TOWN OF CONCORD
SELECT BOARD
AGENDA
August 26, 2019 – 6:00PM EXECUTIVE SESSION
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:
   • Town Accountant Warrants
   • Minutes to approve: July 29, 2019
   • One Day Special Licenses
     - 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

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**PENDING**

<table>
<thead>
<tr>
<th>Monday</th>
<th>September 2</th>
<th>All Day</th>
<th>Labor Day</th>
<th>Town Offices Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>September 9</td>
<td>7 pm</td>
<td>Select Board Meeting</td>
<td>Town House</td>
</tr>
<tr>
<td>Monday</td>
<td>September 23</td>
<td>7 pm</td>
<td>Select Board Meeting</td>
<td>Town House</td>
</tr>
<tr>
<td>Monday</td>
<td>October 7</td>
<td>7 pm</td>
<td>Select Board Meeting</td>
<td>Town House</td>
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<tr>
<td>Monday</td>
<td>October 21</td>
<td>7 pm</td>
<td>Select Board Meeting</td>
<td>Town House</td>
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<tr>
<td>Monday</td>
<td>November 4</td>
<td>7 pm</td>
<td>Select Board Meeting</td>
<td>Town House</td>
</tr>
<tr>
<td>Monday</td>
<td>November 18</td>
<td>7 pm</td>
<td>Select Board Meeting</td>
<td>Town House</td>
</tr>
</tbody>
</table>

Supporting materials for agenda items are available online at [www.concordma.gov/sbmtgdocs](http://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

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
978-610-6086

Fax Number
978-610-6085

Name of Event
Community Harvest Celebration 2019

Activity Is
Non-Profit

Event Type
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
the above statement of liability

Allison Goodwin

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

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

UNDER 21 POLICY
The Town of Concord Select Board assumes that there may be guests or attendees 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 $-

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

NAME: (please print) Betsy Parent

COMPANY or organization: Belmont High School

ADDRESS: 380 Prospect St, Belmont, MA 02478

TELEPHONE: 617-993-6201

DATE(S) APPLIED FOR: 9/23/19

EVENT: Golf Tournament (Financial Aid)

HOURS OF OPERATION: 6-8 pm

PREMISES TO BE LICENSED: Concord Country Club Old Road to None

ADDRESS OF PREMISE LICENSED:

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: 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 (Betty) Parent

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:       | Betty Parrot (Belmont High 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: | Betty Parrot |
**TOWN OF CONCORD**
Board of Selectmen

**One Day Special Licenses**

**TIPS TRAINING (OR EQUIVALENT)**

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>Betty Parent (Belmont High School)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Event:</td>
<td>Concord Country Club</td>
</tr>
<tr>
<td>Date of Event:</td>
<td>9/23/9</td>
</tr>
</tbody>
</table>

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 (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: [Signature]
Date: 8-16-19
TOWN OF CONCORD  
Board of Selectmen  

One Day Special Licenses  

TIPS TRAINING (OR EQUIVALENT)  

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>Concord Carousel Youth Hockey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Event:</td>
<td>Concord Country Club</td>
</tr>
<tr>
<td>Date of Event:</td>
<td>9-28-2019</td>
</tr>
</tbody>
</table>

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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.

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>Concord Carlisle Youth Hockey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Event:</td>
<td>Concord Country Club</td>
</tr>
<tr>
<td>Date of Event:</td>
<td>9.28.2019</td>
</tr>
</tbody>
</table>

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:
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) 00011-CL-0244

ENTITY/LICENSEE NAME Nashawtuc Country Club

ADDRESS 1861 Sudbury Rd.

CITY/TOWN Concord  STATE MA  ZIP CODE 01742

For the following transactions (Check all that apply):

☐ New License  ☐ Change of Location  ☐ Change of Class (e.g. Annual / Seasonal)
☐ Transfer of License  ☐ Alteration of Licensed Premises  ☐ Change of License Type (e.g. club / restaurant)
☒ Change of Manager  ☐ Change Corporate Name  ☐ Change of Category (e.g. All Alcohol, Wine, Malt)
☐ Change of Officers/ ☐ Change of Ownership Interest  ☐ Issuance/Transfer of Stock/New Stockholder
Directors/LLC Managers (LLC Members/ LLP Partners, Trustees)
☐ Other

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

Robert C Carpenter

Authorized Signatory

Nashawtuc Country Club

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: [Signature]

Date: 06/04/2019

Title: General Manager/COO
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  
[Check box for Change of License Manager]

1. BUSINESS ENTITY INFORMATION

<table>
<thead>
<tr>
<th>Entity Name</th>
<th>Municipality</th>
<th>ABCC License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nashawtuc Country Club, Inc.</td>
<td>Concord</td>
<td>00011CLO244</td>
</tr>
</tbody>
</table>

2. APPLICATION CONTACT

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert (Chris) Carpenter</td>
<td>General Manager</td>
<td><a href="mailto:ccarpenter@nashawtuc.com">ccarpenter@nashawtuc.com</a></td>
<td>978-610-2710</td>
</tr>
</tbody>
</table>

3A. MANAGER INFORMATION

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

<table>
<thead>
<tr>
<th>Proposed Manager Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Carpenter</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residential Address</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="mailto:ccarpenter@nashawtuc.com">ccarpenter@nashawtuc.com</a></td>
<td>978-610-2710</td>
</tr>
</tbody>
</table>

Please indicate how many hours per week you intend to be on the licensed premises

<table>
<thead>
<tr>
<th>Last-Approved License Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Shultz</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Municipality</th>
<th>Charge</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

3C. EMPLOYMENT INFORMATION

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

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Position</th>
<th>Employer</th>
<th>Supervisor Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/2018</td>
<td>current</td>
<td>General Manager</td>
<td>Nashawtuc Country Club</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Date of Action</th>
<th>Name of License</th>
<th>State</th>
<th>City</th>
<th>Reason for suspension, revocation or cancellation</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tr>
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</table>

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

[Signature]

Date 05/29/2019
CORPORATE VOTE

The Board of Directors or LLC Managers of Nashawtuc Country Club
duly voted to apply to the Licensing Authority of Concord and the City/Town
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

5/29/2019

Date of Meeting

For the following transactions (Check all that apply):

☒ Change of Manager
☐ Other

“VOTED: To authorize Robert (Chris) Carpenter

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 Robert (Chris) Carpenter

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 Majdak
(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.

Chris Carpenter
1. BUSINESS ENTITY INFORMATION
   
   Entity Name: Nashawtuc Country Club  
   Municipality: Concord  
   ABCC License Number: 00011-OL-0244

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

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

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

   Proposed Manager Name: Claudette Hardy  
   Date of Birth:  
   Residential Address:  
   Email:  

   Please indicate how many hours per week you intend to be on the licensed premises: 40  
   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

   Please 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.

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<th>Position</th>
<th>Employer</th>
<th>Supervisor Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/1999</td>
<td>Present</td>
<td>Server captain</td>
<td>Nashawtuc Country Club</td>
<td>Chris Carpenter</td>
</tr>
</tbody>
</table>

3D. PRIOR DISCIPLINARY ACTION
   
   Have you held a beneficial or financial interest in, or been the manager or, 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.

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<td></td>
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</tbody>
</table>

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.

Claudette Hardy
CORPORATE VOTE

The Board of Directors or LLC Managers of Nashawtuc Country Club
duly voted to apply to the Licensing Authority of Concord, MA and the
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on 05/29/2019

For the following transactions (Check all that apply):

☒ Change of Manager
☐ Other

"VOTED: To authorize Robert (Chris) Carpenter
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 Claudette Hardy
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)
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:  

Business Phone: 978-610-2700 Home/Cell Phone: 978-605-3715

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: [Signature] Approved: ☑ Disapproved: ☐

Number of Approved Seats

Remarks: TRANSFER OF LICENSE ONLY

Public Health Director: [Signature] Approved: ☑ Disapproved: ☐

Remarks: MAIN WITHIN WARD CONSTRUCTION, not operated or licensed small bar is licensed. transfer of license only.

CPW - Water & Sewer Superintendent: [Signature] 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  
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 ___ 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. ¹
6. [ ] We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §(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 (Specify):

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
¹ Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
²Contractors that check this box must attach 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 14 3437 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:  
Date: 6/21/19

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):  

Contact Person:  
Phone #: 
INFORMATION PAGE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY
INSURER: The Hartford Casualty Insurance Company
ONE HARTFORD PLAZA HARTFORD CT 08155

NCCI Company Number: 14397
Company Code: 3

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

1. Named Insured and Mailing Address:
   NASHAWTUC COUNTRY CLUB INC
   1861 SUDBURY RD
   CONCORD MA 01742

   FEIN Number: 04-2270653

   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: $281 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 L. Castner 08/23/18
   Authorized Representative Date

Form WC 00 00 01 A (1) Printed in U.S.A.
Process Date: 08/23/18

Page 1 (Continued on next page)
Policy Expiration Date: 09/30/19
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

<table>
<thead>
<tr>
<th>Entity Name</th>
<th>Municipality</th>
<th>ABCC License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nashawtuc Country Club</td>
<td>Concord, MA</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>R. Chris Carpenter</td>
<td>General Manager</td>
<td><a href="mailto:rcarpenter@nashawtuc.com">rcarpenter@nashawtuc.com</a></td>
<td>(978) 610-2710</td>
</tr>
</tbody>
</table>

1
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
Andrew Hajducky
Title and or Position
President
Name of Principal
Carol Goldman
Title and or Position
Vice-President
Name of Principal
Mark Baynes
Title and or Position
Secretary
Name of Principal
Edward Dubilo
Title and or Position
Treasurer
Name of Principal
Bruce Bowden
Title and or Position
Assistant Treasurer
Residential Address

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?

Yes No

Please provide a copy of the management agreement.
# 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.

<table>
<thead>
<tr>
<th>Name of Principal</th>
<th>Title/Position</th>
<th>Percentage of Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew Hajducky</td>
<td>President</td>
<td>N/A</td>
</tr>
<tr>
<td>Carol Goldman</td>
<td>Vice-President</td>
<td>N/A</td>
</tr>
<tr>
<td>Mark Baynes</td>
<td>Secretary</td>
<td>N/A</td>
</tr>
<tr>
<td>Edward Dubilo</td>
<td>Treasurer</td>
<td>N/A</td>
</tr>
<tr>
<td>Bruce Bowden</td>
<td>Assistant Treasurer</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Attach additional pages if necessary utilizing the format below.

## 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>License Type</th>
<th>License Name</th>
<th>Municipality</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>License Type</th>
<th>License Name</th>
<th>Municipality</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th>Date of Action</th>
<th>Name of License</th>
<th>City</th>
<th>Reason for suspension, revocation or cancellation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
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):

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

<table>
<thead>
<tr>
<th>Name of Contributor</th>
<th>Amount of Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

SOURCE OF FINANCING
Please provide signed financing documentation.

<table>
<thead>
<tr>
<th>Name of Lender</th>
<th>Amount</th>
<th>Type of Financing</th>
<th>Is the lender a licensee pursuant to M.G.L. Ch. 138.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

FINANCIAL INFORMATION
Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

N/A
CORPORATE VOTE

The Board of Directors or LLC Managers of Nashawtuc Country Club, Inc. duly voted to apply to the Licensing Authority of Concord, MA and the Commonwealth of Massachusetts Alcoholic Beverages Control Commission on 5/26/2019 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 J. Chris Carpenter 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 Handucky (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)**

<table>
<thead>
<tr>
<th><strong>Public Employee Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of public employee:</strong></td>
</tr>
<tr>
<td><strong>Title or Position:</strong></td>
</tr>
<tr>
<td><strong>Agency/Department:</strong></td>
</tr>
<tr>
<td><strong>Agency address:</strong></td>
</tr>
<tr>
<td><strong>Office Phone:</strong></td>
</tr>
<tr>
<td><strong>Office E-mail:</strong></td>
</tr>
</tbody>
</table>

**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.**

I am filing this disclosure to disclose the facts about this relationship or affiliation and to dispel the appearance of a conflict of interest.

<table>
<thead>
<tr>
<th><strong>Appearance of Favoritism or Influence</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Describe the issue that is coming before you for action or decision.</strong></td>
</tr>
<tr>
<td><strong>What responsibility do you have for taking action or making a decision?</strong></td>
</tr>
<tr>
<td><strong>Explain your relationship or affiliation to the person or organization.</strong></td>
</tr>
<tr>
<td><strong>How do your official actions or decision matter to the person or organization?</strong></td>
</tr>
</tbody>
</table>
**Optional:** Additional facts – e.g., why there is a low risk of undue favoritism or improper influence.

<table>
<thead>
<tr>
<th>I CAN BE IMPARTIAL AND ASSESS CAPABILITIES BASED ON CREDENTIALS AND CAPACITIES.</th>
</tr>
</thead>
</table>

If you cannot confirm this statement, you should recuse yourself.

**WRITE AN X TO CONFIRM THE STATEMENT BELOW.**

[ ] Taking into account the facts that I have disclosed above, I feel that I can perform my official duties objectively and fairly.

<table>
<thead>
<tr>
<th>Employee signature:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.6.19</td>
</tr>
</tbody>
</table>

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.

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Form revised July, 2012