

**TOWN OF NORTHBRIDGE
BOARD OF SELECTMEN'S MEETING
NORTHBRIDGE TOWN HALL
7 MAIN STREET - WHITINSVILLE, MA 01588
September 10, 2018 at 7:00 PM**

PLEDGE OF ALLEGIANCE

I. APPROVAL OF MINUTES: A. 1) August 20, 2018 Executive Session **2)** August 23, 2018

II. PUBLIC HEARING

II. APPOINTMENTS/By the Board of Selectmen: B. 1) Playground and Recreation: Michael Dempsey
[**Present:** Michael Proto, Chairman]
2) Safety Committee and Ad Hoc Fields Committee: Richard Maglione, Dir. of Facilities/School Dept.
[**Present:** Dr. Catherine Stickney]

By the Town Manager: C. 1) Board of Health: Jamie R. Terry, RS/Part time Health Inspector [**Present:**
Paul McKeon, Chairman, Board of Health]
2) Amy Mezzadri, Library Assistant/[**Present:** Rebecca Sassessville, Library Director]

IV. CITIZENS' COMMENTS/INPUT:

V. DECISIONS:

D. Northbridge Drama Club/Request to hang a banner across Church Street from Sunday, January 27, 2019 to Sunday, February 10, 2019 to advertise a "Mamma Mia" performance to be held in February of 2019 [**Present:** Susie Timmons]

E. Terresa Michaelson dba Herbs Make Scents, 76 Church Street, Whitinsville/Application for a Common Victualler license, contingent upon compliance with all requirements of the Town/[**Present:** Terresa Michaelson]

F. St. Patrick's Parish, 7 East Street, Whitinsville MA / **1)** Family Fun Fest/ Fall Festival to be held on Sunday, September 23, 2018 from 11 AM – 4 PM/**a)** Application for a One-day Wine and Malt License **b)** Application for a one-day Sunday Entertainment License **2)** Irish Music Night event to be held on Saturday, October 13, 2018 from 5:30 PM – 8 PM/**a)** Application for a One-day Malt License **b)** Application for a One-day Entertainment License [**Present:** Aileen Lemoine and Gene Trottier]

G. Fall Annual Town Meeting [October 23, 2018]/Vote to sign warrant upon completion and final review by Town Counsel

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"/>

BOARD OF SELECTMEN'S MEETING

August 23, 2018

A meeting of the Board of Selectmen was called to order by Clerk Daniel Nolan at 7:00 PM, Northbridge Town Hall, 7 Main Street, Whitinsville, MA. **Present:** Board members – Ampagoomian, Cannon and Nolan. Selectman Athanas and Selectman Melia were absent, and it is duly noted.

The Pledge of Allegiance was recited by those present.

APPROVAL OF MINUTES: None

PUBLIC HEARING: None

APPOINTMENTS/RESIGNATIONS: None

CITIZENS' COMMENTS/INPUT: None

A. Public Power – Revised Aggregation Agreement / Vote to approve. A motion/ Ms. Cannon, seconded/Mr. Ampagoomian to approve the revised aggregation Agreement with Public Power. Vote yes/Board members Ampagoomian, Cannon and Nolan.

TOWN MANAGER'S REPORT: None

SELECTMEN'S CONCERNS: None

ITEMS FOR FUTURE AGENDA: None

CORRESPONDENCE: None

EXECUTIVE SESSION: None

A motion/Mr. Ampagoomian, seconded/Ms. Cannon to adjourn the public meeting. Vote yes/Board Members: Ampagoomian, Cannon and Nolan.

Meeting Adjourned: 7:03 PM

Respectfully submitted,

Daniel Nolan, Clerk

/mjw

LIST OF DOCUMENTATION

BOARD OF SELECTMEN'S MEETING - OPEN SESSION

August 23, 2018

PLEDGE OF ALLEGIANCE

- I. APPROVAL OF MINUTES: None**
- II. PUBLIC HEARING: None**
- III. APPOINTMENTS/RESIGNATIONS: None**
- IV. CITIZENS' COMMENTS/INPUT: None**
- V. DECISIONS:**
 - A. Public Power – Revised Aggregation Agreement / Vote to approve**
 - Copy of Aggregation Agreement between Public Power and the Town of Northbridge**
- VI. DISCUSSIONS: None**
- VII. TOWN MANAGER'S REPORT: None**
- VIII. SELECTMEN'S CONCERNS: None**
- IX. ITEMS FOR FUTURE AGENDA: None**
- X. CORRESPONDENCE: None**
- X. EXECUTIVE SESSION: None**

ON 8:20 Tgoca 5/1/18 } C: Play + Rec

TALENT BANK APPLICATION

please return to:

BOARD OF SELECTMEN
Northbridge Town Hall
7 Main Street
Whitinsville, MA 01588

BI

Pursuant to Town bylaw §4-209 (Eligibility for service),
you must be a registered voter in order to serve.

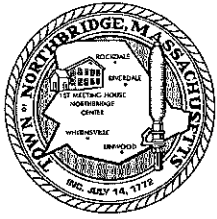
yes per Town Clerk
4/30/18

Date: 4/24/2018

Name MICHAEL DEMPSEY
P. O. Box N/A
Home Address ~~346 XXXX DEMPSEY DRIVE~~ NORTHBRIDGE, MA 01534
Email Address ~~MDEMPSEY346@GMAIL.COM OR MIKE.DEMPSEY@DELL.COM~~
Telephone N/A - SEE CELL Cell ~~(508) 509-5619~~
Business N/A - SEE CELL
Address DELL HOPKINTON Tel. N/A - SEE CELL
Current Occupation/Title SENIOR ANALYST, PROGRAM/PROJECT MANAGER
PHYSICAL SECURITY SYSTEMS - GLOBAL
Education HOLLISTON HIGH SCHOOL, BELKER COLLEGE - CRIMINAL JUSTICE
COLORADO STATE UNIVERSITY - PROJECT MANAGEMENT
Governmental, Civic & Community Activities AUXILIARY POLICE OFFICER - MILFORD, MA, 2013-201
TRUSTEE - BOARD OF TRUSTEES, MILFORD COUNTRY CLUB CONDOMINIUMS, 2016-20
GENERAL VOLUNTEER
Charitable & Educational Activities MASSACHUSETTS COMMISSION FOR THE BLIND
HOPKINTON RESPIRE CENTER
Town Committees or Offices N/A

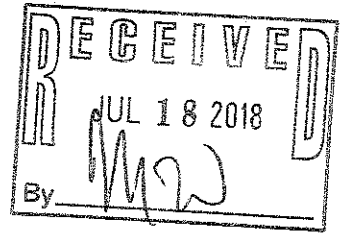
I am interested in the following Committees: PARKS & REC

Please indicate whether the applicant and/or any family members are employed by the Town of Northbridge. N/A



TOWN OF NORTHBRIDGE
BOARD OF HEALTH

Aldrich School Town Hall Annex - 14 Hill Street
Whitinsville, MA 01588
Phone# (508) 234-3272 Fax# (508) 234-0821



MEMORANDUM

July 18, 2018

To: Adam Gaudette, Town Manager

From: Paul R. McKeon, Chairman, Board of Health/jmg

Subject: Health Inspector Position

Please be advised that at a meeting of the Northbridge Board of Health, held July 17, 2018, the Board voted to support the appointment of **Ms. Jamie R. Terry, RS** to the position of Part-Time Health Inspector.

As you can see from her resume attached, Ms. Terry is extremely knowledgeable in all aspects of public health having formerly served as the Director of Public Health for the Town of Northborough and currently working as a consultant to the Region 2 Public Health Emergency Preparedness Coalition.

We ask that you appoint Ms. Terry at your earliest convenience to fill this vital position.

If you have any questions regarding this request, please feel free to contact me or Jeanne Gniadek, Administrator to the Board of Health.

/jmg

Enclosure (Resume)

Jamie Terry, R.S.
~~jamie.terry25@gmail.com~~
~~1 Wakefield Drive, Charlton, MA 01507~~
~~808-491-6266~~

OBJECTIVE Dedicated public health professional with over 15 years of service in local government looking to continue to learn and expand in the public health field. Adept at managing multiple projects simultaneously while maintaining composure and caring for the well being of the public.

EDUCATION UNIVERSITY OF MASSACHUSETTS – LOWELL Lowell, MA
Sept 98- June 2002 Bachelor of Science degree June 2002
Major in Community Health, Minor in Psychology
Dean's List Scholar: 1999, 2000, 2001 & 2002 GPA: 3.6 Class Officer

AREAS OF KNOWLEDGE

Local Health Inspectional Services Grant Management
Community Health Leadership Community Engagement

CERTIFICATIONS Registered Sanitarian, Certified Professional Food Manager, Certified Pool Operator, Licensed Soil Evaluator, Foundations for Local Health Practice Graduate, ICS-100, ICS-200, ICS-300, ICS-400, NIMS-700, IS 701.a, IS 702.a, IS 703.a, IS 704, IS 706, ICS 800, Title 5 Inspector, Certificate of Achievement – Supervisory Leadership Development Program – Spring 2012 UMass Boston/UMass Amherst, Boston University - Managing Effectively in Today's Public Health Management Course Graduate 2015, Boston University - Managing Effectively in Today's Public Health Management Course – Mentor 2016-2017

WORK EXPERIENCE

Sept 2015-Present EMERGENCY PLANNER PUBLIC HEALTH, Region 2 Central Mass

- Oversee and manage the submission of regional and community EP deliverables
- Recruitment of Closed POD locations
- Outreach coordination and connection between Faith Based organizations and local health departments
- Collaborate with the Medical Reserve Corps
- Develop, update & implement SNS drills for 35 different communities in Central MA

January 16-Feb 18 INTERIM HEALTH AGENT/DIRECTOR, Sturbridge, MA

- Direct, guide and motivate health department staff
- Perform all day to day Health Director tasks (including budget, accts payable, annual report)
- Apply and manage grant applications and reporting requirements
- Redesign of entire content on Town of Sturbridge Health Department webpage
- Collaboration across multiple jurisdictions to best mitigate public health threats

March 07-August 15 HEALTH AGENT/DIRECTOR, Northborough, MA

- State Sanitary Code Enforcement Officer/Food Service Inspector
- Drafted, developed and amended septic, well & tobacco regulations
- Collaboration with Regional School District to create and adopt health policy guidelines
- Emergency Preparedness Coordinator/Asst. Shelter Manager
- Grant Program Director-Mass in Motion/Prevention and Wellness Trust Fund
- Develop and maintain COOP plan. Work hand in hand with planner to create, review update EDS plans

April 06-March 07 SANITARIAN, City of Woburn Woburn, MA

- Food Code Compliance Inspector
- Housing Code Enforcement Officer/Swimming Pool Safety Inspector
- Developed and Maintained COOP and EDS plan for City of Woburn
- Founded 144 member MRC (Medical Reserve Corp) for City of Woburn

Jan 03-April 06 SANITARIAN, Nashoba Associated Boards of Health Ayer, MA

- Food Service Inspector/Housing Inspector
- Sanitarian Boxborough & Lunenburg, MA
- District Pool Inspector (14 Towns)/Well Permitting
- Plan Review, permitting and inspection of septic systems

August 02-Jan 03 MARKETING ASST, New England PET Imaging Center Various

- Organized and managed opening of Lowell, MA site
- Planned and implemented PET imaging Breast Cancer event

Sept 01 – Dec 01 TEACHING ASSISTANT, U-Mass Lowell Life Skills Class Lowell, MA

- Designed and instructed curriculum
- Integrated activities with subject matter
- Liaison between professor and student

ADDITIONAL ROLES

Executive Committee Member Region 2 Public Health 2008-May2015, MRC
Subcommittee Chair 2008-2013, Health & Wellness Subcommittee Chair
(Northborough/Southborough School District) 2011-2015, Director Prevention
and Wellness Trust Fund Northborough 2012-2015, Co Shelter coordinator
Town of Northborough

MEMO

To: Adam Gaudette, Northbridge Town Manager

CC: Sharon Susienka, Assistant to the Town Manager

From: Rebecca Sasseville, Library Director, Whitinsville Social Library

Subject: Recommendation of Amy Mezzadri for Library Assistant

Date: August 23, 2018

Amy Mezzadri has twenty years of experience working in customer service. She has been working at the Blackstone Public Library for four years. She is experienced with many library technologies, including the integrated library system Evergreen, e-readers like Kindle, and borrowing apps. Working at Blackstone Public Library means she is familiar with CWMARS's policies, a sharing network both libraries belong to. Amy is an avid library user herself who enjoys reading for both pleasure and to educate herself. Most importantly in this role, her friendly demeanor will be a great asset at the circulation desk when helping the members of the Northbridge community access our materials.

I highly recommend that Amy be hired to work as a Library Assistant at Whitinsville Social Library and fill the vacant position left by Caryn Gagner's promotion on August 20, 2018.

If you have any questions or concerns feel free to contact me further.

August 22, 2018

Amy M. Mezzadri

~~11 Bowes Street~~

~~Blackstone, MA 01504~~

Dear Ms. Mezzadri,

I am very pleased to be able to offer you a job as a part-time Library Assistant at the Whitinsville Social Library for the Town of Northbridge contingent upon your satisfactory completion of a physical exam and CORI (Criminal Offender Record Information) check.

Your hourly pay will start at \$12.77 with the maximum of 19.5 hours worked per week. This position does not include benefits or paid time off. Your initial schedule will be Tuesdays and Wednesdays 10-3 and Thursdays 3-8 with the possibility of picking up an additional shift.

Your first day tentatively will be Tuesday, September 11, 2018 at 10 AM, following your affirmation by Northbridge's Board of Selectmen at their Monday, September 10 meeting at 7 PM.

By signing and returning a copy of this letter, you indicate that you accept the offer.

I look forward to working with you.

Sincerely,

Rebecca Sasseville

Library Director

Accept Job Offer

By signing and dating this letter below, I, Amy Mezzadri, accept this job offer of Library Assistant at the Whitinsville Social Library for the Town of Northbridge, MA.

Signature: Amy Mezzadri Date: 8/23/18

CORI Check

Please call Sharon Susienka in the Town Manager's office at the Town Hall to schedule a time for you to appear before her for a CORI check. 508-234-2095

Physical Exam

TeamWork Occupational Health Milford Regional Medical Center

115 Water Street Milford, MA 01757

Phone: 508-422-2318

Fax: 508-634-8732

For pre-employment physicals call: 508-422-2761 option #1

This appointment is for a pre-employment physical only and does include drug testing.

Amy M Mezzadri
~~11 Dawes Street~~
~~Blackstone, MA 01504~~
~~508-983-4752~~

Qualifying Summary

Provide library support with strong communication, organizational and time management skills

Work Experience

BLACKSTONE PUBLIC LIBRARY

2014-Present

Library Aide

Provide excellent customer service and support for library patrons.

- Perform circulation desk work including checking library materials in and out, entering in patron requests, processing holds, sending out bills and reminder calls on events
- Assist circulation manager with pricing and preparing new materials for processing and assist with cataloging new materials
- Assist patrons unfamiliar with using computers with general use, online research and printing documents, and use with iPads, Kindles and other electronic devices
- Support and assist the children's librarian with reading programs, and after school events such as evening story time, math and Lego clubs
- Provides support as a backup Shift Supervisor and open and close as needed to cover days off

IRI WORLDWIDE

2012-2014

Field Service Representative

Collect consumer product data by scanning UPC codes from grocery and drug stores.

- Collect weekly data using a Monet device in assigned stores
- Perform additional projects and inventory audits
- Evaluate store conditions, activities, product displays and product counts to provide critical information to the customers
- Perform basic maintenance, updates and enter time keeping data on Monet device

WEIGHT WATCHERS INTERNATIONAL

2009-2012

Receptionist

Provided support and service to current and new members.

- Welcomed current and new members
- Conducted weigh-ins and collected fees
- Managed product sales
- Shared program knowledge and materials with members to improve their experience at meetings and beyond

SUMMERVILLE AT FARM POND, Framingham, MA

2002-2005

Independent and Assisted Living Senior Community

Receptionist

Provided customer service and support to residents, visitors and internal departments.

- Greeted residents and visitors
- Responsible for answering phones and dispatching to appropriate staff and residents
- Maintained front desk and internal department logs and reports
- Assisted marketing department in brochure mailings

STAPLES INC., Framingham, MA

1998-2002

Associate Training Specialist, Staples University- Retail Training

2001-2002

Responsible for revising and designing training materials for store associates.

- Designed job aids, on-the-job training checklists, and certification tests
- Assisted HRIS and IS departments in development and testing of new PeopleSoft certification tool
- Trained internal training departments on new PeopleSoft Certification tool
- Revised existing training materials and certifications to enhance content and flow

Administrative Assistant, Staples University-Retail Training

1999-2001

Provided administrative support to the department and internal and external customers.

- Coordinated communications and distributions to stores
- Produced training reports for certification tests and satellite broadcasts
- Maintained inventory of training programs and certification tests
- Tracked expenses for department and assisted with capital assets requests for training programs

Customer Service Representative, HRIS Customer Service

1998-1999

Responsible for data entry, internal customer requests, and problem solving.

- Provided customer service to internal customer client base
- Utilized strong organizational skills to ensure accurate and timely processing
- Worked with the field and team to resolve issues and identify solutions quickly

Education and Professional Training**Bachelor of Arts in Sociology with a concentration in Business***Framingham State College- Framingham, MA***Training Workshops:** Instructional Design for New Designers, Writing for Trainers*Langevin-Train the Trainer- Boston, MA*

Staples University Workshops: Project Management, Lateral Thinking, Active Listening, Time Management, Presentation Skills, Conflict Resolution, Communication Skills
Staples Inc.- Framingham, MA

APPLICATION FOR EMPLOYMENT

COMMONWEALTH OF MASSACHUSETTS

Town of Northbridge

ALL APPLICATIONS TO BE RETURNED TO THE TOWN MANAGER'S OFFICE

Applicants are considered for all positions without regard to race, color, religion, gender orientation, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application 8-1-2018

Position(s) Applied For: Library Assistant, Whitinsville Social Library

Referral Sources: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In

☐ Employment Agency ☒ Other: mbc site

Name: Mezzadri Last Amy First Michelle Middle

Address: 11 Number Dawes Street Street Blackstone City MA State 01504 Zip Code

Telephone: 508 883 1931
Area Code

If employed and you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☒ No If yes give date: _____

Have you ever been employed here before? ☐ Yes ☒ No If yes give date: _____

Are you employed now? ☒ Yes ☐ No May we contact your present employer? ☒ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment). ☐ Yes ☒ No

On what date would you be available for work? 2 weeks from offer

Are you available to work ☐ Full Time ☒ Part Time ☐ Shift Work ☐ Temporary

Are you on a lay-off and subject to recall? ☐ Yes ☒ No

Can you travel if job requires it? ☒ Yes ☐ No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender orientation, national origin, age, marital, or veteran status.

1. Employer: Blackstone Public Library Address: 86 Main Street
City: Blackstone State: MA Zip: 01504 Phone: 508 883 1931
Supervisor: Lisa Cheever Reason for Leaving: would not be leaving this job would be in addition to current job.
Dates Employed: from: June 2014 to: Present Work Performed: Circulation clerk
assist Assist Circulation mgr. with processing & cataloging new materials
Assist patrons with computers & electronic devices Support children's
librarian. Backup Shift Supervisor - open & close as needed.

2. Employer: IRF Worldwide Address: 150 N. Clinton Street (main corporate office)
City: Chicago State: IL Zip: 60601 Phone: 3127301221 corporate office
Supervisor: Wesley DeLampis Reason for Leaving: inconsistent hours
Dates Employed: from: 2012 to: 2014 Work Performed: MA & RT field Rep.
Collected consumer product data by scanning UPC codes from grocery and drug stores. Perform additional projects & audits. Evaluate store conditions. Perform maintenance & repair of market device.

3. Employer: Weight Watchers Address: Corporate Headquarters New York City
City: New York City State: NY Zip: _____ Phone: _____
Supervisor: Jamie Tighes Comptroller Reason for Leaving: not enough hours my 8 hrs per week worked at milled, Winsted, CT
Dates Employed: from: 2009 to: 2012 Work Performed: Webster + Worcester locations as a receptionist. Welcomed current and new members. Conducted weigh-ins & collected fees, managed product sales. Went over program materials & improve experience.

4. Employer: Sumnerville at Farm Pond ASSISTED Living Address: Farm Pond Road
City: Framingham State: MA Zip: 01702 Phone: no longer there, they were bought out.
Supervisor: no longer there Reason for Leaving: Wanted employment closer to home
Dates Employed: from: 2002 to: 2005 Work Performed: Receptionist:
Greeted residents & visitors. Responsible for answering phones, maintaining front desk & internal logs & reports. Assisted with making materials.

5. Employer: Staples Inc Address: 500 Staples Drive
City: Framingham State: MA Zip: 01702 Phone: 508 253-5000
Supervisor: Marie Scherer Reason for Leaving: Company wide layoffs
Dates Employed: from: 1998 to: 2002 Work Performed: 1998-1999 HRS
Customer Service Rep - Responsible for data entry. 1999-2001 Admin. Assistant to Retail Training: provided administrative support. 2001-2002 Associate Training Specialist: revise & design training materials.

Special Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experience:

Experience with Library Systems: CWMARS Evergreen, Comcat, Tix Keeper & other library databases.

EDUCATION:

	Elementary	High	College/University	Graduate/Profession
School Name:	Woodland Elementary K-5 Middle School East 6-8	Milford High School	Framingham State University	MLS workshops in repair, general workshops for librarians
Years Completed (circle)	4 5 6 7 8	1 2 3 4	1 2 3 4	
Diploma/Degree	✓	✓	Bachelor of Arts in Sociology	
Describe Course of Study:			Studied Sociology with a concentration in Business	
Describe Specialized Training, Apprenticeship, Skills, and/or Extracurricular activities				

State any additional information you feel may be helpful to us in considering your application: I currently work at the Blackstone Public Library and the primary responsibilities you are seeking are a match to what I do everyday.

List professional, trade, business or civic activities and offices held: (you may exclude those which indicate race, color, religion, gender orientation, national origin, age, marital or veterans status):

Assist Library with fundraising efforts like helping with Friends of Blackstone Library Book sales and Cookie walk etc.

Give name, address, and telephone number of three (3) references (who are not related to you)

1. Lisa Cheever 80 Main St Blackstone 508-883-1931
Director Blackstone Public Library
2. Donna Ansel 80 Main St Blackstone 508-883-1931
Circ. mgmt. Blackstone Library
3. Dianne Buehler 42 Pickering Rd Blackstone 508-740-9078

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Company.

Amy Mezzadri 8-1-2018

Signature of Applicant

Date

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background. I authorize the Town of Northbridge to obtain any information from schools, employers or individuals relating to my activities. This information may include, but is not limited to: academics, achievement, performance, attendance, personal history and discipline. Further, I hereby authorize all references, persons, schools, my current employer (if applicable) and previous employers and organizations named in this application, unless otherwise stated, to provide the Town of Northbridge any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Northbridge's use only.

I hereby voluntarily release, Discharge and exonerate the Town of Northbridge, its agents and representatives, and any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Northbridge.

I understand that all appointments are probationary and that I must demonstrate my ability for continued employment. I understand that, if appointed, my employment will be at-will, for an indefinite period, and can be terminated at any time by the Town, unless otherwise stated in a collective bargaining agreement which covers the position to which I am appointed. I also understand that I must be available from time to time to work outside normal business hours, as the needs of the department require.

If required for the position I am seeking. I agree to take a physical examination, which may include testing for drugs or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination.

I understand that any employment offer by the Town is conditional upon my ability to establish employment under the Immigration Reform and Control Act of 1986 within three (3) days of the date of hire.

I represent that I have read and fully understand the foregoing and seek employment under these conditions.

Signature

Amy Megaw

Date:

8/1/2018

"Discrimination against any person in any practice or procedure in advertising, recruitment, referrals, testing, hiring, transfer, promotion or any other term, condition or privilege of employment which limits or adversely affects employment opportunities, because of political or religious opinions, or affiliations, or because of race, color, sex, gender/ orientation, national origin, marital status, pregnancy, parenthood, age or handicap which is unrelated to the person's occupational qualifications or any other non-merit factor which is not a bona fide occupational qualification is prohibited".

It is unlawful in Massachusetts to require a lie detector test as a condition of employment or continued employment. An employer who violates that law shall be subject to criminal penalties and civil liabilities.

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, gender orientation, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(Please Print)

Date: 8/1/2018 Position Applied For: Library Assistant, Whitinsville Library

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In
☐ Employment Agency ☒ Other: mbc site

Name: Mezzadri Amy Michelle
Last First Middle

Address: 11 Dawes Street Blackstone MA 01504
Number Street City Zip

Telephone: (508) 983-4752

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Position(s) applied for is open: ☐ Yes ☐ No

Arrange Interview: ☐ Yes ☐ No

Employed: ☐ Yes ☐ No

Position(s) considered for: _____

Remarks: _____

Date of employment: _____

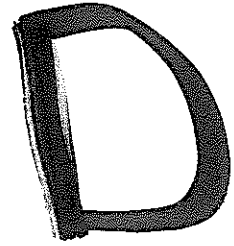
Job Title: _____ Salary: _____ Department: _____

Signature: _____ Date: _____

Notes:

Melissa Wetherbee

From: Susie Timmons <smtimmons@student.nps.org>
Sent: Thursday, September 06, 2018 11:08 AM
To: Melissa Wetherbee
Subject: Re: Sign and Banner Rental



Hello again,

Yes, I would like to move forward with the banner. I would, however, like to change the dates of it hanging if possible.

I would like to have the banner from January ^{27th} ~~29th~~ to February ^{10th} ~~7th~~, and have the bulletin from the 21st to the 28th of January.

Available ✓

Sorry for all and any confusion, we final have show dates set so I can confidently request the times to advertise.

Also, should we be present at the September 10th meeting, or is that unnecessary? Also, I do not think I ever received the attachment regarding the size of the banner.

Thanks again,
Susan, Producer

On Sep 6, 2018, at 10:11 AM, Melissa Wetherbee <mwetherbee@northbridgemass.org> wrote:

Good morning Susie,

I just wanted to make sure you still wanted to move forward with the banner request. It is scheduled for Monday's meeting for the Boards approval.

Please let me know as I will be posted the agenda this afternoon.

Thank you

*Melissa Wetherbee, Adm. Assistant
Town Manager's Office
Town of Northbridge
7 Main Street Whitinsville, MA 01588
Phone: 508-234-2095*

From: Susie Timmons <smtimmons@student.nps.org>
Sent: Tuesday, August 14, 2018 12:23 PM
To: Melissa Wetherbee <mwetherbee@northbridgemass.org>
Subject: Re: Sign and Banner Rental

Hello again,

Northbridge High School will be preforming Mamma Mia (the Musical) in February next year! I will send more information as soon as I can, I have to touch base with my director first.

Thank you,

Phone: ~~508 331 2237~~

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF NORTHBRIDGE

APPLICATION FOR COMMON VICTUALLER LICENSE

pd
E

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):

Terresa Michaelson db/a Herbs Make Scents

STATE CLEARLY PURPOSE FOR WHICH LICENSE IS REQUESTED: [Common Victualler]

TO: provide and sell food, teas, coffees and bath and body products - gifts

GIVE LOCATION BY STREET AND NUMBER:

AT: 76 Church St
Whitinsville MA 01588

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

LIST THE DAYS AND HOURS OF PROPOSED OPERATION:

DURING: M-Sat. 7am-9pm (Sat. 7am-4pm)
closed Sundays

Terresa Michaelson
(Signature of Applicant)

Mailing Address:

Print Name: Terresa Michaelson

Address: 76 Church St

City: Whitinsville

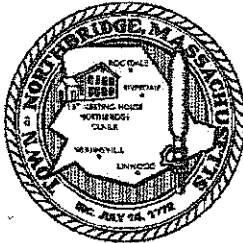
State, Zip: MA 01588

Received: Aug 22, 2018 @ 1PM
(Date) (Time)

This license will expire on December 31 of the current year and must be renewed annually prior to January 1.

Official Use only

Date License Granted:



TOWN OF NORTHBRIDGE

OFFICE OF THE TOWN CLERK

TOWN HALL - 7 MAIN STREET
WHITINSVILLE, MASSACHUSETTS 01588

DOREEN A. CEDRONE
TOWN CLERK

AREA CODE 508-234-2001

BUSINESS CERTIFICATE

Fee: \$25.00

Date 8/16/18

IN CONFORMITY WITH THE PROVISIONS OF CHAPTER ONE HUNDRED AND TEN, SECTION FIVE OF THE GENERAL LAWS, AS AMENDED, THE UNDERSIGNED HEREBY DECLARE(S) THAT A BUSINESS IS CONDUCTED UNDER THE TITLE OF

Herbs Make Scents
AT 76 Church St Whitinsville MA 01588
(Address)

BY THE FOLLOWING NAMED PERSON(S): (Include corporate name and title, if corporate office)

<u>Full Name</u>	<u>Residence and Telephone</u>
<u>Teresa Marie Michaelson</u>	<u>89 East Hartford Ave 3 G</u> <u>Uxbridge, MA 01588</u>

SIGNATURES:

Teresa Marie Michaelson

On August 16, 2018 the above named person(s) personally appeared before me and made oath that the foregoing statements are true.

Linda B Zywien
Town Clerk, Assistant Town Clerk, Other

OR - This certificate has been Notarized as follows:

County:
State:

ON THIS _____ DAY OF _____, 20____, BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, PERSONALLY APPEARED _____ (name of document signer/s), PROVED TO ME THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION, WHICH WAS _____, TO BE THE PERSON(S) WHOSE NAME(S) IS/ARE SIGNED ABOVE, AND WHO SWORE OR AFFIRMED TO ME THAT THE CONTENTS OF THE DOCUMENT ARE TRUTHFUL AND ACCURATE TO THE BEST OF HIS/HER OR THEIR KNOWLEDGE AND BELIEF.

(Official signature and Seal of Notary) Commission Expires _____

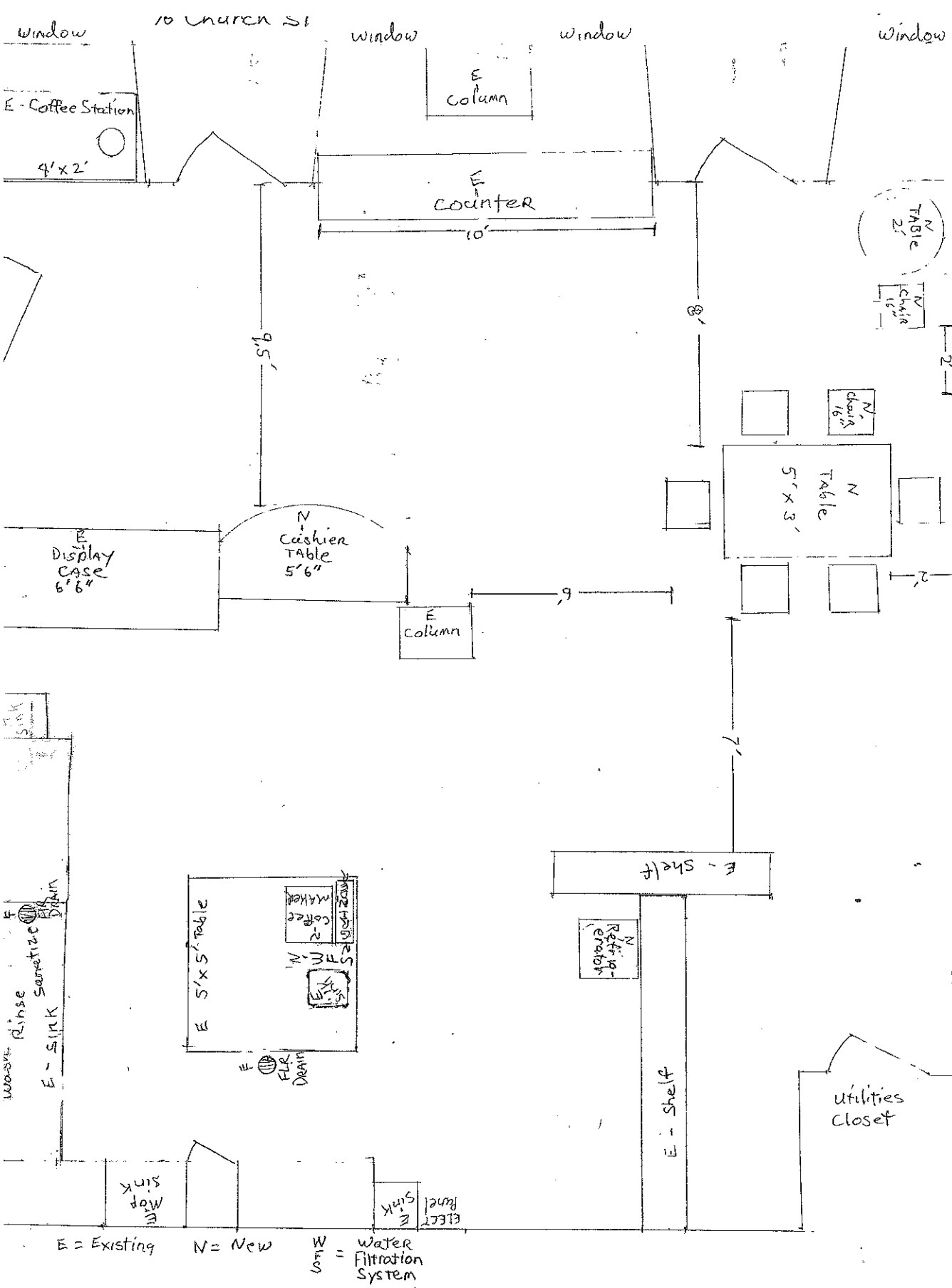
IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 337 OF THE ACTS OF 1985 AND CHAPTER 110, SECTION 5 OF MASSACHUSETTS GENERAL LAWS, BUSINESS CERTIFICATES SHALL BE IN EFFECT FOR FOUR YEARS FROM THE DATE OF ISSUE AND SHALL BE RENEWED EACH FOUR YEARS THEREAFTER. A STATEMENT UNDER OATH MUST BE FILED WITH THE CITY CLERK UPON DISCONTINUING, RETIRING, OR WITHDRAWING FROM SUCH BUSINESS OR PARTNERSHIP.

COPIES OF SUCH CERTIFICATES SHALL BE AVAILABLE AT THE ADDRESS AT WHICH SUCH BUSINESS IS CONDUCTED AND SHALL BE FURNISHED ON REQUEST DURING REGULAR BUSINESS HOURS TO ANY PERSON WHO HAS PURCHASED GOODS OR SERVICES FROM SUCH BUSINESS. VIOLATIONS ARE SUBJECT TO FINE OF NOT MORE THAN THREE HUNDRED DOLLARS (\$300) FOR EACH MONTH DURING WHICH SUCH VIOLATION CONTINUES.

CERTIFICATE EXPIRES 2022 (Four (4) yrs from effective date)

This Business Certificate registers your name and your business name in the Town of Northbridge, making you compliant with MGL Chapter 110, Sec. 5. It DOES NOT give you permission to operate the business. The acquisition of any licenses or permits required for the operation of your business is your responsibility.

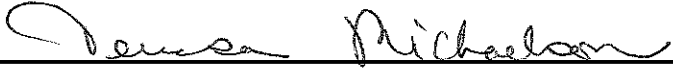
A TRUE COPY ATTEST:
Doreen A. Cedrone
TOWN CLERK
NORTHBRIDGE, MA



Herbs Make Scents
 76 Church St
 Whitinsville MA

**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)

By: Corporate Officer (Mandatory, if applicable)

~~XXXXXXXXXXXX~~

** 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**



HERBS-2

OP ID: LX

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/13/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Rodman Insurance Agency, Inc.
145 Rosemary St., Bldg. A
Needham, MA 02494-3238
James N. Rodman

781-247-7800

CONTACT NAME: James N. Rodman

PHONE (A/C, No, Ext): 781-247-7800

FAX (A/C, No): 781-444-0090

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Liberty Mutual

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED Herbs Make Scents
89 East Hartford St #3G
Uxbridge, MA 01569

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BKS55737312	09/05/2017	09/05/2019	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 15,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	CONTENTS			BKS55737312	09/05/2017	09/05/2019	BPP 15,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
76 CHURCH STREET, WHITINSVILLE, MA
RETAIL OCCUPANCY

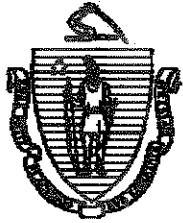
CERTIFICATE HOLDER

HERBS MAKE SCENTS

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Terresa Michaelson db/a

Please Print Legibly

Business/Organization Name:

Herbs Make Scents

Address:

76 Church St.

City/State/Zip:

Whitinsville MA 01588

Phone #:

xxx-xxx-xxx-xxxx

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: _____

Terresa Michaelson

Date: _____

8/22/18

Phone #: _____

508-331-2457

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: _____

Phone #: 508-234-2095

NTM License Slips

Row 3

Current Status On Agenda for September 10, 2018

Done ☐

License ID: NTM#16064

License Type: Common Victualler Lic.

Description: Common Vic. Lic. to sell food, tea's, coffees and bath and body products - gifts
Hours: Mon - Sat 7 AM to 9 pm Sat 7 AM -4 PM closed Sundays

Business: Teresa Michaelson dba Herbs Make Scents

Applicant: Teresa Michaelson

Address: 76 Church Street, Whitinsville

Approval Target 09/06/18

Slip Started on: 08/23/18 4:02 PM

**PLANNING
Approve:** ☒

**PLANNING
Comments:**

**POLICE
Approve:** ☒

**POLICE
Comments:** Police approve on the condition that products do not contain CVD (extracts of the cannabis plant) or THC (active ingredient in marijuana)

FIRE Approve: ☐

**FIRE
Comments:** Subject to meeting requirements of fire inspection

**BUILDING
ZONING
Approve:** ☒

**BUILDING
ZONING
Comments:**

**CONSERVATION
Approve:** ☒

**CONSERVATION
Comments:** N/A

HEALTH
Approve:



HEALTH
Comments:

Applicant is in process of obtaining Food Permit - will be released upon completion of on-site inspection.

ASSESSORS
Approve:



ASSESSORS
Comments:

TREASURER
COLLECTOR
Approve:



TREASURER
COLLECTOR
Comments:

Melissa Wetherbee

From: David White
Sent: Friday, September 07, 2018 9:15 AM
To: Melissa Wetherbee
Subject: 76 Church Street

Good morning Melissa,

The inspection for 76 Church Street has been completed and passed okay.

David M White
Fire Chief
Northbridge Fire Department
193 Main Street
Whitinsville, MA 01588
508-234-8448

Fla. \$20.00 fee

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:

St. Patrick's Parish
Name of Responsible Person: Father Tomasz Borkowski

STATE CLEARLY PURPOSE FOR WHICH LICENSE IS REQUESTED:

FOR: One-day Wines and Malts License
Event name: Family Fun Fest / Fall Festival Date and Hours of Event: Sunday Sept 23rd 11am-4pm
Indoor/Outdoor: Both

GIVE LOCATION BY STREET AND NUMBER: 7 East St Whitinsville

DESCRIPTION OF PREMISES:

Where will alcohol be stored? locked boiler room of basement
Where will Alcohol be served? lawn area near food & grills
Do you plan on having Entertainment? ☒ Yes ☐ No

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.**

Print Name: Tomasz Borkowski
Address: 7 East St
City: Whitinsville Ma
State, Zip: Ma 01588
Phone: 508-234-5656

Rev. Tomasz Borkowski
(Signature of Applicant)

Name of Distributor(s): Atlas & Horizon

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: Sept 5, 2018 2:10
(Date) (Time)
Agenda: Sept 10, 2018

Date License Granted

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

SPECIAL PERMIT/LICENSE

RELEASE OF CLAIMS, INDEMNITY AND HOLD HARMLESS AGREEMENT

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

I, St Patrick's, 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 5 day of Sept 2018

Name (Printed): Tomasz Borkowski

Dev. Tomasz Borkowski
Signature

Aileen Mlemoine
Witness

THIS FORM MAY NOT BE ALTERED

**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.

Dev. Pomary Borhouski

*Signature of individual or Corporate Names (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

XXXXXXXXXXXX43

** 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.



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

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: St Patrick's Parish
Address: 7 East St
City/State/Zip: Whitinsville, Ma 01588 Phone #: 508-234-5656

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. ☐ 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: Catholic Mutual Company Mutual Ins Group
c/o Diocese of Worcester
Insurer's Address: 49 Elm St

City/State/Zip: Worcester Ma 01609
Policy # or Self-ins. Lic. # 1514 00082784 Expiration Date: 12/31/18

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: Rev. Romary Barhowski Date: 9/5/18
Phone #: 508-234-5656

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: _____ Phone #: 508-234-2095

NTM License Slips

Row 1

Current Status On agenda for 9.10.18

Done ☐

License ID: NTM#16066

License Type: One-day Wine and Malt & One-day Sunday entertainment

Description: Family Fun Fest/Fall Festival event to be held on Sunday, September 23, 2018 from 11 AM to 4 PM, at St. Patrick's Parish, 7 East Street, Whitinsville on the lawn area. This event is both indoor and outdoor.

Wines and malts to be store in the locked boiler room of the basement of the Parish, and served on the lawn area.

Entertainment to include music and games such as ring toss, marble racing, football toss, and plinko.

Business: St. Patrick's Parish

Applicant: Tomasz Borkowski

Address: 7 East Street, Whitinsville, MA 01588

Approval Target 09/06/18

Slip Started on: 09/05/18 3:23 PM

PLANNING Approve: ☒

PLANNING Comments: N/A -not applicable

POLICE Approve: ☒

POLICE Comments:

FIRE Appove: ☐

FIRE Comments: Fire inspection needed

BUILDING ZONING Approve: ☒

BUILDING ZONING Comments:

CONSERVATION Approve: ☒

CONSERVATION N/A
Comments:

HEALTH
Approve: ☒

HEALTH
Comments: Subject to food vendor participants (if any) obtaining the required one-day food permit from the Board of Health.

ASSESSORS
Approve: ☐

ASSESSORS
Comments:

TREASURER
COLLECTOR
Approve: ☐

TREASURER
COLLECTOR
Comments:

Phone: 508-234-5656

F1b.

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF NORTHBRIDGE

APPLICATION FOR SUNDAY 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):

St Patrick's Parish

STATE CLEARLY PURPOSE FOR WHICH LICENSE IS REQUESTED: [Sunday Entertainment]

TO: Family Fun Fest / Fall Festival

GIVE LOCATION BY STREET AND NUMBER:

AT: St Patrick's Parish
7 East Street
Whitinsville, Ma

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

Rev. Tomasz Borkowski
(Signature of Applicant)

Print Name: Tomasz Borkowski

Address: 7 East St

City: Whitinsville, Ma

State, Zip: 01588

Received: Sept 5, 2018 2:10pm
(Date) (Time)
BOS Agenda 9/10/18

Date License Granted

Daily _____
Annual _____

Prior to 1:00 PM _____ (\$5)
Prior to 1:00 PM _____ (\$100)

After 1:00 PM _____ (\$2)
After 1:00 PM _____ (\$50)

**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.

Dev. Pomary Borhowski

*Signature of individual or Corporate Names (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

XXXXXXXXXXXXXXX

** 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.



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

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: St Patrick's Parish

Address: 7 East St

City/State/Zip: Whitinsville, Ma 01588 Phone #: 508-234-5656

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: Catholic Mutual Company Mutual Ins Group
810 Diocese of Worcester

Insurer's Address: 49 Elm St

City/State/Zip: Worcester Ma 01609

Policy # or Self-ins. Lic. # 1514 00082784 Expiration Date: 12/31/18

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: Rev. Romary Barhowski Date: 9/5/18

Phone #: 508-234-5656

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: _____ Phone #: 508-234-2095

NTM License Slips

Row 1

Current Status On agenda for 9.10.18

Done ☐

License ID: NTM#16066

License Type: One-day Wine and Malt & One-day Sunday entertainment

Description: Family Fun Fest/Fall Festival event to be held on Sunday, September 23, 2018 from 11 AM to 4 PM, at St. Patrick's Parish, 7 East Street, Whitinsville on the lawn area. This event is both indoor and outdoor.

Wines and malts to be store in the locked boiler room of the basement of the Parish, and served on the lawn area.

Entertainment to include music and games such as ring toss, marble racing, football toss, and plinko.

Business: St. Patrick's Parish

Applicant: Tomasz Borkowski

Address: 7 East Street, Whitinsville, MA 01588

Approval Target 09/06/18

Slip Started on: 09/05/18 3:23 PM

PLANNING Approve: ☒

PLANNING Comments: N/A -not applicable

POLICE Approve: ☒

POLICE Comments:

FIRE Appove: ☐

FIRE Comments: Fire inspection needed

BUILDING ZONING Approve: ☒

BUILDING ZONING Comments:

CONSERVATION Approve: ☒

CONSERVATION N/A
Comments:

HEALTH
Approve: ☒

HEALTH
Comments: Subject to food vendor participants (if any) obtaining the required one-day food permit from the Board of Health.

ASSESSORS
Approve: ☐

ASSESSORS
Comments:

TREASURER
COLLECTOR
Approve: ☐

TREASURER
COLLECTOR
Comments:

F2a 20.00 fee

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF NORTHBRIDGE
APPLICATION FOR SPECIAL LICENSE
One-Day 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:

St Patrick's Youth Ministry

Name of Responsible Person: Aileen Lemaire

STATE CLEARLY PURPOSE FOR WHICH LICENSE IS REQUESTED:

FOR: One-day Malts only License

Event name: Irish Music Night

Date and Hours of Event: Oct 13, 18 5:30-8pm

Indoor/Outdoor: Both

GIVE LOCATION BY STREET AND NUMBER: 7 East St Whitinsville, Ma

DESCRIPTION OF PREMISES:

Where will alcohol be stored? locked boiler room refrigerator

Where will Alcohol be served? Parish Center

Do you plan on having Entertainment? ☒ Yes ☐ No

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.

Aileen M Lemaire

(Signature of Applicant)

Print Name: Aileen Lemaire

Address: 7 East St

City: Whitinsville

State, Zip: Ma, 01588

Phone: 508-234-5656

Name of Distributor(s): Horton & Atlas

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: Sept 4, 2018 10 AM
(Date) (Time)

Agenda: Sept 10, 2018

Date License Granted

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

SPECIAL PERMIT/LICENSE

RELEASE OF CLAIMS, INDEMNITY AND HOLD HARMLESS AGREEMENT

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

I, St Patrick's, 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 30 day of August 2018.

Name (Printed): Aileen Lemoine

Aileen M Lemoine
Signature

Regueline Prother
Witness

THIS FORM MAY NOT BE ALTERED

**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.

Thomasz Borkowski
*Signature of individual or Corporate Names (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

XXXXXXXXXXXXXXXXXX

** Social Security Number or Federal Identification Number

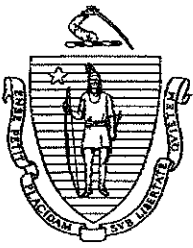
* This license will not be issued unless this certification clause is signed by the applicant.

**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: St. Patrick's Parish

Address: 7 East St

City/State/Zip: Whitinsville, Ma 01588 Phone #: 508-234-5656

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. ☐ 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: Catholic Mutual Company Mutual Ins Group

Insurer's Address: 40 D. Street Worcester 49 Elm St

City/State/Zip: Worcester, Ma 01609

Policy # or Self-ins. Lic. # 1514 00 082784 Expiration Date: 12/31/18

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: Rebecca F. Borkowski Date: 8-29-18

Phone #: 508-234-5656

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

NTM License Slips

Row 2

Current Status On Board of Selectmen's Agenda for Sept 10, 2018

Done ☐

License ID: NTM#16065

License Type: One-day Wine and Malt & One-day Entertainment

Description: St. Patrick's Youth Ministry is looking to hold an Irish Music Night on October 13, 2018 from 5:30 - 8 PM to be held indoors at 7 East Street. Alcohol to be locked in the boiler room refrigerator prior to the event and served in the Parish Center. Entertainment to be live music.

Business: St. Patrick's Youth Ministry

Applicant: Aileen Lemonie

Address: 7 East Street, Whitinsville

Approval Target 09/06/18

Slip Started on: 09/04/18 11:07 AM

PLANNING Approve: ☒

PLANNING Comments: N/A -not applicable

POLICE Approve: ☒

POLICE Comments:

FIRE Approve: ☒

FIRE Comments: Need to have a fire inspection and current F/A test

BUILDING ZONING Approve: ☒

BUILDING ZONING Comments:

CONSERVATION Approve: ☒

CONSERVATION Comments: N/A

HEALTH
Approve: ☒

HEALTH
Comments:

ASSESSORS
Approve: ☒

ASSESSORS
Comments:

**TREASURER
COLLECTOR**
Approve: ☐

**TREASURER
COLLECTOR**
Comments:

F2b 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):

St. Patrick's Youth Ministry

TO: Obtain a One-day Entertainment License for:

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

GIVE LOCATION BY STREET AND NUMBER:

AT: St Patrick's 7 East 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)* Sat October 13th 5:30-8 pm

Print Name: Aileen Lemoine

Address: 7 East St

City: Whitinsville, Ma 01588

State, Zip: Ma 01588

Phone: 508-234-5656

Email: Aileen@mystpatrick.com

Aileen M Lemoine
(Signature of Applicant)

Received: <u>Sept 4, 2018</u> <small>(Date)</small>	<u>10AM</u> <small>(Time)</small>
Agenda: <u>Sept 10, 2018</u>	

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.

Thomasz Borowski
*Signature of individual or Corporate Names (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

XXXXXXXXXXXXXXXXXXXX

** Social Security Number or Federal Identification Number

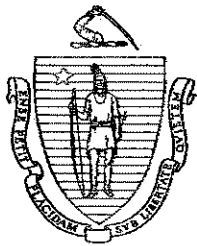
* This license will not be issued unless this certification clause is signed by the applicant.

**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: St. Patrick's Parish

Address: 7 East St

City/State/Zip: Whitinsville, Ma 01588

Phone #: 508-234-5656

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: Catholic Mutual Company Mutual Ins Group
40 Diocese of Worcester

Insurer's Address: 49 Elm St

City/State/Zip: Worcester, Ma 01609

Policy # or Self-ins. Lic. # 1514 00 082784 Expiration Date: 12/31/18

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: Rev. Romazy Borkowski

Date: 8-29-18

Phone #: 508-234-5656

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

NTM License Slips

Row 2

Current Status On Board of Selectmen's Agenda for Sept 10, 2018

Done ☐

License ID: NTM#16065

License Type: One-day Wine and Malt & One-day Entertainment

Description: St. Patrick's Youth Ministry is looking to hold an Irish Music Night on October 13, 2018 from 5:30 - 8 PM to be held indoors at 7 East Street. Alcohol to be locked in the boiler room refrigerator prior to the event and served in the Parish Center. Entertainment to be live music.

Business: St. Patrick's Youth Ministry

Applicant: Aileen Lemonie

Address: 7 East Street, Whitinsville

Approval Target 09/06/18

Slip Started on: 09/04/18 11:07 AM

PLANNING Approve: ☒

PLANNING Comments: N/A -not applicable

POLICE Approve: ☒

POLICE Comments:

FIRE Approve: ☒

FIRE Comments: Need to have a fire inspection and current F/A test

BUILDING ZONING Approve: ☒

BUILDING ZONING Comments:

CONSERVATION Approve: ☒

CONSERVATION Comments: N/A

HEALTH
Approve: ☒

HEALTH
Comments:

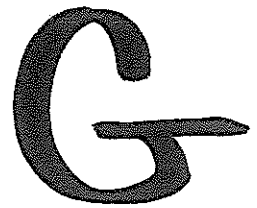
ASSESSORS
Approve: ☒

ASSESSORS
Comments:

**TREASURER
COLLECTOR**
Approve: ☐

**TREASURER
COLLECTOR**
Comments:

COMMONWEALTH OF MASSACHUSETTS
WARRANT FOR FALL ANNUAL TOWN MEETING
TOWN OF NORTHBRIDGE
TRANSACTION OF TOWN BUSINESS
TUESDAY, OCTOBER 23, 2018 - 7:00 P.M.



DRAFT #6 8.30.18

WORCESTER, ss:

To any Constable of the Town of Northbridge in said County,
GREETINGS:

In the name of the Commonwealth of Massachusetts, you are hereby directed to notify the Inhabitants of the Town of Northbridge, qualified to vote in Town elections and Town affairs, to meet in the Northbridge Middle School Auditorium on Linwood Avenue, in Whitinsville, in said Northbridge, Massachusetts, on Tuesday, October 23, 2018 at 7:00 o'clock P.M., then and there to act on the following articles:

ARTICLE 1: (Board of Selectmen)

To see if the Town will vote to raise and appropriate and/or transfer from available funds in the Treasury and/or transfer from the unexpended appropriated funds of one or more of the departments of the Town various sums of money and authorize the **payment of prior year bills**; or take any other action relative thereto.

ARTICLE 2: (Board of Selectmen)

To see if the Town will vote to amend the votes taken under Article 3 of the 2018 Spring Session of the Annual Town Meeting (May 1, 2018), appropriations and transfers under the Omnibus Budget Article, to raise and appropriate, and/or to transfer from available funds in the Treasury and/or the Health Insurance Stabilization Fund to **supplement appropriations under the Omnibus Budget Article**; or take any other action relative thereto.

***Additional Chapter 70 for NPS (\$22,580)**

***Board of Health Additional Expenses (\$50,000)**

Disability Commission Request (\$3,000) will have to do in May in the FY2020 Budget

ARTICLE 3: (Board of Selectmen)

To see if the Town will vote to amend the votes taken under Article 4 of the 2018 Spring Session of the Annual Town Meeting (May 1, 2018), appropriations and transfers under the Sewer Enterprise Budget Article, to raise and appropriate, and/or to transfer from available funds in the Treasury to **supplement appropriations under the Sewer Enterprise Budget Article**; or take any other action relative thereto.

ARTICLE 4: (Board of Selectmen)

To see if the Town will vote to raise and appropriate and/or transfer from available funds in the Treasury and/or transfer from the unexpended appropriated funds of one or more of the departments of the Town, a sum of money to the **Stabilization Fund**; or take any other action relative thereto.

ARTICLE 5: (Board of Selectmen)

To see if the Town will vote to adjust the exemption of taxes due under Clause 41C Section 5, of Chapter 59 of the Massachusetts General Laws, providing tax exemptions in the amount of \$500 to persons 65 years of age or older occupying property as their domicile, by **increasing the exemption** amount to \$1,000; or take any other action relative thereto.

ARTICLE 6: (School Building Committee)

To see if the Town will vote to appropriate, borrow or transfer from available funds, an amount of money to be expended under the direction of the Northbridge School Building Committee for the **new W. Edward Balmer Elementary School**, serving grades PreK-5 and located at 21 Crescent Street, Whitinsville, MA, which school facility shall have an anticipated useful life as an educational facility for the instruction of school children of at least 50 years, and for which the Town may be eligible for a school construction grant from the Massachusetts School Building Authority ("MSBA"). The Town acknowledges that the

MSBA's grant program is a non-entitlement, discretionary program based on need, as determined by the MSBA, and any project costs the Town incurs in excess of any grant approved by and received from the MSBA shall be the sole responsibility of the Town. Any grant that the Town may receive from the MSBA for the Project shall not exceed the lesser of (1) sixty three point seventy-eight percent (63.78%) of eligible, approved project costs, as determined by the MSBA, or (2) the total maximum grant amount determined by the MSBA; or take any other action relative thereto.

ARTICLE 7: (Board of Selectmen)

To see if the Town will vote to amend its general by-laws by establishing a new section, §4-322 **Community Preservation Committee**, and inserting the following language establishing said committee;

COMMUNITY PRESERVATION COMMITTEE BYLAW PURSUANT TO MGL 44b

Chapter 1: Establishment

There is hereby established a Community Preservation Committee, consisting of nine (9) voting members pursuant to MGL Chapter 44B. The composition of the committee, the appointment authority and the term of office for the committee members shall be as follows:

- a. One member of the Planning Board (created by Section 81a of Chapter 41) as designated by the Board for a term of (insert number of years)
- b. One member of the Conservation Commission (created by Section 8C of Chapter 40) as designated by the Commission for a term of (insert number of years)
- c. One member of the Historical Commission (created by Section 8D of Chapter 40) as designated by the Commission for a term of (insert number of years)
- d. One member of the Park Commissioners (created by Section 2 of Chapter 45) as designated by the Board for a term of (insert number of years)
- e. One member of the Housing Authority Board (created by Section 3 of Chapter 121B) as designated by its Board of Directors for a term of (insert number of years)
- f. (Insert up to four at-large member appointments here)

Any vacancy on the Community Preservation Committee shall be filled by the commission, authority or board that designated the member who creates the vacancy by designating another member in accordance with the above for the unexpired term.

Should any of the Commissions, Boards, Councils or Committees who have appointment authority under this Chapter be no longer in existence for whatever reason, the appointment authority for that Commission, Board, Council, or Committee shall become the responsibility of the Board of Selectmen.

Chapter 2: Duties

1. The community preservation committee shall study the needs, possibilities and resources of the town regarding community preservation. The committee shall consult with existing municipal boards, including the Board of Selectmen, the conservation commission, the historical commission, the planning board, the parks commissioners and the housing authority, or persons acting in those capacities or performing like duties, in conducting such studies. As part of its study, the committee shall hold one or more public informational hearings on the needs, possibilities and resources of the town regarding community preservation possibilities and resources, notice of which shall be posted publicly and published for each of two weeks preceding a hearing in a newspaper of general circulation in the town. The committee may, after proper appropriation, incur expenses as permitted by state law using funds from the community preservation fund to pay such expenses.
2. The community preservation committee shall make recommendations to Town Meeting for the acquisition, creation and preservation of open space; for the acquisition, preservation, rehabilitation and restoration of historic resources; for the acquisition, creation, preservation, rehabilitation and restoration of land for recreational use; for the acquisition, creation, preservation and support of community housing; and for the rehabilitation or restoration of open space and community housing that is acquired or created with Community Preservation Funds. With respect to community housing,

the community preservation committee shall recommend, wherever possible, the reuse of existing buildings or construction of new buildings on previously developed sites.

3. The community preservation committee may include in its recommendation to the Town Meeting a recommendation to set aside for later spending funds for specific purposes that are consistent with community preservation but for which sufficient revenues are not then available in the Community Preservation Fund to accomplish that specific purpose or recommended action to set aside for later spending funds for general purposes that are consistent with community preservation.

Chapter 3: Requirement for a quorum and cost estimates

The community preservation committee shall not meet or conduct business without the presence of a quorum and shall keep a written record of its proceedings. A majority of the members of the community preservation committee shall constitute a quorum. The community preservation committee shall approve its actions by majority vote of the quorum. Recommendations to the Town Meeting shall include their anticipated costs.

Chapter 4: Amendments

The Community Preservation Committee shall, from time to time, review the administration of this By-law, making recommendations, as needed, for changes in the By-law and in administrative practice to improve the operations of the Community Preservation Committee. This Bylaw may be amended from time to time by a majority vote of the Town Meeting, provided that the amendments would not be in conflict with Chapter 44B of the Massachusetts General Laws.

Chapter 5: Severability

In case any section, paragraph or part of this chapter be for any reason declared invalid or unconstitutional by any court of last resort, every other section, paragraph or part shall continue in full force and effect.

Chapter 6: Effective Date

Following Town Meeting approval of this bylaw, this Chapter shall take effect immediately upon approval by the Attorney General of the Commonwealth. Each appointing authority shall have thirty days after approval by the Attorney General to make their initial appointments.

or take any other action relative thereto.

ARTICLE 8: (Board of Selectmen)

To see if the Town will vote to accept MGL c. 64N, Section 3 and impose a **local sales tax upon the sale of recreational marijuana** originating within the Town by a vendor rate of 3% of the gross receipts of the vendor from the sale of recreational marijuana, marijuana products, and marijuana edibles, said excise to take effect on the first day of the calendar quarter commencing at least 30 days after such vote of Town Meeting; or take any other action relative thereto.

ARTICLE 9: (Planning Board)

To see if the Town will vote to...

RECREATIONAL MARIJUANA ESTABLISHMENTS

§173-XX.X Recreational Marijuana Establishments

A. Purpose

- (1) To provide for the placement of Recreational Marijuana Establishments, in accordance with Chapter 369 of the Acts of 2012, An Act to Ensure Safe Access to Marijuana, Chapter 55 of the Acts of 2017, and the regulations issued by the Department of Public Health and or the Cannabis Control Commission, including but not limiting to 105 CMR 725.00 et seq. and 935 CMR 500.00 et seq. in locations suitable for marijuana facilities and to minimize adverse impacts of such facilitates on adjacent properties, residential neighborhoods, historic districts,

schools, and playgrounds by regulating the siting, design, placement and security of Recreational Marijuana Establishments within the Town of Northridge.

B. Applicability

- (1) Nothing in this Section shall be construed to supersede federal and state laws governing the sale and distribution of marijuana.
- (2) The number of Marijuana Retailers that shall be permitted shall be limited to (20%) of the number of licenses issued within the Town of Northridge for the retail sale of alcoholic beverages not be drunk on the premises where sold under section 15 of Chapter 138. In the event that 20% of said licenses is not a whole number, the limit shall be rounded up to the nearest whole number.

C. Definitions

- (1) Where not expressly defined in the Northbridge Zoning Bylaw, terms used in this section shall be interpreted as defined in G.L. c.94G and G.L. c.94I and regulations promulgated and or incorporated thereunder, and otherwise by their plain language.

INDEPENDENT TESTING LABORATORY: an entity that does not hold any other type of marijuana establishment license and is properly accredited to perform tests in compliance with the stringent requirements of the Department of Public Health protocols for testing marijuana and marijuana products. A laboratory that is licensed by the Cannabis Control Commission and is: 1) accredited to the most current version of the International Organization for Standardization 17025 by a third-party accrediting body that is a signatory of the International Laboratory Accreditation Accrediting Cooperation mutual recognition arrangement, or that is otherwise approved by the Cannabis Control Commission; 2) independent financially from any medical marijuana treatment center or any licensee or marijuana establishment for which it conducts a test; and 3) qualified to test marijuana in compliance with 935 CMR 500.160 and M.G.L. c. 94C, § 34.

MARIJUANA ESTABLISHMENT: a marijuana cultivator, independent testing laboratory, marijuana product manufacturer, marijuana retailer or any other type of licensed marijuana-related business for the non-medical, including recreational use of marijuana, as set forth in G.L. 94G, and any regulations promulgated thereunder.

MARIJUANA CULTIVATOR: an entity that may cultivate, process and or package marijuana, to transfer and deliver marijuana products to marijuana establishments, but not to consumers.

MARIJUANA PRODUCT MANUFACTURER: an entity authorized to obtain, manufacture, process and package marijuana and marijuana products, to deliver marijuana and marijuana products to Marijuana Establishments and to transfer marijuana and marijuana products to other Marijuana Establishments, but not to consumers.

MARIJUANA RESEARCH FACILITY: is an academic institution, non-profit corporation or domestic corporation or entity authorized to do business in the Commonwealth of Massachusetts. A Marijuana Research Facility may cultivate, purchase or otherwise acquire marijuana for conducting research regarding marijuana and marijuana products. Any research involving humans must be authorized by an Institutional Review Board. A Marijuana Research Facility may not sell marijuana it has cultivated.

MARIJUANA RETAILER: an entity authorized to purchase and deliver marijuana and marijuana products from Marijuana Establishments and to sell or otherwise transfer marijuana and marijuana products to Marijuana Establishments and consumers.

MARIJUANA TRANSPORTATION OR DISTRIBUTION FACILITY: an entity with a fixed location not otherwise licensed by the Cannabis Control Commission, that is licensed to purchase, obtain and possess cannabis or marijuana products solely for the purpose of

transporting and temporarily storing the same on the premises for sale and distribution to Marijuana Establishments, but not consumers.

D. Prohibited Uses

- (1) On-site consumption under State Law, is not permitted unless approved by the Town of Northbridge in accordance with the Acts of XXXXX.
- (2) Clubs, lodges, or other private grounds (non-profit and private) allowing on-site consumption of marijuana or marijuana products, but not operating as a licensed marijuana social consumption operator are prohibited.
- (3) No marijuana or marijuana product shall be smoked, eaten or otherwise consumed or ingested on the premises of any Marijuana Establishment unless expressly permitted under this law and permitted by state law or regulation. The prohibition on on-site consumption shall also include private social clubs or any other establishment which allows for social consumption of marijuana or marijuana products on the premises, regardless of whether the product is sold to consumers on site.
- (4) No drive-through service shall be permitted at a Marijuana Establishment.

E. Location

- (1) Marijuana Establishment may be allowed by Special Permit of the Planning Board (SPGA - Special Permit Granting Authority) within the following Zoning Districts of the Town of Northbridge:

USE	ZONING DISTRICT											
	R-1	R-2	R-3	R-4	R-5	R-6	B-1	B-2	B-3 (1)	I-1	I-2	H
Marijuana Establishments:												
Marijuana Cultivator	--	--	--	--	--	--	--	--	--	S	S	--
Marijuana Product Manufacturer	--	--	--	--	--	--	--	--	--	S	S	--
Marijuana Research Facility	--	--	--	--	--	--	--	--	--	S	S	--
Independent Testing Laboratory	--	--	--	--	--	--	--	--	--	S	S	--
Marijuana Retailer	--	--	--	--	--	--	S	S	S	S	S	--
Any other type of licensed marijuana-related business for the non-medical	--	--	--	--	--	--	--	--	--	S	S	--

- (2) Marijuana Establishments may not be located within 500-feet of the following:

- a. School, including a public or private elementary, vocational, or secondary school or a public or private college, junior college, or university;
- b. Child Care Facility (registered);
- c. Public Library;
- d. Playground, town ballfield; or
- e. Youth Center

- (3) The distance under this section shall be measured in a straight line from the nearest point of the property line of the protected uses to the nearest point of the property line of the proposed Marijuana Establishment.

- (a) The distance requirement may be reduced by twenty-five percent or less, but only if the applicant demonstrates that the Marijuana Establishment would otherwise be effectively prohibited within the Town.

F. Design Standards and Siting Requirements

- (1) A Marijuana Establishment shall be located within a fully-enclosed, permanent building and may not be located in a trailer, cargo container, motor vehicle or other similar non-permanent enclosure.
- (2) All aspects of a Marijuana Establishment relative to the cultivation, possession, processing, sales, distribution, dispensing or administration of marijuana, marijuana products, or related supplies must take place at a fixed location within a fully enclosed building and shall not be visible from the exterior of the building. A Marijuana Establishment shall not be located in a trailer, storage freight container, motor vehicle or other similar movable enclosure, unless operating as a licensed Marijuana Transporter.
- (3) Marijuana, marijuana products, associated supplies, and or promotional advertising materials shall not be displayed or visible from the exterior of a Marijuana Establishment.
- (4) All business signage shall be subject to the requirements of the permitting requirements of all applicable agencies within the Commonwealth of Massachusetts and the requirements of Northbridge Zoning Bylaw.
- (5) A Marijuana Establishment shall be ventilated in such a manner that:
 - (a) No pesticides, insecticides or other chemicals or products used in the cultivation or processing are dispersed into the outside atmosphere; and
 - (b) No odor from marijuana or its processing can be detected by a person with an unimpaired and otherwise normal sense of smell at the exterior of the Marijuana Establishment or within any adjoining property.
- (6) An odor control plan detailing the specific odor-emitting activities or processes to be conducted on-site, the source of those odors, the locations from which they are emitted from the facility, the frequency of such odor-emitting activities, the duration of such odor-emitting activities, and the administrative and engineering controls that will be implemented to control such odors, including maintenance of such controls.

G. Procedure

- (1) The Planning Board shall be the Special Permit Granting Authority (SPGA) for Marijuana Establishments within the Town of Northbridge.
- (2) All applicants are encouraged to contact the Planning Department staff to schedule a pre-application meeting.
- (3) The SPGA shall refer copies of the application to the Board of Selectmen, Building Department, Fire Department, Police Department, Board of Health, Conservation Commission, Director of Public Works, Highway Department, and the Sewer Department. Boards and departments shall review the application and shall submit their written recommendations to the Planning Board. Failure to make recommendations within 35 days of referral of the application shall be deemed lack of opposition.

- (4) After notice and public hearing and consideration of application materials, consultant reviews, public comments, and the recommendations of other Town Boards and departments, the SPGA may act upon such a special permit application.
- (5) In addition to the materials to be submitted as required under Section 173-49.1 [Site Plan Review by Planning Board] of the Zoning Bylaw, the Applicant shall provide the following:
 - (a) Copies of all documentation demonstrating appropriate application status under State Law, or registration, or license, issued to the Applicant by the Commonwealth of Massachusetts and any of its agencies for the facility.
 - (b) Evidence that the Applicant has site control and the right to use the site for a Marijuana Establishment in the form of a Deed or valid purchase and sales agreement, or in case of a lease, a notarized statement from the property owner and a copy of the lease agreement.
 - (c) A notarized statement signed by the organization's Chief Executive Officer and corporate attorney disclosing all of its designated representatives, including officers and directors, shareholders, partners, members, managers, directors, officers, or other similarly-situated individuals and entities and their addresses. If any of the above are entities rather than persons, the Applicant must disclose the identity of all individual persons associated with the entity as set forth above.
 - (d) A description of all activities to occur on site, including all provisions for the delivery and storage of marijuana and marijuana related products.
 - (e) A detailed floor plan of the premises of the proposed Marijuana Establishment that identifies the square footage available and describes the functional areas.
 - (f) Details showing all proposed exterior security measures for the premises, including lighting, fencing, gates and alarms, etc., which seek to ensure the safety of employees and patrons and to protect the premises from theft and other criminal activity. A letter from the Town of Northbridge Chief of Police, or his/her designee, acknowledging review and approval of the security plan for the Marijuana Establishment shall be submitted with the application. To the extent allowed by law, all such documents shall be confidential.
 - (g) A description of the security measures, including employee security policies, approved by the State;
 - (h) A copy of the policies and procedures for the transfer, acquisition, or sale of marijuana approved by the State; and
 - (i) A copy of proposed waste disposal procedures.

H. Special Permit Findings

- (1) Marijuana Establishment demonstrates to the satisfaction of the SPGA that it meets all of the permitting requirements of all applicable agencies within the Commonwealth of Massachusetts and will comply with all applicable State Laws and regulations.
- (2) Marijuana Establishment adequately addressed issues of site layout, security, vehicular and pedestrian traffic, circulation, parking, landscaping/screening, and other requirements noted herein.

- (3) The security plan provides, in the opinion of the Chief of Police, sufficient assurance that adequate security controls will be implemented to ensure the protection of the public health and safety during hours of operation and that any marijuana or marijuana related products are adequately secured on-site or via delivery.

I. Special Permit Conditions

- (1) A special permit granted under this Section shall run with the Applicant and shall be non-transferrable to another owner or operator.
- (2) The special permit shall lapse within three/five years of its issuance. If the permit holder wishes to renew the special permit, an application to renew the special permit must be submitted at least 120 days prior to the expiration of the special permit.
- (3) The special permit shall lapse upon the expiration or termination of the applicant's registration by the State. The permit holder shall notify the Building Inspector and SPGA in writing within 48 hours of the cessation of operation of the Marijuana Establishment or the expiration or termination of the license or permit issued for such operation by the Cannabis Control Commission.
- (4) No outside storage of marijuana, related supplies, or educational materials is permitted.
- (5) The hours of operation of a Marijuana Establishment shall be set by the SPGA, but in no event shall a Marijuana Establishment be open to the public, nor shall any sale or other distribution of marijuana occur upon the premises or via delivery from the premises between the hours of 11p.m. and 8 a.m. Monday through Saturday and before 10 a.m. on Sundays.
- (6) The Applicant/permit holder shall provide to the Building Inspector and Chief of the Police, the name, telephone number and electronic mail addresses of a contact person(s) in the event that such person needs to be contacted after regular business hours to address an urgent issue. Such contact information shall be kept updated by the permit holder.
- (7) All other applicable provisions of the Northbridge Zoning By-Law shall apply.

J. Prohibition Against Nuisances:

- (1) No Marijuana Establishment shall be allowed which creates a nuisance to abutters or to the surrounding area, or which creates any hazard, including but not limited to, fire, explosion, fumes, gas, smoke, odors, obnoxious dust, vapors, offensive noise or vibration, flashes, glare, objectionable effluent or electrical interference, which may impair the normal use and peaceful enjoyment of any property, structure or dwelling in the area.

K. Severability

- (1) The provisions of this Section/Bylaw are severable. If any provision, paragraph, sentence, or clause of this Bylaw or the application thereof to any person, establishment, or circumstances shall be held invalid, such invalidity shall not affect the other provisions or application of this Bylaw.

Or take any other action relative thereto:

ARTICLE 10: (Conservation Commission)

To see if the Town will vote to amend the Town of Northbridge Wetlands Protection Bylaw (7-700) by adding to Section 7-702 Jurisdiction that "the jurisdiction of this bylaw does extend to the cutting and removal of trees for the purpose of selling the trees or products derived therefrom." Section 7-703 C. Exemptions and Exceptions will be revised to exclude "cutting and removal of trees for the purpose of selling the trees" from the exemption for work related to the maintenance of land in agricultural uses; or take any other action relative thereto.

ARTICLE 11: (Petition) Rezoning Knott Gravel Pit

To see if the Town will vote to amend the Zoning Map incorporated into its Zoning Bylaws by rezoning a 26.53 acre parcel of land southerly of Riverdale Street and westerly of the Providence and Worcester Railroad shown as Lot 5 on Assessor's Plat 23 from the existing Residential Three (R-3) zone to the Industrial Two (I-2) zone. (The parcel to be rezoned being shown on a plan on file with the Town Clerk); or take any other action relative thereto.

ARTICLE 12: (Petition) Rezoning property off Church Street

To see if the Town will vote to amend the Zoning Map incorporated into its Zoning Bylaws to expand the existing Business Three (B-3) Zoning District off Providence Road by rezoning from Residence Three (R-3) to Business Three (B-3) the premises known as 682-684 Church Street and shown on Assessor's Map 14, as parcel 58, the premises known as 674 Church Street and shown on Assessor's 14, as parcel 59, and the parcel containing 4.41 acres of land with no numbered address off Church Street and shown as Assessor's Map 14, parcel 214; or take any other action relative thereto.

ARTICLE 13: (Petition) Allow Marijuana Cultivation in R-2 Zones

Marijuana Cultivation shall be permitted within R2 zones in accordance with the Cannabis Control Commission on property greater than 12 acres in size, with at least two access points from constructed or non-constructed town roads, including minim of 100 feet distance from the road, and at least 50 feet surrounding tree cover.

ARTICLE 14: (Petition) Solar PILOT for McQuades Lane

To see if the Town will vote in accordance with G. L. c. 59, § 38H to authorize the Board of Selectmen to enter into a Real and Personal Property Tax Agreement with Northbridge McQuade, LLC or its affiliated entity, with its business address at 4 Liberty Square, Boston, MA 02109, for a period of up to twenty-five (25) years, and to approve said agreement under which Northbridge McQuade, LLC or its affiliated entity, will pay the Town a sum of money per year relative to a Large-Scale Ground Mounted Solar Photovoltaic Installation with an expected nameplate capacity of approximately 2.9 megawatts (MW) AC which Northbridge McQuade, LLC or its affiliated entity proposes to construct and operate on a 60 acre +/- parcel of land located on the easterly side of McQuades Lane, Northbridge, MA and further to allow the Board of Selectmen to negotiate any amendments necessary to said Tax Agreement; or take any other action relative thereto.

ARTICLE 15: (Petition) Solar PILOT for Lasell Road

To see if the Town will vote in accordance with G. L. c. 59, § 38H to authorize the Board of Selectmen to enter into a Real and Personal Property Tax Agreement with Sutton Solar 2, LLC or its affiliated entity, with its business address at 4 Liberty Square, Boston, MA 02109, for a period of up to twenty-five (25) years, and to approve said agreement under which Sutton Solar 2, LLC or its affiliated entity, will pay the Town a sum of money per year relative to a Large-Scale Ground Mounted Solar Photovoltaic Installation with an expected nameplate capacity of approximately 1.0 megawatts (MW) AC which Sutton Solar 2, LLC or its affiliated entity proposes to construct and operate on a 2.28 acre +/- parcel of land located on the northeasterly side of Lasell Road, Northbridge, MA and further to allow the Board of Selectmen to negotiate any amendments necessary to said Tax Agreement; or take any other action relative thereto.

ARTICLE 16: (Petition) Special Tax Assessment (STA) – Paw Steps

To see if the Town will vote to authorize the Board of Selectmen (a) to offer Crotoft & Sawyer Ventures, LLC a Special Tax Assessment and to enter into a Special Tax Assessment Agreement ("STA Agreement") with Crotoft & Sawyer Ventures, LLC for the property located at 18 and 28 Granite Street, Northbridge, MA consistent with the STA Agreement on file in the Office of the Board of Selectmen, (b) to

execute the STA Agreement and any amendments and documents relating thereto on terms and conditions determined by the Board of Selectmen to be in the best interest of the Town, and (c) to undertake any actions deemed by the Board of Selectmen to be necessary to effectuate the STA Agreement, including but not limited to submitting to Massachusetts' Economic Assistance Coordinating Council (EACC), the STA Agreement and all such documents and information necessary to have the EACC approve the STA Agreement and certify a project consistent with the STA Agreement; to determine that the project authorized by the STA Agreement is consistent with the Town's economic development objectives and is likely to increase or retain employment opportunities for Town residents; or to take any other action related thereto.

And you are directed to serve this warrant by posting attested copies thereof at the Whitinsville Post Office and the Salvation Army, in Whitinsville, all in Precinct 1; Gary's Variety and the Northbridge Post Office in Northbridge, all in Precinct 2; Town Clerk's Office and 1Quickstop in Whitinsville, all in Precinct 3; and the Whitinsville Social Library and Town Hall Annex in Whitinsville, all in Precinct 4; twenty-eight (28) days at least before the time and place of meeting aforesaid.

WHEREOF FAIL NOT, and make due return of the warrant, with your doings thereon, to the Town Clerk at the time and place of said meeting. GIVEN under our hand this 10th day of September in the year Two Thousand Eighteen.

SELECTMEN OF NORTHBRIDGE

Thomas J. Melia, Chairman

James J. Athanas, Vice Chairman

Alicia M. Cannon

Charles Ampagoomian, Jr.

Daniel J. Nolan, Clerk

WORCESTER, SS Northbridge

Date:

By virtue of this warrant I have this day notified the inhabitants of the Town of Northbridge qualified to vote in town elections and town affairs to meet at the time and place and for the purpose stated in said warrant by posting attested copies thereof as within directed.

Constable, Town of Northbridge

Town Manager's Report for the Period of August 18, 2018 – September 7, 2018

1. Meetings Attended:

- Monday, August 20, 2018 – Met with Chief White and the Fire Station OPM team.
- Monday, August 20, 2018 – Attended the Board of Selectmen Meeting.
- Tuesday, August 28, 2018 – Attended the wake services for James Knott, Sr. of Riverdale Mills.
- Thursday, August 30, 2018 – Met with the Moderator and Deputy Moderator to prepare for the Fall Annual Town Meeting.
- Tuesday, August 15, 2018 – Met with DPW Staff and Disability Commission regarding an ADA grant for the DPW offices.
- Wednesday, September 5, 2018 – Met with Chairman Melia to prepare for upcoming BOS meeting.

2. **Balmer School Building Project:** The MSBA has voted to approve the Schematic Design and Project Budget, along with the total facilities grant of **\$46,043,257**. The Selectmen have voted to place the debt exclusion for the project on the State Ballot for November 6, 2018 and the School Building Committee voted to sponsor the article on the Fall Annual Town Meeting Warrant. The warrant article has been reviewed and approved by Town Counsel, MSBA and Bond Counsel.
3. **DPW Garage Project:** A temporary certificate of occupancy (TCO) remains in-place. The OPM is working with the General Contractor/Engineer-On-Record to finalize the OEM manuals and project close-out documents. The final certificate of occupancy will be issued after the remaining/open items are completed. These include the installation of the permanent heat detector/exhaust fan connection and the existing/new building fire alarm/communication interconnections, Professional Engineering-On-Record affidavits and "as-builts". The fueling station remains an open item and the OPM is working on a revised delivery/installation schedule.
4. **Fire Station Project (Feasibility Study):** The Town Manager and the Fire Chief have been working with the OPM team from Cardinal on the Site Selection for inclusion in the RFQ for Designer (Architect) Services. The site selection team has met with the OPM several times to discuss site selection and are preparing for site recommendations for the BPCC.
5. **Fall Annual Town Meeting:** The Manager's office is coordinating the process for the FATM. The Warrant closed on Friday, August 24th. The Board has voted to place their articles on the Warrant and include housekeeping budget articles, the CPA Bylaw, the 3% Local Option Tax on Recreational Marijuana, and increasing the Sr. Tax Abatement Exemption. Other articles will include Recreational Marijuana Zoning (Planning Board), School Project Borrowing, and several petitions that include Solar PILOT, rezoning, and an STA (special tax assessment).