MILFORD SELECT BOARD: AGENDA October 17, 2022 – 5:30 PM, ROOM 03, TOWN HALL



1. IT Director, re: Discuss Town IT Infrastructure

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.

MILFORD SELECT BOARD: AGENDA October 17, 2022 – 6:00 PM, ROOM 03, TOWN HALL

A.) SIGNING OF WARRANT, APPROVAL of Minutes, September 26, 2022 EXECUTIVE SESSION Minutes, September 22, 2022, October 12, 2022

B.) INVITATION TO SPEAK

Remote Public Hearing/Invitation to Speak access now requires advanced registration. Please register online here: http://tiny.cc/0ozzuz Any member of the public may now register to access the zoom webinar as an attendee. Public attendees will be able to view the zoom LIVE and request to speak at the "Public Hearing/Invitation to Speak."

C.) PUBLIC HEARINGS

- 1. 6:00 PM Quinten Nowland and Michael Lynch, re: Old Cedar Street
- 2. 6:15 PM PMG Northeast, LLC, c/o Nouria Energy Retail, Inc., re: Amendment to Chapter 148 License
- 3. 6:20 National Grid/Verizon New England, Inc., re: Pole Relocation- Della Street
- 4. 6:25 PM Sonesta International Hotels Corporation, dba Sonesta Select Boston Milford-Change of Manager

D.) SCHEDULED APPOINTMENTS

- 1. Joint Meeting with Planning Board, re: Vacancy
- 2. Finance Director and IT Director, re: Request for ARPA Funds

E.) TOWN ADMINISTRATOR'S REPORT

F.) OLD BUSINESS

- 1. Amazon, re: Update
- 2. Town Administrator, re: One Day Beer & Wine License-Milford High School Boosters-Cornhole Tournament

G.) NEW BUSINESS

- 1. Town Administrator, re: Special Town Meeting Warrant
- 2. Trustees of Vernon Grove Cemetery, re: Resignation
- 3. MV Jewelry and More, re: Secondhand Dealer License
- 4. Town Administrator, re: Appointment of Crossing Guard
- 5. St. Mary of the Assumption Parish, re: One-Day Liquor License

H.) CORRESPONDENCE

I.) EXECUTIVE SESSION

 O'Loughlin v Town of Milford et al, Worcester Superior Court Civil Action No. 1885CV01750C to receive Attorney/Client Communication of legal advice regarding reasonably anticipated litigation or legal issues the disclosure of which would compromise the Town's Position

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.

C1 10-17-22

TOWN OF MILFORD NOTICE OF HEARING

Notice is hereby given that the Milford Select Board will conduct a public hearing in Room 03, Milford Town Hall, 52 Main Street, Milford, Massachusetts on the following date and time:

Monday, October 17, 2022 at 6:00 P.M.

... on the intention of the Board to relocate and partially continue the street(s):

ROADWAY:

"OLD CEDAR STREET"

DEVELOPER:

Quinten Nowland and Michael Lynch 12 Prospect Street, Upton, MA 01568

STREET:

Old Cedar Street – as shown on the Plan by Allen Engineering &

Associates Inc., dated September 15, 2022 and on file.

Description of the proposed relocation and discontinuance of a public way, as well as maps showing same, are on file in the office of the Town Clerk, Milford Town Hall, and are available for public inspection. Interested parties should direct inquiries to the Office of the Select Board, Room 11, or the Office of Planning and Engineering, Room 05, Milford Town Hall.

All persons interested in the intention of the Board to lay out the above-named street(s) as a public way are invited to attend this hearing:

PER ORDER MILFORD SELECT BOARD

Thomas J. O'Loughlin, Chairman

Michael K. Walsh Paul A. Mazzuchelli

Date:

Cc:

Town Clerk (w/description & plan)

Town Counsel (w/legal description)

Highway Surveyor Town Engineer Planning Board Select Board

Developer/Fee Holder

Files

BEGINNING: At a point on the Westerly sideline of Cedar Street at the southeast corner of land now or formerly of Dilla Street Corporation as shown on the above referenced plan.

THENCE: S 02°54'18" E by said Westerly sideline a distance of 87.00 feet to a point of curvature;

Thence Southwesterly on a curve to the left having a radius of 25.00 feet, an arc length of 39.27 feet to a point of tangency;

Thence: S 87°05'42" W a distance of 26.98 feet to a point of curvature

Thence Northwesterly on a curve to the right having a radius of 125.00 feet, an arc length of 138.00 feet to a point of concentric curvature;

Thence Northwesterly on a curve to the right having a radius of 665.00 feet, an arc length of 330.12 feet to a point of tangency;

Thence: N 01°12'36" W a distance of 638.10 feet to a point on the Southerly sideline of Interstate Route 495;

Thence: S 49°16'32" E a distance of 140.03 feet to a point;

Thence: S 01°12'36" E a distance of 30.44 feet to a point of curvature;

Thence Southerly on a curve to the right having a radius of 52.00 feet, an arc length of 47.81 feet to a point of tangency;

Thence: S 51°28'10" W a distance of 42.37 feet to a point;

Thence: S 01°12'36" E a distance of 447.04 feet to a point of curvature;

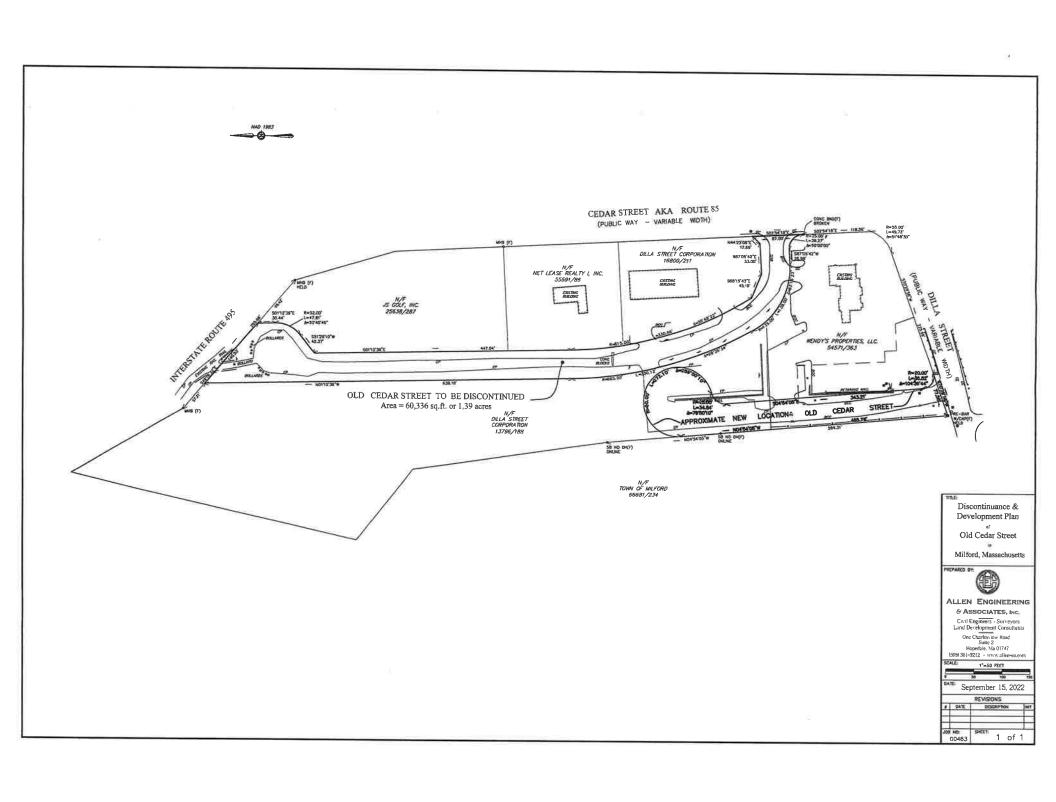
Thence Southeasterly on a curve to the left having a radius of 615.00, an arc length of 330.66 feet to a point;

Thence: S 68°15'43" E a distance of 45.19 feet to a point;

Thence: N 87°05'42" E a distance of 53. 19 feet to a point;

Thence: N 44°23'08" E a distance of 17.69 feet the point of beginning

The above described area of proposed discontinuance being 60,336+/- sf or 1.39+/- Acres



REPORT OF THE SELECT BOARD

After notice as required by the provisions of Chapter 82 of the Massachusetts General Laws, we, the Select Board of Milford, met on the 17th day of October, 2022, for the purpose, among others, of considering whether to vote to relocate Old Cedar Street and discontinue portions of the prior location of the Old Cedar Street, in accordance with the descriptions attached hereto and as shown on a Plan entitled "Discontinuance and Development Plan of Old Cedar Street in Milford, Massachusetts by Allen Engineering Inc., 1 Charlesview Road, Suite 2, Hopedale, MA 01747.

AND IT IS THEREFORE ORDERED that said, Old Cedar Street, be and hereby is relocated and laid out as a public way under the provisions of Chapter 82 of the General Laws and discontinued as described, according to the description and plan attached hereto.

DATED:

October 17, 2022

MILFORD SELECT BOARD

Thomas J. O'Loughlin, Chairman

Michael K. Walsh

Paul A. Mazzuchelli

DISTRIBUTION:

Original: Town Clerk

Copy #1: Town Counsel Copy #2: Town Meeting

Copy #3: Select Board

Files

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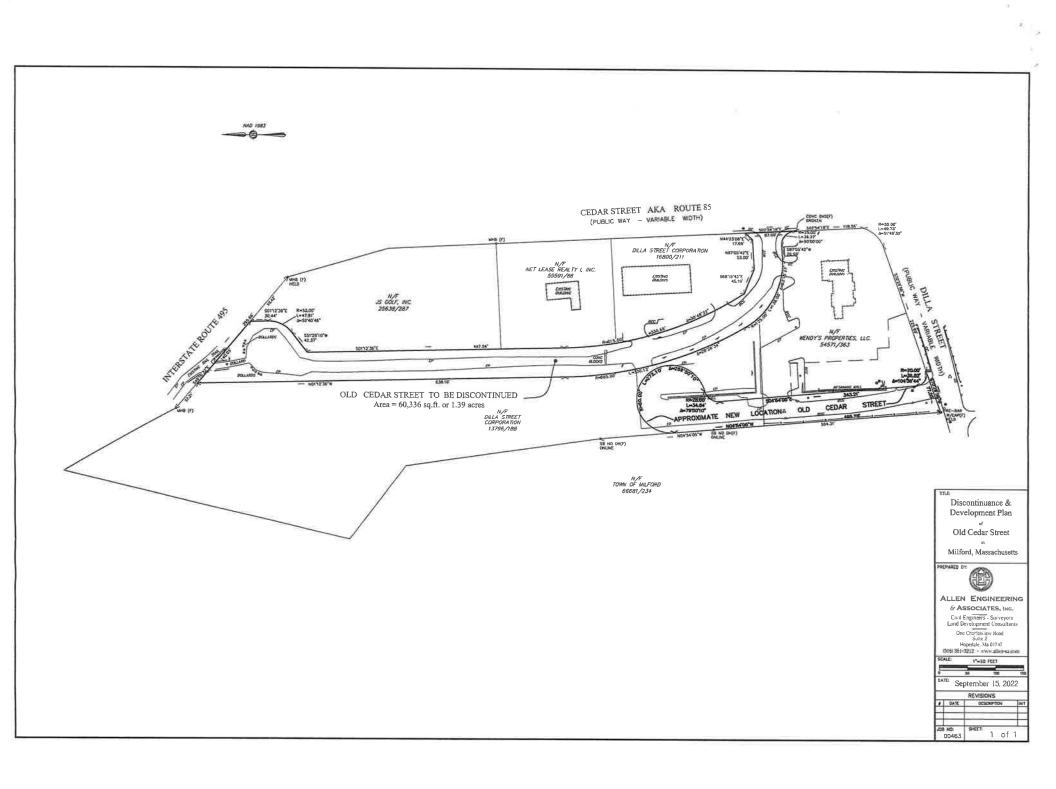
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The above described area of proposed discontinuance being 60,336+/- sf or 1.39+/- Acres



Michael P. Visconti, Jr.

7 Muriel Lane Milford, MA 01757

F

E-mail:

October 04, 2022

Town of Milford Select Board & Planning Board 52 Main Street Milford, MA 01757

Re: Planning Board Appointment

Dear Board Members:

It is my understanding that the Select Board and the Planning Board will collectively appoint a person to fill the vacancy on the Planning Board which was created by the resignation of Board member Mr. Cole.

I would like to be seriously considered to fill that vacancy. I realize that if appointed, I will have to run for the seat in the next election. I am fully prepared to put my name out there as I have done several times in the past.

I have 40+ years' experience in planning, designing, engineering and construction of residential, commercial, industrial and retail developments.

I have spent many hours analyzing traffic impact studies and environmental impact studies.

If you have any questions or require any additional information regarding my request, or if you would like me to schedule an interview with you, I will make myself available to meet at your convenience. Please feel free to contact me at any time.

Sincerely,

Michael P. Visconti Ur.

Michael P. Visconti, Jr.

MICHAEL P. VISCONTI, JR. Rev:

010/04/2022

7 Muriel Lane, Milford, MA 01757

PLANNING, DESIGN, ENGINEERING AND CONSTRUCTION

Interest in serving on the Milford Planning Board where my qualifications and work history will be of significant value.

SUMMARY OF QUALIFICATIONS:

Intimately involved for the last 40+ years in planning, design, engineering and construction of commercial, industrial and residential developments.

45 years in the construction industry.

20-year member of local zoning Board of Appeals with 99.9% attendance record.

Poses an encyclopedic knowledge of Milford Zoning Bylaws and Mass building codes.

EDUCATION:

SUFFOLK UNIVERSITY:

(BS/BA 1972)

UNIVERSITY OF MASSACHUSETTS: (Studied Engineering 1967-68)

MILFORD PUBLIC HIGH SCHOOL - Milford, MA (Class of 1966)

Graduated with High Honor status.

RELEVANT EXPERIENCE:

Worked in the construction industry from 1972 to present holding various positions including Project planner, project designer, project manager and project supervisor.

Currently self-employed construction management consultant.

Consulted with the UMass team in 2003 to develop the town's Comprehensive Plan.

Town Meeting Member, Town of Milford - Milford, MA 1975 - present with perfect attendance record.

LICENSES:

Currently hold Mass unlimited construction supervisor license since early 1980's

Currently hold Mass Real Estate Sales license.

Formerly held Mass Lead Abatement license. **Currently Notary Public.**

Dear Select Board,

I am John E, DePaolo Jr. I am known as Ted DePaolo to most . I am a lifelong resident of Milford. I had worked for the Town of Milfor Fire Department as a firefighte /EMT for 35 five years. Retired in November 2017and In the last 22 years I have been a Realtor for over 22 years for Century 21. For the last five years of being retired I have missed the opportunity to give back to the community.

My intentions for this letter is to let you know my interest in the vacancy seat for the Planning Board.

With almost 40 years of experience working in the community and my knowledge in this area ,It would give me great pleasure to serve on the Planning Board and give back to the town where I have lived and worked for 60 years.

Sincerely,

J.Ted DePaolo

John E. DePaolo Jr.

1 Willow Road Milford, MA 01757

EXPERIENCE

Century 21— Realtor

April 2000-Present

Milfor Fire Department — Fire Fighter /EMT

October 1984-November 2017

Fire Engineering, Emergency Management, Pre Fire Planning, HazMat Storage and Transportation of Materials.

Dave Murray Construction— lead Carpenter

April 1985- November 1992

Lead Carpenter for building construction and remodeling.

EXECUTIVE PROFILE

- 35 year career as a Milford FireFighter/Emt
- 33 Years of planning committee Milford Welcoming Santa Parade
- 30 years as a Town meeting member
- 12 years as a youth Sports coach for soccer/softball
- 6 years elected member of Vernon Grove Cemetery.
- Chairman Blood drive and coat drives for various organizations
- Former CCD Teacher for Sacred Heart

EDUCATION

Milford High School

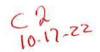
September 1977- June 1981

Quinsigamond College

September 1985-June 1992 Fire Science

Massachusetts FireFighting Academy

Graduated 1984



DEPARTMENT HEAD REVIEW FORM

1.	Owner of Land:	PMG Northeast, LLC c/o Nouria Energy Reta	il Inc			
2.		97 Cedar Street Map _28Block _0_	·	o ne IB		
3.	Has applied for:	Amendment to Chapter Store 22,000 gallons of Combustible Liquids.				
5. 6. 7.	 Select Board will take action on: Monday October 17, 2022 Abutters Notified:10/3/2022Published:10/3/2022 Inquiry Sent To Dept. Heads on: _9/28/2022 Please Respond By: License Approved:Denied:Tabled:On 					
Building Commissioner: (Zoning, Occupancy, Building/Handicap Access, Restroom Handicap Access, etc.) IB Zone, allowable use, building will be accessible when built Town Planner: (Site Plan/Special Permit; Other Requirements/Stipulations) Ok- ZBA Special Permit approved 8/18/20 Planning Board Site Plan approved 7/15/21						
Тах С	Collector : (Outstar	nding Taxes) No outstand	ing taxes			
Town	Treasurer: (Outs	tanding Tax Liens) None				
Fire Chief: (Information/Comment) No objections						
Police Chief: (Information/Comment) Approved						
Criminal Offense Record Info: (CORI) Approved 🔲 Disapproved 🖂						
Board	l of Health: (Info	rmation/comment) N/A				

Contact Name: Huseyin Sevincgil, P.E.

Email: hsevincgil@gpinet.com Phone: 603-475-5830



Location of Land: 97 Cedar Street

Total quantity of all flammable solids to be stored: ____

The Commonwe	alth of Massachusetts
City (Town) of_	

Application For License

Massachusetts General Law, Chapter 148 §13

☐ New License

☑ Amended License

Assessor's Map 28 Block 0 Lot 3

-	GIS Coordinates
	LAT.
	LONG.
_	License Number

Application is hereby made in accordance with the provisions of Chapter 148 of the General Laws of Massachusetts for a license to store flammables, combustibles or explosives on land in buildings or structures herein described.

Number, Street and Assessor's Map and Parcel ID

Attach a plot plan of the p	Attach a plot plan of the property indicating the location of property lines and all buildings or structures.				
Owner of Land: PMG Northeast, LLC					
Address of Land Owner:	Address of Land Owner: c/o Nouria Energy Retail, Inc., 326 Clark Street, Worcester, MA 01606				
	Use and Occupancy of Buildings and Structures: Self-service gasoline/diesel fuel sales with retail store If this is an application for amendment of an existing license, indicate date of original license and any subsequent amendment.				
Original License Da	ate: December 7.	1992 and amended on a copy of the current license	June 28, 2004		
Flammable and Combu Complete this section for the s Attach additional pages if nee	torage of flammable ar	nd combustible liquids, solids,	and gases; see 527		
PRODUCT NAME	CLASS	MAXIMUM QUANTITY	UNITS gal., lbs, Cubic feet	CONTAINER UST, AST, IBC, drums	
Gasoline - Regular	IB	15,000	Gallons	UST	
Gasoline - Super	IB	7,000	gallons	UST	
Diesel - Retail	<u> II</u>	8,000	gallons	UST	
		,			
Total quantity of all fla	•	8.			
Total quantity of all flammable gases to be stored:N/A					

LP-gas (Complete this section for the storage of LP-gas or propane) Indicate the maximum quantity of LP-gas to be stored and the sizes and capacities of all storage containers. (See 527 CMR 1.00 Table 1.12.8.50) Maximum quantity (in gallons) of LP-gas to be stored in aboveground containers: 1,000 gallons List sizes and capacities of all aboveground containers used for storage: 1,000 gallon AST LP tank for retail filling of customer LP tanks. Maximum quantity (in gallons) of LP-gas to be stored in underground containers: List sizes and capacities of all underground containers used for storage: Total aggregate quantity of all LP-gas to be stored: 1,000 gallons Fireworks (Complete this section for the storage of fireworks) N/A Indicate classes of fireworks to be stored and maximum quantity of each class. (See 527 CMR 1.00 Table 1.12.8.50) ❖ Maximum amount (in pounds) of Class 1.3G:_____ Type/class of magazine used for storage: ❖ Maximum amount (in pounds) of Class 1.4G:____ Type/class of magazine used for storage: Maximum amount (in pounds) of Class 1.4: Type/class of magazine used for storage: Total aggregate quantity of all classes of fireworks to be stored: **Explosives** (Complete this section for the storage of explosives) N/A Indicate classes of explosive to be stored and maximum quantity of each class. (See 527 CMR 1.00 Table 1.12.8.50) Maximum amount (in pounds) of Class 1.1: Number of magazines used for storage: ❖ Maximum amount (in pounds) of Class 1.2: Number of magazines used for storage: Maximum amount (in pounds) of Class 1.3: Number of magazines used for storage: Maximum amount (in pounds) of Class 1.4: Number of magazines used for storage: Maximum amount (in pounds) of Class 1.5: Number of magazines used for storage: Maximum amount (in pounds) of Class 1.6: Number of magazines used for storage: I. Armand Keurian , hereby attest that I am authorized to make this application. I acknowledge that the information contained herein is accurate and complete to the best of my knowledge and belief. I acknowledge that all materials stored pursuant to any license granted hereunder must be stored or kept in accordance with all applicable laws, codes, rules and regulations, including but not limited to Massachusetts Chapter 148, and the Massachusetts Fire Code (527 CMR 1.00). I further acknowledge that the storage of any material specified in any license granted hereunder may not exceed the maximum quantity specified by the license. Date 7/14/2022 Name Armand Keurian, Director of Development Signature / Fire Department Use Only I, Mark A. Nelson, Head of the Miltord Fire Department endorse this application with my ■ Approval □ Disapproval 7/27/2022 /Date Signature of Head of the Fire Department

Recommendations:



MILFORD FIRE DEPARTMENT

21 BIRCH STREET MILFORD, MASSACHUSETTS 01757

MARK A. NELSON, CHIEF MICHAEL J. DETORE, DEPUTY

Telephone: 508-473-1214 • Fax: 508-473-4858 • Inspections: 508-473-2256

September 13, 2022

Richard Villani, Esq. Town Administrator 52 Main Street Milford, Massachusetts 01757

RE: Amended Fuel Storage License Application for 97 Cedar Street

Dear Mr. Villani:

Nouria Energy, 97 Cedar Street, is seeking an amendment for the fuel storage license. The company plans to remove four underground gasoline storage tanks totaling 30,000 gallons. Two new underground storage tanks each will store 15,000 gallons of fuel. One tank will contain regular gasoline and the other will have 7,000 gallons of super grade gasoline and 8,000 gallons of diesel. The total quantity stored will remain 30,000 gallons, but the class of liquids will change with introduction of diesel. In addition, the 1,000-gallon propane refill station will remain and is included in the amendment application.

The Fire Department approves the proposed quantities of flammable and combustible storage. The project will result in removal of four tanks installed in January 1993 and includes the installation of an automatic fire suppression system under the new canopy.

Please contact me if I can assist with any questions.

Sincerely,

Mark Nelson

C-3 17-22

MILFORD SELECT BOARD

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

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

Richard A. Villani Town Administrator

TOWN OF MILFORD: NOTICE OF PUBLIC HEARING

Notice is hereby given that the Milford Select Board has received the following petition:

PLAN NO.

30634356

RECEIVED FROM:

Massachusetts Electric Company DBA National Grid/Verizon New

England, Inc.

DESCRIPTION:

8 Della Street

National Grid and Verizon New England respectfully request permission to relocate 1 JO Pole on Della Street. Relocate 1 JO Pole#2 on Della Street 40' SW of current location.

A Select Board meeting will be held on Monday October 17, 2022, Room 03 Milford Town Hall at 6:00PM to discuss this petition.

Abutters are invited to attend this hearing and participate in the discussion if you wish to do so.

PER ORDER SELECT BOARD

Thomas J. O'Loughlin, Esq., Chairman

Paul A. Mazzuchelli

Michael K. Walsh

cc:

Massachusetts Electric Verizon New England

Files

October 4, 2022

Questions contact - Mike Roberts 508-482-1243

PETITION FOR JOINT OR IDENTICAL POLE LOCATIONS

North Andover, Massachusetts

To the Board of Selectmen Of Milford, Massachusetts

Massachusetts Electric Company d/b/a National Grid and Verizon New England, Inc requests permission to locate poles, wires, and fixtures, including the necessary sustaining and protecting fixtures, along and across the following public way:

Della St - National Grid to relocate 1 JO Pole on Della St. Relocate 1 JO Pole #2 on Della St ~40' SW of current location.

Location approximately as shown on plan attached

Wherefore it prays that after due notice and hearing as provided by law, it be granted a location for and permission to erect and maintain poles and wires, together with such sustaining and protecting fixtures as it may find necessary, said poles to be erected substantially in accordance with the plan filed herewith marked — Della St - Milford - Massachusetts.

No. 30634356 September 1, 2022

Also for permission to lay and maintain underground laterals, cables, and wires in the above or intersecting public ways for the purpose of making connections with such poles and buildings as each of said petitioners may desire for distributing purposes.

Your petitioner agrees to reserve space for one cross-arm at a suitable point on each of said poles for the fire, police, telephone, and telegraph signal wires belonging to the municipality and used by it exclusively for municipal purposes.

	s Electric Company d/b/a
NATIONAL	GRID Helton Lopes
BY	
Engineering I	Department
VERIZON N	EW ENGLAND, INC.
BY	Albert . Bessette
Manager / Ric	ght of Way

Exhibit A-Not to Scale

The Exact location of said Facilities to be established by and upon the installation and erection of the Facilities thereof.

DELLA ST

38 FT +/

P2 OLD P2 49-0-310

49-0-308

49-0-309

NATIONAL GRID RESPECTFULLY REQUEST PERMISSION TO REPLACE / RELOCATE POLE 2 DELIAST 38 FT SOUTH WEST OF PRESENT LOCATION TO PROPERTY LINE OF 49-0-308 & 309.

ELECTRIC DISTRIBUTION EASEMENT

THE DISTRIBUTION PADEMIENT					
Legend: Existing Pole (JO) REMOVE-	Legend: Existing Overhead Wire	nationalgrid			
New Pole (JO)- New Anchor and Down Guy-	New Overhead wire — — — — New Service Wire	Property Owner: DORIS M. FERRELLI Address: 8 DELLA ST MILFORD, MA 01757			
	Property Line — · · — · · —	SKETCH TO ACCOMPANY EASEMENT FOR:			
DATE: 8/31/2022	Drawn By: M. ROBERTS	30634356			
DRAWING NOT TO SCALE. DIST	TANCES ARE APPROXIMATE.				

C-4 10-17-22

DEPARTMENT HEAD REVIEW FORM

 Name of Business: Address: Assessors ID#: 	Sonesta International Hotels Corporation D/B/A Sonesta Select Boston Milford 10 Fortune Blvd Map28 Block98Lot20 ZoneIB
	mendment to Innholder License-Change of Manager
5. Abutters Notified: N6. Inquiry Sent To Dep7. Please Respond By:	action on: Monday October 17, 2022 /A Published:N/A ot. Heads on: Wednesday September 28, 2022 Denied:Tabled:On
_	(Zoning, Occupancy, Building/Handicap Access, es, etc.) IB Zone, allowable use, occupancy load 828 Building is accessible
Town Planner : (Site Plan,	Special Permit; Other Requirements/Stipulations) OK-No change of actual use
Tax Collector: (Outstand:	ing Taxes) No outstanding taxes
Town Treasurer: (Outstar	nding Tax Liens) None
Fire Chief: (Information/	Comment) No Objections
Police Chief: (Information	n/Comment) Approved
Criminal Offense Record I	nfo: (CORI) Approved □ Disapproved □
Board of Health: (Inform	ation/comment) No Violations
Dept. Head Signature:	Date:
	B: SS#:

Phone: 401-256-7766 e-mail: megan.gaspar@sonesta.com



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

AMENDMENT-Change of Manager

X Change of License Manager

Sonesta International Hotels Corporation Milford 2. APPLICATION CONTACT The application contact is the person who should be contacted with any questions regarding this application. Name Title Email Phone 972-354-6470 972-364-6470 972-364-6470 972-364-6470 972-3	L. BUSINESS	Entity Name			Municipality		A	BCC License Number	
The application contact is the person who should be contacted with any questions regarding this application. Title Email Gonsultant Glouie@bluebonnetconsulting.com Phone	Sonesta International Hotels Corporation			Milford	lilford		06218-	06218-HT-0706	
Darlene Louie Consultant dlouie@bluebonnetconsulting.com 972-354-6470	he applicati	ION CONTAC	s the person who shou	ld be contac	ted with any ques	tions regarding	g this applica	tion. Phone	
The individual that has been appointed to manage and control of the licensed business and premises. Proposed Manager Name Megan Seal Date of Birth SSN Residential Address Email Phone Phone Residential Address Email Residential Address Email Phone Residential Address Email Residential Address Email Phone Residential Address Email Residential		ie	Consultant		dlouie@bluebon	net consulting.co	om	972-354-6470	
Residential Address Email Phone Last-Approved License Manager Casey Williams Last-Approved License Manager Yes No *Manager must be U.S. citizen for yes, attach a certificate or Naturalization Papers. In the Case of No in the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if precessary, utilizing the format below. Date Municipality Charge Disposition Casey Milliams Casey Williams C	he individu	al that has b	een appointed to ma	nage and co					
lease indicate how many hours per week ou intend to be on the licensed premises B. CITIZENSHIP/BACKGROUND INFORMATION re you a U.S. Citizen?* (a) Yes (No *Manager must be U.S. citizen reyou a U.S. Citizen? yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. No reyou ever been convicted of a state, federal, or military crime? (Yes (No *No *No *No *No *No *No *No *No *No *			Megali Sear						
Last-Approved License Manager Casey Williams B. CITIZENSHIP/BACKGROUND INFORMATION Are you a U.S. Citizen?* I yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. lave you ever been convicted of a state, federal, or military crime? Yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if recessary, utilizing the format below. Date Municipality Charge Disposition Date Municipality Charge Disposition C. EMPLOYMENT INFORMATION Rease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervisor Name 10/2009 02/2021 Asst. General Manager Sonesta Select Milford, MA Karen Votta, Denise Rubin 10/2009 02/2021 Asst. General Manager Courtyard by Marriott Mildre Gonzalez, Casey William D. PRIOR DISCIPLINARY ACTION Rave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to isciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below hate of Action Name of License State City Reason for suspension, revocation or cancellation	lesidential A	ddress							
B. CITIZENSHIP/BACKGROUND INFORMATION Tre you a U.S. Citizen?* Tyes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers. Idave you ever been convicted of a state, federal, or military crime? Tyes, 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 N/A 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 D2/2021 Current General Manager Sonesta Select Milford, MA Karen Votta, Denise Rubin 10/2009 02/2021 Asst. General Manager Courtyard by Marriott Mildre Gonzalez, Casey William D. PRIOR DISCIPLINARY ACTION lave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to lisciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below Prior Date of Action Name of License State City Reason for suspension, revocation or cancellation									
Are you 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. In 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 Rease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervisor Name 10/2001 Current General Manager Sonesta Select Milford, MA Karen Votta, Denise Rubin 10/2009 02/2021 Asst. General Manager Courtyard by Marriott Mildre Gonzalez, Casey William D. PRIOR DISCIPLINARY ACTION lave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to lisciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below. State Otty Reason for suspension, revocation or cancellation	lease indicat ou intend to	te how many be on the lice	hours per week ensed premises 40	Last-Ap	proved License Ma	Casey Wi	lliams		
N/A C. EMPLOYMENT INFORMATION lease provide your employment history. Attach additional pages, if necessary, utilizing the format below. Start Date End Date Position Employer Supervisor Name D. Current General Manager Sonesta Select Milford, MA Karen Votta, Denise Rubin D. PRIOR DISCIPLINARY ACTION lave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to lisciplinary 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	f yes, fill out	the table belo	ow and attach an affidav	it providing t	he details of any an		s. Attach add	itional pages, if	
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Start Date End Date Position Employer Supervisor Name Date End Date Position Employer Supervisor Name Date Current General Manager Sonesta Select Milford, MA Karen Votta, Denise Rubin Date Date Position Employer Supervisor Name Date Courty Sonesta Select Milford, MA Karen Votta, Denise Rubin Date Courty Marriott Mildre Gonzalez, Casey William Date Courty Mar		N/A		•					
Start Date End Date Position Employer Supervisor Name O2/2021 Current General Manager Sonesta Select Milford, MA Karen Votta, Denise Rubin O2/2009 O2/2021 Asst. General Manager Courtyard by Marriott Mildre Gonzalez, Casey William OD. PRIOR DISCIPLINARY ACTION Ilave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to isciplinary 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									
Current General Manager Sonesta Select Milford, MA Karen Votta, Denise Rubin 10/2009 02/2021 Asst. General Manager Courtyard by Marriott Mildre Gonzalez, Casey William 10/2009 DISCIPLINARY ACTION 10/2009 ave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to isciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below that the property of the				h additional		y, utilizing the	format belo Sur	w. pervisor Name	
D. PRIOR DISCIPLINARY ACTION lave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to isciplinary 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						ord, MA	Karen V	otta, Denise Rubin	
lave you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to isciplinary 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	10/2009	02/2021	Asst. General Manager		Courtyard by Ma	rriott	Mildre Gor	nzalez, Casey Williams	
nereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate;	lave you held lisciplinary ad	d a beneficial ction? (Ye	or financial interest in, or es No If yes, pleas	e fill out the	table. Attach additi	onal pages, if ne	ecessary,utiliz	ing the format below.	
nereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:								1100	
	nerehu swear i	under the pains	and penalties of perjury th	at the informa	tion I have provided in	this application is	true and gccui	rate:	

APPLICANT'S STATEMENT

		√ . □ .		
I, Step	hen Miano the: sole proprietor; partner;	[×] corporate principal;		
Sone	sta International Hotels Corporation	30)		
of L	Name of the Entity/Corporation			
hereby Bevera	submit this application (hereinafter the "Application"), to the local ges Control Commission (the "ABCC" and together with the LLA col	licensing authority (the "LLA") and the Alcoholic lectively the "Licensing Authorities") for approval.		
Applica	reby declare under the pains and penalties of perjury that I have po tion, and as such affirm that all statements and representations the r submit the following to be true and accurate:	ersonal knowledge of the information submitted in the erein are true to the best of my knowledge and belief.		
(1)	I understand that each representation in this Application is material Application and that the Licensing Authorities will rely on each and documents in reaching its decision;	ial to the Licensing Authorities' decision on the devery answer in the Application and accompanying		
(2)	I state that the location and description of the proposed licensed and local laws and regulations;	premises are in compliance with state		
(3)	I understand that while the Application is pending, I must notify the information submitted therein. I understand that failure to give subsapproval of the Application;	ne Licensing Authorities of any change in the uch notice to the Licensing Authorities may result in		
(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.			
	I confirm that the applicant corporation and each individual listed good standing with the Massachusetts Department of Revenue an relating to taxes, reporting of employees and contractors, and wit	d has complied with all laws of the Commonwealth		
	Signature: Spromus	Date: 2022.09.23		
	Title: Stephen Miano, CFO and Treasurer			

ENTITY VOTE

The Board of Directors				
the postd of pirectors	or IIC Managers of	Sonesta International Hotels Corporation		
	Of LLC Managers of	Entity Name		
duly voted to apply to	the Licensing Author	ity of Milford	and the	
Commonwealth of Ma	reachusatts Alcoholis	City/Town c Beverages Control Commission on	9/23/2022	
Commonwealth or ivia	SSACHUSELLS ALCOHOIII	beverages control commission on	Date of Meeting	
the following transaction Change of Manager Other	ns (Check all that app	oly):		
"VOTED: To authorize	Stephen M	iano Name of Person		
do all things required t		ecute on the Entity's behalf, any nec		
"VOTED: To appoint		ame of Liquor License Manager		
premises described therein as the licens	in the license and a	ant him or her with full authority and uthority and control of the conduct on y way have and exercise if it were a achusetts."	of all business	
premises described therein as the licens	in the license and ar see itself could in an	uthority and control of the conduct on the conduct of the conduct	of all business natural person	
premises described therein as the licens residing in the Com	in the license and an see itself could in an monwealth of Massa	uthority and control of the conduct of way have and exercise if it were a lachusetts." For Corporations ONL	of all business natural person	
premises described therein as the licens residing in the Com A true copy attest,	in the license and an see itself could in an monwealth of Massa	uthority and control of the conduct of way have and exercise if it were a lachusetts." For Corporations ONL	of all business natural person	

MILFORD SELECT BOAKD

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

508-634-2303 Fax 508-634-2324

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

APPLICANT/HOST INFORMATION:
Name or Organization: HHS Aposters
Type of Organization (Individual/Non-Profit Corp./For-Profit Corp.)
Organization Address: P.D. Box 71 Milford, MA 01757
DETAILS OF EVENT:
Type of Event (i.e. banquet/fundraiser/party) find occ Cornhole
Where will it be held Fino Find
Who owns the premises Town of Hufford Contact Day Time# 508. 922.953
Who owns the premises Town of History Contact Day Time# 508. 922. 953. Date(s) of Event 10/15/22 randate 10/22/22
Hours of Event $11:30-50$
Expected # of people Admission Charge #50/team
Type of License: All Alcohol (<i>Non-Profits Only</i>) \$100 or Beer & Wine Only \$100
Alcohol will be sold or given away (check one) Sold <u>X</u> Given Away
Is the event open to the general public (check one) Yes No
I certify under the pains and penalties of perjury that the above information is true and that I will comply with all applicable Alcohol Control Laws of the State of Massachusetts and policies and regulations of the Town of Milford.
Applicant Signature:
Applicant Cell Phone #: 508.246.6720
Applicant Email Address: hhsboostes a nifordma. com
Town Official Signature of Approval (if applicable) (If using a Town Facility) Richard A. VICCANI

TOWN ADTINISTRATOR

10-17-22



SPECIAL TOWN MEETING

NOVEMBER 14, 2022 MILFORD, MASSACHUSETTS

COMMONWEALTH OF MASSACHUSETTS

WORCESTER, SS:

To either Constable of the Town of Milford in said County,

GREETINGS:

In the name of the Commonwealth aforesaid, you are hereby required to notify and warn the inhabitants of the Town of Milford, qualified by law to vote in town affairs, to meet in the Upper Hall of the Milford Town Hall, 52 Main Street, on the 14th day of November, 2022 A.D. at 7:00 P.M.

In accordance with the provisions of General Laws, Chapter 39, Section 10, a Special Town Meeting shall be held in Milford's, Upper Town Hall. For those seeking reasonable accommodations under the Americans with Disabilities Act (ADA) due to incapacity or disability, who provide sufficient proof of such condition, and who pre-register for the Special Town Meeting at individual locations selected by such members at the time of their pre-registration as part of the reasonable accommodation process, remote participation may be permitted. Instructions for those seeking reasonable accommodations to register to participate at other locations shall be provided by the Town Clerk.

The Special Town Meeting will, there and then, act upon the following articles:

ARTICLE 1: To see if the Town will vote to raise and appropriate, or transfer from available funds, a sum of money to be spent under the jurisdiction of the Milford Geriatric Authority for purposes of supplementing the operating budget and expenses of said Authority, said sum to be the first regular appropriation necessary to continue support of the operations of the Milford Countryside Health Care Facility, or take any other action in relation thereto.

(Milford Geriatric Authority)

ARTICLE 2: To see if the Town will vote, in accordance with the relevant provisions of Chapter 76 of the Acts of 1982 and Section 16 of Chapter 30B of the General Laws to authorize the Geriatric Authority of Milford to sell and assign all assets of the Geriatric Authority, including necessary real estate, to a skilled nursing facility operator or similar entity after following all applicable provisions of General Laws Chapter 30B Section 16, and take any all actions necessary to effectuate such transfer or assignment, including actions necessary for the welfare of patients or residents: further, any proceeds received from such sale or transfer, over and above expenses of the transactions and satisfaction of debts and obligations of the Authority, shall be paid over to the Town of Milford for purposes of retiring any debt obligations of the Town arising from borrowing for Geriatric Authority facilities or purposes, or take any other action in relation thereto.

(Milford Geriatric Authority)

ARTICLE 3: To see if the Town will vote to raise and appropriate, or transfer from available funds, a sum of money to be utilized by the Milford Geriatric Authority for purposes of care and services to elderly residents in accordance with Chapter 76 of the Acts of 1982, said sum to be utilized, in addition, to support the Authority and care for residents while said Authority is in the process of planning for and implementing cessation of operations in accordance with provisions of law and regulation which may be applicable, and/or assignment of the facilities or functions to a third party provider, or take any other action in relation thereto.

(Milford Geriatric Authority)

And you are hereby directed to serve this warrant by posting at least fourteen days before said meeting attested copies of this warrant in ten or more public places located in said Milford.

HEREOF, FAIL NOT, and make due return of this warrant with your doings thereon to the Clerk of said Town at the time of said meeting.

Given under our hands at Milford th	is day of October, 2022
	MILFORD SELECT BOARD
	Thomas J. O'Loughlin, Chairman
	Michael K. Walsh
	Paul A. Mazzuchelli
A true copy attest:	
Mark Calzolaio, Constable	
Commonwealth of Massachusetts Worcester, ss. Milford	
Date, 2022.	
By virtue of this warrant, I notified the legal and places and for the purposes within name	l voters of the Town of Milford to meet at the times ed as directed.
Mark Calzolaio, Constable of Milford	

E-2 10-17-22

September 19, 2022

Town of Milford/ Select board

This letter is intended to inform the select board as well as the town of the resignation of Mr. John Crean who served as one of six trustees for the Milford Vernon grove Cemetery His resignation is effective Sept 16,2022.

Ronald D Gray

Chair Person

Vernon grove

Milford Ma.

September 16th 2022

Attn: Select Board

Cemetery Trustees

I am submitting my resignation as a Trustee of the Milford Cemeteries effective September 16. 2022 at 5 pm.

Recent initiatives were in direct conflict with the conduct of business that I tried to practice over my career. Those conflicts are also at odds with my current stage of life.

Regards.

John Crean

10-17-22

DEPARTMENT HEAD REVIEW FORM

2.	Name of Business: Mailing Address: Property Address: Assessors ID#:	124 Main Stre 126 Main Stre	et eet	7 Zone CA
4. 5. 6. 7.	Has applied for: S Selectmen will take Abutters Notified: _! Inquiry Sent To Dep Please Respond By: License Approved: _	action on: 10/1 N/A Publiot. Heads on: 1 0	. 7/2022 shed:N/A 0/5/2022	On
	i ng Commissioner: oom Handicap Acces	ss, etc.) CA zone	e, allowable use, M cy, building and r	ercantile use and
Town	Planner : (Site Plan)	/Special Permit; Ok-No cha	_	ts/Stipulations)
Tax C	ollector: (Outstand	ing Taxes) No o ı	itstanding taxes	
Town	Treasurer: (Outstar	nding Tax Liens)	None	
Fire C	chief : (Information/	Comment) No ol	ojections	
Police	Chief: (Information	n/Comment) No	issues	
Crimin	nal Offense Record I	nfo: (CORI) Ap	proved 🗌 Disapp	proved 🗆
Board	of Health: (Inform	ation/comment	No Food, N/A	
_	Head Signature:			
	r/ Contact: Claudio			***************************************

Phone: 718-570-1573 e-mail: mrclaudiosu@gmail.com

STEED ASSESSMENT

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)

	X APPLICATIO	N FOR	A NEW LICENSE		
			EXISTING LICENSE		
			EXISTING LICENSE (Change of operating days/hours,		
			c.) describe on reverse	1	
	8	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1. AUC	ΓΙΟΝΕΕR	11.	LIVE ENTERTAINMENT (describe on reve	erse)	
	RDING HOUSE	12.	AUTOMATIC AMUSEMENT	, , ,	
	LING ALLEY(S)	12.	(Coin-Operated Games)		
		4.0			
TODA	MON VICTUALLER	13.	TRANSIENT VENDORS		
	TUNE TELLER	14.	CARNIVAL/CIRCUS		
	KERS/PEDDLERS		Location:		
	HOLDERS	15.	CHRISTMAS TREE SALES		
8. POO	L TABLES		\$ VALUE OF GOODS		
9. X 2 ND F	IAND/ANTIQUE DEALER	16.	CLASS I (NEW CARS)		
	NBROKER		CLASS II (USED CARS)		
			CLASS III (JUNK CARS) - Public Hearing Requ	inad	
				ireu	
			(Describe on Reverse)		
		<i>17</i> .	WORKERS COMPENSATION IF NEEDED		
	SEE ADDITIONAL II	VFORM	ATION REQUIRED BELOW		
	MART TOURIS	1/10	MIN IN M		
BUSINESS NAME:	MV JEWEL	111	AND MORE		
	8 1980 N 18 18 N	,			
BUSINESS ADDRI	ess: 124 Main	SI 1	4ilford MA 01757	-	
DAYS/HOURS OF	OPERATION 7 DOYS	_	10:00 Am to 7:00 pm		
•			ses may require approval of State DPS)	_	
	(=		or and a few a september of the second of th		
under penalties of perju required under law.	ry, that, to the best of my/our knowl	ledge and	provisions of all Statutes relating thereto. I/We further certify i belief, I/We have filed all state tax returns and paid all state	taxes	
NAME OF APPLIC	ANT: COUNTY TO	1/1/1	167110	-	
MAILING ADDRES	SS:	·		_	
EMAIL ADDRESS:	mrclaudiosu@	amo	xil-com		
APPLICANT'S DAT	E OF BIRTH:			-70	
(12 42 1	and		x	_	
Social Security No. (Mar	ndatory)		Federal Identification No. (Mandatory)		
	1 1 0		1 10 000		
APPLICANT'S SIG	NATURE: Maullo 10	DIND	ments DATE: 10-03-2022		
01 1 0	(Individual or Corporate	e Officer		_	
Claudio S	armiento		(7.18) 5.10 15.13		
Type or print name on tl	nis line		Daytime Telephone Number	_	
-) po or print name on th	1110		Daytime Telephone Number		
IMPORTANT: Read	this section carefully. Provide re	equired	information on reverse side. Additional Information Requ	ired:	
License # Above	Donalds come of State and I am Gara		1 1 - T 1		
1	Provide copy of State and/or Cou				
	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				
6, 13			d cost (to you) of goods to be offered for sale		
11	Describe in detail: type of live				
14	Applicant must request and a	gree to a	abide by established policy		
			ESS ON REVERSE SIDE OF THIS FORM		
			~~ CI III I LINE SIDE OF THE TORY		

G-4 10-17-22

APPOINTMENT OF CROSSING GUARD FOR THE 2022/2023 ACADEMIC SCHOOL YEAR

Paul Sarno

G-5 10-17-22

MILFORD SELECT BOARD

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

www.milfordma.gov

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

APPLICANT/HOST INFORMATION:
Name or Organization: St. Mary of the assumption
Type of Organization (Individual/Non-Profit Corp./For-Profit Corp.)
Organization Address: 17 Winter St. Mitford
DETAILS OF EVENT:
Type of Event (i.e. banquet/fundraiser/party)
Where will it be held 17 Winter St. Milford (508) 473-2000
Who owns the premises RCB of Worcester Contact Day Time# (508) 791-7171
Date(s) of Event Friday Oct. 28, 2022
Hours of Event 4:30pm - 9:00 pm
Expected # of people Admission Charge
Type of License: All Alcohol (<i>Non-Profits Only</i>) \$100 or Beer & Wine Only \$100
Alcohol will be sold or given away (check one) Sold V Given Away
Is the event open to the general public (check one) Yes V No
I certify under the pains and penalties of perjury that the above information is true and that I will comply with all applicable Alcohol Control Laws of the State of Massachusetts and policies and regulations of the Town of Milford.
Applicant Signature: Brenda A Wefre
Applicant Cell Phone #: 508 498 - 7310
Applicant Email Address: bookkeeper@ stmayniford " Org
Town Official Signature of Approval (if applicable)