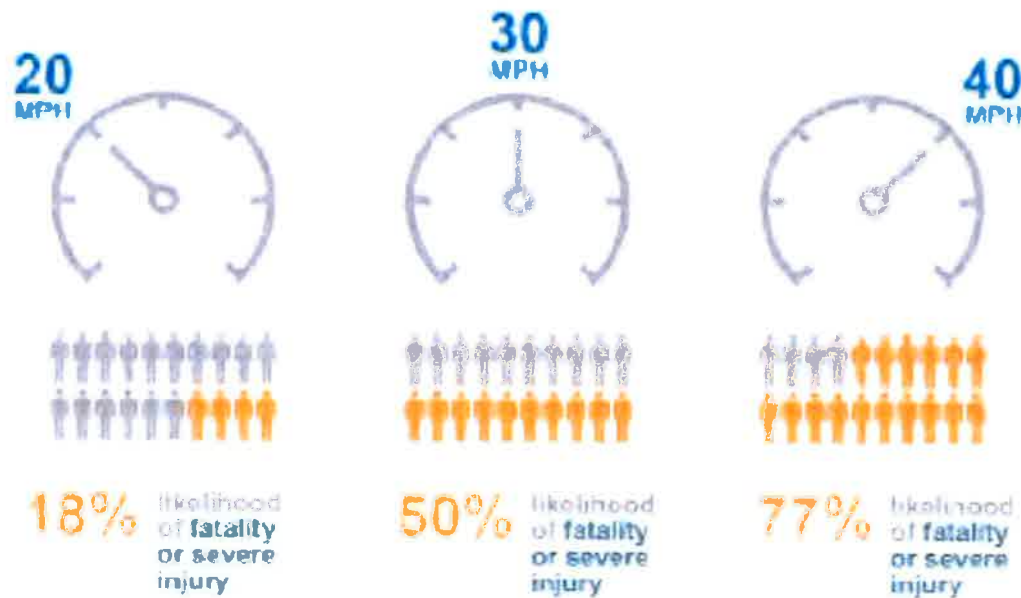
...consider all users of streets, roads, and highways including pedestrians, bicyclists, persons with disabilities, seniors, children, motorists, movers of all commercial goods, operators of public transportation, public transportation users of all abilities, and emergency responders



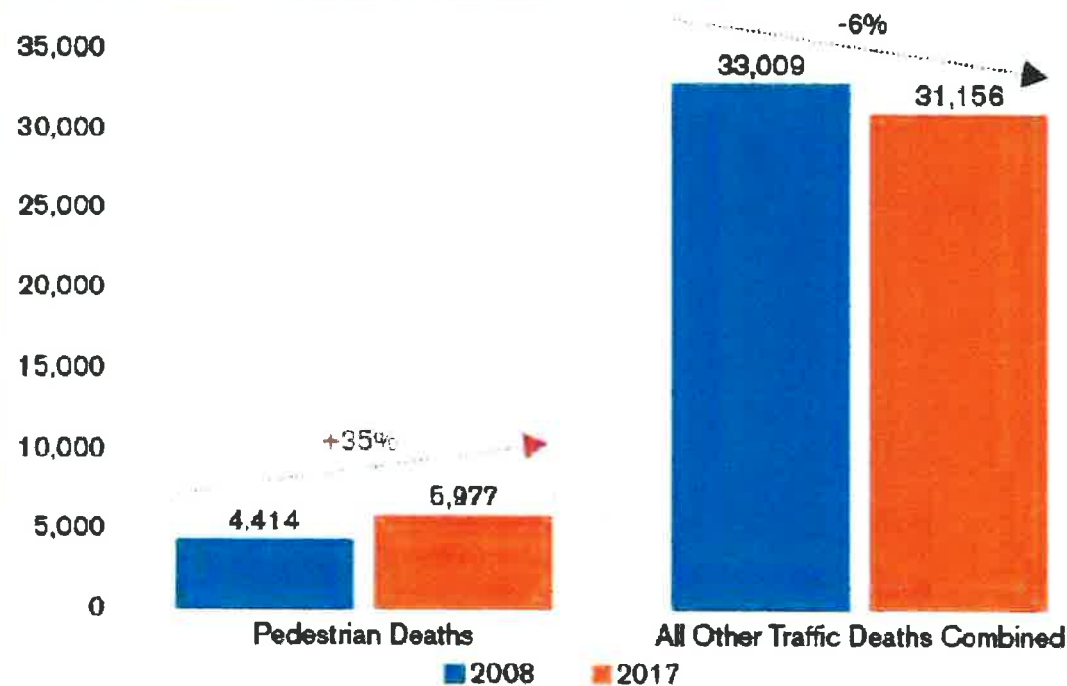
Complete Streets Matter Because ...

- **Provide for safe movement of all users - all modes**
- **Help create a more comfortable environment for a community**
- **Encourage improved health outcomes**
- **Enhance the vitality and viability of the business districts and villages**
- **Provide choices for travel**

Complete Streets Matter Because ...



Complete Streets Matter Because ...



Source: NHTSA FARS



Complete Streets Matter Because ...

- **20%** of pedestrian crashes in New England states involve senior citizens > 70 yrs of age
- More than **75%** of pedestrian fatalities occur under dark conditions



The MassDOT Complete Streets Program

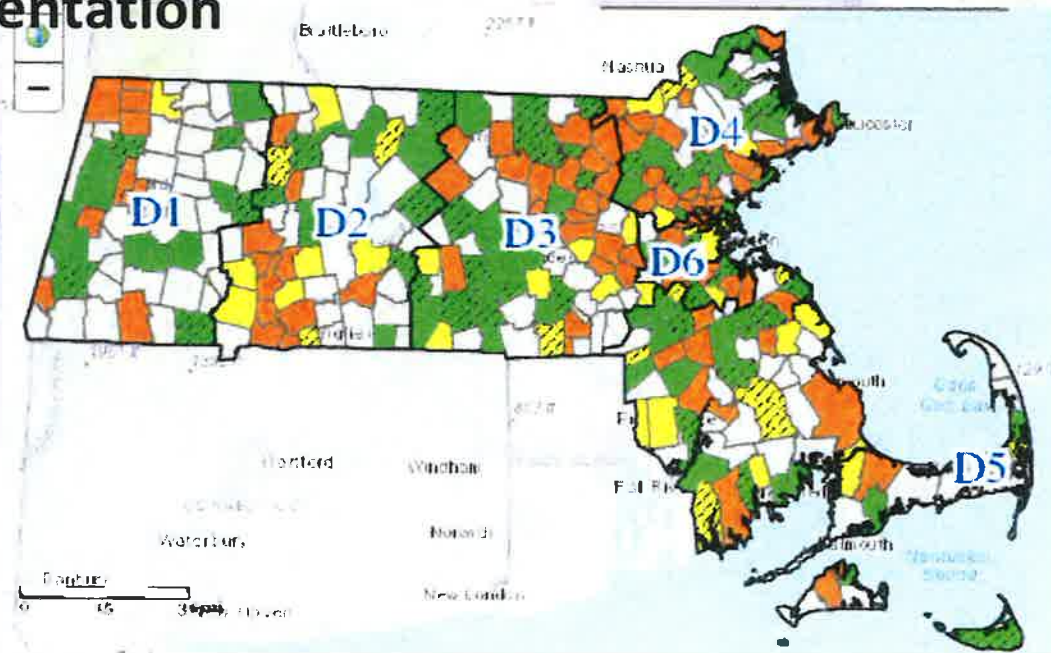
- **Initiated in early 2016**
 - **Provides assistance and incentives for municipalities to adopt Complete Streets policies and practice**
 - **Encourages municipalities to adopt strategic and comprehensive approach to Complete Streets**
 - **Provides funding for planning and implementing Complete Streets actions**
-
- **In the end, the program is attempting to facilitate better travel for all users**

The MassDOT CS Program

- Tier 1 - Complete Streets Policy
 - Tier 2 – Development of Complete Streets Prioritization Plan – funds available for participating community
 - Tier 3 – Project Approval and Notice to Proceed for installation or construction – up to \$400,000 available per participating community per year
-
- www.masscompletestreets.com

The MassDOT CS Program

- Program kicked off in early 2016
- To date, **230** communities registered, **201** have adopted CS policies, **161** have approved Tier 2 Plans and **106** awards have been made for implementation



The MassDOT CS Process – Key Aspects

- Relatively simple
- If municipality commits to adopting policy, the planning grant \$ can be applied for
- Plan should include participation of broad group of stakeholders (i.e. departments)
- Some form of public outreach highly desirable but can vary
- It's quick – Tier 2 plan should take about 3 months
- Minimal MassDOT review of actions and priorities
- Program creates a way of thinking & carrying out day-to-day activities and advancing major projects in a better way

Tier 2 Prioritization Plan Development

- **Gather and review available information**
 - Local reports and plans
 - Regional planning agency plans
- **Safety screening review**
 - MassDOT crash data – ID locations with 5 or more crashes per year; locations with pedestrian or bicycle crash history
 - Discuss with local safety officer
 - Potentially conduct “mini-audits”

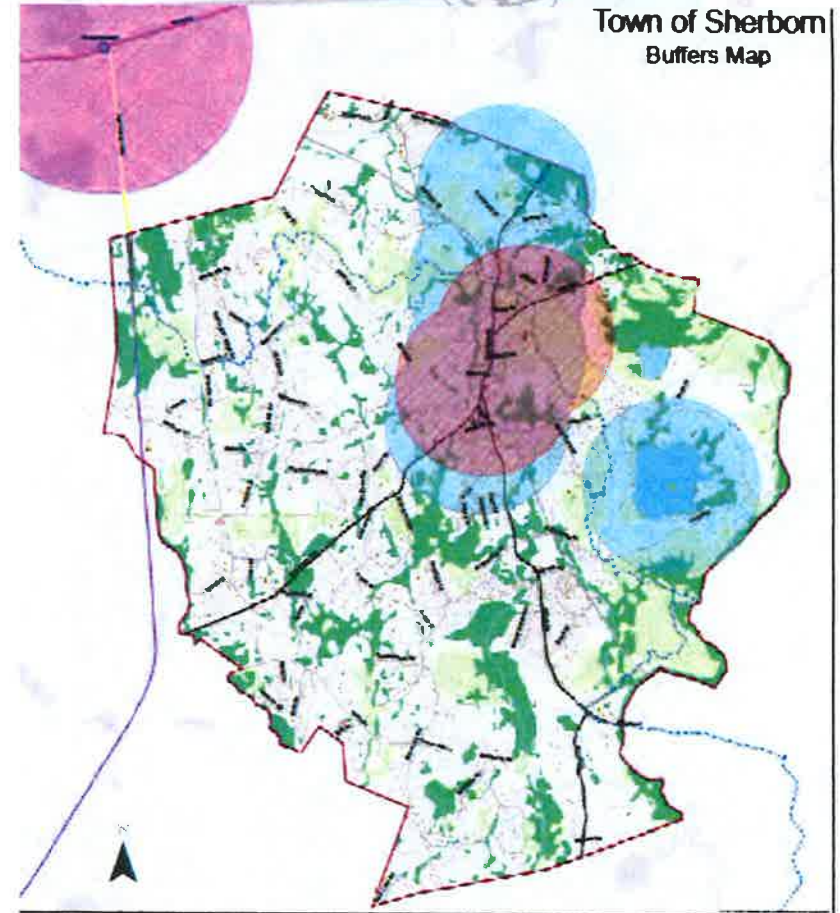


Tier 2 Prioritization Plan Development

- **Roadway windshield survey**
 - Review major local roads
 - Key roads that provide access to public buildings, parks, schools and village centers
 - MassDOT roadway inventory records provide a starting point
 - Include transit stops and accessibility where relevant

Tier 2 Prioritization Plan Development

- **Needs assessment- gap analysis**
 - GIS mapping – looking at connectivity
 - Working group input
- **Common Issues/Needs**
 - Lack of or inadequate ADA ramps
 - Non-functioning or outdated pedestrian signals
 - Lack of bicycle detection
 - Poor connections to key uses
 - Long, unprotected pedestrian crossings
 - Higher than desired traffic speeds
 - Lack of bicycle parking at key destinations



Tier 2 Prioritization Plan Development

- **Identify potential actions**
 - MassDOT has identified many that are eligible – may be more
 - Categories include transit, pedestrian, bicycle and traffic safety/calming
 - Use of 'streetmix' or 'streetplan' tools or other sketch tools to demonstrate potential action – keep in mind that it's conceptual level analysis
 - Develop preliminary cost estimates
 - Check ROW from at least assessor maps
 - Determine wetlands or other potential challenges & impacts
 - How difficult is the action to implement



Public Outreach

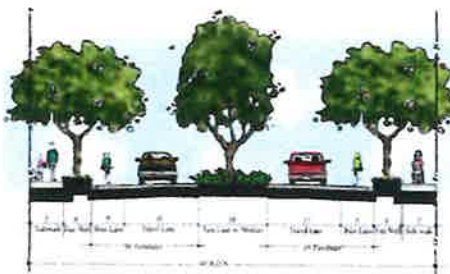
- Online tools
- Webpage presence
- Meetings
- News articles

Complete Streets

What are Complete Streets?

"Complete Streets are streets for everyone." SmartGrowthAmerica.org

A Complete Street describes a public right of way that provides safe and accessible options for people of all ages and abilities and all modes of travel, including walking, bicycling, driving, and public transit. A network of Complete Streets expands travel choices by making it easy for people to cross the road, walk to school, bicycle to work, or hop on and off buses and trains. Complete Streets are designed with all users in mind, and they make non-motorized transportation more convenient, more attractive, and safer.



What does a Complete Street look like?

Complete Streets are context sensitive. They have no fixed design because each right of way is different in place and purpose. A Complete Street in an urban area will look very different from a Complete Street in a rural area. What matters is that the elements of each street reflect the needs of the people who use it, regardless of age, ability, or mode of travel.



Setting Tier 2 Plan Priorities

- Local priorities
- Committee discussions
- Apply key criteria
- Use comparative ranking methods

TYPICAL CRITERIA

- Project readiness
- Compatible with other plans
- Enhances ongoing projects
- ADA compliance
- Connectivity – closes critical gap
- Encourage other modes
- Enhance healthy conditions
- Proximity to critical land use

[illegible]

The Resulting CS Plan

Complete Streets Action Items by Type - Town of Winthrop, MA



Legend

- Commuter Rail Station
- Speed Feedback
- Crosswalk
- ADA Ramp
- Bus Stop
- Curb Extension
- Bike Rack
- RFPB
- Curb Extension

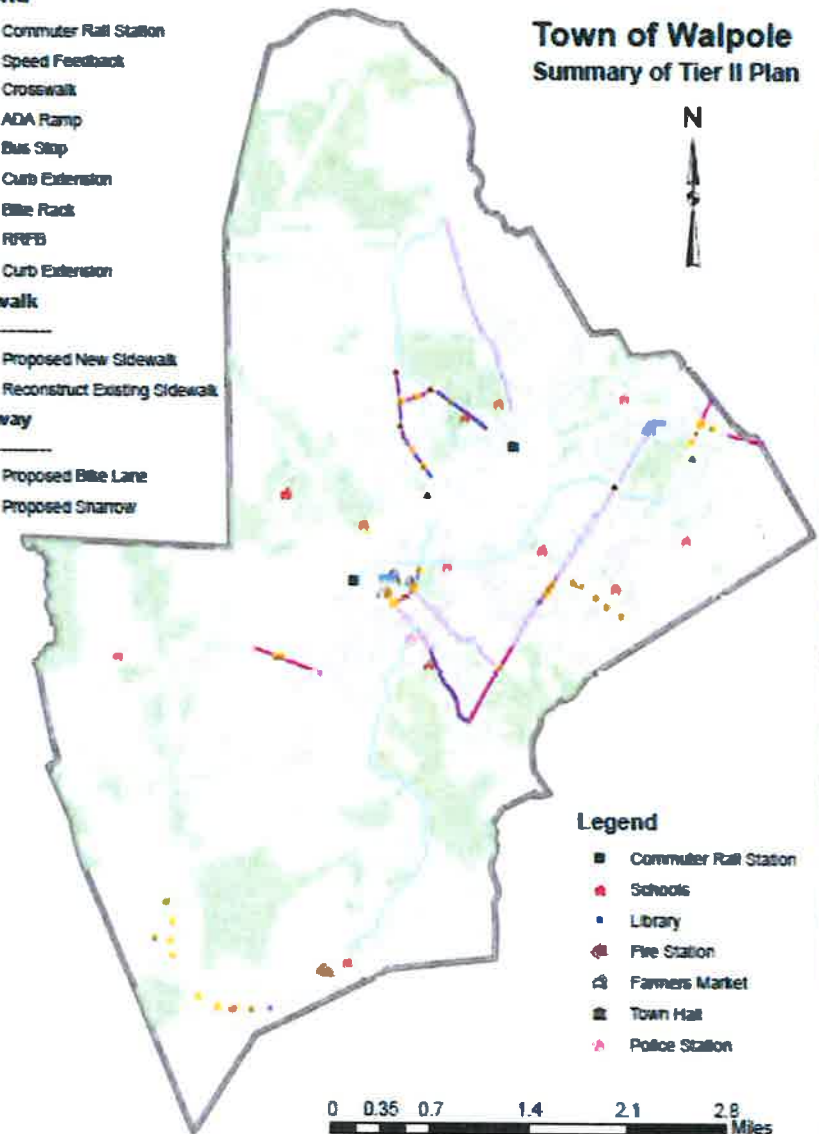
Sidewalk

- Proposed New Sidewalk
- Reconstruct Existing Sidewalk

Bikeway

- Proposed Bike Lane
- Proposed Sharrow

Town of Walpole
Summary of Tier II Plan



Littleton Tier 2 Prioritization Plan

- 15 projects defined
- \$4.6 M
- Sidewalks
- Bike parking
- Speed feedback signs
- Year 1 (\$386,000) implemented
 -
- Plan done in 2016; Tier 3 award and advertisement in 2016 and completed in 2017



Weymouth Tier 2 Prioritization Plan

- 34 projects
 - \$2.8M
 - High visibility Ped Xings
 - Transit shelters
 - Speed feedback signs
 - Safer intersection designs
-
- Year 1 construction complete in 2018 – approx. \$420,000



Quincy Tier 2 Prioritization Plan

- 69 projects
- \$13.9M
- Road Diets
- Buffered bike lane
- Sidewalk extensions
- ADA and pedestrian improvements at intersections
- Year 1 award - \$306,000 – will be done in 2019



Natick Tier 2 Prioritization Plan

- 28 projects
- \$5.4M
- High visibility Ped Xings incl. HAWK signal, RRFBs
- Bike parking equipment
- Speed feedback signs
- Traffic signal updates for pedestrian safety
 - received 2 awards >\$600,000



Complete Streets



GREEN
INTERNATIONAL
AFFILIATES, INC.