

**MILFORD SELECT BOARD: AGENDA**  
**August 14, 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/btr9vz> 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 24, 2023  
EXECUTIVE SESSION Minutes, July 24, 2023**
  
- B.) PUBLIC HEARINGS**
  - 1. 6:00 PM Fun Zone Milford, LLC dba PINZ, re: Amendment to Common Victualler All Alcohol Beverages License-Alteration of Premises.
  
- C.) SCHEDULED APPOINTMENTS**
  - 1. Nouria 97 Cedar Street, re: Common Victualler License
  
- D.) TOWN ADMINISTRATOR’S REPORT**
  
- E.) OLD BUSINESS**
  
- F.) NEW BUSINESS**
  - 1. Central Street request Hidden Driveway Sign
  - 2. St. Mary of the Assumption Parish, re: Permit to Obstruct-Multicultural Festival
  - 3. Milford Fire Department, re: Acceptance of Gift
  - 4. Milford Police Department, re: Acceptance of Gift
  - 5. Award of Contract-Renovation of the upstairs room at the Senior Center
  - 6. Industrial Development Commission, re: Appointment
  
- G.) INVITATION TO SPEAK**
  
- 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.**

B-1  
8-14-23

## DEPARTMENT HEAD REVIEW FORM

1. **Name of Business:** Fun Zone Milford, LLC dba PINZ
2. **Address:** 110 South Main Street
3. **Assessors ID#:** Map 52 Block 0 Lot 38 Zone CC

4. **Has applied for:** **Amendment to Common Victualler All Alcohol Beverages License-Alteration of Premises**

5. Select Board will act on: **Monday August 14, 2023**

6. Hearing Continued/Postponed/MGL Deadline: \_\_\_\_\_

7. Abutters Notified: 8/4/23 Published: 8/4/23

8. Inquiry Sent to Dept. Heads on:

9. Please Respond By:

10. License Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Tabled: \_\_\_\_\_ On \_\_\_\_\_

.....  
**Building Commissioner:** (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **CC Zone, allowable use, occupant load 372, Building is accessible**

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

**Tax Collector:** (Outstanding Taxes) **No issues**

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

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

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

Criminal Offense Record Info: (CORI) Approved  Disapproved

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

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

.....  
**Contact Name:** David Breen **D.O.B.:** SS#:

**Phone:** **e-mail:** david@pinzentgroup.com



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

**AMENDMENT-Change or Alteration of Premises Information**

**Change of Location**

- Payment Receipt
- Monetary Transmittal Form
- Chg of Location/Alteration of Premises Application
- Financial Statement
- Vote of the Entity
- Supporting financial records
- Legal Right to Occupy
- Floor Plan
- Abutter's Notification
- Advertisement

**Alteration of Premises**

- Payment Receipt
- Monetary Transmittal Form
- Chg of Location/Alteration of Premises Application
- Financial Statement
- Vote of the Entity
- Supporting financial records
- Legal Right to Occupy
- Floor Plan
- Abutter's Notification
- Advertisement

**1. BUSINESS ENTITY INFORMATION**

Entity Name	Municipality	ABCC License Number
Fun Zone Milford, LLC, d/b/a, PINZ	Milford	00092-RS-0706

Please provide a narrative overview of the transaction(s) being applied for. Attach additional pages, if necessary.

Licensee plans to expand the outdoor patio.

**APPLICATION CONTACT**

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

Name	Title	Email	Phone
David L. Rubin, Esquire	Attorney	david@davidlrubin.com	508-875-9797

**2. ALTERATION OF PREMISES**

**2A. DESCRIPTION OF ALTERATIONS**

Please summarize the details of the alterations and highlight any specific changes from the last-approved premises.

The licensee plans to expand the existing outdoor patio. (See details in 2B below.)

**2B. PROPOSED DESCRIPTION OF PREMISES**

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

The premises consists of a one story metal building with a partial mezzanine above, containing 39,000 square feet, more or less, with two main entrances and exits at the front of the building and eight emergency exits. There is also a new "Veranda Bar" within the premises with a deck/patio to the outside of the premises (Go to ADDITIONAL INFORMATION page.)

Total Sq. Footage	33,000	Seating Capacity	500	Occupancy Number	1
Number of Entrances	1	Number of Exits	1 public, 8-egress	Number of Floors	2

## AMENDMENT-Change or Alteration of Premises Information

### 3. CHANGE OF LOCATION

#### 3A. PREMISES LOCATION

Last-Approved Street Address

Proposed Street Address

#### 3B. 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 Sq. Footage

Seating Capacity

Occupancy Number

Number of Entrances

Number of Exits

Number of Floors

#### 3C. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises. (E.g. Deed, lease, letter of intent)

Please indicate by what means the applicant has to occupy the premises

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

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

Yes  No

**4. FINANCIAL DISCLOSURE**

Associated 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):

Associated Cost(s):

Site plans, construction and renovation costs: \$50,000.00.
--

**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
Fun Zone Milford, LLC	\$50,000.00 from business checking account.
Total:	\$50,000.00

**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.
Not applicable.			<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

**APPLICANT'S STATEMENT**

I, David Breen the:  sole proprietor;  partner;  corporate principal;  LLC/LLP manager  
Authorized Signatory  
of Fun Zone Milford LLC  
Name of the Entity/Corporation

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

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

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

Signature:



Date:

4-20-2023

Title:

CEO

## ADDITIONAL INFORMATION

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

CONTINUED FROM SECTION 2B:

to be used as an additional area to serve food and drink to patrons.

The proposed changes have eliminated one entrance for security and safety reasons. There will be no "Veranda Bar." The existing outdoor patio will be expanded. (See Amendment to Site Plan, approved by the Milford Planning Board on 6/7/21, Patio Deck Plan, and Patio Expansion Plan, is roughly 1,169 square feet.

Current use of the premises includes a bowling venue and restaurant and that will continue. There will be two bars, arcade, laser tag, axe throwing, and fenced patio area with egress only.

David Breen is the sole Member of the Landlord, Shazam, LLC, and sole Member of the Tenant, Fun Zone Milford, LLC. The landlord and tenant are in agreement to alter the premises.

There is no lender. The cost is to be paid from cash on hand from the business account of Fun Zone Milford, LLC.

Questions can be directed to David Breen: david@pinzbowl.com. Tel: 508-726-7515.

**ENTITY VOTE**

The Board of Directors or LLC Managers of

Fun Zone Milford LLC dba PiNZ

Entity Name

duly voted to apply to the Licensing Authority of

Milford, MA

City/Town

and the

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

4-20-2023

Date of Meeting

For the following transactions (Check all that apply):

Alteration of Licensed Premises

Change of Location

Other

“VOTED: To authorize

David Breen

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.”

A true copy attest,



Corporate Officer /LLC Manager Signature

David Breen

(Print Name)

For Corporations ONLY

A true copy attest,



Corporation Clerk's Signature

David Breen

(Print Name)



C-1  
8-14-23

**DEPARTMENT HEAD REVIEW FORM**

- 1. **Name of Business:** **NOURIA 97 CEDAR STREET**
- 2. **Address:** **97 Cedar Street**
- 3. **Assessors ID#:** **Map 28 Block 0 Lot 3 Zone IB**
- 4. **Has applied for:** **Common Victualler License**
- 5. **Use:** **Gas Station/Convenience store**
- 6. Select Board will act on: **Monday August 14, 2023**
- 7. Hearing Continued/Postponed/MGL Deadline: \_\_\_\_\_
- 8. Abutters Notified:  N/A  Published:  N/A
- 9. Inquiry Sent to Dept. Heads on:
- 10. Please Respond By:
- 11. License Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Tabled: \_\_\_\_\_ On \_\_\_\_\_

.....  
**Building Commissioner:** (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) **IB Zone, allowable use, M use and occupancy, building and restrooms are accessible**

**Town Planner:** (Site Plan/Special Permit; Other Requirements/Stipulations)  
**OK-ZBA Special Permit approved on 6/22/2020**  
**Planning Board Site Plan approved on 7/13/2021**

**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) **Inspection of the physical facility is in compliance with the 2022 FDA Food Code**

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

.....  
**Contact Name:** Leonie Nemer **D.O.B.:** N/A **SS#:** N/A

**Phone:** 508-762-3779 **e-mail:** Leonie.nemer@nouriaenergy.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](http://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<br>(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<br>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 <sup>ND</sup> HAND/ANTIQUÉ DEALER | <input type="checkbox"/> CLASS III (JUNK CARS) - Public Hearing Required<br>(Describe on Reverse) |
| 10. <input type="checkbox"/> PAWNBROKER                         | 17. <input type="checkbox"/> WORKERS COMPENSATION IF NEEDED                                       |

### SEE ADDITIONAL INFORMATION REQUIRED BELOW

**BUSINESS NAME:** Nouria 97 Cedar Street

**BUSINESS ADDRESS:** 97 Cedar Street, Milford MA 01757

**DAYS/HOURS OF OPERATION:** Monday - Sunday 5AM - 11PM  
(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:** Nouria Energy Retail, Inc.

**MAILING ADDRESS:** 326 CLARK STREET, WORCESTER, MA 01606

**EMAIL ADDRESS:** Permits@nouriaenergy.com

**APPLICANT'S DATE OF BIRTH:** 01/04/1964

Social Security No. (Mandatory) \_\_\_\_\_ *and* Federal Identification No. (Mandatory) \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** 5/15/2023

TONY EL-NEMR – PRESIDENT (Individual or Corporate Officer) \_\_\_\_\_

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: 5/15/2023 \_\_\_\_\_

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

**ADDITIONAL REQUIREMENTS:**

- \* **This application must be returned with all required documents at least two weeks prior to 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.**

**Richard Villani**

F-1  
8-14-23

**From:** Tusino, Robert <rtusino@milfordpolice.org>  
**Sent:** Tuesday, August 1, 2023 12:57 PM  
**To:** Richard Villani; James Falvey  
**Cc:** Sanchioni, John  
**Subject:** RE: Select Board - Rick Villani / Hidden Driveway 399 1/2 Central St

**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,  
In regards to Mr. V Dabas and his request for additional signage near his home at 399 ½ it would be prudent, to erect a "Hidden Driveway" sign. As far as the electronic speed sign display, I can certainly put the location on our list of temporary placements for the mobile flashing sign board.

My best,  
D/C. R Tusino

**Robert L Tusino**  
Deputy Chief



[milfordpolice.org](http://milfordpolice.org)  
508-473-1113 x3526  
508-634-2346 fax  
508-377-8922 mobile  
[rtusino@milfordpolice.org](mailto:rtusino@milfordpolice.org)

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

**From:** Richard Villani <rvillani@townofmilford.com>  
**Sent:** Monday, July 31, 2023 1:48 PM  
**To:** Falvey, James <jfalvey@milfordpolice.org>  
**Cc:** Sanchioni, John <sanchioni@milfordpolice.org>; Tusino, Robert <rtusino@milfordpolice.org>  
**Subject:** FW: Select Board - Rick Villani / Hidden Driveway 399 1/2 Central St

Please review this request and advise. Thanks.

Richard A. Villani

Town Administrator  
Tel: (508) 634-2303  
Fax: (508) 634-2324  
Email: [rvillani@townofmilford.com](mailto:rvillani@townofmilford.com)

**From:** varun dabas <[varun.dabas5@gmail.com](mailto:varun.dabas5@gmail.com)>  
**Sent:** Monday, July 31, 2023 1:11 PM  
**To:** Richard Villani <[rvillani@townofmilford.com](mailto:rvillani@townofmilford.com)>  
**Subject:** Select Board - Rick Villani / Hidden Driveway 399 1/2 Central St

You don't often get email from [varun.dabas5@gmail.com](mailto:varun.dabas5@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.

To the Attention of Select Board - Rick Villani.

Dear Rick Villani,

I hope this email finds you well. My name is Varun Dabas, and I am a resident of Milford, MA. I am writing to request assistance in obtaining a Hidden Driveway Sign along with an electronic speed display for my and my neighbors property.

My residence is situated on 399 1/2 Central St and my neighbours address is 399 Central St. both are brand new properties the driveways are side by side. Due to its location and surroundings, visibility from west to east direction while driving is minimal and challenging for approaching vehicles. This has become a serious concern for our safety and the safety of other drivers. There have been multiple instances where the vehicles almost collided. I believe that installing a Hidden Driveway Sign along with an electronic speed display will greatly improve road safety.

I understand that there may be specific criteria and procedures to follow. I am committed to adhering to all requirements set forth by the town to ensure that the installation process is compliant with the guidelines.

I kindly request your guidance on the process of obtaining a Hidden Driveway Sign. If there are any specific forms or documents that I need to complete, please let me know, and I will ensure they are submitted promptly.

If necessary, I am available to meet in person or have a phone conversation to discuss this matter further and address any concerns or questions you may have.

I truly appreciate your attention to this matter.

Thank you for your time and consideration. I look forward to hearing from you soon.

Sincerely,

Varun Dabas

399 1/2 Central St  
Milford 01757

F.2  
8-14-23



# MILFORD BOARD OF SELECTMEN

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

## PERMIT TO OBSTRUCT APPLICATION

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

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

NAME OF ORGANIZATION Saint Mary of the Assumption Parish  
 MAILING ADDRESS: 17 Winter Street  
Milford, MA 01757

CONTACT PERSON: Father Peter Joyce, Pastor PHONE # 508-473-2000

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

### DESCRIBE IN DETAIL WHAT YOU PLAN TO DO:

The parish is having a multicultural festival on Saturday, September 23 from 12:00pm to 7:00 pm. We intend to block to road for use during the festival for music, dancing, and food sales. No alcohol will be served. The festival will span from the parish house to the parish center.

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

The date is September 23, 2023, and the closure request is from 9:00 AM to 9:00pm. A rain date is planned for September 24. The closures will be located at the Parish Center driveway, 17 Winter St, and will not affect Landmark Place. Granite St will remain open but there will not be vehicle access to Winter St at the church.

Signature of person authorized to apply for permit Peter Joyce

Date July 31, 2023

James Talvey  
Police Chief's Signature

Date 8-3-2023

Comments:  
I will require that the organizers meet with Deputy Chief Tusino for a safety plan which may require the hiring of detail officers.



F-3  
8-14-23

# TOWN of MILFORD

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

## Acceptance of Gift Form

Date Received: 8/7/23

Dept. Accepting Gift: Fire Department

Donor Name: Benjamin Moore & Co.

Donor Address: 49 Sumner Street  
Milford, MA 01757

Name of Gift: Gift Acct.

Purpose of Donation: First Responder Donation

Total of Gift \$ 2,500.00

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

Board of Selectmen

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

### TOWN ACCOUNTANT USE

Assigned Account # \_\_\_\_\_

Date Received \_\_\_\_\_



Benjamin Moore & Co.  
49 Sumner Street  
Milford, MA 01757  
(t) 508-473-8900  
(f) 508-473-3315  
[www.benjaminmoore.com](http://www.benjaminmoore.com)

**6/1/23**

**Dear Chief Nelson,**

**We greatly appreciate the high level of protection that the Milford Fire Department provides to the community, and are pleased to provide the department with the enclosed first responder donation of \$2,500. Please thank your team on our behalf and keep up the great work.**

**Thank you,**

A handwritten signature in black ink, appearing to read "Scott Kaplan", written over a light blue horizontal line.

**Scott Kaplan  
Distribution Center Manager**

**Benjamin Moore & Co  
49 Sumner Street  
Milford, MA 01757  
(t) 508-482-5615  
(f) 508-482-5643**



F-4  
8-14-23

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

**August 8, 2023**

**GIFT**

DONOR	Benjamin Moore 49 Sumner St Milford, MA 01757
Name of Gift	Law Enforcement Gift Acct-Fund 2629
Purpose	To Be used for the Betterment of the Department
Total of Gift	\$ 2500.00 _____
Contact Person	Attn: Scott Kaplan

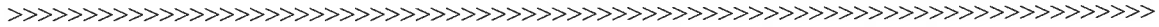
- Attached is a copy of letter received.
- There is no written Correspondence with this gift.
- The Board of Selectmen have been notified of this gift and have approved of the expenditures for the purposes stated.

Board of Selectmen

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**TOWN ACCOUNTANT USE**

**Assigned Account #** \_\_\_\_\_

**Date Received** \_\_\_\_\_



Benjamin Moore & Co.  
49 Sumner Street  
Milford, MA 01757  
(t) 508 473-8900  
(f) 508 473-3315  
www.benjaminmoore.com

**6/1/23**

**Dear Chief Falvey,**

**We greatly appreciate the high level of public safety that the Milford Police Department provides to the community, and are pleased to provide the department with the enclosed first responder donation of \$2,500. Please keep up the great work.**

**Thank you,**

A handwritten signature in black ink, appearing to read "Scott Kaplan".

**Scott Kaplan  
Distribution Center Manager**

**Benjamin Moore & Co  
49 Sumner Street  
Milford, MA 01757  
(t) 508-482-5615  
(f) 508-482-5643**



# **MILFORD POLICE DEPARTMENT**

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

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

*ifalvey@milfordpolice.org*

*Mr. Scott Kaplan, Distribution Center Manager*  
*Benjamin Moore Paints*  
*49 Sumner Street*  
*Milford, MA 01757*

*August 8, 2023*

*Dear Scott:*

*Once again, on behalf of the Officers and Staff of the Milford Police Department, we would like to thank you for the kind and generous donation you have presented to this Department for so many years now.*

*As always we will continue to provide the best service to this community.*

*This money will be used for the betterment of the department and is very greatly appreciated, year after year. Thank you again.*

*Very truly yours,*

*James F Falvey*  
*Chief of Police*

F-5  
8-14-23

**CONTRACT AWARD**

TOWN OF MILFORD

INVITATION TO BID

DESCRIPTION –RENOVATION OF UPSTAIRS ROOM AT SENIOR CENTER

AWARDING AUTHORITY – SELECT BOARD

DATE – August 14, 2023

BIDDER NAME/ADDRESS	QUOTE AMOUNT
1. E5 BUILDERS, LLC 435 Lancaster Street, Leominster, MA 01453	\$94,980.00
2. FULL SCOPE CONTRACTING, INC. 15 Lori Lane, Taunton, MA 02780	\$88,000.00
3. KNEELAND CONSTRUCTION CORPORATION 407R Mystic Avenue, Suite 34B, Medford, MA 02155	\$182,000.00

Contract Award - After reviewing the proposal the decision was made to award the Contract to full scope contracting, Inc., as the most responsible vendor, based upon their quote.



F-6  
8-14-23

**MILFORD INDUSTRIAL DEVELOPMENT COMMISSION**  
52 Main Street, Milford, MA 01757 508-634-2317

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**M E M O R A N D U M**

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TO: Richard A. Villani, Esq. Town Administrator  
FROM: Larry L. Dunkin, MCRP Town Planner/IDC Chairman  
DATE: August 10, 2023  
SUBJECT: IDC Vacancy - Representative from Milton CAT

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The prior retirement of long-time IDC member Mr. Matt Shields from Milton CAT had also created a vacancy on the IDC itself. Since the Town has always encouraged representation from major industries to serve on the IDC, being able to continue the tradition of having an IDC member from Milton CAT seems only fitting.

Therefore, I recommend that the Select Board appoint Mr. Justin Brosnan, the new Facilities Manager at Milton CAT, to fill the vacancy create by Matts' retirement. Justin's application and resume are attached for your review.



## 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 Justin Brosnan

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

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

EMAIL ADDRESS Justin\_Brosnan@milfordcat.com

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

EDUCATION

EXPERIENCE

INTERESTS

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

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

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

FOR OFFICE USE ONLY: Date Rec'd 8-10-23 Recorded 8-10-23 Application Expires 8-10-26  
Referred to Board Chair for Review/Comment/Recommendation 8-10-23

# Justin S. Brosnan

**Cell:**  
**Email:**

## EDUCATION

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- Massachusetts Maritime Academy** Class of 2018  
*Bachelor of Science in Facilities Engineering*  
Joseph Conti, Jr. Scholarship Recipient
- Massachusetts Maritime Academy** Class of 2022  
Master of Science in Facilities Management

## EXPERIENCE

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**Milton CAT** June 2021 – Present  
*Facility Manager*

- Responsible for day-to-day management of four buildings (356,000 sqft total) across 53 acres of land
- Manage vendor contracts, preventative maintenance programs, and capital projects
- Oversee \$3.1 million dollar operating budget

**C&W Services** April 2018- June 2021  
*Building Engineer*

- Responsible for the proper operation and maintenance of all building MEP systems and equipment with a primary focus on HVAC equipment and systems
- Works closely with subcontractors to coordinate and ensure clients procedures are safely followed
- Maintain a professional, safe, and clean work area. Comply with C&W Services and OSHA Safety Policies and Regulations

**Town of Hanover Water Treatment Plant** Winter 2016, Summer 2016  
*Water Treatment Division*

- Assisted in operation and maintenance to ensure compliance of three water treatment facilities
- Partook in producing 2,000,000 gallons of water per day
- Became familiar with equipment and machinery used universally

## SKILLS & ABILITIES

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### Certifications

OSHA 10 – Construction Safety  
Transportation Workers Identification Card  
EPA Section 608 Universal CFC Recovery Certified  
United Academy Aerial Boomlift 3b & Scissor Lift 3a Operator Certified

### Relevant Skills

Microsoft Word Certified



F-6  
8-14-23  
**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 Jeff Birdwell

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

TELEPHONE NO. FOR WEEKDAYS ( 910-703-2336 ) & EVENINGS( 910-703-2336 )

EMAIL ADDRESS jeffbirdwell@gmail.com

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

EDUCATION Currently finishing BS in Economics from Penn State.

EXPERIENCE 6 years in Passenger Rail Transit.  
12 years in Rail Industry.  
Currently employed by Amtrak in Quality Management.  
Worked with MBTA, RTDC, and other transportation.

INTERESTS Public Transportation, Finance, Zoning, Planning, School

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 checked="" 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 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 checked="" type="checkbox"/> Finance Committee              | <input type="checkbox"/> Milford Youth Commission                     |
|  | <input checked="" type="checkbox"/> Personnel Board                   |
|  | <input checked="" type="checkbox"/> Zoning Board of Appeals           |
|  | <input checked="" type="checkbox"/> Other (Describe Below)            |

Public Transportation Advisory Committee

**FOR OFFICE USE ONLY:** Date Rec'd 10-13-20 Recorded 10-13-20 Application Expires 10-13-23  
Referred to Board Chair for Review/Comment/Recommendation \_\_\_\_\_