

**TOWN OF CONCORD
SELECT BOARD
AGENDA
August 26, 2019 – 6:00PM EXECUTIVE SESSSION
7:00PM – REGULAR MEETING
Select Board Room – Town House**

1.	Executive Session for the purposes of discussing ongoing litigation. To discuss strategy with respect to collective bargaining or litigation if an open meeting may have a detrimental effect on the bargaining or litigating position of the public body and the chair so declares.
2.	Call to Order
3.	Consent Agenda: <ul style="list-style-type: none"> • Town Accountant Warrants • Minutes to approve: July 29, 2019 • One Day Special Licenses <ul style="list-style-type: none"> · Gaining Ground, Inc. 9/15 3pm-5pm 341 Virginia Road All Alcoholic Beverages · Belmont Hill School 9/23 6pm-8pm Concord Country Club Wine & Malt · Concord Carlisle Youth Hockey 9/28 5:30pm-11pm Concord Country Club All Alcoholic Beverages
4.	Swearing-in of new Town Manager, Stephen Crane
5.	Town Manager's Report
6.	Chair's Remarks
7.	Wireless Facility update – Kate Hodges, Deputy Town Manager
8.	7:05 p.m. Public Hearing: Change of Manager, Alternate Manager, and Officers associated with Section 12 Club All Alcohol License – Nashawtuc Country Club, 1861 Sudbury Road
9.	Introduction to Tourism and Visitor Services Manager Beth Williams
10.	Town/Library Agreement
11.	Municipal Facilities Update – TBA Architects
12.	Committee Liaison Reports
13.	Miscellaneous/Correspondence
14.	Committee Nominations: none
15.	Committee Appointments: none
16.	Public Comments
17.	Adjourn

PENDING

Monday	September 2	All Day	Labor Day	Town Offices Closed
Monday	September 9	7 pm	Select Board Meeting	Town House
Monday	September 23	7 pm	Select Board Meeting	Town House
Monday	October 7	7 pm	Select Board Meeting	Town House
Monday	October 21	7 pm	Select Board Meeting	Town House
Monday	November 4	7 pm	Select Board Meeting	Town House
Monday	November 18	7 pm	Select Board Meeting	Town House

Supporting materials for agenda items are available online at www.concordma.gov/sbmtgdocs. Materials are uploaded on the Friday before a Select Board meeting.



Online Form Submittal: One Day Special Liquor Licenses

noreply@civicplus.com <noreply@civicplus.com>
To: office@gainingground.org

Wed, Jul 31, 2019 at 11:35 AM

One Day Special Liquor Licenses

Company or Organization	Gaining Ground, Inc.
Applicant Name	Allison Goodwin
Email Address	office@gainingground.org
Applicant Address	PO BOX 374
City	CONCORD
State	Massachusetts
Zip Code	01742
Phone Number	9786106086
Fax Number	9786106085
Name of Event	Community Harvest Celebration 2019
Activity Is	Non-Profit
Event Tpe	Event in Town-Owned Facility
Event Date & Start Time	9/15/2019 3:00 PM
End Time	5:00 PM
Premises to be Licensed	Gaining Ground, Inc. (Thoreau Farm site - 341 Virginia Road)
City	Concord
State	MA
Zip Code	01742
License is for the Sale of:	All Alcoholic Beverages
Bartenders TIPS trained?	Yes
Under 21 Attendees?	Yes
1st one-day license for Organization?	No
If NO, number of years licensed?	5+
More than 100 in attendance?	Yes

By exercising the privileges of this license in serving persons with alcoholic beverages, the licensee is potentially exposed to significant liability for injuries and damages to the persons served or to others who are injured or damaged by the persons served. Your acceptance and exercise of this license will be deemed to be acknowledgement that you are aware of this potential liability. You are encouraged to discuss the risks associated with exercising your privileges of the license and the precautions appropriate to avoid injuries, damage and liability to others with your legal advisor. The Town of Concord, and the Select Board, acting as the Local Licensing Authority, shall not be liable to the licensee or others if injury or damage shall result from the exercise of the license.

I acknowledge and accept Allison Goodwin
the above statement of
liability

APPLICATION FEE \$75.00

*Please forward to: Town Manager's Office PO Box 535 Concord, MA 01742
Applications cannot be processed until payment is received.*

Acknowledgements I attest the information contained in this form is true and accurate., I acknowledge that I must pay an application fee of \$75 and will mail my payment., I acknowledge that no action will be taken, or scheduled, regarding my application until payment is received.

IMPORTANT NOTICE

Board & Committee Meeting Calendar

(Section Break)

TIPS TRAINING

The Select Board require that for any event which they issue a special permit, the alcohol provided must be served by a TIPS trained (or equivalent) bartender. TIPS training cards, or their equivalent, must accompany this application. Additionally, each certification must show a photo and name of the bartender(s) and must be current. If a photo is not on the TIPS training cards, a copy of a valid driver's license with a photo should be included. Proof of TIPS credentials must be provided before any application may be voted on by the Select Board.

I acknowledge and agree to the Town of Concord's TIPS Training Policy as outlined above. Copies of card(s) will be mailed separately to the Town Manager's Office

(Section Break)

UNDER 21 POLICY

The Town of Concord Select Board assumes that there may be guests or attended under 21 years of age at any event. therefore, this policy must be adhered to for all events..Applicants agree to check the ages of all guests at the door. If a persons under the age of 21 are present, his or her hand shall be stamped to indicate the he/she is underage for the bartender.

I certify that Concord's Under 21 Policy, as outlined above, will be followed. A legal adult, over 21 years of age, shall check the ages of all guests to ensure compliance., All bartenders shall be made aware of the Under 21 Policy terms before the event's commencement.

TOWN OF CONCORD
APPLICATION FOR ONE DAY SPECIAL LICENSE
FOR THE SALE OF WINES & MALT BEVERAGES/ALL ALCOHOLIC BEVERAGES

Fee: \$75.00/per day - One Day All Alcoholic and/or Wines & Malt Beverages Only Amount Paid \$ 75.00 ✓

The undersigned hereby applies for a One Day Special License in accordance with the provisions of the Statutes relating hereto:

NAME: (please print) Betsy Parrot
 COMPANY or organization: Belmont Hill School
 ADDRESS: 358 Prospect St, Belmont, MA 02478
 TELEPHONE: 617 893 5201
 DATE(S) APPLIED FOR: 9/23/19
 EVENT: golf Tournament (Financial Aid)
 HOURS OF OPERATION: 6-8pm
 PREMISES TO BE LICENSED: Concord Country Club
 ADDRESS OF PREMISE LICENSED: Old Road to Nore

License is for the Sale of:

All Alcoholic Beverages	<input type="checkbox"/>
Wines & Malt Beverages Only	<input checked="" type="checkbox"/>
Wines Only	<input type="checkbox"/>
Malt Beverages Only	<input type="checkbox"/>

The Licensed Activity or Enterprise is:

For Profit	<input type="checkbox"/>
Non-Profit	<input checked="" type="checkbox"/>

Are the bartenders TIPS or equivalently trained? Yes No

Will there be people in attendance that are under the age of 21? Yes No

Is this the first one day special license secured by this organization? Yes No

If no, number of consecutive years licensed? 3 years

Will there be more than 100 people in attendance? Yes No

If yes, the applicant agrees to contact the Police Department to determine whether traffic control coverage is necessary. The traffic control coverage is provided at the expense of the applicant.

By exercising the privileges of this license in serving persons with alcoholic beverages, the licensee is potentially exposed to significant liability for injuries and damages to the persons served or to others who are injured or damaged by the persons served. Your acceptance and exercise of this license will be deemed to be acknowledgment that you are aware of this potential liability. You are encouraged to discuss the risks associated with exercising your privileges of the license and the precautions appropriate to avoid injuries, damage and liability to others with your legal advisor. The Town of Concord, and the Board of Selectmen, acting as the Local Licensing Authority, shall not be liable to the licensee or others if injury or damage shall result from the exercise of the license.

Signature of Applicant: Elizabeth (Betsy) Parrot Date: 8/10/19

**TOWN OF CONCORD
Board of Selectmen**

One Day Special Licenses

Under 21 Policy

The Town of Concord Board of Selectmen assumes that there may be guests or attendees under 21 at any event. Therefore this policy must be adhered to for all events.

Applicant Name:	Betsy Parrot (Belmont Hill School)
Location of Event:	Concord Country Club
Date of Event:	9/23/19

Applicants agree to check the ages of all guests at the door. If a person is under the age of twenty-one, his/her hand will be stamped to indicate that the person is underage to the bartender.

I certify that Concord's Under 21 policy requirement for the event stated in this application will be followed.

Signature of Applicant:	Betsy Parrot
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Attached

**TOWN OF CONCORD
Board of Selectmen**

One Day Special Licenses

TIPS TRAINING (OR EQUIVALENT)

Applicant Name:	Betsy Parrot (Belmont Hill School)
Location of Event:	Concord Country Club
Date of Event:	9/23/19

The Board of Selectmen require that any event for which they issue a One Day Special License the alcohol must be served by a TIPS trained or equivalent bartender.

TIPS training cards or the equivalent must accompany this application. These must show the photo and name of the bartender and must be current. If a photo is not on the TIPS training card, then a copy of a valid driver's license with a photo should be included as well. Proof of TIPS credential must be provided before this application is voted on by the Board of Selectmen.

TOWN OF CONCORD
APPLICATION FOR ONE DAY SPECIAL LICENSE
FOR THE SALE OF WINES & MALT BEVERAGES/ALL ALCOHOLIC BEVERAGES



Fee: \$75.00/per day - One Day All Alcoholic and/or Wines & Malt Beverages Only Amount Paid \$ 75.00

The undersigned hereby applies for a One Day Special License in accordance with the provisions of the Statutes relating hereto:

NAME: (please print) KEVIN JONES
COMPANY or organization: CONCORD CARUSLE YOUTH HOCKEY
ADDRESS: P.O. Box 1044, CONCORD, MA 01742
TELEPHONE: ~~508-517-8477~~ 508-517-8477 (KEVIN JONES)
DATE(S) APPLIED FOR: Sept. 28th 2019
EVENT: FALL FEST
HOURS OF OPERATION: 5:30 - 11:00
PREMISES TO BE LICENSED: CONCORD COUNTRY CLUB
ADDRESS OF PREMISE LICENSED: 246 Old Rd to 9 ACRE CORNER, CONCORD MA 01742

License is for the Sale of: All Alcoholic Beverages
Wines & Malt Beverages Only
Wines Only
Malt Beverages Only

The Licensed Activity or Enterprise is: For Profit
Non-Profit

Are the bartenders TIPS or equivalently trained? Yes No

Will there be people in attendance that are under the age of 21? Yes No

Is this the first one day special license secured by this organization? Yes No
If no, number of consecutive years licensed? (4+?) approx

Will there be more than 100 people in attendance? Yes No

If yes, the applicant agrees to contact the Police Department to determine whether traffic control coverage is necessary. The traffic control coverage is provided at the expense of the applicant.

By exercising the privileges of this license in serving persons with alcoholic beverages, the licensee is potentially exposed to significant liability for injuries and damages to the persons served or to others who are injured or damaged by the persons served. Your acceptance and exercise of this license will be deemed to be acknowledgment that you are aware of this potential liability. You are encouraged to discuss the risks associated with exercising your privileges of the license and the precautions appropriate to avoid injuries, damage and liability to others with your legal advisor. The Town of Concord, and the Board of Selectmen, acting as the Local Licensing Authority, shall not be liable to the licensee or others if injury or damage shall result from the exercise of the license.

Signature of Applicant:  Date: 8-16-19

**TOWN OF CONCORD
Board of Selectmen**

One Day Special Licenses

TIPS TRAINING (OR EQUIVALENT)

Applicant Name:	CONCORD CARISLE YOUTH HOCKEY
Location of Event:	CONCORD COUNTRY CLUB
Date of Event:	9.28.2019

The Board of Selectmen require that any event for which they issue a One Day Special License the alcohol must be served by a TIPS trained or equivalent bartender.

TIPS training cards or the equivalent must accompany this application. These must show the photo and name of the bartender and must be current. If a photo is not on the TIPS training card, then a copy of a valid driver's license with a photo should be included as well. Proof of TIPS credential must be provided before this application is voted on by the Board of Selectmen.

**TOWN OF CONCORD
Board of Selectmen**

One Day Special Licenses

Under 21 Policy

The Town of Concord Board of Selectmen assumes that there may be guests or attendees under 21 at any event. Therefore this policy must be adhered to for all events.

Applicant Name:	Concord CARLISLE YOUTH HOCKEY
Location of Event:	Concord Country Club
Date of Event:	9.28.2019

Applicants agree to check the ages of all guests at the door. If a person is under the age of twenty-one, his/her hand will be stamped to indicate that the person is underage to the bartender.

I certify that Concord's Under 21 policy requirement for the event stated in this application will be followed.

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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
MONETARY TRANSMITTAL FORM

AMENDMENT-Change of Manager

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

ECRT CODE: RETA

Please make \$200.00 payment here: **ABCC PAYMENT WEBSITE**

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN STATE ZIP CODE

For the following transactions (Check all that apply):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input checked="" type="checkbox"/> Change of Manager | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/ LLP Partners,
Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change of Hours |
| | | <input type="checkbox"/> Other <input type="text"/> | <input type="checkbox"/> Change of DBA |

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150-2358

APPLICANT'S STATEMENT

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

Title:



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 **Change of License Manager**

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
Nashawtuc Country Club, Inc.	Concord	00011CL0244

2. APPLICATION CONTACT

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

Name	Title	Email	Phone
Robert (Chris) Carpenter	General Manager	ccarpenter@nashawtuc.com	978-610-2710

3A. MANAGER INFORMATION

The individual that has been appointed to manage and control of the licensed business is:

Proposed Manager Name Date of Birth

Residential Address

Email Phone

Please indicate how many hours per week you intend to be on the licensed premises Last-Approved License Manager

3B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen? Yes No *Manager must be 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

3C. EMPLOYMENT INFORMATION

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name
12/2018	current	General Manager	Nashawtuc Country Club	N/A
9/2005	12/2018	Director of Golf	Nashawtuc Country Club	Richard Shultz

3D. 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

CORPORATE VOTE

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

For the following transactions (Check all that apply):

- Change of Manager
- Other

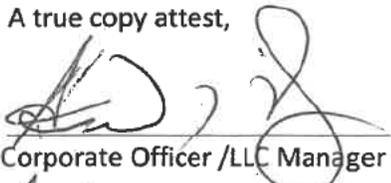
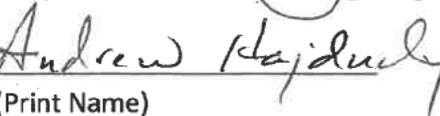
"VOTED: To authorize Name of Person

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

(Print Name)



ALCOHOL POLICY

The sale and consumption of alcoholic beverages shall be in accordance with the applicable laws and regulations of the Commonwealth of Massachusetts and the United States. All alcoholic beverages consumed on the premises shall be purchased from the Club and Members & guests may not bring alcoholic beverages on to the premises. The consumption of all alcoholic beverages shall occur in the Snack Bar and adjacent patios. You must be 21 years of age or older to be seated at a bar. The manager on duty in the clubhouse is authorized to refuse service to any person less than 21 years of age or to terminate service of alcoholic beverages to any person who has or appears to have consumed an excessive amount of alcohol. No Member or guest shall reprimand or abuse any employee who exercises this judgment.

I agree to enforce and abide by the Club's stated policy.

A handwritten signature in cursive script that reads "Chris Carpenter".

Chris Carpenter

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 **Change of License Manager**

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
Nashawtuc Country Club	Concord	00011-CL-0244

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

Name	Title	Email	Phone
Robert C Carpenter	General Manager	ccarpenter@nashawtuc.com	978-610-2710

3A. MANAGER INFORMATION
 The individual that has been appointed to manage and control of the licensed business is:

Proposed Manager Name: Claudette Hardy Date of Birth: [REDACTED]

Residential Address: [REDACTED]

Email: [REDACTED]

Please indicate how many hours per week you intend to be on the licensed premises: Last-Approved License Manager: [REDACTED]

3B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?* Yes No *Manager must be 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

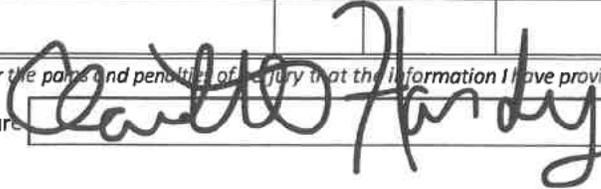
3C. EMPLOYMENT INFORMATION
 Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name
05/1999	Present	Server captain	Nashawtuc country club	Chris Carpenter

3D. 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: 06/04/2019



ALCOHOL POLICY

The sale and consumption of alcoholic beverages shall be in accordance with the applicable laws and regulations of the Commonwealth of Massachusetts and the United States. All alcoholic beverages consumed on the premises shall be purchased from the Club and Members & guests may not bring alcoholic beverages on to the premises. The consumption of all alcoholic beverages shall occur in the Snack Bar and adjacent patios. You must be 21 years of age or older to be seated at a bar. The manager on duty in the clubhouse is authorized to refuse service to any person less than 21 years of age or to terminate service of alcoholic beverages to any person who has or appears to have consumed an excessive amount of alcohol. No Member or guest shall reprimand or abuse any employee who exercises this judgment.

I agree to enforce and abide by the Club's stated policy.

A handwritten signature in black ink, which appears to read "Claudette Hardy". The signature is written in a cursive, flowing style.

Claudette Hardy

CORPORATE VOTE

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

For the following transactions (Check all that apply):

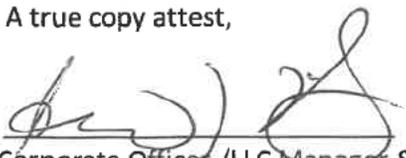
- Change of Manager
- Other

"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
Andrew Hajdovsky
(Print Name)

For Corporations ONLY
A true copy attest,

Corporation Clerk's Signature

(Print Name)

**TOWN OF CONCORD
COMMON VICTUALLER'S LICENSE APPLICATION**

New License Application Fee: \$50.00

The undersigned hereby applies for a Common Victualler License in accordance with the provisions of the State relating thereto:

Name of Applicant: R. Chris Carpenter

Name of Business: Nashawtuc Country Club, Inc.

Business d/b/a: _____

Address: 1861 Sudbury Road

Applicant Signature: *Chris Carpenter*

Business Phone: 978-610-2700 **Home/Cell Phone:** 978-505-3715

In accordance with the rules and regulations made under authority of said statute

Fee Paid: \$50 **Date:** 7/1/2019

APPROVAL: Prior to design, construction or renovation to any establishment requiring a Common Victuallers license, the applicant must receive approval from each of the departments listed below. Only then will consideration of the license be put on the Select Board's agenda.

Building Commissioner: *Ray Mittle* Approved: Disapproved:

Number of Approved Seats _____

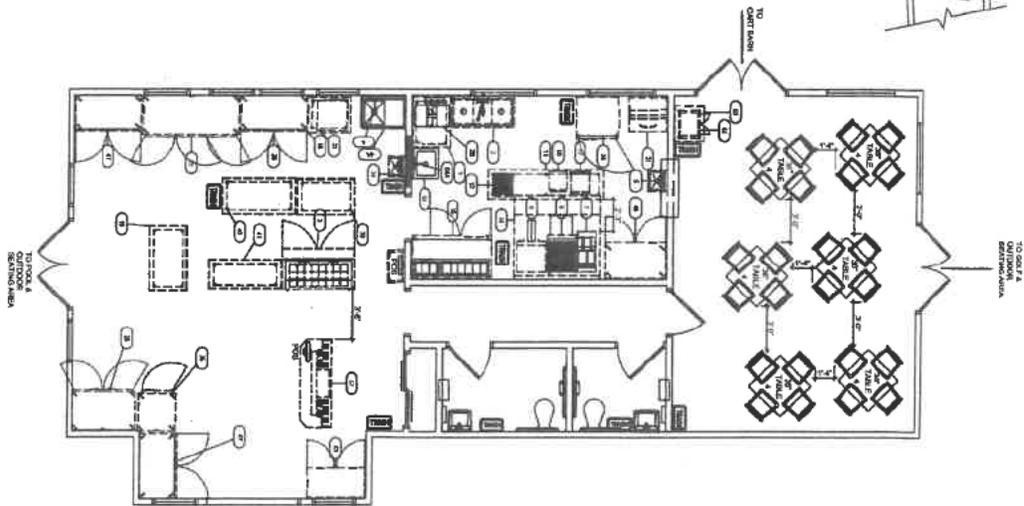
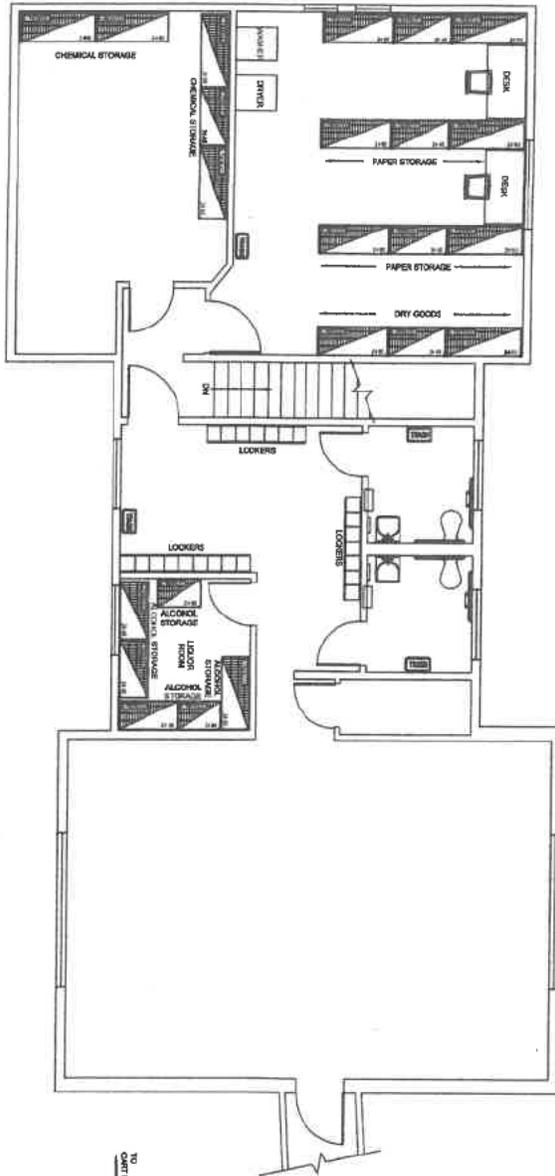
Remarks: TRANSFER OF LICENSE ONLY

Public Health Director: *Puechynow* Approved: Disapproved:

Remarks: Main kitchen under construction, not operational or licensed. Small bar is licensed. transfer of license only.

CPW - Water & Sewer Superintendent: *Robert Hall for Alan Gentry* Approved: Disapproved:

Remarks: Transfer of License Only





The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): Nashawtuc Country Club Inc.

Address: 1861 Sudbury Rd

City/State/Zip: Concord, MA 01742 Phone #: 978-610-2713

Are you an employer? Check the appropriate box:

- 1. I am an employer with 92 employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- 3. I am a homeowner doing all work myself. [No workers' comp. insurance required.]†
- 4. I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5. I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
- 6. We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

- 7. New construction
- 8. Remodeling
- 9. Demolition
- 10. Building addition
- 11. Electrical repairs or additions
- 12. Plumbing repairs or additions
- 13. Roof repairs
- 14. Other Relocation of building

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: The Hartford Casualty Insurance Co.

Policy # or Self-ins. Lic. #: 08 WE LH 3487 Expiration Date: 9/30/19

Job Site Address: 1861 Sudbury Rd City/State/Zip: Concord, MA 01742

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 6/27/19

Phone #: 978-610-2710

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Electrical Inspector
- 5. Plumbing Inspector
- 6. Other _____

Contact Person: _____ Phone #: _____

(Policy Provisions: WC000000C)

INFORMATION PAGE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: The Hartford Casualty Insurance Company
ONE HARTFORD PLAZA HARTFORD CT 06155



NCCI Company Number: 14397
Company Code: 3

POLICY NUMBER: 08 WE LH3487
Previous Policy Number: 08 WE LH3487

Suffix	
LARS	RENEWAL
	8

1. **Named Insured and Mailing Address:** NASHAWTUC COUNTRY CLUB INC
(No., Street, Town, State, Zip Code) 1861 SUDBURY RD
CONCORD MA 01742

FEIN Number: 04-2270653

State Identification Number(s):

The Named Insured is: Corporation
Business of Named Insured: All Other Amusement and Recreation Industries
Other workplaces not shown above: 1861 SUDBURY RD
CONCORD MA 01742

2. **Policy Period:** From 09/30/18 To 09/30/19 ANNUAL
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: WILLIS OF MASSACHUSETTS INC
PO BOX 210583
DALLAS TX 75211

Producer's Code: 08089786
Issuing Office: THE HARTFORD BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251
(877) 853-2582

Total Estimated Annual Premium: \$17,971
Deposit Premium:
Policy Minimum Premium: \$261 MA (Includes Increased Limit Min. Prem.)

Audit Period: ANNUAL **Installment Term:** Ten Pay (25%Down+9@8.33%)
The policy is not binding unless countersigned by our authorized representative.

Countersigned by Susan D. Castaneda 08/23/18
Authorized Representative Date

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

APPLICATION FOR AMENDMENT

-Change of Officers, Stock or Ownership Interest

Change of Officers/ Directors/LLC Managers

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officer/Directors Application
- CORI Authorization
- Vote of the Entity
- Payment Receipt
- Business Structure Documents
 - If Sole Proprietor, **Business Certificate**
 - If partnership, **Partnership Agreement**
 - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

Change of Stock Interest

(e.g. New Stockholders or Transfer or Issuance of Stock)

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Stock Application
- CORI Authorization
- Financial Statement
- Vote of the Entity
- Purchase & Sale Agreement
- Supporting Financial Records
- Advertisement
- Payment Receipt
- Business Structure Documents
 - If Sole Proprietor, **Business Certificate**
 - If partnership, **Partnership Agreement**
 - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

Change of Ownership Interest

(e.g. LLC Members, LLP Partners, Trustees etc.)

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Stock Application
- CORI Authorization
- Financial Statement
- Vote of the Entity
- Purchase & Sale Agreement
- Supporting Financial Records
- Advertisement
- Payment Receipt
- Business Structure Documents
 - If Sole Proprietor, **Business Certificate**
 - If partnership, **Partnership Agreement**
 - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

Non-Profit Club Change of Officers/ Directors

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officer/Directors Application
- Vote of the club signed by an approved officer
- Payment Receipt
- Business Structure Documents -**Articles of Organization** from the Secretary of the Commonwealth

Management Agreement

- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Management Agreement
- Vote of Entity
- Payment Receipt

**If abutter notification and advertisement are required for transaction, please see the local licensing authority.*

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
Nashawtuc Country Club	Concord, MA	

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

Nashawtuc Country Club is updating the list of elected Officers for the Club.

APPLICATION CONTACT

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

Name	Title	Email	Phone
R. Chris Carpenter	General Manager	ccarpenter@nashawtuc.com	(978) 610-2710

APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest

2. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

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

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

Name of Principal	Residential Address	SSN	DOB
Andrew Hajducky			
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
President		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Carol Goldman			
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Vice-President		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Mark Baynes			
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Secretary		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Edward Dubilo			
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Treasurer		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Bruce Bowden			
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Assistant Treasurer		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached? Yes No

CRIMINAL HISTORY

Has any individual listed in question 2, 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

MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement.

Yes No

APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest

3. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

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
Andrew Hajducky	President	N/A
Name of Principal	Title/Position	Percentage of Ownership
Carol Goldman	Vice-President	N/A
Name of Principal	Title/Position	Percentage of Ownership
Mark Baynes	Secretary	N/A
Name of Principal	Title/Position	Percentage of Ownership
Edward Dubilo	Treasurer	N/A
Name of Principal	Title/Position	Percentage of Ownership
Bruce Bowden	Assistant Treasurer	N/A
Name of Principal	Title/Position	Percentage of Ownership

4. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 2, 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

5. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 2, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

6. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 4 or 5 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. FINANCIAL DISCLOSURE

Associated Cost(s): (E.g. 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):

Associated Cost(s):	N/A
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SOURCE OF CASH CONTRIBUTION

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

Name of Contributor	Amount of Contribution
Total:	

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.

N/A	
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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

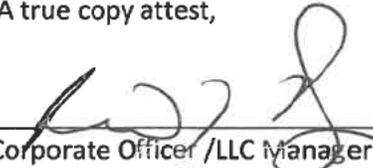
For the following transactions (Check all that apply):

- Change of Officers/Directors/LLC Manager
- Change of Ownership Interest (LLC Members, LLP Partners, Trustees)
- Issuance/Transfer of Stock/New Stockholder
- Management/Operating Agreement
- Other

"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."

A true copy attest,


Corporate Officer /LLC Manager Signature

ANDREW HAIDUCKY
(Print Name)

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature

(Print Name)

DISCLOSURE OF APPEARANCE OF CONFLICT OF INTEREST

AS REQUIRED BY G.L. c. 268A, § 23(b)(3)

PUBLIC EMPLOYEE INFORMATION	
Name of public employee:	DAWN GUARRIELLO
Title or Position:	CO-CHAIR CMS SCHOOL BUILDING COMMITTEE
Agency/Department:	TOWN OF CONCORD
Agency address:	
Office Phone:	
Office E-mail:	
	<p>In my capacity as a state, county or municipal employee, I am expected to take certain actions in the performance of my official duties. Under the circumstances, a reasonable person could conclude that a person or organization could unduly enjoy my favor or improperly influence me when I perform my official duties, or that I am likely to act or fail to act as a result of kinship, rank, position or undue influence of a party or person.</p> <p>I am filing this disclosure to disclose the facts about this relationship or affiliation and to dispel the appearance of a conflict of interest.</p>
APPEARANCE OF FAVORITISM OR INFLUENCE	
Describe the issue that is coming before you for action or decision.	PROFESSIONAL EXPERIENCE W/ POTENTIAL OPM'S PERSUING SCHOOL PROJECT
What responsibility do you have for taking action or making a decision?	SUB-COMMITTEE FOR SELECTION
Explain your relationship or affiliation to the person or organization.	MULTIPLE PEOPLE IN PROFESSIONAL CAREER.
How do your official actions or decision matter to the person or organization?	THEY DON'T!

<p>Optional: Additional facts – e.g., why there is a low risk of undue favoritism or improper influence.</p>	<p>I CAN BE IMPARTIAL AND ASSESS CAPABILITIES BASED ON CREDENTIALS AND CAPACITIES.</p>
<p>If you cannot confirm this statement, you should recuse yourself.</p>	<p>WRITE AN X TO CONFIRM THE STATEMENT BELOW.</p> <p><input checked="" type="checkbox"/> Taking into account the facts that I have disclosed above, I feel that I can perform my official duties objectively and fairly.</p>
<p>Employee signature:</p>	<p><i>[Handwritten Signature]</i></p>
<p>Date:</p>	<p>8.6.19</p>

Attach additional pages if necessary.

Not elected to your public position – file with your appointing authority.

Elected state or county employees – file with the State Ethics Commission.

Members of the General Court – file with the House or Senate clerk or the State Ethics Commission.

Elected municipal employee – file with the City Clerk or Town Clerk.

Elected regional school committee member – file with the clerk or secretary of the committee.