

MILFORD SELECT BOARD: AGENDA
February 27, 2023 – 6:00 PM, ROOM 03, TOWN HALL

Remote Public Hearing/Invitation to Speak access now requires advanced registration. Please register online here: <http://tiny.cc/yqm4vz> Any member of the public may now register to access the zoom webinar as an attendee. Public attendees will be able to view the zoom LIVE and request to speak at the “Public Hearing/Invitation to Speak.”

- A.) SIGNING OF WARRANT, APPROVAL of Minutes, February 6, 2023, February 16, 2023 EXECUTIVE SESSION Minutes, February 6, 2023**
- B.) PUBLIC HEARINGS**
1. 6:00 PM 99 West, LLC dba 99 Restaurant & Pub, re: Amendment to Common Victualler All Alcohol Beverages License-Change of Manager
 2. 6:05 PM Constandinos Giokas dba Charlie 's Mini Mart, re: Retail Package Store Wine and Malt Beverages License
 3. 6:10 PM JHM Beaver Street, LLC dba Doubletree by Hilton, re: Amendment to Innholder All Alcohol Beverages License-Change of Manager
 4. 6:15 PM The Crystal Room, Inc., re: License Hearing
 5. 6:20 PM MB Diner, Inc., dba Jr's Diner, re: License Hearing
- C.) SCHEDULED APPOINTMENTS**
1. Sabor Latino, re: Transfer of Common Victualler License
 2. Finance Director and IT Director, re: Request for ARPA Funds
- D.) TOWN ADMINISTRATOR'S REPORT**
- E.) OLD BUSINESS**
- F.) NEW BUSINESS**
1. Celebrate Milford, Inc. re: Annual Celebrate Milford Event
-One Day Liquor License-One Day Entertainment License -Permit to Obstruct a Public Way
 2. Police Chief, re: Lowering Speed Limit on Reservoir Road
 3. 4th of July Parade Committee, re; Acceptance of Gift
 4. Gift- Regional Substance Navigational Program
 5. Town Administrator, re: Article 3 Recommendation
 6. Town Administrator, re: Recommendation Appointment- Senior Center Director
 7. Commission on Disability, re: Appointment
 8. Planning Board, re: Remand – Zoning Amendment
 9. Town Administrator, re: Award Fireworks Contract
- G.) INVITATION TO SPEAK**
- H.) CORRESPONDENCE**
- I.) EXECUTIVE SESSION**
1. Town Treasurer, re: Real Estate Valuation and related matters for 41 Beaver Street
 2. Building Commissioner, re: Contract
 3. Facilities Director, re: Contract

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.

B-1
2-27-23

DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **99 West, LLC dba 99 Restaurant & Pub**
2. Mailing Address: **196B East Main Street**
Assessors ID#: **Map 32 Block 98 Lot 17D Zone IC**
3. Has applied for: **Amendment to Common Victualler All Alcohol Beverages License-Change of Manager**
4. **Current use:** Restaurant
5. Selectmen will take action on: **Monday February 27, 2023**
6. Hearing Continued/Postponed/MGL Deadline: _____
7. Abutters Notified: N/A Published: N/A
8. Inquiry Sent To Dept. Heads on: **2/9/2023**
9. Please Respond By: _____
10. License Approved: _____ Denied: _____ Tabled: _____ On _____

.....
Building Commissioner: (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **CB Zone, allowable use, occupant load 176, building and restrooms are accessible**

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

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

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

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

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

Criminal Offense Record Info: (CORI) Approved Disapproved

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

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

.....
Contact Name/Manager: *Danielle N. Roberts* **D.O.B.:** **SS#:**

Phone: *508-446-6692* **e-mail:** *Dani_Roberts@ymail.com*



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

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

AMENDMENT-Change of Manager

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

ECRT CODE: RETA

Please make \$200.00 payment here: ABCC PAYMENT WEBSITE

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

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

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN STATE ZIP CODE

For the following transactions (Check all that apply):

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

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

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



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

AMENDMENT-Change of Manager

Change of License Manager

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
99 West, LLC	Milford	70600068

2. APPLICATION CONTACT

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

Name	Title	Email	Phone
Danielle Roberts	General Manager		

3A. MANAGER INFORMATION

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

Proposed Manager Name	Danielle Roberts	Date of Birth		SSN	
Residential Address					
Email		Phone			
Please indicate how many hours per week you intend to be on the licensed premises	45	Last-Approved License Manager	Christopher Fucci		

3B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?* Yes No *Manager must be U.S. citizen
 If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.
 Have you ever been convicted of a state, federal, or military crime? Yes No
 If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

3C. EMPLOYMENT INFORMATION

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

Start Date	End Date	Position	Employer	Supervisor Name
04-28-2013	Current	Manager	99 Restaurants	James Felder

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 Danielle Roberts Date 1/29/2023

B-2
2-27-23

DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **Constandinos Giokas dba Charlie's Mini Market**
2. Mailing Address: **36 School Street, Unit 2**
Assessors ID#: **Map 48 Block 564A Lot 2 Zone CB**

3. Has applied for: **Retail Package Store Wine and Malt Beverages License**

4. **Current use:** Convenience Store

5. Selectmen will take action on: **Monday February 27, 2023**

6. Hearing Continued/Postponed/MGL Deadline: _____

7. Abutters Notified: _____ Published: _____

8. Inquiry Sent To Dept. Heads on: **2/9/2023**

9. Please Respond By: _____

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

.....
Building Commissioner: (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **CB Zone, allowable use, M use and occupancy, building not accessible, restrooms NA**

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

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

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

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

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

Criminal Offense Record Info: (CORI) Approved Disapproved

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

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

.....
Contact Name/Owner: *Constandinos Giokas* **D.O.B.:** **SS#:**
Phone: *508-473-7719* **e-mail:**



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

APPLICATION FOR A NEW LICENSE

Municipality

1. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
<input type="text" value="Off-Premises-15"/>	<input type="text" value="§15 Package Store"/>	<input type="text" value="Wines and Malt Beverages"/>	<input type="text" value="Annual"/>

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

Premises consist of a steel frame, one story structure, with brick exterior, containing approximately 814 square feet of area in which applicant manages and operates a neighborhood convenience store. Applicant is seeking a wine and malt beverage package store license to be utilized in connection with the management and operation of that store

Is this license application pursuant to special legislation? Yes No Chapter Acts of

2. BUSINESS ENTITY INFORMATION

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

Entity Name FEIN

DBA Manager of Record

Street Address

Phone Email

Alternative Phone Website

3. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

Premises consist of a brick clad, steel framed building containing approximately 814 square feet, containing one room on the street level (ground) floor and basement storage. No outdoor areas are proposed to be affected by the requested license.

Total Square Footage: <input type="text" value="814"/>	Number of Entrances: <input type="text" value="one"/>	Seating Capacity: <input type="text" value="NA"/>
Number of Floors: <input type="text" value="one"/>	Number of Exits: <input type="text" value="one"/>	Occupancy Number: <input type="text" value="NA"/>

4. APPLICATION CONTACT

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

Name: Phone:

Title: Email:

APPLICATION FOR A NEW LICENSE

5. CORPORATE STRUCTURE

Entity Legal Structure	Sole Proprietor	Date of Incorporation	NA
State of Incorporation	NA	Is the Corporation publicly traded? <input type="radio"/> Yes <input checked="" type="radio"/> No	

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

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

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

Name of Principal	Residential Address	SSN	DOB
Constandinos Giokas			

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Manager	100	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

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

Name of Principal	Residential Address	SSN	DOB

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

Name of Principal	Residential Address	SSN	DOB

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

Name of Principal	Residential Address	SSN	DOB

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

Additional pages attached? Yes No

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions. Yes No

APPLICATION FOR A NEW LICENSE

8. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	NA
B. Purchase Price for Business Assets	NA
C. Other * (Please specify below)	< \$30,000.00
D. Total Cost	< \$30,000.00

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

SOURCE OF CASH CONTRIBUTION

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

Name of Contributor	Amount of Contribution
Constandinos Giokas	All - No costs are anticipated other than minor alterations for refrigerators, shelving and displays and initial inventory. All such costs will be borne by the Applicant - No loans affect the property and no borrowing is planned
Total	\$30,000.00. (estimated)

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.
NA			<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.

9. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge? Yes No

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

To whom is the pledge being made?

10. MANAGER APPLICATION

A. MANAGER INFORMATION

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

Proposed Manager Name Date of Birth -SN

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
1988	Current	Manager - Owner	Charlie's Mini Mart	Self

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

ADDENDUM A

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

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

Entity Name	Percentage of Ownership in Entity being Licensed (Write "NA" if this is the entity being licensed)			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			
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	MA Resident
<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	<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	MA Resident
<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	<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	MA Resident
<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	<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	MA Resident
<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	<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	MA Resident
<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	<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	MA Resident
<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	<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	MA Resident
<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	<input type="radio"/> Yes <input type="radio"/> No

CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?
If yes, attach an affidavit providing the details of any and all convictions.

Yes No

APPLICATION FOR A NEW LICENSE

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

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

Name	License Type	License Name	Municipality

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

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

Name	License Type	License Name	Municipality

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

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

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

7. OCCUPANCY OF PREMISES

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

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

Please indicate by what means the applicant will occupy the premises

Own ▼

Landlord Name

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

B-3
2-27-23

DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **JHM Beaver Street, LLC dba DoubleTree by Hilton**
2. Mailing Address: **11 Beaver Street**
3. Assessors ID#: **Map 31 Block 0 Lot 21 Zone IB**

4. Has applied for: **Amendment to Innholder All Alcohol Beverages License-
Change of Manager**

5. Current use: **Hotel**

6. Selectmen will take action on: **Monday February 27, 2023**

7. Hearing Continued/Postponed/MGL Deadline: _____

8. Abutters Notified: N/A Published: N/A

9. Inquiry Sent To Dept. Heads on: **2/10/2023**

10. Please Respond By: _____

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

.....
Building Commissioner: (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **IB Zone, allowable use, mixed use, occupant load for assembly area 2104, building and restaurant are accessible**

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

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

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

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

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

Criminal Offense Record Info: (CORI) Approved Disapproved

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

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

.....
Contact Name/Manager: *Robert Lowen D.O.B.: SS#:*

Phone: 508-282-4118 **e-mail:** *Robert.loewen@hilton.com*



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

AMENDMENT-Change of Manager

Change of License Manager

1. BUSINESS ENTITY INFORMATION

Entity Name: JHM Beaver St. LLC Municipality: Milford ABCC License Number: 05037-HT-0706

2. APPLICATION CONTACT

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

Name: Robert Loewen Title: GM Email: _____ Phone: 508-282-4118

3A. MANAGER INFORMATION

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

Proposed Manager Name: Robert Loewen Date of Birth: _____ SSN: _____
 Residential Address: _____
 Email: _____ Phone: _____
 Please indicate how many hours per week you intend to be on the licensed premises: 50 Last-Approved License Manager: Jahayra Santiago

3B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen? Yes No *Manager must be U.S. citizen
 If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.
 Have you ever been convicted of a state, federal, or military crime? Yes No
 If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

3C. EMPLOYMENT INFORMATION

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

Start Date	End Date	Position	Employer	Supervisor Name
2/20 4/22	10/21 current	GM	Jansen Hospitality Mgmt	Steve Merrill
10/21	4/22	AGM	Prism Hospitality	Glenn Vlasic

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: 10/2/22

APPLICANT'S STATEMENT

I, Sunny Limbachia the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory

of JHM Beaver St LLC
Name of the Entity/Corporation

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

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

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

Signature:

Limbachia

Date:

2/18/23

Title:

OWNER.



MILFORD SELECT BOARD

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

Thomas J. O'Loughlin, Esq., Chairman
Michael K. Walsh
Paul A. Mazzuchelli

Richard A. Villani
Town Administrator

February 21, 2023

Mr. Keith Usher
The Crystal Room

Re: Milford Liquor License # 00002-RS-0706
Address: 49 Cedar Street, Milford

Dear Mr. Usher:

The Town of Milford Select Board, as the Licensing Authority of the Town, is undertaking a review of all current liquor licenses and licensed establishments and updating the Town's records. During an initial review of these licenses, questions arose as to the current use of your license # 00002-RS-0706.

As the licensee, it is your obligation to comply with the reasonable oversight of the use of the license issued to you, by the licensing authority.

As requested, you did contact me to discuss the fact that you are not currently using your license.

I am scheduling a Hearing before the Select Board on Monday, February 27, 2023 at 6:15 PM in Room 3 at the Milford Town Hall, 52 Main Street for you to meet with the Board and advise them of the current use and need for your license, whether you are closed or have otherwise ceased operations, or whether you have failed to use or otherwise exercise the said alcoholic beverage License.

At the Hearing, the Board will then determine whether to revoke or cancel your alcohol beverage license or provide additional time for you to either sell or transfer your license or begin using the License.

You are invited to be present and to participate in this hearing, and you have the right to be represented by counsel.

Yours truly,

Richard A. Villani,

Via email and regular mail

Cc Select Board
Town Counsel



B-5
2-27-23

MILFORD SELECT BOARD

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

Thomas J. O'Loughlin, Esq., Chairman
Michael K. Walsh
Paul A. Mazzuchelli

Richard A. Villani
Town Administrator

February 21, 2023

Ms. Maria Vicuna
MB Diner, Inc. dba JR's Diner

Re: Milford Liquor License # 07124-RS-0706
Address: 296 Main Street, Milford

Dear Ms. Vicuna:

The Town of Milford Select Board, as the Licensing Authority of the Town, is undertaking a review of all current liquor licenses and licensed establishments and updating the Town's records. During an initial review of these licenses, questions arose as to the current use of your license # 07124-RS-0706.

As the licensee, it is your obligation to comply with the reasonable oversight of the use of the license issued to you, by the licensing authority.

As requested, you did contact me to discuss the fact that you are not currently using your license.

I am scheduling a Hearing before the Select Board on Monday, February 27, 2023 at 6:15 PM in Room 3 at the Milford Town Hall, 52 Main Street for you to meet with the Board and advise them of the current use and need for your license, whether you are closed or have otherwise ceased operations, or whether you have failed to use or otherwise exercise the said alcoholic beverage License.

At the Hearing, the Board will then determine whether to revoke or cancel your alcohol beverage license or provide additional time for you to either sell or transfer your license or begin using the license.

You are invited to be present and to participate in this hearing, and you have the right to be represented by counsel.

Yours truly,

Richard A. Villani

Via email and regular mail

Cc Select Board
Town Counsel

C-1
2-27-23

DEPARTMENT HEAD REVIEW FORM

- 1. Name of Business: **Sabor Latino**
- 2. Property Address: **126 Main Street**
- 3. Assessors ID#: **Map _48_ Block _0_ Lot _507_ Zone _CA_**

4. Has applied for: **Transfer of Common Victualler License**

5. **Current use:** This is a restaurant, will continue as a restaurant.

6. Select Board will take action on: **2/6/2023**

7. Abutters Notified: N/A Published: N/A

8. Inquiry Sent To Dept. Heads on: **1/24/2023**

9. Please Respond By:

10. License Approved: Denied: Tabled: On

.....
Building Commissioner: (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **CA Zone, allowable use, Mercantile use and occupancy, building and restrooms are not 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) **No objections**

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

Criminal Offense Record Info: (CORI) Approved Disapproved

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

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

.....
Owner: Jessica Brito **D.O.B.** SS #
Phone: 774-737-8831 **e-mail:** Jessica_brito88@hotmail.com



MILFORD SELECT BOARD

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

508-634-2303

Fax 508-634-2324

www.milfordma.gov

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/ANTIQUA 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: Sabor Latino

BUSINESS ADDRESS: 126 Main St

DAYS/HOURS OF OPERATION Monday - Thursday 11 AM - 10 pm Friday - Saturday 11 AM - 11 PM
(Some Sunday licenses may require approval of State DPS) Sunday - 11 AM - 10 PM

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: Jessica Brito

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

APPLICANT'S DATE OF BIRTH: _____

Social Security No. (Mandatory) and _____
Federal Identification No. (Mandatory)

APPLICANT'S SIGNATURE: Jessica Brito DATE: 01-17-2023
(Individual or Corporate Officer)

Jessica Brito
Type or print name on this line Daytime Telephone Number _____

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

F-1
2-27-23

MILFORD SELECT BOARD

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

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

APPLICANT/HOST INFORMATION:

Name or Organization: Celebrate Milford, Inc.

Type of Organization (Individual/Non-Profit Corp./For-Profit Corp.) Non-profit Corporation - 501(c)(3)

Organization Address: 155 Main Street, Milford, MA 01757

DETAILS OF EVENT:

Type of Event (i.e. banquet/fundraiser/party) Annual Celebrate Milford event

Where will it be held Milford Town Park

Who owns the premises Town of Milford Contact Day Time# 508-397-4268

Date(s) of Event Saturday, May 20, 2023 (rain date is Sunday May 21, 2023)

Hours of Event 10:00 am to 8:00 pm - Beer Garden's hours will be from 11:30 am to 8:00 pm

Expected # of people 10,000 for event; ~ 250 for beer garden Admission Charge \$0

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

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

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

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

Applicant Signature:  Milford.
Terenzio Wolpicelli

Applicant Cell Phone #: _____

Applicant Email Address: tvolpicelli@gmail.com

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

MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main St., Milford, Massachusetts 01757-2679
508-634-2303 Fax 508-634-2324

www.milfordma.gov

APPLICATION FOR A ONE-TIME ENTERTAINMENT LICENSE

(Updated 7/15/2021)

Application Deadline: Applications must be submitted at least **4 weeks** prior to the event dates(s) for Approval.

Name of applicant/Organization: Celebrate Milford, Inc.

Venue Location: Milford Town Park

Description of Event: Annual day of family entertainment and local promotions

Event will take place: Indoors _____ Outdoors x

Entertainment License Fee: \$100.00 (Per Day) **Payable to: Town of Milford**

Entertainment will take place during the following date(s) and time(s):

Date: May 20, 2023 Time: 10:00 am to 8:00 pm

Date: rain date is May 21, 2023 Time: _____ to _____

Date: _____ Time: _____ to _____

TYPE(S) OF ENTERTAINMENT REQUESTED (Select all that apply)

Audio Device/Speakers: x Dance Performers: x Dancing by Patrons: _____

Disc Jockey: _____ Instrumental/Vocal Music: x Karaoke: _____

Other: _____

For Profit _____ **Non Profit** Celebrate Milford is a 501(c)(3) public charity

Approximate Number of Attendees: 10,000

Will Alcohol be Served? NO ALCOHOL _____ ALL ALCOHOL (Non Profit only): x
BEER/WINE _____

Food Vendors: YES: Yes NO _____

FOOD PERMITS-Contact Health Department-508-634-2315. **At least 4 weeks before event**

FIRE DETAILS-PERMITS-Contact Fire Department-508-473-2256. **At least 4 weeks before the event**

POLICE DETAILS ETC.-Contact Police Department-508-473-1113. **At least 4 weeks before the event**

Please sign below if you have read the above statements and agree to the One Time Entertainment License policies and procedures.

Applicant's Name: Terenzio Volpicelli

Daytime Telephone: _____

Applicant's Email: tyolpicelli@gmail.com

Signature: [Signature]

Date: January 19, 2023

Manager of Premise: _____

Daytime Telephone: _____

Manager's Email: _____

Signature: _____

Date: _____



MILFORD SELECT BOARD

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

PERMIT TO OBSTRUCT APPLICATION

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

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

NAME OF ORGANIZATION Celebrate Milford, Inc.
 MAILING ADDRESS: 155 Main St.
Milford MA 01757

CONTACT PERSON: Teunzio Velpicelli PHONE #

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

DESCRIBE IN DETAIL WHAT YOU PLAN TO DO:

Youth parade to kick off 2023 Celebrate Milford event on
 Saturday, May 20, 2023 - rain date is Sunday, May 21, 2023.

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

Parade assembles at 9:30 am at Stacy School. Step off is at 10:00 am. March up Spruce St, onto Congress St and down Walnut Street. Parade concludes at Memorial School.

[Signature]
 Signature of person authorized to apply for permit

1/19/2023
 Date

James Farvey
 Police Chief's Signature

2/1/2023
 Date

Comments:

Organizers are to work closely with police officials prior and during event.

Richard Villani

F-2
2-27-23

From: Richard Villani
Sent: Monday, January 30, 2023 11:05 AM
To: James Falvey
Cc: Tusino, Robert; Sanchioni, John
Subject: FW: [Milford MA] Speed Limit on Reservoir Street/Road (Sent by Colleen Shannon, cashannon29@gmail.com)

Chief: Please review the email request below for Speeding Signs on Reservoir Street.

Rick

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



 Please consider the environment before printing this e-mail.

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

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

From: Contact form at Milford MA <cmsmailer@civicplus.com>
Sent: Friday, January 27, 2023 3:37 PM
To: Richard Villani <rvillani@townofmilford.com>
Subject: [Milford MA] Speed Limit on Reservoir Street/Road (Sent by Colleen Shannon, cashannon29@gmail.com)

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

Hello rvillani,

Colleen Shannon (cashannon29@gmail.com) has sent you a message via your contact form (<https://www.milfordma.gov/user/52/contact>) at Milford MA.

If you don't want to receive such e-mails, you can change your settings at <https://www.milfordma.gov/user/52/edit>.

Message:

Hello Mr. Villani,

I am reaching out about my street Reservoir Street (which sign reads Reservoir Road). This road connects Whitewood Road and Camp Street as well as leads direct into Crockett Road, Upton.

I have been a resident of Milford at 31 Reservoir for almost 20 years. People that live on or around the road keep a fairly modest speed, but those who are using this road as a cut-through/commuter road are driving EXTREMELY fast. There are no sidewalks so the risk of a person walking/jogging/bike riding on the road is becoming greater. I have 2 children and fear their safety just walking to their friends house.

Can you help me determine what steps do I need to take or who I can work with to get speed limit signs on Reservoir Rd?

Thank you in advance,
Colleen Shannon

▪

Richard Villani

From: Tusino, Robert <rtusino@milfordpolice.org>
Sent: Monday, February 6, 2023 3:34 PM
To: cashannon29@gmail.com
Cc: Richard Villani; James Falvey; Sanchioni, John
Subject: Reservoir Rd Traffic Assessment

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

Ms. Shannon,

As requested I have conducted a thorough traffic assessment of Reservoir Rd and submit the following findings. The speed recordings were logged by a Traffic Box Recorder placed on Reservoir Rd for a ten day period. The average speed was 33.9 MPH, with an 8% of 43.9Mph (clearly enforceable within the ten MPH exceeding guideline). The total number of vehicles that travelled on Reservoir Rd during this period was **8,588**. Certainly lowering the posted speed limit would have a positive impact on vehicles that are travelling in excess of the current posted limits. The Milford Police Department will conduct enforcement to ensure compliance. Any further action, changing the posted speed limit, flashing speed limit signs... can only be approved by the Select Board. I will convey these results to the aforementioned Board.

My best,
D/C. R Tusino

Robert L Tusino
Deputy Chief



milfordpolice.org

508-473-1113 x3526

508-634-2346 fax

508-377-8922 mobile

rtusino@milfordpolice.org

The information transmitted in this message is intended only for the individual or entity to which it is addressed and may contain confidential and/or privileged material. Any retransmission, dissemination, or other use of, or taking any action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, please contact the sender and delete the material from computer.



F-3
2-27-23

TOWN ACCOUNTANT

52 Main Street, Milford, MA 01757
Phone: 508-634-2309 * Fax: 508-634-2324

Email to Accountant

Email to Town Admn.

GIFT ACCEPTANCE FORM

Donor Name Nicole Romiglio Address _____

City, State. & Zip Milford, MA 01757 Phone _____

Name of Gift 4th of July Parade

Purpose 4th of July Parade

Total Amt. of Gift 20.00

Contact Person Joe Callery

Attached is a copy of correspondence received

There was no written correspondence with this gift

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

Board of Selectmen

School Committee

Chairman

Chairman

Contact Person _____

Town Accountant Use

Assigned Account Number _____

Date Received _____

F-4
2-27-23

**Milford Town Accountant
508-634-2309**

Date February 8, 2023

GIFT

DONOR Kimberly St. Amant

Name of Gift Regional Substance Navigational Program

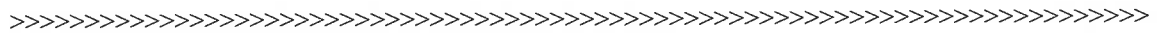
Purpose Donation to gift Regional Substance Navigational Program Gift Account #2624

Total of Gift \$25.00

Contact Person Amy Leone, MS, MA, LMHC
Community Impact Inc
Communityimpactinc@gmail.com

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

Board of Selectmen



TOWN ACCOUNTANT USE

Assigned Account # _____

Date Received _____

F-5
2-27-23

ARTICLE 3
FULL TIME - 3%
PART TIME - 3%

FY24

Town Clerk*	\$98,201.00
Assessor (Chairman)	\$8,874.00
Assessor (Members)	\$7,953.00
Highway Surveyor*	\$115,282.00
Tree Warden	\$7,660.00
Selectmen (Chairman)	\$10,113.00
Selectmen (Members)	\$8,985.00
Vernon Grove (Trustees)	\$4,303.00
Board of Health (Chairman)	\$2,896.00
Board of Health (Members)	\$2,530.00
Sewer Commissioner (Chairman)	\$2,896.00
Sewer Commissioner (Members)	\$2,530.00
Park Commissioner (Chairman)	\$2,896.00
Park Commissioner (Members)	\$2,530.00
Planning Board (Chairman)	\$2,896.00
Planning Board (Members)	\$2,530.00
Moderator	\$2,783.00
Water Commissioners	\$5,562.00

Lena Pires

F-7
2-27-23

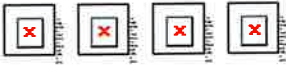
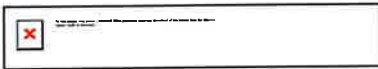
From: Julie Gonzalez <jgonzalez@salmonhealth.com>
Sent: Wednesday, February 22, 2023 10:36 AM
To: Lena Pires
Subject: Re: Talent Bank Application

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

Thanks so much. I just confirmed she is still interested... could you forward to select board for approval?
Thanks!

Thank you,

Julie Gonzalez RN, BSN
Clinical Nurse Liaison



Office: 5084730862

Mobile: 5084000782

jgonzalez@salmonhealth.com

salmonhealth.com

From: Lena Pires <lpires@townofmilford.com>
Sent: Tuesday, February 21, 2023 10:39:45 AM
To: Julie Gonzalez <jgonzalez@salmonhealth.com>
Subject: Talent Bank Application

Hi Julie,

I hope you are doing well.

Attached please find a Talent Bank Application for your records.

Kind regards,

Lena Pires
Assistant to the Town Administrator
Town Administrator and Selectmen's Office
Town of Milford



MILFORD SELECT BOARD

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

APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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

YOUR NAME Erin LaPrad

YOUR ADDRESS _____

TELEPHONE NO. FOR WEEKDAYS (508) _____ EVENINGS (508) _____

EMAIL ADDRESS eklaprad@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 MBA and certified project manager.

EXPERIENCE For the past 3 1/2 years, I have worked as the Director of The BORO Program; the Westborough Public Schools'

INTERESTS adult transition program for students with special needs. We work closely with state agencies and other resources. I was an

Please indicate below if you are a Town Employee or serve on any Town Board. advisor to Jennifer Walsh
Town of Westborough during the creation of "Sweet Inspirations"

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

FOR OFFICE USE ONLY: Date Rec'd 2/21/23 Recorded 2/21/23 Application Expires 2/21/26
Referred to Board Chair for Review/Comment/Recommendation 2/21/23

F-8
2-27-23



TOWN OF MILFORD

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

OFFICE OF PLANNING
AND ENGINEERING

Larry L. Dunkin, MCRP
Town Planner

MEMORANDUM

TO: Select Board
FROM: Larry L. Dunkin, MCRP Town Planner
DATE: 2-22-2023
SUBJECT: Proposed Zoning Bylaw Amendment

At their regular meeting on 2-21-2023, the Planning Board voted to forward the following Zoning Bylaw amendment proposal to the Select Board for inclusion on the up-coming Annual Town Meeting Warrant. The amendment pertains to the following:

1. To amend the Zoning Bylaw relating to the Zoning Map and to the Water Resource Protection District Map

I recommend that you refer the amendment to the Planning Board for public hearing and report to Town Meeting for the May 22, 2023 Annual Town Meeting. The full Warrant Article text for the proposed amendment follows.

ARTICLE ____: To see if the Town will vote to amend the Zoning Bylaw relating to the Zoning Map and to the Water Resource Protection District Map as follows:

BY REPLACING in Section 2.1 Establishment of Districts the third paragraph of Subsection 2.1.1 with the following new paragraph:

“The boundaries of these districts are defined and bounded on the maps accompanying this By-Law entitled “Town of Milford Zoning Map, Updated October 2018” and “Town of Milford Water Resource Protection District, Updated May 2023” which maps and all explanatory matter thereon are hereby made a part of this By-Law and are on file with the Milford Town Clerk.”

AND BY ADDING in Section 7.4 Establishment and Delineation of Water Resource Protection District at the end of the first sentence of Sub-section 7.4.1. the words “Updated May 2023”.

AND BY DELETING in Section 7.4 Establishment and Delineation of Water Resource Protection District the last sentence of Sub-section 7.4.2.

AND IN ADDITION by replacing in Section 7.4 Establishment and Delineation of Water Resource Protection District the text of Sub-section 7.4.2(a) with the words “Where the boundaries of Water Resource Protection District 1 (WR1) do not coincide with said street or town lines, or are not locatable in any other way from the Water Resource Protection District Map, boundaries shall be determined by scale from the map.”

Or take any other action related thereto.

F-9
2-27-23

CONTRACT AWARD

TOWN OF MILFORD

REQUEST FOR QUOTES

DESCRIPTION – FIREWORKS

AWARDING AUTHORITY – MILFORD SELECT BOARD

DATE – February 27, 2023

BIDDER NAME/ADDRESS	QUOTE AMOUNT
1. OCEAN STATE PYROTECHNICS 26A Woody Hill Road, Hope Valley, RI 02832	\$20,000.00
2. AMERICAN THUNDER FIREWORKS, INC. 196 Park Street, N. Reading, MA 01864	Did not Bid
3. ATYLS PYROVISION ENTERTAINMENT 136 Old Sharon Road, Jaffrey, NH 03452	Did not Bid

PLEASE NOTE THE DATE FOR THE FIREWORKS SHOW IS SUNDAY, JULY 3, 2023.

Contract Award - After reviewing the proposal the decision was made to award the Contract to OCEAN STATE PYROTECHNICS, as the most responsible vendor, based upon their quote.