

**BOARD OF SELECTMEN
MEETING AGENDA**

Fuller Meadow School

Nathan Media Center

143 South Main Street, Middleton, MA 01949

Tuesday, January 15, 2019

7:00 PM

This meeting is being recorded

1. 7:00 PM Warrant: 1914 & 1915
Minutes: December 18, 2018
Town Administrator updates and reports
2. 7:15 PM Meeting with Legislative Delegation: Sen. Bruce Tarr, Rep. Bradley Jones, Rep. Theodore Speliotis
3. 7:30 PM Application for Change of Manager by Atty. Albert DeNapoli for Interstate Management Company, LLC d/b/a Doubletree North Shore Boston, 51 Village Road, Middleton, MA from Elena F. Hargraves to Michael Tyler Woodcock for the All Alcohol Innkeepers, Common Victualler and Entertainment license.
4. 7:35 PM Review and vote on request of Richardson Green, Inc. to change the status of land classified un MGL c. 61A, agricultural land.
5. 7:45 PM Vote to accept the following donations to the Middleton Food Bank:
 - From Michael and Ann Bushee: \$500
 - From Ruth Karchenes: \$500
6. 7:50 PM Vote to appoint John Erickson to the Masconomet Regional School District Capital Advisory Committee
7. 7:55 PM Review, accept, and authorize expenditures on the following Community Compact grants:
 - Human resources software: \$25,000
 - Inventorying and geo-coding Cemetery assets: \$24,000
8. 8:00 PM Vote to appoint Gary Bent as Veterans Services Officer through June 30, 2019.
9. 8:05 PM Vote to appoint Jessica Sollazzo as a member of the Recreation Commission through June 30, 2019
10. 8:10 PM Review request from Attorney Jill Mann, on behalf of PRIMECAP, LLC, for the Board of Selectmen to vote its intent to lay out Lewis Drive as a public way per MGL c. 82, ss 21-24 and to refer the petitioner's request to the Planning Board for its recommendation per MGL c. 41,s. 81I

Recommended Motion: I move that the Board of Selectmen approve its intent to lay out Lewis Drive road as a public way and refer it to the Planning Board for its recommendation.
11. 8:20 PM Vote to declare surplus a 2007 Council on Aging van and authorize its disposal
12. 8:25 PM New Business: Reserved for topics that the Chair did not reasonably anticipate would be discussed
13. 8:15 PM Executive Session under GL c. 30A, s. 21(a)(6), to consider the purchase, acquisition, or value of real property where the Chairman declares discussion in open session would have a detrimental effect on the position of the Town



OFFICE OF THE TOWN ADMINISTRATOR
Town of Middleton
Memorial Hall
48 South Main Street
Middleton, MA 01949-2253
978-777-3617
www.middletonma.gov

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December 24, 2018

The Honorable Bruce E. Tarr
Senate Minority Leader
Massachusetts Senate
State House, Room 308
Boston, MA 02133

The Honorable Bradley H. Jones, Jr.
House Minority Leader
Massachusetts House of Representatives
State House, Room 124
Boston, MA 02133

The Honorable Theodore C. Speliotis
Massachusetts House of Representatives
State House, Room 20
Boston, MA, 02133

Dear Senator Tarr, Representative Jones and Representative Speliotis:

Recently I have had the opportunity to speak to most of you about some issues of interest in Middleton. One of these issues came up at the most recent Middleton Board of Selectmen meeting on December 18 – Secretary of State Galvin’s proposal to expand early voting to State primary elections. While we understand it is just a proposal at this point, it represents another potential unfunded mandate on Middleton.

In addition to expanded early voting, other issues of concern in Middleton include, but are not limited to:

- funding for local transportation projects, particularly the Maple Street (Route 62) corridor
- restoring local aid to pre-Great Recession levels
- education aid formula changes in accordance with the foundation budget review commission’s recommendations
- Middleton public building projects and land acquisition for same
- The impact of public procurement laws on municipal construction projects and the resulting impact on property taxpayers, and
- Reintroduction of H382, An Act Relative to Designation of Polling Places that would give Middleton the option of voting in a function hall.

The Middleton Board of Selectmen would like to invite you to its meeting on January 15, 2019 at 7PM to discuss these and other issues. The meeting will take place in the Library of the Fuller Meadow School, 143 South Main Street, Middleton.

Thank you in advance and I hope you will be able to join the Board on January 15. On behalf of the Board of Selectmen I hope you all have a Merry Christmas and Happy New Year.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew J. Sheehan".

Andrew J. Sheehan
Town Administrator



Albert A. DeNapoli
Direct Dial Number: (617) 218-2024
E-Mail Address: adenapoli@tbhr-law.com

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December 19, 2018

Board of Selectmen
Town of Middleton
48 South Main Street
Middleton, MA 01949

RE: Application for Change of Manager for Interstate Management Company, LLC
d/b/a Doubletree North Shore Boston, 51 Village Road, Middleton, MA 01949

Dear Selectmen:

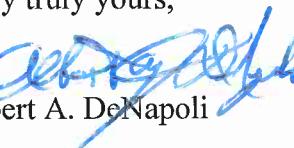
Please find enclosed for filing in connection with the above-referenced matter the following documents:

1. Retail Alcoholic Beverages License Application Monetary Transmittal Form;
2. Copy of the electronic receipt of the \$200 payment made to the Alcoholic Beverages Control Commission;
3. Amendment-Change of Manager Application;
4. Applicant's Statement;
5. Cori Request Form of Michael Tyler Woodcock, Birth Certificate, TIPS Certificate; and
6. Vote of the Corporate Board.

Once you have been able to process this application, please contact me to discuss a hearing date for this matter.

Thank you for your attention to this, and please do not hesitate to contact me with any questions you may have regarding this.

Very truly yours,


Albert A. DeNapoli

AAD/sc
Enclosures
cc: Shani Else, Esq.
Erica Hageman, Esq.
Michael Woodcock



*The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street Boston, MA 02114
www.mass.gov/abcc*

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

AMENDMENT-Change of Manager

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

ECRT CODE: RETA

Please make \$200.00 payment here: <https://www.mass.gov/epay-for-online-payments-abcc>

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

EPAY CONFIRMATION NUMBER

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

00014-HT-0704

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 type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input checked="" 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" value=""/> | <input type="checkbox"/> Change of DBA |

**THE LOCAL LICENSING AUTHORITY MUST MAIL THIS
TRANSMITTAL FORM ALONG WITH
COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:**

ALCOHOLIC BEVERAGES CONTROL COMMISSION

239 CAUSEWAY STREET

BOSTON, MA 02241-3396

Sandra Cooper

From: customerservice@nCourt.com
Sent: Monday, December 17, 2018 4:58 PM
To: Sandra Cooper
Subject: Receipt from nCourt

YOUR RECEIPT >>

Please include the payment receipt with your application. Thank you.

Paid To



Name: Massachusetts Alcoholic Beverages Control Commission - Retail
Address 1: 239 Causeway Street
Address 2:
City: Boston
State: Massachusetts
Zip: 02114

Payment On Behalf Of



First Name: Tarlow Breed Hart & Rodgers, P.C. Last Name: Tarlow Breed Hart & Rodgers, P.C.
Address 1: 101 Huntington Avenue
Address 2: Suite 500
City: Boston State: MA Zip: 02199
Phone: (617) 218-2000 Birth Date:

Description	ID	Convenience Fee	Amount
FILING FEES-RETAIL	00014-HT-0704	\$0.35	\$200.00

Receipt Date: 12/17/2018 4:57:42 PM
EST

Invoice Number: 1e2e4cc1-cfbe-4586-a505-
df3d30a565b9

**Total Amount
Paid:** \$200.35

Billing Information



First Name Tarlow Breed Hart & Rodgers, P.C.
Last Name Tarlow Breed Hart & Rodgers, P.C.
Email scooper@tbhr-law.com
Street 101 Huntington Avenue
City Boston

Credit / Debit Card Information



Card Type Checking
Card Number ****9380



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street, Boston, MA 02114
www.mass.gov/abcc

AMENDMENT-Change of Manager

Change of License Manager

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
Interstate Management Company, LLC d/b/a Doubletree North Shore Boston	Middleton	00014-HT-0704

2. APPLICATION CONTACT

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

Name	Title	Email	Phone
Albert A. DeNapoli	Esq.	adenapoli@tbhr-law.com	(617) 218-2000

3A. MANAGER INFORMATION

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

Proposed Manager Name	Michael Tyler Woodcock	Date of Birth	02/01/1980	SSN	007-84-8283
Residential Address	9 Richards Road, Beverly, MA 01915				
Email	michael.woodcock@hilton.com	Phone	(978) 750-7951		
Please indicate how many hours per week you intend to be on the licensed premises		50+	Last-Approved License Manager	Elena Hargraves	

3B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?*

Yes No *Manager must be U.S. citizen

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.
Have you ever been convicted of a state, federal, or military crime? Yes No

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

Date	Municipality	Charge	Disposition

3C. EMPLOYMENT INFORMATION

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

Start Date	End Date	Position	Employer	Supervisor Name
Feb. 2016	Oct. 2018	Senior Manager of Operation	Marriott International	Ken Lavigne
Jan. 2012	Feb. 2016	Senior Manager of Operation	Marriott International	Brian Robinson

3D. PRIOR DISCIPLINARY ACTION

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

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

12/14/18

APPLICANT'S STATEMENT

I, Erica Hageman the: sole proprietor; partner; corporate principal; LLC/LLP manager

Authorized Signatory

of Interstate Management Company, LLC

Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature:



Date:

12/17/2018

Title:

EVP / Secretary



Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street, First Floor
Boston, MA 02114

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

JEAN M. LORIZIO, ESQ.
CHAIRMAN

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

ABCC NUMBER: 00014-HT-0704	LICENSEE NAME: Interstate Management Company, LLC	CITY/TOWN: Middleton
(IF EXISTING LICENSE)		

APPLICANT INFORMATION

LAST NAME: Woodcock	FIRST NAME: Michael	MIDDLE NAME: Tyler
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH: Salt Lake City, UT
DATE OF BIRTH: 02/01/1980	SSN: 007-84-8283	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Hansen	DRIVER'S LICENSE #: S31362544	STATE LIC. ISSUED: Massachusetts
GENDER: Male	HEIGHT: 5'	WEIGHT: 180
EYE COLOR: blue		
CURRENT ADDRESS: 9 Richards Road		
CITY/TOWN: Beverly	STATE: MA	ZIP: 01915
FORMER ADDRESS: 4868 Rockhill Lane		
CITY/TOWN: Taylorsville	STATE: UT	ZIP: 84123

PRINT AND SIGN

PRINTED NAME: Michael Tyler Woodcock	APPLICANT/EMPLOYEE SIGNATURE:
---	-------------------------------

NOTARY INFORMATION

On this 14th May 2018 before me, the undersigned notary public, personally appeared Michael T. Woodcock
(name of document signer), proved to me through satisfactory evidence of identification, which were IN ADV - S31362544
to be the person whose name is signed on the preceding attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.
NOTARY

DIVISION USE ONLY

REQUESTED BY: <input type="text"/>	
SIGNATURE OF CON-AUTHORIZED EMPLOYEE: <input type="text"/>	
<p>The DCI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. Certified agents are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 660-6524.</p>	

Certificate of Completion

This Certificate of Completion of

eTIPS On Premise 3.0

For coursework completed on November 13, 2018

provided by Health Communications, Inc.

is hereby granted to:

Michael Woodcock

Certification to be sent to:

Double Tree by Hilton Boston North Shore

50 Ferncroft Rd

Danvers MA, 01923-4017 USA



HEALTH COMMUNICATIONS INC.

This document is not proof of TIPS certification. It signifies only that you have completed the course. Valid certification documents will be forwarded to you.



CORPORATE VOTE

The Board of Directors or LLC Managers of

Interstate Management Company, LLC

Entity Name

duly voted to apply to the Licensing Authority of

Middleton

and the

City/Town

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

Date of Meeting

For the following transactions (Check all that apply):

Change of Manager

Other

"VOTED: To authorize

Erica Hageman

Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

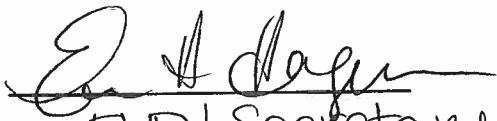
"VOTED: To appoint

Michael Tyler Woodcock

Name of Liquor License Manager

as its manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts."

A true copy attest,


EVP | Secretary

MANN & MANN, P.C.

COUNSELLORS AT LAW

JILL ELMSTROM MANN*
KURT P. MANN*
MELISSA GNOZA OGDEN†

1/4/19
AP

†Admitted to practice in Massachusetts
*Admitted to practice in New York

Hand Delivered

Town of Middleton – Board of Selectmen
c/o Ilene Twiss, Town Clerk
Memorial Hall, 48 South Main Street
Middleton, MA 01949

Town of Middleton - Board of Assessors
c/o Bradford Swanson, Assistant Assessor
Memorial Hall, 48 South Main Street
Middleton, MA 01949

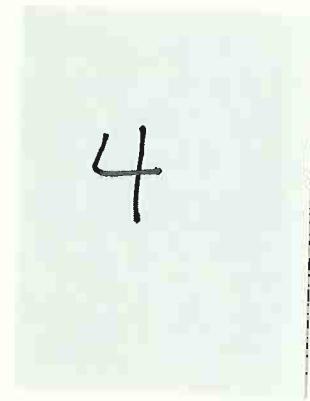
Town of Middleton – Town Administrator
Andrew Sheehan
Memorial Hall, 48 South Main Street
Middleton, MA 01949

Town of Middleton – Planning Board
c/o Katrina O'Leary, Town Planner
195 North Main Street
Middleton, MA 01949

Town of Middleton – Conservation Comm.
c/o Kristin Kent, Conservation Agent
195 North Main Street
Middleton, MA 01949

By Certified Mail

MA Dept. of Conservation and Recreation
Leo Pierre Roy, Commissioner
251 Causeway Street
Boston, MA 02114



January 4, 2019

RE: NOTICE OF INTENT TO CONVERT LAND SUBJECT TO M.G.L.A. c. 61A

Owner: Richardson Green, Inc.
2 Central Street, Middleton, MA
978-774-3797

Parcel A: 111,001 square foot portion of 15 River Street
Assessor's Map 32, Parcel 134

Ladies and Gentlemen:

The undersigned is providing legal assistance and advice to Richardson Green, Inc., a Massachusetts corporation ("**Richardson**"), in connection with Richardson's intent to convert a portion of a property that is being taxed under M.G.L. c. 61A to a commercial use.

On November 14, 2018, the Planning Board endorsed a plan (the "**Plan**") that subdivided a one hundred eleven thousand and one (111,001) square foot parcel of land (the "**Parcel A**")

S:\Richardson Green - Rundlett (2017-78)\61A Conversion\ltr to selectmen.doc

191 South Main Street, Suite 104
Middleton, Massachusetts 01949
Telephone: 978-762-6238
Facsimile: 978-762-6434

Direct Email: jill@mannpc.com
kurt@mannpc.com
melissa@mannpc.com

from an eighty-four (84) acre parcel of land (the "**Farm**") that is assessed and taxed as agricultural land under c. 61A. The Plan is recorded with the Essex South District Registry of Deeds in Plan Book 468, Plan 61, a copy of which is attached hereto as **Exhibit A**.

As referenced on the Plan, Richardson is proposing to combine Parcel A with an abutting property that is identified as Parcel 2 on the Plan and consists of two hundred twelve thousand, eight hundred seventy-eight (212,878) square feet of land (together with Parcel A, the "**Combined Parcel**") for the purpose of creating a commercial complex that will have access to South Main Street over Rundlett Way (the "**Proposed Commercial Complex**"). Given that Parcel A is land that is taxed under c.61A, before it may be combined with Parcel 2 and converted to a nonagricultural use, Richardson is required to comply with the notice requirements of §14 of M.G.L. c. 61A and to provide the Town with an opportunity to exercise its right of first refusal. Therefore, pursuant to the requirements of §14, the undersigned hereby offers this letter and the attachments hereto in satisfaction of the applicable notice and disclosure requirements.

1. **Notification required under M.G.L.A. c. 61A, §14.** In compliance of the notice requirements of c. 61A, this letter has been delivered to the Board of Selectmen, Town Administrator, Board of Assessors, Conservation Commission, and Planning Board of the Town of Middleton as well as the Massachusetts State Forester. As evidence of compliance, on behalf of Richardson, the undersigned has delivered an affidavit, attached hereto as **Exhibit B**, certifying that such notices were distributed by hand or sent out by certified mail to the required addressees.

2. **Waiver Request.** Richardson acknowledges that its right to convert Parcel A to a nonagricultural use is subject to the Town's right of first refusal, pursuant to which the Town may acquire Parcel A at its full and fair market value to be determined by an appraisal obtained and paid for by the Town. Richardson hereby requests that the Board of Selectmen, on behalf of the Town, forgo its right to secure an appraisal and waive its right to acquire of Parcel A.

3. **Roll Back Taxes.** To the extent that the Town waives its right of first refusal, Richardson further acknowledges that the conversion of Parcel A to a commercial use, triggers the payment of rollback taxes to the Town of Middleton, which will be determined by the Board of Assessors. In addition to the roll back taxes, Richardson or its successor in interest will be responsible for paying all future real estate taxes that will be assessed against the Combined Parcel.

The undersigned hereby requests that this matter be placed on the agenda of the next regularly scheduled meetings of the Board of Selectmen. Your kind attention to this matter is greatly appreciated.

Very truly yours,
MANN & MANN, P.C.

Jill Elmstrom Mann

JEM/pv
Enclosures
cc: Richardson Green, Inc.

EXHIBIT A

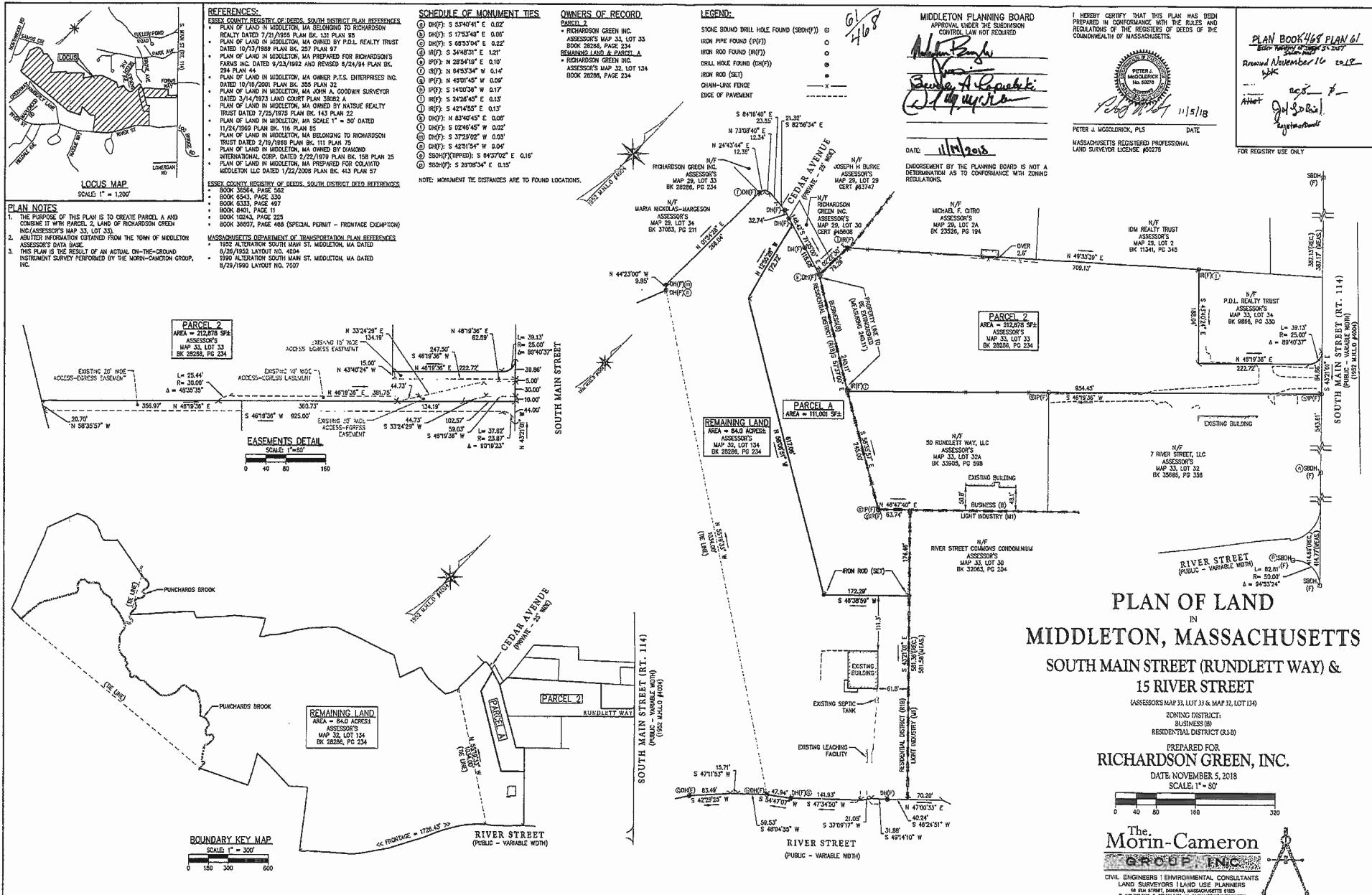
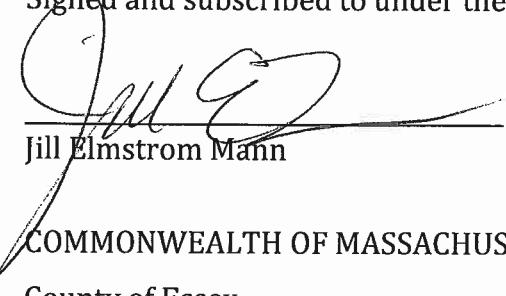


EXHIBIT B

AFFIDAVIT OF NOTICE

I, Jill Elmstrom Mann, hereby certify that the Notice of Intent to convert land taxed under M.G.L.A. ch. 61A and all of its attachments thereto have been sent by hand to the Board of Selectmen, Town Administrator, Board of Assessors, Conservation Commission, and Planning Board of the Town of Middleton and to the Massachusetts State Forester by certified mail.

Signed and subscribed to under the penalties of perjury on this 7th day of January 2019.

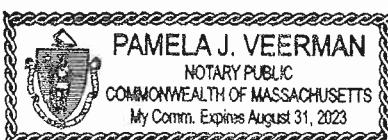


Jill Elmstrom Mann

COMMONWEALTH OF MASSACHUSETTS

County of Essex

On this 7th day of January 2019 before me, the undersigned notary public, personally appeared Jill Elmstrom Mann, who proved to me through satisfactory evidence of identification, which was her driver's license, to be the person whose name is signed on the preceding document and acknowledged to me that she signed it voluntarily for its stated purpose.



Pamela Veerman

Pamela Veerman, Notary Public

My Commission expires: 8/31/2023



Council on Aging
Old Town Hall
38 Maple Street
Middleton, MA. 01949
978-777-4067
www.townofmiddleton.org

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December 27, 2018

Board of Selectmen
48 South Main Street
Middleton, MA. 01949

Re: Middleton Food Bank Donation / Bay Custom Homes & Jeff & Carol Curvey

Please add the following donations to your agenda for acceptance by the Board of Selectmen for the Middleton Council on Aging, and notify me when the check has been accepted so that it can then be deposited.

Thank you,

Susan Gannon
COA Director

A donation has been made payable to the Town of Middleton Food Pantry:

Date: 12/15/18

Name: Bay Custom Homes, LLC

Donation: \$500.00 Check Number 8893

This donor would like to remain anonymous Yes No

Date: 12/15/18

Name: Jeff & Carol Curvey Foundation

Donation: \$1,000.00 Check Number 7883927

This donor would like to remain anonymous Yes No

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

7

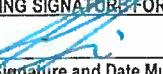
This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational S as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms.

CONTRACTOR LEGAL NAME: Town of Middleton (and d/b/a): _____	COMMONWEALTH DEPARTMENT NAME: Executive Office for Finance MMARS Department Code: ANF
Legal Address: (W-9, W-4,T&C): 48 South Main St, Middleton, MA 01949	Business Mailing Address: _____
Contract Manager: Tanya Stepasiuk, Assistant Town Administrator/HR Coordinator	Billing Address (if different): _____
E-Mail: tanya.stepasiuk@middletonma.gov	Contract Manager: Sean Powers
Phone: (978) 777-3617	Fax: _____
Contractor Vendor Code: VC6000191884	Phone: 617-626-2345
Vendor Code Address ID (e.g. "AD001"): <u>AD001</u> (Note: The Address Id Must be set up for <u>EFT</u> payments.)	Fax: _____
X NEW CONTRACT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only)	
<input type="checkbox"/> <u>Statewide Contract</u> (OSD or an OSD-designated Department) <input type="checkbox"/> <u>Collective Purchase</u> (Attach OSD approval, scope, budget) <input checked="" type="checkbox"/> <u>Department Procurement</u> (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> <u>Emergency Contract</u> (Attach justification for emergency, scope, budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach Employment Status Form, scope, budget) <input type="checkbox"/> <u>Legislative/Legal or Other</u> (Attach authorizing language/justification, scope and budget)	
CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to Amendment: _____, 20_____. Enter Amendment Amount: \$ _____ (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> <u>Amendment to Scope or Budget</u> (Attach updated scope and budget) <input type="checkbox"/> <u>Interim Contract</u> (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach any updates to scope or budget) <input type="checkbox"/> <u>Legislative/Legal or Other</u> (Attach authorizing language/justification and updated scope and budget)	
The following <u>COMMONWEALTH TERMS AND CONDITIONS</u> (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services	
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input type="checkbox"/> <u>Rate Contract</u> (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> <u>Maximum Obligation Contract</u> Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). <u>\$ 25,000</u> .	
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through <u>EFT</u> 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days <u>% PPD</u> ; Payment issued within 15 days <u>% PPD</u> ; Payment issued within 20 days <u>% PPD</u> ; Payment issued within 30 days <u>% PPD</u> . If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments (G.L. c. 29, § 23A); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Community Compact Grant: This award is being made through the Community Compact Grant Program, authorized by Chapter 154 of the Acts of 2018, Section 2, Item 1599-0026, to the Town of Middleton for the costs associated with centralizing HR and personnel operations.	
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:	
<input checked="" type="checkbox"/> 1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input type="checkbox"/> 2. may be incurred as of _____, 20_____, a date LATER than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input type="checkbox"/> 3. were incurred as of _____, 20_____, a date PRIOR to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.	
CONTRACT END DATE: Contract performance shall terminate as of <u>two (2) years from the signing date of the contract</u> with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.	
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached <u>Contractor Certifications</u> (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable <u>Commonwealth Terms and Conditions</u> , this Standard Contract Form including the <u>Instructions and Contractor Certifications</u> , the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.	
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	
X: <u>Andrew J. Sheehan</u> Date: <u>12/21/18</u> (Signature and Date Must Be Handwritten At Time of Signature)	
Print Name: <u>Andrew J. Sheehan</u> Print Title: <u>Town Administrator</u>	
AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:	
X: <u>Sean Cronin</u> Date: <u>1/11/18</u> (Signature and Date Must Be Handwritten At Time of Signature)	
Print Name: <u>Sean Cronin</u> Print Title: <u>DOR Senior Deputy Commissioner for Local Services</u>	

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at www.mass.gov/osc under Guidance For Vendors - Forms or www.mass.gov/osd under OSD Forms.

CONTRACTOR LEGAL NAME: Town of Middleton (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: Executive Office for Administration and Finance MMARS Department Code: ANF	
Legal Address: (W-9, W-4,T&C): 48 South Main St., Middleton, MA 01949		Business Mailing Address:	
Contract Manager: Tanya Stepasiuk, Assistant Town Administrator/HR Coordinator E-Mail: tanya.stepasiuk@middletonma.gov		Billing Address (if different):	
Phone: (978) 777-3617	Fax:	Contract Manager: Sean Powers E-Mail: powersse@dor.state.ma.us	
Contractor Vendor Code: VC6000191884		Phone: 617-626-2345	Fax:
Vendor Code Address ID (e.g. "AD001"); <u>AD001</u> , (Note: The Address Id Must be set up for <u>EFT</u> payments.)		MMARS Doc ID(s):	
<input checked="" type="checkbox"/> NEW CONTRACT		<input type="checkbox"/> CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> <u>Statewide Contract</u> (OSD or an OSD-designated Department) <input type="checkbox"/> <u>Collective Purchase</u> (Attach OSD approval, scope, budget) <input checked="" type="checkbox"/> <u>Department Procurement</u> (includes State or Federal grants 815 CMR 2.00) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> <u>Emergency Contract</u> (Attach justification for emergency, scope, budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach Employment Status Form, scope, budget) <input type="checkbox"/> <u>Legislative/Legal or Other</u> (Attach authorizing language/justification, scope and budget)		Enter Current Contract End Date <u>Prior</u> to Amendment: <u> </u> , 20 <u> </u> . Enter Amendment Amount: \$ <u> </u> . (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> <u>Amendment to Scope or Budget</u> (Attach updated scope and budget) <input type="checkbox"/> <u>Interim Contract</u> (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> <u>Contract Employee</u> (Attach any updates to scope or budget) <input type="checkbox"/> <u>Legislative/Legal or Other</u> (Attach authorizing language/justification and updated scope and budget)	
The following COMMONWEALTH TERMS AND CONDITIONS (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input type="checkbox"/> <u>Rate Contract</u> (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> <u>Maximum Obligation Contract</u> Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended). <u>\$ 24,000</u> .			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through <u>EFT</u> 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days <u>% PPD</u> ; Payment issued within 15 days <u>% PPD</u> ; Payment issued within 20 days <u>% PPD</u> ; Payment issued within 30 days <u>% PPD</u> . If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle <u>statutory/legal or Ready Payments</u> (G.L. c. 29, § 23A); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See <u>Prompt Pay Discounts Policy</u> .)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Community Compact Grant: This award is being made through the Community Compact Grant Program, authorized by Chapter 154 of the Acts of 2018, Section 2, Item 1599-0026, to the Town of Middleton for the costs associated with inventoring and geo-coding assets.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input checked="" type="checkbox"/> 1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input type="checkbox"/> 2. may be incurred as of <u> </u> , 20 <u> </u> , a date LATER than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input type="checkbox"/> 3. were incurred as of <u> </u> , 20 <u> </u> , a date PRIOR to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the <u>Effective Date</u> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>two (2) years from the signing date of the contract</u> with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached <u>Contractor Certifications</u> (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable <u>Commonwealth Terms and Conditions</u> , this Standard Contract Form including the <u>Instructions and Contractor Certifications</u> , the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR:  X: <u> </u> Date: <u>12/21/18</u> (Signature and Date Must Be Handwritten At Time of Signature)		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:  X: <u> </u> Date: <u>4/18</u> (Signature and Date Must Be Handwritten At Time of Signature)	
Print Name: <u>Andrew J. Sheehan</u> Print Title: <u>Town Administrator</u>		Print Name: <u>Sean Cronin</u> Print Title: <u>DOR Senior Deputy Commissioner for Local Services</u>	

To Whom It May Concern:

My name is Jessica Sollazzo and I have been a resident of Middleton for almost 30 years. I have worked with the recreation department in the past as an employee at the summer park program, as well as assisted during events such as the pumpkin Festival and Christmas party. I also organized and carried out the production of The Middleton Idol event, which ran annually at the end of the summer from 2006-2009. I have two young children, and I recently started my own handmade craft business, so I think this is the perfect time to become more involved with the town. I think I would be a great asset to the recreation commission, and have many ideas I am excited to share.

Thank You,
Jessica Sollazzo

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Town of Middleton
Memorial Hall
48 South Main Street
Middleton, Massachusetts
01949-2253
978-774-3589
www.middletonma.gov

TOWN OF MIDDLETON TALENT BANK APPLICATION

The Board of Selectmen maintains a Talent Bank of names of citizens of Middleton willing to serve on boards, commissions and committees. Names in this file are available for use by all Town Departments.

Names: Jessica Sollazzo Telephone: 978-790-6117

Address: 32 Peabody St. Middleton Bus. Telephone: _____

Email: A _____

Occupation: _____

Background Experience: I have worked with the Rec. Department as an employee at the parks program, as well as assisting during town events. I also organized the Middleton Idol-Event that ran annually at the end of the summer from 2006-2009.
I am interested in serving on Town Boards and Committees involved in the following areas:

(Please check all that apply. The Board encourages you to attach a recent resume if available.)

- | | |
|--|---|
| <input type="checkbox"/> Board of Health | <input checked="" type="checkbox"/> Recreation Commission |
| <input type="checkbox"/> Council on Aging | <input type="checkbox"/> Historical Commission |
| <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Planning Board |
| <input type="checkbox"/> Board of Appeals | <input type="checkbox"/> Scholarship Committee |
| <input type="checkbox"/> Master Plan Committee | <input type="checkbox"/> Library Services |
| <input type="checkbox"/> Conservation Commission | <input type="checkbox"/> Industrial Commercial Development Review Committee |
| <input type="checkbox"/> Cultural Council | <input type="checkbox"/> Zoning Bylaw Review Committee |

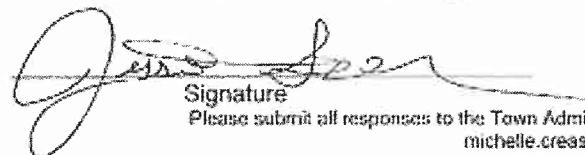
Amount of Time Available: _____

Are you available year round for committee meetings? Yes ✓ No _____
If not, when are you available?

_____ Winter _____ Spring _____ Summer _____ Autumn

Are there any Boards or Committees in which you are particularly interested?

Recreation Commission


Signature

12/12/18
Date

Please submit all responses to the Town Administrator's Office via the mailing address above or via email at:
michelle.creasi@middletonma.gov

MANN & MANN, P.C.

COUNSELLORS AT LAW

JILL ELMSTROM MANN†*

KURT P. MANN†*

MELISSA GNOZA OGDENT

†Admitted to practice in Massachusetts

*Admitted to practice in New York

December 31, 2018

Middleton Board of Selectmen
Attention: Andrew Sheehan, Town Administrator
48 South Main Street
Middleton, MA 01949

10

RE: Street Acceptance – Lewis Drive, Middleton
PRIMECAP LLC - Developer

Dear Members of the Board:

Please be advised that the undersigned is legal counsel for PRIMECAP LLC, the developer (the “Developer”) of the residential subdivision known as Lewis Drive (the “Subdivision”) the details of which are set forth on the plans approved by the Planning Board entitled “Definitive Subdivision Modification Plan - Lewis Drive recorded with the Southern Essex District Registry of Deeds in Plan Book 437, Plan 97 (the “Definitive Plan”) as amended by a plan entitled “Plan of Land in Middleton” recorded with the Registry of Deeds in Plan Book 449, Plan 43 (“ANR Plan 1”) and a plan entitled “Plan of Land in Middleton, MA” recorded with the Registry of Deeds in Plan Book 464, 62 (“ANR Plan 2”, together with the Definitive Plan and ANR Plan 1 collectively the “Approved Plans”). In my capacity as local land use counsel, the Developer has asked me to assist in securing the laying out and acceptance of Lewis Drive as a public way by the Town of Middleton.

In furtherance of the following, the Developer provides the Town with the following:

1. *Title Certification:* A title certification running to the benefit of the Town confirming the right and title of the Developer to convey the fee interest in Lewis Drive and the drainage and sight distance easements to the Town. Three (3) copies of which are attached as Exhibit A.
2. *Copies of Deeds and Other Instruments:* Copies of the deed into the Developer and copies of all the deeds from the Developer for each of the lots in the Subdivision. Three (3) copies of which are attached as Exhibit B.
3. *As-Built/Street Acceptance Plans:* Prepared by Hancock Associates, a Massachusetts Registered Professional Engineer and Professional Land Surveyor, showing the Lewis

S:\3 Closed\Sokolow, R (Lewis Drive) 2017-07\Street Acceptance\Submission\ltr to Town.docx

191 South Main Street, Suite 104
Middleton, Massachusetts 01949
Telephone: 978-762-6238
Facsimile: 978-762-6434

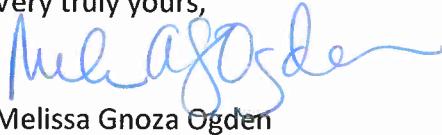
Direct Email: jill@mannpc.com
kurt@mannpc.com
melissa@mannpc.com

Drive and all utilities, public and private, above and below grade, and in compliance with the other requirements of the Subdivision Rules and Regulations. Three (3) copies of which are attached as Exhibit C.

4. *Definitive Subdivision Plans*: These plans contain a sufficient description of the roadway and easement such that additional legal descriptions are not necessary. Three (3) copies of which are attached as Exhibit D.
5. *Draft Warrant Article and Copy of Proposed Deed to the Town with all easements noted therein*. Three (3) copies of which are attached as Exhibit E.

Please place this matter for discussion on the agenda of the Selectmen's next regular meeting. Your kind attention is greatly appreciated.

Very truly yours,



Melissa Gnoza Ogden

Enclosures

cc: Scott Fitzpatrick, Public Works Superintendent
Katrina O'Leary, Planning Coordinator
Richard Sokolow, Manager
Jill Elmstrom Mann, Esq.