

**TOWN OF NORTHBRIDGE  
BOARD OF SELECTMEN'S MEETING  
NORTHBRIDGE TOWN HALL  
7 MAIN STREET - WHITINSVILLE, MA 01588  
July 24, 2017 AT 6:00 PM**

**PLEDGE OF ALLEGIANCE**

**I. APPROVAL OF MINUTES**

**II. PUBLIC HEARING**

**III. RESIGNATIONS/APPOINTMENTS:**

**IV. CITIZENS' COMMENTS/INPUT**  
**Local Business Spotlight:**

**V. DECISIONS**

**A.** Armenian Apostolic Church / Application for a One-day Wine and Malt License for the Annual Picnic to be held Sunday August 20, 2017, from 12 PM to 5:30 PM

**B.** St. Camillus Health Center / Application for a one-day Wine and Malt License for the 12<sup>th</sup> Annual Evening at the Mansion Wine Tasting to be held Friday, September 22, 2017, from 6 PM to 10 PM.

**VI. DISCUSSIONS**

**C.** Shining Rock Drive / Trailhead Parking Area / Parking restriction and signage

**VII. TOWN MANAGER'S REPORT**

**VIII. SELECTMEN'S CONCERNS**

**IX. ITEMS FOR FUTURE AGENDA**

**X. CORRESPONDENCE**

**XI. EXECUTIVE SESSION**

Town Clerk: 2 Hard copies	<input type="checkbox"/>
Web: Post time-stamped copy	<input type="checkbox"/>

\$20.00 Fee

Phone: \_\_\_\_\_

THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF NORTHBRIDGE

APPLICATION FOR SPECIAL LICENSE

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto. Chapter 138, Section 14

(FULL NAME OF PERSON/ORGANIZATION MAKING APPLICATION):

Sourp Asdvadzadzin Armenian Apostolic Church  
Name of Responsible Person: Joanne Khoury

STATE CLEARLY PURPOSE FOR WHICH LICENSE IS REQUESTED:

FOR: ONE-DAY WINES AND MALTS LICENSE  
Type of Event: August 20, 2017  
Date and Time of Event: 12:00 - 6:00 PM

GIVE LOCATION BY STREET AND NUMBER: 315 Church St  
Whitinsville

DESCRIPTION OF PREMISES:  
on church property outside on lawn area

in said Town of Northbridge in accordance with the rules and regulations made under authority of said Statutes. \*The town highly recommends that you notify your insurance company of this event.

Joanne Khoury  
(Signature of Applicant)

Print Joanne Khoury Name:

Address: 315 Church St

City: Whitinsville

State, Zip: MA, 01588

SPECIAL LICENSES ISSUED UNDER  
SECTION 14 [ONE-DAY LICENSES]:  
MUST PURCHASE THE EVENT  
ALCOHOL/BEER/WINE FROM A  
DISTRIBUTOR OTHERWISE YOU  
ARE IN VIOLATION OF STATE LAW.

Name of Distributor(s): Quality Beverages

Received: 7/21/17 8:30  
(Date) (Time)

Date License Granted

CC: ABCC; POLICE CHIEF; FIRE CHIEF FOR INSPECTION IF INDOORS

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I hereby declare under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Joanne Khoury for Armenian Apostolic Church  
\*Signature of individual or Corporate Names (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if applicable)

\_\_\_\_\_  
\*\* Social Security Number or Federal Identification Number

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\*Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.

This request is made under the authority of M.G.L. Chapter 62C, Section 49A.

## SPECIAL PERMIT/LICENSE

### RELEASE OF CLAIMS, INDEMNITY AND HOLD HARMLESS AGREEMENT

*\*\*\*Please read this document thoroughly before completing and signing\*\*\**

I, Armenian Church / Joanne Khoury, in consideration of a special permit/license granted by the Town of Northbridge for a non-town sponsored private function to be held on August 20, 2017, and for other good and valuable consideration hereby acknowledged, do hereby agree to forever RELEASE the Town of Northbridge, its employees, agents, officers, volunteers, or contractors (the "Town"), from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorneys' fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries which I or my guests, employees, agents, successors or assigns may have as the result of the issuance and/or use of a special permit/license granted by the Town of Northbridge for a non-town sponsored private function to be held on August 20, 2017, and all activities related thereto.

I further promise, to INDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Town against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorneys' fees, arising from personal injuries to myself or others or property damage resulting from my use, or the use of my guests, employees or agents as the result of the issuance and/or use of a special permit/license granted by the Town of Northbridge for a non-town sponsored private function to be held on August 20, 2017, and all activities related thereto.

I hereby further covenant for myself, my successors and assigns not to sue the said Town on account of any such claim, demand or liability.

I am fully aware that by signing this document I am releasing the Town from liability that may arise as a result of the acts or omissions of the Town. Additionally, it is my intent to release the above mentioned parties from liability and defend and indemnify said parties for liability relating to any accident and resulting injuries and/or death that may occur as a result of the issuance and/or use of a special permit/license granted by the Town of Northbridge for a non-town sponsored private function to be held on August 20, 2017, and all activities related thereto.

To the extent I am signing this document on behalf of an organization, corporation, association or similar entity, I represent that I am fully authorized by said entity to execute this document.

Witness my hand and seal this 21 day of August.

Name (Printed): JOANNE Khoury

Joanne Khoury  
Signature

Janie Lehtola  
Witness

THIS FORM MAY NOT BE ALTERED



eTIPS On Premise 2.0 SSN: XXX-XX-XXXX  
Issued: 7/14/2015 Expires: 7/14/2018  
ID#: 4035507 D.O.B.: XX/XX/XXXX

Jamie Lehtola  
3 Anthony St  
Webster, MA 01570-3528

For service visit us online at [www.gettips.com](http://www.gettips.com)



**St. Camillus  
Health Center**



June 2, 2017

Board of Selectmen  
Town of Northbridge  
77 Main Street  
Whitinsville, MA 01588

To Whom It May Concern:

I am writing to request a One-Day Wines and Malts License for our 12<sup>th</sup> Annual Evening at the Mansion Wine Tasting which will be held September 22, 2017. This fundraiser will be held at St. Camillus in the Fr. Turci Manor from 6-10 p.m. This has become our major event of the year and the money raised will allow us to continue to make the necessary improvements that will positively impact the lives of our residents.

In addition, I would like to request permission for the Fire Department to hang a banner across Church Street for one week prior to the event (ie September 17th to the 22nd).

*No Availability*

Thank you very much for your consideration of these items. Please contact me with any questions you may have regarding this event.

Sincerely,

William J. Graves  
Administrator

**St. Camillus is a non-profit, 501 (c) (3) Corporation**

**447 Hill Street Whitinsville, Massachusetts 01588**

**Phone: (508) 234-7306 Fax: (508) 234-7597**

**[www.StCamillus.com](http://www.StCamillus.com)**

\$20.00 Fee

Phone: 508-234-7306

THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF NORTHBRIDGE

**APPLICATION FOR SPECIAL LICENSE**

**TO THE LICENSING AUTHORITIES:**

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto. *Chapter 138, Section 14*

**(FULL NAME OF PERSON/ORGANIZATION MAKING APPLICATION):**

St Camillus Health Center, Inc  
Name of Responsible Person: William Graves

**STATE CLEARLY PURPOSE FOR WHICH LICENSE IS REQUESTED:**

**FOR:** ONE-DAY WINES AND MALTS LICENSE  
Type of Event: Wine Tasting  
Date and Time of Event: 9/22/17 6-10pm

**GIVE LOCATION BY STREET AND NUMBER:** 447 Hill St Whitinsville MA 01588

**DESCRIPTION OF PREMISES:** Mansion attached to nursing home

in said **Town of Northbridge** in accordance with the rules and regulations made under authority of said Statutes. \*The town highly recommends that you notify your insurance company of this event.

[Signature]  
(Signature of Applicant)

Print William Graves Name:

Address: 447 Hill St

City: Whitinsville

State, Zip: MA 01588

SPECIAL LICENSES ISSUED UNDER  
SECTION 14 [ONE-DAY LICENSES]:  
MUST PURCHASE THE EVENT  
ALCOHOL/BEER/WINE FROM A  
DISTRIBUTOR OTHERWISE YOU  
ARE IN VIOLATION OF STATE LAW.

Name of Distributor(s): Hill House Wine & Spirits

Received: \_\_\_\_\_  
(Date) (Time)

\_\_\_\_\_  
Date License Granted

CC: ABCC; POLICE CHIEF; FIRE CHIEF FOR INSPECTION IF INDOORS

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I hereby declare under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

St Camillus Health Center, Inc  
\*Signature of individual or Corporate Names (Mandatory)

[Signature]  
By: Corporate Officer (Mandatory, if applicable)

04-2446420  
\*\* Social Security Number or Federal Identification Number

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\*Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.

**This request is made under the authority of M.G.L. Chapter 62C, Section 49A.**



## SPECIAL PERMIT/LICENSE

### RELEASE OF CLAIMS, INDEMNITY AND HOLD HARMLESS AGREEMENT

**\*\*\*Please read this document thoroughly before completing and signing\*\*\***

I, William Graves, in consideration of a special permit/license granted by the Town of Northbridge for a non-town sponsored private function to be held on September 22, 2017, and for other good and valuable consideration hereby acknowledged, do hereby agree to forever RELEASE the Town of Northbridge, its employees, agents, officers, volunteers, or contractors (the "Town"), from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorneys' fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries which I or my guests, employees, agents, successors or assigns may have as the result of the issuance and/or use of a special permit/license granted by the Town of Northbridge for a non-town sponsored private function to be held on September 22, 2017, and all activities related thereto.

I further promise, to INDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Town against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorneys' fees, arising from personal injuries to myself or others or property damage resulting from my use, or the use of my guests, employees or agents as the result of the issuance and/or use of a special permit/license granted by the Town of Northbridge for a non-town sponsored private function to be held on September 22, 2017, and all activities related thereto.

I hereby further covenant for myself, my successors and assigns not to sue the said Town on account of any such claim, demand or liability.

I am fully aware that by signing this document I am releasing the Town from liability that may arise as a result of the acts or omissions of the Town. Additionally, it is my intent to release the above mentioned parties from liability and defend and indemnify said parties for liability relating to any accident and resulting injuries and/or death that may occur as a result of the issuance and/or use of a special permit/license granted by the Town of Northbridge for a non-town sponsored private function to be held on September 22, 2017, and all activities related thereto.

To the extent I am signing this document on behalf of an organization, corporation, association or similar entity, I represent that I am fully authorized by said entity to execute this document.

Witness my hand and seal this 2<sup>nd</sup> day of June.

Name (Printed): William Graves

Signature

Witness

**THIS FORM MAY NOT BE ALTERED**

# NTM License Slips

Row 2

**Current Status** On BOS Agenda 8/21/17

**Done** ☐

**License ID:** NTM#16033

**License Type:** One-Day Wines and Malts License

**Description:** 12th Annual Evening at the Mansion Wine Tasting to be held Friday September 22, 2017 from 6-10 PM Please see attached application

**Business:** St. Camillus Health Center

**Applicant:** William Graves

**Address:** 447 Hill Street Whitinsville, MA 01588

**Approval Target** 08/04/17

**Slip Started on:** 07/17/17 6:02 PM

**PLANNING Approve:** ☒

**PLANNING Comments:** N/A -Not applicable

**POLICE Approve:** ☒

**POLICE Comments:** Never had a problem

**FIRE Approve:** ☒

**FIRE Comments:** Subject to fire safety inspection

**BUILDING ZONING Approve:** ☐

**BUILDING ZONING Comments:**

**CONSERVATION Approve:** ☐

**CONSERVATION Comments:**

**HEALTH**

**Approve:** ☒

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**HEALTH  
Comments:** Applicant may need to obtain a One-Day Food Permit if any foods are being offered at this event from an outside food vendor.

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**ASSESSORS  
Approve:** ☒

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**ASSESSORS  
Comments:** No Issues. Bob Fitzgerald

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**TREASURER  
COLLECTOR  
Approve:** ☐

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**TREASURER  
COLLECTOR  
Comments:** OWE 7291.48 WATER OWE 9414.51 SEWER

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