

**MILFORD SELECT BOARD: AGENDA**  
**October 31, 2022 – 6:00 PM, ROOM 03, TOWN HALL**

- A.) SIGNING OF WARRANT, APPROVAL of Minutes, October 17, 2022,  
October 20, 2022**  
**EXECUTIVE SESSION Minutes, October 17, 2022 at 5:30 PM  
October 17, 2022 at 6:00 PM  
October 19, 2022 at 5:00 PM**
- B.) INVITATION TO SPEAK**  
Remote Public Hearing/Invitation to Speak access now requires advanced registration.  
Please register online here: <http://tiny.cc/a8c0vz> Any member of the public may now register to access the zoom webinar as an attendee. Public attendees will be able to view the zoom LIVE and request to speak at the “Public Hearing/Invitation to Speak.”
- C.) PUBLIC HEARINGS**  
1. 6:00 PM Theresa Cerqueira, dba Arcos Market, re: Package Store All Alcoholic Beverages License
- D.) SCHEDULED APPOINTMENTS**  
1. Human Resources Director, re: Insurance Rate Approval-Retirees  
2. Al's Auto Repair & Collision Center, re: Class II License
- E.) TOWN ADMINISTRATOR'S REPORT**
- F.) OLD BUSINESS**
- G.) NEW BUSINESS**  
1. Veteran's Advisory Council, re: Appointment  
2. Veteran's Advisory Council, re: Permit to Obstruct-Veteran's Day Parade  
3. Town Administrator, re: Building Custodian- Appointment  
4. Upper Charles Trail Committee, re: Resignation  
5. Town Administrator, re: Award of Contract Server Project
- H.) CORRESPONDENCE**
- I.) EXECUTIVE SESSION**  
1. Town Counsel, re: Water Department-Collective Bargaining

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  
10-31-22

## DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **Theresa Cerqueira d/b/a Arcos Market**
2. Address: **34 Main Street**  
Assessors ID#: **Map 41 Block 0 Lot 3 Zone CB**
3. Has applied for: **Retail Package Store All Alcohol Beverages License**
4. Selectmen will take action on: **10/31/2022**
5. Abutters Notified: **10/18/2022** Published: **10/17/2022**
6. Inquiry Sent To Dept. Heads on:
7. Please Respond By: \_\_\_\_\_
8. License Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Tabled: \_\_\_\_\_ On \_\_\_\_\_

.....  
**Building Commissioner:** (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **CB Zone, allowable use, building not fully accessible, no public restrooms**

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

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

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

**Fire Chief:** (Information/Comment) **No objections**

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

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

**Board of Health:** (Information/comment) **No violations**

**Dept. Head Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**Contact Name/Manager:** Jose Cerqueira **D.O.B.** **SS #**  
**Phone:** 508-253-1110 **e-mail:** jcerqueira@arcosmarket.com



*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**

**TYPE**

**CATEGORY**

**CLASS**

Off-Premises-15

\$15 Package Store

All Alcoholic Beverages

Annual

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.

PACKAGE STORE WANTING TO SELL ALL ALCOHOL FOR OFF PREMISES CONSUMPTION

Is this license application pursuant to special legislation?



Yes



No

Chapter

231

Acts of

2022

**2. BUSINESS ENTITY INFORMATION**

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

Entity Name

THERESA CERQUEIRA

FEIN

DBA

ARCOS MARKET

Manager of Record

JOSE CERQUEIRA

Street Address

34 MAIN STREET MILFORD, MA 01757

Phone

Email

Alternative Phone

Website

**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.

A 1400 +/- SQ FT COMMERCIAL UNIT, ONE STORY IN A LARGER BUILDING. THE UNIT HAS A FRONT AND SIDE ENTRANCE

Total Square Footage: 1400

Number of Entrances: 1

Seating Capacity:

0

Number of Floors

1

Number of Exits:

3

Occupancy Number:

**4. APPLICATION CONTACT**

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

Name:

THERESA CERQUEIRA

Phone:

Title:

OWNER

Email:

# APPLICATION FOR A NEW LICENSE

## 5. CORPORATE STRUCTURE

Entity Legal Structure	<input type="text"/>	Date of Incorporation	<input type="text"/>
State of Incorporation	<input type="text"/>	Is the Corporation publicly traded?	<input type="radio"/> Yes <input 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
<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
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

## 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

Own

Landlord Name JOSE & THERESA CERQUEIRA

Landlord Phone

Landlord Email ARCOSMARKET@GMAIL.COM

Landlord Address

Lease Beginning Date

Rent per Month

1000.00

Lease Ending Date

Rent per Year

12000.00

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

\*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
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.

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### 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?

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## 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

### 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



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10-31-22

## Department of Human Resources

### Town of Milford, MA

52 Main Street – Room 17  
Milford, MA 01757

#### KRISTIN MELPIGNANO

HUMAN RESOURCES DIRECTOR

Telephone: (774) 462-3309

Fax: (508) 634-2324

E-mail: [Kmelpignano@townofmilford.com](mailto:Kmelpignano@townofmilford.com)

#### LAURA KROVOCHECK

BENEFITS COORDINATOR

#### KARA GEROMINI

ASSISTANT BENEFITS COORDINATOR

October 12, 2022

Thomas O'Loughlin, Esq.  
Select Board Chair  
Town of Milford  
52 Main Street  
Milford, MA 01757

RE: Insurance Rate Approval - Retirees

Dear Chairman O'Loughlin,

During the October 11<sup>th</sup> meeting of the Select Board, I will be presenting, on behalf of the Insurance Advisory Committee, the rates and plans offered to our Medicare-eligible retirees for our upcoming renewal effective January 1, 2023. Our committee is seeking a vote from the Board to accept the 2023 rates that were voted on at our recent meeting held on October 11, 2022.

For the Blue Cross Blue Shield Medex II with Blue MedicareRx (PDP) plan, we received a renewal quote that reflected an overall 1.39% premium increase. Tufts Medicare Preferred HMO plan submitted a renewal quote that reflected a 5.3% premium increase. We have approximately 491 enrollees in the Blue Cross plan and 80 enrollees in the Tufts plan.

The following chart summarizes the plans and rates for 2023 that the IAC voted unanimously to recommend to the Board.

	2022 monthly rate	2023 monthly rate	\$ Change	% Change	2022 Monthly cost to retiree	2023 Monthly cost to retiree
BCBS Medex II with Blue Medicare Rx	\$340.21	\$344.94	+ \$4.73	+2.07%	\$170.11	\$172.47
Tufts Medicare Preferred HMO	\$379.50	\$399.50	+\$20.00	+5.30%	\$113.85	\$119.85

Retirees will be receiving a notice from our office within the next few weeks which will inform them of the 2022 Medicare Supplement plan rates. Our office, as always, will be available to answer any questions from retirees and their dependents.

Town Hall • 52 Main Street, Room 17 • Milford, MA 01757

Phone: (508) 634-2301 ♦ Fax: (508) 634-2324 ♦ Email:

[kmelpignano@townofmilford.com](mailto:kmelpignano@townofmilford.com)

If you have any questions or would like to discuss this information in further detail, I am available to meet at your convenience.

Sincerely,

Kristin Melpignano

Kristin Melpignano  
HR Director

**CC: Michael K. Walsh, Selectman  
Paul Mazzuchelli, Selectman  
Richard Villani, Town Administrator  
Zachary Taylor, Finance Director**

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10-31-22

## DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **Al's Auto Repair & Collision Center, Inc.**
2. Mailing Address: **14B South Free Street**  
Known as: **12-14 South Free Street**  
Assessors ID#: **Map** \_\_\_\_\_ **Block** \_\_\_\_\_ **Lot** \_\_\_\_\_ **Zone** \_\_\_\_\_
3. Has applied for: **CLASS II LICENSE**
4. Selectmen will take action on: **10/31/2022**
5. Abutters Notified: **N/A** Published: **N/A**
6. Inquiry Sent To Dept. Heads on:
7. Please Respond By: \_\_\_\_\_
8. License Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Tabled: \_\_\_\_\_ On \_\_\_\_\_

.....  
**Building Commissioner:** (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **Allowable use, building and restrooms are not accessible**

**Town Planner:** (Site Plan/Special Permit; Other Requirements/Stipulations)  
**OK- ZBA Special Permit granted on 9/8/22 with conditions:**  
**-up to 6 vehicles to be purchased/sold at auction**  
**-no vehicles to be displayed for sale on the property**

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

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

**Fire Chief:** (Information/Comment) **No objections**

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

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

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

**Dept. Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

.....  
**Contact Name/Owner:** Aurelio Gomes **D.O.B.**

**SS #**

**Phone:** --- **e-mail:**



## MILFORD BOARD OF SELECTMEN

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

### SUPPLEMENTAL APPLICATION LICENSE TO SELL MOTOR VEHICLES ANNUAL FEE \$200.00 (Jan.-Dec.)

Date: 3-22-2022

Business Owner Name: Aurelio Gomes

Address: \_\_\_\_\_

Name of Business: Al's Auto Repair and Collision Center <sup>INC</sup> Attach copy of Business Certificate

Business Location: 143 South Free St Milford MA 01757 Telephone: \_\_\_\_\_

Corporation Name: AL'S AUTO REPAIR AND COLLISION CENTER INC Attach Articles of Incorporation

Address: 143 SOUTH FREE ST. MILFORD MA 01757 FID # \_\_\_\_\_

Manager Name & Address: AURELIO GOMES

Manager Telephone: \_\_\_\_\_

Anticipated number of vehicles to be stored at any one time: 0

Proposed Days & Hours of operation: MONDAY TO FRIDAY FROM 8am to 6pm

Do you plan to sell by auction in addition to retail? Yes ☒ No ☐

Applicant Signature: Aurelio Gomes

\*\*\*\*\*

*Be sure that the following documents are attached:*

- Form 53 – Application for a License to Buy, Sell, Exchange or Assemble Second Hand MV
- Business Certificate (Issued by Town Clerk's Office) or Articles of Incorporation
- Certificate of Compliance with State Laws, completed and signed
- Workers' Compensation Insurance Affidavit, completed and signed
- Plot/Site Plan of property



E-1  
10-31-22

## MILFORD BOARD OF SELECTMEN

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

### APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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

YOUR NAME VINCENZO VALASTRO

YOUR ADDRESS \_\_\_\_\_

TELEPHONE NO. FOR WEEKDAYS ( ) \_\_\_\_\_ & EVENINGS ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION Post Graduate

EXPERIENCE

Forty-seven years military and Government experience

INTERESTS

History Major / Former History Educator; work related to veterans charity work; vfw/AM Legion

Please indicate below if you are a Town Employee or serve on any Town Board.

Please place "x" beside the Board(s) on which you are interested in serving:

- |                                                                 |                                                                  |
|-----------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input checked="" type="checkbox"/> Historical Commission        |
| <input type="checkbox"/> Commission on Disability               | <input type="checkbox"/> Industrial Development Commission       |
| <input type="checkbox"/> Community School Use Committee         | <input type="checkbox"/> Memorial Hall Cultural Center Committee |
| <input type="checkbox"/> Conservation Commission                | <input type="checkbox"/> Milford Cultural Council                |
| <input type="checkbox"/> Council on Aging                       | <input type="checkbox"/> (formerly Arts Lottery Council)         |
| <input type="checkbox"/> Fair Housing Committee                 | <input type="checkbox"/> Milford Geriatric Authority             |
| <input type="checkbox"/> Finance Committee                      | <input type="checkbox"/> Milford Youth Commission                |
| <input checked="" type="checkbox"/> Veterans' Council           | <input type="checkbox"/> Personnel Board                         |
|                                                                 | <input type="checkbox"/> Zoning Board of Appeals                 |
|                                                                 | <input type="checkbox"/> Other (Describe Below)                  |

FOR OFFICE USE ONLY: Date Rec'd 9/28/22 Recorded 9/28/22  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_

Application Expires 9/28/25



## MILFORD SELECT BOARD

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

### APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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

YOUR NAME Timothy McDonough

YOUR ADDRESS

TELEPHONE NO. FOR WEEKDAYS (  ) & EVENINGS (  )

EMAIL ADDRESS

PLEASE INDICATE BELOW, INFORMATION PERTINENT TO YOUR EDUCATION, EXPERIENCE, AND/OR INTERESTS WHICH WOULD BE RELEVANT TO THE BOARD(S) YOU HAVE CHOSEN.

EDUCATION Graduate Milford High School 1983

EXPERIENCE Italian American War Veterans Post 40-Past Post Commander(currently Chaplain & Adjutant)  
Italian American War Veterans Massachusetts State Commander 2012-2013

INTERESTS To provide input & guidance to fellow members of the Veterans' Advisory Council.

Please indicate below if you are a Town Employee or serve on any Town Board.

Please place "x" beside the Board(s) on which you are interested in serving:

<input type="checkbox"/> Cedar Swamp Pond Development Committee	<input type="checkbox"/> Historical Commission
<input type="checkbox"/> Commission on Disability	<input type="checkbox"/> Industrial Development Commission
<input type="checkbox"/> Community School Use Committee	<input type="checkbox"/> Memorial Hall Cultural Center Committee
<input type="checkbox"/> Conservation Commission	<input type="checkbox"/> Milford Cultural Council
<input type="checkbox"/> Council on Aging	<input type="checkbox"/> (formerly Arts Lottery Council)
<input type="checkbox"/> Fair Housing Committee	<input type="checkbox"/> Milford Geriatric Authority
<input type="checkbox"/> Finance Committee	<input type="checkbox"/> Milford Youth Commission
	<input type="checkbox"/> Personnel Board
	<input type="checkbox"/> Zoning Board of Appeals
	<input checked="" type="checkbox"/> Other (Describe Below)

Veterans' Advisory Council

FOR OFFICE USE ONLY: Date Rec'd 10-28-24 Recorded 10-28-24 Application Expires 10-28-24  
Referred to Board Chair for Review/Comment/Recommendation

## Richard Villani

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**From:** Jo-ann Morgan <joann.d.morgan@verizon.net>  
**Sent:** Wednesday, October 12, 2022 3:58 PM  
**To:** Richard Villani  
**Subject:** Veterans Advisory Council

**CAUTION:** This email originated from outside the **Town of Milford**. Do not click links or open attachments unless you recognize the sender and know the content is safe.

We have chosen Vincenzo Valastro to fill the vacancy.  
Please inform me when he is appointed by the Select Biard.

Thank you,  
Jo-Ann DeMaria Morgan



5-2  
10-31-22

## MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main St. (Route 16), Milford, Massachusetts  
01757-2679 508-634-2303 Fax 508-634-2324  
[www.milfordma.gov](http://www.milfordma.gov)

### 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 Select Board Office at least **two weeks prior to date requested below.**

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

NAME OF ORGANIZATION Veterans Council  
MAILING ADDRESS: \_\_\_\_\_

CONTACT PERSON: JoAnn Morgan PHONE # 774-279-1141

#### CHECK ONE:

- ☒ PERMIT TO OVERHANG PUBLIC WAY (Article 13, Section 5) \$10.00 Fee  
☐ PERMIT TO OBSTRUCT A PUBLIC WAY (Article 12, Section 3) \$5.00 PER DAY Fee  
☐ PERMIT TO OBSTRUCT SIDEWALK (MERCHANDISE DISPLAY) (Article 13, Sec. 6) \$5.00 PER DAY Fee

#### DESCRIBE IN DETAIL WHAT YOU PLAN TO DO:

Conduct annual VETERANS DAY parade

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

Assemble at Veterans Memorial Parkway @ 9:30 AM on November 11, 2022.

Step off at 10AM

March up East Main to Calzone Park for brief ceremony.

Resume Parade up Main St to Draper Park for assembly and speaking program.

JoAnn Morgan  
Signature of person authorized to apply for permit

10/17/2022  
Date

DIC John A. Sanctioni  
Police Chief's Signature  
Comments:

10/28/2022  
Date

E-4  
10-31-22

Dear Town Administrator & Select Board of Milford.

At the request of Reno Deluzio I am writing to formally resign my position as a member of the Milford Upper Charles Trail Committee.

I have retired, sold my home in Milford and am currently living in Plymouth, MA. I am grateful for having been given the opportunity to serve on the Conservation Commission as well as the Upper Charles Trail Committee. With the support of the Town of Milford and the work of the Committee and the assistance of Reno, John Thomas, the Milford Water Company and the Town of Holliston. My service has been honored with the proper maintenance of the completed trail. Which has been conveyed to me by my daughter who lives in Franklin and regularly enjoys walking the trail with my grandson.


Regards:

Robert J. Buckley,

Formerly of 6 Mary Road Milford, MA

Currently of 16 Reedville Road Plymouth, MA 02360

Cc: Reno Deluzio

 10/17/2022

E-5  
10-31-22

**CONTRACT AWARD**

TOWN OF MILFORD

INVITATION FOR BIDS

DESCRIPTION – SERVERS

AWARDING AUTHORITY – SELECT BOARD

DATE – October 31, 2022

BIDDER NAME/ADDRESS	QUOTE AMOUNT
1. CloudServe IT PO Box 575, Milford, MA 01757	\$15,600.00
2. Worldband 174 Mendon Street, Bellingham, MA 02019	\$56,000.00
3. Intrasytems, Inc. 35 Braintree Hill office park, Suite 3021	\$12,500.00

Contract Award- After reviewing the Bids the decision was made to award the Contract to INTRASYSTEMS, INC., as the most responsible vendor, based upon their quote.