

MILFORD BOARD OF SELECTMEN: AGENDA
September 9, 2019– 7:00PM, ROOM 03, TOWN HALL

- A.) SIGNING OF WARRANT, APPROVAL OF Minutes, August 19, 2019**
Executive Session Minutes, August 19, 2019

- B.) INVITATION TO SPEAK**

- C.) PUBLIC HEARINGS***
 - 1. 7:00 PM Superb Cuisine, Inc. D/B/A Tokyo Japanese Steakhouse, re: Transfer of License
 - 2. 7:05 PM Central Tavern, Inc. D/B/A Central Tavern, re: Transfer of License
 - 3. 7:10 PM GC Friday's Boston, LLC, D/B/A TGI Fridays, re: Change of Manager

- D.) SCHEDULED APPOINTMENTS**
 - 1. Town Treasurer, re: Public Auction of Land-Birch Street
 - 2. Town Treasurer, re: Permission to list for sale 9 Westchester Drive, Milford MA (Tax Title Foreclosure)
 - 3. Town Engineer, re: Update storm water
 - 4. Human Resources Director, re: Vacation Policy

- E.) TOWN ADMINISTRATOR'S REPORT**
- F.) OLD BUSINESS**
- G.) NEW BUSINESS**
 - 1. Brian Falk, re: Resignation- Fair Housing Committee
 - 2. Marco Carneiro, re: Resignation- Milford Cultural Council
 - 3. Milford Cultural Council, re: Appointment
 - 4. Traffic Supervisors: Appointments/Reappointments
 - 5. Town Administrator, re: Special Town Meeting Date/ Approval of Warrant
 - 6. Milford 4th of July Parade, re: Acceptance of Gifts
 - 7. Town Administrator, re: Recommendation- Administrative Specialist
 - 8. Knights of Columbus, re: Permit to Obstruct
 - 9. Town Administrator, re: Award Contract- Police Chief Selection Review Committee
 - 10. Milford High School Boosters Club, re: One Day License
 - 11. SFH Realty Trust, re: Amend Zoning By-Law- Rezoning
 - 12. SFH Realty Trust, re: Amend Zoning By- Law- Article II, Section 2.3

- H.) CORRESPONDENCE**
- I.) EXECUTIVE SESSION**
 - 1. Town Counsel, re: Collective Bargaining/Fire Department

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
9/9/19



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

APPLICATION FOR A TRANSFER OF LICENSE

Municipality

Milford

1. TRANSACTION INFORMATION

- Transfer of License
- Alteration of Premises
- Change of Location
- Management/Operating Agreement
- Pledge of Inventory
- Pledge of License
- Pledge of Stock
- Other
- Change of Class
- Change of Category
- Change of License Type (\$12 ONLY, e.g. "club" to "restaurant")

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

ASIAN CUISINE WITH DINE IN AND TAKE OUT SERVICES

2. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
On-Premises-12	§12 Restaurant	All Alcoholic Beverages	Annual

3. BUSINESS ENTITY INFORMATION

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

Current or Seller's License Number: 00009-R5-0706 FEIN: []

Entity Name: SUPERB CUISINE INC

DBA: TOKYO JAPANESE STEAKHOUSE Manager of Record: JIAN LIN

Street Address: 121 DEPOT STREET, MILFORD, MA, 01757

Phone: 5084787788 Email: NA

Add'l Phone: N/A Website: tokyosteakhousemilford.com

4. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. If this application alters the current premises, provide the specific changes from the last approved description. You must also submit a floor plan.

TWO-FLOOR RESTAURANT WITH FRONT, SIDE, AND REAR ENTRANCES/EXITS, WITH SEATING ON FIRST FLOOR FOR 48 AT BBQ STATIONS, 18 AT SUSHI COUNTER AND 20 AT BAR/LOUNGE AREA, TWO RESTROOMS, STORAGE AREA AND KITCHEN; SECOND FLOOR WITH FUNCTION ROOM, TWO RESTRIINS AND STORAGE.

Total Sq. Footage	6500	Seating Capacity	135	Occupancy Number	150
Number of Entrances	3	Number of Exits	3	Number of Floors	2

APPLICATION FOR A TRANSFER OF LICENSE

5. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

Transferor Entity Name	GREAT DRAGON CORP.	By what means is the license being transferred?	Purchase
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List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

Name of Principal	Title/Position	Percentage of Ownership
PETER GUANGJIN LI	PRESIDENT	100%

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
JIAN LIN	1 OCEANIC TERRACE, ATLANTIC CITY, NJ, 08401		03/02/1986
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
PRESIDENT	50%	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
MA Resident	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Name of Principal	Residential Address	SSN	DOB
YAN BO ZOU	2102 BRIGHTON ST PHILADELPHIA PA 19149		01/16/1976
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
VICE PRESIDENT	25%	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
MA Resident	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Name of Principal	Residential Address	SSN	DOB
HUI YANG	2138 VISTA ST, PHILADELPHIA PA 19152		10/29/1982
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
VICE PRESIDENT	25%	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
MA Resident	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Name of Principal	Residential Address	SSN	DOB
YUNMEI YE	1 OCEANIC TERRACE, ATLANTIC CITY, NJ, 08401		05/26/1988
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
CLERK	0%	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
MA Resident	<input type="radio"/> Yes <input checked="" type="radio"/> No		

APPLICATION FOR A TRANSFER OF LICENSE

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

Name of Principal	Residential Address	SSN	DOB
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
MA Resident			
<input type="radio"/> Yes <input type="radio"/> No			

Name of Principal	Residential Address	SSN	DOB
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
MA Resident			
<input type="radio"/> Yes <input type="radio"/> No			

Name of Principal	Residential Address	SSN	DOB
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
MA Resident			
<input type="radio"/> Yes <input type="radio"/> No			

Additional pages attached? Yes No

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

Yes No

MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement.

Yes No

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

APPLICATION FOR A TRANSFER OF LICENSE

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled?

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

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

7. CORPORATE STRUCTURE

Entity Legal Structure

Corporation

Date of Incorporation

06/07/2019

State of Incorporation

Massachusetts

Is the Corporation publicly traded?

Yes

No

8. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Lease

Landlord Name

YUE WAH REALTY, INC.

Landlord Phone

8572340760

Landlord Email

N/A

Landlord Address

783 WASHINGTON STREET, BROOKLINE, MA

Lease Beginning Date

05/27/2015

Rent per Month

3500.00

Lease Ending Date

05/27/2025

Rent per Year

42000.00

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

Yes

No

9. APPLICATION CONTACT

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

Name:

RUSSELL CHIN, ESQ

Phone:

6174713460

Title:

ATTORNEY

Email:

RCHIN@CHINFIRM.COM

APPLICATION FOR A TRANSFER OF LICENSE

10. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	0.00
B. Purchase Price for Business Assets	300000.00
C. Other* (Please specify)	0.00
D. Total Cost	300000.00

*Other: (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
JIAN LIN	75000.00
HUI YANG	37500.00
YAN BO ZOU	37500.00
Total:	150000.00

SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
N/A			<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.

SHAREHOLDERS WILL PAY 150000.00 TO THE SELLER IN THREE YEARS ACCORDING TO SHARED INTEREST (JIANLIN PAYS 75000, HUI YANG PAYS 37500. YAN BO ZOU PAYS 37500), PAYMENTS WILL BE MADE MONTHLY (36 PAYMENTS IN TOTAL), AND WITHOUT INTEREST.

11. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge? Yes No

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

To whom is the pledge being made?

12. MANAGER APPLICATION

A. MANAGER INFORMATION

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

Proposed Manager Name Date of Birth SSN

Residential Address

Email Phone

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

B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?* Yes No *Manager must be a U.S. Citizen
If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

Have you ever been convicted of a state, federal, or military crime? Yes No

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

C. EMPLOYMENT INFORMATION

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

Start Date	End Date	Position	Employer	Supervisor Name
01/01/2010	12/31/2012	KITCHEN MANAGER	WISCONSIN MILWAUKEE MEJI	MYSELF
01/01/2013	PRESENT	KITCHEN MANAGER	SAKURA	CHRISTINE

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



MILFORD BOARD OF SELECTMEN

Room 11, Town Hall, 52 Main St. (Route 16), Milford, Massachusetts 01757-2679
508-634-2303 Fax 508-634-2324
www.milford.ma.us.com

LICENSE APPLICATION (CHECK ONE)

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

- | | |
|---|---|
| 1. <input type="checkbox"/> AUCTIONEER | 11. <input type="checkbox"/> LIVE ENTERTAINMENT (<i>describe on reverse</i>) |
| 2. <input type="checkbox"/> BOARDING HOUSE | 12. <input type="checkbox"/> AUTOMATIC AMUSEMENT
(Coin-Operated Games) |
| 3. <input type="checkbox"/> BOWLING ALLEY(S) | 13. <input type="checkbox"/> TRANSIENT VENDORS |
| 4. <input checked="" type="checkbox"/> COMMON VICTUALLER | 14. <input type="checkbox"/> CARNIVAL/CIRCUS
Location: _____ |
| 5. <input type="checkbox"/> FORTUNE TELLER | 15. <input type="checkbox"/> CHRISTMAS TREE SALES |
| 6. <input type="checkbox"/> HAWKERS/PEDDLERS | \$ <input type="checkbox"/> VALUE OF GOODS |
| 7. <input type="checkbox"/> INNHOLDERS | 16. <input type="checkbox"/> CLASS I (NEW CARS) |
| 8. <input type="checkbox"/> POOL TABLES | <input type="checkbox"/> CLASS II (USED CARS) |
| 9. <input type="checkbox"/> 2 ND HAND/ANTIQUÉ DEALER | <input type="checkbox"/> CLASS III (JUNK CARS) - Public Hearing Required
(Describe on Reverse) |
| 10. <input type="checkbox"/> PAWNBROKER | 17. <input type="checkbox"/> WORKERS COMPENSATION IF NEEDED |

SEE ADDITIONAL INFORMATION REQUIRED BELOW

BUSINESS NAME: SUPERB CUISINE INC

BUSINESS ADDRESS: 121 DEPOT STREET, MILFORD, MA 01757

DAYS/HOURS OF OPERATION MONDAY TO WEDNESDAY 11:30AM TO 9:30PM, THURSDAY TO SATURDAY 11:30AM-1AM, SUNDAY 12:30AM-9:50PM
(Some Sunday licenses may require approval of State DPS)

I/We, the undersigned, apply for this license in accordance with the provisions of all Statutes relating thereto. I/We further certify, under penalties of perjury, that, to the best of my/our knowledge and belief, I/We have filed all state tax returns and paid all state taxes required under law.

NAME OF APPLICANT: JIAN LIN

HOME ADDRESS: 1 OCEANIC TERRACE, ATLANTIC CITY, NJ, 08401

APPLICANT'S SIGNATURE: *Jian Lin* DATE: 6-26-2017
(Individual or Corporate Officer)

The name signed above must be typed or printed on this line (414) 4187378
Weekday Telephone Number

APPLICANT'S MAILING ADDRESS: 1 OCEANIC TERRACE ATLANTIC CITY NJ 08401
No. & Street City State Zip
Or

Social Security No. (Voluntary) Federal Identification No. (Mandatory)

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

Additional Information Required:

License # Above

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

CONTINUE APPLICATION PROCESS ON REVERSE SIDE OF THIS FORM

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

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

SIGNATURE  DATE: 6-26-19

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

ADDITIONAL REQUIREMENTS:

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

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

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

* License will not be issued without Workers Compensation Affidavit

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

DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **Superb Cuisine Inc. D/B/A Tokyo Japanese Steakhouse**
Business Address: **121 Depot Street, Milford**
Assessors ID#: Map __ Block __ Lot__

2. Has applied for: **Transfer of an existing Restaurant, All Alcohol License from Great Dragon Corp. D/B/A Tokyo Japanese Steakhouse**
3. Selectmen will take action on: **Monday September 09, 2019**_____
4. Hearing Continued/Postponed/MGL Deadline: _____
5. Abutters Notified: N/A Published: _____
6. Inquiry Sent To Dept. Heads on: 8/26/2019_____
7. Please Respond By: 8/30/2019_____
8. License Approved: _____ Denied: _____ Tabled: _____ On _____

.....
Building Commissioner: (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **OCC Load 155, Open Permits with failed inspections, accessible building**

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

Tax Collector: (Outstanding Taxes) **Outstanding FY20 Personal property \$222.28**

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

Fire Chief: (Information/Comment) **Denied- Multiple Fire Code Violations- Owner notified of changes needed**

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

Criminal Offense Record Info: (CORI) Approved Disapproved

Board of Health: (Information/comment) **All set with BOH, all information has been updated and an inspection is scheduled for September 6, 2019**

Sewer Commission: (Information/Comment) _____

Milford Water Company: (Information/comment) _____

Commission on Disability: (Information/comment) _____

Dept. Head Signature: _____ **Date:** _____

.....
Contact Name/Manager: *Jian Lin* **D.O.B.** _____ **SS #** _____
Phone: 414-418-7378 **e-mail:** jianlin0302@outlook.com

C-2
9/19/19



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

APPLICATION FOR A TRANSFER OF LICENSE

Municipality

1. TRANSACTION INFORMATION

- Transfer of License
- Alteration of Premises
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- Pledge of Inventory
- Pledge of License
- Pledge of Stock
- Other
- Change of Class
- Change of Category
- Change of License Type
(§12 ONLY, e.g. "club" to "restaurant")

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

This is an all beverages license transfer for a presently operating restaurant and bar. The business as a whole is transferring as an ongoing concern.

2. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
On-Premises-12	§12 Restaurant	All Alcoholic Beverages	Annual

3. BUSINESS ENTITY INFORMATION

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

Current or Seller's License Number FEIN

Entity Name

DBA Manager of Record

Street Address

Phone Email

Add'l Phone Website

4. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. If this application alters the current premises, provide the specific changes from the last approved description. You must also submit a floor plan.

A one-story, stand-alone building with two front entrances, consisting of three (3) rooms and a basement for storage.

Total Sq. Footage	<input type="text" value="3,600"/>	Seating Capacity	<input type="text" value="250"/>	Occupancy Number	<input type="text" value="250"/>
Number of Entrances	<input type="text" value="2"/>	Number of Exits	<input type="text" value="3"/>	Number of Floors	<input type="text" value="1"/>

APPLICATION FOR A TRANSFER OF LICENSE

5. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

Transferor Entity Name Dulang Enterprises, LLC	By what means is the license being transferred? Purchase
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List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

Name of Principal	Title/Position	Percentage of Ownership
Paul A. Iacovelli	Officer and Stockholder	100%

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
Michael B. Aghajanian	2 Highland Avenue, Milford, MA 01757		6/27/1977
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
President	100%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" 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	<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	<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	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

APPLICATION FOR A TRANSFER OF LICENSE

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

Name of Principal	Residential Address	SSN	DOB
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached? Yes No

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

Yes No

MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement.

Yes No

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

APPLICATION FOR A TRANSFER OF LICENSE

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled?
 Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

7. CORPORATE STRUCTURE

Entity Legal Structure Date of Incorporation
 State of Incorporation Is the Corporation publicly traded? Yes No

8. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

Will the Landlord receive revenue based on percentage of alcohol sales? Yes No

9. APPLICATION CONTACT

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

Name:

Phone:

Title:

Email:

APPLICATION FOR A TRANSFER OF LICENSE

10. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	\$0.00
B. Purchase Price for Business Assets	\$100,000.00
C. Other* (Please specify)	
D. Total Cost	\$100,000.00

*Other: (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
Michael B. Aghajanian	\$100,000.00
Total:	

SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

FINANCIAL INFORMATION

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

Cash contribution in the form of a personal loan from the President and Director of Central Tavern, Inc. to the Corporation.

11. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge? Yes No

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

To whom is the pledge being made?

12. MANAGER APPLICATION

A. MANAGER INFORMATION

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

Proposed Manager Name Date of Birth SSN

Residential Address

Email Phone

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

B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?* Yes No *Manager must be a U.S. Citizen

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

Have you ever been convicted of a state, federal, or military crime? Yes No

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

C. EMPLOYMENT INFORMATION

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

Start Date	End Date	Position	Employer	Supervisor Name
April 2016	March 2019	Division President	Guest Services Inc.	Rick Wayland
June 2008	April 2016	Owner/President	Boston Outdoor Rec. Inc	Self
Feb 2008	Oct 2015	Principal Consultant	F5 Networks Inc.	Joseph Silva
Aug 2005	Feb 2008	Sr. Project Mgr.	EMC, Inc.	Raj Motwane

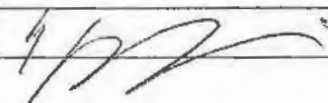
D. PRIOR DISCIPLINARY ACTION

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

DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **Central Tavern, Inc. D/B/A Central Tavern**
2. Business Address: **31 Central Street, Milford**
Assessors ID#: Map__ Block__ Lot__

3. Has applied for: **Transfer of an existing Restaurant, All Alcohol License from Dulang Enterprises, LLC**

4. Selectmen will take action on: **Monday September 09,2019**_____

5. Hearing Continued/Postponed/MGL Deadline:_____

6. Abutters Notified: N/A Published:

7. Inquiry Sent To Dept. Heads on: 8/26/2019 _____

8. Please Respond By: 8/30/2019 _____

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

.....
Building Commissioner: (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **No violations, OCC load 250, building and restrooms 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 or concerns**

Criminal Offense Record Info: (CORI) Approved Disapproved

Board of Health: (Information/comment) **No pending issues as of this date**

Sewer Commission: (Information/Comment) _____

Milford Water Company: (Information/comment) _____

Commission on Disability: (Information/comment) _____

Dept. Head Signature: _____ **Date:** _____

.....
Contact Name/Manager: Michael B. Aghajanian **D.O.B.** 6/27/77 **SS** #015-62-6499

Phone: 508-579-4232 **e-mail:** michael@centraltavern.com



MILFORD BOARD OF SELECTMEN

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

508-634-2303

Fax 508-634-2324

www.milford.ma.us.com

LICENSE APPLICATION

(CHECK ONE)

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

- | | |
|---|--|
| 1. <input type="checkbox"/> AUCTIONEER | 11. <input checked="" type="checkbox"/> LIVE ENTERTAINMENT (describe on reverse) |
| 2. <input type="checkbox"/> BOARDING HOUSE | 12. <input type="checkbox"/> AUTOMATIC AMUSEMENT (Coin-Operated Games) |
| 3. <input type="checkbox"/> BOWLING ALLEY(S) | 13. <input type="checkbox"/> TRANSIENT VENDORS |
| 4. <input checked="" type="checkbox"/> COMMON VICTUALLER | 14. <input type="checkbox"/> CARNIVAL/CIRCUS |
| 5. <input type="checkbox"/> FORTUNE TELLER | Location: _____ |
| 6. <input type="checkbox"/> HAWKERS/PEDDLERS | 15. <input type="checkbox"/> CHRISTMAS TREE SALES |
| 7. <input type="checkbox"/> INNHOLDERS | \$ <input type="checkbox"/> VALUE OF GOODS |
| 8. <input type="checkbox"/> POOL TABLES | 16. <input type="checkbox"/> CLASS I (NEW CARS) |
| 9. <input type="checkbox"/> 2 ND HAND/ANTIQUA DEALER | <input type="checkbox"/> CLASS II (USED CARS) |
| 10. <input type="checkbox"/> PAWNBROKER | <input type="checkbox"/> CLASS III (JUNK CARS) - Public Hearing Required (Describe on Reverse) |
| | 17. <input type="checkbox"/> WORKERS COMPENSATION IF NEEDED |

SEE ADDITIONAL INFORMATION REQUIRED BELOW

BUSINESS NAME: Central Tavern, Inc. dba Central Tavern

BUSINESS ADDRESS: 31 Central Street

DAYS/HOURS OF OPERATION Sun-Thur. - 10am to 1am Sat. and Sun. 10am-2am
(Some Sunday licenses may require approval of State DPS)

I/We, the undersigned, apply for this license in accordance with the provisions of all Statutes relating thereto. I/We further certify, under penalties of perjury, that, to the best of my/our knowledge and belief, I/We have filed all state tax returns and paid all state taxes required under law.

NAME OF APPLICANT: Michael B. Aghajanian, President

HOME ADDRESS: 2 Highland Ave., Milford MA

APPLICANT'S SIGNATURE: [Signature] - President DATE: 9/5/2019

Michael Aghajanian (Individual or Corporate Officer)

(508) 579 4232

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

Weekday Telephone Number

APPLICANT'S MAILING ADDRESS: 2 Highland Ave. Milford MA 01757

No. & Street

Town

State

Zip

Or

Social Security No. (Voluntary)

Federal Identification No. (Mandatory)

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

Additional Information Required:

License # Above

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

CONTINUE APPLICATION PROCESS ON REVERSE SIDE OF THIS FORM

C-3
9/9/19

Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3, Chelsea, MA 02156-2358
www.mass.gov/abc

AMENDMENT-Change of Manager Change of License Manager

1. BUSINESS ENTITY INFORMATION

Entity Name: GC Fridays Boston, LLC Municipality: Milford ABC License Number: 00006-RS-0706

2. APPLICATION CONTACT

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

Name: David Klein Title: General Manager Email: 0643@fridays.com Phone: 508-634-3018

3A. MANAGER INFORMATION

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

Proposed Manager Name: David Klein Date of Birth: 05/17/1979 SSN:

Residential Address: 33 Dickenson Way Marlborough Ma, 01581

Email: monksr1@yahoo.com Phone: 954-651-5287

Please indicate how many hours per week you intend to be on the licensed premises: 55 Last-Approved License Manager: Sarah Tedeschi

3B. CREDIT AND BACKGROUND INFORMATION

Are you a U.S. Citizen? Yes No *Manager must be U.S. citizen

If yes, attach one of the following as proof of citizenship: US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

Have you ever been convicted of a state, federal or military crime? Yes No

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below

Date	Municipality	Charge	Disposition

3C. EMPLOYMENT INFORMATION

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

Start Date	End Date	Position	Employer	Supervisor Name
<u>9/5/18</u>	<u>current</u>	<u>manager/gm</u>	<u>Tgi Fridays</u>	<u>Anne Biron</u>

3D. PRIOR DISCIPLINARY ACTION

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below.

Date of Action	Name of license	State	City	Reason for suspension, revocation or cancellation

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate

Manager's Signature: [Signature] Date: 8/21/19

DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **GC Fridays Boston, LLC D/B/A TGI Fridays**
2. Business Address: **240 Fortune Boulevard, Milford**
Assessors ID#: Map __ Block __ Lot__

3. Has applied for: **Amendment to All Alcoholic License-CHANGE OF MANAGER**

- 4. Selectmen will take action on: **Monday September 09,2019**_____
- 5. Hearing Continued/Postponed/MGL Deadline: _____
- 6. Abutters Notified: N/A Published: _____
- 7. Inquiry Sent To Dept. Heads on: 8/29/2019_____
- 8. Please Respond By: 9/04/2019_____
- 9. License Approved: _____ Denied: _____ Tabled: _____ On _____

.....
Building Commissioner: (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **No violations, OCC load 225, Building and Restrooms are accessible**

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

Tax Collector: (Outstanding Taxes) **Past due Personal Property FY20 \$783.26**

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

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

Police Chief: (Information/Comment) **No issues to cause concern**

Criminal Offense Record Info: (CORI) Approved Disapproved

Board of Health: (Information/comment) **Updated application with new manager information**

Sewer Commission: (Information/Comment) _____

Milford Water Company: (Information/comment) _____

Commission on Disability: (Information/comment) _____

Dept. Head Signature: _____ **Date:** _____

.....
Contact Name/Manager: *David Klein* **D.O.B.** *5/17/79* **SS #** *148-82-2206*
Phone: *954-651-5267* **e-mail:** *monksr1@yahoo.com*



OFFICE OF THE TOWN TREASURER
TOWN OF MILFORD, MASSACHUSETTS
52 MAIN STREET, ROOM 18
MILFORD, MA 01757

CHRISTOPHER C. PILLA
TOWN TREASURER

JANET A. FERREIRA
ASSISTANT TREASURER

Telephone: (508) 634-2300
Fax: (508) 634-2324
E-Mail: cpilla@townofmilford.com
Web: milfordma.gov

September 9, 2019

Milford Board of Selectmen
Town Hall
52 Main Street
Milford, MA 01757

Re: Surplus disposition and offer to sell Town-owned land at Birch Street,
LOT 43-0-54 0.133 Acres of RB Land

Dear Mr. Chairman:

Please place the following matter on your next agenda for consideration and action. The Town is the owner of a parcel of land, comprising 0.133 acres, located on Birch Street in Milford. This parcel was entered into tax title in 1998. It was later foreclosed on through the land of low value process in 2004. The land has sat vacant since then. The parcel is located in the RB Zoning District, and comprises approximately 0.133 acres of land. The parcel of land, is, generally, not buildable by itself, and an abutter expressed a desire to purchase it.

A survey of Town departments indicated no municipal need for this parcel. The sale of this lot will eliminate an existing encroachment issue and will place an otherwise unviable parcel back on the tax rolls.

I ask you to consider taking two votes:

1. A vote to declare the parcel surplus;
2. A vote to offer the land for sale at a competitive public auction, with the condition that if the parcel is purchased by an abutter at the auction, within three months of sale the parcel be merged with the abutting parcel by the filing, approval and recording of a plan merging the two parcels into a single tax parcel (this condition will ensure that the encroachment issue is perpetually resolved and that the smaller parcel does not, alone, result in a future tax lien foreclosure proceeding. (Minimum bid to be set by the Board of Selectmen).

Thank you for your consideration.

Very truly yours,

Christopher C. Pilla
Town Treasurer

43 MAP 0 BLOCK 54 LOT

1 of 1 CARD

Town of Milford

APPRaised: 11,900 / 11,900
 USE VALUE: 11,900 / 11,900
 ASSESSED: 11,900 / 11,900

Total Card / Total Parcel
 11,900 / 11,900
 11,900 / 11,900
 11,900 / 11,900

PROPERTY LOCATION

No	Alt No	Direction/Street/City
		BIRCH ST, MILFORD

OWNERSHIP

Owner 1:	TOWN OF MILFORD
Owner 2:	
Owner 3:	
Street 1:	52 MAIN ST
Street 2:	
Twn/City:	MILFORD
St/Prov:	MA
Postal:	01757

PREVIOUS OWNER

Owner 1:	OWNER UNKNOWN -
Owner 2:	C/O TOWN OF MILFORD-LEGAL DEPT -
Street 1:	52 MAIN ST
Twn/City:	MILFORD
St/Prov:	MA
Postal:	01757

NARRATIVE DESCRIPTION

This Parcel contains .133 ACRES of land mainly classified as VACANT MUN

IN PROCESS APPRAISAL SUMMARY

Use Code	Land Size	Building Value	Yard Items	Land Value	Total Value
930	0.133			11,900	11,900
Total Card	0.133			11,900	11,900
Total Parcel	0.133			11,900	11,900
Source: Market Adj Cost		Total Value per SQ unit /Card: N/A /Parcel: N/A			

Legal Description
Entered Lot Size
Total Land:
Land Unit Type:

User Acct
GIS Ref
GIS Ref
Insp Date



PREVIOUS ASSESSMENT

Tax Yr	Use	Cat	Bldg Value	Yrd Items	Land Size	Land Value	Total Value	Asses'd Value	Notes	Date
2019	930	FV		0	.133	118,600	118,600		Year End Roll	11/21/2018
2018	930	FV		0	.133	118,600	118,600		YER	11/29/2017
2017	930	FV		0	.133	118,600	118,600	118,600	Year End Roll	12/22/2016
2016	930	FV		0	.133	118,600	118,600	118,600	Year End Roll	12/4/2015
2015	930	FV		0	.133	113,300	113,300	113,300	Year End Roll	11/21/2014
2014	930	FV		0	.133	99,400	99,400	99,400	Year End Roll	11/6/2013
2013	930	FV		0	.133	104,600	104,600	104,600	Year End Roll	11/7/2012
2012	930	FV		0	.133	109,900	109,900	109,900	Year End Roll	12/2/2011

SALES INFORMATION

Grantor	Legal Ref	Type	Date	Sale Code	Sale Price	V	Tst	Verif	Notes
OWNER UNKNOWN,	33998-179		5/13/2004	CONVIENCE		Yes	No		LAND COURT 129831
CLOUGH FRANK	1561 113		10/9/1997	INVOLVED GOV		Yes	No		

TAX DISTRICT

PAT ACCT.

Parcel ID	43-0-54
15849!	
PRINT	
Date	Time
08/27/19	15:16:27
LAST REV	
Date	Time
08/27/19	15:16:18
jen	
5849	

USER DEFINED

Prior Id # 1:	
Prior Id # 2:	
Prior Id # 3:	
Prior Id # 1:	
Prior Id # 2:	
Prior Id # 3:	
Prior Id # 1:	
Prior Id # 2:	
Prior Id # 3:	
ASR Map:	
Fact Dist:	
Reval Dist:	
Year:	
Land Reason:	
Bld Reason:	
Civil District:	
Ratio:	

OTHER ASSESSMENTS

Code	Description	Amount	Com. Int

BUILDING PERMITS

Date	Number	Descrip	Amount	C/O	Last Visit	Fed Code	F. Descrip	Comment

ACTIVITY INFORMATION

Date	Result	By	Name
9/19/2013	VACANT LOT	120	REBECCA ALGE
2/9/2006	VACANT LOT	201	SCOTT MC
12/15/2004	FIELDREV CHG	176	PRIS & DUANE

PROPERTY FACTORS

Item	Code	Description	%	Item	Code	Description
Z	RB	RESIDENTI		water		
o				Sewer		
n				Electri		
Census:				Exmpt		
Flood Haz:						
D				Topo		
s				Street		
t				Gas:		

LAND SECTION (First 7 lines only)

Use Code	Description	LUC Fact	No of Units	Depth / Price Units	Unit Type	Land Type	LT Factor	Base Value	Unit Price	Adj	Neigh	Neigh Infl	Neigh Mod	Infl 1 %	Infl 2 %	Infl 3 %	Appraised Value	Alt Class %	Spec Land	J Code	Fact	Use Value	Notes
930	VACANT MUN		5800		SQUARE FESITE			0	3.4	0.60	5	1.00		UNBLD	-90		11,858					11,900	

Sign: _____

Total AC/HA: 0.13315 Total SF/SM: 5800 Parcel LUC: 930 VACANT MUN Prime NB Desc: AVG-GD Total: 11,858 Spl Credit: Total: 11,900

Disclaimer: This Information is believed to be correct but is subject to change and is not warranted. Database: AssessPro - Milford jen

EXTERIOR INFORMATION

Type:	
Sty Ht:	
(Liv) Units:	Total:
Foundation:	
Frame:	
Prims Wall:	
Sec Wall:	%
Roof Struct:	
Roof Cover:	
Color:	
View / Desir:	

BATH FEATURES

Full Bath:	Rating:
A Bath:	Rating:
3/4 Bath:	Rating:
A 3QBth:	Rating:
1/2 Bath:	Rating:
A HBth:	Rating:
OthrFic:	Rating:

COMMENTS

DOR APPROVED 10/14/97, UNBUILDABLE WITHOUT SPECIAL PERMIT.

SKETCH

GENERAL INFORMATION

Grade:	
Year Blt:	Eff Yr Blt:
Alt LUC:	Alt %:
Jurisdic:	Fact:
Const Mod:	
Lump Sum Adj:	

OTHER FEATURES

Kits:	Rating:
A Kits:	Rating:
Frpl:	Rating:
WSFlue:	Rating:

CONDO INFORMATION

Location:	
Total Units:	
Floor:	
% Own:	
Name:	

RESIDENTIAL GRID

1st Res Grid Desc:	# Units
Level	FY LR DR D K FR RR BR FB HB L O
Other	
Upper	
Lvl 2	
Lvl 1	
Lower	
Totals	RMS: BRs: Baths: HB

INTERIOR INFORMATION

Avg Ht/FL:	
Prim Int Wall:	
Sec Int Wall:	%
Partition:	
Prim Floors:	
Sec Floors:	%

DEPRECIATION

Phys Cond:	0.0 %
Functional:	%
Economic:	%
Special:	%
Override:	%
Total:	0 %

REMODELING

Exterior:	
Interior:	
Additions:	
Kitchen:	
Baths:	
Plumbing:	
Electric:	
Heating:	
General:	

RES BREAKDOWN

No Unit	RMS	BRS	FL
Totals			

MOBILE HOME

Bsmnt Fir:	
Subfloor:	
Bsmnt Car:	
Electric:	
Insulation:	
Int vs Ext:	
Heat Fuel:	
Heat Type:	
# Heat Sys:	
% Heated:	% AC:
Solar HW:	Central Vac:
% Com Wal:	% Sprinkled

CALC SUMMARY

Basic \$ / SQ:	
Size Adj:	1.00000000
Const Adj:	16.00000000
Adj \$ / SQ:	
Other Features:	0
Grade Factor:	
Neighborhood Inf:	1.00000000
LUC Factor:	1.00
Adj Total:	0
Depreciation:	0
Depreciated Total:	0

COMPARABLE SALES

Rate	Parcel ID	Typ	Date	Sale Price
WtAv\$/SQ:				Ind.Val
AvRate:				Before Depr: 0.00
Jns. Factor:				Val/Su Net
Special Features:	0			Val/Su SzAd
Final Total:	0			

SUB AREA

Code	Description	Area - SQ	Rate - AV	Undepr Value
Net Sketched Area: Total:				
Size Ad	Gross Area	FinArea		

SUB AREA DETAIL

Sub Area	% Usbl	Descrip	% Type	Qu #	Ten
----------	--------	---------	--------	------	-----

MOBILE HOME

Make:	Model:	Serial #:	Year:	Color:
-------	--------	-----------	-------	--------

SPEC FEATURES/YARD ITEMS

Code	Description	A	Y/S	Qty	Size/Dim	Qual	Con	Year	Unit Price	D/S	Dep	LUC	Fact	NB	Fa	Appr Value	JCodJFact	Juris. Value
------	-------------	---	-----	-----	----------	------	-----	------	------------	-----	-----	-----	------	----	----	------------	-----------	--------------

PARCEL ID 43-0-54

IMAGE

AssessPro Patriot Properties, Inc

More: N

Total Yard Items:

Total Special Features:

Total:

43-0-54



Property Information

Property ID 43-0-54
 Location BIRCH ST
 Owner TOWN OF MILFORD



MAP FOR REFERENCE ONLY
 NOT A LEGAL DOCUMENT

Town of Milford, MA makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated March 2018
 Data updated 11/16/2018



OFFICE OF THE TOWN TREASURER
TOWN OF MILFORD, MASSACHUSETTS
52 MAIN STREET, ROOM 18
MILFORD, MA 01757

CHRISTOPHER C. PILLA
TOWN TREASURER

JANET A. FERREIRA
ASSISTANT TREASURER

Telephone: (508) 634-2300
Fax: (508) 634-2324
E-Mail: cpilla@townofmilford.com
Web: milfordma.gov

September 9, 2019

Milford Board of Selectmen
Town Hall
52 Main Street
Milford, MA 01757

Re: Surplus disposition and offer to sell Town-owned land at Birch Street,
LOT 43-0-54 0.133 Acres of RB Land

Dear Mr. Chairman:

Please place the following matter on your next agenda for consideration and action. The Town is the owner of a parcel of land, comprising 0.133 acres, located on Birch Street in Milford. This parcel was entered into tax title in 1998. It was later foreclosed on through the land of low value process in 2004. The land has sat vacant since then. The parcel is located in the RB Zoning District, and comprises approximately 0.133 acres of land. The parcel of land, is, generally, not buildable by itself, and an abutter expressed a desire to purchase it.

A survey of Town departments indicated no municipal need for this parcel. The sale of this lot will eliminate an existing encroachment issue and will place an otherwise unviable parcel back on the tax rolls.

I ask you to consider taking two votes:

1. A vote to declare the parcel surplus;
2. A vote to offer the land for sale at a competitive public auction, with the condition that if the parcel is purchased by an abutter at the auction, within three months of sale the parcel be merged with the abutting parcel by the filing, approval and recording of a plan merging the two parcels into a single tax parcel (this condition will ensure that the encroachment issue is perpetually resolved and that the smaller parcel does not, alone, result in a future tax lien foreclosure proceeding. (Minimum bid to be set by the Board of Selectmen).

Thank you for your consideration.

Very truly yours,

Christopher C. Pilla
Town Treasurer

43 MAP 0 BLOCK 54 LOT

1 of 1 CARD

Town of Milford

APPAISED: 11,900/ Total Card / Total Parcel
 USE VALUE: 11,900/ 11,900
 ASSESSED: 11,900/ 11,900

PROPERTY LOCATION
 No Alt No Direction/Street/City
 BIRCH ST, MILFORD

IN PROCESS APPRAISAL SUMMARY
 Use Code Land Size Building Value Yard Items Land Value Total Value
 930 0.133 11,900 11,900

Legal Description
 Entered Lot Size
 Total Land:
 Land Unit Type:

User Acct
 GIS Ref
 GIS Ref
 Insp Date



OWNERSHIP
 Owner 1: TOWN OF MILFORD
 Owner 2:
 Owner 3:
 Street 1: 52 MAIN ST
 Street 2:
 Twn/City: MILFORD
 St/Prov: MA Cntry Own Occ: N
 Postal: 01757 Type:

Total Card 0.133 11,900 11,900
 Total Parcel 0.133 11,900 11,900
 Source: Market Adj Cost Total Value per SQ unit /Card: N/A /Parcel: N/A

PREVIOUS ASSESSMENT Parcel ID 43-0-54

Tax Yr	Use	Cat	Bldg Value	Yrd Items	Land Size	Land Value	Total Value	Asses'd Value	Notes	Date
2019	930	FV	0	.133	118,600	118,600		Year End Roll		11/21/2018
2018	930	FV	0	.133	118,600	118,600		YER		11/29/2017
2017	930	FV	0	.133	118,600	118,600	118,600	Year End Roll		12/22/2016
2016	930	FV	0	.133	118,600	118,600	118,600	Year End Roll		12/14/2015
2015	930	FV	0	.133	113,300	113,300	113,300	Year End Roll		11/21/2014
2014	930	FV	0	.133	99,400	99,400	99,400	Year End Roll		11/6/2013
2013	930	FV	0	.133	104,600	104,600	104,600	Year End Roll		11/7/2012
2012	930	FV	0	.133	109,900	109,900	109,900	Year End		12/2/2011

PREVIOUS OWNER
 Owner 1: OWNER UNKNOWN -
 Owner 2: C/O TOWN OF MILFORD-LEGAL DEPT -
 Street 1: 52 MAIN ST
 Twn/City: MILFORD
 St/Prov: MA Cntry
 Postal: 01757

SALES INFORMATION TAX DISTRICT PAT ACCT.

Grantor	Legal Ref	Type	Date	Sale Code	Sale Price	V	Tst	Verif	Notes
OWNER UNKNOWN,	33998-179		5/13/2004	CONVIENCE		Yes	No		LAND COURT 129831
CLOUGH FRANK	1561 113		10/9/1997	INVOLVED GOV		Yes	No		

!5849!
 PRINT
 Date Time
 08/27/19 15:16:27
 LAST REV
 Date Time
 08/27/19 15:16:18
 jen
 5849

USER DEFINED
 Prior Id # 1:
 Prior Id # 2:
 Prior Id # 3:
 Prior Id # 1:
 Prior Id # 2:
 Prior Id # 3:
 Prior Id # 1:
 Prior Id # 2:
 Prior Id # 3:
 ASR Map:
 Fact Dist:
 Reval Dist:
 Year:
 LandReason:
 BldReason:
 CivilDistrict:
 Ratio:

NARRATIVE DESCRIPTION
 This Parcel contains .133 ACRES of land mainly classified as VACANT MUN

OTHER ASSESSMENTS

Code	Descrip/No	Amount	Com. Int

PROPERTY FACTORS

Item	Code	Description	%	Item	Code	Description
Z	RB	RESIDENTI		water		
				Sewer		
				Electri		
		Census:		Exmpt		
		Flood Haz:				
				Topo		
				Street		
				Gas:		

BUILDING PERMITS

Date	Number	Descrip	Amount	C/O	Last Visit	Fed Code	F. Descrip	Comment

ACTIVITY INFORMATION

Date	Result	By	Name
9/19/2013	VACANT LOT	120	REBECCA ALGE
2/9/2006	VACANT LOT	201	SCOTT MC
12/15/2004	FIELDREV CHG	176	PRIS & DUANE

LAND SECTION (First 7 lines only)

Use Code	Description	LUC Fact	No of Units	Depth / Price/Units	Unit Type	Land Type	LT Factor	Base Value	Unit Price	Adj	Neigh	Neigh Infru	Neigh Mod	Infl 1 %	Infl 2 %	Infl 3 %	Appraised Value	All Class %	Spec Land	J Code	Fact	Use Value	Notes
930	VACANT MUN		5800		SQUARE FESITE			0	3.4	0.60	5	1.00	UNBLD	-90			11,858					11,900	

Sign: _____

Total AC/HA: 0.13315 Total SF/SM: 5800 Parcel LUC: 930 VACANT MUN Prime NB Desc: AVG-GD Total: 11,858 Spl Credit: Total: 11,900

Disclaimer: This Information is believed to be correct but is subject to change and is not warranted. Database: AssessPro - Milford

jen

2020

EXTERIOR INFORMATION

Type:	
Sty Ht:	
(Liv) Units:	Total:
Foundation:	
Frame:	
Prime Wall:	
Sec Wall:	%
Roof Struct:	
Roof Cover:	
Color:	
View / Desir:	

BATH FEATURES

Full Bath:	Rating:
A Bath:	Rating:
3/4 Bath:	Rating:
A 3QBth:	Rating:
1/2 Bath:	Rating:
A HBth:	Rating:
OthrFix:	Rating:
OTHER FEATURES	
Kits:	Rating:
A Kits:	Rating:
Frpl:	Rating:
WSFlue:	Rating:

COMMENTS

DOR APPROVED 10/14/97, UNBUILDABLE WITHOUT SPECIAL PERMIT.

SKETCH

GENERAL INFORMATION

Grade:	
Year Bilt:	Eff Yr Bilt:
Alt LUC:	Alt %:
Jurisdic:	Fact:
Const Mod:	
Lump Sum Adj:	

CONDO INFORMATION

Location:	
Total Units:	
Floor:	
% Own:	
Name:	

RESIDENTIAL GRID

1st Res Grid / Desc:	# Units
Level	FY LR DR D K FR RR BR FB HB L O
Other	
Upper	
Lvl 2	
Lvl 1	
Lower	
Totals	RMs: BRs: Baths: HB

INTERIOR INFORMATION

Avg Ht/FL:	
Prim Int Wall:	
Sec Int Wall:	%
Partition:	
Prlm Floors:	
Sec Floors:	%

DEPRECIATION

Phys Cond:	0.0 %
Functional:	%
Economic:	%
Special:	%
Override:	%
Total:	0 %

REMODELING

Exterior:	
Interior:	
Additions:	
Kitchen:	
Baths:	
Plumbing:	
Electric:	
Heating:	
General:	

RES BREAKDOWN

No Unit	RMS	BRS	FL
Totals			

MOBILE HOME

Bsmnt Fir:	
Subfloor:	
Bsmnt Gar:	
Electric:	
Insulation:	
Int vs Ext:	
Heat Fuel:	
Heat Type:	
# Heat Sys:	
% Heated:	% AC:
Solar HW:	Central Vac:
% Com Wal:	% Sprinkled:

CALC SUMMARY

Basic \$ / SQ:	
Size Adj.: 1.00000000	
Const Adj.: 16.00000000	
Adj \$ / SQ:	
Other Features: 0	
Grade Factor:	
Neighborhood Inf: 1.00000000	
LUC Factor: 1.00	
Adj Total: 0	
Depreciation: 0	
Depreciated Total: 0	

COMPARABLE SALES

Rate	Parcel ID	Typ	Date	Sale Price
WtAv\$/SQ:				Ind.Val
AvRate:				Before Depr: 0.00
Juris. Factor:				Val/Su Net
Special Features: 0				Val/Su SzAd
Final Total: 0				

SUB AREA

Code	Description	Area - SQ	Rate - AV	Undepr Value
Net Sketched Area: Total:				
Size Ad	Gross Area	FinArea		

SUB AREA DETAIL

Sub Area	% Usbl	Descrip	% Type	Qu	# Ten
----------	--------	---------	--------	----	-------

SPEC FEATURES/YARD ITEMS

Code	Description	A Y/S	Qty	Size/Dim	Qual	Con	Year	Unit Price	D/S	Dep	LUC	Fact	NB	Fa	Appr Value	JCod	JFact	Juris. Value
------	-------------	-------	-----	----------	------	-----	------	------------	-----	-----	-----	------	----	----	------------	------	-------	--------------

PARCEL ID 43-0-54

IMAGE

AssessPro Patriot Properties, Inc

More: N

Total Yard Items:

Total Special Features:

Total:

43-0-54



Property Information

Property ID 43-0-54
 Location BIRCH ST
 Owner TOWN OF MILFORD



MAP FOR REFERENCE ONLY
 NOT A LEGAL DOCUMENT

Town of Milford, MA makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated March 2018
 Data updated 11/16/2018



OFFICE OF THE TOWN TREASURER
TOWN OF MILFORD, MASSACHUSETTS
52 MAIN STREET, ROOM 18
MILFORD, MA 01757

CHRISTOPHER C. PILLA
TOWN TREASURER

JANET A. FERREIRA
ASSISTANT TREASURER

Telephone: (508) 634-2300
Fax: (508) 634-2324
E-Mail: cpilla@townofmilford.com
Web: milfordma.gov

September 9, 2019

Milford Board of Selectmen
Town Hall
52 Main Street
Milford, MA 01757

Re: Surplus disposition and offer to sell Town-owned land at Birch Street,
LOT 43-0-54 0.133 Acres of RB Land

Dear Mr. Chairman:

Please place the following matter on your next agenda for consideration and action. The Town is the owner of a parcel of land, comprising 0.133 acres, located on Birch Street in Milford. This parcel was entered into tax title in 1998. It was later foreclosed on through the land of low value process in 2004. The land has sat vacant since then. The parcel is located in the RB Zoning District, and comprises approximately 0.133 acres of land. The parcel of land, is, generally, not buildable by itself, and an abutter expressed a desire to purchase it.

A survey of Town departments indicated no municipal need for this parcel. The sale of this lot will eliminate an existing encroachment issue and will place an otherwise unviable parcel back on the tax rolls.

I ask you to consider taking two votes:

1. A vote to declare the parcel surplus;
2. A vote to offer the land for sale at a competitive public auction, with the condition that if the parcel is purchased by an abutter at the auction, within three months of sale the parcel be merged with the abutting parcel by the filing, approval and recording of a plan merging the two parcels into a single tax parcel (this condition will ensure that the encroachment issue is perpetually resolved and that the smaller parcel does not, alone, result in a future tax lien foreclosure proceeding. (Minimum bid to be set by the Board of Selectmen).

Thank you for your consideration.

Very truly yours,

Christopher C. Pilla
Town Treasurer

43 MAP 0 BLOCK 54 LOT

1 of 1 CARD

Town of Milford

APPAISED: 11,900/ Total Card / Total Parcel 11,900
 USE VALUE: 11,900/ 11,900
 ASSESSED: 11,900/ 11,900

PROPERTY LOCATION

No	Alt No	Direction/Street/City
		BIRCH ST, MILFORD

IN PROCESS APPRAISAL SUMMARY

Use Code	Land Size	Building Value	Yard Items	Land Value	Total Value
930	0.133			11,900	11,900

Legal Description

Entered Lot Size	
Total Land:	
Land Unit Type:	

User Acct

GIS Ref	
GIS Ref	
Insp Date	



Patriot Properties Inc.

OWNERSHIP

Owner 1: TOWN OF MILFORD
Owner 2:
Owner 3:
Street 1: 52 MAIN ST
Street 2:
Twn/City: MILFORD
St/Prov: MA Cntry: Own Occ: N
Postal: 01757 Type:

Total Card	0.133	11,900	11,900
Total Parcel	0.133	11,900	11,900
Source: Market Adj Cost	Total Value per SQ unit /Card: N/A		/Parcel: N/A

PREVIOUS ASSESSMENT

Tax Yr	Use	Cat	Bldg Value	Yrd Items	Land Size	Land Value	Total Value	Asses'd Value	Notes	Date
2019	930	FV	0	.133	118,600	118,600		Year End Roll		11/21/2018
2018	930	FV	0	.133	118,600	118,600		YER		11/29/2017
2017	930	FV	0	.133	118,600	118,600	118,600	Year End Roll		12/22/2016
2016	930	FV	0	.133	118,600	118,600	118,600	year end		12/4/2015
2015	930	FV	0	.133	113,300	113,300	113,300	Year End Roll		11/21/2014
2014	930	FV	0	.133	99,400	99,400	99,400	Year End Roll		11/6/2013
2013	930	FV	0	.133	104,600	104,600	104,600	Year End Roll		11/7/2012
2012	930	FV	0	.133	109,900	109,900	109,900	Year End		12/2/2011

Parcel ID 43-0-54

15849

USER DEFINED

Prior Id # 1:	
Prior Id # 2:	
Prior Id # 3:	
Prior Id # 1:	
Prior Id # 2:	
Prior Id # 3:	
Prior Id # 1:	
Prior Id # 2:	
Prior Id # 3:	
ASR Map:	
Fact Dist:	
Reval Dist:	
Year:	
LandReason:	
BldReason:	
CivilDistrict:	
Ratio:	

PREVIOUS OWNER

Owner 1: OWNER UNKNOWN -
Owner 2: C/O TOWN OF MILFORD-LEGAL DEPT -
Street 1: 52 MAIN ST
Twn/City: MILFORD
St/Prov: MA Cntry:
Postal: 01757

SALES INFORMATION

Grantor	Legal Ref	Type	Date	Sale Code	Sale Price	V	Tst	Verif	Notes
OWNER UNKNOWN,	33998-179		5/13/2004	CONVIENCE		Yes	No		LAND COURT 129831
CLOUGH FRANK	1561 113		10/9/1997	INVOLVED GOV		Yes	No		

TAX DISTRICT

PAT ACCT.

5849

NARRATIVE DESCRIPTION

This Parcel contains .133 ACRES of land mainly classified as VACANT MUN

OTHER ASSESSMENTS

Code	Descrip/No	Amount	Com. Int
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BUILDING PERMITS

Date	Number	Descrip	Amount	C/O	Last Visit	Fed Code	F. Descrip	Comment
------	--------	---------	--------	-----	------------	----------	------------	---------

ACTIVITY INFORMATION

Date	Result	By	Name
9/19/2013	VACANT LOT	120	REBECCA ALGE
2/9/2006	VACANT LOT	201	SCOTT MC
12/15/2004	FIELDREV CHG	176	PRIS & DUANE

PROPERTY FACTORS

Item	Code	Description	%	Item	Code	Description
Z	RB	RESIDENTI		water		
				Sewer		
				Electri		
		Census:		Exmpt		
		Flood Haz:				
				Topo		
				Street		
				Gas:		

LAND SECTION (First 7 lines only)

Use Code	Description	LUC Fact	No of Units	Depth / Price/Units	Unit Type	Land Type	LT Factor	Base Value	Unit Price	Adj	Neigh	Neigh Infl	Neigh Mod	Infl 1 %	Infl 2 %	Infl 3 %	Appraised Value	Alt Class %	Spec Land	J Code	Fact	Use Value	Notes
930	VACANT MUI		5800		SQUARE FESITE			0	3.4	0.60	5	1.00		UNBLD	-90		11,858					11,900	

Sign: _____

Total AC/HA: 0.13315 Total SF/SM: 5800 Parcel LUC: 930 VACANT MUN Prime NB Desc: AVG-GD Total: 11,858 Spl Credit: Total: 11,900

Disclaimer: This Information is believed to be correct but is subject to change and is not warranted. Database: AssessPro - Milford

jen

2020

EXTERIOR INFORMATION

Type:	
Sty Ht:	
(Liv) Units:	Total:
Foundation:	
Frame:	
Prime Wall:	
Sec Wall:	%
Roof Struct:	
Roof Cover:	
Color:	
View / Desir:	

BATH FEATURES

Full Bath:	Rating:
A Bath:	Rating:
3/4 Bath:	Rating:
A 3QBth:	Rating:
1/2 Bath:	Rating:
A HBth:	Rating:
Othr Fic:	Rating:

COMMENTS

DOR APPROVED 10/14/97, UNBUILDABLE WITHOUT SPECIAL PERMIT

SKETCH

GENERAL INFORMATION

Grade:	
Year Bilt:	Eff Yr Bilt:
Alt LUC:	Alt %:
Jurisdic:	Fact:
Const Mod:	
Lump Sum Adj:	

OTHER FEATURES

Kits:	Rating:
A Kits:	Rating:
Frpl:	Rating:
WSFlue:	Rating:

RESIDENTIAL GRID

1st Res Grid	Desc:	# Units
Level	FY LR DR D K FR RR BR FB HB L O	
Other		
Upper		
Lvl 2		
Lower		
Totals	RM's: BR's: Baths: HB	

CONDO INFORMATION

Location:	
Total Units:	
Floor:	
% Own:	
Name:	

REMODELING

Exterior:	
Interior:	
Additions:	
Kitchen:	
Baths:	
Plumbing:	
Electric:	
Heating:	
General:	

RES BREAKDOWN

No Unit	RMS	BRS	FL
Totals			

INTERIOR INFORMATION

Avg HI/FL:	
Prim Int Wall:	
Sec Int Wall:	%
Partition:	
Prim Floors:	
Sec Floors:	%
Bsmnt Flr:	
Subfloor:	
Bsmnt Gar:	
Electric:	
Insulation:	
Int vs Ext:	
Heat Fuel:	
Heat Type:	
# Heat Sys:	
% Heated:	% AC:
Solar HW:	Central Vac:
% Corn Wall:	% Sprinkled:

DEPRECIATION

Phys Cond:	0.0 %
Functional:	%
Economic:	%
Special:	%
Override:	%
Total:	0 %

COMPARABLE SALES

Rate	Parcel ID	Typ	Date	Sale Price
------	-----------	-----	------	------------

CALC SUMMARY

Basic \$ / SQ:	
Size Adj:	1.00000000
Const Adj:	16.00000000
Adj \$ / SQ:	
Other Features:	0
Grade Factor:	
Neighborhood Inf:	1.00000000
LUC Factor:	1.00
Adj Total:	0
Depreciation:	0
Depreciated Total:	0

WtAvs/SQ:	AvRate:	Ind.Val
Juris. Factor:	Before Depr:	0.00
Special Features:	Val/Su Net:	
Final Total:	Val/Su SzAd	

SUB AREA

Code	Description	Area - SQ	Rate - AV	Undepr Value
------	-------------	-----------	-----------	--------------

SUB AREA DETAIL

Sub Area	% Usbl	Descrip	% Type	Qu	# Ten
----------	--------	---------	--------	----	-------

Net Sketched Area:	Total:	
Size Ad	Gross Area	FinArea

MOBILE HOME

Make:	Model:	Serial #:	Year:	Color:
-------	--------	-----------	-------	--------

SPEC FEATURES/YARD ITEMS

Code	Description	A	Y/S	Qty	Size/Dim	Qual	Con	Year	Unit Price	D/S	Dep	LUC	Fact	N6	Fa	Appr Value	JCod	JFact	Juris. Value
------	-------------	---	-----	-----	----------	------	-----	------	------------	-----	-----	-----	------	----	----	------------	------	-------	--------------

PARCEL ID 43-0-54

IMAGE

AssessPro Patriot Properties, Inc

43-0-54



Property Information

Property ID 43-0-54
 Location BIRCH ST
 Owner TOWN OF MILFORD



MAP FOR REFERENCE ONLY
 NOT A LEGAL DOCUMENT

Town of Milford, MA makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated March 2018
 Data updated 11/16/2018

0-2
9/9/19



OFFICE OF THE TOWN TREASURER
TOWN OF MILFORD, MASSACHUSETTS
52 MAIN STREET, ROOM 18
MILFORD, MA 01757

CHRISTOPHER C. PILLA
TOWN TREASURER

JANET A. FERREIRA
ASSISTANT TREASURER

Telephone: (508) 634-2300
Fax: (508) 634-2324
E-Mail: cpilla@townofmilford.com
Web: milford.ma.us

September 5, 2019

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

Re: Tax title Foreclosure property located 9 Westchester Drive, Milford, MA

Dear Chairman Buckley:

The Town foreclosed its tax lien on 9 Westchester Drive, Milford, and received Judgment in Land Court ON September 7, 2018. The one-year right of redemption period expired on September 7, 2019. On Friday, September 30, 2019, Town Counsel and I visited the property and alerted the retired former-owner that we had title to the property and were about to commence eviction proceedings. (This was in addition to the court notices sent to him.) We advised him that he had very little time to address his outstanding tax delinquency with Milford.

Since then, he has attempted to secure financing for a payment plan, and was unsuccessful since the property is now in the Town's ownership. He has asked for permission to list the property for sale with a realtor, and, upon successfully identifying a willing and able buyer, the property will be sold, and the proceeds used to pay the tax delinquency.

I advised that the matter would be submitted to the Board of Selectmen for approval, and hereby request your authorization for the Town to work with the former owner to market the property with a goal of paying off any delinquency.

Thank you for your consideration.

Very truly yours,

A handwritten signature in black ink, appearing to read "C. Pilla", written over a faint circular stamp.

Christopher C. Pilla

0-3
9/9/19



TOWN OF MILFORD

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

OFFICE OF PLANNING
AND ENGINEERING

Michael Dean, P.E.
Town Engineer

MEMORANDUM

TO: Rick Villani, Town Administrator
FROM: Michael Dean, P.E. MD
DATE: September 5, 2019
SUBJECT: EPA Permit – MS4-Stormwater

- The effective date of the MS4 Stormwater Permit was July 2018.
- The Notice of Intent was Submitted in September 2018 as required.
- Following the required submittals, the EPA has granted Authorization to discharge stormwater from the Towns MS4 in accordance with the applicable terms and conditions of the MS4 General Permit. This is essentially proof of being in compliance (to date) with the MS4 General Permit. See attached letter.
- Stormwater Management Plan (SWMP) has been completed and posted to the Towns website(<https://www.milfordma.gov/planning-engineering/pages/town-milford-stormwater-management-plan>). The preparation of this document was required to be completed within year one of the effective date (July 2019).
- On going items include the review of the Towns By-laws, inspections and water sampling from the existing outfalls.
- Illicit Discharge Detection and Elimination (IDDE) Plan is in "Draft" form and IDDE investigations are ongoing.
- Inspections of stormwater management systems / structures have been performed, such as detention basins, large drain manholes (BMPs), etc., and a report of such inspections has been prepared.
- The Annual Report will be due by September 30, 2019 and efforts continue to fulfill the ongoing requirements of the MS4 General Permit.
- Article for funding for the 2nd year will be on Special Town Meeting Warrant for **October, 2019**, the Amount is for **\$400,000.00** (per the 5-year capitol plan).



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 1
5 POST OFFICE SQUARE, SUITE 100
BOSTON, MA 02109-3912

VIA EMAIL

July 30, 2019

Michael K. Walsh
Chair Board of Selectmen

And;

Scott Crisafulli
Highway Supervisor
30 Front Street
Milford, MA. 01757
Scrisafulli@townofmilford.com

Re: National Pollutant Discharge Elimination System Permit ID #: MAR041135, Town of Milford

Dear Scott Crisafulli:

The 2016 NPDES General Permit for Stormwater Discharges from Small Municipal Separate Storm Sewer Systems in Massachusetts (MS4 General Permit) is a jointly issued EPA-MassDEP permit. Your Notice of Intent (NOI) for coverage under this MS4 General Permit has been reviewed by EPA and appears to be complete. You are hereby granted authorization by EPA and MassDEP to discharge stormwater from your MS4 in accordance with the applicable terms and conditions of the MS4 General Permit, including all relevant and applicable Appendices. This authorization to discharge expires at midnight on **June 30, 2022**.

For those permittees that certified Endangered Species Act eligibility under Criterion C in their NOI, this authorization letter also serves as EPA's concurrence with your determination that your discharges will have no effect on the listed species present in your action area, based on the information provided in your NOI.

As a reminder, your first annual report is due by **September 30, 2019** for the reporting period from May 1, 2018 through June 30, 2019.

Information about the permit and available resources can be found on our website:
<https://www.epa.gov/npdes-permits/massachusetts-small-ms4-general-permit>. Should you have

Stormwater- MS4

- **Environmental Protection Agency (EPA)** – Issued General Permit to control stormwater pollution
- General Permit is for Stormwater Discharges from Small Municipal Separate Storm Sewer Systems ("**MS4** - permit")
- Town has been in compliance with Phase I (of the permit) since May 2003
- Phase II of the permit - Effective Date is: **July 01, 2018** (currently in year one)
- Phase II of the Permit / Regulations requires the Town to reduce the pollutant load (primarily Phosphorous) to the wetlands and waterways (primarily the Charles River)
- Charles River – Classified as an **Impaired Waterway** – Impaired Waterways have a Total Maximum Daily Load (**TMDL**) set on them (impaired waterways)
- Town of Milford is Required to reduce the Phosphorous by **41.2%**
- As required, the Notice of Intent has been submitted to the EPA- at the end September, 2018
- Phase II Permit will be implemented over the next – **20 Years**
- Estimated Cost of over **\$40+ million dollars** (over the 20-year time frame)
- The **First 5-years** is essentially the “planning” and “designing” portion of the permit
- The first five-year requirements are considered “**Non-Structural**” - Best Management Practices (BMP's)
- There are six (6) Minimum Control Standards (**MCS**) including items such as:
 - Public Education & Outreach Programs (different Audiences / groups / users)
 - Public participation
 - Establishing an Illicit Discharge Detection and Elimination Program (IDDE)
 - Testing and sampling the stormwater for contaminants
 - Analyzing the existing stormwater system
 - Completing the mapping of the existing drainage and outfalls
 - Management of Construction Site Runoff
 - Management of Post Construction Site Runoff
 - Good House Keeping in Municipal Operations / Facilities
 - Stormwater Management Program (SWMP) – Due June 30, 2018
 - Possible modifications to the zoning / subdivision regulations to incorporate Low Impact Development (LID) procedures
 - Creating programs to meet the Minimum Control Standards (MCS–above)
 - All of these items are set forth in the EPA's regulations as requirements of the Phase II portion of the permit – **Prescriptive Permit**

- The **following 15-years** (years 6 through 20) is the implementation of the first 5-Year Plan – **Structural BMP's** - Larger Dollar amounts (\$\$):
 - The construction of stormwater basins, installation of drainage components, and building infrastructure to treat the stormwater
 - Ongoing oversight, maintenance and reporting of the Towns entire drainage system
- Stormwater has been part of the Towns Capital Plan for several years
- Article for funding for the 2nd year will be on the Special Town Meeting Warrant for **October, 2019**, the Amount is for **\$400,000.00 (per the 5-year capitol plan)**
 - The funding is to continue the Towns efforts to meet the requirements set forth in the EPA's- General Permit for MS4's - Phase II of the Permit / Regulations
- Capital Planning has **\$1.5 million** for the first 5-years (next 5 years)
- Estimated **\$44 plus million** in years 6 through 20
- **This permit** will be a community wide effort, in terms of planning, public education, implementation and financially

General numbers associated with the cost:

Current load of Phosphorous = 3,552 #'s / YR.

"New" TMDL = 2,090 #'s / YR.

Reduction of 41.2 % = Total Reduction of 1,462 #'s / YR. (from overall #)

15% from the first 5 years (planning & designing) Non-Structural BMP's = 533#'s

26.2% from structural BMP's (Year 6 through 20) = 929#'s

Structural BMP's are expensive 929# x \$46,865 / pound = \$44,000,000.000

Background information: This article is being proposed so that the Town of Milford will have funds available to meet the requirements set forth in the Environmental Protection Agency's (EPA's)- Stormwater – General Permit for Stormwater Discharges from Small Municipal Separate Storm Sewer Systems ("MS4s") - Phase II of the Permit / Regulations which requires the Town to reduce the pollutant load (primarily Phosphorous) to the wetlands and waterways (primarily the Charles River). This is the 2nd year of the Phase II portion of the permit which takes place over a 20-year time frame (2018-2038). The first 5-years is essentially the "planning" and "designing" portion of the permit, the following 15-years (years 6 through 20) is the implementation of the first 5-Year Plan such as the construction of stormwater basins, installation of drainage components, building infrastructure to treat the stormwater. The planning portion of the permit requires items such as completing the mapping of the existing drainage and outfalls, testing and sampling the stormwater for contaminants, analyzing the existing stormwater system, public education, establishing an Illicit Discharge Detection and Elimination Program (IDDE), Stormwater Management Program (SWMP), creating programs to meet the Minimum Control Standards (MCS) all of which are set forth in the EPA's regulations as requirements of the Phase II portion of the permit.

0-4
9/9/19

VACATION LEAVE

5.8(A) To be eligible for vacation leave, an employee shall have been employed on a permanent, full-time basis, for a period of not less than ~~six (6)~~ three (3) continuous months.

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

YEAR 1: As reflected in the chart below, all new hires will receive ten-days', pro-rated vacation leave at the time of hire. The actual number of vacation days allocated will be based upon the date of hire. ~~For the remainder of the calendar year of an employee's initial hiring, he/she shall accrue one (1) vacation day for each month or part thereof worked, up to a maximum of ten (10) days during the initial vacation year.~~ Employees in their first year of employment may begin using vacation days no sooner than three (3) months of their hire date, and only when they have been continuously employed for said period. Newly hired employees may carry up to ten (10) vacation days into the following calendar year following their first date of employment. At least five (5) of these days must be taken no later than June 30th of the new calendar year.

YEAR ONE

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

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

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

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

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

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

Any revisions to the allotted vacation leave for individual employees, up to four (4) weeks of vacation, will be determined by the department head, HR Director, and the appointing authority (where applicable), on a case-by-case basis.

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

The revised vacation leave policy applies to those hired since January 1, 2019.

Revised October 2019 STM

G-1
9/9/19

Richard Villani

From: Falk, Brian R. <bfalk@MirickOConnell.com>
Sent: Tuesday, August 13, 2019 4:38 PM
To: Amy Neves
Cc: Richard Villani
Subject: Fair Housing Committee

Ms. Neves,

I understand that I was recently appointed to the Town's Fair Housing Committee. Due to professional and personal obligations, I must decline this appointment.

Thank you.

Brian Falk



BRIAN R. FALK
Of Counsel
Mirick, O'Connell, DeMallie & Lougee, LLP
100 Front Street | Worcester | MA | 01608-1477
t 508.929.1678 | f 508.983.6256
bfalk@mirickoconnell.com | Bio



Please visit our website: www.mirickoconnell.com

The information contained in this electronic message is legally privileged and confidential under applicable law, and is intended only for the use of the individual or entity named above. This electronic message and any attachments may also contain information that is protected by federal and state law, including the HIPAA Privacy Rule. If you are not the intended recipient, you are hereby notified that any dissemination, copying or disclosure of this communication is strictly prohibited. If you have received this communication in error, please notify Mirick O'Connell at (508)791-8500 and delete this communication immediately without copying or distributing it.

G-2
9/9/19

Richard Villani

From: Marco Carneiro <mppcarneiro@gmail.com>
Sent: Friday, August 9, 2019 1:17 PM
To: Richard Villani
Subject: Resignation from Milford Cultural Council

Dear Rick, please find below my letter of resignation from the Milford Cultural Council.
Best, Marco Carneiro

###

August 10, 2019

Board of Selectmen
c/o Rick Villani, Town Administrator

To the Board of Selectmen,

I am writing to submit my resignation from the Milford Cultural Council.

I have just recently moved out of state, and will not be able to participate in council affairs.

Regards,

Marco Carneiro

--

Marco

G-3
9/19/19

Richard Villani

From: geri@eddins.net
Sent: Thursday, August 29, 2019 8:58 AM
To: Richard Villani
Cc: Bryan Cole
Subject: Include MCC Appointment/Resignation on BOS Agenda?

Hi Rick,

Would it be possible for you to include the appointment of Christine Daddario to the MCC on the agenda for the next BOS meetings, as well as the resignation of Marco Carneiro? These actions would be extremely helpful to our group.

Many thanks and best wishes for a wonderful Labor Day holiday!
Geri



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 Christine Daddario

YOUR ADDRESS 23 Fayette St, Milford

TELEPHONE NO. FOR WEEKDAYS (508) 245-2078 & EVENINGS() " "

EMAIL ADDRESS cadaddario23@gmail.com

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

EDUCATION B.S. from Framingham State University

EXPERIENCE Have worked for non-profits (human services & graphic design) for the past 13 years, 12 of which have been in Milford. Facilitated Arts & Crafts program at Youth Center and mentoring program for at-risk youth.

INTERESTS Photography, poetry, arts & crafts, baking, reading, hiking, refinishing furniture.

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

No, I am not a town employee

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 checked="" type="checkbox"/> Milford Cultural Council
(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging | <input type="checkbox"/> Milford Geriatric Authority |
| <input type="checkbox"/> Fair Housing Committee | <input type="checkbox"/> Milford Youth Commission |
| <input type="checkbox"/> Finance Committee | <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 7-22-19 Recorded _____ Application Expires 7-22-22
Referred to Board Chair for Review/Comment/Recommendation _____



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 Martin I. Montoya
YOUR ADDRESS 16 Yale drive
TELEPHONE NO. FOR WEEKDAYS (508) 847-5999 & EVENINGS(508) 847-5999
EMAIL ADDRESS Martin@cloudsolvedit.com

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

EDUCATION

EXPERIENCE

INTERESTS

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 checked="" type="checkbox"/> Milford Cultural Council
(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging | <input type="checkbox"/> Milford Geriatric Authority |
| <input type="checkbox"/> Fair Housing Committee | <input type="checkbox"/> Milford Youth Commission |
| <input type="checkbox"/> Finance Committee | <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 2/19/19 Recorded 2/19/19 Application Expires 2/19/22
Referred to Board Chair for Review/Comment/Recommendation _____



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 Sandra M. Buckley

YOUR ADDRESS 14 Chester Lane Milford MA 01757

TELEPHONE NO. FOR WEEKDAYS (508) 209-3914 & EVENINGS () Same

EMAIL ADDRESS Sandeezmail312@gmail.com

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

EDUCATION Attended Rutgers University School of Arts BFA program

EXPERIENCE 30+ years actively involved in theater arts
3+ years working in non-profit organization targeting
arts & education. 20+ years of human resources

INTERESTS business experience,

Arts, Music, Wellness, Travel

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 checked="" type="checkbox"/> Memorial Hall Cultural Center Committee |
| <input type="checkbox"/> Conservation Commission | <input checked="" 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 type="checkbox"/> Other (Describe Below) |

FOR OFFICE USE ONLY: Date Rec'd 4-24-19 Recorded 4-26-19 Application Expires 4-24-22
Referred to Board Chair for Review/Comment/Recommendation _____

G-4
9/19/19

NAME	LOC Phone
Brigioli, Richard	508-473-3655
Connolly, Lauris	508-478-6979
Davidson, Paul	508-887-0742
Farrell, Peggy	508-282-0878
Fonseca, Manuel	508-282-0249
Gorbey, Myron	508-381-0364 or 508-282-7305
Iacovelli, Don	508-473-1282
Jackson, Barbara	508-478-2063
Jackson, Toussaint	508-478-2063
Kozlowski, Sue	508-282-0412
Ladeau, Nadine	508-922-9011
Linnell, Gloria	508-314-0322
Lowther, Larry	774-573-2282
Mason, Donna	508-482-0860
O'Neill, Francis	508-473-0169
Wypianski, Christine	508-478-2753 or 508-868-3904

REV/ August 29, 2019

Richard Villani

From: Tricia Peck <tpeck@milfordma.com>
Sent: Thursday, August 29, 2019 10:26 AM
To: Richard Villani
Subject: Fwd: Message from KM_C458
Attachments: SKM_C45819082822090.pdf

Hi Rick,

I have attached the list of Crossing Guards who will need to be sworn in at your earliest convenience.

Thank you,

Tricia

Tricia Peck
Administrative Assistant, Milford Public Schools
31 West Fountain Street | Milford, Massachusetts 01757
Phone: 508.478.1106 | Email: tpeck@milfordma.com

----- Forwarded message -----

From: <mps_scan@milfordma.com>
Date: Thu, Aug 29, 2019 at 10:09 AM
Subject: Message from KM_C458
To: <tpeck@milfordma.com>

--
* * * _The Milford Public Schools does not discriminate on the basis of race, color, sex, gender identity, religion, national origin, English proficiency, sexual orientation, disability or housing status.

—
** * * The Milford Public Schools does not discriminate on the basis of race, color, sex, gender identity, religion, national origin, English proficiency, sexual orientation, disability or housing status.*

G-5
9/9/19

SPECIAL TOWN MEETING

, 2019

Milford, Massachusetts

COMMONWEALTH OF MASSACHUSETTS

WORCESTER, SS:

To either Constable of the Town of Milford in said County,

GREETINGS:

In the name of the Commonwealth aforesaid, you are hereby required to notify and warn the Inhabitants of the Town of Milford, qualified by law to vote in Town Affairs, to meet in the Upper Hall of the Milford Town Hall, 52 Main Street, on the th day of , 2019 A.D. at 7:00 P.M. and then and there to act upon the following articles:

ARTICLE 1: To see if the Town will vote to petition the General Court for Special Legislation which would amend Chapter 390 of the Acts of 1989, entitled **An Act Providing for Recall Elections in the Town of Milford**, and which Special Legislation would provide substantially as follows:

“SECTION 1. The phrase ‘twenty percent’ within the fifth sentence of Section 2 of Chapter 390 of the Acts of 1989 shall be stricken and shall be replaced by the phrase “ten percent.”

SECTION 2. The phrase ‘twenty-five percent’ within the fifth sentence of Section 6 of Chapter 390 of the Acts of 1989 shall be stricken and shall be replaced by the phrase “fifteen percent.”

SECTION 3. This act shall take effect upon its passage.”

(Maria Goncalves, et al.)

(Board of Selectmen)

And you are hereby directed to serve this warrant by posting at least fourteen days before said meeting attested copies of this warrant in ten or more public places located in said Milford.

HEREOF, FAIL NOT, and make due return of this warrant with your doings thereon to the Clerk of said Town at the time of said meeting.

Given under our hands at Milford this day of September, 2019

MILFORD BOARD OF SELECTMEN

William D. Buckley, Chairman

William E. Kingkade, Jr.

Michael K. Walsh

A true copy attest:

Michael A. Pighetti, Chief of Police



Town Hall Room 12
52 Main Street • Milford, MA 01757
Ph: (508) 634-2307 • Fax: (508) 634-2324
aneves@townofmilford.com
Amy E. Hennessy Neves, Town Clerk

On August 21, 2019 a petition was submitted to the Town Clerks Office to verify signatures. After verifying signatures will be presented to the Board of Selectmen to call a Special Town Meeting.

On August 21, 2019 the Town of Milford had 17,582 registered voters. The number of voters required to call a Special Town Meeting is 200 or 20% (3,516.4 voters); whichever number is smaller.

We have verified 255 valid signatures of Registered Voters on the following pages.

Town of Milford Board of Registrar:

1

MILFORD BOARD OF REGISTRARS

Athena Neves
Rosemary Bellacqua
Jeraldine Kingkade
Wanna C. Horrigan

August 21, 2019

RECEIVED
MILFORD TOWN CLERK
2019 AUG 21 PM 12:54

Town of Milford **Petition & Nomination Receipt**

Pages Submitted: 15

Raw Signatures Obtained: approx 311

Person Submitting the
Papers: Christine Crean

Contact Phone #: 617 852-3824
(when completed & ready for pickup)

****Keep one copy of receipt with nominations/petition &
provide a copy to be given to the filer****

* submitted to
BOS 8/22/19
after sig. verified

.....
52 Main Street ~ Room 12
(508) 634-2307 phone
(508) 634-2324 fax

51
TOTAL

RECEIVED
MILFORD TOWN
2019 AUG 21 PM 12:56

**PETITION FOR INCLUSION OF ARTICLE IN TOWN MEETING WARRANT TO BE
CALLED PURSUANT TO G.L. c 39, § 10**

The undersigned registered voters of the Town of Milford hereby petition, in accordance with G.L. c 39, § 10, that the Board of Selectmen of Milford call a Special Town Meeting in accordance with said section 10 and include the following Article in the Warrant for such Special Town Meeting:

Article : To see if the Town will vote to petition the General Court for Special Legislation which would amend Chapter 390 of the Acts of 1989, entitled **An Act Providing For Recall Elections in The Town Of Milford**, and which Special Legislation would provide substantially as follows:

Section 1. The phrase "twenty percent" within the fifth sentence of Section 2 of Chapter 390 of the Acts of 1989 shall be stricken and shall be replaced by the phrase "ten percent."

Section 2. The phrase "twenty-five percent" within the fifth sentence of Section 6 of Chapter 390 of the Acts of 1989 shall be stricken and shall be replaced by the phrase "fifteen percent."

Section 3. This Act shall take effect upon its passage.

	NAME	ADDRESS	PCT
✓ 1	Maria Coxalves	397 CEDRO ST Milford	
✓ 2	MANUEL CONRAVES	29 YALE DR Milford	
✓ 3	NATALIA CONRAVES	29 YALE DR Milford	
✓ 4	Jennifer Loeman	66 Correia Circle Milford	
✓ 5	Brian Loeman	66 CORREIA CIR Milford	
✓ 6	Antônio C. GONÇALVES	25 HIGHLAND ST. MILFORD	
✓ 7	Anthony Insuano	90 Prospect Heights	
✓ 8	Amílcar Vidleris	9 Nicholas Rd. Milford	
✓ 9	VICTOR SOARES	35 WATER ST Milford	

✓ 10	Osorio Branco	13 Park St Milford	
✓ 11	Domingos Fernandes	11 Union St Milford	
✓ 12	Jose Cruz	25 Debbie Ln Milford	
✓ 13	Domingos Fernandes	107 Congress St Milford	
✓ 14	Max Baluch	51 Maple St Milford	
✓ 15	George M Santos	12 Roland Way Milford	
✓ 16	Antonio Costa	2 Jesus Circle Milford	
✓ 17	José B. Giacalone	239 Congress, Milford Mass.	
✓ 18	Rosal DA Fonta	36 Taft St Milford	
✓ 19	Joe Goncalves	56 Prospect Hts. Milford	
✓ 20	JOAO P. MIRANDA	4 TYLER ST Milford	
N 21	JOSE BEAZA	LIDIA LANE Milford	
N 22	Pitirino D'Almeida	DIANA ER Milford	
N 23	Belfina D'Almeida	DIANA ER Milford	
✓ 24	Wibon Velles	21 Kellett Dr Milford	
✓ 25	Jida Mitchell	26 So. Central St	
✓ 26	Jose Cruz	31 Prospect Hights	
✓ 27	Antonio Salvador	24 Redwood DR Milford	
✓ 28	ANA Salvador	24 Redwood DR Milford	
N 29	Heitor Carneiro	9 Peabody St Milford	
✓ 30	Julio Dias	2 West Brake ST	
✓ 31	João Salazar	26 De pure RD	94/1011
N 32	Domingos Dias	1 Hoade St	Milford
N 33	Alvaro de Silva	9 MASON DR	Milford
✓ 34	Rosário Campos	60 SILVER HILLS RD	Milford
✓ 35	MARGARETA Campos	60 SILVER HILLS RD	Milford
✓ 36	Lowell Pinkham	51 Mt Pleasant St Milford	2
✓ 37	Paul Pereira	45 Prospect Hights	
✓ 38	Rosaria Pereira	45 Prospect Hights	
✓ 39	MARIA S. Juvenal	05 Manning St Milford, Mass	

N	40	SEBASTIAN SILVA	44 SUMMER ST MILFORD. MA	
V	41	Michael Brown	17 Chester Lane Milford, MA	
V	42	Nuno ESTEVES	58 Meade St Milford MA	
V	43	Domingos Esteves	58 Meade St Milford MA	
V	44	Dominick de S. Jr	20 CHRISTINA RD MILFORD	
T	45	SEFFREY CAROUSE	20 BURNING WOOD MILFORD MA	
V	46	18 DRAYSON PINTO	18 PLEAS PECT HTS MILFORD	
V	47	Key or Norron	60 CORNELL CIRCLE MILFORD MA	
V	48	Linda Clume	60 CORNELL CIRCLE MILFORD	0175
V	49	ANTONIO MURRO	90 EAST ST EXT	
V	50	ALI ALI	75 SOUTH CENTRAL ST	0175
V	51	Rubrah Ali	35 S. Central St	0175
V	52	Domingos - Kial A Fraga	47 Courtland St.	
V	53	ROSELIANE M FRAGA	47 COURTLAND ST	
V	54	MARIA F FRAGA	47 COURTLAND ST.	
V	55	ERNEST GENTILE	1 CABOT RD	
V	56	Fernanda Afonso	48 EAST ST EXT	
V	57	JOSE AFONSO	48 EAST ST EXT	
V	58	Joao Ramprino	31 WATER ST.	
V	59	JOAO RAMPRINO	10 OTIS ST.	
V	60	William Doudou	11 Paulist St Milford	
V	61	Olivia Doudou	11 Paulist St Milford	
V	62	Steve Greening	39 So. Central St Milford	
N	63	Ronald Walsh	30 Birch St ext	
N	64	Mark Pironti	30 Birch St ext	
N	65	Philip Johnson	4 CAPITOL RD RT 4	
V	66	Robert R. Corey Jr	237 CENTRAL ST.	
V	67	BENTO ALVES	1 CHRISTINA RD	
N	68	MARINA ALBERTI	30 S Central St Milford	
V	69	Jason Goncalves	18 Clarridge Circle Milford	

PETITION FOR INCLUSION OF ARTICLE IN TOWN MEETING WARRANT TO BE CALLED PURSUANT TO G.L. c 39, § 10

The undersigned registered voters of the Town of Milford hereby petition, in accordance with G.L. c 39, § 10, that the Board of Selectmen of Milford call a Special Town Meeting in accordance with said section 10 and include the following Article in the Warrant for such Special Town Meeting:

RECEIVED
MILFORD TOWN CLERK
2019 AUG 21 PM 12:55

Article: To see if the Town will vote to petition the General Court for Special Legislation which would amend Chapter 390 of the Acts of 1989, entitled **An Act Providing For Recall Elections in The Town Of Milford**, and which Special Legislation would provide substantially as follows:

Section 1. The phrase "twenty percent" within the fifth sentence of Section 2 of Chapter 390 of the Acts of 1989 shall be stricken and shall be replaced by the phrase "ten percent."

Section 2. The phrase "twenty-five percent" within the fifth sentence of Section 6 of Chapter 390 of the Acts of 1989 shall be stricken and shall be replaced by the phrase "fifteen percent."

93
TOTAL
HERE

Section 3. This Act shall take effect upon its passage.

	NAME	ADDRESS	PCT
✓ 1	Ken R. Ruggion	20 Goodfrey Lane Milford	6
✓ 2	Robyn Roberts	43 Godfrey Ln Milford	6
✓ 3	William R. Starkis	33 Godfrey Lane	6
✓ 4	Ronald Jayakus-Capri	5 Godfrey Rd. Milford	6
✓ 5	Small [unclear]	1 [unclear]	6
✓ 6	C. D. [unclear]	6 Dewey Cir. Milford	6
✓ 7	E. [unclear]	6 Dewey Cir. Milford	6
✓ 8	Constance M. Webster	15 Dewey Cir. Milford	6
✓ 9	Cheryl W. [unclear]	15 Dewey Cir. Milford	6

NAME

ADDRESS

PCT

	NAME	ADDRESS	PCT	
V	10	Radi + Clay	77 Godfrey Lane	6
V	11	Emilio Manger	34 Godfrey Lane	6
V	12	Frank Rigock	65 Godfrey Lane Milford	6
V	13	Joseph P. Patti	65 Godfrey Lane Milford	6
V	14	John P. Patti	22 Godfrey Lane Milford	6
V	15	23 Sneezy	6 Deuka RD	5
V	16	Robert S. Sneezy	6 Deuka RD	5
V	17	Wade S. Sneezy	35 Purchase St	1
V	18	Michael Johnson	29 Rolling Green Dr.	8
V	19	David Robert	8 CAMP ST	7
V	20	Howard D. Glenn D. Wrech	24 Field Park Rd	5
S	21	J. Chifford	36 1/2 Pearl Street	1
V	22	Andrew Wilson	36 1/2 Pearl St	1
V	23	T. Cole <small>BYRON COLE</small>	2 EDGEWOOD DR	8
V	24	James Wheelock Jamie Wheelock	1 Cuniff Ave	5
V	25	Derrick Sobers	13 Haven	7
V	26	Joey S. S. S. S.	15 Wood Street	
V	27	Benny Savelli	12 ORCHARD ST.	3
V	28	Patricia J. Savelli	12 ORCHARD ST.	3
V	29	Paula J. Savelli	12 ORCHARD ST.	3
V	30	Edward S. Slick	28 Godfrey Lane	6
V	31	William S. Slick	71 Godfrey Ln	6
V	32	Jamie S. Slick	42 Godfrey Lane	6
S	33	Bill W. W.	22 Harvard Drive	
V	34	Amy Cortese	319 Purchase St	
S	35	Adriano	1 Hillside Ave	
S	36	John W. W.	47 S Bow St LR	
V	37	Brenda Wheelock	1 CUNIFF AVE	5
V	38	B. Gregory	20 HOWARD ST.	3
V	39	Toni Marrozzini	33 Walnut St	1

✓	40	Armando das. Hro	40A CAMP STREET	
✓	41	Maria C Frega	33 S central st	
✓	42	Romina M Frega	33 S central st	
✓	43	Emily Sobers	13 Haven St	7
✓	44	MATTHEW ROSTANZO	90 ZAIN CIRCLE	
✓	45	Shawn Renee Pierce	15 come ct. Apt #2	
✓	46	Maritza Pierce	15 come ct Apt #2	
✓	47	Paula Rostanzo	90 Zain Circle	
N	48	Nysson Farias	4B Mystic Ln	
✓	49	Gilcamara COSTA	29 West st.	
✓	50	Erniec Hoqueira	79 Zain circle	
N	51	Marysle Masquide	3 Maria Circle	
N	52	Natalia Lombardi	Maria circle Milford	
✓	53	Arthur / Santosomo	13 DILLA ST.	
N	54	Amangaly Lys F. LAIVE	70 Sh bow/st milford	
S	55	John P. ...	82 Bower St	
N	56	John P. ...	12 Colonial Rd #12	
✓	57	Catherine Azeh	3 Church Hill St	
✓	58	Jan Viscelli	33 Purdue Dr	
✓	59	Jan Viscelli	33 Purdue Dr	
✓	60	Jan Viscelli / Diane Spittler	20 Lionzo Rd Milford	
✓	61	Nancy Nelson	12 Hemlock Lane Milford	8
N	62	Sarah Hickey Jan ...	26 mechanic St. milford MA	
✓	63	Katelyn Ditalini	22 parker hill ave Apt 2	
✓	64	Bob Bonasera	21 Hillcrest Dr	
✓	65	Giuseppe Bon Tempo	3 West Walnut St	4
✓	66	Robert S Lynch	285 purchase St	
✓	67	Judith Giacomuzzi	15 W. Fountain St.	
✓	68	Jill Libbey / Jill Libbey	17 Glines Ave	
✓	69	BARBARA Altieri	17 Glines Ave	

NAME

ADDRESS

PCT

	NAME	ADDRESS	PCT
✓ 70	Deuro Simorau	393 Control St. Millwood	
✓ 71	David Laine III	8 Rusenfeld Ave	1
✓ 72	Charles W. Staff	2 Union St	6
✓ 73	Bernard Steel	6 East St	2
✓ 74	Walter Dubler	13 Mechanic St	1
✓ 75	Alfred Cantina	29 Harvard Dr.	1
✓ 76	Walter J. G. <small>Adrian Dickerson</small>	14 Jilison Circle	8
✓ 77	Joseph J. G.	3 Guilford Ave	4
✓ 78	Lebra J. J. G.	77 East St.	5
✓ 79	Sara Hunsicker	20 Esten Dr.	
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	NAME	ADDRESS	PCT
✓ 100	Lynne M Wilton	8 Mill Pond Cir	5
✓ 101	Neil Schauer	30 Mill Pond Cir	5
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Address

P. Licen

	Name	Address	P. Licen
✓	130 Constantinos Giokas	21 Sherwood DR	7
✓	131 Louisa Giokas	21 Sherwood Dr.	7
✓	132 Juliana Giokas	21 Sherwood Dr	7
✓	133 Jesus Sullivan	40 Silver Hill Rd	
✓	134 Timothy Sullivan	40 Silver Hill Rd	
✓	135 Joseph Pandorini	2 Brookside hlv.	6
✓	136 Wendy Blaser	40 Union St	6
✓	137 Tricia Larson	60 medway Rd	
✓	138 Theresa Mause	18 East Street	
✓	139 Andrea Fallon	9 Sunnyside Lane	
✓	140 Shawn Fallon	9 Sunnyside lane	
✓	141 Peter Fallon	9 Sunnyside lane	
✓	142 Debbie Mitchell	60 Wileya Ave	6
✓	143 Charlene Capone	13 wales St	
✓	144 Cheryl Smith	12 Caroline DR.	7
✓	145 Fran Plichta	7 Calvin DR	
✓	146 Joe Plichta	7 Calvin DR	
✓	147 Frank Sarrocco	31 Pine St. Apt. 2-F	1
✓	148 Charles J. Dolan	2 Wood Street	
✓	149 [unclear]	8 Park Lane Ave	
✓	150 Ann Ceredula	4 mason dr.	2
✓	151 Anthony Sherrillo	16 G. BON IV	4
✓	152 Mary J. Mitchell	16 Overton Ave	
✓	153 Arthur Robinson	173 purchase ST	
✓	154 Heather Cardy	59 Bancroft Ave Apt 1	
✓	155 John PARKER	53 BEACH STREET	2
✓	156 Nicholas Trotta	8 TOMASO Rd.	3
✓	157 Paul Staph	92 CONCRETS ST	
✓	158 Matt Zaccarino	42 Sumner St.	1
✓	159 Michelle Hawertob	39 School St	

Hemond

PETITION FOR INCLUSION OF ARTICLE IN TOWN MEETING WARRANT TO BE CALLED PURSUANT TO G.L. c 39, § 10

RECEIVED
MILFORD TOWN CLERK
2019 AUG 21 PM 12:55

The undersigned registered voters of the Town of Milford hereby petition in accordance with G.L. c 39, § 10, that the Board of Selectmen of Milford call a Special Town Meeting in accordance with said section 10 and include the following Article in the Warrant for such Special Town Meeting:

Article : To see if the Town will vote to petition the General Court for Special Legislation which would amend Chapter 390 of the Acts of 1989, entitled **An Act Providing For Recall Elections in The Town Of Milford**, and which Special Legislation would provide substantially as follows:

TOTAL
HERE
105

Section 1. The phrase "twenty percent" within the fifth sentence of Section 2 of Chapter 390 of the Acts of 1989 shall be stricken and shall be replaced by the phrase "ten percent."

Section 2. The phrase "twenty-five percent" within the fifth sentence of Section 6 of Chapter 390 of the Acts of 1989 shall be stricken and shall be replaced by the phrase "fifteen percent."

Section 3. This Act shall take effect upon its passage.

	NAME	ADDRESS	PCT
✓ 1	Marcia Angelica C. Sele	77 Haywood St	01
✓ 2	Adeline Pellet	32 South Bow St	
✓ 3	Paul ...	42 Depot St	4
✓ 4	Joe ...	24 Silverhill Rd	
✓ 5	Don ...	397 Central St	
✓ 6	John ...	18 Cherry St	3
9 7	...	3 Isarah Cir.	5
✓ 8	Antonia J. ...	48 Fruit St. P.O.T.	3
✓ 9	Warren A. Lowigne	32 Prospect St	

✓	10	Frank M	77 Hayward St. Milford MA 01857	
✓	11	Angela Caber	77 Hayward St Milford	ma
✓	12	Rafaelio Goncalves	77 Hayward St Milford	ma
N	13	Luiz C. Santos - JR	16 Colon Rd apt 3 MA	
N	14	Christy Fruge	33 S Elm St rt Milford	
N	15	Robert Painter	51 Exchange St. Milford	
✓	16	Felipe Coelho	17 Princeton Ave, Milford	8
N	17	ALAN Ferradas	31 South Bow St Milford	
✓	18	Kelly LAUER	31 South Bow St Milford	
✓	19	Patricia Gonzalez	57 Birming W Ham Ct	
✓	20	John Robert Probert	8 Camp Street	
N	21	Cassandra Probert	8 Camp Street	
✓	22	Jean Probert	8 Camp St.	
✓	23	Margaret Smith	148 Purchase St.	
✓	24	Ben Board	16 Bodio Circle	
✓	25	Dale McElesha (Helen Costa)	7 Elizabeth Road	
✓	26	Sarah Probert	8 Camp St	
✓	27	Cassandra Probert	8 Camp St	
✓	28	T. Gelinas	21 Walker Ave	
✓	29	T. Gelinas J. Colman	21 Walker Ave	
✓	30	Timmy Thomas	19 Brandon Dr	
✓	31	Michael Fitzgerald	128 PURCHASE ST	
T	32	Denise Simoneau	393 Central St	
	33			
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NAME

ADDRESS

PCT

✓	40	John Helen John Tehran	17 Mark Dr	
✓	41	Jennifer Tehran Jennifer Tehran	17 Mark Dr D	
✓	42	Elaine Stephens	22 Highland Street	
✓	43	Abdul	3 Oak Lane	5
✓	44	Benjamin Howard	36 Tanglewood Dr.	
N	45	Shahin Satri	36 Tanglewood Dr	
✓	46	Nude Felginiti	35 Purchase St.	
✓	47	Regina Johnson	57 Birch Dr	
✓	48	Delia Smith	15 West Maple St	
✓	49	Robert Gradwon	57 Harding St	
✓	50	Angelol Calagione	86 Congress St.	
✓	51	Basanna Bantua Cecilia	10 Greenfield Ave	1
✓	52	John Furb	10 Resinfield Ave	
✓	53	Ronald Fontaine	1027 Congress Street	1
✓	54	John Schauer	30 Mill Pond Circle	
S	55	John Schauer	20 Dwyer Circle Milford	
✓	56	Wendy Anne Corkran	5d High St	
N	57	Vanessa Augiant	30 Howard Street	
T	58	John Schauer	6 Dwyer Circle Milford	6
✓	59	Kathryn E. Mastroberni	15 Chestnut St., +1 Milford	3
✓	60	John Schauer	11 3/4 Congress St Milford	
✓	61	Justin Dubuc	18 Mechanic St	
✓	62	Christina Wied	24 Field Pond Pk.	
✓	63	Alexis Carr	7 Senate Road Apt 4	
✓	64	Maybelle Gallant	58 Grant St.	1
✓	65	James C Heron	67 Highland St	6
✓	66	Nicholas Taddeo Alon	34 Woodland Ave	2
✓	67	Michael McAmare	48 Forest St	3
✓	68	Bruce Meacham	64 Grove St Apt 1L	7
✓	69	John Thomas O'Leary	3 ISAIAH CIR	5

NAME

ADDRESS

PCT

✓	130	Jarrah Branham	89 Congress St Apt 3 Milford	
✓	131	João S. MIEIRA	52 Congress St Milford	
✓	132	John Baybouty	13 Gibbon Ave #1 Milford	
✓	133	Daniel Crane DAVID CRANE	37 Westbrook St Milford	
✓	134	Cleyle Lane	37 Westbrook St Milford	
✓	135	Lucia A. Hara	4 State St	
✓	136	Thomas Mac Donald	3 Lombardi Circle	
✓	137	Amanda MacDonald	3 Lombardi Circle, Milford	
✓	138	Courtney Daquiere	23 Fayette St.	
✓	139	Kimberly Vanderpoel	106 Spruce St Milford	
S	140	J. J. M. M.	15 Emmers St 01757	
✓	141	Christina Valenti	7 Greenleaf Ter. Milford	
✓	142	Jeanine Fasulo	88 Congress Street Milford	
T	143	Heather Cardy	59 Bancroft Ave #1 01757	
✓	144	Tom O'Loughlin	59 Bancroft Ave #1 01757	
✓	145	Le Sacco	50 Congress St, #4 01757	
✓	146	Patricia Myles Patricia Myles	118 Congress St #6 01757	
✓	147	Richard Myles Richard Myles	118 Congress St #6 01757	
✓	148	J. Mandrile	2 Caroline Dr.	
✓	149	Both D'Alorio	318 Country Club Ln.	
✓	150	Mario Scuzzafava	13 Lantern Lane Milford MA	
✓	151	Kevin O'Loughlin	1 Richmond Ave Milford MA	
✓	152	Emily Viana	58 High Street, Milford MA	
✓	153	Dean Corbin	5 Sabatinelli Milford. 1	
✓	154	Patrick Lofe	53 Jefferson St 1 Milford	
✓	155	Linda Allen	11 Stonebrook Ln Milford	
S	156	Tabell	1111 W. Milford	
N	157	Jason DeSires	20 Christina RD	
N	158	Kaitlyn Santacrose	22 Godfrey Ln	
✓	159	Libia Goncalves	98 West St Milford	

NAME

ADDRESS

PCT

✓	220	Malcolm Weiner	9 Emmons St.	
✓	221	For's SHERIDAN	16 GIBSON AV	4
✓	222	Tiffany Williams	8 Luby Ave	
✓	223	JASON Scholer	40 CAMP ST	
N	224	Samuel Pieves	103 Pine St Apt #3	
N	225	Amanda Desnere	105 Congress Street	
✓	226	Paul Perry	5 Sample Rd	
N	227	Elizabeth Carneo	12 Pleasant St	
✓	228	Elizabeth Beutner	68 School St	
✓	229	Michelle Zali	8 S Main St	
✓	230	John Longhe	17 Luby Ave	
N	231	William Martin	Nehre St	
N	232	William Martin (Nebha Comien)	76 Pachy St	
✓	233	David Mastromaria (David Mascioni)	33 Walnut St	
✓	234	Brian Dadio	2 Alfred Rd Apt H	
✓	235	Melissa Saunders	32 Grant St	
✓	236	Darrell Smith Dwight Smith	56 Pine St	
N	237	Shan Geli	12 Pleasant St	
✓	238	Jenny D'Shay	25 Iadarola Ave	
✓	239	Art Stark	25 Iadarola Ave	
✓	240	Mary Velasco	9 University Drive	
S	241	Jessica Sh...	15 Forest St	
✓	242	Dorothy Murtatta	46 Village Arch	
✓	243	Kristina Lane	21 Redwood Dr	
✓	244	df Spiller	20 JIANZO ROAD	
✓	245	Spencer	13 Luby Ave	
S	246	df Spiller	16 Bowdoin Dr	5
S	247	df Spiller	6 Laurel Rd	
✓	248	John Santoro	45 School St.	
S	249	df Spiller	5 Trettel Dr.	

NAME

ADDRESS

PCT

	NAME	ADDRESS	PCT
✓	250 Mary E. Zaipo	10 Glines Ave. Milford	2
✓	251 Patricia A. Sweeney	10 Glines Ave	2
✓	252 Elessa Turcotte	18 Congress St	5
✓	253 David ^{DAVID} COWARD	69 East St EXT	3
✓	254 get in interest	23 Jonzo Rd	
✓	255 Matt Spiller	20 Jonzo RD	6
✓	256 Judith McDonald	35 West St.	
T	257 Brenda Wheelock	1 Whitby Ave ^{COMM. FT. AVE}	5
✓	258 Diane J. DeLisle	182 West St Milford	5
✓	259 Anne Berard	10 Thayer St. Milford	4
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G-6
9/9/19

MILFORD 4TH OF JULY PARADE

Acceptance of gifts from:

- **Buma-Sargeant Funeral Home, Inc. \$100.00**
- **Unibank \$ 50.00**

G-8
9/9/19



KNIGHTS OF COLUMBUS

Valencia Council 80
Post Office Box 402
Milford, MA 01757
August 15, 2019

To whom it may concern;

This fall, the members of the Milford Knights of Columbus again plan to participate in its annual Tootsie Roll Drive. The proceeds from this collection continue to benefit the physically and mentally handicapped in the Commonwealth of Massachusetts. I am writing to make you and the town aware of this effort and to request permission to hand out Tootsie Rolls and collect funds at the intersection of routes 16 and 109 on Saturday, October 12th and on Sunday, October 13th from 8:30AM to 2:00PM. We will also be reaching out to the managers of local stores to request permission for members of the Knights of Columbus to stand outside their premises to collect donations during the months of September and October.

The money raised from this fundraising effort allows the Knights of Columbus to help those in need within our community, so I hope to again receive the support of our town for this worthy cause. Our collections from last year just reach our goal. This year we hope to greatly surpass that amount by increasing our fundraising efforts.

If you have any questions or would like to discuss this request further, please do not hesitate to contact me by phone at 508-478-8238 or by email at mcmason441@gmail.com.

Thank you for your consideration.

Michael C. Mason

Mike Mason
Grand Knight
Valencia Council 80
Tootsie Roll Drive Coordinator



MILFORD BOARD OF SELECTMEN

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

508-634-2303

Fax 508-634-2324

www.milford.ma.us.com

PERMIT TO OBSTRUCT APPLICATION

- 1) Read appropriate By-Law on reverse side (Article and Section is identified below)
- 2) An Insurance Certificate (\$1,000,000/\$3,000,000) is required, worded as follows:
THE TOWN OF MILFORD IS AN ADDITIONAL INSURED.
- 3) If requesting a Permit to hang a Sign or Banner, first obtain a permit for the **Sign or Banner** itself from the Building Commissioner. Attach a copy of that permit.
- 4) If a Banner overhanging a public street is to be attached to a building, you must obtain permission from the property owner.
- 5) Applicant shall engage a responsible individual to hang banner: **town employees are prohibited from engaging in this activity.**
- 6) Submit complete application, including Insurance Certificate and any other required documents, to Selectmen's Office at least **two weeks prior to date requested below.**

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

NAME OF ORGANIZATION Valencia Council # 80, Knights of Columbus

MAILING ADDRESS: PO Box 402

Milford, MA 01757

CONTACT PERSON: Michael C Mason PHONE # 508-478-8238

CHECK ONE:

- PERMIT TO OVERHANG PUBLIC WAY (Article 13, Section 5)
- PERMIT TO OBSTRUCT A PUBLIC WAY (Article 12, Section 3)
- PERMIT TO OBSTRUCT SIDEWALK (MERCHANDISE DISPLAY) (Article 13, Sec. 6)

DESCRIBE IN DETAIL WHAT YOU PLAN TO DO:

The Milford Council Knights of Columbus again plans to participate in its annual "Tootsie Roll Drive". The proceeds collected from this drive benefit the physically and mentally handicapped in Massachusetts. We are requesting permission to hand out Tootsie Rolls and collect donations at the intersection of routes 16 and 109.

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

At the intersection of routes 16 and 109 on Saturday, October 12th and on Sunday October 13th 2019, from 8:30 AM to 2:00 PM

Michael C. Mason

August 15, 2019

Signature of person authorized to apply for permit

Date

Police Chief's Signature

Date

Comments:

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 device 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.

G-1
9/9/19

TOWN OF MILFORD
APPLICATION FOR ONE-DAY LICENSE
PER MGL, C138, S14

This application must be returned at least two (2) weeks prior to a scheduled Board of Selectmen Mtg.

Name of Organization Milford High School Booster Club

Address 31 West Fountain St

Contact Person Journa Dillon Weekday Telephone 508-277-4886

Signature Journa Dillon Title Treasurer's

License is requested for the sale of: (check one) Fee = \$100.00 per day

All-alcoholic Beverages Wine Only
Wine & Malt Beverages Only Malt Beverages Only

Purpose of Event Cornhole Tournament

Name of Applicant/Organization Milford H.S. Booster Club

Address 31 West Fountain St

Telephone 508-272-4886 Email j.dillon1@verizon.net

Non-Profit Organization Yes No

Date of Event October 19, 2019

Event will take place at the following location: FINO Field

Between the hours of 12pm - 9pm

Is the event held by, or held for the benefit of, a business or non-profit group? Yes No

Will there be a cash bar? Yes No

Is there an entrance fee or donation required? Yes No

Is the event open to the general public? Yes No (21 & over event)

If the answer to ANY of these questions is YES:

A One-Day Special license is required. License applications must go before the Board of Selectmen. ALL alcohol must be purchased by the licensee from a **wholesaler**. (List can be found at www.mass.gov/abcc)

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

Applicant's Signature: Journa Dillon

Youth Ctr. Director Signature: _____ (If Applicable)

G-11
9/9/19

Mayer, Antonellis, Jachowicz & Haranas, LLP

Attorneys at Law

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

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

September 3, 2019

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

Hand Delivered

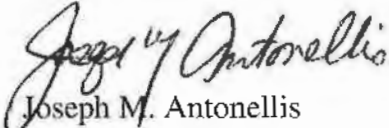
Re: Proposed Zoning Article –East Main Street, Residential to Business Park

Dear Mr. Villani:

I have been retained by the Joseph Shay, individually and as Trustee of SFH Realty Trust, the owner (s) of the land described in the attached proposed Town Meeting Article. Mr. Shay is seeking to have the real estate added to the existing Business Park Zone. I have prepared a proposed Zoning Article which if adopted will change the zoning classification of two residentially zoned parcels to the adjacent and abutting Business Park zone.

I am submitting a copy of the proposed article and request you refer this to the Board of Selectmen. At their next regularly scheduled meeting I am hopeful the Board will consider the article's merits and thereafter refer same to the Milford Planning Board. I have advised Town Planner, Larry Dunkin that the article is being submitted, and he has assured me that the Planning Board will have ample time to hold the required public hearings. Please feel free to contact me with any questions or concerns.

Very truly yours,


Joseph M. Antonellis

cc: Larry Dunkin

ARTICLE _____ : To see if the Town will vote to amend the Zoning Bylaw by rezoning from Rural Residential C [RC] to Business Park [BP] the following 2 parcels of property; Assessor's Map 30 Lots 5 and 7, said parcels being located at 426 and 434 East Main Street respectively, and consisting of a total of approximately 6.64 acres.

Or take any other action related thereto.

6-12
9/9/19

Mayer, Antonellis, Jachowicz & Haranas, LLP

Attorneys at Law

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

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

September 5, 2019

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

Hand Delivered

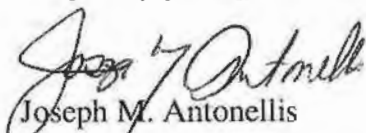
Re: Proposed Zoning Article – Adding Allowed Uses to Business Park Zone

Dear Mr. Villani:

I have been retained by the Joseph Shay, individually and as Trustee of SFH Realty Trust, and Route 85 Corporation the owner (s) of over 50 acres of land situated in the Town's Business Park Zone. My clients are seeking to amend Article II, Section 2.3 of the Town's Zoning By-Law by adding Transportation Terminal as a use allowed by way of a Special Permit from the Planning Board in the BP Zone.

I am submitting a copy of the proposed article and request you refer this to the Board of Selectmen. At their next regularly scheduled meeting I am hopeful the Board will consider the article's merits and thereafter refer same to the Milford Planning Board. I have advised Town Planner, Larry Dunkin that the article is being submitted, and he has assured me that the Planning Board will have ample time to hold the required public hearings. Please feel free to contact me with any questions or concerns.

Very truly yours,


Joseph M. Antonellis

cc: Larry Dunkin

ARTICLE _____: To see if the Town will vote to amend Section 2.3 Use Regulation Schedule of the Zoning Bylaw relating to Transportation Terminal uses within the BP Business Park district as noted hereinafter:

Section 2.3 Use Regulation Schedule

ACTIVITY OR USE	DISTRICT											
	RA	RB	RC	RD	OR	BP	CA	CB	CC	IA	IB	IC
<u>COMMERCIAL USES</u>												
Transportation Terminal ¹	O	O	O	O	O	S	O	P	P	P	P	P

Or take any other action related thereto.