

MILFORD SELECT BOARD: AGENDA
July 24, 2023 – 6:00 PM, ROOM 03, TOWN HALL

Remote Public Hearing/Invitation to Speak access now requires advanced registration. Please register online here: <http://tiny.cc/zq39vz> Any member of the public may now register to access the zoom webinar as an attendee. Public attendees will be able to view the zoom LIVE and request to speak at the “Public Hearing/Invitation to Speak.”

- A.) SIGNING OF WARRANT, APPROVAL of Minutes, July 10, 2023
EXECUTIVE SESSION Minutes, July 10, 2023, July 13, 2023**

- B.) PUBLIC HEARINGS**
 - 1. CT Bar, Inc. dba Central Tavern, re: Transfer of Common Victualler All Alcohol Beverages License, Common Victualler License and Entertainment License

- C.) SCHEDULED APPOINTMENTS**

- D.) TOWN ADMINISTRATOR’S REPORT**

- E.) OLD BUSINESS**

- F.) NEW BUSINESS**
 - 1. Milford Youth Commission, re: Appointment
 - 2. Milford Veterans Department, re: Acceptance of Gift
 - 3. Poplar Street, Grove Street, and Claflin Street, re: No Parking Signs
 - 4. Department of Inspections, re: Resignation
 - 5. Conservation Commission re: Resignation
 - 6. July 4th Parade Committee, re: Acceptance of Gifts
 - 7. Milford Police Family Services, re: Acceptance of Gifts
 - 8. Contract Award, re: Senior Center Installation of Flooring

- G.) INVITATION TO SPEAK**

- H.) CORRESPONDENCE**

- I.) EXECUTIVE SESSION**
 - 1. To consider the marketing and value of Town owned property/real estate/assets, because the chair determined that an open meeting may have a detrimental effect on the negotiating position of the public body

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

B-1
1-24-23

DEPARTMENT HEAD REVIEW FORM

- 1. Name of Business: **CT Bar, Inc. dba Central Tavern**
- 2. Address: **31 Central Street**
Assessors ID#: **Map 48 Block 0 Lot 394 Zone CA**
- 3. **Has applied for: Transfer of Common Victualler All Alcohol Beverages License, Common Victualler License and Entertainment License, from Central Tavern.**
- 4. **Current use:** Bar
- 5. Select Board will take action on: **Monday July 24, 2023**
- 6. Hearing Continued/Postponed/MGL Deadline: _____
- 7. Abutters Notified: N/A Published: _____
- 8. Inquiry Sent To Dept. Heads on: **6/29/2023**
- 9. Please Respond By: **7/7/2023**
- 10. License Approved: _____ Denied: _____ Tabled: _____ On _____

.....
Building Commissioner: (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **CA zone, allowable use, A2 Use and occupancy, building and one restroom 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 issues**

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

.....
Owner/Manager: Donizete DaSilva **D.O.B.:** **SS#:**

Phone: e-mail: donisilva49@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 TRANSFER OF LICENSE

Municipality

1. TRANSACTION INFORMATION

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

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

Transfer of existing all-alcoholic beverage pouring license is sought to facilitate the sale of restaurant premises situated at 31 Central Street, Milford, MA. Business to be conducted by applicant/transferee will be similar to the business conducted under the current license, a pub/tavern style restaurant

2. LICENSE CLASSIFICATION INFORMATION

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

3. BUSINESS ENTITY INFORMATION

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

Current or Seller's License Number FEIN

Entity Name

DBA Manager of Record

Street Address

Phone Email

Add'l Phone Website

4. DESCRIPTION OF PREMISES

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

Premises consist of a one story structure, approximately 50' x 52' overall. Patron space is approximately 45' x 45', consisting of bar and dining areas. Kitchen and service areas of approximately 15'x 9' and two rest rooms are situated toward the rear portion of the premises. Accessible rest room is located in the front (entrance) area. No changes are proposed

Total Sq. Footage	<input type="text" value="@ 2,025"/>	Seating Capacity	<input type="text" value="75"/>	Occupancy Number	<input type="text" value="75"/>
Number of Entrances	<input type="text" value="1 main- 1 service"/>	Number of Exits	<input type="text" value="1 main - 1 service"/>	Number of Floors	<input type="text" value="one"/>

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="Michael B Aghajanian"/>	<input type="text" value="Manager"/>	<input type="text" value="100%"/>
<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="Donizete DaSilva"/>	<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="Manager"/>	<input type="text" value="100%"/>	<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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

APPLICATION FOR A TRANSFER OF LICENSE

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

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

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

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

Additional pages attached? Yes No

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

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
Donizete DaSilva	Package	CT Market, BW, LLC	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	

APPLICATION FOR A TRANSFER OF LICENSE

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

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

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

7. CORPORATE STRUCTURE

Entity Legal Structure

Corporation

Date of Incorporation Jun 22, 2023

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

Own

Landlord Name

Landlord Phone

Landlord Address

Lease Beginning Date

Lease Ending Date

Landlord Email

Rent per Month

Rent per Year

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

Yes No

9. APPLICATION CONTACT

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

Name:

Ernest P Pettinari

Phone:

(508) 473-1070

Title:

Attorney

Email:

ernie@fplaw.net

APPLICATION FOR A TRANSFER OF LICENSE

10. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	\$534,682.00
B. Purchase Price for Business Assets	\$105,318.00
C. Other (Please specify):	
D. Total Cost	\$640,000.00

*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
Donizete DaSilva - Applicant and Manager	All
from funds currently available	
See Attached Letter of Counsel	
Total:	\$640,000.00

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

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

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
2017	Current	Owner	OA Homes, LLC	Self
2019	Current	Owner	The Check Stop, LLC	Self
2019	Current	Owner	BD Homes, LLC	Self
2020	Current	Owner	CT Market, BW, LLC	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

APPLICANT'S STATEMENT

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

of CT Bar, Inc.
Name of the Entity/Corporation

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

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

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

Signature:



Date: June 28, 2023

Title:

President and Treasurer - Manager

CORPORATE VOTE

The Board of Directors or LLC Managers of
Entity Name
duly voted to apply to the Licensing Authority of
City/Town and the
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on
Date of Meeting

For the following transactions (Check all that apply):

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

"VOTED: To authorize
Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

"VOTED: To appoint
Name of Liquor License Manager

as its manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts."

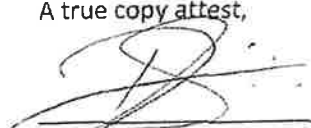
A true copy attest,

Corporate Officer /LLC Manager Signature

(Print Name)

For Corporations ONLY

A true copy attest,



Corporation Clerk's Signature

Donizete DaSilva
(Print Name)



MILFORD SELECT BOARD

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

LICENSE APPLICATION (CHECK ONE)

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

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

BUSINESS NAME: CT BAR, INC - CENTRAL TAVERN

BUSINESS ADDRESS: 31 CENTRAL STREET

DAYS/HOURS OF OPERATION M-Th (8AM-1AM) F (8AM-2AM) S (8AM-1AM)
(Some Sunday licenses may require approval of State DPS) Sundays 11AM - 1AM
Holidays 11AM - 1AM

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: CT BAR INC

MAILING ADDRESS: 31 CENTRAL ST MILFORD MA 01757

APPLICANT'S DATE OF BIRT: _____

Social Security No. (Mandatory) [REDACTED] Federal Identification No. (Mandatory) _____

APPLICANT'S SIGNATURE: [Signature] DATE: JUN 28, 2023

Type or print name on this line DOVIZETE R SILVA FTT Daytime Telephone Number [REDACTED]

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

- 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



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: CT BAR, INC - CENTRAL TAVERN

BUSINESS ADDRESS: 31 CENTRAL ST

DAYS/HOURS OF OPERATION M-TH (8PM-1AM) F (8PM-2AM) SAT (8PM-12M) SUN (11AM-1AM)
(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: CT BAR INC

MAILING ADDRESS: 31 CENTRAL ST MILFORD MA 01757

EMAIL ADDRESS: c/o donisilva49@yahoo.com

APPLICANT'S DATE OF BIRTH: [REDACTED]

Social Security No. (Mandatory) [REDACTED] and Federal Identification No. (Mandatory) [REDACTED]

APPLICANT'S SIGNATURE: [Signature] DATE: JUN 28, 2003
(Individual or Corporate Officer)

Type or print name on this line DONIZETE DA SILVA, P+T Daytime Telephone Number [REDACTED]

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: The undersigned hereby certifies that the above information is true and correct and that the undersigned is not a member of the Massachusetts Department of Public Safety.

I, the undersigned, agree to the transfer of existing permits to the applicant named on the face of this form.

SIGNATURE: [Signature] DATE: 11/11/2011

AGREEMENTS: If any agreements should be entered between the undersigned and the applicant, they should be entered on this form.

D.J. - Small Bands; Theatrical Acts
Mon. Tues. Wed. Thurs. - 6 PM - 1 AM
Fri - 6 PM - 2 AM
SAT, SUN, HOLIDAYS 11 AM - 1 AM

ADDITIONAL REQUIREMENTS:

The undersigned hereby certifies that the information provided on this form is true and correct and that the undersigned is not a member of the Massachusetts Department of Public Safety. The undersigned further certifies that the information provided on this form is true and correct and that the undersigned is not a member of the Massachusetts Department of Public Safety. The undersigned further certifies that the information provided on this form is true and correct and that the undersigned is not a member of the Massachusetts Department of Public Safety.

F-1
7-24-23

Lena Pires

From: Brendan Rickert
Sent: Thursday, July 6, 2023 3:18 PM
To: Lena Pires; Richard Villani; Paul Mazzuchelli
Cc: Jennifer Ward
Subject: Fwd: Youth Center Committee

Hello everyone, please see below. Susanne Tourtellot has declined the appointment from the Select Board.

This leaves the MYC with 12 members. We would like to have the Select Board add an agenda item to their meeting on Monday to appoint Christina Wiech, and then she can get sworn in on Tuesday, July 11th ahead of the MYC meeting, later that evening.

Thank you.

Brendan

From: Susanne Tourtellot [REDACTED]
Sent: Thursday, July 6, 2023 3:13:55 PM
To: Brendan Rickert <brickert@townofmilford.com>
Subject: Youth Center Committee

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

Hi Brandon,

I apologize that I can not accept the offer to be part of the youth center committee at this time.

Appreciate the offer but my schedule is to busy at this time.

Thank you,

Susanne Tourtellot
[REDACTED]

RECEIVED
MILFORD TOWN CLERK

2023 JUL 10 AM 9:25

July 7, 2023

To whom it may concern,

I do not wish to take part on the youth center committee.

I applied 2yrs ago at the time I was interested in it. Now I do not have the time available to work on this and to accept.

Thank you,

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

Susanne Tourtellot

F-1
72423



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 Select Board, please complete this application, providing all information requested, and return to the Select Board 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 Christina Wiech

YOUR ADDRESS [REDACTED]

TELEPHONE NO. FOR WEEKDAYS [REDACTED] & EVENINGS() Same

EMAIL ADDRESS [REDACTED]

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

EDUCATION

UConn BA in English, Economics

EXPERIENCE

Project management, technical writing, grant writing

INTERESTS

Supporting the town of Milford through civic engagement. Ensure our community is safe & welcoming to all members of our diverse community.

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

No, I am not a town employee nor do I serve on any town board.

Please check below the Board(s) on which you are interested in serving:

- | | |
|---|---|
| <input type="checkbox"/> Cedar Swamp Pond Development Committee | <input type="checkbox"/> Historical Commission |
| <input type="checkbox"/> Commission on Disability | <input type="checkbox"/> Industrial Development Commission |
| <input type="checkbox"/> Community School Use Committee | <input type="checkbox"/> Memorial Hall Cultural Center Committee |
| <input type="checkbox"/> Conservation Commission | <input checked="" type="checkbox"/> Milford Cultural Council
(formerly Arts Lottery Council) |
| <input type="checkbox"/> Council on Aging | <input type="checkbox"/> Milford Geriatric Authority |
| <input type="checkbox"/> Fair Housing Committee | <input 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 5-9-23 Recorded 5-9-23
Application Expires (3ys) 5-9-26
Referred to Board Chair for Review/Comment/Recommendation 5-9-23



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 Kathleen Donovan

YOUR ADDRESS [Redacted] Milford, MA 01757

TELEPHONE NO. FOR WEEKDAYS ([Redacted]) EVENINGS ([Redacted])

EMAIL ADDRESS [Redacted]

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

EDUCATION RN BSN

EXPERIENCE private school nurse

INTERESTS member of celebrate Milford. Board Member.

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 type="checkbox"/> Milford Cultural Council |
| <input type="checkbox"/> Council on Aging | <input type="checkbox"/> (formerly Arts Lottery Council) |
| <input type="checkbox"/> Fair Housing Committee | <input type="checkbox"/> Milford Geriatric Authority |
| <input type="checkbox"/> Finance Committee | <input checked="" 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 8-6-21 Recorded 8-6-21 Application Expires 8-6-24
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 Samantha Cesario
YOUR ADDRESS [REDACTED] Milford, MA, 01757
TELEPHONE NO. FOR WEEKDAYS () [REDACTED] EVENINGS() [REDACTED]
EMAIL ADDRESS [REDACTED]

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

EDUCATION UA Albany: 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
(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 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 Jane Newman

YOUR ADDRESS [REDACTED]

TELEPHONE NO. FOR WEEKDAYS ([REDACTED]) & EVENINGS ([REDACTED])

EMAIL ADDRESS [REDACTED]

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

EDUCATION M.Ed Boston University/ CAGS- Cambridge College

EXPERIENCE Full-time teacher in an urban high school. Daily planning of academic tasks, daily interaction with adverse student population, supervision of staff and students, mother of 2 Milford students.

INTERESTS Volunteering, Milford Youth Sports, walking my puppy, baking.

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 type="checkbox"/> Milford Cultural Council |
| <input type="checkbox"/> Council on Aging | <input type="checkbox"/> (formerly Arts Lottery Council) |
| <input type="checkbox"/> Fair Housing Committee | <input type="checkbox"/> Milford Geriatric Authority |
| <input type="checkbox"/> Finance Committee | <input checked="" 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 8-6-21 Recorded 8-6-21 Application Expires 8-6-24
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

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YOUR NAME Lee Scudo

YOUR ADDRESS [REDACTED]

TELEPHONE NO. FOR WEEKDAYS () [REDACTED] & EVENINGS() [REDACTED]

EMAIL ADDRESS [REDACTED]

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

EDUCATION Belmont High School, 1990.

EXPERIENCE Medical Assistant, EMT, Case Worker (recovery center), Alumni Coordinator (recovery center), Post-partum doula, Milford Youth Soccer Coach.

INTERESTS Cycling, reading, coaching youth sports, arts and crafts.

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 |
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(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 8-6-21 Recorded 8-6-21 Application Expires 8-6-24
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

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YOUR NAME Courtney Walsh

YOUR ADDRESS [REDACTED]

TELEPHONE NO. FOR WEEKDAYS ([REDACTED]) & EVENINGS ([REDACTED])

EMAIL ADDRESS [REDACTED]

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's Degree - New England College
Henniker, NH

EXPERIENCE Have worked in retail for 12 yrs
Have 3 kids 12 yr, 8 yr, 6 yr

INTERESTS keeping kids safe
Sports

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:

- 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
- 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 11-17-21 Recorded 11-17-21 Application Expires 11-17-24
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

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YOUR NAME Daniel "Scott" Wilson

YOUR ADDRESS [REDACTED]

TELEPHONE NO. FOR WEEKDAYS () [REDACTED] & EVENINGS () [REDACTED]

EMAIL ADDRESS [REDACTED]

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 in Plant & Soil Science university of Massachusetts Amherst 1986. MBA Bentley College 199

EXPERIENCE 6 years as a head grower, and 2 years owning a retail/wholesale garden center. 27 years in the print industry, designing mailrooms, print centers, and office printing in the S&P 500 arena. Develop process improvements around print in large coporations such as. Raytheon, Deutche Banc, Goldman Sachs, etc. I have had numerous teams that I managed over my career. Developed and successfully ran an online store, with website, email lists, and social media.

INTERESTS Fishing and building fishing rods. Reading, especially history. Lapidary, Gardening, Visiting historical sites in the U.S. home improvement.

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 checked="" type="checkbox"/> Historical Commission |
| <input checked="" type="checkbox"/> Commission on Disability | <input type="checkbox"/> Industrial Development Commission |
| <input type="checkbox"/> Community School Use Committee | <input checked="" type="checkbox"/> Memorial Hall Cultural Center Committee |
| <input checked="" type="checkbox"/> Conservation Commission | <input type="checkbox"/> Milford Cultural Council
(formerly Arts Lottery Council) |
| <input checked="" type="checkbox"/> Council on Aging | <input checked="" 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 checked="" type="checkbox"/> Other (Describe Below) |

Animal Resecue, etc.

FOR OFFICE USE ONLY: Date Rec'd 7-1-22 Recorded 7-1-22 Application Expires 7-1-25
Referred to Board Chair for Review/Comment/Recommendation _____

F-2
7-24-23



TOWN ACCOUNTANT

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

Email to Accountant

Email to Town Admin.

GIFT ACCEPTANCE FORM

Donor Name Joanne M. Rosen Address [REDACTED]
City, State, & Zip Milford, MA 01757 Phone [REDACTED]

Name of Gift Donation to Milford Veterans Dept

Purpose In Memory of Carmella Cedrone

Total Amt. of Gift 50.00

Contact Person John Pilla

- 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 2640-4830

Date Received _____

Joanne M. Rosen
[REDACTED]
Milford, MA 01757
[REDACTED]

June 21, 2023

Janet A Flumere, Assistant
Milford Veterans' Services
52 Main Street
Milford, MA 01757

Re: Carmella M. Cedrone, [REDACTED], Milford, MA 01757
[REDACTED]

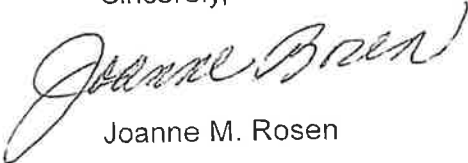
Dear Janet,

It is with sadness that I have to tell you that my mother, Carmella died on June 14, 2023 at the YOUNG age of 104. Almost made it to 105 on July 4th.

Please accept the enclosed check as a donation to the Milford Veterans in her memory for all your kindness and benefits that she received from the veteran's organization.

It was greatly appreciated.

Sincerely,


Joanne M. Rosen

F-3
7-24-23

To: Milford Fire Chief
Milford Police Chief
Milford Select Board
Milford Town Administrator

From: Laurie Shaw
[REDACTED]
Milford, MA 01757

Date: July 14, 2023

This is a follow to my email, on July 6th and phone call to the Town Administrator. I would like to file a formal complaint regarding a Life Safety Issue at the intersection of Grove St and Poplar St.

I have lived at [REDACTED] which is directly across from Poplar St. for approximately 7 years. In the years that I have lived there, I have observed, on numerous occasions, that Fire Engines, Oil Trucks, Ambulances, etc. cannot make the sharp, narrow, turn from Grove St onto Poplar St. I have witnessed the guys/women in the Ambulance, Fire Engine and Trucks have to have someone from the vehicle get out and help direct the vehicle up the narrow, one lane road. It is extremely difficult for the vehicles to turn onto Poplar and it takes many attempts of backing up and moving forward along with the help of a person directing for these large vehicles to turn the corner and proceed up the hill.

Another safety issue on the street is that people are parking in front of the fire hydrant. This hydrant also happens to be across the street from Poplar St. Also if the cars park 10-15 ft back from the hydrant the parked vehicle is further limiting the maneuvering space and making it literally IMPOSSIBLE for the large vehicles to turn the corner onto Poplar St.

To eliminate this Life Safety Issue, I propose that NO PARKING signs be posted on both sides of the road on Grove St. Starting in front of the fire hydrant at 45 Grove St. (see attached pictures) to the driveway at 39 Grove St. And from the driveway at 40 Grove St. to the corner of Poplar St. See attached pictures.

It's important to note that cars parked on either side of the road in the area underlined in this letter, makes taking the corner onto Poplar St impossible. To eliminate a Life Safety issue, parking signs should be posting on both sides within the area underlined above.

If for any reason it is not possible to post no parking on both sides in this area. The NO Parking signs must be posted on the side of the fire hydrant in front of 45 Grove St back to the driveway of 39 Grove St. This will eliminate the parking in front of the hydrant and eliminate parking on the side of the road that inhibits vehicles to swing around to attempt to get up Poplar St.

Thank you for attention to this matter.

Laurie Shaw
[REDACTED] Milford MA.

Richard Villani

From: Contact form at Milford MA [REDACTED]
Sent: Thursday, July 6, 2023 6:25 PM
To: Richard Villani
Subject: [Milford MA] On street parking issue at poplar and grove st (Sent by Laurie shaw, [REDACTED])

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,

Laurie shaw ([REDACTED]) has sent you a message via your contact form (<https://www.milfordma.gov/user/52/contact>) at Milford MA.

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

Message:

Hello,

I live at [REDACTED] We had a conversation a couple weeks ago about issues going on in my neighborhood. As I mentioned when we spoke, the house at the corner of grove st and poplar just sold to an investor who plans to rent out both apts, each apt has 3 bedrooms. This big issue is there is no place to park. Right now, when trucks, ambulances and fire trucks attempt to get up poplar. ...it's an issue because it's a one lane road and a fairly sharp corner...in the 6 years I've lived here I've watch trucks struggle to get up the road (poplar st), it usually takes several tries including backing up and someone outside the vehicle directing...

I fully expect cars to line up in the road on Grove st in front of my house and the house on the corner that just sold. Parking cars in these spots on the road will make it IMPOSSIBLE for trucks, ambulances, firetrucks, etc to get up or down poplar rd.

A no-parking sign must be posted along both sides of the road in this location...
Please talk to the Fire chief regarding this issue with the fire truck. I know his guys have experience trying to get up this road
Laurie

Richard Villani

From: Nelson, Mark <MNelson@milfordfire.org>
Sent: Friday, July 7, 2023 9:09 AM
To: Richard Villani
Cc: Tusino, Robert
Subject: RE: [Milford MA] On street parking issue at poplar and grove st (Sent by Laurie shaw, [REDACTED])

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

Rick,

The section of Poplar Street, from Grove Street to Claflin Street, is narrow. There are stone walls on both sides of Poplar Street beginning at Grove Street. There are no posted signs, but if a vehicle was parked on this section of Poplar Street, it would effectively be blocked. This is not a new issue on this street. The multifamily home is 44 Grove Street and has a small driveway accessible from Poplar Street. Parking may overflow to the Grove Street. We are familiar with this neighborhood and even when the fire engines were smaller, this section of Poplar was an issue. It is normal for us to exit the engine and help navigate in tight areas, and required when backing up. I will defer to Deputy Tusino on where to recommend signs. No parking on one side of Grove in the area of Grove at Poplar, or "no parking from here to corner" may be helpful. Parking is congested in many neighborhoods, but we are usually good at navigating or using an alternate route. The section of Poplar with the stone walls can be accessed from Claflin Street, which is wider from that end.

Thank you,

Mark Nelson, Fire Chief
Milford Fire Department
21 Birch Street
Milford, Massachusetts 01757
508-473-2256 (office)
508-958-3006 (mobile)

From: Richard Villani <rvillani@townofmilford.com>
Sent: Friday, July 7, 2023 7:56 AM
To: Nelson, Mark <MNelson@milfordfire.org>; Tusino, Robert <rtusino@milfordpolice.org>
Subject: FW: [Milford MA] On street parking issue at poplar and grove st (Sent by Laurie shaw, [REDACTED])

Could you both review the email below and then advise as to any suggestions regarding this issue? Thanks.

Rick

Richard A. Villani
Town Administrator
Tel: (508) 634-2303
Fax: (508) 634-2324
Email: rvillani@townofmilford.com

From: Contact form at Milford MA <[REDACTED]>
Sent: Thursday, July 6, 2023 6:25 PM
To: Richard Villani <rvillani@townofmilford.com>
Subject: [Milford MA] On street parking issue at poplar and grove st (Sent by Laurie shaw, [REDACTED])

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,

Laurie shaw [REDACTED] has sent you a message via your contact form (<https://www.milfordma.gov/user/52/contact>) at Milford MA.

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

Message:

Hello,

I live at [REDACTED] We had a conversation a couple weeks ago about issues going on in my neighborhood. As I mentioned when we spoke, the house at the corner of grove st and poplar just sold to an investor who plans to rent out both apts, each apt has 3 bedrooms. This big issue is there is no place to park. Right now, when trucks, ambulances and fire trucks attempt to get up poplar. ...it's an issue because it's a one lane road and a fairly sharp corner...in the 6 years I've lived here I've watch trucks struggle to get up the road (poplar st), it usually takes several tries including backing up and someone outside the vehicle directing....

I fully expect cars to line up In the road on Grove st in front of my house and the house on the corner that just sold. Parking cars in these spots on the road will make it IMPOSSIBLE for trucks, ambulances, firetrucks, etc to get up or down poplar rd.

A no-parking sign must be posted along both sides of the road in this location....
Please talk to the Fire chief regarding this issue with the fire truck. I know his guys have experience trying to get up this road
Laurie

•

Richard Villani

From: Tusino, Robert <rtusino@milfordpolice.org>
Sent: Friday, July 7, 2023 8:40 AM
To: Richard Villani; Mark Nelson
Subject: RE: [Milford MA] On street parking issue at poplar and grove st (Sent by Laurie shaw, [REDACTED])

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.

Good morning,

I agree with the initial assessment as well as the suggested remedy. That area has been very difficult to traverse, to say the least. No parking signs should be erected on at least one side of the street.

My best,
D/C. R Tusino

Robert L Tusino
Deputy Chief



milfordpolice.org
508-473-1113 x3526
508-634-2346 fax
508-377-8922 mobile
rtusino@milfordpolice.org

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From: Richard Villani <rvillani@townofmilford.com>
Sent: Friday, July 7, 2023 7:56 AM
To: Nelson, Mark <MNelson@milfordfire.org>; Tusino, Robert <rtusino@milfordpolice.org>
Subject: FW: [Milford MA] On street parking issue at poplar and grove st (Sent by Laurie shaw, [REDACTED])

Could you both review the email below and then advise as to any suggestions regarding this issue? Thanks.

Rick

Richard A. Villani
Town Administrator
Tel: (508) 634-2303
Fax: (508) 634-2324
Email: rvillani@townofmilford.com

From: Contact form at Milford MA [REDACTED]
Sent: Thursday, July 6, 2023 6:25 PM
To: Richard Villani <rvillani@townofmilford.com>
Subject: [Milford MA] On street parking issue at poplar and grove st (Sent by Laurie shaw, [REDACTED])

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,

Laurie shaw [REDACTED] has sent you a message via your contact form (<https://www.milfordma.gov/user/52/contact>) at Milford MA.

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

Message:

Hello,

I live at [REDACTED] We had a conversation a couple weeks ago about issues going on in my neighborhood. As I mentioned when we spoke, the house at the corner of grove st and poplar just sold to an investor who plans to rent out both apts, each apt has 3 bedrooms. This big issue is there is no place to park. Right now, when trucks, ambulances and fire trucks attempt to get up poplar. ...it's an issue because it's a one lane road and a fairly sharp corner...in the 6 years I've lived here I've watch trucks struggle to get up the road (poplar st), it usually takes several tries including backing up and someone outside the vehicle directing....

I fully expect cars to line up in the road on Grove st in front of my house and the house on the corner that just sold. Parking cars in these spots on the road will make it IMPOSSIBLE for trucks, ambulances, firetrucks, etc to get up or down poplar rd.

A no-parking sign must be posted along both sides of the road in this location....
Please talk to the Fire chief regarding this issue with the fire truck. I know his guys have experience trying to get up this road
Laurie

Richard Villani

From: Laurie Shaw [REDACTED]
Sent: Monday, July 17, 2023 1:27 PM
To: Mark Nelson; jfalvey@milfordpolice.com; Richard Villani; Paul Mazzuchelli; Michael K. Walsh; Thomas O'Loughlin
Subject: pictures of parking creating safety issue
Attachments: IMG-3189.JPG; IMG-5887.jpg; IMG-5881.jpg; IMG-3186.JPG

Some people who received this message don't often get email from lshaw0303@gmail.com. [Learn why this is important](#)

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.

Attached are pictures taken 7/15/23 showing the parking problem which creates the safety issue to traffic to turning on Poplar. Also additional issues with cars parking too close to the fire hydrant which is a safety issue and the car is also directly in front of Poplar also creating another safety issues.

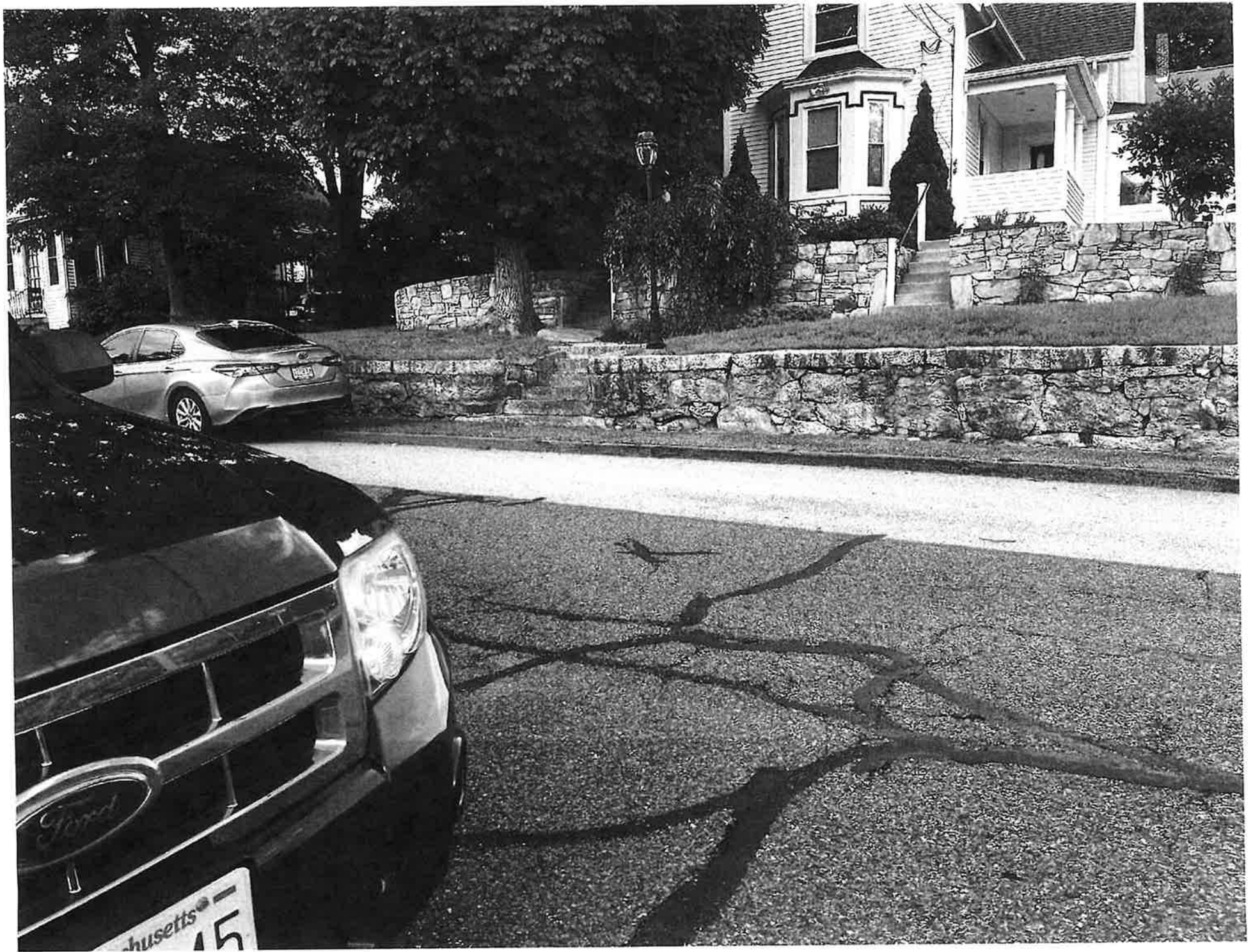
Thank you for your attention to this matter.

Laurie Shaw

[REDACTED]
Milford MA
[REDACTED]









F-4
7-24-23



Town of Milford
Department of Inspections

52 Main Street, Milford, MA 01757
Ph (508) 634-2313 Fax (508) 473-2358

Ricardo Tersarotto
Local Building Inspector
email: rtersarotto@milfordma.gov

July 12, 2023

Dear John Erickson,

Kindly accept this letter as my formal resignation as a Building Inspector for the Town of Milford MA. I am incredibly grateful for the opportunity that I have been given in this post.

I would also like to thank you for being supportive of my professional and personal growth during this time. Your guidance and support have equipped me with valuable skills and experience. I have been fortunate during my time at this office.

As you are aware of my family growth and my other activities, it became very difficult to be fully dedicated to this position as it is required. After significant consideration with my wife & family, it was with great sadness that this decision to leave was made.

I am sure the Building Department will continue to live up to its sterling reputation and continue to provide great services to the Milford property owners and its residents.

I hope that we will have opportunities to collaborate in the future.

My last day is expected to be September 1, 2023. I hope that gives you plenty of time to post this position and hire a new member to the office.

Please let me know how I can be of help during the transition period. I wish you and the office personnel the very best going forward.

Sincerely,

Ricardo Tersarotto
Local Building Inspector

F-5
7-24-23

July 13, 2023

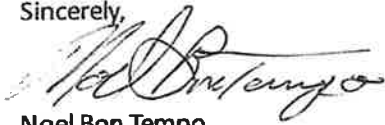
Paul Mazzuchelli
Chairman, Select Board
Town Hall
52 Main Street
Milford, MA 01757

Re: Conservation Commission Resignation

Dear Mr. Mazzuchelli:

Please accept this letter as my resignation from the Milford Conservation Commission. It has been an honor and a privilege to serve on the Commission and I thank the Board for allowing me the opportunity.

Sincerely,



Noel Bon Tempo

cc: Richard Villani
Joseph Zacchilli

F-6
7-24-23



TOWN ACCOUNTANT

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

Email to Accountant

Email to Town Admin.

GIFT ACCEPTANCE FORM

Donor Name See Attached List Address _____
City, State. & Zip _____ Phone _____

Name of Gift Fourth of July Parade Committee

Purpose Fourth of July Parade

Total Amt. of Gift 2,450.00

Contact Person Joe Callery

Attached is a copy of correspondence received

There was no written correspondence with this gift

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

Board of Selectmen

School Committee

Chairman

Chairman

Contact Person _____

Town Accountant Use

Assigned Account Number _____

Date Received _____

Milford Fourth of July Parade Committee

Checks:

Pinz...\$2000.00 # 1010142

Buma-Sargeant Funeral Home...\$50.00 # 30677

Lioce Proerties...\$100.00 # 13907

First Unitarian Universalist...\$150.00 # 2029

First Unitarian Universalist Church...\$150.00 # 6332

Total: \$2450.00

Joe Callery Co-Chair MFOJPC

A handwritten signature in black ink, appearing to read "Joe Callery", with a long horizontal flourish extending to the right.

Buma-Sargeant Funeral Home, Inc.
42 Congress Street
Milford, Massachusetts 01757

ROCKLAND TRUST COMPANY
MILFORD, MA 01757

53-447/113

***** Fifty & 00/100 Dollars

DATE
06/13/23

AMOUNT
*****50.00

PAY
TO THE
ORDER
OF

TOWN OF MILFORD

52 MAIN ST.
MILFORD MA 01757

Elizabeth Buma
AUTHORIZED SIGNATURE

1010142

PiNZ Milford
110 S Main St
Milford, MA 01757

DATE 6-10-23

53-7023/2113

PAY
TO THE
ORDER OF

Town of Milford
Two Thousand

\$ 2000.00

DOLLARS

WebsterBank

FOR *Donation- July 4 parade*

13907

Loice Properties, Inc
230 Main Street, Suite 1
Milford, MA 01757

Charles River Bank
Medway, Massachusetts 02053
53-7301/2113



06/02/2023.

PAY TO THE
ORDER OF

The Town Of Milford

\$ **100.00

DOLLARS

One hundred and 00/100*****

Milford Fourth of July Parade
P O Box 761
Milford, MA 01757



[Signature]
AUTHORIZED SIGNATURE

MEMO

4th of July parade donation 2023

THE FIRST UNITARIAN UNIVERSALIST
CHURCH OF MILFORD
CREATIVE COMMUNITY CHILDCARE
23 PINE ST
MILFORD, MA 01757-2003

2029

53-447/113
361

6/26/2023

Date

CHECK ARMOR

Pay to the
Order of

TOWN OF MILFORD
One Hundred Fifty

\$ 150.00

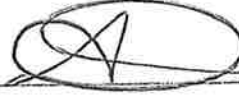
Dollars

Photo
Safe
Deposit
Details on back

ROCKLAND TRUST

For

4th of July Sponsor



MP

FIRST UNITARIAN UNIVERSALIST CHURCH
23 PINE STREET
MILFORD, MA 01757

6332

53-447/113
361

6/26/2023

Date

CHECK ARMOR

Pay to the
Order of

TOWN OF MILFORD
One Hundred Fifty

\$ 150.00

Dollars

Photo
Safe
Deposit
Details on back

ROCKLAND TRUST

For

4th of July Sponsor



MP

F-7
7-24-23

BOS

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

Date 07/07/2023

GIFT

DONOR Commonwealth of Massachusetts Middle District Attorney's Office
225 Main St. G301
Worcester, Ma 01608

Name of Gift Milford Police Family Services/ Networking Breakfast

Purpose Donation to gift the Family Services Unit Gift Account #26265780

Total of Gift \$4,285.00

Contact Person Amy Leone, MS, MA, LMHC
Community Impact Inc
Family Services Unit
communityimpactinc@gmail.com
[Redacted]

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

Board of Selectmen

See Attached Deposit to Treas



TOWN ACCOUNTANT USE

Assigned Account # _____

Date Received _____

MILFORD, MASSACHUSETTS

Town Accountant's Copy

A.D. Form 10

SCHEDULE OF DEPARTMENTAL PAYMENTS TO TREASURER

No.: _____ Department: **Milford Police Department** Date: **July 17, 2023**

FROM WHOM <small>(Name & Check# if applicable)</small>	SOURCE <small>(List short account)</small>	CASH	CHECK	TOTALS
				\$ 4,285.00
Family Services Unit Gift Account	[REDACTED]		4,285.00	
Commonwelath of Mass DA's Office				

PEOPLES UNITED BANK
peoples.com

4385

51 7218/2211
B0281
CHECK ARMOR

**THE COMMONWEALTH OF MASSACHUSETTS
MIDDLE DISTRICT ATTORNEY'S OFFICE
DISTRICT ATTORNEY'S OFFICE
225 MAIN STREET
ROOM G301
WORCESTER, MA 01608**

3/30/2023

PAY TO THE ORDER OF Community Impact, Inc. \$ ****4,285.00**

Four Thousand Two Hundred Eighty-Five and 00/100***** DOLLARS

Community Impact, Inc.
12 Congress Street
Milford, MA 01757



MEMO Financial Assistance
[REDACTED]

		TOTAL AMOUNT CASH:	\$ 0.00
		TOTAL AMOUNT CHECKS:	\$ 4,285.00
		GRAND TOTAL:	\$ 4,285.00

No.: _____

Date: July 17, 2023

To the Accounting Officer:

The above is a detailed list of moneys collected by me, amounting in the aggregate to

\$ 4,285.00 . For the week ending July 22, 2023 .
(Deposit Amount) (End Date)

I certify the above has been received by the Treasurer and I hold the receipt thereof:

Department Head Signature

James F Falvey Chief Of Police

Department Head Name & Title

BOS

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

Date 07/07/2023

GIFT

DONOR Afonso Real Estate
 189 Main St. 1st Floor
 Milford, Ma 01757

Name of Gift Milford Police Family Services

Purpose Donation to gift the Family Services Unit Gift Account #26265780

Total of Gift \$500.00

Contact Person Det. Sgt. Paul J. Pinto
 Family Services Unit
 Milford Police Department
 ppinto@milfordpolice.org
 508-473-1113 ext. 3647

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

Board of Selectmen

See Attached Deposit to Treas



TOWN ACCOUNTANT USE

Assigned Account # _____

Date Received _____

MILFORD, MASSACHUSETTS

Town Treasurer's Copy

A.D. Form

SCHEDULE OF DEPARTMENTAL PAYMENTS TO TREASURER

No.:

Department: **Milford Police Department**

Date: **July 17, 2023**

FROM WHOM (Name & Check# if applicable)	SOURCE (List short account)	CASH	CHECK	TOTALS
				\$ 500.
Family Services Unit Gift Account	[REDACTED]		500.00	
Afonso Real Estate				



189 MAIN STREET, FIRST FLOOR, MILFORD, MA 01757

REMITTANCE ADVICE

96:



53-7132/211:

PAY AMOUNT OF

three hundred dollars

6940

DOLLARS

CHECK AMOUNT

DATE <i>8/3/23</i>	TO THE ORDER OF <i>Milford Police Dept</i>	DESCRIPTION <i>Donation</i>	CHECK NUMBER <i>9417</i>
-----------------------	---	--------------------------------	-----------------------------

\$ 500.00



MILFORD FEDERAL SAVINGS AND LOAN ASSOCIATION
MILFORD, MASSACHUSETTS 01757

Felicia Afonso, Pres.



		TOTAL AMOUNT CASH:	\$ 0.00
		TOTAL AMOUNT CHECKS:	\$ 500.00
		GRAND TOTAL:	\$ 500.00

YOUR DEPARTMENT'S RECEIPT

No.:

Date: **July 17, 2023**

I, **Christopher C. Pilla, Town Treasurer**, accept the sum of **\$ 500.00**

(Deposit Amount)

from **Milford Police Department**, for collections per schedule on this date, filed in my office.
(Department Name)

Christopher C. Pilla, Town Treasurer

F-8
7-24-23

CONTRACT AWARD

TOWN OF MILFORD

REQUEST FOR QUOTES

DESCRIPTION – SENIOR CENTER INSTALLATION OF FLOORING

AWARDING AUTHORITY – SELECT BOARD

DATE – July 24, 2023

BIDDER NAME/ADDRESS	QUOTE AMOUNT
1. BUSINESS FLOORS, INCORPORATED 3D Condon Way, Hopedale, MA 01747	\$34,756.00

Contract Award - After reviewing the proposal the decision was made to award the Contract to BUSINESS FLOORS, INCORPORATED, as the most responsible vendor, based upon their quote.