

**TOWN OF NORTHBRIDGE
BOARD OF SELECTMEN'S MEETING
NORTHBRIDGE TOWN HALL
7 MAIN STREET - WHITINSVILLE, MA 01588
August 9, 2018 at 7:00 PM
SPECIAL MEETING
REVISED**

PLEDGE OF ALLEGIANCE

- I. APPROVAL OF MINUTES**
- II. PUBLIC HEARING**
- III. APPOINTMENTS/Resignations**
- IV. CITIZENS' COMMENTS/INPUT**
- V. DECISIONS: A. Armenian Apostolic Church / 1) Application for a One-day Wine and Malt License for the Annual Picnic to be held Sunday, August 19, 2018, from 12 PM – 6 PM 2) Application for a One-day Outdoor Entertainment license for the Annual Picnic to be held Sunday, August 19, 2018, from 12 PM – 6 PM**
- VI. DISCUSSIONS**
- 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"/>

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF NORTHBRIDGE
APPLICATION FOR SPECIAL LICENSE
One-Day Wine and Malt

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:

SOOPR ABDOVADZADZIN ARMENIAN APOSTOLIC CHURCH

Name of Responsible Person: Joanne Khachey

STATE CLEARLY PURPOSE FOR WHICH LICENSE IS REQUESTED:

FOR: One-day Wines and Malts License

Event name: ANNUAL Church Picnic

Indoor/Outdoor: Both

Date and Hours of Event: AUG-19, 2018
12 - 6 PM

GIVE LOCATION BY STREET AND NUMBER: 315 Church St, Whitinsville

DESCRIPTION OF PREMISES: Church property - outside side LAWN AREA

Where will alcohol be stored? under tent

Where will Alcohol be served? under a tent on lawn

Do you plan on having Entertainment? ☒ Yes ☐ No

ARMENIAN BAND

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 Khachey
(Signature of Applicant)

Print Name: Joanne Khachey

Address: 123 PURCHASE RD

City: Whitinsville

State, Zip: MA 01588

Phone: 508 320 0944

Name of Distributor(s): Quality Beverages

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.

Received: _____
(Date) (Time)

Agenda: _____

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.

James 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, American Church Joanne Khoury, in consideration of a special permit/license granted by the Town of Northbridge for a non-town sponsored private function, 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 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 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 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 7th day of August, 2018.

Name (Printed): Joanne Khoury, Board of Trustee Member

Signature Joanne Khoury
Witness [Signature]

THIS FORM MAY NOT BE ALTERED

No fee

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF NORTHBRIDGE

APPLICATION FOR A ONE-DAY WEEKDAY ENTERTAINMENT
LICENSE

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto
(FULL NAME OF PERSON, FIRM OR CORPORATION MAKING APPLICATION):

Soorp Asdvadzadain Armenian Apostolic Church

TO: Obtain a One-day Entertainment License for:

Type: (Check all that apply):	<input type="checkbox"/> Concert	<input type="checkbox"/> Dance	<input type="checkbox"/> Exhibition	<input type="checkbox"/> Cabaret Public Show
	<input checked="" type="checkbox"/> Live band		<input checked="" type="checkbox"/> Other: <u>armenian picnic</u>	
Includes:	<input checked="" type="checkbox"/> Dancing by patrons	<input type="checkbox"/> Dancing by entertainers or performers	<input type="checkbox"/> Recorded music	
	<input checked="" type="checkbox"/> Live music	<input type="checkbox"/> Amplification System	<input type="checkbox"/> Floor show	
	<input type="checkbox"/> Light show	<input type="checkbox"/> Theatrical exhibition, play or moving picture show	<input type="checkbox"/> Other dynamic audio or visual show (whether live or recorded)	
	<input type="checkbox"/> INDOOR	<input checked="" type="checkbox"/> OUTDOOR	<input type="checkbox"/> BOTH	

GIVE LOCATION BY STREET AND NUMBER:

AT: 315 Church St, Whitinsville, MA

in said Town of Northbridge in accordance with the rules and regulations made under authority of said Statutes.

ON: (date and time)* 8/19/18

Print Name: Whitinsville, MA 01588

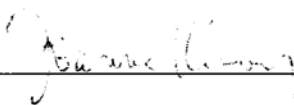
Address: 508-234-3677

City: Whitinsville

State, Zip: MA 01588

Phone: 508-320-0944

Email: jkhoury@charter.net


(Signature of Applicant)

Received: _____
(Date) (Time)
Agenda: _____

Date License Granted

****Please note a separate application is needed for a one-day Sunday Entertainment**

**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.

*Signature of individual or Corporate Names (Mandatory)

Joanne Khoury for Armenian Church

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.

Please sign form and return to:

**Town of Northbridge
Town Manager's Office
7 Main Street
Whitinsville, MA 01588**



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

**FORM MUST BE FILLED
OUT COMPLETELY**

If you carry Workers Comp. Insurance, you must provide proof to the Town in the form of a Certificate of Insurance.

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Soorp Asdvadzadain Armenian Apostolic Church

Address: 315 Church St

City/State/Zip: Whitinsville, MA 01588

Phone #: 508-234-3677

Are you an employer? Check the appropriate box:

1. ☐ I am a 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. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☒ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☒ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

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

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

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

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

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

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of 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. Be advised that 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: _____

Phone #: _____

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

City or Town: Northbridge Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: Melissa Wetherbee

Phone #: 508-234-2095