

**TOWN OF MILFORD**  
**Milford, Massachusetts**  
**NOTICE OF MEETING**

Board or Commission \_\_\_\_\_ Milford Select Board  
Date and Time of Meeting June 7, 2021 7:00PM  
Place of Meeting Room 03, 52 Main Street

RECEIVED  
MILFORD TOWN CLERK  
2021 JUN -3 PM 3:44

**CITATIONS- GIRL SCOUTS-GOLD AWARD**

- A.) SIGNING OF WARRANT, APPROVAL of Minutes**, May 10, 2021, May 25, 2021  
**EXECUTIVE SESSION Minutes**, May 10, 2021, (6:30), May 10, 2021, (7:00)  
May 25, 2021

**B.) INVITATION TO SPEAK**

The Select Board invites public participation on an in-person basis during its June 7, 2021 meeting. Due to restrictions imposed by Governor Baker's March 2020 Declaration of a State of Emergency prohibiting gatherings of more than ten people, participation in Invitation to Speak shall be limited to two such participants entering the meeting room at a time, wearing appropriate protective equipment, and leaving immediately upon conclusion of the participation to allow others to enter the room and participate equally. Those wishing to participate shall be cued outside the building, at least six feet apart, and permitted to enter two at a time.

**Remote Public Hearing/Invitation to Speak access now requires advanced registration. Please register online here: <http://tiny.cc/67dytz> 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. 7:00 PM NR 1 National Street LLC c/o Nuveen Real Estate, re: Amendment to Chapter 148 License
2. 7:05 PM Nitto Denko AVECIA, Inc., re: Chapter 148 License
3. 7:10 PM CT Market BW, LLC Seasonal Retail Package All Alcoholic Beverages License

**D.) SCHEDULED APPOINTMENTS**

1. Superintendent of Schools, re: Statement of Interest to Mass School Building Authority
2. Jay Siya Ram, LLC, re: Amendment to Common Victualler License- Change of name
3. Housing Authority, re: Tenant Board Member Appointment
4. Human Resources Director, re: EAP Program/Proposed Policies

**E.) TOWN ADMINISTRATOR'S REPORT**

**F.) OLD BUSINESS**

1. Amazon, re: Update
2. Town Administrator, re: Sonesta International Hotels Corp. d/b/a Sonesta Select Boston Milford

**G.) NEW BUSINESS**

1. Milford Youth Commission, re: Appointment
2. Milford Youth Commission, re: Acceptance of Gift
3. Milford Council on Aging, re: Appointment
4. Italian American World War Veterans Club, re: One Day Liquor License
5. Town Administrator, re: Award Contract for Senior Center Transportation Services
6. Milford 4<sup>th</sup> of July Parade Committee, re: Permit to Obstruct

## H.) CORRESPONDENCE

## I.) EXECUTIVE SESSION

1. **Milford Water Company- Purchase:** To receive Attorney/Client and Expert /Client communication of legal advice regarding the purchase of real property assets, the disclosure of which would compromise the Town's position
2. **Shook v Milford:** To receive Attorney/Client legal advice regarding litigation or legal issues the disclosure of which would compromise the Town's position
3. **Milford Youth Center Water Infiltration:** To receive Attorney/Client and Expert/Client communication of legal advice regarding reasonably anticipated litigation or legal issues the disclosure of which would compromise the Town's position.
4. **O'Loughlin v Buckley, Kingkade and Milford [MCAD]:** To receive Attorney/Client legal advice regarding pending litigation, attorney work product, or legal issues the disclosure of which would compromise the Town's position

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.

Signature Rh a. Vellani Dated 6/3/21

C-1  
B-7-21

## DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **NR 1 National Street, LLC**  
**c/o Nuveen Real Estate**
2. Mailing Address: **1 National Street**  
Assessors ID#: **Map \_58\_Block \_0\_Lot \_9\_Zone\_\_** WR-1 Zone, CC & IB Zones
3. Has applied for: **Amendment to Ch. 148 License- Said amendment seeks to store 860 gallons of Class II Diesel Fuel, and 240 gallons of Class 1B/1C Liquid Hand Sanitizer**
4. Selectmen will take action on: **Monday June 7, 2021**\_\_\_\_\_
5. Abutters Notified: **\_5/26/2021\_** Published: **\_5/24/2021\_**
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.) **IB Zone, allowable use**

**Town Planner:** (Site Plan/Special Permit; Other Requirements/Stipulations)  
**Ok-ZBA special permit granted 3/11/2021. Planning Board site plan approved 3/16/2021**

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

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

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

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

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

**Board of Health:** (Information/comment) **No action needed from BOH**

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

.....  
**Contact Name/Manager:** *Kayla Pulliam, Real Estate Manager/CBRE Property Management.*



FP-002A  
(Rev. 1.2018)

*The Commonwealth of Massachusetts*

*City/Town of* MILFORD

## Application For License

Massachusetts General Law, Chapter 148 §13

☐ New License ☒ Amended License

GIS Coordinates

LAT.

LONG.

License Number

Application is hereby made in accordance with the provisions of Chapter 148 of the General Laws of Massachusetts for a license to store flammables, combustibles or explosives on land in buildings or structures herein described.

Location of Land: 1 National Street, Milford MA - Parcel ID 58-0-9

Number, Street and Assessor's Map and Parcel ID

Attach a plot plan of the property indicating the location of property lines and all buildings or structures.

Owner of Land: NR 1 National Street LLC, c/o Nuveen Real Estate

Address of Land Owner: 2300 N. Field Street, Suite 1650, Dallas TX 75201

Use and Occupancy of Buildings and Structures: Parcel Hub warehouse and distribution facility

If this is an application for amendment of an existing license, indicate date of original license and any subsequent amendments  
Original license: August 10, 1998; last amended October 6, 2020 (see attached). Special Permit decision dated March 22, 2021

Attach a copy of the current license

(see attached)

### **Flammable and Combustible Liquids, Flammable Gases and Solids**

Complete this section for the storage of flammable and combustible liquids, solids, and gases; see 527 CMR 1.00 Table 1.12.8.50; Attach additional pages if needed. All tanks and containers are considered full for the purposes of licensing and permitting.

PRODUCT NAME	CLASS	MAXIMUM QUANTITY	UNITS gal., lbs, cubic feet gal	CONTAINER UST, AST, IBC, drums
Diesel fuel	II	745	gal	AST
Diesel fuel	II	115	gal	AST
Liquid hand sanitizer	IB / IC	240	gal	Container within building

Total quantity of all flammable liquids to be stored: 1,100 gallons

Total quantity of all combustible liquids to be stored: n/a

Total quantity of all flammable gases to be stored: n/a

Total quantity of all flammable solids to be stored: n/a

**LP-gas** (Complete this section for the storage of LP-gas or propane)

Indicate the maximum quantity of LP-gas to be stored and the sizes and capacities of all storage containers. (See 527 CMR 1.00 Table 1.12.8.50)

❖ Maximum quantity (in gallons) of LP-gas to be stored in aboveground containers: n/a

List sizes and capacities of all aboveground containers used for storage: n/a

❖ Maximum quantity (in gallons) of LP-gas to be stored in underground containers: n/a

List sizes and capacities of all underground containers used for storage: n/a

Total aggregate quantity of all LP-gas to be stored: n/a

**Fireworks** (Complete this section for the storage of fireworks)

Indicate classes of fireworks to be stored and maximum quantity of each class. (See 527 CMR 1.00 Table 1.12.8.50)

❖ Maximum amount (in pounds) of Class 1.3G: n/a Type/class of magazine used for storage: n/a

❖ Maximum amount (in pounds) of Class 1.4G: n/a Type/class of magazine used for storage: n/a

❖ Maximum amount (in pounds) of Class 1.4: n/a Type/class of magazine used for storage: n/a

Total aggregate quantity of all classes of fireworks to be stored: n/a

**Explosives** (Complete this section for the storage of explosives)

Indicate classes of explosive to be stored and maximum quantity of each class. (See 527 CMR 1.00 Table 1.12.8.50)

❖ Maximum amount (in pounds) of Class 1.1: n/a Number of magazines used for storage: n/a

❖ Maximum amount (in pounds) of Class 1.2: n/a Number of magazines used for storage: n/a

❖ Maximum amount (in pounds) of Class 1.3: n/a Number of magazines used for storage: n/a

❖ Maximum amount (in pounds) of Class 1.4: n/a Number of magazines used for storage: n/a

❖ Maximum amount (in pounds) of Class 1.5: n/a Number of magazines used for storage: n/a

❖ Maximum amount (in pounds) of Class 1.6: n/a Number of magazines used for storage: n/a

I, Kayla Pulliam, hereby attest that I am authorized to make this application. I acknowledge that the information contained herein is accurate and complete to the best of my knowledge and belief. I acknowledge that all materials stored pursuant to any license granted hereunder must be stored or kept in accordance with all applicable laws, codes, rules and regulations, including but not limited to Massachusetts Chapter 148, and the Massachusetts Fire Code (527 CMR 1.00). I further acknowledge that the storage of any material specified in any license granted hereunder may not exceed the maximum quantity specified by the license.

Signature Kayla Pulliam Digitally signed by Kayla Pulliam  
Date: 2021.04.23 11:03:22  
+04'00' Date 4/23/2021 Name Kayla Pulliam

**Fire Department Use Only**

I, Mark A. Nelson, Head of the Milford Fire Department endorse this application with my

☒ Approval ☐ Disapproval

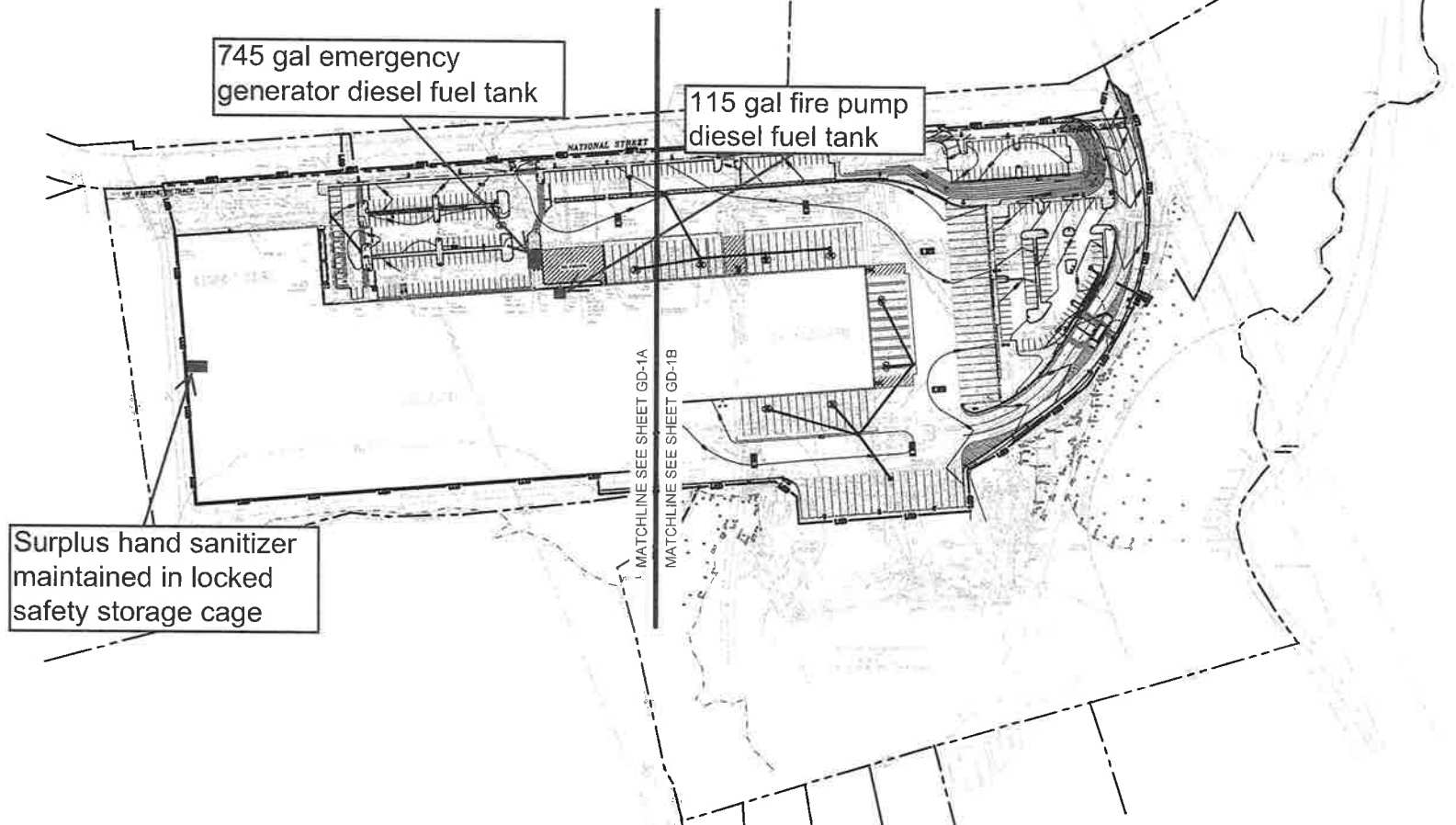
[Signature]  
Signature of Head of the Fire Department

4/28/2021  
Date

Recommendations: \_\_\_\_\_

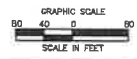
# GRADING AND DRAINAGE LEGEND

PROPERTY LINE	---
LIMIT OF DISTURBANCE LINE AND CONTRACT LIMIT LINE	---
STORM LINE	---
CATCH BASIN	⊙
STORM MANHOLE	⊙
FLARED END	⊙
END WALL OR HEADWALL	⊙
OUTLET CONTROL STRUCTURE	⊙
HYDRODYNAMIC SEPARATOR	⊙
PROPOSED CONTOUR LINE	---
PROPOSED SPOT GRADE	---
ASSUMPTIONS	---
- TO TOP OF CURB	---
- TO BOTTOM OF CURB	---
- TO TOP OF WALL	---
- TO BOTTOM OF WALL	---



FOR PERMITTING PURPOSES ONLY  
NOT RELEASED FOR CONSTRUCTION

REFER TO SHEET GN-1 FOR  
SITE WORK GENERAL NOTES



1000 Main Street  
Milford, MA 01938  
(508) 346-1111

**PROPOSED DEVELOPMENT**  
1 NATIONAL STREET  
MILFORD, MASSACHUSETTS

PROJECT NO. 2023-001  
DATE: 01/15/2023  
DRAWN BY: J. [Name]  
CHECKED BY: [Name]  
IN CHARGE: [Name]

**GRADING AND DRAINAGE PLAN**

**GD-1**



# MILFORD FIRE DEPARTMENT

21 BIRCH STREET  
MILFORD, MASSACHUSETTS 01757

MARK A. NELSON, CHIEF  
MICHAEL J. DETORE, DEPUTY

Telephone: 508-473-1214 • Fax: 508-473-4858 • Inspections: 508-473-2256

May 11, 2021

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

RE: Amazon, 1 National Street, Flammable and Combustible Storage License Amendment

Dear Mr. Villani,

Amazon, 1 National Street, submitted their application for an amended flammable and combustible storage license. I approved this application after reviewing the proposed flammable and combustible storage quantities and locations. The storage will be in compliance with applicable codes and standards. This location has a recently approved special permit and flammable/combustible storage license from its previous use. The current owner seeks to maintain the license and amend to reflect accurate materials on site.

Please contact me if I can assist with any questions.

Sincerely,

A handwritten signature in dark ink, appearing to read "Mark A. Nelson", with a long horizontal flourish extending to the right.

Mark A. Nelson

C-2  
6-7-21

## DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **Nitto Denko Avecia**
2. Mailing Address: **125 Fortune Blvd**  
Assessors ID#: **Map 28\_Block \_98\_Lot\_4\_Zone\_IB**
3. Has applied for: **A Chapter 148 License- The application seeks the storage of 982.2 Gallons of Flammable Liquids, 32.4 Gallons of Combustible Liquids and 1 Cylinder of Flammable Gases.**
4. Selectmen will take action on: **Monday June 7, 2021**\_\_\_\_\_
5. Abutters Notified: **5/26/2021** Published: **5/24/2021**\_\_\_\_\_
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.) **IB Zone, allowable use**

**Town Planner:** (Site Plan/Special Permit; Other Requirements/Stipulations)  
**Ok-site plan approved 10/20/2020**

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

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

**Fire Chief:** (Information/Comment) **Fire department has no objections**

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

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

**Board of Health:** (Information/comment) **No action needed from BOH**

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

.....  
**Contact Name:** **Natalia Olive, Director Environmental, Health and Safety**





FP-002A  
(Rev. 1.2018)

*The Commonwealth of Massachusetts*  
*City/Town of* **MILFORD**

**Application For License**

Massachusetts General Law, Chapter 148 §13

☒ New License    ☐ Amended License

GIS Coordinates

**42.15938 degrees N**  
LAT.

**71.50409 degrees W**  
LONG.

License Number

Application is hereby made in accordance with the provisions of Chapter 148 of the General Laws of Massachusetts for a license to store flammables, combustibles or explosives on land in buildings or structures herein described.

Location of Land: **125 Fortune Boulevard Parcel 28-98-4**

Number, Street and Assessor's Map and Parcel ID

Attach a plot plan of the property indicating the location of property lines and all buildings or structures.

Owner of Land: **Nitto Denko AVECIA Inc.**

Address of Land Owner: **125 Fortune Boulevard, Milford, MA 01757**

Use and Occupancy of Buildings and Structures: **Industrial**

If this is an application for amendment of an existing license, indicate date of original license and any subsequent amendments

Attach a copy of the current license

**Flammable and Combustible Liquids, Flammable Gases and Solids**

Complete this section for the storage of flammable and combustible liquids, solids, and gases; see 527 CMR 1.00 Table 1.12.8.50; Attach additional pages if needed. All tanks and containers are considered full for the purposes of licensing and permitting.

PRODUCT NAME	CLASS	MAXIMUM QUANTITY	UNITS gal., lbs, cubic feet	CONTAINER UST, AST, IBC, drums
--------------	-------	------------------	-----------------------------------	--------------------------------------

See Attached List

Total quantity of all flammable liquids to be stored: **982.2 gal**

Total quantity of all combustible liquids to be stored: **32.4 gal**

Total quantity of all flammable gases to be stored: **1 cylinder**

Total quantity of all flammable solids to be stored: **0**

**LP-gas** (Complete this section for the storage of LP-gas or propane)

Indicate the maximum quantity of LP-gas to be stored and the sizes and capacities of all storage containers. (See 527 CMR 1.00 Table 1.12.8.50)

❖ Maximum quantity (in gallons) of LP-gas to be stored in aboveground containers: \_\_\_\_\_

List sizes and capacities of all aboveground containers used for storage: \_\_\_\_\_

❖ Maximum quantity (in gallons) of LP-gas to be stored in underground containers: \_\_\_\_\_

List sizes and capacities of all underground containers used for storage: \_\_\_\_\_

Total aggregate quantity of all LP-gas to be stored: \_\_\_\_\_

**Fireworks** (Complete this section for the storage of fireworks)

Indicate classes of fireworks to be stored and maximum quantity of each class. (See 527 CMR 1.00 Table 1.12.8.50)

❖ Maximum amount (in pounds) of Class **1.3G**: \_\_\_\_\_ Type/class of magazine used for storage: \_\_\_\_\_

❖ Maximum amount (in pounds) of Class **1.4G**: \_\_\_\_\_ Type/class of magazine used for storage: \_\_\_\_\_

❖ Maximum amount (in pounds) of Class **1.4**: \_\_\_\_\_ Type/class of magazine used for storage: \_\_\_\_\_

Total aggregate quantity of all classes of fireworks to be stored: \_\_\_\_\_

**Explosives** (Complete this section for the storage of explosives)

Indicate classes of explosive to be stored and maximum quantity of each class. (See 527 CMR 1.00 Table 1.12.8.50)

❖ Maximum amount (in pounds) of Class **1.1**: \_\_\_\_\_ Number of magazines used for storage: \_\_\_\_\_

❖ Maximum amount (in pounds) of Class **1.2**: \_\_\_\_\_ Number of magazines used for storage: \_\_\_\_\_

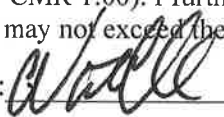
❖ Maximum amount (in pounds) of Class **1.3**: \_\_\_\_\_ Number of magazines used for storage: \_\_\_\_\_

❖ Maximum amount (in pounds) of Class **1.4**: \_\_\_\_\_ Number of magazines used for storage: \_\_\_\_\_

❖ Maximum amount (in pounds) of Class **1.5**: \_\_\_\_\_ Number of magazines used for storage: \_\_\_\_\_

❖ Maximum amount (in pounds) of Class **1.6**: \_\_\_\_\_ Number of magazines used for storage: \_\_\_\_\_

I, **Natalia Olive**, hereby attest that I am authorized to make this application. I acknowledge that the information contained herein is accurate and complete to the best of my knowledge and belief. I acknowledge that all materials stored pursuant to any license granted hereunder must be stored or kept in accordance with all applicable laws, codes, rules and regulations, including but not limited to Massachusetts Chapter 148, and the Massachusetts Fire Code (527 CMR 1.00). I further acknowledge that the storage of any material specified in any license granted hereunder may not exceed the maximum quantity specified by the license.

Signature:  Date: **April 13, 2021** Name: **Natalia Olive, Director Environmental, Health and Safety**

*Fire Department Use Only*

I, **Mark A. Nelson**, Head of the **Milford** Fire Department endorse this application with my

☒ Approval ☐ Disapproval

  
Signature of Head of the Fire Department

**5/4/2021**  
Date

Recommendations: \_\_\_\_\_

**Proposed Flammable and Combustible Liquids, Flammable Gases and Solids in Expansion of Bldg 125 Operations**

PRODUCT NAME	CLASS	MAXIMUM QUANTITY	UNITS gal., lbs, Cubic feet	CONTAINER UST, AST, IBC, drums
--------------	-------	------------------	-----------------------------------	--------------------------------------

See attached list.

Total quantity of all flammable liquids to be stored: 982.2 gal

Total quantity of all combustible liquids to be stored: 32.4 gal

Total quantity of all flammable gases to be stored: 1 cylinder

Total quantity of all flammable solids to be stored: 0

**Nitto Denko Avecia Inc.**  
**125 Fortune Blvd., Milford, Massachusetts**

**Proposed Flammable and Combustible Liquids, Flammable Gases and Solids in Expansion of Bldg 125 Fortune Blvd. Operations**

PRODUCT NAME	CLASS	MAXIMUM QUANTITY	CONTAINER UST, AST, IBC, drums	UNITS	LOCATION
Methylamine	Flammable Gas	1			Bldg 125
1,4-Dioxane	IB	0.0	Gal	Glass/poly Containers	TIIM
10% DCA in Toluene	IB	212	Gal	Cycle-tainer	Bldg 125
2-Propanol	IB	4	Gal	Glass/poly Containers	TIIM
3% DCA in Toluene	IB	212	Gal	Cycle-tainer	Bldg 125
Acetone	IB	1	Gal	Glass/poly Containers	Bldg 125
Acetone	IB	3	Gal	Glass/poly Containers	TIIM
Acetonitrile	IB	212	Gal	Cycle-tainer	Bldg 125
Acetonitrile	IB	18	Gal	Glass/poly Containers	TIIM
Acetonitrile (LCMS grade)	IB	25	Gal	Glass/poly Containers	Bldg 125
Diethylamine	IB	3	Gal	Glass/poly Containers	Bldg 125
Diethylamine	IB	1	Gal	Glass/poly Containers	TIIM
Ethanol	IB	8	Gal	Glass/poly Containers	Bldg 125
Ethanol	IB	3	Gal	Glass/poly Containers	TIIM
Ethyl acetate	IB	3	Gal	Glass/poly Containers	TIIM
ETT (5-ethylthio-1H-tetrazole)	IB	0.1	Gal	Glass/poly Containers	TIIM
Hydranal Coulmat	IB	1	Gal	Glass/poly Containers	Bldg 125
Isopropanol	IB	1	Gal	Glass/poly Containers	Bldg 125
Methanol	IB	25	Gal	Glass/poly Containers	Bldg 125
Methanol	IB	13	Gal	Glass/poly Containers	TIIM
Methylamine Solution	IB	1	Gal	Glass/poly Containers	TIIM
N,N,N',N'- Tetramethylethylenediamine	IB	0.0	Gal	Glass/poly Containers	TIIM
Pyridine	IB	25	Gal	Glass/poly Containers	Bldg 125
Pyridine	IB	19	Gal	Glass/poly Containers	TIIM
Tetrahydrofuran	IB	1	Gal	Glass/poly Containers	Bldg 125
Tetrahydrofuran	IB	0.0	Gal	Glass/poly Containers	TIIM
Toluene	IB	25	Gal	Glass/poly Containers	Bldg 125
Toluene	IB	5	Gal	Glass/poly Containers	TIIM
Triethylamine	IB	11	Gal	Glass/poly Containers	Bldg 125
Triethylamine	IB	0.2	Gal	Glass/poly Containers	TIIM
2,6-Lutidine	IC	8	Gal	Glass/poly Containers	Bldg 125
2,6-Lutidine	IC	8	Gal	Glass/poly Containers	TIIM
50mM Iodine, 10% water	IC	132	Gal	Glass/poly Containers	Bldg 125
Picoline	IC	2	Gal	Glass/poly Containers	Bldg 125
Dimethyl formamide	II	6	Gal	Glass/poly Containers	Bldg 125
Hexafluoroisopropanol	II	1	Gal	Glass/poly Containers	Bldg 125
N,N-Dimethylformamide	II	1	Gal	Glass/poly Containers	TIIM
1-Methyl-2-pyrrolidinone	IIIA	1	Gal	Glass/poly Containers	TIIM

**Nitto Denko Avecia Inc.  
125 Fortune Blvd., Milford, Massachusetts**

**Proposed Flammable and Combustible Liquids, Flammable Gases and Solids in Expansion of Bldg 125 Fortune Blvd. Operations**

PRODUCT NAME	CLASS	MAXIMUM QUANTITY	CONTAINER		
			UNITS	UST, AST, IBC, drums	LOCATION
Acetic Anhydride	IIIA	6	Gal	Glass/poly Containers	Bldg 125
Acetic Anhydride	IIIA	2	Gal	Glass/poly Containers	TIIM
Dimethyl sulfoxide	IIIA	3	Gal	Glass/poly Containers	Bldg 125
Dimethyl Sulfoxide	IIIA	0.3	Gal	Glass/poly Containers	TIIM
Isobutyric anhydride	IIIA	6	Gal	Glass/poly Containers	Bldg 125
Isobutyric Anhydride	IIIA	0.1	Gal	Glass/poly Containers	TIIM
N-methylimidazole	IIIA	3	Gal	Glass/poly Containers	Bldg 125
Tributylamine	IIIA	11	Gal	Glass/poly Containers	Bldg 125
Triethylamine Trihydrofluoride	Toxic/ Corrosive	1	Gal	Glass/poly Containers	Bldg 125
Sodium Dodecyl sulfate		0.0	Gal	Glass/ poly Containers	TIIM



# MILFORD FIRE DEPARTMENT

21 BIRCH STREET  
MILFORD, MASSACHUSETTS 01757

MARK A. NELSON, CHIEF  
MICHAEL J. DETORE, DEPUTY

Telephone: 508-473-1214 • Fax: 508-473-4858 • Inspections: 508-473-2256

May 4, 2021

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

RE: Nitto Denko Avecia, New Flammable Storage License Application

Dear Mr. Villani,

Nitto Denko Avecia, 125 Fortune Boulevard, submitted their application for a new flammable and combustible storage license. I approved this application after reviewing the proposed flammable and combustible storage plan and associated control areas. The storage will be in compliance with applicable codes and standards. Nitto Denko Avecia has a flammable and combustible storage license for 155 Fortune Boulevard and now requires the same for 125 Fortune Boulevard due to proposed quantities of materials.

All flammable and combustible storage will be located indoors and no underground or aboveground storage tanks will be installed. The list of proposed materials refers to "cycle-tainers," which are not permanently installed and are brought on site as needed. The amount stored on site will not exceed license thresholds.

Please contact me if I can assist with any questions.

Sincerely,

Mark A. Nelson



C-3  
6-7-21

## DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **CT MARKET BW, LLC**
2. Business Address: **64 Central Street**
3. Assessors ID#: **Map 48 Block 0 Lot 450 Zone CA**
4. Has applied for: **SEASONAL RETAIL PACKAGE ALL ALCOHOLIC BEVERAGES LICENSE**
5. Selectmen will take action on: **06/07/2021**
6. Hearing Continued/Postponed/MGL Deadline: \_\_\_\_\_
7. Abutters Notified: **5/26/21** Published: **5/24/2021**
8. Inquiry Sent To Dept. Heads on: \_\_\_\_\_
9. Please Respond By: \_\_\_\_\_
10. License Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Tabled: \_\_\_\_\_ On \_\_\_\_\_

.....  
**Building Commissioner:** (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **CA zone, allowable use, building is accessible**

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

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

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

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

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

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

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

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

.....  
**Contact Name/Manager:** *Donizete da Silva* **D.O.B.** **SS #**

**Phone:** 508-488-6893 **e-mail:** centraltravelinc@gmail.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

**1. LICENSE CLASSIFICATION INFORMATION**

**ON/OFF-PREMISES**

Off-Premises-15

**TYPE**

\$15 Package Store

**CATEGORY**

All Alcoholic Beverages

**CLASS**

Seasonal

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

Application for a new seasonal license to sell all alcoholic beverages at an existing convenience store operated by the Applicant at 64 Central Street, Milford.

Is this license application pursuant to special legislation? ☐ Yes ☒ No

Chapter

Acts of

**2. BUSINESS ENTITY INFORMATION**

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

Entity Name

FEIN

DBA

Manager of Record

Street Address

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.

The premises are a convenience store on one level with an open floor plan with shelves for merchandise for sale in the front and a storage room and two small offices in the rear. The overall building size is 52' x 48'.

Total Square Footage:

Number of Entrances:

Seating Capacity:

Number of Floors

Number of Exits:

Occupancy Number:

**4. APPLICATION CONTACT**

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

Name:

Phone:

Title:

Email:

## APPLICATION FOR A NEW LICENSE

### 5. CORPORATE STRUCTURE

Entity Legal Structure	<div>LLC</div>	Date of Incorporation	<div>02/18/20</div>
State of Incorporation	<div>Massachusetts</div>	Is the Corporation publicly traded?	<input type="radio"/> Yes <input checked="" type="radio"/> No

### 6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:  
**On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers** - At least 50% must be US citizens;  
**Off Premises (Liquor Store) Directors or LLC Managers** - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	SSN	DOB
<div>Donizete Da Silva</div>	<div>17 Emmons Street, Milford , MA</div>	<div></div>	<div>01/05/1991</div>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<div>Manager/Member</div>	<div>100</div>	<div><input checked="" type="radio"/> Yes <input type="radio"/> No</div>	<div><input checked="" type="radio"/> Yes <input type="radio"/> No</div>
MA Resident			<div><input checked="" type="radio"/> Yes <input type="radio"/> No</div>

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

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

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

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

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

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

Lease

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

## APPLICATION FOR A NEW LICENSE

### 8. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	
B. Purchase Price for Business Assets	
C. Other * (Please specify below)	5,000
D. Total Cost	

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

### SOURCE OF CASH CONTRIBUTION

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

Name of Contributor	Amount of Contribution
OA Homes LLC	\$5,000 Inventory
Total:	\$5,000 inventory

### 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.

Donizete Da Silva is the manager/member of CT Market BW, LLC and is also a manager/member of OA Homes LLC, a company which deals in real estate, which company will be the source of the funds to obtain the initial inventory of liquor for sale.

### 9. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge? ☐ Yes ☒ No

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

To whom is the pledge being made?

## 10. MANAGER APPLICATION

### A. MANAGER INFORMATION

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

Proposed Manager Name Donizete Da Silva

Date of Birth 01/05/1991

SSN

Residential Address

Email

centraltravelinc@gmail.com

Phone

508-488-6893

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

20

### 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
08/01/2020	current	co-owner/manager	The Check Stop, LLC	self-employed
02/18/20	current	owner/manager	CT Market BW, LLC	self-employed
07/17/2019	current	co-owner/ manager	BD Homes LLC	self-employed
06/02/17	current	co-owner/manager	OA Homes LLC	self-employed

### 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

5/6/21

## 11. MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement?

☐ Yes ☒ No

If yes, please fill out section 11.

Please provide a narrative overview of the Management Agreement. Attach additional pages, if necessary.

**IMPORTANT NOTE:** A management agreement is where a licensee authorizes a third party to control the daily operations of the license premises, while retaining ultimate control over the license, through a written contract. *This does **not** pertain to a liquor license manager that is employed directly by the entity.*

### 11A. MANAGEMENT ENTITY

List all proposed individuals or entities that will have a direct or indirect, beneficial or financial interest in the management Entity (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name	Address	Phone		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
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	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<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	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<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	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<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	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<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	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

### CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?

☐ Yes ☐ No

If yes, attach an affidavit providing the details of any and all convictions.

### 11B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES

#### LICENSE

Does any individual or entity identified in question 11A, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages; and or have an active management agreement with any other licensees?

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

Name	License Type	License Name	Municipality

### 11C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 11A, 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

### 11D. PREVIOUSLY HELD MANAGEMENT AGREEMENT

Has any individual or entity identified in question 11A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee?

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

Licensee Name	License Type	Municipality	Date(s) of Agreement

### 11E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Has any of the disclosed licenses listed in questions in section 11B, 11C, 11D 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

### 11F. TERMS OF AGREEMENT

a. Does the agreement provide for termination by the licensee?

Yes ☐ No ☐

b. Will the licensee retain control of the business finances?

Yes ☐ No ☐

c. Does the management entity handle the payroll for the business?

Yes ☐ No ☐

d. Management Term Begin Date

e. Management Term End Date

f. How will the management company be compensated by the licensee? (check all that apply)

☐ \$ per month/year (indicate amount)

☐ % of alcohol sales (indicate percentage)

☐ % of overall sales (indicate percentage)

☐ other (please explain)

**ABCC Licensee Officer/LLC Manager**

Signature:

Title:

Date:

**Management Agreement Entity Officer/LLC Manager**

Signature:

Title:

Date:

D-1  
6-7-21

## REQUIRED FORM OF VOTE TO SUBMIT A STATEMENT OF INTEREST

### REQUIRED VOTES

If the SOI is being submitted by a City or Town, a vote in the following form is required from both the City Council/Board of Aldermen **OR** the Board of Selectmen/equivalent governing body **AND** the School Committee.

If the SOI is being submitted by a regional school district, a vote in the following form is required from the Regional School Committee only.

*\*Current votes for each SOI submission are required.*

### FORM OF VOTE

Please use the text below to prepare your City's, Town's or District's required vote(s).

Resolved: Having convened in an open meeting on June 7, 2021 prior to the SOI submission closing date, the Milford Select Board, in accordance with its charter, by-laws, and ordinances, has voted to authorize the Superintendent to submit to the Massachusetts School Building Authority the Statement of Interest Form on June 25, 2021 for the Milford High School located at 31 West Fountain Street, Milford, Massachusetts 01757 which describes and explains the following deficiencies and the priority category(s) of replacement, renovation, or modernization of school facility systems, such as roofs, windows, boilers, heating and ventilation systems, to increase energy conservation and decrease energy related costs in a school facility and replacement of or addition to obsolete buildings in order to provide a full range of programs consistent with state and approved local requirements for which an application may be submitted to the Massachusetts School Building Authority in the future and hereby further specifically acknowledges that by submitting this Statement of Interest Form, the Massachusetts School Building Authority in no way guarantees the acceptance or the approval of an application, the awarding of a grant or any other funding commitment from the Massachusetts School Building Authority, or commits the Town of Milford to filing an application for funding with the Massachusetts School Building Authority.

### DOCUMENTATION OF VOTE

Documentation of each vote must be submitted **in hard copy** to the MSBA as follows:

- 1) For the vote of the City Council/Board of Aldermen or Board of Selectmen/equivalent governing body, a copy of the text of the vote must be submitted **with a certification** of the City/Town Clerk that the vote was duly recorded and the date of the vote must be provided.
- 2) For the vote of the School Committee, Minutes of the School Committee meeting at which the vote was taken must be submitted **with the original signature** of the Committee Chairperson.



D-2  
6-7-21

## DEPARTMENT HEAD REVIEW FORM

1. Name of Business: Jay Siya Ram, LLC  
d/b/a Comfort Inn  
Mailing Address: 24 Beaver Street  
Lot Address: 22 Beaver Street  
Assessors ID#: Map \_\_44\_\_Block \_\_0\_\_Lot \_\_27\_\_Zone \_\_IB\_\_

2. Has applied for: **Amendment to Common Victualler License-  
Change of Name, from La Quinta Inn to Comfort Inn**

3. Selectmen will take action on: 5/10/2021

4. Hearing Continued/Postponed/MGL Deadline: \_\_\_\_\_

5. Abutters Notified: N/A Published: \_\_\_\_\_

6. Inquiry Sent To Dept. Heads on: **Tuesday May 4, 2021**

7. Please Respond By: **Friday May 21, 2021**

8. License Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Tabled: \_\_\_\_\_ On \_\_\_\_\_

.....  
**Building Commissioner:** (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **IB Zone, allowable use, building, and restrooms are accessible**

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

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

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

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

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

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

**Board of Health:** (Information/comment) **No violations and all permits current**

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

.....  
**Contact Name/Manager:** *Kalpesh Patel D.O.B.*

**SS #**

**Phone:** 508-478-8243 **e-mail:** kalpesh238@yahoo.com

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



**Town Clerk's Office**

**Town Hall Room 12**

**52 Main Street • Milford, MA 01757**

**Ph: (508) 634-2307 • Fax: (508) 634-2324**

**TownClerksOffice@townofmilford.com**

**Amy E. Hennessy Neves, Town Clerk**

**May 5, 2021**

**TO: Milford Housing Authority, Charles Boddy, Richard Villani**

**FROM: The Town Clerk's Office**

**RE: Housing Authority Tenant Board Member Appointment**

---

**After Meeting with Town Counsel Boddy and the Directors of the Housing Authority it was decided that the Town Clerk' Office forward the names of the (2) interested Housing Authority Residents to the Milford Select Board for consideration of appointment.**

**Lynn M. Mussi, 83 Maher Court**

**Valerie J. Brownly, 78 Birmingham Court (formerly of 22 Birmingham Court)**

**The deadline for any interested parties to submit their names for appointment is May 7, 2021.**

**Any additional names will also be submitted to both the Housing Authority and Select Board for consideration.**

**Thank you for your attention to this important matter.**

**Sincerely,**

*A. Hennessy Neves*

## Richard Villani

---

**From:** Amy Neves  
**Sent:** Thursday, May 6, 2021 4:57 PM  
**To:** Jaclyn Martin; Charles Boddy; Richard Villani  
**Subject:** 2 more interested candidates for Tenant Housing Authority seat  
**Attachments:** HA tenant candidate names to submit 5 6 21.pdf

**Importance:** High

We just had 2 people call that were interested in submitting their names for consideration  
Barbara Dimitri 81 Maher Ct  
Henry Webster, 63 Birmingham Ct

The deadline for candidate names is Friday the 7<sup>th</sup>.  
Thank you.

**Amy E. Hennessy Neves**  
Town Clerk  
Town Clerk's Office  
Town of Milford  
52 Main Street (Room 12)  
Milford, MA 01757  
508.634.2307  
508.634.2324 (fax)



 Please consider the environment before printing this e-mail.

**PUBLIC RECORDS NOTICE:** Please be advised that the Massachusetts Secretary of State considers email to be a public record, and therefore subject to the Massachusetts Public Records Law, M.G.L. c. 66 § 10.

**CONFIDENTIALITY NOTICE:** This e-mail message, including any attachments, is for the sole use of the intended recipient's and may contain confidential or proprietary information. Any unauthorized review, use, disclosure or distribution is prohibited under the 201 CMR 17 of M.G.L c. 93H. If you are not the intended recipient, immediately contact the sender by reply e-mail and destroy all copies of the original message.

Combined Census/Voter Inquiry Screen

**Last Name:** DIMITRI **First Name:** **Middle Name:** **Title:** **Show Deleted?**  
☒ No  
☐ Yes  
☐ Both

**No:** **Sfx:** **Street Name:** **Unit:** **City:** MILFORD **Res Zip:**

**Resident Id:** **Head of Hshld Id (Census id):**

Par ty	Sta tus	Name	#, Red indicates PSC	Address	DOB	Ward Prcnt	Census Year	FC	Mail to	Reg Mode	Del	Occupation
0		DIMITRI, BARBARA		81 MAHER COURT	10/08/1949	0 / 2	2020	0	N	M		RETIRED

< ||| >

<b>Member</b> <input type="button" value="Add"/> <input type="button" value="Change"/> <input type="button" value="Del"/> <input type="button" value="Inquire"/>				<b>Search</b> <input type="button" value="Clear"/> <input type="button" value="Exit"/>		<b>Family</b> <input type="button" value="Add"/> <input type="button" value="Del"/> <input type="button" value="Chg"/> <input type="button" value="Census"/>		<b>Voter</b> <input type="button" value="Inquire"/> <input type="button" value="Reg Chg"/> <input type="button" value="Del"/> <input type="button" value="Create"/> <input type="button" value="Sign"/>		
---	--	--	--	---	--	---	--	--	--	--

2016-06 PM 4:27

Combined Census/Voter Inquiry Screen

**Last Name:** WEBSTER **First Name:** H **Middle Name:** **Title:** **Show Deleted?**  
☒ No  
☐ Yes  
☐ Both  
**No:** **Sfx:** **Street Name:** **Unit:** **City:** MILFORD **Res Zip:**  
**Resident id:** **Head of Hshld id (Census id):**

Par ty	Sta tus	Name	*. Red indicates PSC	Address	DOB	Ward Pmt	Census Year	FC	Mail to	Reg Mode	Del	Occupation
		WEBSTER, HENRY AUGUSTAS		104 PURCHASE ST	09/14/1951	0 / 8	2020	1	Y			

\* now residing at  
63 Birmingham Ct

**Member** **Search** **Family** **Voter**  
 Add Change Del Inquire Clear Exit Add Del Chg Census Inquire Reg Chg Del Create Sign

2021-11-06 PM 4:27

## Richard Villani

---

**From:** Jaclyn Martin <jmartin@milfordhousing.org>  
**Sent:** Thursday, May 6, 2021 10:36 AM  
**To:** Amy Neves; Dawn Naff; Richard Villani; Charles Boddy; Loriann Braza  
**Subject:** RE: HA tenant Board Member letter

**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.

Hi Amy,

It was great finally meeting everyone in person and being able to put faces with names!

If we get any more guidance from DHCD we will pass it along. As I mentioned yesterday, our board would like to participate in the appointment to the extent allowable.

Thanks again,  
Jackie

**Jaclyn M. Martin, Esq., Executive Director**

Milford and Mendon Housing Authorities | 45 Birmingham Court, Milford MA 01757 | Office: (508) 473-9521  
| Fax: (508) 473-4216

CONFIDENTIALITY NOTICE: The contents of this email message and any attachments are intended solely for the addressee(s) and may contain confidential and/or privileged information and may be legally protected from disclosure. If you are not the intended recipient of this message or their agent, or if this message has been addressed to you in error, please immediately alert the sender by reply email and then delete this message and any attachments. If you are not the intended recipient, you are hereby notified that any use, dissemination, copying or storage of this message or its attachments are strictly prohibited.

**From:** Amy Neves <aneves@townofmilford.com>  
**Sent:** Wednesday, May 5, 2021 3:12 PM  
**To:** Dawn Naff <dnaff@townofmilford.com>; Richard Villani <rvillani@townofmilford.com>; Charles Boddy <cboddy@townofmilford.com>; Loriann Braza <lbraz@milfordhousing.org>; Jaclyn Martin <jmartin@milfordhousing.org>  
**Subject:** HA tenant Board Member letter

Thank you for meeting with us today.

Regards,

**Amy E. Hennessy Neves**

Town Clerk  
Town Clerk's Office  
Town of Milford  
52 Main Street (Room 12)  
Milford, MA 01757  
508.634.2307  
508.634.2324 (fax)

D-4  
6-7-21

### Select Board Meeting Items:

- 1) Approve EAP/Life Insurance audit; authorize Rick to sign consultant letter (no cost) – Rick has document
- 2) Ask for approval of the following policies (Board is in receipt of these; Rick has updated IT policy):
  - a. Remote work
  - b. Whistleblower
  - c. IT Use
  - d. Employee Code of Conduct
  - e. Vehicle Use?
- 3) HR Update (informational):
  - a. Proceeding with Compensation Study by issuing RFP
  - b. Beginning to update Job Descriptions in new template – myself, Liz, Jodie
  - c. Drafting new policies
  - d. Had first training for Department Heads, Performance management; next up, Discipline and Discharge





## Department of Human Resources

**Town of Milford, MA**

52 Main Street – Room 10

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)

To: Select Board

Date: May 13, 2021

Re: Employee Assistance Program/Life Insurance

---

It was suggested prior to my arrival that the Town of Milford investigate adding an Employee Assistance Program to our suite of benefits. EAP's are a work-based intervention program designed to identify and assist employees in resolving personal problems that may be adversely affecting their performance at work, such as marital, financial or emotional problems; family issues; or substance or alcohol abuse. Very often they carry a training component that the employer can access on varying subjects at little or no cost.

Since EAP's are often linked to life Insurance programs, we are recommending hiring, at no cost, a broker to investigate options for the Town to secure the most appropriate combination of life insurance with the EAP rider. The broker estimates that this assessment would take approximately four weeks and could be ready for approval and implementation by July 1<sup>st</sup>.

Please let me know if you have any questions.

## **Remote-Work Conduct Policy**

As our workforce continues to operate with some or all employees working at locations other than the Town of Milford offices, the following expectations for employees are being clarified to avoid issues that may cause disruption to the workday and/or during virtual meetings.

### **General Expectations**

- Remote employees are expected to be available and communicative during scheduled work hours.
- The Town of Milford work rules and other policies continue to apply to offsite work locations.
- Consumption of alcohol or illegal substance during work hours is never acceptable.
- Employees should seek a quiet and distraction-free working space, to the extent possible.
- Employees are expected to maintain their remote office workspace in a safe manner, free from safety hazards.

### **Virtual Meetings**

- Distractions must be kept to a minimum. No music or television in the background during meetings.
- Keep yourself muted during video or audio conferencing unless you are speaking.
- Turning on video is encouraged but not required.
- Avoid eating a meal during a virtual meeting unless invited to do so by the meeting host.
- Smoking or vaping is not permitted during a video conference.
- Casual dress is acceptable; however, use discretion. No sleeveless tops, pajamas or other apparel that would not be appropriate to wear outside of your home.
- Avoid multi-tasking. Give your full attention to the meeting as if you were face to face.

We appreciate the effort that all of our employees have shown in the transition to remote work, and we hope these guidelines clarify the Town of Milford's expectations when teleworking.

Egregious or repeated violations of these expectations and/or other Town of Milford policies will result in disciplinary action.

## **Whistleblower Policy**

A whistleblower as defined by this policy is an employee of the Town of Milford who reports an activity that he/she considers to be illegal or dishonest to one or more of the parties specified in this Policy. The whistleblower is not responsible for investigating the activity or for determining fault or corrective measures; appropriate management officials are charged with these responsibilities.

Examples of illegal or dishonest activities are violations of federal, state or local laws; billing for services not performed or for goods not delivered; and other fraudulent financial reporting.

If an employee has knowledge of or a concern of illegal or dishonest fraudulent activity, the employee is to contact his/her immediate supervisor or the Human Resources Director. The employee must exercise sound judgment to avoid baseless allegations. An employee who intentionally files a false report of wrongdoing will be subject to discipline up to and including termination.

Whistleblower protections are provided in two important areas -- confidentiality and against retaliation. Insofar as possible, the confidentiality of the whistleblower will be maintained. However, identity may have to be disclosed to conduct a thorough investigation, to comply with the law and to provide accused individuals their legal rights of defense. The Town of Milford will not retaliate against a whistleblower. This includes, but is not limited to, protection from retaliation in the form of an adverse employment action such as termination, compensation decreases, or poor work assignments and threats of physical harm. Any whistleblower who believes he/she is being retaliated against must contact the Human Resources Director immediately. The right of a whistleblower for protection against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated.

Defend Trade Secrets Act (DTSA) Compliance: "Immunity from Liability for Confidential Disclosure of a Trade Secret to the Government or in a Court Filing:

- 1) Immunity—An individual shall not be held criminally or civilly liable under any federal or state trade secret law for the disclosure of a trade secret that—(A) is made—(i) in confidence to a federal, state or local government official, either directly or indirectly, or to an attorney; and (ii) solely for the purpose of reporting or investigating a suspected violation of law; or (B) is made in a complaint or other document filed in a lawsuit or other proceeding, if such filing is made under seal.
- 2) Use of Trade Secret Information in Anti-Retaliation Lawsuit—An individual who files a lawsuit for retaliation by an employer for reporting a suspected violation of law may disclose the trade secret to the attorney of the individual and use the trade secret information in the court proceeding, if the individual—(A) files any document containing the trade secret under seal; and (B) does not disclose the trade secret, except pursuant to court order."

All reports of illegal and dishonest activities will be promptly submitted to the Director of Human Resources who is responsible for investigating and coordinating corrective action.

Employees with any questions regarding this policy should contact the Director of Human Resources.

# Town of Milford

## Technology Acceptable Use Policy

### 1. Purpose

The purpose of the Technology Policy is to create an environment where the Town of Milford's information and resources are secure and in which users of this information understand their responsibilities as users and stewards of these resources and information.

- To safeguard the integrity of computers, networks, and data, either located within the Town of Milford or remote use from elsewhere;
- To ensure appropriate use of electronic communications, technology, and internet use.

### 2. Scope

The technology covered by this policy consists of the Town of Milford voice, data and video networks and all computer equipment, software, printers, copiers and other peripherals provided for use by the Town of Milford. In addition, all Town of Milford-issued or licensed passwords, personal identification numbers, and electronic keys are covered. These resources are the property of, or are licensed by the Town of Milford, and are made available for use to Town of Milford staff for the purposes of doing Town of Milford work.

### 3. Usernames and Passwords:

You have been issued ID's and passwords to access systems and data in accordance with your job responsibilities. You have an obligation to protect the security of these ID's and are expected to do the following:

- Refrain from sharing the password assigned to you and ensure that others cannot learn your password. (i.e. do not write it down)
- Create a password that must be at least 8 characters long, and contain characters from three of the following four categories:

Group	Examples
Uppercase letters	A, B, C ...
Lowercase letters	a, b, c ...
Numerals	0, 1, 2, 3, 4, 5, 6, 7, 8, 9
Symbols found on the keyboard (all keyboard characters not defined as letters or numerals)	` ~ ! @ # \$ % ^ & * ( ) _ + - = { }   [ ] \ : " ; ' < > ? , . /

- Understand that you are responsible for **all** activities under your username/account ID.

- If you have reason to believe that your username/account ID or password has been compromised or you have forgotten it, contact the Information Technology Department immediately.
- When vacating computer workstations, sign-off or secure the system from unauthorized use. The System will automatically lock-out the user after 10 minutes of inactivity.

#### **4. Information Security – Storage and Transmission:**

The Town of Milford community members—staff and volunteers – may encounter sensitive information every day - information such as salaries, job data and personal information including home addresses for example. This information is considered confidential by the Town of Milford. All employees have an obligation to the following:

- Access only accounts, files, and data to which you have been given authorized access.
- Secure information that is in your possession. Sensitive information, accessed in the course of doing your job, should be secured. (i.e. covered from view while in process, and locked away when you are absent)
- Maintain the confidentiality of information classified as private, confidential.
- Use the Town of Milford information, or information accessed while working for the Town of Milford, for tasks related to job responsibilities and not for personal purposes.
- No use of email for sending and receiving personal info as defined by 201 CMR 17 Standards:

**(Personal information, a Massachusetts resident's first name and last name or first initial and last name in combination with any one or more of the following data elements that relate to such resident:** (a) Social Security number; (b) driver's license number or state-issued identification card number; or (c) financial account number, or credit or debit card number, with or without any required security code, access code, personal identification number or password, that would permit access to a resident's financial account; provided, however, that "Personal information" shall not include information that is lawfully obtained from publicly available information, or from federal, state or local government records lawfully made available to the general public.

- Storage of personal information should be restricted by necessity and kept only in additionally secured network folders accessible only by the Human Resources Dept.

## **5. Administrative Rights:**

The granting of administrative rights to an employee of Town of Milford is a privilege granted to individuals who require this level of access and control in order to do their jobs effectively.

If you have been granted administrative rights, you must adhere to the following requirements:

1. You will comply with all existing technology appropriate use policies of Town of Milford.
2. You will not make changes to any desktop, laptop or other devices not assigned to you personally.
3. You will not install any unauthorized or non-standard software at any time.
4. You will take all reasonable steps to ensure that the desktop, laptop or other end-user device over which you have administrative rights is secured from malware or intrusion.
5. You will have sole responsibility for backing up any data stored to the desktop, laptop or other end-user device over which you have administrative rights.
6. IT Department resources are very limited, complete support and troubleshooting is only provided for the base Town of Milford software setup and for IT approved additional applications. Support for non-approved applications is not available.

Your administrative rights can be terminated at any time by the Director of Information Technology or Town Administrator if the terms of this policy are violated.

## **6. Installation of Software**

Before any software can be used on Town of Milford computers or the network, the software must be virus-tested; you are prohibited from disabling Town of Milford-installed virus protection software. No copy of software may be used on the Town of Milford's computer or network resources unless approved in advance of installation by the IT department including shareware and software downloaded from the Internet. You are not permitted to make additional copies of any software without express authorization and proper registration of the copy.

It is illegal to make unauthorized copies of software. Copyright laws protect software authors and publishers, just as they protect authors of printed material. Town of Milford does not condone the use of illegally copied software and will not provide assistance and support to users of such software. Use or distribution of unlicensed software is against Town of Milford policy and is illegal.

## **7. General Usage – Business Purposes:**

- Use the Town of Milford e-mail, computers, and networks only for legal, authorized purposes. Unauthorized or illegal uses include but are not limited to:
  1. Accessing files or emails belonging to others;
  2. Destruction of or damage to equipment, software, or work data;
  3. Unauthorized copying of copyrighted materials; or
  4. Conducting private business unrelated to Town of Milford activities.
- Refrain from any activity that might be harmful to systems or to any information/data stored thereon, such as:
  1. Creating or propagating viruses;
  2. Disrupting services or damaging files; or
  3. Making unauthorized or non-approved changes to computer setup or system resources.

## **8. System Resources and Bandwidth:**

Be aware of any conditions attached to or affecting the provision of Town of Milford technology services:

1. Consult with the Information Technology Department for any questions about system workload or performance.
2. Refrain from disrupting our internet service and internal network operations by monopolizing systems, overloading systems or networks with excessive data, or wasting computer time, connect time, disk space, (e.g. through use of Pandora Radio, Skype, TV, Movies, IMDB.com, streaming Netflix.com, News Webcasts, etc.) as well as printer paper, or other resources

For its own protection, the Town of Milford reserves the right to block all internet communications from sites that are involved in extensive spamming and to monitor employee internet use by means of security software that identifies misuses of internet bandwidth.

## **9. File Sharing**

File-sharing software allows you to search the Internet for music files (MP3) and download them to your computer. Music file-sharing applications such as Kazaa, Grokster, Morpheus, Gnutella, etc., are network-based programs that allow users to download and distribute music files from computer to computer across networks using Peer-2- Peer methods. As online music, movies and other media have become more popular, the issue of piracy and the theft of copyrighted material have increased as well. Companies who own the copyrighted material being pirated are beginning to increase their pursuit of those who are not abiding by the law. By tracking the files being transferred and the users behind the

transferring, these companies are increasingly putting pressure on Internet service providers (ISP's) to reveal identities of the computer users who are infringing copyrights.

Individuals may not establish company computers as participants in any peer-to-peer network, unless approved by the Information Technology Director. The unauthorized distribution of copyrighted material, including unauthorized peer-to-peer file sharing, may subject you to disciplinary action, up to and including termination of employment, as well as civil and criminal liabilities. Copyright law provides for damages ranging from a minimum of \$750 to a maximum of \$30,000 per work, with an increase to \$150,000 for willful copyright infringement.

#### **10. Expectation of Privacy:**

The Town of Milford computing and network resources are the property of the Town of Milford and under its administration and management. Use of these resources is intended primarily for the Town of Milford business purposes. All files, emails, documents, records, data, and metadata contained on Town information technology is a public record subject to public records requests and review. **The Town of Milford reserves the right to scan all network traffic and devices, as well as review any information stored or transmitted on this equipment, without notice and notwithstanding any password, upon direction from the Town Administrator or Town Counsel.**

#### **11. Employee Acknowledgement**

By signing and acknowledging this policy you agree to indemnify and defend the Town from any action brought against the town arising from unlawful peer-to-peer sharing or for any other unauthorized use.

**I have read and understand the Town of Milford Employee Technology Acceptable Use Policy. I agree to abide by it and understand that violation of any of the above policies may result in my termination.**

---

**Employee Name**

---

**Employee Signature**

---

**Date**

**(Please sign, copy, and return this last page to the Human Resources Director within one week of receipt)**

**Updated May 2021**



F-2  
6-7-21



May 7, 2021

Lena Pires  
Milford, Town of  
52 Main Street  
Room 11  
Milford, MA 01757

**RE:** Sonesta Milford  
10 Fortune Blvd  
Milford, MA 01757

Dear Lena:

Enclosed are the following documents and supporting documentation requested by the Massachusetts ABCC:

1. Corporate Vote appointing Joseph Tutela as License Manager
2. Proof of Citizenship - Birth Certificate of Joseph Tutela
3. Affidavit regarding the license transferring at "no charge"
4. Certificate of Agreement providing rights to operate at the property
5. Certificate of Trust of Diane Portnoy 2019 Revocable Trust
6. In lieu of the beneficial interest exception form, I am attaching the 10K Annual Report, at the suggestion of Ralph Sacramone, for Services Properties Trust, which is a publicly traded entity on the NASDAQ exchange under ticker symbol SVC. There are no owners of this entity with 10% or greater interest in the license.

Also not requested but attached are CORI releases for Diane Portnoy and Adam Portnoy.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Mobley", with a long, sweeping horizontal line extending to the right.

Steve Mobley  
972-354-6468  
smobley@bluebonnetconsulting.com



E-1  
6-7-21

United Way  
of Tri-County



TOWN OF MILFORD, MASSACHUSETTS  
MILFORD YOUTH CENTER  
24 Pearl St., Milford, MA 01757  
(508) 473-1756 Phone  
(508) 381-0759 FAX  
[milfordyouthcenter@comcast.net](mailto:milfordyouthcenter@comcast.net)  
[www.milfordyouthcenter.net](http://www.milfordyouthcenter.net)



May 12, 2021

Dear Town Administrator and Select Board,

I am writing to you on behalf of the Milford Youth Commission to inform the Select Board of our board vacancy recommendation, voted on Monday, May 10, 2021. The board has recommended the three following a ranked choice vote to help fill the position, if for whatever reason a selection is either not eligible and/or the individual is no longer able to serve due the current pandemic and/or other obligations:

1. Paige Brown  
4 Gritte Lane  
Milford, MA 01757
2. Jason Vaz  
12 Windsor Rd.  
Milford, MA 01757
3. RJ Sheedy  
6 Deluca Rd.  
Milford, MA 01757

Thank you for your time and consideration,

Jen Ward  
Director  
Milford Youth Center



5-2  
6-7-21

## TOWN ACCOUNTANT

52 Main Street, Milford, MA 01757

Phone: 508-634-2309 \* Fax: 508-634-2324

Email to Accountant:

Email to Town Admin:

### GIFT ACCEPTANCE FORM

Donor Name Harvard Pilgrim HealthCare Foundation Address 93 Worcester Street, Suite 100  
City, State, & Zip Wellesley, MA 02481 Phone 617.509.7245

Name of Gift 2021 Community Spirit 9/11 Mini-Grant

Purpose Support MYC Programming

Total Amt. of Gift 500.00

Contact Person Gloria Sousa Cousquete, Michael Carson, Karen Voci

☒ Attached is a copy of correspondence received

☐ There was no written correspondence with this gift

☐ The Board of Selectmen/School Committee have been notified of this gift and have approved of the expenditures for the purpose stated

#### Board of Selectmen

Chairman \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### School Committee

Chairman \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person \_\_\_\_\_

\*\*\*\*\*

#### Town Accountant Use

Assigned Account Number \_\_\_\_\_

Date Received \_\_\_\_\_

# Community Spirit Awards

This certificate honors and celebrates the exemplary work and commitment of

**MILFORD YOUTH CENTER**

As the recipient of a \$500 Community Spirit 9/11 Mini-Grant  
from the Harvard Pilgrim Health Care Foundation.

This award was recommended by

**Gloria Sousa-Cosquete**

And presented on this day

**April 1<sup>st</sup>, 2021**



Michael Carson  
Chair  
Harvard Pilgrim Health Care  
Foundation



Harvard Pilgrim  
Health Care Foundation



Karen Voci  
President  
Harvard Pilgrim Health Care  
Foundation



93 Worcester Street, Suite 100  
Wellesley, MA 02481  
Tel: 617.509.7245  
Fax: 617.509.3494  
[www.harvardpilgrim.org/foundation](http://www.harvardpilgrim.org/foundation)

To: **MILFORD YOUTH CENTER**

Employee requesting the Grant: [Gloria Sousa-Cosquete@harvardpilgrim.org](mailto:Gloria.Sousa-Cosquete@harvardpilgrim.org)

We are pleased to inform you that your organization has been selected to receive a **Harvard Pilgrim Community Spirit 9/11 Mini-Grant**. A **\$500** check payable to your organization will be forwarded to you later this month. The Harvard Pilgrim Health Care Foundation appreciates the work that you do in our communities and is proud to award you this grant. If you have any questions regarding the purpose of these funds and how it should be allocated, please contact the "Employee Requesting the Grant" listed above.

The purpose of these funds: **Funds will be used to purchase supplies needed to keep the youth center open and functional during these difficult times.**

We are invested in the success of your program. **Please keep in mind this donation is a grant and NOT a corporate sponsorship.** As such no gifts, event tickets, special privileges, etc. are expected in return. We do ask, however, that you credit the **Harvard Pilgrim Health Care Foundation** as the source of this gift in any communication about your program and share on social media platforms by tagging **@harvardpilgrim, #harvardpilgrim**. If you choose to use our logo, please use the image attached in its original format only.

**About the Community Spirit 9/11 Mini-Grants Program:**

To commemorate those Harvard Pilgrim members who lost their lives on September 11, 2001, Harvard Pilgrim and its Foundation created the *Community Spirit 9/11 Mini-Grant* program. This program enables employees from Harvard Pilgrim, Health Plans Inc. (our affiliate) and NTT Data (our IT partner) to award an annual grant, completely funded by the Foundation, to the local charity of his or her choice. Since the program began in 2002, these employees have directed more than \$7 million to hundreds of organizations throughout our health plan service area – comprised of Connecticut, Maine, Massachusetts and New Hampshire.

**About The Harvard Pilgrim Health Care Foundation**

Created in 1980, The Harvard Pilgrim Health Care Foundation supports Harvard Pilgrim's mission to improve the quality and value of health care for the people and communities we serve. The Harvard Pilgrim Foundation provides the tools, training and leadership to help build healthy communities throughout Connecticut, Maine, Massachusetts, and New Hampshire. In 2020, the Harvard Pilgrim Foundation awarded more than \$10.4 million in grants to nearly 800 nonprofit organizations in the region. Since its inception in 1980, the Foundation has awarded more than \$165 million in funds and resources throughout the four states. For more information, please visit [www.harvardpilgrim.org/foundation](http://www.harvardpilgrim.org/foundation).

A handwritten signature in black ink, appearing to read "Michael D. Con".

A handwritten signature in black ink, appearing to read "Kam Voci".

**Michael Carson**  
Chair  
Harvard Pilgrim  
Health Care Foundation

**Karen Voci**  
President  
Harvard Pilgrim  
Health Care Foundation

The information contained in this email message and any attachments may be privileged and/or confidential. It is for intended addressee(s) only. If you are not the intended recipient, you are hereby notified that any review, disclosure, reproduction, distribution or other use of this communication is strictly prohibited. If you received this email in error, please notify the sender by reply and delete the message without saving, copying or disclosing it. The information contained in this email message and any attachments may be privileged and/or confidential. It is for intended addressee(s) only. If you are not the intended recipient, you are hereby notified that any review, disclosure, reproduction, distribution or other use of this communication is strictly prohibited. If you received this email in error, please notify the sender by reply and delete the message without saving, copying or disclosing it. The information contained in this email message and any attachments may be privileged and/or confidential. It is for intended addressee(s) only. If you are not the intended recipient, you are hereby notified that any review, disclosure, reproduction, distribution or other use of this communication is strictly prohibited. If you received this email in error, please notify the sender by reply and delete the message without saving, copying or disclosing it. The information contained in this email message and any attachments may be privileged and/or confidential. It is for intended addressee(s) only. If you are not the intended recipient, you are hereby notified that any review, disclosure, reproduction, distribution or other use of this communication is strictly prohibited. If you received this email in error, please notify the sender by reply and delete the message without saving, copying or disclosing it.

**Richard Villani**

E-3  
6-7-21

**From:** 'Dino DeBartolomeis' via Richard Villani <rvillani@milfordma.com>  
**Sent:** Tuesday, June 1, 2021 11:57 AM  
**To:** 'Richard Villani'  
**Cc:** Susan Clark; Dino DeBartolomeis  
**Subject:** Appointment of Delores Devita to the Milford Council on Aging

**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.

Dear Rick,

I hope this e-mail finds you well.

As you know, we have an opening on the Milford Council on Aging. Mr. Vincent Squiciari passed away several months ago.

I am recommending that Mrs. Delores DeVita be appointed to the council. She has completed her talent bank application.

Delores is well qualified for this appointment. She worked for the Senior Center for 20 years in a variety of roles and responsibilities. Since her retirement, Delores devotes many hours of her time assisting the center on numerous projects and activities that truly benefit the seniors of our town.

She will be a valuable asset to our Council on Aging.

Thank you for your consideration.

Dino B. DeBartolomeis, Chairman of the Milford Council on Aging.



Virus-free. [www.avg.com](http://www.avg.com)

E-4  
6-7-21

## 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.milfordma.gov](http://www.milfordma.gov)

### APPLICATION FOR A ONE DAY LIQUOR LICENSE PER MGL, C138, S14

#### APPLICANT/HOST INFORMATION:

Name or Organization: Italian American WW Veterans Club

Type of Organization (Individual/Non-Profit Corp./For-Profit Corp.) Non profit

Organization Address: 4 Hayward field

#### DETAILS OF EVENT:

Type of Event (i.e. banquet/fundraiser/party) Birthday Party

Where will it be held Grassy area next to Bocce Court

Who owns the premises ITAMS Contact Day Time# 508-243-5357

Date(s) of Event June 19, 2021 Saturday

Hours of Event 12-8 pm

Expected # of people 75-100 Admission Charge —

Type of License: All Alcohol (*Non-Profits Only*) \$100 ☒ or Beer & Wine Only \$100 ☐

Alcohol will be sold or given away (check one) Sold ☒ Given Away ☐

Is the event open to the general public (check one) Yes ☐ No ☒

*I certify under the pains and penalties of perjury that the above information is true and that I will comply with all applicable Alcohol Control Laws of the State of Massachusetts and policies and regulations of the Town of*

Applicant Signature: Tim McDonough Milford.

Applicant Cell Phone #: 774 248-6141

Applicant Email Address: Timothy.mcdonough@hoerbiger.com

Town Official Signature of Approval (if applicable) \_\_\_\_\_  
(If using a Town Facility)



E-5  
6-7-21

**CONTRACT AWARD**

TOWN OF MILFORD

INVITATION FOR BIDS

DESCRIPTION – SENIOR CITIZEN/DISABLED CITIZEN TRANSPORTATION SERVICES

AWARDING AUTHORITY – SELECT BOARD

DATE – JUNE 7, 2021

BIDDER NAME/ADDRESS

QUOTE AMOUNT

1. TRAVELERS TRANSIT, INC.

\$39.00 PER HOUR

8 Mill River Street, Blackstone, MA 01504

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



## 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.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 Selectmen's Office at least **two weeks prior to date requested below.**

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

NAME OF ORGANIZATION Milford 4th of July Parade Committee  
MAILING ADDRESS:

Milford MA 01757

CONTACT PERSON: Joe Callery  
CHECK ONE:

PHONE # 774-462-1299

- ☒ 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:

We are looking to organize a bike parade for kids starting at Stacy Middle School traveling up Spruce st, Right onto Congress st, Right on Walnut st ending at Memorial school.  
See attached map.

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

Start time will be 10:00am - 11:00am on July 4th 2021  
Spruce st, Congress st, walnut st.

Joe Callery  
Signature of person authorized to apply for permit

6-2-2021  
Date

James Falvey  
Police Chief's Signature

6-3-2021  
Date

#### Comments:

Will need 4-5 aux police officers volunteers to provide a safe route. Applicant will have to request them thru Deputy Police Chief John Sanctioni.

## **TOWN OF MILFORD BY-LAWS**

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

The Selectmen may, before granting such permit, require such persons to furnish a satisfactory bond to save the Town harmless for any damages which may arise from such use of the street and to insure the faithful compliance with the conditions of said permit.

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

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

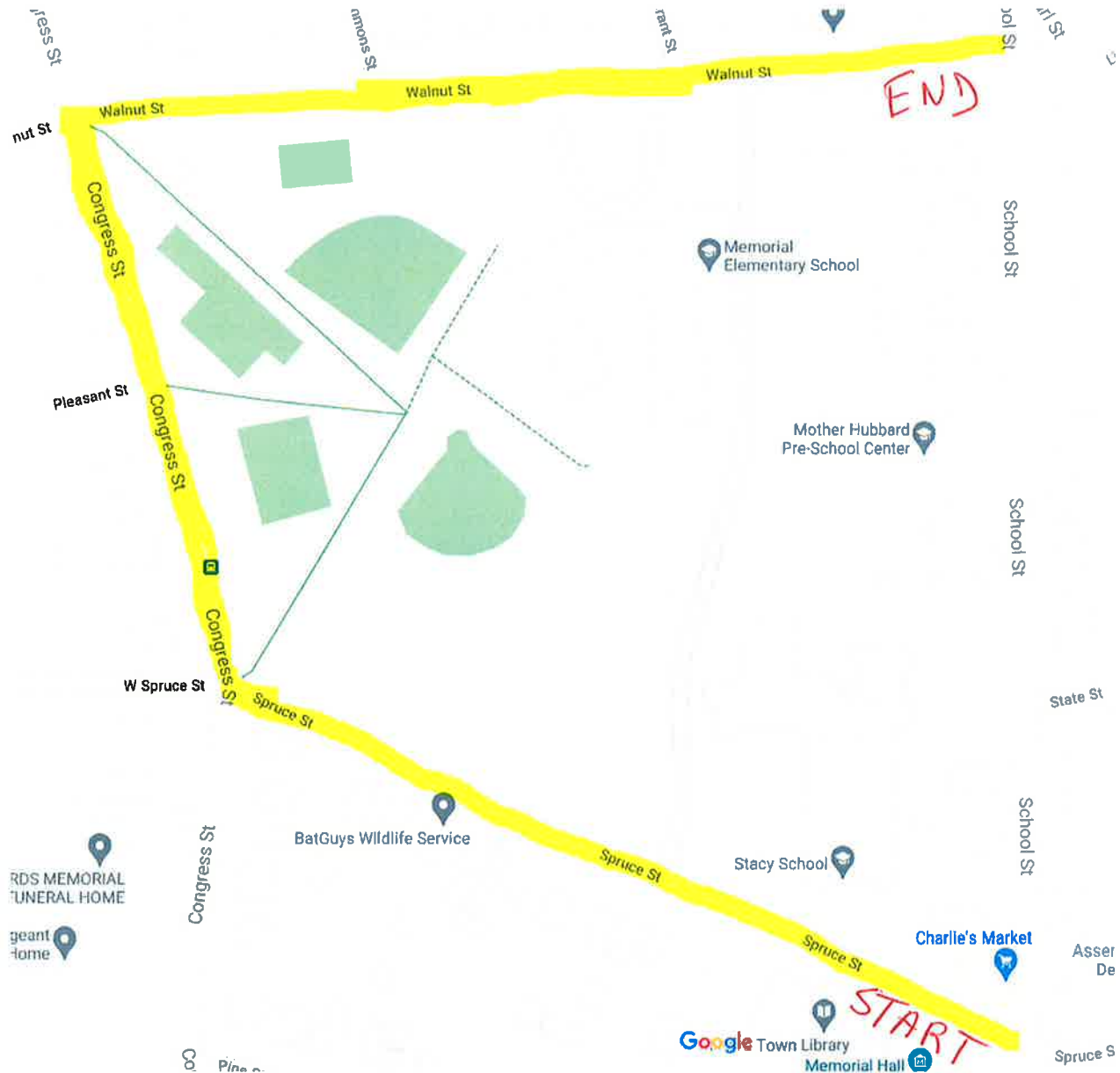
Streets and sidewalks that need to be closed from 10:00 to 11:00 on July 4<sup>th</sup>, 2021 for kid's bike parade.

Spruce St starting at Charlies Market heading to intersection of Congress and W spruce street.

Congress St to W Walnut St - Walnut St intersection.

Walnut St to School St.

Please see highlighted map attached.



## Richard Villani

---

**From:** Nelson, Mark <MNelson@milfordfire.org>  
**Sent:** Thursday, June 3, 2021 11:09 AM  
**To:** Richard Villani; Falvey, James  
**Subject:** RE: 4th of July

**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.

Rick,

The Fire Department has no objection and can use an alternate route during that time period. If there is an incident on Spruce, Congress, or Walnut in the area where the parade is underway, the Police Officers will assist us in accessing the address.

Thank you,


Mark Nelson

**From:** Richard Villani [mailto:rvillani@townofmilford.com]  
**Sent:** Thursday, June 3, 2021 10:51 AM  
**To:** Falvey, James <jfalvey@milfordpolice.org>; Nelson, Mark <MNelson@milfordfire.org>  
**Subject:** FW: 4th of July

Chiefs: Can you review and if you approve email to me ASAP as I need to add this to post the Select Board Agenda today.

**Richard A. Villani**  
Town Administrator  
Town of Milford  
52 Main Street (Room #11)  
Milford, MA 01757  
508.634.2303 p  
508.634.2324 f



 Please consider the environment before printing this e-mail.

**PUBLIC RECORDS NOTICE:** Please be advised that the Massachusetts Secretary of State considers email to be a public record, and therefore subject to the Massachusetts Public Records Law, M.G.L. c. 66 § 10.

**CONFIDENTIALITY NOTICE:** This e-mail message, including any attachments, is for the sole use of the intended recipient's and may contain confidential or proprietary information. Any unauthorized review, use, disclosure or distribution is prohibited under the 201 CMR 17 of M.G.L c. 93H. If you are not the intended recipient, immediately contact the sender by reply e-mail and destroy all copies of the original message

**From:** Callery, Joe <[Joe\\_Callery@miltoncat.com](mailto:Joe_Callery@miltoncat.com)>  
**Sent:** Thursday, June 3, 2021 9:34 AM