

**MILFORD BOARD OF SELECTMEN: AGENDA**  
**December 17, 2018 – 7:00PM, ROOM 03, TOWN HALL**

**A. SIGNING OF WARRANT, APPROVAL OF Executive Session 11/26/18, Regular Session 12/3/18 & Executive Session 12/10/18 MINUTES**

**B. INVITATION TO SPEAK**

**C. PUBLIC HEARINGS**

1. 7:05 Pinehurst Enterprises INC, RE: Transfer of Wine & Malt Retail Package License
2. Tax Hearings:
  - 7:08 Cedar Street Market
  - 7:11 Café Sorrento
  - 7:14 Turtle Tavern
  - 7:17 Richard Food & Drink dba Richard's Roadhouse

**D. SCHEDULED APPOINTMENTS**

1. 7:23 Premier Auto Mart, RE: Class II License Transfer
2. 7:28 Milford Regional Hospital, RE: New Common Victualler License

**E. TOWN ADMINISTRATOR'S REPORT**

**F. OLD BUSINESS**

1. 7:33 Zoning Board of Appeals, RE: Vacancy

**G. NEW BUSINESS**

1. 7:37 Benjamin Construction, RE: Permit to Obstruct

**H. CORRESPONDENCE**

1. 7:38 IT Assistant, Daniel Fournier, RE: Resignation
2. 7:39 OUI Notice

**I. EXECUTIVE SESSION**

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



The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

APPLICATION FOR A TRANSFER OF LICENSE

Municipality

Milford

1. TRANSACTION INFORMATION

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Transfer of License | <input checked="" type="checkbox"/> Pledge of Inventory | <input type="checkbox"/> Change of Class  |
| <input type="checkbox"/> Alteration of Premises         | <input checked="" type="checkbox"/> Pledge of License   | <input type="checkbox"/> Change of Category   |
| <input type="checkbox"/> Change of Location             | <input type="checkbox"/> Pledge of Stock                | <input type="checkbox"/> Change of License Type<br>(\$12 ONLY, e.g. "club" to "restaurant") |
| <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Other                          |   |

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.

The current licensee, Pinehurst Enterprises, Inc., seeks to transfer its \$15 wine and malt beverages license to Shiv Om Krupa Inc. Rockland Trust, who is providing funding is seeking a pledge of license and inventory.

2. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES

Off-Premises-15

TYPE

\$15 Package Store

CATEGORY

Wines and Malt Beverages

CLASS

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 00048-PK-0706

FEIN

Entity Name

Shiv Om Krupa Inc.

DBA

Purchase Street Market

Manager of Record

Kishan A. Patel

Street Address

89 Purchase Street, Milford, MA 01757

Phone

(508) 473-6953

Email

map9397@yahoo.com

Add'l Phone

(781) 308-1536

Website

N/A

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.

The premises to be licensed is located in a one floor wood structure building. One room of approximately 1,100 sf on the first floor with basement of approximately 700 sf storage. One front entrance and one side entrance on Dilla Street.

Total Sq. Footage

1,800

Seating Capacity

N/A

Occupancy Number

N/A

Number of Entrances

1

Number of Exits

1

Number of Floors

1

## APPLICATION FOR A TRANSFER OF LICENSE

### 5. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

Transferor Entity Name  By what means is the license being transferred?

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
<input type="text" value="Lucia Marks"/>	<input type="text" value="President, Treasurer, Secretary, Director"/>	<input type="text" value="100%"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 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	Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text" value="Kishan A. Patel"/>	<input type="text" value="25 Darling Way, Stoughton, MA 02072"/>	<input type="text"/>	<input type="text" value="05/02/1997"/>	<input type="text" value="President, Director"/>	<input type="text" value="50%"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
<input type="text" value="Meena Patel"/>	<input type="text" value="25 Darling Way, Stoughton, MA 02072"/>	<input type="text"/>	<input type="text" value="08/25/1970"/>	<input type="text" value="Treasurer"/>	<input type="text" value="35%"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
<input type="text" value="Reshma A. Patel"/>	<input type="text" value="25 Darling Way, Stoughton, MA 02072"/>	<input type="text"/>	<input type="text" value="09/25/1993"/>	<input type="text" value="Secretary, Director"/>	<input type="text" value="15%"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<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
<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
<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
<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

### 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

Date of Incorporation

State of Incorporation

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

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

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:

Phone:

Title:

Email:

## APPLICATION FOR A TRANSFER OF LICENSE

### 10. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	\$500,000.00
B. Purchase Price for Business Assets	\$285,000.00
C. Other (Please specify)	
D. Total Cost	\$785,000.00

#### 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
Reshma A. Patel and Kishan A. Patel	\$175,000.00
Total:	\$175,000.00

#### SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
Rockland Trust Bank	\$610,000.00	Purchase money	<input type="radio"/> Yes <input checked="" 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.

\$235,500.00 from bank account of Reshma A. Patel and Kishan A. Patel  
\$610,000.00 from Rockland Trust Bank loan

### 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? Rockland Trust Bank

## 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
05/2017	08/2017	Mechanical Design Intern	The Hart Companies	Robert Cole
05/2018	08/2018	Cashier	Rosie's Liquors	Suhas Patel

### 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

11/21/18

## APPLICANT'S STATEMENT

I, Kishan A. Patel the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP manager  
Authorized Signatory  
of Shiv Om Krupa Inc.  
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: X [Signature]

Date: 11/21/18

Title: President





Commonwealth of Massachusetts  
Department of Revenue  
Christopher C. Harding, Commissioner

[mass.gov/dor](http://mass.gov/dor)

Letter ID: L1938652544  
Notice Date: November 13, 2018  
Case ID: 0-000-556-219



## CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE

[illegible]

PINEHURST ENTERPRISES INC  
28 PRESCOTT AVE  
NATICK MA 01760-4113

***Why did I receive this notice?***

The Commissioner of Revenue certifies that, as of the date of this certificate, PINEHURST ENTERPRISES INC is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.

### *What if I have questions?*

If you have questions, call us at (617) 887-6367 or toll-free in Massachusetts at (800) 392-6089. Monday through Friday, 8:30 a.m. to 4:30 p.m..

**Visit us online!**

Visit [mass.gov/dor](http://mass.gov/dor) to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using e-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

Edward W. Gilbo

Edward W. Coyle, Jr., Chief  
Collections Bureau



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE

Charles D. Baker  
GOVERNOR

Karyn E. Polito  
LT. GOVERNOR



146388425

Rosalin Acosta  
SECRETARY

Richard A. Jeffers  
DIRECTOR

Pinehurst Enterprises Inc  
28 PRESCOTT AVE  
NATICK, MA 01760-4113

EAN: 21994688  
November 14, 2018

Certificate Id

The Department of Unemployment Assistance certifies that as of 11/14/2018 ,Pinehurst Enterprises Inc is current in all its obligations relating to contributions, payments in lieu of contributions, and the employer medical assistance contribution established in G.L.c.149,§189.

This certificate expires in 30 days from the date of issuance.

Richard A. Jeffers, Director

Department of Unemployment Assistance



**The Commonwealth of Massachusetts**  
**William Francis Galvin**

No Fee

Secretary of the Commonwealth, Corporations Division  
 One Ashburton Place, 17th floor  
 Boston, MA 02108-1512  
 Telephone: (617) 727-9640

**Statement of Change of Supplemental Information**

(General Laws, Chapter 156D, Section 2.02 AND Section 8.45; 950 CMR 113.17)

**1. Exact name of the corporation:** SHIV OM KRUPA INC

**2. Current registered office address:**

Name: KISHAN A PATEL

No. and Street: 25 DARLING WAY

City or Town: STOUGHTON State: MA Zip: 02072 Country: USA

**3. The following supplemental information has changed:**

☒ Names and street addresses of the directors, president, treasurer, secretary

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT	KISHAN A PATEL	25 DARLING WAY STOUGHTON, MA 02072 USA
TREASURER	MEENA PATEL	25 DARLING WAY STOUGHTON, MA 02072 USA
SECRETARY	RESHMA A PATEL	25 DARLING WAY STOUGHTON, MA 02072 USA
DIRECTOR	KISHAN A PATEL	25 DARLING WAY STOUGHTON, MA 02072 USA
DIRECTOR	RESHMA A PATEL	25 DARLING WAY STOUGHTON, MA 02072 USA

**\_\_ Fiscal year end:**

December

**\_\_ Type of business in which the corporation intends to engage:**

LIQUOR STORE

**\_\_ Principal office address:**

No. and Street: 75 WASHINGTON ST

City or Town: PEMBROKE State: MA Zip: 02359 Country: USA

**\_\_ g. Street address where the records of the corporation required to be kept in the Commonwealth are located (post office boxes are not acceptable):**

No. and Street: 75 WASHINGTON ST

City or Town: PEMBROKE State: MA Zip: 02359 Country: USA

which is

☒ its principal office

☐ an office of its secretary/assistant secretary

☐ an office of its transfer agent

☐ its registered office

Signed by KISHAN A. PATEL, its PRESIDENT  
on this 26 Day of November, 2018

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All Rights Reserved

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

November 26, 2018 09:07 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, stylized "G" at the end.

WILLIAM FRANCIS GALVIN

*Secretary of the Commonwealth*



**The Commonwealth of Massachusetts**  
**William Francis Galvin**

Minimum Fee: \$100.00

Secretary of the Commonwealth, Corporations Division  
One Ashburton Place, 17th floor  
Boston, MA 02108-1512  
Telephone: (617) 727-9640

**Articles of Amendment**

(General Laws, Chapter 156D, Section 10.06; 950 CMR 113.34)

**Identification Number:**

1. Exact name of corporation: SHIV OM KRUPA INC

2. Registered office address: 75 WASHINGTON ST PEMBROKE , MA 02359 USA

**These Articles of Amendment affecting article(s):**

☐ Article 1    ☐ Article 2    ☐ Article 3    ☐ Article 4    ☐ Article 5    ☒ Article 6

*(Specify the number(s) of articles being amended(I-VI))*

4. Date adopted: 11/26/2018

5. Approved by:

☐ the incorporators.

or

☐ the board of directors without shareholder approval and shareholder approval was not required.

or

☒ the board of directors and the shareholders in the manner required by law and the articles of organization.

6. State article number and text of the amendment.

**ARTICLE I**

The exact name of the corporation, **as amended**, is:  
*(Do not state Article I if it has not been amended.)*

**ARTICLE II**

The purpose of the corporation, **as amended**, is to engage in the following business activities:  
*(Do not state Article II if it has not been amended.)*

**ARTICLE III**

*Amendments to Article III cannot be filed on-line at this time*

**ARTICLE IV**

If more than one class of stock is authorized, state a distinguishing designation for each class, **if amended**. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the Business Entity must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

*(Do not state Article IV if it has not been amended.)*

**As amended**, the restrictions imposed by the Articles of Organization upon the transfer of shares of stock of any class are:

*(Do not state Article V if it has not been amended.)*

#### ARTICLE VI

**As amended**, other lawful provisions for the conduct and regulation of the business and affairs of the business entity, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the business entity, or of its directors or stockholders, or of any class of stockholders:

*(Do not state Article VI if it has not been amended.)*

ARTICLE VI IS AMENDED BY ADDING THE FOLLOWING PROVISION: THE BOARD OF DIRECTORS MAY CONSIST OF ONE(1) OR MORE INDIVIDUALS NOTWITHSTANDING THE NUMBER OF SHAREHOLDERS.

The amendment shall be effective at the time and on the date approved by the Division, unless, a *later* effective date not more than *ninety* days from the date and time of filing is specified:

**Later Effective Date: Time:**

**Signed by KISHAN A. PATEL, its PRESIDENT  
on this 26 Day of November, 2018**

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

November 26, 2018 09:15 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, stylized initial 'W'.

WILLIAM FRANCIS GALVIN

*Secretary of the Commonwealth*



## DEPARTMENT HEAD REVIEW FORM

1. The following Applicant: **Purchase Street Market**  
**89 Purchase St, Milford**
2. Has applied for: **Transfer of License**
3. Selectmen will take action on: **12/17/2018**
4. Hearing Continued/Postponed/MGL Deadline: \_\_\_\_\_
5. Abutters Notified: **N/A** Published: **12/6/18**
6. Inquiry Routed To Dept. Heads: ☒ Please Respond By: **12/12/18**
7. License Approved \_\_\_\_\_ Denied \_\_\_\_\_ Tabled \_\_\_\_\_ On \_\_\_\_\_

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

RB Not Accessible preexisting non-conforming – Matt Marcotte 12/12/18

**Town Planner:** (Site Plan Review/Waiver; Other Requirements/Stipulations)

Ok – No Change in actual use – Larry Dunkin 12/5/18

**Tax Collector:** (Outstanding Taxes)

No outstanding taxes – Theresa Dias 12/4/18

**Town Treasurer:** (Outstanding Tax Liens)

None – Chris Pilla 12/3/18

**Fire Chief** (Information/Comment)

Approved – Matt Denman 12/4/18

**Police Chief** (Information/Comment)

No Issues or concerns – 12/5/18

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

**Board of Health:** (Information/comment)

as of this date the Milford Board of Health has no information regarding this transfer. If new owners or name of establishment is changed proper documentation then needs to be filed with this office. – Paul Mazzuchelli 12/03/18

**Sewer Commission:** (Information/comment) \_\_\_\_\_

**Milford Water Company:** (Information/comment) \_\_\_\_\_

**Commission on Disability:** (Information/comment) \_\_\_\_\_  
.....

Applicant: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SS Number: \_\_\_\_\_

Dept. Head

Signature: \_\_\_\_\_ Date: 12/13/2018



# 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](http://www.milford.ma.us.com)

## LICENSE APPLICATION (CHECK ONE)

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

1. ☐ AUCTIONEER
2. ☐ BOARDING HOUSE
3. ☐ BOWLING ALLEY(S)
4. ☐ COMMON VICTUALLER
5. ☐ FORTUNE TELLER
6. ☐ HAWKERS/PEDDLERS
7. ☐ INNHOLDERS
8. ☐ POOL TABLES
9. ☐ 2<sup>ND</sup> HAND/ANTIQUA DEALER
10. ☐ PAWNBROKER

11. ☐ LIVE ENTERTAINMENT (describe on reverse)
12. ☐ AUTOMATIC AMUSEMENT  
(Coin-Operated Games)
13. ☐ TRANSIENT VENDORS
14. ☐ CARNIVAL/CIRCUS  
Location: \_\_\_\_\_
15. ☐ CHRISTMAS TREE SALES
16. \$ ☐ VALUE OF GOODS
16. ☐ CLASS I (NEW CARS)
16. ☒ CLASS II (USED CARS)
16. ☐ CLASS III (JUNK CARS) - Public Hearing Required  
(Describe on Reverse)
17. ☐ WORKERS COMPENSATION IF NEEDED

SEE ADDITIONAL INFORMATION REQUIRED BELOW

BUSINESS NAME: Premier Automat  
BUSINESS ADDRESS: 234 West Street Milford MA 01757  
DAYS/HOURS OF OPERATION: Monday - Saturday 9am - 6pm Sunday 9am - 3pm  
(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: Edmond Treij  
HOME ADDRESS: 1151 Washington St. Norwood MA 02062  
APPLICANT'S SIGNATURE: Edmond Treij (Individual or Corporate Officer) DATE: 12/03/18  
(617) 957 0123  
The name signed above must be typed or printed on this line Weekday Telephone Number

APPLICANT'S MAILING ADDRESS: 234 West Street Milford MA 01757  
No. & Street Town State Zip

Social Security No. (Voluntary) \_\_\_\_\_ Or \_\_\_\_\_

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**

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

  
\*(Signature of Individual or Corporate Name (Mandatory))

EDMOND JREIJ  
By: Corporate Officer (Mandatory, if applicable)

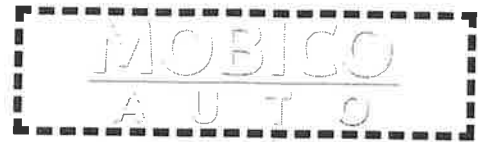
\*\*Social Security Number (Voluntary) \_\_\_\_\_ or \_\_\_\_\_ Federal Identification Number

\*This license will not be issued unless this certification clause is signed by the applicant.

\*\*Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws, c. 62C s. 49A.

**SIGN AND RETURN THIS FORM TO:**

MILFORD BOARD OF SELECTMEN  
52 MAIN STREET  
MILFORD, MA 01757



234 West St Milford, MA 01757

Milford Board of Selectmen  
52 Main Street  
Milford, MA 01757

December 3, 2018

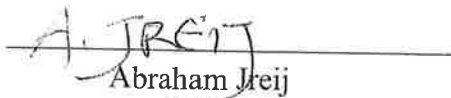
**RE: Dealer license # 6752**

To whom it may concern:

I, Abraham Jreij, would like to transfer ownership of my Class II license at *Mobico Auto* to Edmond Jreij (EJN Inc.)

If you have any questions, please contact me at 508-473-5800.

Sincerely,

  
Abraham Jreij





## 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](http://www.milford.ma.us.com)

### LICENSE APPLICATION

(CHECK ONE)



APPLICATION FOR A NEW LICENSE

TRANSFER OF AN EXISTING LICENSE

AMENDMENT TO EXISTING LICENSE (Change of operating days/hours, change of location, etc.) describe on reverse

1. \_\_\_\_\_ AUCTIONEER
2. \_\_\_\_\_ BOARDING HOUSE
3. \_\_\_\_\_ BOWLING ALLEY(S)
4. ☒ COMMON VICTUALLER
5. \_\_\_\_\_ FORTUNE TELLER
6. \_\_\_\_\_ HAWKERS/PEDDLERS
7. \_\_\_\_\_ INNHOLDERS
8. \_\_\_\_\_ POOL TABLES
9. \_\_\_\_\_ 2<sup>ND</sup> HAND/ANTIQUE DEALER
10. \_\_\_\_\_ PAWNBROKER

11. \_\_\_\_\_ LIVE ENTERTAINMENT (describe on reverse)
12. \_\_\_\_\_ AUTOMATIC AMUSEMENT  
(Coin-Operated Games)
13. \_\_\_\_\_ TRANSIENT VENDORS
14. \_\_\_\_\_ CARNIVAL/CIRCUS  
Location: \_\_\_\_\_
15. \_\_\_\_\_ CHRISTMAS TREE SALES
- \$ \_\_\_\_\_ VALUE OF GOODS
16. \_\_\_\_\_ CLASS I (NEW CARS)
- \_\_\_\_\_ CLASS II (USED CARS)
- \_\_\_\_\_ CLASS III (JUNK CARS) - Public Hearing Required  
(Describe on Reverse)
17. \_\_\_\_\_ WORKERS COMPENSATION IF NEEDED

### SEE ADDITIONAL INFORMATION REQUIRED BELOW

BUSINESS NAME: Metz c/o Milford Regional Medical Center

BUSINESS ADDRESS: 14 Prospect St. Milford, MA 01757

DAYS/HOURS OF OPERATION: Sunday - Saturday 5am - 8pm  
(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: Milford Regional Medical Center, Inc.

HOME ADDRESS: \_\_\_\_\_

APPLICANT'S SIGNATURE: Jeane P. Kynskey DATE: 12/6/18

(Individual or Corporate Officer)

Jeane P. Kynskey, VP Finance - CFO (508) 422-2212

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

Weekday Telephone Number

APPLICANT'S MAILING ADDRESS: 14 Prospect St. Milford MA 01757

No. & Street

Town

State

Zip

Or

Social Security No. (Voluntary)

Federal Identification No. (Mandatory)

**IMPORTANT:** Read this section carefully. Provide required information on reverse side.

Additional Information Required:

License # Above

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

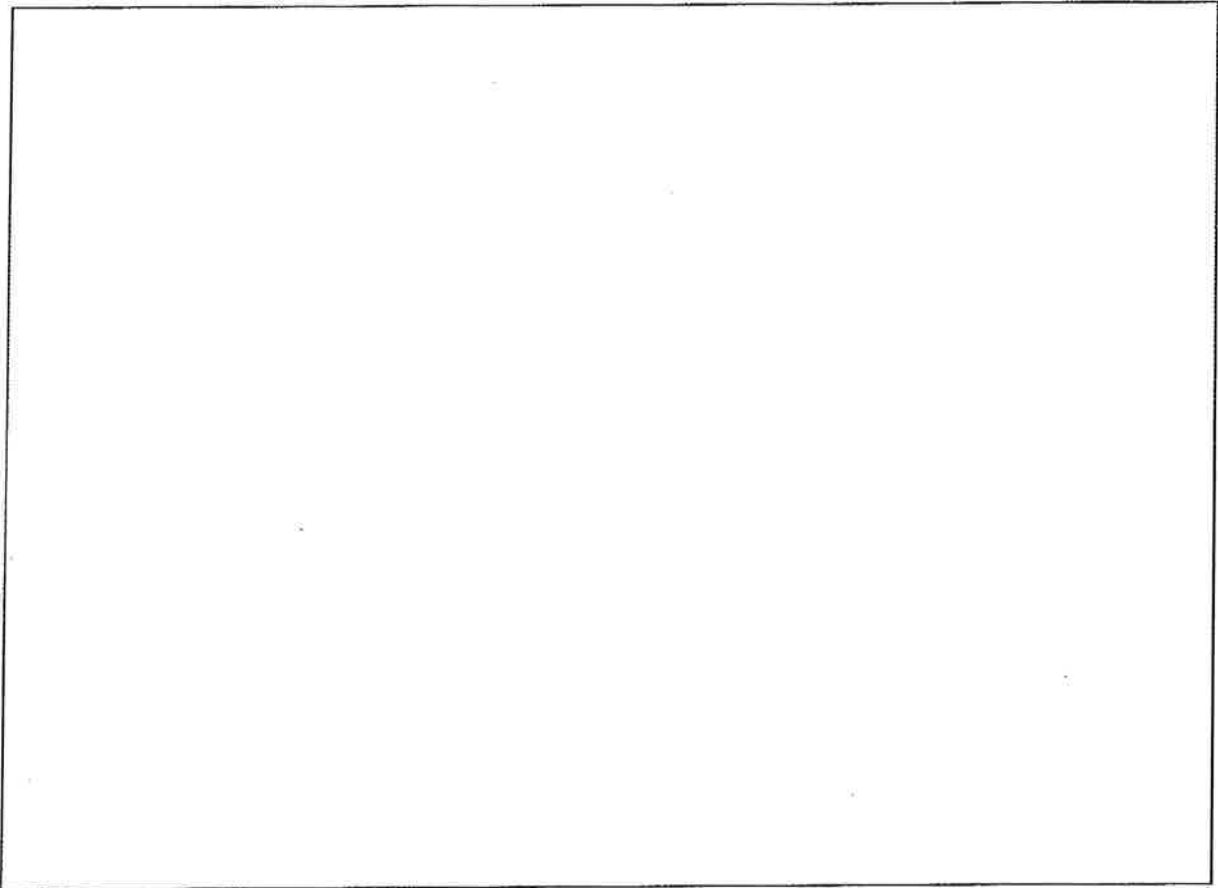
**CONTINUE APPLICATION PROCESS ON REVERSE SIDE OF THIS FORM**

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

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

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

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



**ADDITIONAL REQUIREMENTS:**

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

\*License will not be issued unless Tax Certification Clause is signed by the applicant.

\*License will not be issued unless all local (Town of Milford) taxes and assessments are paid by the business entity and/or all principals involved in the business activity.

\*License will not be issued without Workers Compensation Affidavit

\*Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Chapter 62A, Section 49A of the Massachusetts General Laws.



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
1 Congress Street, Suite 100  
Boston, MA 02114-2017  
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

**Applicant Information**

Please Print Legibly

Business/Organization Name: Milford Regional Medical Center, Inc.  
Address: 14 Prospect St.  
City/State/Zip: Milford, MA 01757 Phone #: 508-473-1190

**Are you an employer? Check the appropriate box:**

1. ☒ I am an employer with 1421 employees (full and/or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☒ Health Care
12. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: Independence Casualty INS. CO.

Insurer's Address: 25 New Chardon St.

City/State/Zip: Boston, MA 02114

Policy # or Self-ins. Lic. # WCT 00112004 Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: James P. Lynskey Date: 12/6/18

Phone #: 508-422-2212

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**  
**Information Page** **WC 00 00 01**

**Independence Casualty Insurance Company**

NCCI Co. No. 36835

Policy Number WCI00112005  
 Prior Policy Number WCI00112004

**1. INSURED:**

Milford Regional Medical Center, Inc.

14 Prospect Street  
 Milford, MA 01757

Producer:

The Fairway Agency, Inc.  
 944 Washington St., Suite 2  
 South Easton, MA 02375

Federal ID Number 042103602

Risk Id Number:

Business Type: Corporation

SIC 999999 - NONCLASSIFIABLE ESTABLISHMENTS

Other Named Insured: See WCE106

Other Work Places See WCE107

**2. POLICY PERIOD:** The Policy Period Is From: 12/31/2017 To 12/31/2018 12:01 A.M. Standard Time  
 at The Insured Mailing Address

**3. COVERAGES:**

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MA

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$ 1,000,000	each accident
Bodily Injury by Disease	\$ 1,000,000	policy limit
Bodily Injury by Disease	\$ 1,000,000	each employee

C. Other States Insured: Part Three of the policy applies to the states, if any, listed here:

**COVERAGE REPLACED BY ENDORSEMENT WC 20 03 06B**

D. This policy includes these endorsements and schedules:

See WCE105

**4. COVERAGES:** *The premium for this policy will be determined by our Manual of Rules, Classifications, Rates & Rating Plans. All information required below is subject to verification and change by audit.*

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
-----------------	-------------	---	--------------------------------------	--------------------------------

See WC 00 00 01

Minimum Premium: \$558      Deposit Premium: \$101,422

Interim Adjustment: Annually

Servicing Office:  
 25 New Chardon Street  
 Boston, MA 02114-4721

Total Estimated Premium	\$1,142,105
Surcharge(s)	65,925
Total Premium and Surcharge(s)	\$1,208,030

Issue Date 12/12/2017

Countersigned By:

*Jaqueline Willett*

Date



**MASSACHUSETTS DEPARTMENT OF REVENUE**

**REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Milford Regional Medical Center, Inc.  
\*(Signature of Individual or Corporate Name (Mandatory))

James P. Lussigny  
By: Corporate Officer (Mandatory, if applicable)

\_\_\_\_\_  
\*\*Social Security Number (Voluntary) or Federal Identification Number

\*This license will not be issued unless this certification clause is signed by the applicant.

\*\*Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws, c. 62C s. 49A.

**SIGN AND RETURN THIS FORM TO:**

MILFORD BOARD OF SELECTMEN  
52 MAIN STREET  
MILFORD, MA 01757

## DEPARTMENT HEAD REVIEW FORM

1. The following Applicant: **Milford Regional Hospital**  
**14 Prospect St, Milford**
2. Has applied for: **Common Victualer License**
3. Selectmen will take action on: **12/17/2018**
4. Hearing Continued/Postponed/MGL Deadline: \_\_\_\_\_
5. Abutters Notified: **N/A** Published: **N/A**
6. Inquiry Routed To Dept. Heads: ☒ Please Respond By: **12/12/18**
7. License Approved \_\_\_\_\_ Denied \_\_\_\_\_ Tabled \_\_\_\_\_ On \_\_\_\_\_

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

OR Zone, Accessible Building – Matt Marcotte 12/12/18

**Town Planner:** (Site Plan Review/Waiver; Other Requirements/Stipulations)

Ok – No change in actual use – Larry Dunkin 12/5/18

**Tax Collector:** (Outstanding Taxes)

No outstanding taxes – Theresa Dias 12/12/18

**Town Treasurer:** (Outstanding Tax Liens)

None. Chris Pilla 12/5/18

**Fire Chief** (Information/Comment)

Approved – Matthew Denman 12/7/18

**Police Chief** (Information/Comment)

No Issues or Concerns – Chief O'Loughlin

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

**Board of Health:** (Information/comment)

The Milford BOH has no problem with the granting of a common victualer license to this applicant. Paul Mazzuchelli 12/5/18

**Sewer Commission:** (Information/comment) \_\_\_\_\_

**Milford Water Company:** (Information/comment) \_\_\_\_\_

**Commission on Disability:** (Information/comment) \_\_\_\_\_  
.....

Applicant: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SS Number: \_\_\_\_\_

Dept. Head

Signature: \_\_\_\_\_ Date: **12/12/18**

F-1  
12/17/18

ZONING BOARD OF APPEALS

1. Christopher Burns
2. Bryan T. Cole
3. Brian Falk
4. Dean C. Harrison
5. Vincent Kiejzo
6. Michael A. Lalime
7. Meghan Oliveira
8. Christopher N. Vendetti
9. Michael P. Visconti, Jr.
10. Andrew Paul Mazzuchelli



# 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](http://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

MAILING ADDRESS:

BENJAMIN CONSTRUCTION, LLC

38 SOUTH BOW STREET

MILFORD, MA 01757

CONTACT PERSON: ADELIND BENJAMIN

PHONE # 774-217-3299

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)

benjaminconstruction@yahoo.co

DESCRIBE IN DETAIL WHAT YOU PLAN TO DO:

UTILIZE TWO (2) PARKING SPACES TO ACCESS A CONSTRUCTION / REPAIR OF A HOME. ALSO TO BLOCK ACCESS TO A PUBLIC SIDEWALK FOR THE SAFETY OF THE PUBLIC, DECEMBER 21<sup>ST</sup> TO THE 24<sup>TH</sup>.

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

86 TO 88 CENTRAL STREET

DECEMBER 21<sup>ST</sup> THROUGH THE 24<sup>TH</sup>

Adelind Benjamin

Signature of person authorized to apply for permit

DECEMBER 3, 2019

Date

[Signature]

Police Chief's Signature

Comments:

12-10-2018

Date



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/07/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Bright Agency, Inc. 3 Congress St. P.O. Box 424 Milford MA 01757		<b>CONTACT NAME:</b> Kim Sylvestre <b>PHONE (A/C, No, Ext):</b> (508) 473-0558 <b>E-MAIL ADDRESS:</b> ksylvestre@brightinsurance.com <b>FAX (A/C, No):</b> (508) 478-6709	
<b>INSURED</b> Benjamin Construction and Remodeling LLC 38 South Bow St Milford MA 01757		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Western World <b>INSURER B:</b> Berkley Assigned Risk Services <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

## COVERAGES

CERTIFICATE NUMBER: CL186410574

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		NPP8514385	05/05/2018	05/05/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE  DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	Certificate to Follow from Co	05/08/2018	05/08/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Town of Milford  
52 Main Street

Milford

MA 01757

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/04/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require and endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsements.

## PRODUCER

Bright Agency Inc  
6 Congress St  
Milford, MA 01757

## CONTACT

NAME Berkley Assigned Risk Services  
PHONE (A/C, No. Ext.): (800) 634-4589 FAX (A/C, No.): (866) 215-8118  
EMAIL PolicyServices@berkleyrisk.com  
ADDRESS

## INSURED

BENJAMIN CONSTRUCTION AND REMODELING LLC  
38 SOUTH BOW STREET  
Milford, MA 01757

## INSURER(S) AFFORDING COVERAGE

## NAIC #

INSURER A: Acadia Insurance Co 31325  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:  
INSURER F:

## OVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ISR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Y/N) (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.	Y	NA	MAARP302778	05/06/2018	05/06/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Operation Category	Exclusion Status	Name	Effective	Expiration	All Insured	Entity
Member	Excluded	ARMINDA BENJAMIN	05/06/18	05/06/19		BENJAMIN CONSTRUCTION AND REMODELING LLC
						Risk Location 38 SOUTH BOW STREET, Milford MA 01757

## COMMENTS

## CERTIFICATE HOLDER

Town of Milford  
52 Main Street  
Attn Mike Mancini  
Milford, MA 01757

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE:

Signature:

4-1  
12/17/18

To whom it May concern

Please accept this as my formal notice of resignation from The Town of Milford.  
My last day will be January 4th, 2019

I appreciate your support during my tenure here and take with me the valuable experiences I have gained over the past year. It has been a pleasure working with you and the team.

Please let me know how I can help. Thanks again for everything.

Daniel J Fournier.

Daniel J Fournier



44-2  
12/12/18  
**Richard Villani**

**From:** OUINotice (AGO) <ouinotice@state.ma.us>  
**Sent:** Monday, December 10, 2018 12:17 PM  
**Subject:** OUI Last Drink Data - Q2 & Q3 (2018)  
**Attachments:** Last Drink Report Q2 (April - June 2018).xlsx; Last Drink Report Q3 (July - Sept 2018) & notices.xlsx

The Attorney General's Office, Municipal Law Unit ("MLU"), is now e-mailing to cities and towns information about establishments where defendants convicted of operating under the influence say they were served alcohol before being arrested. MLU sends this information to City and Town Clerks quarterly or as it becomes available from the Trial Court. The Clerks should forward this email to others in the municipality that may have interest in the information, such as local licensing authorities.

As you may know, General Laws Chapter 90, Section 24J, requires courts to ask defendants convicted of operating under the influence of alcohol whether they were served alcohol at any licensed establishment before the violation and the name and location of any such establishment. The Trial Court periodically provides this information to the Attorney General's Office and the Alcoholic Beverages Control Commission (ABCC). The Attorney General is making this information available to you in view of the public safety issue that operating under the influence presents. Please note that the information supplied by the Trial Court may not be complete. The Attorney General has alphabetized the available information by city or town name but does not have additional information beyond that supplied by the Trial Court.

This information does not constitute an accusation of criminal or negligent conduct by any establishment and is not meant to be a substitute for your own license monitoring and enforcement practices. The Attorney General has not conducted an independent review of the information and notes that Section 24J does not require that defendants' statements about these establishments be made under oath. The provision of this information should not be considered the rendering of legal or other professional advice. If you have any questions regarding how this information may be used, we suggest you contact the ABCC at 617-727-3040, or [abcc\\_inquiries@tre.state.ma.us](mailto:abcc_inquiries@tre.state.ma.us).

We are sending this information to what we understand to be the e-mail addresses of the City and Town Clerks who are in the best position to place the last-drink information before local licensing authorities. If you need to update your e-mail address, please send an e-mail to: [OUINotice@state.ma.us](mailto:OUINotice@state.ma.us).

-OUI Notices

## **Nicole B. Caprioli**

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Municipal Law Unit  
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Worcester, MA 01608  
(508) 792-7600 x 4418  
[nicole.caprioli@state.ma.us](mailto:nicole.caprioli@state.ma.us)



April-June 2018 Q2

ID	case_id	docket	nmestab	staddress	ctstzlp	comments	ins_date	offense_date	seq_01	citation
26491	28817711	1767CR002013	Funky Murphy's	31 Main Street	Marlborough, MA 01752		21-Jun-18	11/17/2017	1	T0281438
26438	29304431	1868CR000464	TGI FRIDAYS	601 DONALD LYNCH BLVD, STE 4258	MARLBOROUGH, MA 01752		19-Jun-18	5/12/2018	1	R8663794
26087	20873752	1459CR003378		1140 OCEAN STREET	MARSHFIELD, MA 02050		07-May-18	12/15/2014	1	R5210929
26502	29246885	1852CR000518	Cambridge District Court	4040 Mystic Valley Parkway	Medford, MA 02155		26-Jun-18	4/21/2018	1	
26287	28263075	1718CR002225	Elixir Lounge	224 East St	Methuen, MA 01844		23-May-18	5/21/2017	1	R8269194
26051	29114646	1866CR000368	The Tradesman	Route 140	Milford, MA 01757		13-Apr-18	3/3/2018	1	R6266455
26426	29268050	1867CR000600	Alcapulcos	231 E Main Street	Milford, Ma 01757		12-Jun-18	4/28/2018	1	059220AA
26180	29231480	1821CR000340	Pepperoncini's	201 East Main Street	Milford, MA 01757		30-Apr-18	4/15/2018	1	R8178594
26440	27740754	1657CR002108	Napper Tandy's	969 Main Street	Millis, MA 02054		19-Jun-18	11/10/2016	1	R2017936
26288	29077721	1805CR000237	private home	n/a	n/a		22-May-18	2/19/2018	1	R8376979
26435	29033241	1805CR000162	private home	n/a	n/a		13-Jun-18	2/3/2018	1	T0254853
26471	29192883	1805CR000453	private home	n/a	n/a		21-Jun-18	4/1/2018	1	T0205043
26468	29169590	1804CR000194	Private Residence	N/A	N/A		22-Jun-18	3/22/2018	1	T0505253
26027	28660651	1788CR000457	The Rose and Crown	23 S. Water Street	Nantucket, MA 02554		09-Apr-18	10/3/2017	1	R5205800
26318	29076721	1888CR000056	Faregrounds	27 Fairgrounds Road	Nantucket, MA 02554		21-May-18	2/17/2018	1	023752AA
26449	29286033	1888CR000127	The Rose and Crown	23 S. Water Street	Nantucket, MA 02554		18-Jun-18	5/6/2018	1	R5205676
26454	29090965	1847CR000184			Nashua, NH		20-Jun-18	2/23/2018	1	T0220441
26431	28279082	1787CR000318	Crown Plaza	1360 Worcester Street	Natick Ma 01760		12-Jun-18	5/28/2017	1	R8297051
26255	29071020	1822CR000230	Sea Level	1 Market Street	Newburyport, MA 01950		14-May-18	2/15/2018	1	R8506497
26082	29211471	1822CR000528	The Paddle Inn	27 State Street	Newburyport, MA 01950		07-May-18	4/8/2018	1	R8506254
26072	28522222	1713CR003151	AMERICAN LEGION NONANTUN POST 440	295 CALIFONIA ST	NEWTON MA 02458		07-May-18	8/18/2017	1	T0004594
26110	29106978	1866CR000351		349 Watertown Street	Newton, MA 02458		19-Apr-18	3/1/2018	1	
26171	29247175	1854CR000809	Indigo Bar	399 Grove St.	Newton, MA 02462		03-May-18	4/20/2018	1	T0497973
26136	29231101	1854CR000781	The Biltmore	1205 Chestnut Street	Newton, MA 02464		24-Apr-18	4/14/2018	1	T0614092
26189	29242551	1849CR000611	The Biltmore Bar & Grill	1205 Chestnut Street	Newton, MA 02464		27-Apr-18	4/20/2018	1	T0622029
26137	28448738	1734CR001701	NO DRINKING ESTABLISHMENT INVOLVED	NO DRINKING ESTABLISHMENT INVOLVED	NO DRINKING ESTABLISHMENT INVOLVED		25-Apr-18	7/27/2017	1	R8412614
26323	28651055	1734CR002232	NO DRINKING ESTABLISHMENT INVOLVED	NO DRINKING ESTABLISHMENT INVOLVED	NO DRINKING ESTABLISHMENT INVOLVED		23-May-18	9/30/2017	1	T0074199
26393	29304316	1867CR000671	no name given	no name given	no name given		06-Jun-18	5/13/2018	1	T0488356

July-Sept. 2018 Q3

ID	case_id	docket	rmestab	stddress	cityslp	ins_date	offense_date	seq_01	citation
26698	29304408	1866CR000713	Millford Mandarin Chinese Restaurant	196 East Main St	Millford, MA 01757	02-Aug-18	5/11/2018	1	R2688954
26817	29211506	1866CR000601	Turtle Tavern, Inc	72 Main Street	Millford, MA 01757	24-Aug-18	4/9/2018	1	R8314514
26825	28725101	1766CR001562	Applebee's Neighborhood Grill & Bar	91 Medway Rd	Millford, MA 01757	27-Aug-18	10/22/2017	1	R8315176
26890	29982928	1866CR000859	Turtle Tavern, Inc	72 Main Street	Millford, MA 01757	07-Sep-18	6/8/2018	1	
26598	29191826	1866CR000560	TD's Pub	68 Water Street	Millford, MA 01757	11-Jul-18	3/31/2018	1	R4286119
26810	29504731	1866CR001201	Millford Portuguese Club	119 Prospect Heights	Millford, MA 01757	20-Aug-18	7/22/2018	1	R8771687
26900	29637647	1866CR001501	Tradesman	284 West Street	Millford, MA 01757	07-Sep-18	9/2/2018	1	T10444027
26911	29504722	1866CR001200	Millford Portuguese Club	119 Prospect Heights	Millford, MA 01757	13-Sep-18	7/22/2018	1	R8771647
26796	29553137	1857CR001341	Victory Lane	32 Exchange Street	Millis Ma 02054	17-Aug-18	8/5/2018	1	R6342377
26848	29506215	1865CR000952	Pot Belly Pub	187 Main St.	Millville, MA 01529	29-Aug-18	7/21/2018	1	T0348903
26793	28361223	1715CR002671	Friday's Restaurant	1626 Tremont Street	Mission Hill, MA 02120	16-Aug-18	6/26/2017	1	R8293134
26731	27878449	1705CR000007	private home	n/a	n/a	08-Aug-18	1/1/2017	1	R6880925
27023	29423453	1805CR000777	in public	n/a	n/a	27-Sep-18	6/20/2018	1	R7738108
27021	29157651	1805CR000379	in public	n/a	n/a	27-Sep-18	3/19/2018	1	T0262120
26929	29553347	1804CR000440	Private	NA	NA	14-Sep-18	8/4/2018	1	T36869AA
27010	29614235	1848CR001036	HALUWA	11 Gusabel Ave	Nashua, N.H. 03063	28-Sep-18	8/24/2018	1	R6674536
26897	29409783	1887CR000288	Blue Dalia-Natick Mall	1245 Worcester Street	Natick MA 01706	06-Sep-18	6/17/2018	1	T0537743
26913	28948656	1857CR000027	Greasy Luck Brew Pub	791 Purchase Street	New Bedford, MA 02740	12-Sep-18	1/6/2018	1	R7562452
26596	28799748	1722CR001908	Plum Island Grill	2 Plum Island Blvd	Newburyport, MA 01950	11-Jul-18	11/12/2017	1	R8506486
26657	29091282	1822CR000270	Park Lunch	181 Merrimac St	Newburyport, MA 01950	25-Jul-18	2/23/2018	1	T0084246
26694	29534562	1840CR000228	Thirsty Whale	24 Market Square	Newburyport, MA 01950	31-Jul-18	7/30/2018	1	R7213309
26583	29465897	1822CR001044	Michael's Harborside	1 Tournament Wharf	Newburyport, MA 01950	01-Aug-18	7/8/2018	1	T0500231
26987	28892599	1712CR000713	Biltmore Bar & Grille	1205 Chestnut St	Newton, MA 02464	21-Sep-18	12/13/2017	1	T0342135
26703	27628535	1634CR002591	NO DRINKING ESTABLISHMENT INVOLVED	NO DRINKING ESTABLISHMENT INVOLVED	NO DRINKING ESTABLISHMENT INVOLVED	02-Aug-18	9/29/2016	1	
26733	29111012	1834CR000463	NO DRINKING ESTABLISHMENT INVOLVED	NO DRINKING ESTABLISHMENT INVOLVED	NO DRINKING ESTABLISHMENT INVOLVED	06-Aug-18	3/2/2018	1	
26757	29009750	1834CR000193	NO DRINKING ESTABLISHMENT INVOLVED	NO DRINKING ESTABLISHMENT INVOLVED	NO DRINKING ESTABLISHMENT INVOLVED	07-Aug-18	1/28/2018	1	T0314714
26973	27892067	1734CR000048	NO DRINKING ESTABLISHMENT INVOLVED	NO DRINKING ESTABLISHMENT INVOLVED	NO DRINKING ESTABLISHMENT INVOLVED	26-Sep-18	1/7/2017	1	R7710722
26675	29389346	1867CR000824	none reported	none reported	none reported	01-Aug-18	6/11/2018	1	O92845AA
26741	29450619	1828CR000637	MOHAWK TAVERN	MARSHALL STREET	NORTH ADAMS, MA 01247	10-Aug-18	6/29/2018	1	R7423815
26586	29471585	1828CR000650	The Mohawk Tavern	30 Marshall Street	North Adams, MA 01247	11-Jul-18	7/7/2018	1	R7236429
26877	29304525	1828CR000453	VFW	573 Mohawk Trail	North Adams, MA 01247	05-Sep-18	5/12/2018	1	R7864369
26647	29474655	1825CR001524	The Chart Room	P.O. Box 999	North Falmouth, MA 02556	02-Aug-18	7/10/2018	1	R8688094
26950	28972936	1864CR000145	Melji Asian Cuisine	24 Leicester St.	North Oxford, MA 01537	19-Sep-18	1/16/2018	1	
26778	7614894	0364CR001535	Bull & Claw Tavern	1027 Charles St	North Providence, RI	13-Aug-18	4/25/2003	1	K3426639