

**TOWN OF MILFORD**  
**Milford, Massachusetts**  
**NOTICE OF MEETING-AMENDED AGENDA**

Board or Commission \_\_\_\_\_ Milford Select Board  
Date and Time of Meeting \_\_\_\_\_ February 28, 2022, 6:00PM  
Place of Meeting \_\_\_\_\_ Room 03, 52 Main Street

MILFORD TOWN CLERK  
2022 FEB 24 PM 2:17

- A.) SIGNING OF WARRANT, APPROVAL of Minutes, February 14, 2022**
- B.) INVITATION TO SPEAK**  
Remote Public Hearing/Invitation to Speak access now requires advanced registration. Please register online here: <http://tiny.cc/2wvouz> Any member of the public may now register to access the zoom webinar as an attendee. Public attendees will be able to view the zoom LIVE and request to speak at the “Public Hearing/Invitation to Speak.”
- C.) PUBLIC HEARINGS**
1. 6:00 PM Greater Milford Social Club, re: Transfer of Common Victualler All Alcoholic Beverages License
  2. 6:05 PM Emporium Brazil, re: Common Victualler All Alcoholic Beverages License
  3. 6:10 PM EMZ Mart, LLC. d/b/a Isabel’s, re: Common Victualler All Alcoholic Beverages License
  4. 6:15 PM Ivahy, Inc. d/b/a Casa Brasil, re: Common Victualler All Alcoholic Beverages License
- D.) SCHEDULED APPOINTMENTS**
1. Police Chief, re: Proposed Rank Structure Change
  2. Town Administrator, re: Amendment to Liquor License-Temporary Outdoor Service-Prezo Grille and Bar
- E.) TOWN ADMINISTRATOR’S REPORT**
- F.) OLD BUSINESS**
1. Article 32-Police Chief Selection Review Committee-Discussion
- G.) NEW BUSINESS**
1. Human Resources Director, re: Affordable Health Plan
  2. Town Administrator, re: Article 3 Recommendation
  3. Milford Cultural Council, re: Resignation/Appointments (2)
  4. Milford Conservation Commission, re: Resignation
- H.) CORRESPONDENCE**
- I.) EXECUTIVE SESSION**

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

Signature RR Quillan Dated 2/24/22

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2-28-22

**DEPARTMENT HEAD REVIEW FORM**

1. Name of Business: **Greater Milford Social Club, LLC**  
2. Mailing Address: **28 Granite Street**  
Assessors ID#: **Map 41 Block 0 Lot 423 Zone IA**

- 3. Has applied for: **Transfer of Common Victualler All Alcoholic Beverages License**
- 4. Selectmen will take action on: **Monday February 28, 2022**
- 5. Hearing Continued/Postponed/MGL Deadline: \_\_\_\_\_
- 6. Abutters Notified: 2/14/2022 Published: 2/14/22
- 7. Inquiry Sent To Dept. Heads on:
- 8. Please Respond By:
- 9. License Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Tabled: \_\_\_\_\_ On \_\_\_\_\_

.....  
**Building Commissioner:** (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **IA zone, allowable use, occupant load 70, restroom is accessible, building will be accessible upon completion of ramp, cooking is not currently performed and not allowed until code required upgrades are performed. See attached letter from December 2021.**

**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) **Recent inspections showed no violations**

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

.....  
**Manager: Thomas Parente D.O.B. SS #**

**Contact Phone:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_



# Town of Milford

Department Of Inspections  
52 Main Street  
Milford, MA 01757  
Phone: 508 634-2313

John Erickson  
Building Commissioner / Zoning Officer  
email: jerickson@townofmilford.com

12/29/2021

PROPERTY OF: MILFORD CLUB, LLC  
28 GRANITE ST  
MILFORD MA 01757

RE: GREATER MILFORD SOCIAL CLUB, LLC  
C/O THOMAS PARENTE, BAR MANAGER  
28 GRANITE ST  
Tax Map No.: 41-0-423

As you are aware, a Periodic Inspection was performed at the above referenced property.

As we discussed during the inspection on December 23, 2021, (yourself, Jamie Luchini, and myself) the facility underwent a Level 3 Alteration in 2019 and as such must comply many regulations, including the International Existing Building Code, and the International Mechanical Code.

As result of the 2019 Alterations, a Type 1 kitchen hood was and is required in the kitchen. Whereas you have attested that you do not and will not perform any cooking that produces smoke or grease unless the hood is upgraded, I am issuing your Renewal Certificate of Inspection

Sincerely,

John Erickson  
Building Commissioner

Cc: Mark Nelson, Fire Chief  
Jamie Luchini, CSL-OT Landscaping  
Joshus Lioce, Manager, Greater Milford Social Club LLC



**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**

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

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.

Transfer of all alcoholic beverages license from a liquidated restaurant and bar to a club presently operating with a seasonal license.

**2. LICENSE CLASSIFICATION INFORMATION**

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
On-Premises-12	\$12 Club	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.

The premises consist of a single floor stand alone single structure purpose built in 1920 to host a social club. The building contains two restrooms, one small kitchen, a bar/function area, and a small storage closet. Floor plan attached hereto.

Total Sq. Footage	<input type="text" value="1464"/>	Seating Capacity	<input type="text" value="66"/>	Occupancy Number	<input type="text" value="66"/>
Number of Entrances	<input type="text" value="3"/>	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  By what means is the license being transferred?

List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

Name of Principal	Title/Position	Percentage of Ownership
<input type="text" value="PAUL R. WINSHMAN"/>	<input type="text" value="President"/>	<input type="text" value="100%Christopher"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

Name of Principal	Residential Address	SSN	DOB
<input type="text" value="Christopher Driscoll"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input type="text" value="Member"/>	<input type="text" value="1/12"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
<input type="text" value="Christopher Morin"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="4"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input type="text" value="Member"/>	<input type="text" value="1/12"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
<input type="text" value="David Swift"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input type="text" value="Member"/>	<input type="text" value="1/12"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
<input type="text" value="Joshua Lioce"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input type="text" value="Member Manager"/>	<input type="text" value="1/12"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input checked="" type="radio"/> Yes <input type="radio"/> No

**APPLICATION FOR A TRANSFER OF LICENSE**

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

Name of Principal <b>Matthew Marcotte</b>	Residential Address	SSN	DOB
Title and or Position Member	Percentage of Ownership 1/12	Director/ LLC Manager <input type="radio"/> Yes <input checked="" type="radio"/> No	US Citizen <input checked="" type="radio"/> Yes <input type="radio"/> No
MA Resident <input checked="" type="radio"/> Yes <input type="radio"/> No			

Name of Principal <b>Patrick Holland</b>	Residential Address	SSN	DOB
Title and or Position Member	Percentage of Ownership 1/12	Director/ LLC Manager <input type="radio"/> Yes <input checked="" type="radio"/> No	US Citizen <input checked="" type="radio"/> Yes <input type="radio"/> No
MA Resident <input checked="" type="radio"/> Yes <input type="radio"/> No			

Name of Principal <b>Vincent Locerbo</b>	Residential Address	SSN	DOB
Title and or Position Member	Percentage of Ownership 1/12	Director/ LLC Manager <input type="radio"/> Yes <input checked="" type="radio"/> No	US Citizen <input type="radio"/> Yes <input type="radio"/> No
MA Resident <input checked="" 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

**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
Christopher Driscoll	Seasonal	All Alcoholic Beverages	Milford
Christopher Morin	Seasonal	All Alcoholic Beverages	Milford
David Swift	Seasonal	All Alcoholic Beverages	Milford

**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	

## ADDENDUM A

### 6. PROPOSED OFFICER, 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)

Greater Milford Social Club, LLC

Name of Principal	Residential Address	SSN	DOB
<b>Richard Vasile</b>		3	

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Member	1/12	<input type="radio"/> Yes <input checked="" 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
<b>Robert Bullock</b>		3	

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Member	1/12	<input type="radio"/> Yes <input checked="" 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
<b>Thomas Parente</b>			

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Member	1/12	<input type="radio"/> Yes <input checked="" 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
<b>William Kingkade</b>		7	

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Member	1/12	<input type="radio"/> Yes <input checked="" 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
<b>Jamie Luchini</b>	757	3	

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Member	1/12	<input type="radio"/> Yes <input checked="" 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

**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 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

LLC

Date of Incorporation

3/14/2019

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

The Club, LLC

Landlord Phone

508-353-7607

Landlord Email

morin\_chris@hotmail.com

Landlord Address

Lease Beginning Date

3/20/2019

Rent per Month

\$3,400.00

Lease Ending Date

3/19/2039

Rent per Year

\$40,800.00

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:

Joshua Lioce

Phone:

Title:

Member Manager

Email:

josh@lioceteam.com



## APPLICATION FOR A TRANSFER OF LICENSE

### 10. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	
B. Purchase Price for Business Assets	
C. Other* (Please specify)	\$17,000.00
D. Total Cost	\$17,000.00

\*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
Greater Milford Social Club, LLC	\$17,000.00
Total:	\$17,000.00

#### SOURCE OF FINANCING

Please provide signed financing documentation.

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

The sale price for the license is \$17,000.00. The transferee is purchasing the license with its cash reserves.

### 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
2/2017	Present	Operator	Town of Milford Sewer Dept	John Mainini
10/2015	2/2017	Operator	Town of Northbridge Sewer Dept	Mark Kuras
4/2010	10/2015	LEO Operator	Town of Milford Parks Dept	Mike Bresciani
11/2009	4/2010	Operator/Laborer	Milford Water Co.	Henry Papuga

### 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

### 13. MANAGEMENT AGREEMENT

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

Yes  No

If yes, please fill out section 13.

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

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

#### 13A. MANAGEMENT ENTITY

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

Entity Name	Address	Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

#### CRIMINAL HISTORY

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

Yes  No

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

### 13B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES

#### LICENSE

Does any individual or entity identified in question 13A, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages; and or have an active management agreement with any other licensees?

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

Name	License Type	License Name	Municipality

**13C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

Has any individual or entity identified in question 13A, 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

**13D. PREVIOUSLY HELD MANAGEMENT AGREEMENT**

Has any individual or entity identified in question 13A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee?

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

Licensee Name	License Type	Municipality	Date(s) of Agreement

**13E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION**

Have any of the disclosed licenses listed in question section 13B, 13C, 13D 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

**13F. TERMS OF AGREEMENT**

- a. Does the agreement provide for termination by the licensee? Yes  No
- b. Will the licensee retain control of the business finances? Yes  No
- c. Does the management entity handle the payroll for the business? Yes  No

d. Management Term Begin Date  e. Management Term End Date

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

- \$ per month/year (indicate amount)
- % of alcohol sales (indicate percentage)
- % of overall sales (indicate percentage)
- other (please explain)

**ABCC Licensee Officer/LLC Manager**

**Management Agreement Entity Officer/LLC Manager**

Signature:   
 Title:   
 Date:

Signature:   
 Title:   
 Date:

## ADDITIONAL INFORMATION

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

### 6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE CONTINUED

Jamie Luchini	Seasonal	All Alcoholic Beverages	Milford
Joshua Lioce	Seasonal	All Alcoholic Beverages	Milford
Matthew Marcotte	Seasonal	All Alcoholic Beverages	Milford
Patrick Holland	Seasonal	All Alcoholic Beverages	Milford
Richard Vasile	Seasonal	All Alcoholic Beverages	Milford
Robert Bullock	Seasonal	All Alcoholic Beverages	Milford
Thomas Parente	Seasonal	All Alcoholic Beverages	Milford
William Kingkade	Seasonal	All Alcoholic Beverages	Milford
Vincent Loscerbo	Annual	All Alcoholic Beverages	Milford

C-2  
2-28-22

## DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **Emporium Brazil**
2. Mailing Address: **21 Main Street**  
Assessors ID#: **Map 41 Block 0 Lot 438 Zone CB**
3. Has applied for: **Common Victualler All Alcoholic Beverages License**
4. Selectmen will take action on: **Monday February 28, 2022**
5. Hearing Continued/Postponed/MGL Deadline: \_\_\_\_\_
6. Abutters Notified: 2/14/2022 Published: 2/14/22
7. Inquiry Sent To Dept. Heads on: \_\_\_\_\_
8. Please Respond By:
9. License Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Tabled: \_\_\_\_\_ On \_\_\_\_\_

.....  
**Building Commissioner:** (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **CB zone, allowable use, occupant load 79, 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:** *Jehany Mendonca* **D.O.B.** **SS #**

**Contact Phone**774-285-2940: **e-mail:** *contact@emporiumbrazilusa.com*



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

APPLICATION FOR A NEW LICENSE

Municipality

MILFORD

1. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES

TYPE

CATEGORY

CLASS

On-Premises-12

\$12 Restaurant

All Alcoholic Beverages

Annual

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

In our restaurant we serving BBQ and appetizers, with that the customers ask frequently, if we serve drinks.

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

EMPORIUM BRAZIL

FEIN

DBA

Manager of Record

ALEXANDRE COELHO

Street Address

21 MAIN ST

Phone

508.381.1240

Email

CONTACT@EMPORIUMBRAZILUSA.COM

Alternative Phone

774.285.2940

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.

We have 1 Floor, 2 rooms, 1 outdoor area in 2400 sqft.

Total Square Footage:

2400

Number of Entrances:

1

Seating Capacity:

70

Number of Floors

1

Number of Exits:

3

Occupancy Number:

79

4. APPLICATION CONTACT

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

Name:

JEHANY MENDONCA

Phone:

774.285.2940

Title:

PRESIDENT

Email:

contact@emporiumbrazilusa.com

**APPLICATION FOR A NEW LICENSE**

**5. CORPORATE STRUCTURE**

Entity Legal Structure	Corporation	Date of Incorporation	09/22/2020
State of Incorporation	Massachusetts	Is the Corporation publicly traded?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

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

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

Name of Principal	Residential Address	SSN	DOB
<b>ALEXANDRE COELHO</b>	52		

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
VICE PRESIDENT	40	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<b>JEHANY MENDONCA</b>			

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
PRESIDENT	40	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" 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

Additional pages attached?  Yes  No

**CRIMINAL HISTORY**

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



## APPLICATION FOR A NEW LICENSE

### 6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

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

Name	License Type	License Name	Municipality

### 6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes  No

If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

### 6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

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

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

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

## 7. OCCUPANCY OF PREMISES

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

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

Please indicate by what means the applicant will occupy the premises

Lease

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

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

Yes  No

**APPLICATION FOR A NEW LICENSE**

**8. FINANCIAL DISCLOSURE**

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

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

**SOURCE OF CASH CONTRIBUTION**

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

Name of Contributor	Amount of Contribution
<b>Total:</b>	<b>25,000.00</b>

**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.

**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  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
08/2021	12/2021	MANAGER	EMPORIUM BRAZIL	JEHANY MENDONCA

## D. PRIOR DISCIPLINARY ACTION

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

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

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

Manager's Signature  Date

**11. MANAGEMENT AGREEMENT**

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

Yes  No

If yes, please fill out section 11.

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

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

**11A. MANAGEMENT ENTITY**

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

Entity Name	Address	Phone
<b>EMPORIUM BRAZIL</b>	<b>21 MAIN MILFORD MA 01757</b>	508.381.1240

Name of Principal	Residential Address	SSN	DOB
<b>JEHANY MENDONCA</b>			

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
PRESIDENT	40%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<b>ALEXANDRE COELHO</b>			

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
VICE PRESIDENT	40%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director	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	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

**CRIMINAL HISTORY**

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

Yes  No

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

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

**LICENSE**

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

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

Name	License Type	License Name	Municipality
BRASILEIRINHO MARKET INC	WINE & MALT	ALEXANDRE COELHO	MARLBORO

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

Has any individual or entity identified in question 11A, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held?

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

Name	License Type	License Name	Municipality

**11D. PREVIOUSLY HELD MANAGEMENT AGREEMENT**

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

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

Licensee Name	License Type	Municipality	Date(s) of Agreement

**11E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION**

Has any of the disclosed licenses listed in questions in section 11B, 11C, 11D ever been suspended, revoked or cancelled?

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

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

**11F. TERMS OF AGREEMENT**

- a. Does the agreement provide for termination by the licensee? Yes  No
- b. Will the licensee retain control of the business finances? Yes  No
- c. Does the management entity handle the payroll for the business? Yes  No

d. Management Term Begin Date  e. Management Term End Date

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

- \$ per month/year (indicate amount)
- % of alcohol sales (indicate percentage)
- % of overall sales (indicate percentage)
- other (please explain)

**ABCC Licensee Officer/LLC Manager**

**Management Agreement Entity Officer/LLC Manager**

Signature:

Title:

Date:

Signature:

Title:

Date:











C-3  
2-28-22

## DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **EMZ Mart, LLC d/b/a Isabels**
2. Mailing Address: **335 ½ Main Street**  
Assessors ID#: **Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Zone \_\_\_\_\_**
3. Has applied for: **Common Victualler All Alcoholic Beverages License**
4. Selectmen will take action on: **Monday February 28, 2022**
5. Hearing Continued/Postponed/MGL Deadline: \_\_\_\_\_
6. Abutters Notified: 2/14/22 Published: 2/14/22
7. Inquiry Sent To Dept. Heads on:
8. Please Respond By:
9. License Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Tabled: \_\_\_\_\_ On \_\_\_\_\_

.....  
**Building Commissioner:** (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **OR zone, allowable use, occupant load 21, building not full 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:** *Carlos Benjamin* **D.O.B.** **SS #**

**Phone:** 508-498-1750 **e-mail:** *smarcia14@yahoo.com*



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

APPLICATION FOR A NEW LICENSE

Municipality

**1. LICENSE CLASSIFICATION INFORMATION**

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
<input type="text" value="On-Premises-12"/>	<input type="text" value="\$12 Restaurant"/>	<input type="text" value="All Alcoholic 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.

Isabel's is a Portuguese ethnic restaurant that has been in business since 2005. Presently, the business holds a Beer and Wine (with Cordials) License through the Town of Milford. The business is looking to upgrade the license to an All Alcoholic Beverages to be drunk on the premises license.

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.

This is a one floor, two room restaurant with five tables and six bar stools. The outdoor area consists of four tables.

Total Square Footage:	<input type="text" value="1106"/>	Number of Entrances:	<input type="text" value="2"/>	Seating Capacity:	<input type="text" value="25"/>
Number of Floors	<input type="text" value="1"/>	Number of Exits:	<input type="text" value="2"/>	Occupancy Number:	<input type="text" value="25"/>

**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	LLC	Date of Incorporation	04/25/2005
State of Incorporation	Massachusetts	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
<b>Carlos Benjamin</b>			

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

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

### 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
Carlos Benjamin	Beer & Wine <i>w/ COINTEGRALS</i>		Milford

### 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

Tenant at Will ▼

Landlord Name Robert Longo

Landlord Phone 508-820-5010

Landlord Email  

Landlord Address A

Lease Beginning Date N/A

Rent per Month 1350.00

Lease Ending Date N/A

Rent per Year 16,200

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

Yes  No

**APPLICATION FOR A NEW LICENSE**

**8. FINANCIAL DISCLOSURE**

A. Purchase Price for Real Estate	N/A
B. Purchase Price for Business Assets	80,000
C. Other * (Please specify below)	0
D. Total Cost	80,000

2005

in 2005

\*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
N/A	
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.
N/A			<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

**FINANCIAL INFORMATION**

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

**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  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
7/2013	PRESENT	Facilities Director	Town of Milford	Richard Villani

## D. PRIOR DISCIPLINARY ACTION

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

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

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

Manager's Signature  Date

## 11. MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement?  
If yes, please fill out section 11.

Yes  No

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

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

### 11A. MANAGEMENT ENTITY

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

Entity Name	Address	Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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

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

#### LICENSE

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

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

Name	License Type	License Name	Municipality



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

Has any individual or entity identified in question 11A, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held?

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

Name	License Type	License Name	Municipality

**11D. PREVIOUSLY HELD MANAGEMENT AGREEMENT**

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

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

Licensee Name	License Type	Municipality	Date(s) of Agreement

**11E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION**

Has any of the disclosed licenses listed in questions in section 11B, 11C, 11D ever been suspended, revoked or cancelled?

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

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

**11F. TERMS OF AGREEMENT**

- a. Does the agreement provide for termination by the licensee? Yes  No
- b. Will the licensee retain control of the business finances? Yes  No
- c. Does the management entity handle the payroll for the business? Yes  No

d. Management Term Begin Date  e. Management Term End Date

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

- \$ per month/year (indicate amount)
- % of alcohol sales (indicate percentage)
- % of overall sales (indicate percentage)
- other (please explain)

**ABCC Licensee Officer/LLC Manager**

Signature:   
 Title:   
 Date:

**Management Agreement Entity Officer/LLC Manager**

Signature:   
 Title:   
 Date:

C-4  
2-28-22

## DEPARTMENT HEAD REVIEW FORM

1. Name of Business: **Ivahy, Inc. dba Casa Brasil**
2. Mailing Address: **112 Main Street**  
Assessors ID#: **Map 48 Block 0 Lot 510 Zone CA**
3. Has applied for: **Common Victualler All Alcoholic Beverages License**
4. Selectmen will take action on: **Monday February 28, 2022**
5. Hearing Continued/Postponed/MGL Deadline: \_\_\_\_\_
6. Abutters Notified: 2/14/2022 Published: 2/14/2022
7. Inquiry Sent To Dept. Heads on: \_\_\_\_\_
8. Please Respond By: \_\_\_\_\_
9. License Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Tabled: \_\_\_\_\_ On \_\_\_\_\_

.....  
**Building Commissioner:** (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **CA zone, allowable use, occupant load 30, building 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 objections**

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

.....  
**Contact Name/Manager:** *Ivahy De Oliveira* **D.O.B.** **SS #**

**Phone:** \_\_\_\_\_ **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="On-Premises-12"/>	<input type="text" value="\$12 Restaurant"/>	<input type="text" value="All Alcoholic 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.

It is a restaurant/cafe that serves dishes from owner's native Brazil along with beer, wine and cordials.

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

**2. BUSINESS ENTITY INFORMATION**

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

Entity Name  FEIN

DBA  Manager of Record

Street Address

Phone  Email

Alternative Phone  Website

**3. DESCRIPTION OF PREMISES**

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

The premises encompasses the entire first floor of 112 Main Street, Milford, MA. There is a public entrance in front of 112 Main Street, Milford, MA. There is a delivery entrance at the rear of 112 Main Street, Milford, MA.

Total Square Footage: <input type="text" value="4,172"/>	Number of Entrances: <input type="text" value="3"/>	Seating Capacity: <input type="text" value="48"/>
Number of Floors: <input type="text" value="1"/>	Number of Exits: <input type="text" value="3"/>	Occupancy Number: <input type="text" value="48"/>

**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	Corporation	Date of Incorporation	07/06/01
State of Incorporation	massachusetts	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
<b>Ivahy De Oliveira</b>			

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

Name of Principal	Residential Address	SSN	DOB
<b>Patricia Brito</b>			

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Vice President	0	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

### 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

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

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

Yes  No

**APPLICATION FOR A NEW LICENSE**

**8. FINANCIAL DISCLOSURE**

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

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

**SOURCE OF CASH CONTRIBUTION**

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

Name of Contributor	Amount of Contribution
<b>Total</b>	<input type="text"/>

**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 checked="" type="radio"/> No
			<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input checked="" 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  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.

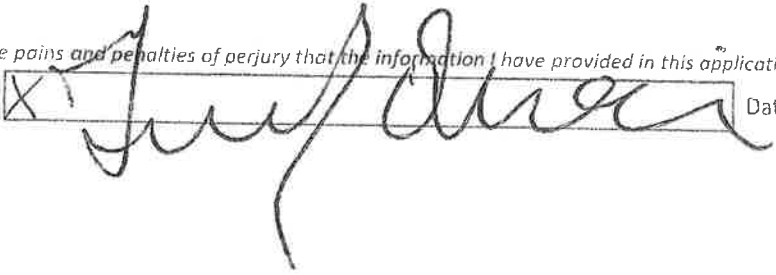
Start Date	End Date	Position	Employer	Supervisor Name
2001	ongoing	Mananger Casa Brasil	Self	Self

**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

## 11. MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement?  
If yes, please fill out section 11.

 Yes  No

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

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

### 11A. MANAGEMENT ENTITY

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

Entity Name	Address	Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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

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

#### LICENSE

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

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

Name	License Type	License Name	Municipality



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

Has any individual or entity identified in question 11A, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held?

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

Name	License Type	License Name	Municipality

**11D. PREVIOUSLY HELD MANAGEMENT AGREEMENT**

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

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

Licensee Name	License Type	Municipality	Date(s) of Agreement

**11E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION**

Has any of the disclosed licenses listed in questions in section 11B, 11C, 11D ever been suspended, revoked or cancelled?

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

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

**11F. TERMS OF AGREEMENT**

a. Does the agreement provide for termination by the licensee? Yes  No

b. Will the licensee retain control of the business finances? Yes  No

c. Does the management entity handle the payroll for the business? Yes  No

d. Management Term Begin Date  e. Management Term End Date

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

- \$ per month/year (indicate amount)
- % of alcohol sales (indicate percentage)
- % of overall sales (indicate percentage)
- other (please explain)

**ABCC Licensee Officer/LLC Manager**

**Management Agreement Entity Officer/LLC Manager**

Signature:

Signature:

Title:

Title:

Date:

Date:



2-28-22

# MILFORD POLICE DEPARTMENT

**James F. Falvey**  
*Chief of Police*

250 Main Street \* Milford, MA 01757 \* Tel. (508) 473-1113 \* Fax (508) 473-5087

TO: Richard Villani, Esq., Town Administrator  
FROM: James F. Falvey, Chief of Police  
DATE: February 9, 2022  
RE: Proposed Rank Structure Change

Dear Mr. Villani,

I am requesting permission from the Select Board to restructure my current allotted staff of Police Sergeants. I'd like to increase Sergeants by two from 9 to 11. The purpose of the request is for several reasons to include but not limited to the following: high overtime costs to replace sergeants out on shifts, increased supervision, police reform compliance and lower liability risks.

If approved I can promote eligible patrolman from current staff who have already participated in the promotional process to police sergeants and not replacing those patrol officers positions which would keep costs very limited and reasonable. The overall number of staff would stay the same. The main reason I am asking for this is due to the increasing amount of overtime funds to replace patrol sergeants on shifts due to time off for several reasons to include but not limited to COVID, injuries, vacation, sick time, family leaves, etc. Not replacing supervisors on shifts out for any reason is not an option due to liability. The request will only amount to the difference in pay between a Police Sergeant and a Patrol Officer, however I believe there will be a significant savings in overtime costs for patrol sergeant replacement immediately and in the future that will far outweigh the salary costs between the two ranks. A top step 3 patrolman's salary at 20 years is \$1,370.80 weekly and \$34.27 hourly. Any new sergeant will be paid at the minimum sergeant's level at \$1,394.62 and \$34.87 hourly plus possibly other stipends depending on number of years served, educational and night shift premiums. Any new sergeant's pay will increase according to the current Collective Bargaining Agreement with the Police Association. Current hourly overtime pay rates for most sergeants exceed \$60.00 an hour.

The additional sergeants would be doubled up and assigned on patrol shifts where we have had to replace them especially at night. Patrol sergeants work a 4 day on and 2 days off schedule which means it will take three (3) patrol sergeants to fully staff each of the three shifts. In addition we have other units in the department staffed by the rank of Sergeant. The first 6 months of the fiscal year 2022 from July 2021 until the end of December 2021 there were a total of 1,084 overtime hours for Police Sergeants at a cost of \$69,432.15 just for shift replacements alone which represents approximately 33% of the amount of overtime already spent so far this year. This data was provided to me from Town Treasurer Christopher Pilla. Police Sergeants have already been doubled up on some shifts to help control the costs however more are needed and would be beneficial and provide much more supervision to patrol officers which is an additional positive especially with all the new mandates in Police Reform. Sergeants in addition to supervising could assist in a number of administrative tasks and fill in when patrol numbers are low on a shift.

Attachments will include figures from the Town Treasurer and the pay scales for both ranks.

Sincerely,  
*James F. Falvey*  
James F. Falvey  
Chief of Police  
Town of Milford

## Falvey, James

---

**From:** Christopher Pilla <cpilla@townofmilford.com>  
**Sent:** Tuesday, February 8, 2022 10:36 AM  
**To:** Falvey, James  
**Subject:** RE: pay scales for sergeant and patrolmen

Hi Chief,

Below are the current base rates (doesn't include school credit, holiday, or longevity)

### Current Rates

	Less 10 Yr	10 Yr	20 Yr
Patrolman Days Min.	29.57	30.05	30.53
Patrolman Days Step 1	30.48	30.96	31.44
Patrolman Days Step 2	31.51	31.99	32.47
Patrolman Days Step 3	33.31	33.79	34.27
Patrolman Nights Min.	32.23	32.75	33.28
Patrolman Nights Step 1	33.22	33.75	34.27
Patrolman Nights Step 2	34.35	34.87	35.39
Patrolman Nights Step 3	36.31	36.83	37.35
Sergeant Days Min.	34.87	35.35	35.83
Sergeant Days Max.	39.52	40.00	40.48
Sergeant Nights Min.	38.01	38.53	39.05
Sergeant Nights Max.	43.08	43.60	44.12

Thanks,  
Chris

**Christopher C. Pilla, CMMT**  
Town Treasurer  
Department of Municipal Finance  
Office of the Town Treasurer  
52 Main Street (Room #18)  
Milford, MA 01757  
508.634.2300 p  
508.634.2324 f  
[cpilla@townofmilford.com](mailto:cpilla@townofmilford.com)



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Sgt	July		August		September		October
	Hours	Amount	Hours	Amount	Hours	Amount	Hours
Araujo, Brian	24.00	1,440.00	46.00	2,760.00	32.00	1,920.00	8.00
Kingkade, Ken	-	-	8.00	529.44	-	-	-
Maguire, Kara	32.00	2,117.76	56.00	3,706.08	34.50	2,283.21	26.00
Sousa, Carlos	-	-	-	-	-	-	-
Stanley, Craig	24.00	1,405.80	48.00	2,811.60	52.00	3,045.90	40.00
Testa, Todd	32.00	2,117.76	24.00	1,588.32	48.00	3,176.64	30.00
Tusino, Robert	24.00	1,569.60	8.00	523.20	16.00	1,046.40	-
Varteresian, Edward	16.00	1,058.88	24.00	1,588.32	24.00	1,588.32	24.00

October	November		December		January		February		
	Amount	Hours	Amount	Hours	Amount	Hours	Amount	Hours	Amount
480.00	24.00	1,440.00	24.00	1,440.00	-	-	-	-	-
-	16.00	1,058.88	26.00	1,720.68	-	-	-	-	-
1,720.68	16.00	1,058.88	70.00	4,632.60	24.00	1,588.32	-	-	-
-	-	-	-	-	-	-	-	-	-
2,343.00	32.00	1,874.40	48.00	2,811.60	32.00	1,874.40	-	-	-
1,985.40	24.00	1,588.32	62.00	4,103.16	16.00	1,058.88	-	-	-
-	-	-	-	-	-	-	-	-	-
1,588.32	16.00	1,058.88	50.00	3,309.00	40.00	2,647.20	-	-	-

March		April		May		June	
Hours	Amount	Hours	Amount	Hours	Amount	Hours	Amount

**Richard Villani**

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**From:** Falvey, James <jfalvey@milfordpolice.org>  
**Sent:** Friday, February 11, 2022 10:27 AM  
**To:** Richard Villani  
**Cc:** Charles Boddy  
**Subject:** RE: Agenda for next Select Boards Meeting

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

Rick,

I notified the union and they asked to meet with me which we did today. After our discussion with their concerns they are in agreement with my proposal to convert 2 patrol officers into police sergeants positions. They will send me an email to confirm. Please put my proposal of the next available select boards agenda.

Thank you.

Chief  
CC: Town Counsel Charles Boddy


**From:** Richard Villani <rvillani@townofmilford.com>  
**Sent:** Thursday, February 10, 2022 11:28 AM  
**To:** Falvey, James <jfalvey@milfordpolice.org>  
**Cc:** Charles Boddy <cboddy@townofmilford.com>  
**Subject:** RE: Agenda for next Select Boards Meeting

Chief: Charles has informed me that the Proposed Rank Structure Change Policy needs to be collectively bargained with the Union.

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.

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**From:** Falvey, James <[jfalvey@milfordpolice.org](mailto:jfalvey@milfordpolice.org)>  
**Sent:** Wednesday, February 9, 2022 11:10 AM  
**To:** Richard Villani <[rvillani@townofmilford.com](mailto:rvillani@townofmilford.com)>  
**Subject:** Agenda for next Select Boards Meeting

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

Rick,

Please see attachment to place on the next Select Board's meeting.

Thank You.

Chief



D-2  
2-28-22

## LICENSING DECISION

This decision is entered on the application of Prezo Grille & Bar, Inc. DBA Prezo Grille & Bar, 229 1/2 East Main Street, Milford, MA pursuant to Governor Baker's June 1, 2020 Executive Order entitled, "Order Clarifying the Progression of the Commonwealth's Phased Workplace Re-Opening Plan and Authorizing Certain Re-Opening Preparations at Phase II Workplaces", and the Executive Office of Housing and Economic Development, whereby licensees for on-premises consumption of alcohol may commence outdoor seated service, provided food is prepared on-site under a retail food permit issued by a municipal authority pursuant to 105 CMR 590.000.

Upon receipt of the above application, a public hearing was scheduled for Thursday, February 17, 2022 at 4:00 P.M. via remote participation pursuant to Governor Baker's March 12, 2020 Order suspending certain provisions of the Open Meeting Law, G.L. c. 30A, § 18 due to the novel COVID 19 pandemic. Notice of the time, place and subject matter of the petition were given as required by law.

The matter came on for hearing at the time and place set forth above. Present were Richard A. Villani, Town Administrator and Christopher George, Information Technology Director, and Jon Oliveri the Applicant.

The Applicant, Jon Oliveri, was present remotely to give evidence in favor of the application. At the close of the hearing, the licensing authority considered the matter and thereafter granted the temporary license extension based upon the following conditions:

- 1. Applicant to install jersey barriers/concrete blocks and steel fencing around gazebo to protect diners from vehicular traffic.**
2. This license is granted and accepted upon the express condition that the license shall, in all respects conform to all the provisions of the Liquor Control Act, Chapter 138 of the General Laws as amended, and any rules or regulations made thereunder by the Board of Selectmen.
3. The outdoor area shall remain fenced or cordoned off area, adequately supervised, having at least 50 % of the perimeter of any covered dining space open and unobstructed by any form of siding or barriers at all times, and operated in conformance with the social-distancing and other guidelines set forth by the Massachusetts Department of Public Health, as submitted in the Application to Amend the License.
4. The outdoors premises shall remain accessible to the disabled with the ground surface firm, stable, and smooth; a width of 36 inches shall be maintained between chairs at their normal position; aisles and passageways shall be kept clear, especially around poles; the licensee shall not remove or reduce the number of handicapped parking spaces; handicapped individuals shall be seated closest to the exits; the outdoor space shall be safe to consumers even during inclement weather.
5. The temporary amended licenses shall expire no later than April 1, 2022, by operation of law.

MILFORD BOARD OF SELECTMEN

February 17, 2022

BY: Richard A. Villani  
Richard A. Villani, Town Administrator

F-1  
2-28-22

# ARTICLE 32

## POLICE CHIEF SELECTION REVIEW COMMITTEE<sup>1</sup>

### Section 1. INITIAL ACTION

When a vacancy in the position of police chief exists, or is anticipated by reason of resignation, retirement, dismissal, permanent total disability, non-renewal of the incumbent, or otherwise, the Select Board shall cause to be assembled a Police Chief Selection Review Committee, as set forth in Section 2 of this Article, within thirty (30) days of notification of said determination.<sup>2</sup>

### Section 2. POLICE CHIEF SELECTION REVIEW COMMITTEE

A Police Chief Selection Review Committee shall be comprised of the following thirteen (13) members<sup>3</sup>

- A. The Chairman of the Select Board currently serving at the time the Police Chief Review Committee is assembled, or his/her designee ;
- B. The Human Resources Director currently serving at the time the Police Chief Review Committee is assembled;<sup>4</sup>
- C. A representative of the Milford Police Association, elected by said Association, provided he/she is not a candidate for said chief's position;
- D. The Chairman of the Personnel Board currently serving at the time the Police Chief Review Committee is assembled, or his/her designee, who shall be a member of the Personnel Board;
- E. The most senior Milford Police officer by rank and years of service in the Milford Police Department<sup>5</sup> currently serving at the time the Police Chief Review Committee is assembled, who is not, also, an applicant for the vacancy;

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<sup>1</sup> The by-law title is changed to reflect the name of the committee and avoid the redundancy of entitling this as a by-law.

<sup>2</sup> The language of this paragraph was cleaned up to enhance understanding and increase clarity.

<sup>3</sup> The number was increased to thirteen to make it an odd number of members, avoiding tie-votes and to include the newly created position of Human Resources Director.

<sup>4</sup> The language is updated to make clear that the committee is comprised of those ex officio members who held office at the time the committee is created, and not their successors if same are appointed during the term that the committee is active.

<sup>5</sup> The position of police chief on the committee is eliminated, to avoid the situation where a chief leaves under less than desirable conditions but still has a say in his or her successor.

- F. The Chairman of the Finance Committee of the Town of Milford currently serving at the time the Police Chief Review Committee is assembled, or his/her designee, who shall be a member of the Finance Committee;
- G. Two (2) Town Meeting members, one to be appointed by the Town Moderator, and one to be appointed by the Select Board;
- H. Two (2) at-large Police Chief Selection Committee members, selected by the Town Moderator, who shall be residents of the Town of Milford and each of whom<sup>6</sup> also shall be:
  - 1. An active or retired state or federal law enforcement officer; or
  - 2. A personnel administration professional; or
  - 3. A professor or assistant professor of police science or criminal justice at a recognized institution of higher education;
- I. Three residents of Milford, not Town officials or Town Meeting members, appointed by the Select Board.

Each and every member of the Police Chief Selection Committee appointed hereunder shall serve until resigned, removed, until a police chief is appointed and hired by contract, or until such time as the Committee is dissolved under Section 6 of this Article, whichever is sooner.<sup>7</sup>

The Select Board shall notify in writing each member above designated, shall publicly solicit applications for the one (1) Town Meeting member by notice published not fewer than twice in the local newspaper as provided in Section 2(G) and three residents of Milford as provided in Section 2(I),<sup>8</sup> and shall notify the Town Moderator that he is to publicly solicit applications for the two (2) at-large members and the one (1) town meeting member as provided in Sections 2(G) and 2(H) herein by notice published not fewer than twice in the local newspaper. If the Select Board or the Town Moderator receive no such satisfactory applications, in their/his sole opinion, as solicited, they/he shall be empowered to appoint to the respective positions as called for in Sections 2(G), 2(H), and 2(I) sufficient members of the Annual Town Meeting, or residents as applicable, to satisfy the full complement of members required.<sup>9</sup>

### Section 3. VACANCIES

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<sup>6</sup> This language clarifies that each such appointee shall have the requisite credentials.

<sup>7</sup> Since under the current by-law members are appointed, but there is no provision for their replacement or discontinuance of service, they may be considered life members. That clearly was not what was intended. This addition establishes an end to their term or service. Without this provision, the committee appointed today, may still be serving in twenty years, long after the terms of their appointing authority(ies) are ended.

<sup>8</sup> Current by-law language requires the moderator to advertise for his appointees, but not the Select Board. This change creates parity and transparency providing that both the Moderator and the Select Board shall advertise.

<sup>9</sup> Ditto.

When a vacancy in membership of the Police Chief Selection Committee occurs or exists, the vacancy shall be filled in the same method and manner as the original appointment to that vacant position, as set forth in Section 2(A) through 2(I). When a vacancy occurs with regard to an *ex-officio* appointee to the Police Chief Selection Committee provided in Sections 2(A), 2(B), 2(D), or 2(F) of this Article, the vacancy shall be filled with a member of the same board or committee selected by the particular board or committee (Select Board, Finance Committee Personnel Board), or in the case of a department head, by another department head selected at the sole discretion of the Select Board.<sup>10</sup>

#### Section 4. REMOVAL OF A COMMITTEE MEMBER

The Select Board may remove any person appointed under this Article by filing a written statement with the Police Chief Search Committee, setting forth the reason or reasons therefor, a copy of which statement shall be delivered to the person whose removal is sought. The person whose removal is sought may make a written reply, which if s(he) desires may be filed with the Town Clerk and be a public record. The Select Board shall forthwith consider said removal, and provide the person whose removal is sought with an opportunity to be heard during such consideration. The removal of said person shall be sustained only by a unanimous vote of the Select Board.<sup>11</sup>

#### Section 5. DUTIES OF THE POLICE CHIEF SELECTION REVIEW COMMITTEE

It shall be the duty of the Police Chief Selection Committee to:

A. Establish minimum criteria, consistent with law,<sup>12</sup> for the position of police chief, including but not limited to the following:

- (1) Demonstrated leadership ability

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<sup>10</sup> This new section provides a mechanism for filling vacancies which does not currently exist. This would provide a process for filling a vacancy if a member were to resign, die, or otherwise leave the committee during his or her term of service. By establishing a process in advance of a vacancy, this section provides transparency and avoids charges of unfair politics in the filling of vacancies.

<sup>11</sup> This new section provides a mechanism for removing members for malfeasance or misfeasance, lack of participation, violation of law, conflict of interest, removal from town, etc. which does not currently exist. This would provide a process for removal where the member can rebut the effort. By requiring unanimous vote of the Select Board for removal, political controversy may be avoided. By establishing a process in advance of a removal, this section provides transparency and avoids charges of unfair politics in the removal of members for just and due cause.

<sup>12</sup> This new provision makes clear that unlawful selection criteria, such as discriminatory methods, are not permitted.

- (2) Administrative ability, which shall include
  - (a) Extensive budget knowledge, actual preparation and financial planning over several years required<sup>13</sup>
  - (b) Personnel evaluation and supervision
  - (c) Knowledge of modern police record keeping
- (3) A minimum of 10 years law enforcement experience, including the following:
  - (a) Patrol
  - (b) Investigative techniques
  - (c) Traffic
  - (d) Crime prevention and control
  - (e) Law enforcement communication systems
  - (f) Public relations
  - (g) Case preparation and prosecutorial function (experience)
  - (h) Proficient knowledge and application of computers/technology<sup>14</sup>
- (4) Minimal Education Requirement
  - (a) A Bachelors Degree or the equivalent in police science or criminal justice is required<sup>15</sup>
  - (b) Continuing police related education or training
- (5) Physical and Mental Fitness
  - (a) Good physical condition, including ability to pass physical Examination;
  - (b) Good mental condition, including ability to pass law enforcement psychological screening tests.
- (6) Character - Applicants shall be of good moral character and shall not have been convicted of any criminal offense, other than minor traffic violations.

B. Engage in the following selection process:

- (1) Invite and recruit applications locally and nationally
- (2) Review applications
- (3) Conduct preliminary oral interviews of selected candidates
- (4) Select six (6) finalists and require of each:
  - (a) Physical examination
  - (b) Psychological examination
  - (c) Agility test
- (5) Upon the successful completion of the physical, psychological and agility

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<sup>13</sup> This new provision modernizes the requirements, making budget experience and financial planning a requirement.

<sup>14</sup> This new provision modernizes the requirements, making computer/technology experience a requirement.

<sup>15</sup> This new provision modernizes the requirements, making a college degree a requirement.

tests, the Committee shall conduct or cause to be conducted of at least four (4) of the finalists the following:

- (a) In depth background investigation to be conducted by a recognized professional investigating service
- (b) Oral interviews
- (6) Select and recommend three (3) to (5) finalists to the Select Board. Such recommendation shall be in writing and shall address **each**<sup>16</sup> of the above criteria, unranked.
- (7) The Select Board shall appoint a Chief of Police as soon as is reasonably possible after receipt of said recommendations.

#### Section 6. TIME FOR ACTION

Recognizing the importance of stability within the Police Department that results from a duly appointed Chief, the Police Chief Selection Committee shall undertake its duties as set forth in Section 5 of this Article with no undue or unnecessary delay. It is reasonable for the duties to be performed by the Committee within six to nine (6-9) months. Any extension of such time must be authorized by the Select Board, as the police chief appointing authority. The Failure of the Police Chief Selection Committee to complete its task within 6 months, or any agreed upon extension thereof, shall result in the dissolution of the Committee, and the Committee's duties falling to the appointing authority by default.<sup>17</sup>

#### Section 7. DISCHARGE OF THE POLICE CHIEF SELECTION COMMITTEE BY THE SELECT BOARD FROM COMMITTEE

If, and only due to malfeasance, misfeasance, unnecessary or undue delay, or a declared emergency with risk to public safety or health, the Select Board wishes to take the matter out of the hands of the Police Chief Selection Committee, after the subcommittee has begun its review, it shall be necessary for the Select Board to take a vote to, "discharge the Police Chief Selection Committee from further selection consideration, and that the selection of a Police Chief be now taken up by the Select Board." This motion, if adopted, rescinds all prior action taken, and therefore shall require a unanimous vote.<sup>18</sup>

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<sup>16</sup> This new provision makes clear that each requirement must be addressed in the referral to the Select Board.

<sup>17</sup> This new section imposes an obligation upon the Police Chief Selection Committee to act in a timely fashion. It imposes a reasonable time for the Committee to conduct and conclude its work. This requirement avoids a situation where the committee may refuse to act for secondary reasons, thus stalling the process. It also permits the Select Board to approve extensions of time, if the work is diligently progressing but just taking longer than anticipated. This review for approval of an extension gives the appointing authority, the Select Board, some oversight into the process, and the ability to move matters forward without undue delay.

<sup>18</sup> This new section provides a method to remove the committee from their duties for malfeasance, misfeasance or emergency by unanimous vote of the Select Board. By requiring a

Section 8. TERM OF POLICE CHIEF - INITIAL TERM

The Chief of Police appointed in accordance with this By-Law by the Select Board shall serve for a term set by the Select Board in accordance with law. The initial appointment may be subject to a probationary period, not to exceed one (1) year, at the sole discretion of the Select Board. Removal during the probationary period need not be for cause and shall not require a hearing.<sup>19</sup>

Section 9. TERMINATION

Other than during any initial, contractual, probationary period,<sup>20</sup> the Select Board may remove the Chief of Police from office, only for just cause and only after a hearing, at which hearing a stenographic record shall be made of the proceedings. At any such hearing the Chief of Police shall be entitled to be represented by counsel, at his/her own expense, and present evidence on his/her own behalf.

NOTE: Enacted May 18, 1998 ATM, Article 18;  
Amended October 20, 1998 STM, Article 24.  
Amended October 28, 2019, STM, Article 31 approved by AG January 17, 2020.

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unanimous vote, it is hoped that removal for political reasons can be avoided. Nonetheless to charge a committee with this highly important task without an ability to stop malfeasance or to react in the case of an emergency involving public health or safety is bad practice. This simply creates a mechanism before such emergent circumstances that can be used in the highly unlikely scenario where such action is needed.

<sup>19</sup> This new provision permits the Select Board to hire a new chief under a probationary period. This is an option exercisable by the Board at its sole discretion. The ability to offer a probationary period would be most useful in hiring an unknown applicant, to make sure he or she is a good fit, once on board. The probationary period could be thirty days or up to a year, giving some leeway to the appointing authority. By giving this option to the duly elected representatives of the citizens this provision delegates some control over the office, should there be ample concern over a new chief, but not sufficient grounds for a "for cause" termination.

<sup>20</sup> Ditto.



E-1  
2-28-22

**Department of Human Resources**

**Town of Milford, MA**

52 Main Street – Room 10

Milford, MA 01757

**KRISTIN MELPIGNANO**

HUMAN RESOURCES DIRECTOR

Telephone: (774) 462-3309

Fax: (508) 634-2324

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

**KELLY CAPECE**

BENEFITS COORDINATOR

**KARA GEROMINI**

ASSISTANT BENEFITS COORDINATOR

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To: Select Board

Date: February 28, 2022

Re: Affordable Health Care Plan

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In an effort to comply with one of the provisions of the Affordable Care Act (ACA), our Insurance Broker has recommended that the Town of Milford offer a lower cost Health care plan in addition to the Blue Cross plan that was recently approved.

Blue Cross/Blue Shield presented Access Blue New England Basic Saver as a lower-cost alternative, thereby putting the majority of the staff population into compliance with the ACA. This should also reduce our exposure to the Employer Shared Responsibility Payment, which is directly tied to the affordability component of the ACA.

The Insurance Advisory Committee was informed about this development and voted to approve the plan as an option for all employees.



# ACCESS BLUE NEW ENGLAND BASIC SAVER

Plan-Year Deductible: \$3,000/\$5,950  
Effective on anniversary dates on or after January 1, 2022  
for accounts with 100+ enrolled

## UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan:



COVERAGE AND  
BENEFITS



CLAIMS AND  
BALANCES



DIGITAL  
ID CARD

**Sign in**

Download the app, or create an account at [bluecrossma.org](https://bluecrossma.org).



This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

# YOUR CARE

## Access

This plan gives you the option to go directly to a specialist or any doctor in the HMO Blue New England network without a referral. Just show your Blue Cross Blue Shield of Massachusetts ID card and receive care. However, some services do require authorization. See your subscriber certificate for details.

## Primary Care Provider (PCP)

When you enroll in this health plan, you must choose a primary care provider. Be sure to select a doctor who is accepting you and your family members as new patients and participates in our network of providers in New England. For children, you may designate a participating network pediatrician as the PCP.

For a list of participating PCPs or OB/GYN physicians, visit the Blue Cross Blue Shield of Massachusetts website at [bluecrossma.org](http://bluecrossma.org); consult Find a Doctor at [bluecrossma.com/findadoctor](http://bluecrossma.com/findadoctor); or call the Member Service number on your ID card.

If you have trouble choosing a doctor, Member Service can help. They can give you the doctor's gender, the medical school the doctor attended, and whether there are languages other than English spoken in the office.

Your provider may also work with Blue Cross Blue Shield of Massachusetts regarding Utilization Review Requirements, including Pre-Admission Review, Concurrent Review and Discharge Planning, Prior Approval for Certain Outpatient Services, and Individual Case Management. For detailed information about Utilization Review, see your subscriber certificate.

## Your Deductible

Your deductible is the amount of money you pay out-of-pocket each plan year before you can receive coverage for most benefits under this plan. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your deductible is **\$3,000** per individual membership (or **\$5,950** per family membership). **The entire family deductible must be satisfied before benefits are provided for any one member enrolled under a family membership.**

## Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for deductible, copayments (including prescription drug copayments), and coinsurance for covered services. Your out-of-pocket maximum is **\$6,450** per member (or **\$12,900** per family).

## Emergency Room Services

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call **911** (or the local emergency phone number). After meeting your deductible, you pay a copayment per visit for emergency room services. This copayment is waived if you are admitted to the hospital or for an observation stay. See the chart for your cost share.

## Telehealth Services

Telehealth services are covered when the same in-person service would be covered by the health plan and the use of telehealth is appropriate. Your health care provider will work with you to determine if a telehealth visit is medically appropriate for your health care needs or if an in-person visit is required. For a list of telehealth providers, visit the Blue Cross Blue Shield of Massachusetts website at [bluecrossma.org](http://bluecrossma.org), consult Find a Doctor, or call the Member Service number on your ID card.

## Service Area

The plan's service area includes all cities and towns in the Commonwealth of Massachusetts, State of Rhode Island, State of Vermont, State of Connecticut, State of New Hampshire, and State of Maine.

## When Outside the Service Area

If you're traveling outside the service area and you need urgent or emergency care, you should go to the nearest appropriate health care facility. You are covered for the urgent or emergency care visit and one follow-up visit while outside the service area. See your subscriber certificate for more information.

## Dependent Benefits

This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status. See your subscriber certificate (and riders, if any) for exact coverage details.

Covered Services	Your Cost
<b>Preventive Care</b>	
Well-child care exams	Nothing, no deductible
Routine adult physical exams, including related tests	Nothing, no deductible
Routine GYN exams, including related lab tests (one per calendar year)	Nothing, no deductible
Routine hearing exams, including routine tests	Nothing, no deductible
Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)	All charges beyond the maximum after deductible
Routine vision exams (one every 24 months)	Nothing, no deductible
Family planning services—office visits	Nothing, no deductible
<b>Outpatient Care</b>	
Emergency room visits	\$250 per visit after deductible (copayment waived if admitted or for observation stay)
Office or health center visits, when performed by: <ul style="list-style-type: none"> <li>Your PCP, OB/GYN physician, nurse midwife, limited services clinic, or by a physician assistant or nurse practitioner designated as primary care</li> <li>Other covered providers, including a physician assistant or nurse practitioner designated as specialty care</li> </ul>	\$60 per visit after deductible \$75 per visit after deductible
Mental health or substance use treatment	\$60 per visit after deductible
Outpatient telehealth services <ul style="list-style-type: none"> <li>With a covered provider</li> <li>With the designated telehealth vendor</li> </ul>	Same as in-person visit \$60 per visit after deductible
Chiropractors' office visits	\$75 per visit after deductible
Acupuncture visits (up to 12 visits per calendar year)	\$75 per visit after deductible
Short-term rehabilitation therapy—physical and occupational (up to 20 visits per calendar year*)	\$75 per visit after deductible
Speech, hearing, and language disorder treatment—speech therapy	\$75 per visit after deductible
Diagnostic X-rays and lab tests, including CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	35% coinsurance after deductible
Home health care and hospice services	35% coinsurance after deductible
Oxygen and equipment for its administration	35% coinsurance after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	35% coinsurance after deductible**
Prosthetic devices	35% coinsurance after deductible
Surgery and related anesthesia in an office or health center, when performed by: <ul style="list-style-type: none"> <li>Your PCP, OB/GYN physician, nurse midwife, or by a physician assistant or nurse practitioner designated as primary care</li> <li>Other covered providers, including a physician assistant or nurse practitioner designated as specialty care</li> </ul>	\$60 per visit*** after deductible \$75 per visit*** after deductible
Surgery and related anesthesia in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit	35% coinsurance after deductible
<b>Inpatient Care (including maternity care)</b>	
General or chronic disease hospital care (as many days as medically necessary)	35% coinsurance after deductible
Mental hospital or substance use facility care (as many days as medically necessary)	35% coinsurance after deductible
Rehabilitation hospital care (up to 60 days per calendar year)	35% coinsurance after deductible
Skilled nursing facility care (up to 100 days per calendar year)	35% coinsurance after deductible
<p>* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.</p> <p>** Cost share waived for one breast pump per birth.</p> <p>*** Copayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.</p>	

Covered Services	Your Cost
<b>Prescription Drug Benefits*</b>	
<b>At designated retail pharmacies</b> (up to a 30-day formulary supply for each prescription or refill)**	\$15 after deductible for Tier 1 \$30 after deductible for Tier 2 \$50 after deductible for Tier 3
<b>Through the designated mail order pharmacy</b> (up to a 90-day formulary supply for each prescription or refill)**	\$30 after deductible for Tier 1*** \$60 after deductible for Tier 2 \$150 after deductible for Tier 3

\* Generally, Tier 1 refers to generic drugs; Tier 2 refers to preferred brand-name drugs; Tier 3 refers to non-preferred brand-name drugs.  
 \*\* Cost share may be waived for certain covered drugs and supplies. Retail drugs are available in a 90-day supply at three times the standard retail cost share.  
 \*\*\* Certain generic medications are available through the mail order pharmacy at \$9, no deductible. For more information, go to [bluecrossma.org/mail-order-pharmacy](http://bluecrossma.org/mail-order-pharmacy).

Get the Most from Your Plan: Visit us at [bluecrossma.org](http://bluecrossma.org) or call 1-800-262-BLUE (2583) to learn about discounts, savings, resources, and special programs available to you, like those listed below.

**Wellness Participation Program**

**Fitness Reimbursement: a program that rewards participation in qualified fitness programs or equipment** (See your subscriber certificate for details.)

\$150 per calendar year per policy

**Weight Loss Reimbursement: a program that rewards participation in a qualified weight loss program** (See your subscriber certificate for details.)

\$150 per calendar year per policy

 **24/7 Nurse Line: Speak to a registered nurse, day or night, to get immediate guidance and advice. Call 1-888-247-BLUE (2583). No additional charge.**

## QUESTIONS?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-800-262-BLUE (2583), or visit us online at [bluecrossma.org](http://bluecrossma.org).

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your subscriber certificate and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the subscriber certificate and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your subscriber certificate and riders.



Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

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## **BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:**

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at **1-800-472-2689 (TTY: 711)**; fax at **1-617-246-3616**; or email at **[civilrightscoordinator@bcbsma.com](mailto:civilrightscoordinator@bcbsma.com)**.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at **[ocrportal.hhs.gov](https://ocrportal.hhs.gov)**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697 (TDD)**.

Complaint forms are available at **[hhs.gov](https://www.hhs.gov)**.



# PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

**Spanish/Español:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

**Portuguese/Português:** ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

**Chinese/简体中文:** 注意：如果您讲中文，我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部（TTY 号码：711）。

**Haitian Creole/Kreyòl Ayisyen:** ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: 711).

**Vietnamese/Tiếng Việt:** LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: 711).

**Russian/Русский:** ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: 711).

**Arabic/عربي:**

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل بخدمة الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": 711).

**Mon-Khmer, Cambodian/ខ្មែរ:** ការជូនជំនួយ: ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខ នៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: 711)។

**French/Français:** ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY : 711).

**Italian/Italiano:** ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: 711).

**Korean/한국어:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: 711)를 사용하여 회원 서비스에 전화하십시오.

**Greek/Ελληνικά:** ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: 711).

**Polish/Polski:** UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

**Hindi/हिंदी:** ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711).

**Gujarati/ગુજરાતી:** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: 711).

**Tagalog/Tagalog:** PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

**Japanese/日本語:** お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

**German/Deutsch:** ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

**Persian/پارسیان:**

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شماره تلفن مندرج بر روی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

**Lao/ພາສາລາວ:** ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

**Navajo/Diné Bizaad:** BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjii' béésh bee hodíílnih (TTY: 711).

5-2  
2-28-22

### ARTICLE 3

FULL TIME – 3%  
PART TIME – 3%

### FY23

Town Clerk	93,525
Assessor (Chairman)	8,616
Assessor (Members)	7,722
Highway Surveyor	109,792
Tree Warden	7,437
Selectmen (Chairman)	9,819
Selectmen (Members)	8,724
Vernon Grove (Trustees)	4,178
Board of Health (Chairman)	2,812
Board of Health (Members)	2,457
Sewer Commissioner (Chairman)	2,812
Sewer Commissioner (Members)	2,457
Park Commissioner (Chairman)	2,812
Park Commissioner (Members)	2,457
Planning Board (Chairman)	2,812
Planning Board (Members)	2,457
Moderator	2,702



**Richard Villani**

E-3  
2-28-22

**From:** Geri Eddins <geri@eddins.net>  
**Sent:** Wednesday, February 16, 2022 8:55 AM  
**To:** Richard Villani; Michael Walsh; Thomas O'Loughlin; Paul Mazzuchelli  
**Cc:** Sandee Buckley  
**Subject:** Resignation and Appointments to Milford Cultural Council

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

Gentlemen:

I am disappointed to report that we have received a resignation letter from Maxwell Li. You can read Max's email to the council regarding his resignation below.

Previously, I submitted to you Molly Auger's request to not be reappointed to a second term, as well as the resignation of Christine Daddario. I am aware that you accepted Molly's request on February 7 and Christine's resignation on February 14, leaving the council with two open seats.

**At the February 15th meeting of the Milford Cultural Council, we voted unanimously to ask the Select Board to appoint the following two applicants to fill these two seats:**

- **Aboighasem (Ebi) Moazeni**
- **Noressa Santomenna**

We believe both applicants would make fine additions to the Cultural Council, and we look forward to working with them.

Once you accept the resignation of Maxwell Li, we will have one more open seat. We would like the opportunity to review any new talent bank applications that are submitted and then vote on our recommendation for filling this seat at our next meeting (March 15). We appreciate your respecting this request and will let you know our recommended applicant on March 16.

I hope you will join me in thanking Max for his valuable service to the Milford Cultural Council.

If you have any questions, please feel free to email or call. Thank you.

All the best,  
Geri Eddins  
Milford Cultural Council, Chair

## EMAIL FROM MAXWELL LI RESIGNING FROM THE MILFORD CULTURAL COUNCIL

----- Original message -----

From: Maxwell Li <[maxwelli24@gmail.com](mailto:maxwelli24@gmail.com)>

To: Geri Eddins <[geri@eddins.net](mailto:geri@eddins.net)>

Subject: Re: AGENDA and Packet for Tomorrow Night's MCC Meeting

Date: Tuesday, February 15, 2022 12:06 AM

Dear Gery, all the Milford Cultural Council committee members,

I have enjoyed working with all of you since I have got on board 2021. I am touched to see you all have contributed a lot of time, talents and resources for this committee. Your efforts have certainly made a difference in the cultural life for the residents.

However, at this time of the moment, I realize that I better bow out, and resign from MCC, and let someone else have much more acknowledgement of this town to serve the community.

I appreciate the opportunity to serve at the Cultural Council committee!

I wish MCC more success in the future.

Thank you!

Sincerely,

Maxwell Li



**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 Stephen J. Cassinelli

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

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

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

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

EDUCATION Graduated Milford High School 1986 Berklee College of Music awards Composition & performance

EXPERIENCE Operate alcasemouthpieces.com (in contact with iconic brass musicians throughout the world daily) Recording artist composer & performer aka Casarachi casarachi.com Music director at Milford Youth Center prior to rehab Have been performing in Milford & on Radio since age 5. 6th generation student of Ludwig Von Beethoven. Winner of the Dave Maynard talent show 1980 @Milford High (12 years old). Flag bearer bicentennial parade 1976 @8. & other

INTERESTS Music, art, history, and antiques. Creative problem solver.

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     |
| <input type="checkbox"/> Council on Aging                       | (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 4-23-24 Recorded 4-23-24 Application Expires 4-23-24  
 Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_



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YOUR NAME Samantha Cesario

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

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

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

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

EDUCATION UAlbany: Master of Science: Library Information and Services

EXPERIENCE \_\_\_\_\_

INTERESTS

Community organizing, youth work, arts & culture,

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

Supervisor of Youth Services at the Milford Town Library

**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 checked="" 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<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                          | <input type="checkbox"/> Milford Geriatric Authority  |
| <input type="checkbox"/> Fair Housing Committee                    | <input checked="" 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 4-21-21 Recorded 4-21-21 Application Expires 4-21-2024  
 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

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YOUR NAME Abolghasem Moazeni

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

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

EMAIL ADDRESS: ! \_\_\_\_\_

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

EDUCATION BS Mechanical Engineering and Systems Engineer

EXPERIENCE 20 years of restaurant management and 22 years of IT Systems Engineering

INTERESTS Music, Theater, Parks, Musume and learning about different cultures to promote undrestanding.

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

No \_\_\_\_\_

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

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

**FOR OFFICE USE ONLY:** Date Rec'd 4-23-21 Recorded 4-23-21 Application Expires 4-23-24  
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Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757
508-634-2303 Fax 508-634-2324

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YOUR NAME Alessa Santomenna

YOUR ADDRESS

TELEPHONE NO. FOR WEEKDAYS (774) & EVENINGS

EMAIL ADDRESS

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

EDUCATION Family NP - Providence College BS Poli Sci
MCPHS-BSN
UMass Boston - MSN

EXPERIENCE Currently serving on school councils at Memorial & Woodland
- Milford resident (lifelong)
- PTU Member - Planned & executed events

INTERESTS - Finding creative & fun ways to spend time w/ my family
- Crochet - Planning events
- Music
- Playing sports

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

No

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

- Cedar Swamp Pond Development Committee
Commission on Disability
Community School Use Committee
Conservation Commission
Council on Aging
Fair Housing Committee
Finance Committee
Historical Commission
Industrial Development Commission
Memorial Hall Cultural Center Committee
[X] Milford Cultural Council (formerly Arts Lottery Council)
Milford Geriatric Authority
Milford Youth Commission
Personnel Board
Zoning Board of Appeals
Other (Describe Below)

FOR OFFICE USE ONLY: Date Rec'd 4-22-21 Recorded 4-22-21 Application Expires 4-22-24
Referred to Board Chair for Review/Comment/Recommendation



**MILFORD BOARD OF SELECTMEN**  
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YOUR NAME Rj Sheedy

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

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

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

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

EDUCATION MHS Graduate, class of 2014. Studied communication at Worcester State University.

EXPERIENCE Proud member, organizer and rep of UFCW 1445 & Clerk at Stop And Shop. Also ran for office twice, am a town meeting member, and have been a longtime member of Milford TV since it's inception.

INTERESTS Community events, media relations, organizing and education.

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

I am a town meeting member in precinct 5.

**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 checked="" 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<br>(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging                          | <input type="checkbox"/> Milford Geriatric Authority  |
| <input type="checkbox"/> Fair Housing Committee                    | <input checked="" type="checkbox"/> Milford Youth Commission                                    |
| <input type="checkbox"/> Finance Committee                         | <input checked="" type="checkbox"/> Personnel Board   |
|  | <input type="checkbox"/> Zoning Board of Appeals  |
|  | <input type="checkbox"/> Other (Describe Below)   |

**FOR OFFICE USE ONLY:** Date Rec'd 4-12-21 Recorded 4-12-21 Application Expires 4-12-24  
 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 Candace Skorupa

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

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

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

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

EDUCATION Bachelor of music University of Rhode Island  
30yrs Classroom music teacher and Chorus in  
Medway and Hopedale; Piano Teacher to present

EXPERIENCE Community Concert Association (Franklin) Program  
Planner 1980's  
Milford Theater Guild 1980-1990's semi leads

INTERESTS Vice President Greenleaf Garden Club of Milford 2007-2009  
2021-2023 Program Chair  
Boston Symphony Orchestra, Clafin Hill Symphony Orchest  
Piano Teaching, Gardening

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- |   |   |
|---|---|
| <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<br>(formerly Arts Lottery Council) |
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|   | <input type="checkbox"/> Zoning Board of Appeals  |
|   | <input type="checkbox"/> Other (Describe Below)   |

**FOR OFFICE USE ONLY:** Date Rec'd 4-26-21 Recorded 4-26-21 Application Expires 4-26-24  
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**MILFORD BOARD OF SELECTMEN**  
 Room 11, Town Hall, 52 Main Street (Route 16), Milford, MA 01757  
 508-634-2303 Fax 508-634-2324

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YOUR NAME Frederick [Fritz] Smith

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

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

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

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

EDUCATION Degree in Cabinet and Furniture Making [Last education]

EXPERIENCE Retired Quality Engineer, Furniture and Cabinet Maker, Kitchen Designer. Past President Eastern Massachusetts Guild of Woodworkers, Past Vice President Milford Community Choir. Friend of the Library.

INTERESTS Drawing, Sculpture, Furniture Making, Supporting the Arts,

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YOUR NAME Asheley St.Clair III

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

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

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

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EDUCATION MA Theological Studies

EXPERIENCE Currently employed by The Guild for Human Services as a TA, have worked with Pinestreet Inn as a Manager in a Residential Program in Brookline, was employed as an administrative Assistant to Pastor Samuel B. Hogan, Sr. Jurisdictional Bishop of MA 1st and a tenured Professor at Harvard University for over 10 years. In this varying roles it was of the utmost importance to have an understanding of the cultural differences of the community you served.

INTERESTS Counseling, volunteering for senior citizens and the homeless populations of my community. Teaching and networking with young and sharing the importance of giving back in some way.

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N/A

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YOUR NAME Verne L. Thayer

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

TELEPHONE NO. FOR WEEKDAYS ( \_\_\_\_\_ <sup>2</sup> & EVENINGS( \_\_\_\_\_

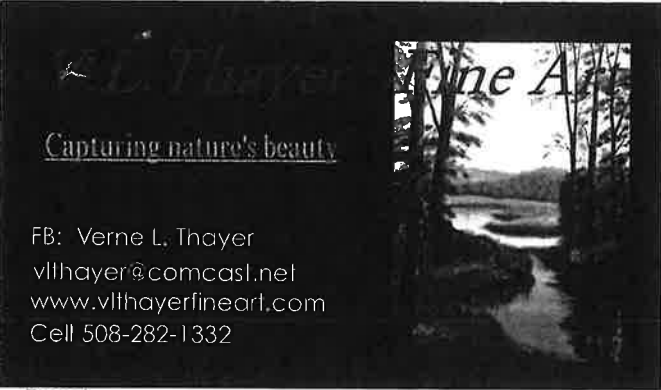
EMAIL ADDRESS \_\_\_\_\_

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EDUCATION Associate Applied Science, Management

EXPERIENCE Artist 50+ yrs

INTERESTS Oil Painting, Leather work, Genealogy, History



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YOUR NAME Stephen Vond

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

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

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

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

EDUCATION BS at Emerson College, Boston, MA

EXPERIENCE acting + communications  
Disc jockey - radio WCIN Worcester

INTERESTS Music + arts (performing + visual)

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**Richard Villani**

E-4  
2-28-22

**From:** Contact form at Milford MA <cmsmailer@civicplus.com>  
**Sent:** Wednesday, February 16, 2022 4:14 PM  
**To:** Richard Villani  
**Subject:** [Milford MA] Conservation Commission Resignation (Sent by Ed Ross, ross01757@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,

Ed Ross ([ross01757@gmail.com](mailto:ross01757@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:

Good afternoon Rick,

I am very grateful for the opportunity to serve on the Conservation Commission. I am resigning due to a relocation to Florida, effective 2/17. I appreciate what I have learned from this town and my fellow board members. I wish nothing but the best for everyone moving forward.

Much appreciated

Ed Ross