

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

Board or Commission _____ Milford Select Board
Date and Time of Meeting _____ March 14, 2022, 6:00PM
Place of Meeting _____ Room 03, 52 Main Street

MILFORD TOWN CLERK
2022 MAR 10 PM 1:47

- A.) SIGNING OF WARRANT, APPROVAL of Minutes, February 28, 2022**
EXECUTIVE SESSION Minutes, February 28, 2022

- B.) INVITATION TO SPEAK**
Remote Public Hearing/Invitation to Speak access now requires advanced registration. Please register online here: <http://tiny.cc/atcpuz> 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 Emporium Brazil, re: Common Victualler All Alcoholic Beverages License-Continuation
 - 2. 6:05 PM SDM Bar & Grille, III dba Sol de Mexico Bar & Grill, re: Entertainment License

- D.) SCHEDULED APPOINTMENTS**
 - 1. Superintendent of Schools, re: Statement of Interest
 - 2. Finance Director, re: ARPA Payments-Board of Health/IT Department

- E.) TOWN ADMINISTRATOR’S REPORT**
- F.) OLD BUSINESS**
 - 1. Amazon, re: Update
 - 2. Town Administrator, re: Amendment to Liquor License-Temporary Outdoor Service-Prezo Grille and Bar

- G.) NEW BUSINESS**
 - 1. Police Chief, re: Dilla Street at Purchase Street, East Street, Huntoon Slip
 - 2. Police Chief, re: No Parking Sign- Congress Street
 - 3. Town Administrator, re: Article 3 Recommendation-Elected Officials
 - 4. Town Administrator, re: Reaffirm Insurance Advisory Committee Retiree Member
 - 5. Town Administrator, re; Labor Counsel Appointment
 - 6. Town Administrator, re: Award of Contract-Senior Center Interior Painting
 - 7. Conservation Commission, re: Appointment
 - 8. Milford Youth Center, re: Acceptance of Gift

- 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 _____  _____ Dated 3/10/22

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3/14/22

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:** _____

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Contact Name: *Jehany Mendonca* **D.O.B.** **SS #**

Contact Phone774-285-2940: **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

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.

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	<input type="text" value="EMPORIUM BRAZIL"/>	FEIN	<input type="text"/>
DBA	<input type="text"/>	Manager of Record	<input type="text" value="ALEXANDRE COELHO"/>
Street Address	<input type="text" value="21 MAIN ST"/>		
Phone	<input type="text" value="508.381.1240"/>	Email	<input type="text" value="CONTACT@EMPORIUMBRAZILUSA.COM"/>
Alternative Phone	<input type="text" value="774.285.2940"/>	Website	<input type="text"/>

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.

Total Square Footage:	<input type="text" value="2400"/>	Number of Entrances:	<input type="text" value="1"/>	Seating Capacity:	<input type="text" value="70"/>
Number of Floors	<input type="text" value="1"/>	Number of Exits:	<input type="text" value="3"/>	Occupancy Number:	<input type="text" value="79"/>

4. APPLICATION CONTACT

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

Name:	<input type="text" value="JEHANY MENDONCA"/>	Phone:	<input type="text" value="774.285.2940"/>
Title:	<input type="text" value="PRESIDENT"/>	Email:	<input type="text" value="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
ALEXANDRE COELHO	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
JEHANY MENDONCA			

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	
B. Purchase Price for Business Assets	
C. Other * (Please specify below)	
D. Total Cost	

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

SOURCE OF CASH CONTRIBUTION

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

Name of Contributor	Amount of Contribution
Total:	25,000.00

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.
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
EMPORIUM BRAZIL	21 MAIN MILFORD MA 01757	508.381.1240

Name of Principal	Residential Address	SSN	DOB
JEHANY MENDONCA			
Title and or Position	Percentage of Ownership	Director	US Citizen
PRESIDENT	40%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
			MA Resident
			<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
ALEXANDRE COELHO			
Title and or Position	Percentage of Ownership	Director	US Citizen
VICE PRESIDENT	40%	<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

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

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

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

Signature:
 Title:
 Date:

Management Agreement Entity Officer/LLC Manager

Signature:
 Title:
 Date:









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3-14-22

DEPARTMENT HEAD REVIEW FORM

- 1. Name of Business: **Sdm Bar & Grille III, Inc. d/b/a Sol de Mexico Bar & Grill**
- 2. Mailing Address: **350 E. Main Street**
Assessors ID#: **Map 32 Block 98 Lot 23 Zone IC/IB**
- 3. Has applied for: **Amendment to Common Victualler All Alcoholic Beverages License
Live Entertainment-Live mariachi band and live DJ**
- 4. Selectmen will take action on: **Monday March 14, 2022**
- 5. Hearing Continued/Postponed/MGL Deadline: _____
- 6. Abutters Notified: _____ Published: _____
- 7. Inquiry Sent To Dept. Heads on: _____
- 8. Please Respond By: _____
- 9. License Approved: _____ Denied: _____ Tabled: _____ On _____

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Building Commissioner: (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **IB zone, allowable use, occupant load 258, building is accessible**

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

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

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

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

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

Criminal Offense Record Info: (CORI) Approved Disapproved

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

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

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Contact Name: Alexandra Belteton D.O.B. SS #

Contact Phone: 401-744-0663 e-mail: alexandrabelteton@gmail.com



MILFORD SELECT BOARD

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

508-634-2303

Fax 508-634-2324

www.milfordma.gov

LICENSE APPLICATION (CHECK ONE)

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

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

SEE ADDITIONAL INFORMATION REQUIRED BELOW

BUSINESS NAME: Sol de Mexico Bar & Grill

BUSINESS ADDRESS: 350 E. Main St. Suite 2

DAYS/HOURS OF OPERATION MON-THURS 11am - 10pm FRI&SAT 11am - 11pm SUN 12pm-10pm
(Some Sunday licenses may require approval of State DPS)

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

NAME OF APPLICANT: Alexandra Belteton

MAILING ADDRESS: 350 E. Main St. Ste 2. Milford, MA 01757

EMAIL ADDRESS: _____

APPLICANT'S DATE OF BIRTH: _____

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

APPLICANT'S SIGNATURE **DATE:** 02/24/2022

Alexandra Belteton _____
Type or print name on this line Daytime Telephone Number

IMPORTANT: Read this section carefully. Provide required information on reverse side. *Additional Information Required:*
License # Above

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

CONTINUE APPLICATION PROCESS ON REVERSE SIDE OF THIS FORM

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

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

SIGNATURE _____ DATE: _____

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

We are looking to have live mariachi throughout the year and potentially other live entertainers. Mostly, it would be a live mariachi band we are still coordinating specific dates but would mostly be during the week from 6pm - 9pm, twice a month. Normally, the live mariachi bands walk throughout the restaurant to each table or each section and plays. We are also asking for permission to have a live DJ, Friday & Saturday once a month from 10pm to 1am.

ADDITIONAL REQUIREMENTS:

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

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

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

*License will not be issued without Workers Compensation Affidavit

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

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3-14-22

REQUIRED FORM OF VOTE TO SUBMIT A STATEMENT OF INTEREST

REQUIRED VOTES

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

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

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

FORM OF VOTE

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

Resolved: Having convened in an open meeting on March 14, 2022 prior to the SOI submission closing date, the Select Board, in accordance with its charter, by-laws, and ordinances, has voted to authorize the Superintendent to submit to the Massachusetts School Building Authority the Statement of Interest Form by April 29, 2022 for the Milford High School located at 31 West Fountain Street, Milford, Massachusetts 01757 which describes and explains the following deficiencies and the priority category(s) of replacement, renovation, or modernization of school facility systems, such as roofs, windows, boilers, heating and ventilation systems, to increase energy conservation and decrease energy related costs in a school facility and replacement of or addition to obsolete buildings in order to provide a full range of programs consistent with state and approved local requirements for which an application may be submitted to the Massachusetts School Building Authority in the future and hereby further specifically acknowledges that by submitting this Statement of Interest Form, the Massachusetts School Building Authority in no way guarantees the acceptance or the approval of an application, the awarding of a grant or any other funding commitment from the Massachusetts School Building Authority, or commits the Town of Milford to filing an application for funding with the Massachusetts School Building Authority.

DOCUMENTATION OF VOTE

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

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



BOARD OF HEALTH

TOWN OF MILFORD, MASSACHUSETTS 01757

Jacquelyn A. Murphy, *Director of Public Health*

Telephone: 508-634-2315

Board Members

Kenneth C. Evans
Leonard A. Izzo
Paul A. Mazzuchelli

March 14, 2022

To: Milford Select Board

Michael Walsh, Chair
Tom O'Loughlin, Member
Paul Mazzuchelli, Member
Rick Villani, Town Administrator

From: Milford Board of Health

Re: American Rescue Plan Act (ARPA) Funding for Public Health Preparedness and Response in Milford

The Milford Board of Health is requesting \$50,000 additional funding from the American Rescue Plan Act (ARPA) to continue protecting the public's health from infectious and communicable diseases, such as COVID-19 and influenza, and preparing for public health emergencies through education and communication, data analysis, and program planning.

Previously, the Board of Health received \$50,000 which was primarily spent on personnel time (e.g., public health nurse contact tracing efforts by the Visiting Nurse Association), clinic staff and supplies (e.g., band aids, tables, pharmaceutical-grade refrigerator), and rapid antigen tests for all town employees to ensure continuity of governance.

Now, the Board of Health will need funding for potential booster clinics, clinics for young people (i.e., under age 5) when a vaccine is approved for use with that age group, and replenishing supplies which were depleted during the COVID-19 pandemic. Further, the Board of Health must prepare for unforeseen twists in the pandemic, familiar to us now in the form of variant versions of the SARS-CoV-2 virus. The Board of Health will need to be ready for variants arising which evade the currently available vaccines.

The Board of Health is ready to discuss this request further, including any related questions or concerns.

Thank you for your attention and consideration.

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3-14-22

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 Friday, March 11, 2022 at 10:00 A.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. Also present was resident Jamie Wheelock.

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

March 11, 2022

BY: 

Richard A. Villani, Town Administrator



E-1
3-14-22

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: 02/28/22

RE: Dilla St @ Purchase St, East St, Huntoon Slip

Dear Mr. Villani,

As requested I assigned Deputy Chief R. Tusino to investigate these three traffic complaints. I understand that the right turn onto Purchase St from Dilla St has the potential to be narrow and hard to accomplish. Posting signage that prohibits right turns onto Purchase St would make tractor-trailers take a left onto Purchase St. This action would set tractor-trailers up for failure by directing them into as heavily populated area. Ultimately towards the congested downtown. The only suggestion is signage be posted on Dilla St well before the Purchase St right turn. The signage should read, TRUCKS MAKE WIDE RIGHT TURN AHEAD.

The second location of traffic concern in Huntoon Slip (57 Huntoon Slip) adjacent to 335 ½ Main St. The issue is parked vehicles on the easterly curb side at the rear entrance to Milford Regional Medical Center. I respectfully request NO PARKING signage along that corridor to discourage parking that impedes emergency vehicles from entering and exiting.

The third location of traffic concern is East St in the area of Tomaso Field and both sides of the driveway entrance to 18 East St. Although there is signage along East St that limits roadside parking, NO PARKING signs should be erected on both sides of the entrance located at 18 East St. In the past vehicles park on both sides of the driveway making it extremely dangerous for the occupants of that residence to pull in and out safely.

I would also ask that NO PARKING signs with poles be erected directly in front of Tomaso Field on East St. The issue is the posted NO PARKING signs are on poles that are not in the immediate area. This creates the illusion that parking is allowed directly in front of the park.

Sincerely,

James F. Falvey
Chief of Police
Town of Milford

Richard Villani

From: Thomas O'Loughlin
Sent: Friday, February 25, 2022 5:30 PM
To: Richard Villani
Cc: Michael K. Walsh; Paul Mazzuchelli; Falvey, James; edkelly@milreg.org
Subject: MRMC REQUEST FOR NO PARKING ON HUNTOON SLIP FROM MAIN STREET
NORTHERLY TO THE PROPERTY LINE OF 57 HUNTOON SLIP AND THE MRMC PARKING
LOT
Attachments: MRMC NO PARKING HUNTOON SLIP 022522.pdf

Gentlemen,

Mr. Ed Kelly, CEO of the MRMC, contacted me to express a safety concern related to parking on Huntoon Slip from the intersection of Main Street northerly to the property line of 57 Huntoon Slip and the MRMC parking lot. The difficulty that they are experiencing is that, if vehicles are legally parked in this area, the line of sight as ambulances turn from the westbound lane of Main Street (Rte. 16) is diminished and sometimes in their understandable haste to get to the Hospital Emergency Department, they may encounter an unexpected parked vehicle.

I have discussed this concern with the owners of Isabel's at 335 1/2 Main Street, Carlos and Marcia Benjamin and they too are appreciative of this concern and they indicated that they would communicate this concern and the reasonable recommended measures to remedy the concern to the owner of the property, who also owns the adjacent duplex home at 57 Huntoon Slip.

The recommendation is that the Select Board prohibit parking from the corner of East Main Street and Huntoon Slip, on the easterly curbside, northerly to the property line of 57 Huntoon Slip and the property line of the Milford Regional Medical Center parking lot for physicians. As indicated in the attached photograph, the "No Parking" area would be along the red and black line and there would be three signs located at the red/black circles, as depicted in the photograph. Therefore, one sign would be located at the corner of Huntoon Slip at Main Street, a second sign would be located at the property line of 335 1/2 Main Street and 57 Huntoon Slip and the third sign would be located at the property line between 57 Huntoon Slip and the MRMC parking lot for physicians.

I urge the Select Board to act on this request at our next regularly scheduled meeting in which this matter is properly posted for public notice.

Thank You,

Tom O'Loughlin





E-2
3-14-22

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: March 4, 2022
RE: No Parking Zone

Dear Mr. Villani,

As a result of a traffic complaint made to the Milford Police Department, we assigned an officer to investigate, report and make recommendations. School Resource Officer Paul Pinto has recommended no parking signs to be placed on Congress Street in front of 49-51 and 53-55 to improve the line of sight for vehicles pulling out from Spruce Street. The total distance for no parking signs would be approximately 150 feet from the intersection of Congress and Spruce Street. In looking at the intersection from a printed map the design of the intersection does make it difficult to observe north bound traffic on Congress Street. With parked vehicles in front of the above mentioned addresses it makes it even more difficult. The traffic does get backed up during school opening and closing times when crossing guards have reported observing a lot of near crashes.

At this time I'd like to request and recommend to the Select Board to approve No Parking Signs to say no parking from here to corner in front of 53-55 Congress Street right next to the driveway there to improve the line of visibility and overall safety. The overall distance would be approximately 75 feet from the driveway to the corner of Congress at Spruce Street. To increase the overall distance of 200 feet first recommended by a school employee and Milford resident would mean the loss of many more parking spaces all the way down to number 43 Congress Street which is right across Edwards Funeral Home. This would negatively impact residents and businesses close by. The Milford Police Department with our partners in the community will continue to monitor the issue and make any future recommendations if necessary to improve safety.

Sincerely,

James F. Falvey
Chief of Police
Town of Milford

Jeffrey P. Rotatori
15 University Drive
Milford, MA 01757

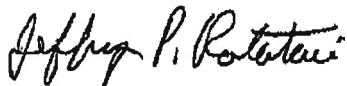
February 20, 2022

Dear Committee Members,

My name is Jeff Rotatori, and I have been a resident of Milford for thirty five years. I am currently a crossing guard for the town. I need to bring to your attention the immediate safety concerns I and others share about the traffic congestion at the top of Spruce and Congress Streets during the morning and afternoon drop off of buses and crossing children. The congestion of relentless streams of vehicles makes it extremely difficult to not only cross the kids safely but to clearly see them in my vision. I am also concerned for my safety as some disgruntled drivers have taken it upon themselves to drive through my hand held stop signs endangering all in the intersection and making a bad situation worse. My head is on a swivel, and it has become increasingly dangerous and nerve racking. I would like to present to you a minor solution, not a fix all, but a step in the right direction. Anyone who has driven west on SPRUCE ST from the bottom near Charlie's Market to the top of the intersection of CONGRESS ST knows that you can't see oncoming traffic on the left because of parked vehicles on Congress Street. If a no parking ban for 200 feet existed for the cars that parked facing north (towards Brookside School), this would allow that traffic to govern itself, freeing me up to concentrate on the other issues. Again there is no quick fix to correct all the problems without the extent of a traffic cop or stop light, but my solution is cost effective and good sense. I have knowingly prevented at least twenty or so serious accidents at this corner by stopping the unsuspecting driver from blindly pulling out into traffic that they cannot see.

In closing I would like the town to be proactive in this situation before it gets worse or God forbid something serious transpires. It is not an expensive fix, but is worth every penny.

A very concerned citizen,



Jeffrey P. Rotatori

February 24, 2022

CHIEF JAMES FALVEY
MILFORD POLICE DEPARTMENT
MAIN STREET, MILFORD MA.

DEAR CHIEF,

I HOPE THIS LETTER FINDS YOU WELL. I AM PROUD OF THE WORK YOU ARE DOING FOR OUR TOWN.

I RECEIVED THIS LETTER FROM JEFFREY ROTATORI. HE IS A TRAFFIC GUARD AND I BELIEVE A VERY GOOD ONE! HE HAS LIVED IN MILFORD FOR OVER 35 YEARS AND ATTENDS THE MILFORD SENIOR CENTER FOR THE EXERCISE PROGRAM. HE HAS BECOME A GOOD FRIEND WHO CARES ABOUT MILFORD VERY DEEPLY.

HE HAS MADE SEVERAL COMMON SENSE RECOMMENDATIONS TO ADDRESS THE SITUATION AT THE CONGRESS AND SPRUCE STREET INTERSECTION.

HE WOULD ALSO LIKE TO SPEAK WITH YOU REGARDING THIS INTERSECTION IF YOU HAVE THE TIME.

THANK YOU FOR YOUR ATTENTION IN THIS MATTER.

SINCERELY,



DINO DEBARTOLOMEIS

CC: JEFFREY ROTATORI



MILFORD POLICE DEPARTMENT

250 Main Street * Milford, MA 01757 * Tel. (508) 473-1113 * Fax (508) 634-2364

Dear Deputy Chief Sanchioni,

March 2, 2022

I am writing in response to the traffic safety concerns that were raised at the intersection of Congress Street and Spruce Street. The concerned citizen was Mr. Jeff Rotatori who currently serves as a crossing guard at that intersection. Mr. Rotatori expressed concerns surrounding the volume of traffic during the school's arrival and dismissal times. The times and volume are specific to the Stacy Middle School traffic. One of Mr. Rotatori's primary concerns is the visibility and sight line when vehicles pull out of Spruce Street onto Congress Street. Mr. Rotatori further explained that there are daily near accidents as a result of this.

I subsequently examined the intersection and noted the trajectory of Spruce Street and Congress Street. When vehicles are parked in front of 49-51 and 53-55 Congress Street it does present a greater challenge for the vehicles pulling out of Spruce Street. In order to provide a clear, unobstructed sight line, two "No Parking Here to the Corner" signs should be placed in front of 49-51 and 53-55 Congress Street which would alleviate this challenge. The proposed distance would be 150' from the corner of Spruce Street and Congress Street to the residential driveway of 49-51 Congress Street (see attached map). With this clearer path of visibility, it would provide a better opportunity for vehicles to safely pull out of Spruce Street and ultimately clear Spruce Street traffic in a timely manner. In addition, when practical we can provide additional support to Mr. Rotatori during these challenging times.

As a result of increased car riders, the volume of school traffic has been a challenge across the district. This specific area has proven to be extra challenging due to the geographical location of Stacy Middle School and Memorial Elementary School. Until there is a more comprehensive solution in providing a redesign of school traffic patterns, specifically establishing a more expansive dedicated car rider line for both Memorial Elementary School and Stacy Middle School, the high volume of traffic on public ways will remain consistent for the foreseeable future. I encourage and would be more than happy to have further dialogue in discussing some of these possibilities.

Respectfully,

Officer Paul J. Pinto

School Resource Officer



**MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT**

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

Geometry updated 4/2/2021
Data updated 11/16/2018

Print map scale is approximate.
Critical layout or measurement activities should not be done using this resource.

Falvey, James

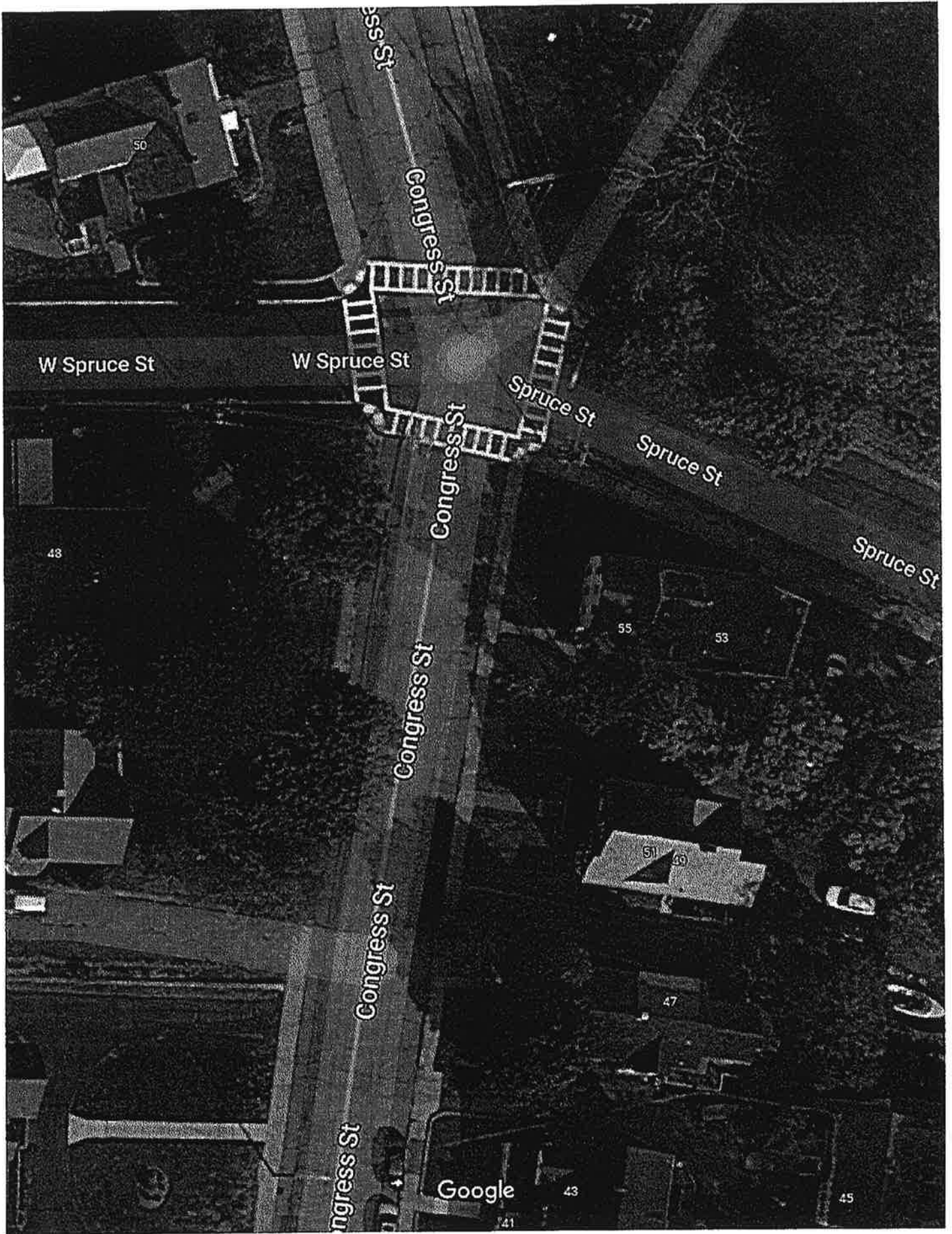
From: Pinto, Paul
Sent: Friday, March 4, 2022 11:20 AM
To: Falvey, James
Subject: Congress St. @ Spruce St.

Chief Falvey,

Upon measuring with the measuring wheel, the distance from the corner of Congress Street and Spruce Street to the the driveway of 53-55 Congress Street is 75'. Mr. Rotatori's suggestion of a 200' no parking zone is located in front of 43 Congress Street from the corner of the intersection. This is a substantial distance and believe it would negatively impact parking availability to nearby businesses and residents. If I can be of any further assistance please advise.

Respectfully,

Paul J. Pinto
School Resource Officer
Milford Police Department
250 Main Street
Milford, Ma 01757
508 473 1113 X647
ppinto@milfordpolice.org



E-3
3-14-22

ARTICLE 3

FULL TIME – 3%

PART TIME – 3%

Town Clerk & Highway Surveyor – 5%

FY23

Town Clerk	95,341
Assessor (Chairman)	8,616
Assessor (Members)	7,722
Highway Surveyor	111,924
Tree Warden	7,437
Selectmen (Chairman)	9,819
Selectmen (Members)	8,724
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-4
3-14-22

From: Charles Boddy
Sent: Wednesday, March 2, 2022 9:21 AM
To: Richard Villani; filpete@hotmail.com
Subject: RE: RETIREE SEAT ON THE INSURANCE ADVISORY COMM.

Rick,

This whole situation is a big problem. The statute is, apparently, intentionally vague. It refers to an appointment by "the appropriate authority." It would seem clear that it is the Select Board, except that it is a retiree slot. So maybe it should be the Retirement Board.....? The reality is that we do not know which board is the appointing authority, and that the law has not been amply interpreted by the Courts. (I think there is one case on the section of law and it does not have to do with the IAC, but instead with insurance.) (The statute comprises the IAC of 8 members, 7 from employee organizations and 1 retiree) There presently appear to be two retirees who "think" that they are currently on the IAC. Peter, is the Chairman of the IAC, and for that reason I conclude that he is presumptively a member. Nonetheless, there is no known documentation in Milford establishing who has been elected or appointed as members. This is true of Peter, too, and he is trying to correct that. (There are also no known terms of membership or methods for appointment of members' successors. Professional staff has not managed the IAC so former members are under the impression that they are still members. Members unable to attend meetings sometimes send someone in their stead, but this is not allowed....only members may vote.)

Under the circumstances, it is important to establish the legitimacy of current membership by either demonstrating their election, appointment, or ex officio membership status.

I do not think we should get bogged down in whether Peter is appointed by the Select Board or Retirement Board. I would assume that it is the Select Board and, based upon that assumption, simply place the matter on the Select Board's agenda to have him "reaffirmed" as the retiree appointed to the Board. I do not think that it should be considered an appointment, which implies he is currently not appointed, but, instead, as a reaffirmation of his existing appointment which just documents his current status.

My personal thought is that without Peter's leadership the IAC will struggle to fulfill its responsibilities, so it is important that his status be confirmed.

Thanks for checking with me.
Charles

Charles D. Boddy, Jr. ESQ
Town Counsel
Town of Milford
Legal Department
52 Main Street (Room #16)
Milford, MA 01757
508.634.2302 p
508.634.2324 f

Richard Villani

From: Peter Filosa <filpete@hotmail.com>
Sent: Sunday, February 27, 2022 3:44 PM
To: Richard Villani
Subject: RETIREE SEAT ON THE INSURANCE ADVISORY COMM.

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.

According to my reading of chapter 32b the selectman would appoint the retiree member the term would be three years like the rest of the committee members I would like to remain in this position if it is the will of the BOARD .Sincerly Peter Filosa

Sent from [Mail](#) for Windows

E-6
3-14-22

CONTRACT AWARD

TOWN OF MILFORD

INVITATION TO BID

DESCRIPTION – PAINTING OF INTERIOR OF TOWN HALL

AWARDING AUTHORITY – SELECT BOARD

DATE – MARCH 14, 2022

BIDDER NAME/ADDRESS	QUOTE AMOUNT
1. DRIZOS CONTRACTING, LLC 101 Middlesex Turnpike, Burlington, MA 01803	\$144,000.00
2. FOX PAINTING COMPANY, INC. 23 Park Street, Arlington, MA 02474	\$ 50,000.00
3. FRG CONTRACTOR CORPORATION 53 Broadway, Malden, MA 02148	\$ 79,950.00
4. JOHN SKOURAS & CO., INC. 13 Mason Street, Peabody, MA 01960	\$ 72,325.39
5. JPB CONSTRUCTION Co., Inc. DBA Madd Designs 16 Cape Road, Mendon, MA 01756	\$ 98,500.00
6. JMS PAINTING, CORP. 22 Washington Street, Dedham, MA 02026	\$ 68,700.00
7. KATCO CONTRACTING 329 Blackstone Street, Blackstone, MA 01504	\$ 67,000.00
8. LAROCHELLE CONSTRUCTION 23 College Street, South Hadley, MA 01075	\$ 92,000.00
9. NEW GENERATION PAINTING, INC. 1R Newbury Street, Peabody, MA 01960	\$ 85,920.00
10. TRANS GLOBAL CONSTRUCTION, LLC 1006 Charles Street, North Providence, RI 02904	\$277,400.00

Contract Award - After reviewing all ten (10) proposals the decision was made to award the Contract to FOX PAINTING COMPANY, INC., as the most responsible vendor, based upon their quote.

From: Mike Giampietro <mgiampietro@millisma.gov>

Date: March 9, 2022 at 9:20:51 AM EST

To: Richard Villani <rvillani@townofmilford.com>

Subject: Re: Talent Bank Applications

E-7
3-14-22

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 would recommend Michael ^{Rolo}~~Raino~~ with his education and background he stands out over the others and would be a great fit for the rest of the commission members. He could help the commission greatly and as long as I am there I can mentor him in the way of how the commission operates. The other applicants are ok however this person should be your choice.

Thanks

Mike

Sent from my iPhone



MILFORD SELECT BOARD

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

APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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

YOUR NAME Steven Borges

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 Suffolk University

EXPERIENCE 4+ years Construction Industry - 5+ years Real Estate Industry - served 2 years IDC

INTERESTS Serving our community

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 checked="" type="checkbox"/> Conservation Commission | <input type="checkbox"/> Milford Cultural Council |
| <input type="checkbox"/> Council on Aging | <input type="checkbox"/> (formerly Arts Lottery Council) |
| <input checked="" 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 checked="" type="checkbox"/> Zoning Board of Appeals |
| | <input type="checkbox"/> Other (Describe Below) |

FOR OFFICE USE ONLY: Date Rec'd 11-30-21 Recorded 11-30-21 Application Expires 11-30-24
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 David Claro

YOUR ADDRESS _____

TELEPHONE NO. FOR WEEKDAYS () _____ & EVENINGS() same

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 Associates in Engineering at Mass bay community college

EXPERIENCE Home building and land development as of 2005- Claro Construction Corporation
25 years working in the trades
Construction supervisors License
A & B Hydraulics License

INTERESTS Serving the community

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

FOR OFFICE USE ONLY: Date Rec'd 12-23-20 Recorded 12-23-20 Application Expires 12-23-2023
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 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 |
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| <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
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 Brendan Rickert

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 Masters in Exercise Science and Nutrition, MBA

EXPERIENCE US Sales Manager- Motorika
 Professor, Exercise Physiologist- Sacred Heart University
 Head Coach- Fairfield University

INTERESTS Outdoors, specifically running; government; serving and bettering the community.

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 checked="" type="checkbox"/> Industrial Development Commission |
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| <input type="checkbox"/> Fair Housing Committee | <input checked="" type="checkbox"/> Milford Youth Commission |
| <input checked="" 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 6/13/19 Recorded _____ Application Expires 6/13/22
 Referred to Board Chair for Review/Comment/Recommendation _____



MILFORD SELECT BOARD

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

APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

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

YOUR NAME Michael ROLO

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

Salem State University '09 - Bachelor Degree in Biology

EXPERIENCE

Internship with National Oceanic and Atmospheric Administration - conservation work focused on invasive species in wetlands.

INTERESTS

Lifelong Milford resident - general interest in town affairs. (Precinct 6)

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

N/A

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 checked="" type="checkbox"/> Conservation Commission | <input type="checkbox"/> Milford Cultural Council
(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging | <input type="checkbox"/> Milford Geriatric Authority |
| <input type="checkbox"/> Fair Housing Committee | <input type="checkbox"/> Milford Youth Commission |
| <input checked="" 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 10-25-21 Recorded 10-25-21 Application Expires 10-25-24
Referred to Board Chair for Review/Comment/Recommendation _____



E-8
3-14-22

TOWN ACCOUNTANT

52 Main Street, Milford, MA 01757

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

Email to Accountant

Email to Town Admn.

GIFT ACCEPTANCE FORM

Donor Name ERA Key Realty Services Address 16 E. Main St.

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

Name of Gift Circle of Life

Purpose On behalf of their Circle of Light award winner Christine Lawrence who chose the Center as the recipient

Total Amt. of Gift \$500.00

Contact Person Christine Lawrence

Attached is a copy of correspondence received

There was no written correspondence with this gift

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

Board of Selectmen

School Committee

Chairman

Chairman

Contact Person _____

Town Accountant Use

Assigned Account Number _____

Date Received _____