

**TOWN OF NORTHBRIDGE
BOARD OF SELECTMEN'S MEETING
NORTHBRIDGE TOWN HALL
7 MAIN STREET - WHITINSVILLE, MA 01588
September 11, 2023 at 7:00 PM**

PLEDGE OF ALLEGIANCE

I. APPROVAL OF MINUTES

II. PUBLIC HEARING / A. 7:05 PM: Transfer of the All-Alcohol Package Store License from Friendly Discount Liquors, Inc. dba Macy's Liquors of Whitinsville [Sook Hyunh, Mgr.] located at 1167 Providence Road, Suite 7, Whitinsville, MA to XForce, LLC dba Friendly Fine Wine & Spirits [Anita Patel, Mgr.]

III. APPOINTMENTS: B. By the Board of Selectmen: 1) Jill Patnode-Krause, Disability Commission/**Present:** Bruce Frieswick **2)** Kam Dealey, Cultural Council/**Present:** Christine Johnson, Chairman

IV. CITIZENS' COMMENTS/INPUT

V. DECISIONS

C. Whitin Community Center/Greenway Challenge Whitin Community Center/Request permission to hold a portion of the Greenway Challenge Road Race Event in Whitinsville on Saturday, September 30, 2023; subject to the safety requirements of the Northbridge Police Department/**Present:** Charles Thompson, Race Coordinator

D. Northbridge Junior Baseball League/Request for a one-day beer and wine license for their "Night Under the Lights" event on Saturday, October 7, 2023 from 4 PM – 9 PM on the grounds of the American Legion, at 198 Church Avenue **Present:** Keith Brouillard, President, NJBL & Travis Stanley, Vice President, NJBL

E. Shop Small 01588/Request to hang a banner across Church Street from Monday, November 13, 2023 to Monday, November 27, 2023 to advertise their Shop Small event on November 25, 2023/**Present:** Jessie Schotanus

F. Tri-Valley Front Runners/**1. a)** Request to hold the 35th Annual Whitin Five Mile Road Race, at 8:10 AM, Thursday, November 23, 2023, and subject to the safety requirements of the Northbridge Police Department **b)** Request to close Linwood Avenue between 7:45 AM – 9:30 AM **2. a)** Request to hold the Annual 1st Day 5K Road Race on Monday, January 1, 2024 beginning at 11 AM subject to the safety requirements of the Northbridge Police Department; **b)** Request to close Linwood Avenue between 10:45 AM and 12 PM

G. Whitinsville Christian School/Request to hang a banner across Church Street from Monday, October 2, 2023 to Monday, October 16, 2023 to advertise their Dutch Apple Pie sale

H. Pine Grove Cemetery Deed- Beverly Ebbeling/Vote to approve the sale of lot No. 315 A & B, Woodlawn Ave.

I. Fall Annual Town Meeting / 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"/>

THIS AGENDA IS SUBJECT TO CHANGE



**TOWN OF NORTHBRIDGE
OFFICE OF THE TOWN MANAGER
NORTHBRIDGE TOWN HALL
7 MAIN STREET
WHITINSVILLE, MASSACHUSETTS 01588
Phone- (508) 234-2095 Fax- (508) 234-7640
www.northbridgemass.org**

A.

August 29, 2023

Via EMAIL: ganlegpubnotices7@gannett.com

Dear Legal Department:

Please place the following Legal Notice in the **Friday, September 1, 2023** edition of the Worcester Telegram & Gazette.

**TOWN OF NORTHBRIDGE
PUBLIC HEARING NOTICE**

Notice is hereby given under Chapter 138, Section 15A of the M.G.L.'s, that the Northbridge Board of Selectmen will hold a public hearing on **Monday, September 11, 2023, at 7:05 PM** in the Selectmen's Meeting Room, Northbridge Town Hall, 7 Main Street, Whitinsville, MA, to consider the application to transfer the All Alcoholic Beverages Off-Premises license from Friendly Discount Liquors, Inc. dba Macy's Liquors of Whitinsville [Sook Hyunh], located at 1167 Providence Road, Suite 7, Whitinsville, MA 01588 to XForce, LLC dba Friendly Fine Wine & Spirits [Anita Patel, Manager]. The description of the premises is as follows: *12,000 sq. ft. with 1 entrance/exit in the front and 2 exits in the back. 1 floor with 10,000 sq. ft. retail space and 2000 sq. ft. storage area. Rooms: retail space, tasting room and storage area.*

Russell Collins, Chairman
Northbridge Board of Selectmen
September 1, 2023

Please send bill and tear sheets to:

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

Sincerely,

Melissa Ciaramitaro

Melissa Ciaramitaro
Sr. Administrative Assistant/HR Assist.

c: Anita Patel, Manager

Payment Confirmation

YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT

Your account has been billed for the following transaction. You will receive a receipt via email and via text message.



Transaction Processed Successfully.

INVOICE #: a1f7b21f-2c16-4c27-a14c-8b9a41e1081d

Description	Applicant License or Registration Number	Amount
FILING FEES-RETAIL	00022-PK-0904	\$200.00
		\$200.00

Total Convenience Fee: **\$4.70**

Date Paid: **8/7/2023 10:01:39 PM EDT**

Total Amount Paid: **\$204.70**

Payment On Behalf Of

License Number or Business Name:
00022-PK-0904

Fee Type:
FILING FEES-RETAIL

Billing Information

First Name:
Anita

Last Name:
Patel

Address:
16 Quick Farm Road

City:
Westborough

State:
MA

Zip Code:
01581

Email Address:
anipatel79@gmail.com



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

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
 MONETARY TRANSMITTAL FORM**

APPLICATION FOR A TRANSFER OF LICENSE

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

ECRT CODE: RETA

Please make \$200.00 payment here: [ABCC PAYMENT WEBSITE](#)

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

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

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

For the following transactions (Check all that apply):

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

THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL

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



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

APPLICATION FOR A TRANSFER OF LICENSE

Municipality

1. TRANSACTION INFORMATION

- Transfer of License
- Alteration of Premises
- Change of Location
- Management/Operating Agreement
- Pledge of Inventory
- Pledge of License
- Pledge of Stock
- Other
- Change of Class
- Change of Category
- Change of License Type
(§12 ONLY, e.g. "club" to "restaurant")

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

All Alcohol license- package store & pledge of license

2. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
Off-Premises-15	§15 Package Store	All Alcoholic Beverages	Annual

3. BUSINESS ENTITY INFORMATION

The entity that will be issued the license and have operational control of the premises.

Current or Seller's License Number	<input type="text" value="00022-PK-0904"/>	FEIN	<input type="text" value="99-2454531"/>
Entity Name	<input type="text" value="XForce LLC."/>		
DBA	<input type="text" value="Friendly Fine Wine & Spirits"/>	Manager of Record	<input type="text" value="Anita Patel"/>
Street Address	<input type="text" value="16 Quick Farm Road Westborough MA 01581"/>		
Phone	<input type="text" value="XXX-XXX-XXXX"/>	Email	<input type="text" value="xxxx@xxxx.com"/>
Add'l Phone	<input type="text"/>	Website	<input type="text"/>

4. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. If this application alters the current premises, provide the specific changes from the last approved description. You must also submit a floor plan.

<input type="text" value="12,000 sq with 1 entrance/exit in the front and 2 exits in the back"/>			
<input type="text" value="1 floor with 10,000 retail space and 2000 storage area."/>			
<input type="text" value="Rooms: retail space, tasting room and storage area"/>			
Total Sq. Footage	<input type="text" value="12,000"/>	Seating Capacity	<input type="text" value="NA"/>
Occupancy Number	<input type="text" value="NA"/>	Number of Entrances	<input type="text" value="1"/>
Number of Exits	<input type="text" value="2"/>	Number of Floors	<input type="text" value="1"/>

APPLICATION FOR A TRANSFER OF LICENSE

5. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

Transferor Entity Name By what means is the license being transferred?

List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

Name of Principal	Title/Position	Percentage of Ownership
Sook L. Huynh	President/Director	50
Tuyen B. Tran	Treasurer/Secretary	50

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

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

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

Name of Principal	Residential Address	SSN	DOB
Anita Patel	16 Quick Farm Road Westborough MA 01581	023-63-8501 XXXXXXXX	12-31-1978 XXXXXX

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Manager	50	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Lindsay Philbrick	197 Landham Road Sudbury MA 01776	019-69-2376 XXXXXXXX	08-30-1977 XXXXXX

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Manager	50	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

APPLICATION FOR A TRANSFER OF LICENSE

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST (Continued...)

Name of Principal	Residential Address	SSN	DOB
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached? Yes No

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions. Yes No

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
Anita Patel	off premise all alcohol	New England Tudor Corp	North Attleborough
Anita Patel	off premise all alcohol	P&S Brothers LLC	Attleborough

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

APPLICATION FOR A TRANSFER OF LICENSE

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled?
Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

7. CORPORATE STRUCTURE

Entity Legal Structure Date of Incorporation
State of Incorporation Is the Corporation publicly traded? Yes No

8. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

Will the Landlord receive revenue based on percentage of alcohol sales? Yes No

9. APPLICATION CONTACT

The application contact is the person who the licensing authorities should contact regarding this application.

Name:

Phone:

Title:

Email:

APPLICATION FOR A TRANSFER OF LICENSE

10. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	0
B. Purchase Price for Business Assets	\$3,000,000
C. Other* (Please specify)	\$1,000,000
D. Total Cost	\$4,000,000

*Other: (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):"

SOURCE OF CASH CONTRIBUTION

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

Name of Contributor	Amount of Contribution
Erick Storer	\$ 700,000
Total	\$ 700,000

SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 13B.
Main Street Bank	\$2,800,000	Business Loan	<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
Sook L. Huynh & Tuyen B. Tran	\$500,000	Seller Financing	<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Total: \$ 3,300,000

FINANCIAL INFORMATION

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

1. Main Street Bank- business loan to be issued to buyers' LLC.
2. Erick Storer: gifting proceeds from stock liquidation (NOT TO BE REPAYED)
3. Sook L. Huynh & Tuyen B. Tran- seller financing

11. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge? Yes No

Please indicate what you are seeking to pledge (check all that apply) License Stock Inventory

To whom is the pledge being made? Main Street Bank

12. MANAGER APPLICATION

A. MANAGER INFORMATION

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

Proposed Manager Name Date of Birth SSN

Residential Address

Email Phone

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

B. CITIZENSHIP/BACKGROUND INFORMATION

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

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

Have you ever been convicted of a state, federal, or military crime? Yes No

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

C. EMPLOYMENT INFORMATION

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

Start Date	End Date	Position	Employer	Supervisor Name
7/1/23	Present	Director of Finance & Ops	Westborough Public Schools	Amber Bock
6/1/20	6/8/23	Director of Finance	Grafton Public Schools	James Cummings
4/1/16	5/31/20	Town Accountant	Town of Grafton	Timothy McInerney
4/14/14	3/30/16	Chief Financial Officer	Department of Veterans Services	Francisco Urena

D. PRIOR DISCIPLINARY ACTION

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action? Yes No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Manager's Signature Date

13. MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement?

Yes No

If yes, please fill out section 13.

Please provide a narrative overview of the Management Agreement. Attach additional pages, if necessary.

IMPORTANT NOTE: A management agreement is where a licensee authorizes a third party to control the daily operations of the license premises, while retaining ultimate control over the license, through a written contract. *This does not pertain to a liquor license manager that is employed directly by the entity.*

13A. MANAGEMENT ENTITY

List all proposed individuals or entities that will have a direct or indirect, beneficial or financial interest in the management Entity (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name	Address	Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?

Yes No

If yes, attach an affidavit providing the details of any and all convictions.

13B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 13A, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages; and or have an active management agreement with any other licensees?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

13C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 13A, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

13D. PREVIOUSLY HELD MANAGEMENT AGREEMENT

Has any individual or entity identified in question 13A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Licensee Name	License Type	Municipality	Date(s) of Agreement

13E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question section 13B, 13C, 13D ever been suspended, revoked or cancelled?

Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

13F. TERMS OF AGREEMENT

- a. Does the agreement provide for termination by the licensee? Yes No
- b. Will the licensee retain control of the business finances? Yes No
- c. Does the management entity handle the payroll for the business? Yes No

d. Management Term Begin Date e. Management Term End Date

f. How will the management company be compensated by the licensee? (check all that apply)

- \$ per month/year (indicate amount)
- % of alcohol sales (indicate percentage)
- % of overall sales (indicate percentage)
- other (please explain)

ABCC Licensee Officer/LLC Manager

Signature:
 Title:
 Date:

Management Agreement Entity Officer/LLC Manager

Signature:
 Title:
 Date:

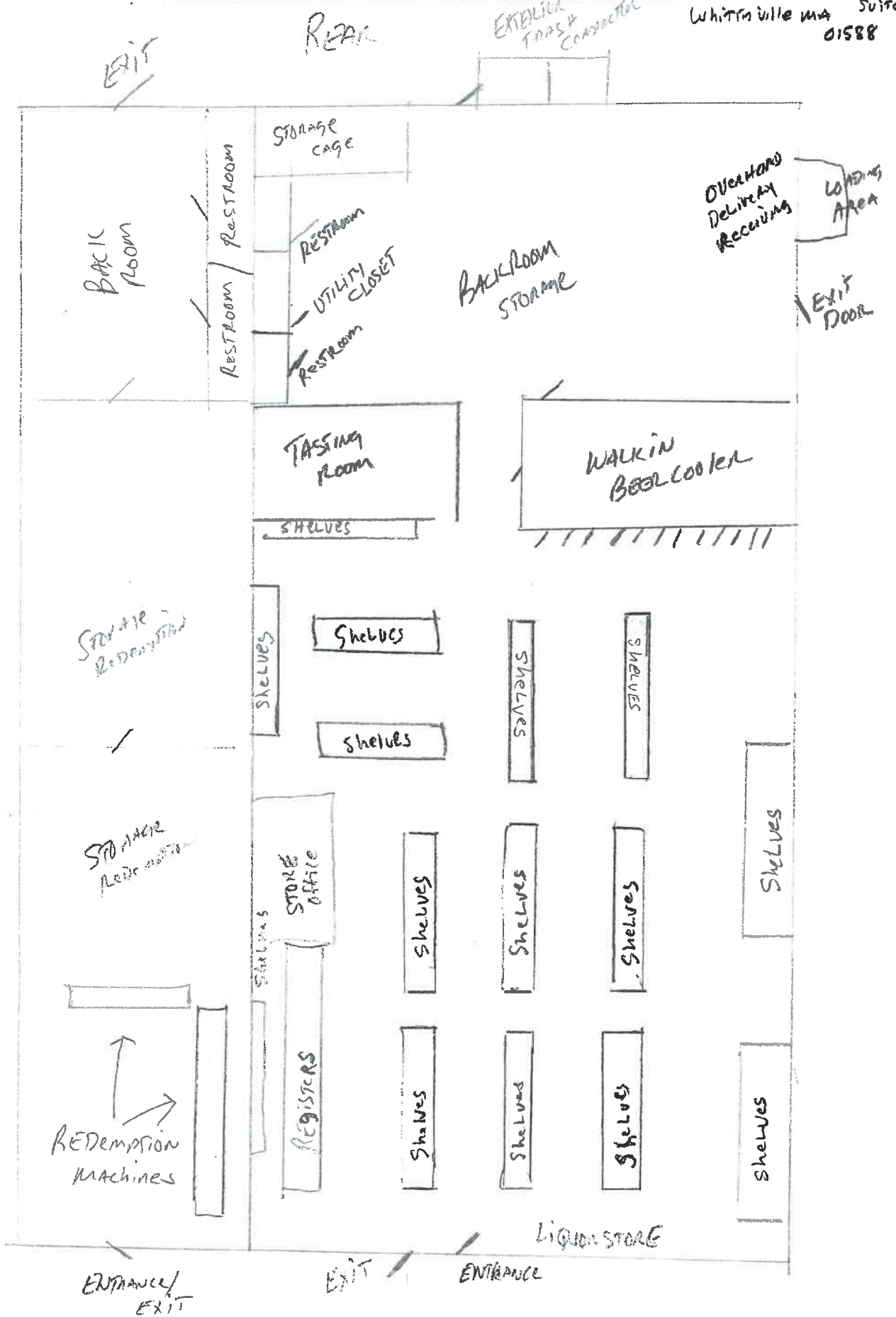
ADDITIONAL INFORMATION

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

N/A

FLOOR PLAN FRIENDLY'S DISCOUNT LIQUORS

1167 Providence Rd
Whitmanville MA Suite 7
01588



FRONT PLAZA SETTING

NTM License Slips

Row 1

Current Status On agenda for 9.11.23

Done

License ID: NTM#16167

License Type: Package Store

Description: Transfer of the All alcoholic beverages off-premises license from Friendly Discount Liquors, Inc. dba Macy's Liquors of Whitinsville to XForce LLC dba Friendly Fine Wine & Spirits.

A transfer of the Common Victuallers license will also be included in this transaction

Business: XForce, LLC dba Friendly Fine Wine & Spirits

Applicant: Anita Patel, Manager

Address: 1167 Providence Road, Suite 7

Approval Target

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

PLANNING Approve:

PLANNING Comments: N/A -not applicable

POLICE Approve:

POLICE Comments:

FIRE Approve:

FIRE Comments: Subject to a Fire Safety Inspection

BUILDING ZONING Approve:

BUILDING ZONING Comments:

CONSERVATION Approve:

CONSERVATION Comments: N/A

HEALTH
Approve:

HEALTH
Comments: Applicant will be required to obtain a Food Permit as food permits are not transferable to new ownership. As of this date, an application for a food permit has NOT been received in this office.

ASSESSORS
Approve:

ASSESSORS
Comments:

TREASURER
COLLECTOR
Approve:

TREASURER
COLLECTOR
Comments:

Per Town Clerk's Office: 7/12/23
(date)

Registered Non-Registered

TALENT BANK APPLICATION

please return to:

BOARD OF SELECTMEN

Northbridge Town Hall
7 Main Street
Whitinsville, MA 01588

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

Date: 7-16-2023

Name Jill Patnode-Krause

P. O. Box _____

Home Address XXXXXXXXXXXXXXXXXXXX Northbridge, MA 01534

Email Address XX

Telephone Jill Patnode-Krause@jillpatnode.com Cell XXXXXXXXXXXXXXX

Business 774-737-3372

Address Salmon Home Care Tel. XXXXXXXXXXXXXXX

Current Occupation/Title physical therapist for Salmon Home Care
37 Birch St. Milford MA 01857

Education Northbridge H.S - 93 Assumption College BA - 97
Boston University MSPT - 2000 Northeastern Univ - doctorate
in physical therapy 2010

Governmental, Civic & Community Activities I have been a cubscout leader
for pack 150 2010-2021. I have worked at Peace of Bread
with St. Peter's parish. I represent St. Peter's on the Northbridge

Charitable & Educational Activities Assoc. of Churches

Town Committees or Offices _____

I am interested in the following Committees: Disability Commission
(would also be interested on the Council on Aging)

Please indicate whether the applicant and/or any family members are employed by the Town of Northbridge. my cousin, Melissa Walker, is the business manager for NPS

Revised July 2011

NAME: PRECINCT# TOWN OF NORTHBRIDGE

COMMITTEE INTEREST (Indicate Committee preference)

- 1. Disability Commission 4.
- 2. Council on Aging 5.

3.

6.

Present Interest or business affiliation (dates, places)

I work for Salmon Home Care who serves Northbridge and I have physical therapy patients in Northbridge + Whitinsville. I have been in all of the senior housing communities in town over the last 11 years.

Experience: Volunteer, social service, business (dates, places)

Special skills and education (be specific)

My skills are more related to physical disabilities as I work with clients in wheelchairs, scooters and walkers. I have worked with a few patients with intellectual disabilities. I have a master's + doctoral

How experience relates to particular committee interest

degree in physical therapy. I am an expert on physical adaptations needed to help people be more independent in the community.

ADDITIONAL COMMENTS:

Mail completed form to:

Northbridge Town Hall
Office of the Town Manager
7 Main Street
Whitinsville, MA 01588

TALENT BANK APPLICATION
please return to:
BOARD OF SELECTMEN
Northbridge Town Hall
7 Main Street
Whitinsville, MA 01588

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

Registered Voter per Town
Clerk's Office 8/23/23

Date: June 2023

Name Kam Dealey

P. O. Box _____

Home Address XXXXXXXXXXXX

Email Address XXXXXXXXXXXXXXXXXXXX

Telephone XXXXXXXXXX Cell same

Business n/a

Address _____ Tel. _____

Current Occupation/Title History Teacher - North High School, Worcester MA

Education B.S. Urban Studies (Worcester State University), Masters of Education - History Concentration (Merrimack College)

Governmental, Civic & Community Activities None yet, first time applicant

Charitable & Educational Activities Dance Team Advisor (North High School), Used to volunteer for Operation Suitcase in Northbridge MA before it was closed (Secretary)

Town Committees or Offices n/a

I am interested in the following Committees: Disability Commission and Cultural Climate Commission

Please indicate whether the applicant and/or any family members are employed by the Town of Northbridge. _____
Greg Riley - Volunteer Northbridge Fire Station, Alex Riley - Volunteer Northbridge Fire Station

Revised July 2011

NAME: _____ PRECINCT# _____ TOWN OF NORTHBRIDGE

COMMITTEE INTEREST (Indicate Committee preference)

- | | | |
|--------------------------|----|----|
| 1. Cultural Climate | 4. | |
| 2. Disability Commission | | 5. |
| 3. | | 6. |

Present Interest or business affiliation (dates, places) _____

North High School, Worcester MA (employed - 2nd year Teacher) - Since 2022

Experience: Volunteer, social service, business (dates, places)

Operation Suitcase, Northbridge MA - 2010 - Until Closed in 2014

Special skills and education (be specific)

I have an undergrad degree in Urban Studies where I specifically studied town management ideas infrastructure with a concentration on providing infrastructure geared to service people from different cultures, establishing a welcoming environment where people were taken care of, while still remaining fiscally responsible.

My Master's in Education has taught me how to provide for different cultures as well, and to create a classroom climate where students' needs of all abilities and cultures have an equitable role in their success.

How experience relates to particular committee interest

With a Master's in Education and an undergraduate degree in Urban Studies, I am uniquely equipped to make a significant impact as a member of the Cultural Climate Commission for our town. My educational background in Education has honed my expertise in understanding diverse learning styles, fostering inclusive environments, and promoting cultural sensitivity. This knowledge will be invaluable in developing strategies to engage our community in meaningful dialogues about cultural appreciation and understanding.

Additionally, my undergraduate degree in Urban Studies has provided me with a comprehensive understanding of the dynamics of our town's diverse population and its cultural fabric. This foundation will enable me to propose innovative policies and initiatives that celebrate our town's rich heritage while fostering a climate of mutual respect and appreciation for all residents. Together, my academic background in Education and Urban Studies creates a powerful synergy that positions me as the ideal candidate for the Cultural Climate Commission. I am eager to utilize my skills to ensure that our town becomes a shining example of unity amidst diversity, celebrating cultural expression while promoting an environment of inclusivity and understanding for all, while also remaining fiscally aware. Northbridge is a wonderful town that has grown a lot since I moved here after college and I would love to serve the town in which I currently raise my children.

ADDITIONAL COMMENTS:

Mail completed form to: Northbridge Town Hall
Office of the Town Manager
7 Main Street
Whitinsville, MA 01588



Fitness. Family. Community.

C • 60 Main Street
Whitinsville, MA 01588
508.234.8184
www.WhitinCommunityCenter.com
info@OurGym.org

August 8, 2023

Adam Gaudette, Town Manager
Northbridge Board of Selectmen
7 Main Street
Whitinsville, MA 01588



Dear Mr. Gaudette:

I am writing to you and the Board of Selectmen to request permission for our annual adventure race, the Blackstone River Valley Greenway Challenge, to be allowed to pass through parts of the town. The of the race is September 30, 2023.

The Greenway Challenge, now in its 21st year, is a team relay race with segments of running, cycling, and kayaking. Each year a unique course is set up. Segment #3, cycling, will briefly be in Northbridge crossing Main Street from Prescott Road, and continuing on Prentice Road before entering Sutton. Segment #8 is a running segment. Runners will enter Whitinsville from Uxbridge at the Linwood Bridge and run down Linwood Avenue to the Whitin Community Center. We anticipate that there will be 30 team, so 30 cyclists and runners. These cyclists and runners will be widely spread apart as the Challenge progresses.

If approved, I will contact the Northbridge Police Department to discuss the course and ensure proper coverage.

I hope that we can be accommodated again this year. Please contact me with your questions or concerns.

Yours sincerely,

A handwritten signature in black ink that reads 'Charlie'.

Charles E. Thompson, Chairman, Steering Committee
(508) 234-1230 (774) 276-7210 thompsoncharlie51@gmail.com
261 Carpenter Road, Whitinsville, MA 01588



Schedule Of Events



2023 Course



Important Information

Team Captain's Meeting

Wednesday, September 13th

7:00pm

Whitin Community Center
60 Main Street
Whitinsville, MA 01588

Friday Night Festivities & Bib Pickup

Friday, September 29th

5:00pm-7:00pm

Whitin Community Center
60 Main Street
Whitinsville, MA 01588

The Challenge

Saturday, September 30th

Start

Diamond Hill Park

4125 Diamond Hill Rd
Cumberland, RI 02864

7:00am Final Check-In
8:30am The Challenge Begins

Finish

Whitin Community Center, Whitin Park

60 Main Street
Whitinsville, MA 01588

1:00pm Celebration At Finish Line
3:00pm Awards Ceremony

- 2 - Street Bike Segments
(1 - 24 mile, 1 - 11 mile)
- 1 - Mountain Bike Segment
(4 miles)
- 2 - Street Run Segments
(4 miles each)
- 1 - Trail Run Segment
(2 miles)
- 2 - Paddle Segments
(1 River Paddle 2.5 miles,
1 Lake Paddle 2.5 miles)

COURSE TOTAL
~ 54 miles

NOTE: Course & mileage subject to change

**MUST Register Online at
www.GreenwayChallenge.org**

Race Categories

Individual Participant (Male & Female)

Categories of competitors who complete the entire race on their own with the help of one support person.

2-4 Person Team (Male, Female & Co-Ed)

Teams comprised of 2, 3 or 4 individuals, with each team member competing in at least one segment along the course. Split up the biking, running, and paddling with team member specialties!

5-8 Person Team (Male, Female, Co-Ed & Corporate)

Paying homage to the roots of this great adventure race, these teams will have between 5 and 8 team members, where each team member must participate in at least one course segment. Perfect for corporate teams or groups of individuals looking to go all out on just 1-2 segments.

NOTE: For pricing please visit our website

Greenway Challenge Maps

Greenway Challenge course maps will be posted on the website, no later than August 7th. All information will be released at the Team Captain's Meetings with current course updates at the Friday Night Festivities on September 29th at the Whitin Community Center.

We suggest that teams review the Greenway Challenge course prior to the event to observe conditions on the water, trails, roads and determine the best route for their support vehicle. There will be limited Greenway Challenge course signs on the routes.

Equipment Requirements

Teams must provide necessary maintenance equipment, water, food, supplies, first aid and transportation for their team members throughout the Greenway Challenge course.

- Runners required to wear shoes
- Cyclists required to wear approved helmets (ANSI or ASTM)
- Paddlers required to wear life preservers
- No EBikes permitted

Awards

The Award Ceremony is scheduled to begin at 3:00pm. However, we do try to wait until all participants have come across the finish line and all division placements have been determined.

Additional Information

Registration, fees, photography releases and waiver forms for all members of a team must be received no later than September 7th; late fees will apply if not received before specified date.

MUST Register online & pay by Check or Credit Card at www.GreenwayChallenge.org

D.

**TOWN OF NORTHBRIDGE
APPLICATION FOR SPECIAL LICENSE**

TO THE LICENSING AUTHORITIES:

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

FULL NAME OF PERSON/ORGANIZATION MAKING APPLICATION:

NORTHBRIDGE JUNIOR BBASEBALL LEAGUE

Name of Responsible Person: KEITH BROUILLARD

TYPE OF LICENSE REQUESTED: All Alcohol (non-profit organizations only) *(must submit 501c(3))*
 Wine and/or Malt Beverages

EVENT DETAILS:

Event name: 2ND ANNUAL NIGHT UNDER THE LIGHTS

Indoor/Outdoor: OUTDOOR

Date and Hours of Event: 10/7/23 4PM-9PM

of persons expected: _____

GIVE LOCATION BY STREET AND NUMBER: 198 CHUCH AVE NORTHBRIDGE, MA 01534

DESCRIPTION OF PREMISES: JACK RYAN FIELD/OLIVER ASHTON MEMORIAL COMPLEX


Where will alcohol be stored? KEGS AND CANS OF BEER WILL BE SUPERVISED BY STAFF

Where will Alcohol be served? IN A DESIGNATED, FENCED IN BEER GARDEN

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.**


(Signature of Applicant)

Print Name: KEITH BROUILLARD

Mailing Address: PO BOX 154

City: NORTHBRIDGE

State, Zip: MA, 01534

Phone: 508-498-4980

Name of Distributor(s): RUSHFORD & SONS BREWHOUSE, LLC

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

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

Date License Granted



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: NORTHBRIDGE JUNIOR BASEBALL LEAGUE

Address: PO BOX 154

City/State/Zip: NORTHBRIDGE, MA 01534 Phone #: 508-498-4980

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input checked="" type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input checked="" type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
--	---

*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: [Handwritten Signature] Date: 8/23/23

Phone #: 508 498 4980

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

SPECIAL PERMIT/LICENSE

RELEASE OF CLAIMS, INDEMNITY AND HOLD HARMLESS AGREEMENT

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

I, NORTHBIDGE JUNIOR BASEBALL LEAGUE, 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 23 day of AUGUST.

Name (Printed): KEITH BROUILLARD

Signature: 

Witness: _____

THIS FORM MAY NOT BE ALTERED

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 K&K INSURANCE GROUP, INC. 1712 MAGNAVOX WAY PO BOX 2338 FORT WAYNE IN 46801		CONTACT NAME: Nick Davey PHONE (A/C, No. Ext): 800-736-7358 FAX (A/C, No): 847-953-2873 E-MAIL ADDRESS: Nick.Davey@kandkinsurance.com													
INSURED MEMBER NO: NORTHBRIDGE JR. BABE RUTH LEAGUE DBA: Northbridge Junior Baseball League 37 Prairie Street Northbridge, MA, 01534		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <td>INSURER A: New Hampshire Insurance Company</td> <td>23841</td> </tr> <tr> <td>INSURER B: National Union Fire Ins Co of Pittsburgh</td> <td>19445</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER A: New Hampshire Insurance Company	23841	INSURER B: National Union Fire Ins Co of Pittsburgh	19445	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER A: New Hampshire Insurance Company	23841														
INSURER B: National Union Fire Ins Co of Pittsburgh	19445														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			AIL0003450194701	03/08/2023 12:01 AM	02/01/2024 12:01 AM	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$5,000,000
							PRODUCTS-COMP/OP AGG	\$1,000,000
							PARTICIPANT LEGAL LIABILITY	\$1,000,000
A	AUTOMOBILE LIABILITY			AIL0003450194701	03/08/2023 12:01 AM	02/01/2024 12:01 AM	COMBINED SINGLE LIMIT (Ea Accident)	\$1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB #						EACH OCCURRENCE	
	EXCESS LIAB #						AGGREGATE	
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
B	PARTICIPANT ACCIDENT			AID0003450195201	03/08/2023 12:01 AM	02/01/2024 12:01 AM	Excess Medical	\$250,000
							AD&D	\$ 15,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ADDITIONAL INSURED: ANY PERSON, ORGANIZATION OR ENTITY WHO IS ENGAGED IN PROVIDING THE PREMISES, IS A SPONSOR OR CO-PROMOTER, BUT SOLELY WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED.

SEXUAL ABUSE/MOLESTATION: \$1,000,000 PER OCCURRENCE/\$2,000,000 AGGREGATE

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Coverage	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 

Melissa Ciaramitaro

From: Keith Brouillard <brouillardk@gmail.com>
Sent: Wednesday, August 23, 2023 10:09 AM
To: Melissa Ciaramitaro; Sharon Susienka; Brian Goodman; Travis Stanley
Subject: Fwd: 2nd annual Night Under The Lights

Please see below approval from the Rockdale Village Foundation.

----- Forwarded message -----

From: **Harry Berkowitz** <berkyo1@charter.net>
Date: Tue, Aug 22, 2023 at 1:26 PM
Subject: Re: 2nd annual Night Under The Lights
To: Keith Brouillard <brouillardk@gmail.com>

Thank you for keeping us informed We have no problem with your fund raiser

Harry Berkowitz Rockdale Village Foundation

On 8/22/2023 11:26 AM, Keith Brouillard wrote:

> Hi guys,
>
> I hope this email finds you well...I just wanted to reach out and
> touch base after our board meeting last night. We are hopeful this
> year to run our 2nd annual Hit A Thon and Night Under the Lights
> Fundraiser on Saturday October 7th similar to how we did it last year.
>
> I just wanted to reach out to gain your approval for the event, and
> additionally gain approval for the beer license we obtained last year
> for the event.
>
> I would be happy to answer any questions you may have. Thank you for
> your consideration.
>
> Keith Brouillard
> NJBL
> 5084984980

--

This email has been checked for viruses by AVG antivirus software.

www.avg.com



A 360TRAINING COMPANY

CERTIFICATE OF COMPLETION

This certifies that

Justin Beauregard

is awarded this certificate for

TIPS On-Premise Alcohol Server Training



Hours
3.00



Completion Date
05/02/2023



Expiration Date
05/01/2026



Certificate #
ON-000028713415

TRAINING™

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | www.360training.com

(CUT HERE)

(CUT HERE)





eTIPS On Premise 3.1

CERTIFIED

Issued: 4/12/2021

Expires: 4/12/2024

ID#: 5452805

Brian Goodman
Rushford & Sons Brewhouse
8 Grove St
Upton, MA 01568-1316

For service visit us online at www.gettips.com

NTM License Slips

Row 2

Current Status On Agenda for 9.11.23

Done

License ID: NTM#16166

License Type: One-day Wine and Malt

Description: Northbridge Junior Baseball League 2nd Annual Night Under the Lights event, 198 Church Ave, Jack Ryan Field/Oliver Ashton Memorial Complex. Event to take place on October 7, 2023 from 4 PM - 9 PM.

Business: Northbridge Junior Baseball League

Applicant: Keith Brouillard

Address: 198 Church Ave., Northbridge

Approval Target

Slip Started on: 08/23/23 3:36 PM

PLANNING Approve:

PLANNING Comments: N/A -not applicable

POLICE Approve:

POLICE Comments: Properly trained bartenders!

FIRE Approve:

FIRE Comments:

BUILDING ZONING Approve:

BUILDING ZONING Comments:

CONSERVATION Approve:

CONSERVATION Comments: N/A

HEALTH

Approve:

**HEALTH
Comments:**

NJBL possesses a current food permit - all set.

**ASSESSORS
Approve:**

**ASSESSORS
Comments:**

**TREASURER
COLLECTOR
Approve:**

**TREASURER
COLLECTOR
Comments:**

Melissa Ciaramitaro

From: Jessie Schotanus <jessie@schotanusdesigncenter.com>
Sent: Tuesday, September 05, 2023 12:21 PM
To: Melissa Ciaramitaro
Cc: littlemanoriginals@yahoo.com
Subject: Re: Shop Small 2022

Hi Melissa,

We are planning our 10th year of Shop Small Passport again. We would like to request our banner to be hung from 11/12-11/26. **Available: Monday, November 13, 2023 to Monday, November 27, 2023**

We would also like to request space in the town hall bulletin board. 11/19-11/25

To say:

10th annual Shop Small 01588 passport One day Saturday November 25th, 2023 in participating local business'

Let us know if these dates can be confirmed or if you need any more info from us.

Take care,
Jessie Schotanus

Schotanus Design Center

Summer Showroom Hours:

Mon-Thurs 9-5

Friday 9-1

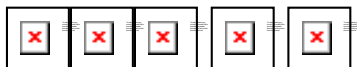
Sat-Sun CLOSED

83 Church Street Suite 1

Whitinsville, MA 01588

ph 508-372-9283

fax 508-372-9286



On Oct 17 2022, at 11:37 am, Melissa Ciaramitaro <mciamitaro@northbridgemass.org> wrote:

Good morning Jessie,

How has it been that long already?!

F.

Tri-Valley Front Runners
Terri Powell
Race Director
August 10th, 2023
Whitinsville, MA 01588

Northbridge Board of Selectmen
7 Main St.
Whitinsville, MA 01588

Dear Northbridge Board of Selectmen,

1)

I am writing this letter to ask for your permission to organize the annual **Whitin 5-mile road race on Thanksgiving morning** as well as the **1st Day 5k road race on New Year's morning 2024** which is held within the Northbridge town limits. A portion of the race proceeds is donated to a local nonprofit organization. We are a local nonprofit running club that supports running and health awareness in the Blackstone Valley Community. We have approximately 450 members and are an affiliate club member of Road Runners Club of America as well as an affiliate member of the US Track and Field New England Chapter. We host many races in the area.

2)

Monday

Subject to your approval, I would like the dates of the race to be **Thursday November 23, 2023** and **Saturday, January 1, 2024** respectively. **The Race start time for Whitin 5 will be 8:10am and start time on New Year's morning is at 11:00am.** Due to the success of the prior races, the route will remain the same as previous years. **Parking for Whitin 5 will be at the WCC and surrounding areas. For 1st Day 5k, with The Gray Barn, Whitin Community Center, and Alternatives to use their parking lots,** and post-race gathering at the Gray Barn. In the event of inclement weather, I'll coordinate the status of the race with the Northbridge Police Department and Department of Public Works.

I would like to plan for approximately **600 runners for Whitin 5** and **300 runners for 1st Day 5k.** These are the same average number of runners we have had over previous years. The town has always been very supportive regarding traffic control, and I would like to ask for your continued support in 2023& 2024. I'll coordinate with Northbridge Police Department and agree to comply to their detail assignments as we'll again be seeking the **closure of Linwood Ave between 7:45-9:30am for Whitin 5** and **then 10:45am and noon for 1st Day 5k.** My organization will obtain insurance from the RRCA (Road Runners Club of America) and will provide proof of insurance listing the town as additional insured on the policy. I will also return a signed copy of the town Hold Harmless Agreement. Tri-Valley Front Runners (TVFR) will coordinate all volunteers to set up, break down and clean up before and after the race.

I hope that you will look favorably upon this request, and I look forward to a continuing dialogue as we work to together to what has become a local tradition to kick off the New Year.

Sincerely,
Terri Powell
Race Director
Tri-Valley Front Runners 508 6123244
terrirules@yahoo.com
<https://www.tri-valleyfrontrunners.com>

Whitin Five Road Race Whitinsville (Northbridge), MA



Measured On May 25, 2019
by Mark Capparella
Tri-Valley Front Runners
E-mail: mark_capparella@waters.com
cell: 508 740 7836

START DETAIL
Starting point is on Main St at Forest St
It is 32 feet, 4 inches before front edge
of curb on Main St.
This point is marked with a
PK nail, washer, and paint.

FINISH DETAIL
Finish point is on Linwood Ave
at fire hydrant after Trinity Episcopal Church
It is 15 feet, 1 inch after utility pole # 14 / 61S
This point is marked with a PK nail, washer, and paint.

RESTRICTION
Runners restricted
to RIGHT side of
large center island
on Main St between
Hill St./Douglas Rd.
and Church St

Course description and intermediate split locations
(given in reference to how course is run)

START on Main St as per START DETAIL
Head east on Main St
Bear LEFT onto Church St after center island

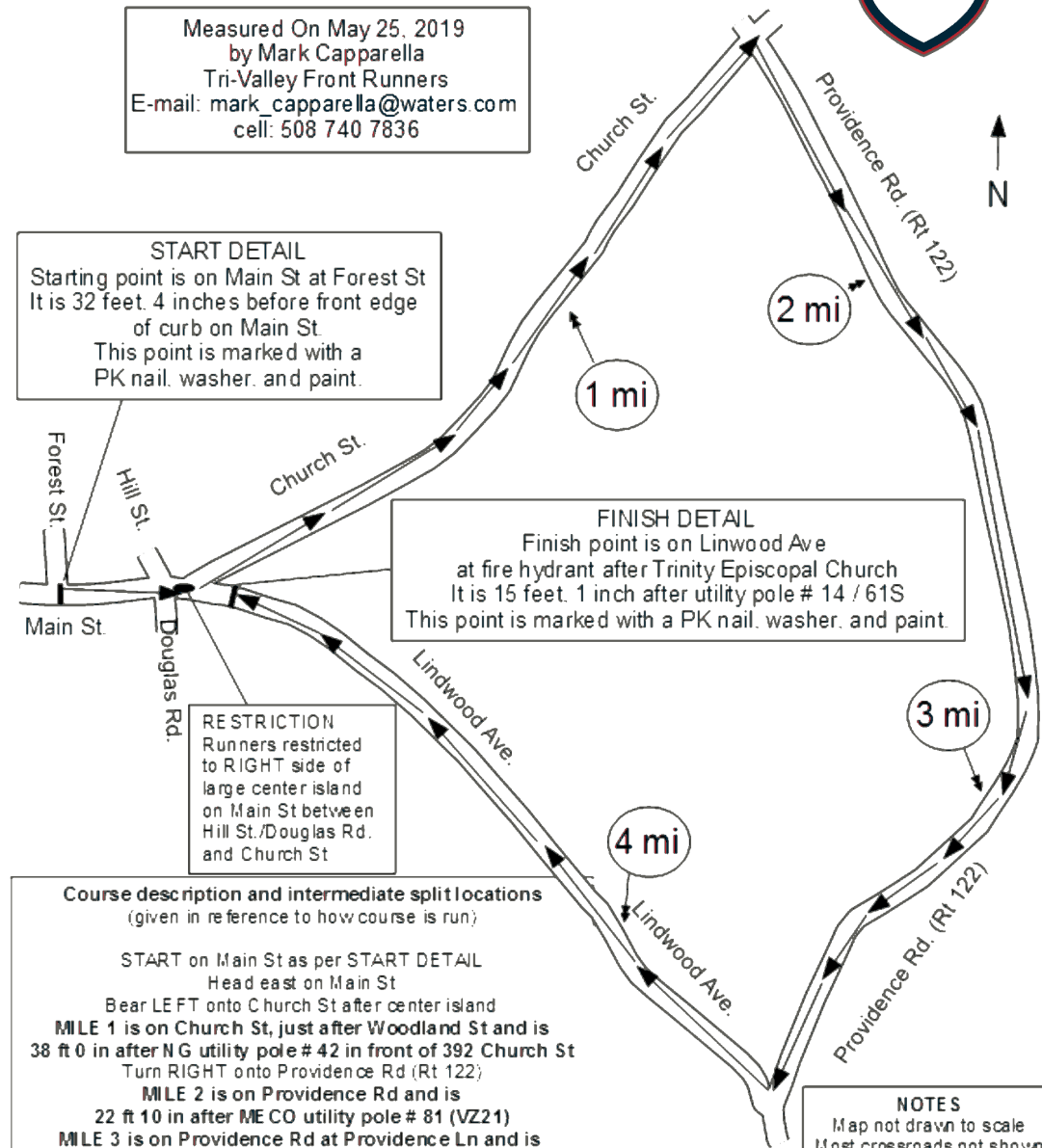
MILE 1 is on Church St, just after Woodland St and is
38 ft 0 in after NG utility pole # 42 in front of 392 Church St
Turn RIGHT onto Providence Rd (Rt 122)

MILE 2 is on Providence Rd and is
22 ft 10 in after MECO utility pole # 81 (VZ21)

MILE 3 is on Providence Rd at Providence Ln and is
30 ft 2 in after MECO utility pole 36 (Bell Atlantic 1182)
Turn RIGHT onto Linwood Ave

MILE 4 is on Linwood Ave and is 31 ft 0 in
before and opposite from MECO utility pole # 13 (Bell 100)
Continue to FINISH on Linwood Ave, as per FINISH DETAIL

NOTES
Map not drawn to scale
Most crossroads not shown
Course measured to allow
runners full access to all
roads, sidewalks, and grass
verges between them, except
as noted in RESTRICTION



USATF Certification #MA19008JK
Course Distance: 5 miles
Effective 6/21/2019 - 12/31/2029
Drop 0.87 m/Km, Separation 5.72%



**Road Running Technical Council
USA Track & Field**

Measurement Certificate



Name of the course Whitin Five Road Race Distance 5 mi.
 Location (state) MA (city) Whitinsville
 Type of course: road race calibration course
 Measuring method: bicycle steel tape electronic distance meter
 Measured by (name, address, phone & e-mail) Mark Capparella, 30 Scott Hill Blvd, Bellingham MA 02019
508-740-7836; mark_capparella@waters.com
 Race contact (name, address, phone & e-mail) Linda Usher, 131 South Street, Upton MA 01568
508-529-6862; juniperhill@charter.net
 Date(s) when course measured: May 25, 2019
 Number of measurements of entire course: 2 Course Configuration: partial loop
 Elevation (meters above sea level) Start 96 m Finish 89 m Highest 108 m Lowest 82 m
 Straight line distance between start & finish 460 m Drop 0.87 m/km Separation 5.72 %
 Type of surface: paved 100 % dirt - % gravel - % grass - % track - %
 Effective date of certification: Jun 21, 2019 Certification code: MA19008JK

Notice to Race Director: Use this Certification Code in *all* public announcements relating to your race.

Be It Officially Noted That

Based on examination of data provided by the above named measurer, the course described above and in the map attached is hereby certified as reasonably accurate in measurement according to the standards adopted by the Road Running Technical Council. If *any* changes are made to the course, this certification becomes void, and the course must then be recertified.

Verification of Course — In the event a National Open Record is set on this course, or at the discretion of USA Track & Field, a verification remeasurement may be required to be performed by a member of the Road Running Technical Council. If such a remeasurement shows the course to be short, then all pending records will be rejected and the course certification will be cancelled.

This certification expires on December 31 in the year 2029

AS NATIONALLY CERTIFIED BY:

Justin Kuo

Date: Jun 25, 2019

Justin Kuo • USATF/RRTC Course Certifier • 39 Oakland Road, Brookline, MA 02445-6700
 Phone: 617-731-9889 • Fax: 617-939-0992 • Email: jkuo@usatfne.org



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/12/2023

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 Insurance Management Group 12730 Coldwater Road, Suite 103 Fort Wayne IN 46845	CONTACT NAME: Liz Painter PHONE (A/C, No, Ext): (260) 240-4792 E-MAIL ADDRESS: lpainter@insmgt.com	FAX (A/C, No): (260) 240-4792
	INSURER(S) AFFORDING COVERAGE	
INSURED Road Runners Club of America/2023 and Its Member Clubs 1501 Langston Boulevard, Suite 140 Arlington VA 22209	INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
	NAIC #	
	11991	
	66869	

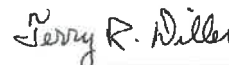
COVERAGES **CERTIFICATE NUMBER:** 2023 \$2M A.I. **REVISION NUMBER:**

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Legal Liability to <input type="checkbox"/> Participants \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Event Basis			KRO000009333000	12/31/2022	12/31/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Abuse and Molestation \$ 500,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			KRO000009333000	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Exces Medical & Accident \$250 Deductible/Claim)			BAX0000031991400	12/31/2022	12/31/2023	Excess Medical \$10,000 AD & Specific Loss \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS TO THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 11/23/23 Within Five Mile Road Race and Two Mile Walk INSURED RRCA CLUB/EVENT MEMBER: Tri-Valley Front Runners ATTN: Mark Capparella, PO Box 125 Milford MA 01757
Processed by RMV

CERTIFICATE HOLDER 11/23/23 Town of Northbridge 7 Main St Whitinsville MA 01558	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 
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Melissa Ciaramitaro

From: Tim Labrie
Sent: Thursday, August 10, 2023 11:13 AM
To: Melissa Ciaramitaro
Subject: Re: Road Race Request

All set

Timothy Labrie
Chief of Police
508-234-6211

From: Melissa Ciaramitaro <mciamitaro@northbridgemass.org>
Sent: Thursday, August 10, 2023 9:04 AM
To: Jamie Luchini <jluchini@northbridgemass.org>; Tim Labrie <tlabrie@northbridgemass.org>
Subject: Road Race Request

Good morning,

Please see attached and let me know if you have any issues with this road race request. The race is scheduled for November 23, 2023.

Thank you

*Melissa Ciaramitaro, Sr. Adm. Asst./HR. Asst.
Town Manager's Office
Town of Northbridge
7 Main Street Whitinsville, MA 01588
Phone: 508-234-2095 Ext. 1202*

Melissa Ciaramitaro

From: Jamie Luchini
Sent: Tuesday, August 15, 2023 8:45 AM
To: Melissa Ciaramitaro; Tim Labrie
Subject: Re: Road Race Request

Melissa,

No issues on my end.

Thanks,
- Jamie

Jamie Luchini
Director of Public Works
Northbridge DPW

From: Melissa Ciaramitaro <mciamitaro@northbridgemass.org>
Sent: Thursday, August 10, 2023 9:04 AM
To: Jamie Luchini <jluchini@northbridgemass.org>; Tim Labrie <tlabrie@northbridgemass.org>
Subject: Road Race Request

Good morning,

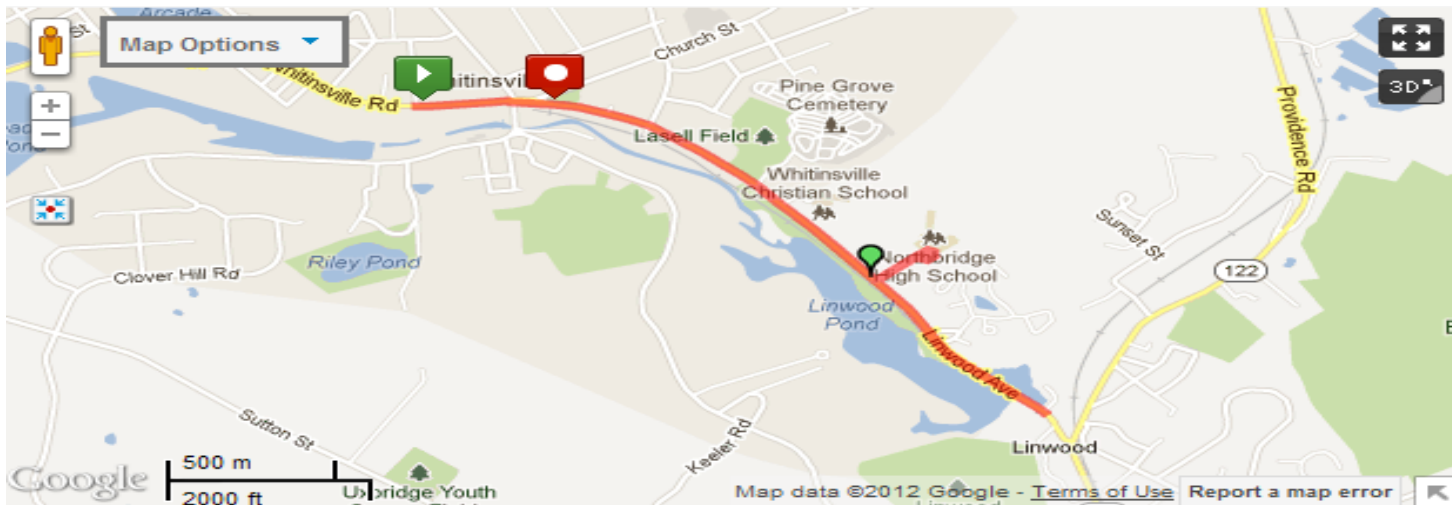
Please see attached and let me know if you have any issues with this road race request. The race is scheduled for November 23, 2023.

Thank you

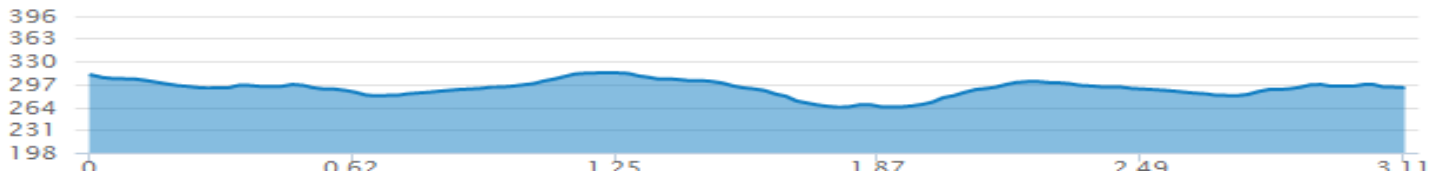
*Melissa Ciaramitaro, Sr. Adm. Asst./HR. Asst.
Town Manager's Office
Town of Northbridge
7 Main Street Whitinsville, MA 01588
Phone: 508-234-2095 Ext. 1202*

Whitin 1st Day 5K

- Start at Main/Grove St and head down Linwood at 11am
- Turn into high school and go around circle by front entrance
- Aid station located at entrance to High School
- Continue down Linwood and turn around at Mills
- Finish right before park at Memorial Square (same area as Whitin 5 race)
- Pre and Post race events at Gray Barn
- **Police Summary: Four total**
 1. One at High St at start of race
 2. One at Church St/Memorial Square at start of race - moves to Linwood/Cross St after runners pass through intersection
 3. One at main intersection (Hill/Douglas/Main) – moves to Linwood St following last runner to close Linwood down
 4. One at Linwood/Rt 122 to close Linwood down.
- Know for Turkey Day race there was problems with cars coming down Linwood, but not sure if they came from Cross St or somewhere else. Think we need more? Or do you guys have Road Closed signs to help at Cross St?

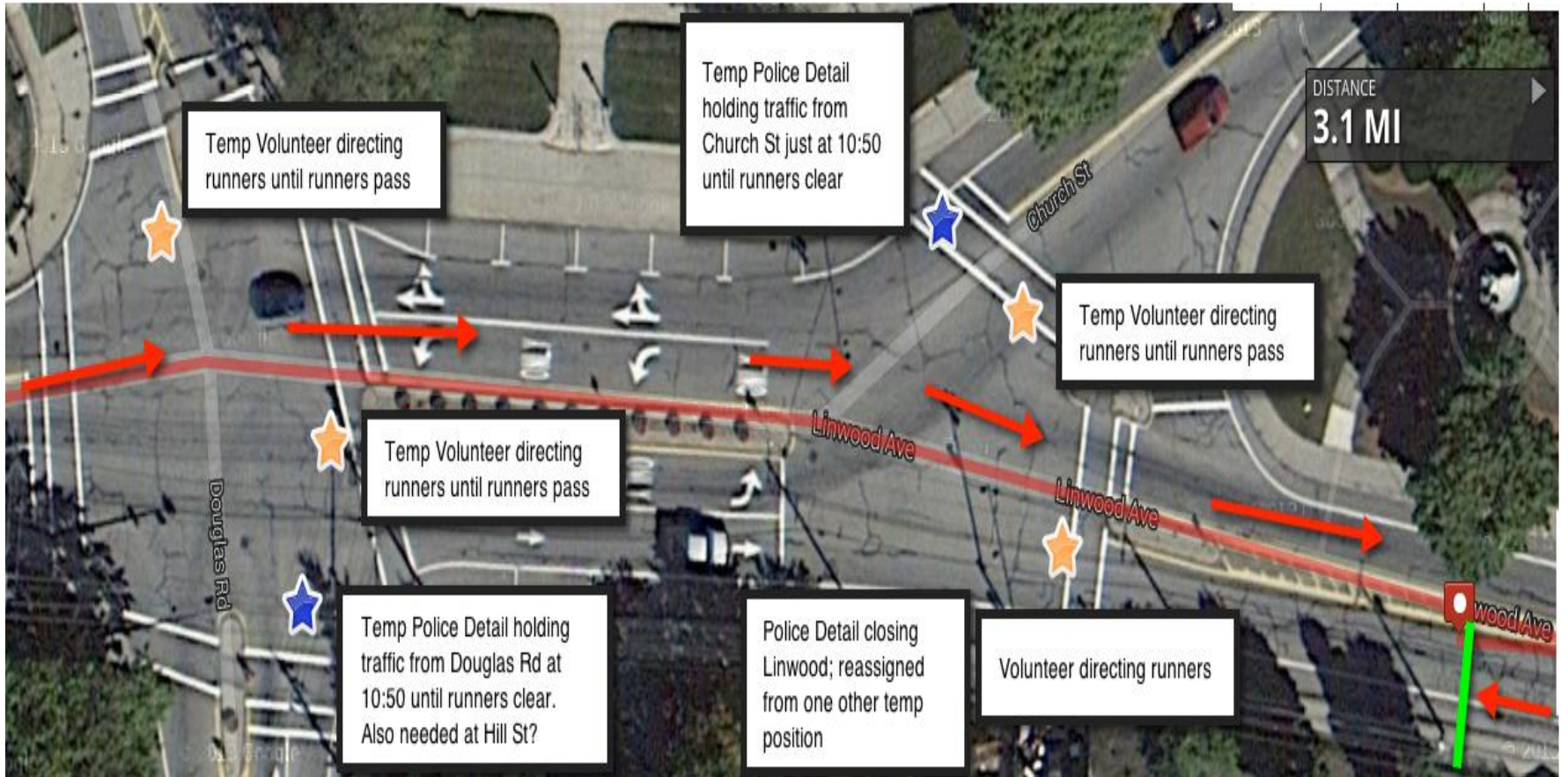


ELEVATION (ft)



****As of 2014, the starting line is at Grove St, with runners staging in that big lot on top of Hill. Police Detail is at High St closing down traffic at 10:50am***







Volunteer directing runners at turn-around location at west side of entrance to back of Linwood Mills

Police Detail closing down Linwood for duration of race (10:50am-noon)

Melissa Ciaramitaro

From: Tim Labrie
Sent: Wednesday, August 23, 2023 6:00 PM
To: Melissa Ciaramitaro; Jamie Luchini
Subject: Re: Road Race Request- 1st Day 5K - Tri-Valley Front Runners

No issues and we will run it the same as we always have.

Get [Outlook for iOS](#)

From: Melissa Ciaramitaro <mciamitaro@northbridgemass.org>
Sent: Wednesday, August 23, 2023 3:21:41 PM
To: Jamie Luchini <jluchini@northbridgemass.org>; Tim Labrie <tlabrie@northbridgemass.org>
Subject: RE: Road Race Request- 1st Day 5K - Tri-Valley Front Runners

Chief,

If you could let me know if you have any issues with this prior to September 7th.

Thank you

*Melissa Ciaramitaro, Sr. Adm. Asst./HR. Asst.
Town Manager's Office
Town of Northbridge
7 Main Street Whitinsville, MA 01588
Phone: 508-234-2095 Ext. 1202*

From: Jamie Luchini <jluchini@northbridgemass.org>
Sent: Wednesday, August 23, 2023 2:29 PM
To: Melissa Ciaramitaro <mciamitaro@northbridgemass.org>; Tim Labrie <tlabrie@northbridgemass.org>
Subject: Re: Road Race Request- 1st Day 5K - Tri-Valley Front Runners

No issues here.

Thanks,

- Jamie

Jamie Luchini

Director of Public Works

Northbridge DPW

Melissa Ciaramitaro

From: Erika Johnson <erikalinnjohnson@gmail.com>
Sent: Monday, September 04, 2023 8:27 AM
To: Melissa Ciaramitaro; Alisa Dertien
Subject: Whitinsville Christian School Pie Signs

Good morning Melissa,

I am writing (and including the newest member of our team, Alisa Dertien), to request the option of the banner being hung over Church Street for our annual pie sale. The ideal dates would be between 9/22 and 10/11 with a slight preference towards the later end of those dates if possible.

Also, are you the one who can help get things advertised on the digital display at Town Hall. If so, can you let me know the process for that?

Thanks,
Erika Johnson

Available:

Monday, October 2, 2023 - Monday October 16, 2023

Know all Men by These Presents,

H.

That the Town of Northbridge, in the County of Worcester and Commonwealth of Massachusetts, in consideration of One Thousand Two Hundred Dollars, paid by **Beverly A. Ebbeling of 165 Prescott Road, Whitinsville, MA 01588**, the receipt of which is hereby acknowledged, does sell and convey to said **Beverly A. Ebbeling**, the two cremation **Lots Numbered 315 A & B, situated on the way called Woodlawn Ave, in the Pine Grove Cemetery**, and the sole and exclusive right of burial of the dead therein, subject to the following rules and restrictions for the regulation and government of said Cemetery; viz:

1st. That the said Lot shall not be used for any other purpose than as a place of burial for the dead, and proper Cemetery uses, such as the Town may approve; and no trees within the Lot or the Cemetery shall be cut down or destroyed without consent of the Town.

2nd. That if any trees or shrubs in said Lot shall become in any way detrimental to the adjacent lots or avenues, or dangerous or inconvenient, the Town shall have the right to enter into said Lot and remove said trees or shrubs, or such parts thereof as are dangerous, detrimental or inconvenient.

3rd. That if any monument or other structure whatever, or any inscription, be placed in the said Lot which shall be determined by the Town to be offensive, the Town shall have the right to enter upon said Lot and remove said offensive or improper object or objects.

4th. If a fence shall at any time be erected or placed in or around said Lot, the materials or design of which shall not be approved by the Town, it must be forthwith removed upon direction of the Town, and if not so removed the Town shall have the right to enter upon said Lot and remove said fence.

5th. The said lot shall be holden subject to all by-laws, rules and regulations made and to be made by the Town.

IN WITNESS WHEREOF, the said Town of Northbridge has caused these presents to be signed and sealed by its Board of Selectmen, this 11th day of September, in the year of our Lord Two Thousand Twenty-Three.

