

MIDDLETON SELECT BOARD
MEETING AGENDA
FULLER MEADOW ELEMENTARY SCHOOL
143 SOUTH MAIN STREET, MIDDLETON, MA 01949
TUESDAY, FEBRUARY 4TH, 2025
6:00 PM

This meeting is being recorded

- 6:00 pm 1. Business
- Warrant: 2516 and FP 54
 - Minutes: Open Session, January 13, 2025 and January 21, 2025; Executive Session, December 3, 2024 and January 13, 2025 and January 21, 2025
 - Town Administrator Updates and Reports
- 6:10 pm 2. Public Comment
- 6:15 pm 3. Middleton Municipal Campus Update
- 6:20 pm 4. Recap of Budget Saturday
- 6:30 pm 5. Open May 13th, 2025 Annual Town Meeting Warrant
- 6:35 pm 6. Licensing Items:
- i. Review and vote on annual licenses for liquor, common victualler, etc....
 - ii. Liquor License Manager Change SD Management Group, DBA Ferncroft Country Club (Phil Leiss)
 - iii. One Day Liquor License – February 13th in Lobby at 177 N Main St. Middleton, MA
- 6:45 pm 7. Select Board Appointments
- MBTA Advisory Board Designee: Kyle Smith
 - Zoning Board of Appeals – Alternate: Cheryl Leon-McCormack; Rachel Nemeth
- 7:00 pm 8. Joint Appointment with the Planning Board
- Planning Board – Alternate: Cheryl Leon-McCormack; Rachel Nemeth
- 7:10 pm 9. MBTA 3A Zoning Update
- a. Review EOHLC letter and draft letters of Town response
 - b. Interim Compliance via Action Plan Discussion
- 7:45 pm 10. Updates & Announcements
- 7:50 pm 11. Executive Session pursuant to G.L. c. 30A, s. 21(a)(2) to discuss strategy with respect to non-union personnel: Compensation and Class discussion regarding all non-union personnel.

Upcoming Meetings:

	February 18	Regular Select Board Meeting
	March 1	Capital Budget Sat. Meeting
*Note Select Board start time to shift to 5pm →	March 4	Regular Select Board Meeting

The Board reserves the right to consider items on the agenda out of order. Not all items listed may in fact be discussed and other items not listed may also be brought up for discussion to the extent permitted by law.

5

Town of Middleton Massachusetts



ANNUAL TOWN MEETING

Tuesday, May 13, 2025

7:00PM

Howe Manning School Gymnasium
26 Central Street, Middleton, MA

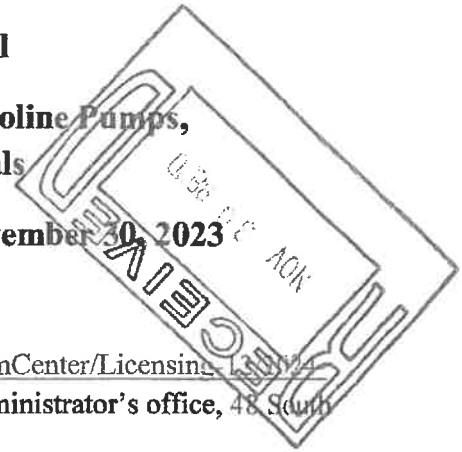
12/5

Black Glove

Miscellaneous License Renewal

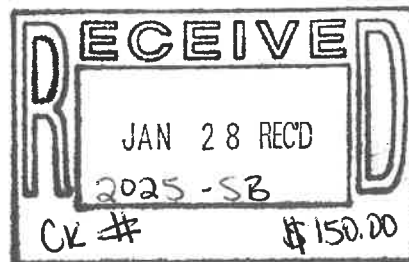
**Auctioneer, Class I, Class II, Class III, Gasoline Pumps,
Golf, Livery, and Precious Metals**

Checklist of items to return no later than November 30, 2023



Please complete all forms here: <https://www.middletonma.gov/FormCenter/Licensing/License-Renewal-Application-for-Auc-75> or drop off at Town Administrator's office, 48 South Main Street.

- ☒ **Town of Middleton License Renewal Form and Applicable fees paid to the Town of Middleton** Payment is available online <https://unipaygold.unibank.com/transactioninfo.aspx?TID=29080> (UniPay - Town of Middleton - Select Board) or payment may be dropped off at the Town Administrator's Office, 48 South Main Street, 2nd Floor Monday – Thursday between 9am – 1pm.
- ☒ **Revenue Enforcement and Protection Certification (REAP)** Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, you must certify under the penalties of perjury that you have filed all State tax returns and paid all State taxes required under law. With your signature, you must provide your Federal identification Number or Social Security Number.
- ☒ **Verification that applicants are not in arrears in any taxes, rents, or assessments owed to the Town** This includes real estate taxes, electricity, sewer and water charges, excise taxes and personal property taxes due and payable as of November 1, 2023.
- ☒ **Livery/Taxi ONLY** Certificate of insurance for each vehicle. Vehicle must be registered in Middleton, MA.



Town of Middleton, Massachusetts
Revenue Enforcement and Protection Certification (REAP)

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I hereby certify under the penalties of perjury that I to my best knowledge and belief, have filed all State tax returns and paid all state taxes required by law.

Name of Company: Black Glove Transportation

Address: 35 Village Rd

Title of Person Signing: Timothy Axford

Signature of Individual or Corporate Name: Timothy Axford

Printed Name of Above: Timothy Axford

Contact Telephone Number: 978-886-0312

Date: _____

Social Security Number or Federal Identification Number: 

Email Address: ~~Health~~ healthyworldtmg@yahoo.com

**TOWN OF MIDDLETON LICENSE 2024 RENEWAL FORM FOR
AUCTIONEER, CLASS I, CLASS II, CLASS III, GASOLINE PUMPS,
GOLF, LIVERY AND PRECIOUS METALS**

Please use this form to obtain your license renewal. Please pay all license fees no later than **Saturday, November 30, 2024**. License fees shall be paid by cashier's check or bank check or online.

<https://unipaygold.unibank.com/transactioninfo.aspx?TID=29080> (Town of Middleton - Select Board)

All license fees must be received no later than November 30, 2024 in order to have your license renewed for January 1, 2025.

Please select the appropriate licenses below and total your amount due:

TYPE OF LICENSE	QUANTITY	LICENSE FEE	AMOUNT DUE
Amusement Machines (per machine)	<u> </u>	X \$35.00	= <u> </u>
Auctioneer	<u> </u>	\$45.00	<u> </u>
Class I	<u> </u>	\$200.00	<u> </u>
Class II	<u> </u>	\$200.00	<u> </u>
Class III	<u> </u>	\$200.00	<u> </u>
Gas License (per nozzle)	<u> </u>	X \$45.00	= <u> </u>
Golf Course/Driving Range	<u> </u>	\$100.00	<u> </u>
Livery License	<u> </u>	\$100.00	<u>100</u>
# Vehicles	<u> </u>	\$50.00 1 st vehicle; \$25.00 each additional vehicle	<u>50.00</u>
Precious Metals	<u> </u>	\$50.00	<u> </u>
Total Amount Due by November 30, 2024			<u>150.00</u>

Business Name: Black Glove Transportation

Manager Name: Timothy Axson **Signature:** Timothy Axson

Phone Number: 978-886-0312 **Email Address:** healthworld+mca@yashoe.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/01/2023

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 Hilb Group of NJ DBA Lighthouse Insurance Agency 540 Gallivan Blvd Unit 211 Dorchester MA 02124	CONTACT NAME: Jason Mutascio PHONE (A/C No Ext): (617) 464-3777 E-MAIL ADDRESS: jason.mutascio@lighthouseins.net FAX (A/C No): (617) 464-3888
INSURED Timothy Axford 35 VILLAGE RD STE 100 MIDDLETON MA 01949	INSURER(S) AFFORDING COVERAGE INSURER A: Core Specialty Insurance Holdings, Inc. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** CL236177743 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		BA176301#1	03/29/2023	03/29/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate is provided to Holder as proof of active coverage for above Named Insured.

2022 BMW 530 SEDAN WBA13BJ06NWX81503
Timothy Axford 06/21/1965 S91183835
Hydi Taylor 12/08/1978 S92999964

CERTIFICATE HOLDER Massport 1 Harborside Dr Boston MA 02128	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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**LIQUOR LICENSE
CHANGE OF MANAGER APPLICATION
00013-RS-0704**

**SD MANAGEMENT GROUP, LLC
d/b/a
19th HOLE RESTAURANT at
FERNCROFT COUNTRY CLUB
ANNUAL LICENSE**

8-10 Village Road, Middleton, MA 01949

**MANN & MANN, P.C.
Counsellors at Law
191 South Main Street, Suite 104
Middleton, MA 01949
Telephone: 978-762-6238
Facsimile: 978-762-6434
Email: jill@mannpc.com**

Exhibit List

For

**Change of Manager for SD Management Group, LLC d/b/a 19th Hole Restaurant
At Ferncroft Country Club**

- 1. Monetary Transmittal Form together with Receipt reflecting payment of Application Fee**
- 2. Retail Application for Change of Manager and Applicant's Statement**
- 3. CORI Request Form for Philip Alexander Leiss with proof of citizenship for Mr. Leiss: Passport and Driver's License**
- 4. TIPS Certification for Philip Alexander Leiss**
- 5. Vote of Corporate Board of SD Management Group LLC**
- 6. Local Licensing Certification**



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**

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: 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 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"/> | | <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
95 Fourth Street, Suite 3
Chelsea, MA 02150-2358

Your Information

Payment

Receipt

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.

**Transaction Processed Successfully.****INVOICE #: 18fccb3a-a254-4f35-82a0-786a25382c53**

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	00013-RS-0704	\$200.00
		\$200.00

Total Convenience Fee: \$5.18**Date Paid: 2/3/2025 12:09:38 PM EDT****Total Amount Paid: \$205.18****Payment On Behalf Of****License Number or Business Name:**
00013-RS-0704**Fee Type:**
FILING FEES-RETAIL**Billing Information****First Name:**
Jill**Last Name:**
Mann**Address:**
191 South Main Street**City:**
Middleton**State:**
MA**Zip Code:**
01949**Email Address:**
pamv@mannpc.com



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

AMENDMENT-Change of Manager

☒ **Change of License Manager**

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
SD Management Group, LLC	Middleton	00013-RS-0704

2. APPLICATION CONTACT

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

Name	Title	Email	Phone
Jill Elmstrom Mann	Attorney	jill@mannpc.com	978-762-6238

3A. MANAGER INFORMATION

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

Proposed Manager Name	Philip Alexander Leiss	Date of Birth	[REDACTED]	SSN	[REDACTED]
Residential Address	34 Surrey Lane, Topsfield, MA 01983				
Email	P.Leiss@ferncroftcc.com		Phone	978-836-8267	
Please indicate how many hours per week you intend to be on the licensed premises		40+	Last-Approved License Manager		
			Iain George Crooks		

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
1990	York, ME	OUI	community service/driver education program

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
2006	current	Director of Golf	Ferncroft Country Club	David Swales

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 Paul Leiss Date 2.3.2025

APPLICANT'S STATEMENT

I, David R. Swales the: ☐ sole proprietor; ☐ partner; ☐ corporate principal; ☒ LLC/LLP manager
Authorized Signatory
of SD Management Group, 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:

January 31, 2025

Title:

Manager



JEAN M. LORIZIO, ESQ.
CHAIRMAN

Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150

CORI REQUEST FORM

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: 00013-RS-0704
(OF EXISTING LICENSES) LICENSEE NAME: SD Management Group, LLC CITY/TOWN: Middleton

APPLICANT INFORMATION

LAST NAME: Leiss FIRST NAME: Philip MIDDLE NAME: Alexander
MAIDEN NAME OR ALIAS (IF APPLICABLE): N/A PLACE OF BIRTH: Englewood, NJ
DATE OF BIRTH: [REDACTED] SSN: [REDACTED] ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Foster DRIVER'S LICENSE #: S16171617 STATE LIC. ISSUED: Massachusetts
GENDER: MALE HEIGHT: 5 8 WEIGHT: 175 EYE COLOR: Blue
CURRENT ADDRESS: 34 Surrey Lane
CITY/TOWN: Topsfield STATE: MA ZIP: 01983
FORMER ADDRESS: N/A
CITY/TOWN: STATE: ZIP:

PRINT AND SIGN

PRINTED NAME: Philip Alexander Leiss APPLICANT/EMPLOYEE SIGNATURE: [Signature]

NOTARY INFORMATION

On this February 3, 2023 before me, the undersigned notary public, personally appeared Philip Alexander Leiss
(name of document signer), proved to me through satisfactory evidence of identification, which were his driver's license
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

[Signature]
NOTARY

DIVISION USE ONLY

REQUESTED BY: [REDACTED]
SIGNATURE OF CORI AUTHORIZED EMPLOYEE
The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCJ. Certified agencies 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 DCJ via email or by fax to (617) 860-4514.





CERTIFICATE OF COMPLETION

This certifies that

PHILIP LEISS

is awarded this certificate for

TIPS On-Premise Alcohol Server Training



Hours
3.00



Completion Date
02/02/2025



Expiration Date
02/02/2028



Certificate #
ON-000036028432


Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

CUT HERE

CUT HERE



Issued: 02/02/2025
Certificate #: ON-000036028432

PHILIP LEISS
8 Village Road, Middleton, MA, USA
Middleton MA 01949

CERTIFIED

Expires: 02/02/2028



Phone: 800-438-8477
www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature

ENTITY VOTE

The Board of Directors or LLC Managers of

SD Management Group, LLC

Entity Name

duly voted to apply to the Licensing Authority of

Middleton

City/Town

and the

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

January 31, 2025

Date of Meeting

For the following transactions (Check all that apply):

☒ Change of Manager

☐ Other

"VOTED: To authorize

David R. Swales

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

Phillip Alexander Leiss

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,



Corporate Officer /LLC Manager Signature

David R. Swales, Manager

(Print Name)

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature

(Print Name)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission

☐ For Reconsideration

LICENSING AUTHORITY CERTIFICATION

Middleton

City /Town

00013-RS-0704

ABCC License Number

TRANSACTION TYPE (Please check all relevant transactions):

The license applicant petitions the Licensing Authorities to approve the following transactions:

- | | | | |
|--|---|---|---|
| <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"/> | <input type="checkbox"/> Change of DBA |

APPLICANT INFORMATION

Name of Licensee	SD Management Group LLC	DBA	19th Hole Restaurant at Ferncroft Country Club
Street Address	8-10 Village Road		Zip Code 01949
Manager	Philip Alexander Leiss		Granted under Special Legislation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
\$12 Restaurant	Annual	All Alcoholic Beverages	If Yes, Chapter <input type="text"/>
Type (i.e. restaurant, package store)	Class (Annual or Seasonal)	Category (i.e. Wines and Malts / All Alcohol)	of the Acts of (year) <input type="text"/>

DESCRIPTION OF PREMISES Complete description of the licensed premises

The 19th Hole Restaurant and Function Room at the Ferncroft Country Club. The first floor has a 2,500 sf function room and a 2,500 sf dining room, 1,500 sf bar and two outdoor decks with 400 sf and 600 sf. The second floor has a 4,000 sf dining area/function room and a roof deck with 1,600 sf.

LOCAL LICENSING AUTHORITY INFORMATION

Application filed with the LLA:	Date	2/4/2025	Time	6:00pm
Advertised	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Published	<input type="text"/>	
Abutters Notified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Notice	<input type="text"/>	
Date APPROVED by LLA	2/4/2025	Decision of the LLA	Approved Manager Change	
Additional remarks or conditions (E.g. Days and hours)	<input type="text"/>			
For Transfers ONLY:				
Seller License Number:	<input type="text"/>	Seller Name:	<input type="text"/>	

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission
Ralph Sacramone
Executive Director

**LIQUOR LICENSE
CHANGE OF MANAGER APPLICATION
00034-RS-0704**

**SD MANAGEMENT GROUP, LLC
d/b/a
HALFWAY HOUSE SNACK BAR at
FERNCROFT COUNTRY CLUB
SEASONAL LICENSE**

8-10 Village Road, Middleton, MA 01949

**MANN & MANN, P.C.
Counsellors at Law
191 South Main Street, Suite 104
Middleton, MA 01949
Telephone: 978-762-6238
Facsimile: 978-762-6434
Email: jill@mannpc.com**

Exhibit List

For

**Change of Manager for SD Management Group, LLC d/b/a Halfway House Snack Bar
At Ferncroft Country Club**

- 1. Monetary Transmittal Form together with Receipt reflecting payment of Application Fee**
- 2. Retail Application for Change of Manager and Applicant's Statement**
- 3. CORI Request Form for Philip Alexander Leiss with proof of citizenship for Mr. Leiss: Passport and Driver's License**
- 4. TIPS Certification for Philip Alexander Leiss**
- 5. Vote of Corporate Board of SD Management Group, LLC**
- 6. Local Licensing Certification**



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**

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: 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)

00034-RS-0704

ENTITY/ LICENSEE NAME

SD Management Group, LLC

ADDRESS

8-10 Village Road

CITY/TOWN

Middleton

STATE

MA

ZIP CODE

01949

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="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
95 Fourth Street, Suite 3
Chelsea, MA 02150-2358

Your Information

Payment

Receipt

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.



Transaction Processed Successfully.

INVOICE #: e912da2c-5131-44d1-b558-4918c7a6b820

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	00034-RS-0704	\$200.00
		\$200.00

Total Convenience Fee: \$5.18**Date Paid: 2/3/2025 12:15:08 PM EDT****Total Amount Paid: \$205.18****Payment On Behalf Of****License Number or Business Name:**
00034-RS-0704**Fee Type:**
FILING FEES-RETAIL**Billing Information****First Name:**
Mann & Mann PC Jill**Last Name:**
Mann**Address:**
191 South Main Street**City:**
Middleton**State:**
MA**Zip Code:**
01949**Email Address:**
pamv@mannpc.com



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

AMENDMENT-Change of Manager

☒ **Change of License Manager**

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
SD Management Group, LLC	Middleton	00034-RS-0704

2. APPLICATION CONTACT

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

Name	Title	Email	Phone
Jill Elmstrom Mann	Attorney	jill@mannpc.com	978-762-6238

3A. MANAGER INFORMATION

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

Proposed Manager Name	Philip Alexander Leiss	Date of Birth	[REDACTED]	SSN	[REDACTED]
Residential Address	34 Surrey Lane, Topsfield, MA 01983				
Email	P.Leiss@ferncroftcc.com		Phone	978-836-8267	
Please indicate how many hours per week you intend to be on the licensed premises	40+	Last-Approved License Manager		Iain George Crooks	

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
1990	York, ME	OUI	community service/driver education program

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
2006	current	Director of Golf	Ferncroft Country Club	David Swales

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 Phil Leiss Date 2.3.2015

APPLICANT'S STATEMENT

I, David R. Swales the: ☐ sole proprietor; ☐ partner; ☐ corporate principal; ☒ LLC/LLP manager
Authorized Signatory

of SD Management Group, 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: January 31, 2025

Title:

Manager



JEAN M. LORIZIO, ESQ.
CHAIRMAN

Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150

CORI REQUEST FORM

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: (IF EXISTING LICENSEE)	00034-RS-0704	LICENSEE NAME:	SD Management Group, LLC	CITY/TOWN:	Middleton
--	---------------	----------------	--------------------------	------------	-----------

APPLICANT INFORMATION

LAST NAME:	Leiss	FIRST NAME:	Philip	MIDDLE NAME:	Alexander
MAIDEN NAME OR ALIAS (IF APPLICABLE):	N/A	PLACE OF BIRTH:	Englewood, NJ		
DATE OF BIRTH:	[REDACTED]	SSN:	[REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:	Foster	DRIVER'S LICENSE #:	S16171617	STATE LIC. ISSUED:	Massachusetts
GENDER:	MALE	HEIGHT:	5 8	WEIGHT:	175
EYE COLOR:	Blue				
CURRENT ADDRESS:	34 Surrey Lane				
CITY/TOWN:	Topsfield	STATE:	MA	ZIP:	01983
FORMER ADDRESS:	N/A				
CITY/TOWN:		STATE:		ZIP:	

PRINT AND SIGN

PRINTED NAME:	Philip Alexander Leiss	APPLICANT/EMPLOYEE SIGNATURE:	<i>Philip Alexander Leiss</i>
---------------	------------------------	-------------------------------	-------------------------------

NOTARY INFORMATION

On this February 3, 2025 before me, the undersigned notary public, personally appeared Philip Alexander Leiss
(name of document signer), proved to me through satisfactory evidence of identification, which were his driver's license
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Pamela Veerman
NOTARY

DIVISION USE ONLY

REQUESTED BY:	
SIGNATURE OF CORI-AUTHORIZED EMPLOYEE	

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 agencies 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) 660-4814.





A 360TRAINING COMPANY

CERTIFICATE OF COMPLETION

This certifies that

PHILIP LEISS

is awarded this certificate for

TIPS On-Premise Alcohol Server Training



Hours
3.00



Completion Date
02/02/2025



Expiration Date
02/02/2028



Certificate #
ON-000036028432

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

8504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

(CUT HERE)

(CUT HERE)



Issued: 02/02/2025
Certificate #: ON-000036028432

PHILIP LEISS
8 Village Road, Middleton, MA, USA
Middleton MA 01949

CERTIFIED

Expires: 02/02/2028



Phone: 800-438-8477
www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature _____

ENTITY VOTE

The Board of Directors or LLC Managers of

SD Management Group, LLC

Entity Name

duly voted to apply to the Licensing Authority of

Middleton

City/Town

and the

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

January 31, 2025

Date of Meeting

For the following transactions (Check all that apply):

☒ Change of Manager

☐ Other

"VOTED: To authorize

David R. Swales

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

Philip Alexander Leiss

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,



Corporate Officer /LLC Manager Signature

David R. Swales, Manager

(Print Name)

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature

(Print Name)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission

☐ For Reconsideration

LICENSING AUTHORITY CERTIFICATION

Middleton

City/Town

00034-RS-0704

ABCC License Number

TRANSACTION TYPE (Please check all relevant transactions):

The license applicant petitions the Licensing Authorities to approve the following transactions:

- | | | | |
|--|---|---|---|
| <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"/> | <input type="checkbox"/> Change of DBA |

APPLICANT INFORMATION

Name of Licensee	SD Management Group, LLC	DBA	Halfway House Snack Bar at Ferncroft Country Club
Street Address	8-10 Village Road		Zip Code 01949
Manager	Philip Alexander Leiss		Granted under Special Legislation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
			If Yes, Chapter <input type="text"/>
			of the Acts of (year) <input type="text"/>
\$12 Restaurant (i.e. restaurant, package store)	Seasonal (Annual or Seasonal)	All Alcoholic Beverages (i.e. Wines and Malts / All Alcohol)	

DESCRIPTION OF PREMISES

Complete description of the licensed premises

The Halfway House and Snack Bar at the Ferncroft Country Club.

LOCAL LICENSING AUTHORITY INFORMATION

Application filed with the LLA:	Date	2/4/2025	Time	6:00pm
Advertised	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Published	<input type="text"/>	
Abutters Notified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Notice	<input type="text"/>	
Date APPROVED by LLA	2/4/2025	Decision of the LLA	Approved Manager Change	
Additional remarks or conditions (E.g. Days and hours)	<input type="text"/>			
For Transfers ONLY:				
Seller License Number:	<input type="text"/>	Seller Name:	<input type="text"/>	

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission
Ralph Sacramone
Executive Director

**LIQUOR LICENSE
CHANGE OF MANAGER APPLICATION
00033-RS-0704**

**SD MANAGEMENT GROUP, LLC
d/b/a
MEMBERS LOUNGE at
FERNCROFT COUNTRY CLUB
SEASONAL LICENSE**

8-10 Village Road, Middleton, MA 01949

**MANN & MANN, P.C.
Counsellors at Law
191 South Main Street, Suite 104
Middleton, MA 01949
Telephone: 978-762-6238
Facsimile: 978-762-6434
Email: jill@mannpc.com**

Exhibit List

For

**Change of Manager for SD Management Group, LLC d/b/a Members Lounge
At Ferncroft Country Club**

- 1. Monetary Transmittal Form together with Receipt reflecting payment of Application Fee**
- 2. Retail Application for Change of Manager and Applicant's Statement**
- 3. CORI Request Form for Philip Alexander Leiss with proof of citizenship for Mr. Leiss: Passport and Driver's License**
- 4. TIPS Certification for Philip Alexander Leiss**
- 5. Vote of Corporate Board of SD Management Group, LLC**
- 6. Local Licensing Certification**



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**

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: **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)	<input type="text" value="00033-RS-0704"/>		
ENTITY/ LICENSEE NAME	<input type="text" value="SD Management Group, LLC"/>		
ADDRESS	<input type="text" value="8-10 Village Road"/>		
CITY/TOWN	<input type="text" value="Middleton"/>	STATE	<input type="text" value="MA"/>
		ZIP CODE	<input type="text" value="01949"/>

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"/> | <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
95 Fourth Street, Suite 3
Chelsea, MA 02150-2358

Your Information

Payment

Receipt

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.

**Transaction Processed Successfully.****INVOICE #: e5c21974-701a-40ab-8c8c-5ce024fab4a9**

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	00033-RS-0704	\$200.00
		\$200.00

Total Convenience Fee: \$5.18**Date Paid: 2/3/2025 12:12:25 PM EDT****Total Amount Paid: \$205.18****Payment On Behalf Of****License Number or Business Name:**
00033-RS-0704**Fee Type:**
FILING FEES-RETAIL**Billing Information****First Name:**
Mann & Mann PC Jill**Last Name:**
Mann**Address:**
191 South Main Street**City:**
Middleton**State:**
MA**Zip Code:**
01949**Email Address:**
pamv@mannpc.com



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

AMENDMENT-Change of Manager

☒ **Change of License Manager**

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
SD Management Group, LLC	Middleton	00033-RS-0704

2. APPLICATION CONTACT

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

Name	Title	Email	Phone
Jill Elmstrom Mann	Attorney	jill@mannpc.com	978-762-6238

3A. MANAGER INFORMATION

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

Proposed Manager Name	Philip Alexander Leiss	Date of Birth	[REDACTED]	SSN	[REDACTED]
Residential Address	34 Surrey Lane, Topsfield, MA 01983				
Email	P.Leiss@ferncroftcc.com		Phone	978-836-8267	
Please indicate how many hours per week you intend to be on the licensed premises	40+	Last-Approved License Manager	Iain George Crooks		

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
1990	York, ME	OUI	community service/driver education program

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
2006	present	Director of Golf	Ferncroft Country Club	David Swales

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 [Signature] Date February 3, 2025

APPLICANT'S STATEMENT

I, David R. Swales the: ☐ sole proprietor; ☐ partner; ☐ corporate principal; ☒ LLC/LLP manager
Authorized Signatory

of SD Management Group, 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: January 31, 2025

Title:

Manager



JEAN M. LORIZIO, ESQ.
CHAIRMAN

Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150

CORI REQUEST FORM

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: (IF EXISTING LICENSE)	00033-RS-0704	LICENSEE NAME:	SD Management Group, LLC	CITY/TOWN:	Middleton
---------------------------------------	---------------	----------------	--------------------------	------------	-----------

APPLICANT INFORMATION

LAST NAME:	Leiss	FIRST NAME:	Philip	MIDDLE NAME:	Alexander			
MAIDEN NAME OR ALIAS (IF APPLICABLE):	N/A	PLACE OF BIRTH:	Englewood, NJ					
DATE OF BIRTH:	[REDACTED]	SSN:	[REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	Foster	DRIVER'S LICENSE #:	S16171617	STATE LIC. ISSUED:	Massachusetts			
GENDER:	MALE	HEIGHT:	5	8	WEIGHT:	175	EYE COLOR:	Blue
CURRENT ADDRESS:	34 Surrey Lane							
CITY/TOWN:	Topsfield	STATE:	MA	ZIP:	01983			
FORMER ADDRESS:	N/A							
CITY/TOWN:		STATE:		ZIP:				

PRINT AND SIGN

PRINTED NAME:	Philip Alexander Leiss	APPLICANT/EMPLOYEE SIGNATURE:	<i>Philip Leiss</i>
---------------	------------------------	-------------------------------	---------------------

NOTARY INFORMATION

On this	February 3, 2025	before me, the undersigned notary public, personally appeared	Philip Alexander Leiss
(name of document signer),	proved to me through satisfactory evidence of identification, which were		his driver's license
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.			
			<i>Pamela Veerman</i> NOTARY

DIVISION USE ONLY

REQUESTED BY:	
IDENTIFICATION OF CORP-AUTHORIZED EMPLOYEE	
The DCII Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCII. Certified agencies 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 DCII via mail or by fax to (617) 680-4634.	





A 360TRAINING COMPANY

CERTIFICATE OF COMPLETION

This certifies that

PHILIP LEISS

is awarded this certificate for

TIPS On-Premise Alcohol Server Training



Hours
3.00



Completion Date
02/02/2025



Expiration Date
02/02/2028



Certificate #
ON-000036028432

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

(CUT HERE)

(CUT HERE)



Issued: 02/02/2025

Certificate #: ON-000036028432

PHILIP LEISS

8 Village Road, Middleton, MA, USA
Middleton MA 01949

CERTIFIED

Expires: 02/02/2028



Phone: 800-438-8477

www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature _____

ENTITY VOTE

The Board of Directors or LLC Managers of SD Management Group, 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 January 31, 2025
Date of Meeting

For the following transactions (Check all that apply):

☒ Change of Manager

☐ Other

"VOTED: To authorize David R. Swales
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 Philip Alexander Leiss
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,



Corporate Officer /LLC Manager Signature

David R. Swales, Manager

(Print Name)

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature

(Print Name)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission

☐ For Reconsideration

LICENSING AUTHORITY CERTIFICATION

Middleton

City/Town

00033-RS-0704

ABCC License Number

TRANSACTION TYPE (Please check all relevant transactions):

The license applicant petitions the Licensing Authorities to approve the following transactions:

- | | | | |
|--|---|---|---|
| <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="checkbox"/> Change of DBA |

APPLICANT INFORMATION

Name of Licensee SD Management Group, LLC

DBA Members Lounge at Ferncroft Country Club

Street Address 8-10 Village Road

Zip Code 01949

Manager Philip Alexander Leiss

Granted under
Special Legislation? Yes ☐ No ☒

\$12 Restaurant

Seasonal

All Alcoholic Beverages

Type

(i.e. restaurant, package store)

Class

(Annual or Seasonal)

Category

(i.e. Wines and Malts / All Alcohol)

If Yes, Chapter
of the Acts of (year)

DESCRIPTION OF PREMISES

Complete description of the licensed premises

The Member's Lounge at Ferncroft Country Club is seasonal and serves alcoholic beverages in the Lounge during the golf season (April - November) and around the golf course and the stands, pool area and areas surrounding the tennis courts and practice putting greens during the months of June and July for charity events.

LOCAL LICENSING AUTHORITY INFORMATION

Application filed with the LLA:

Date

2/4/2025

Time

6:00pm

Advertised

Yes ☐ No ☐

Date Published

Publication

Abutters Notified:

Yes ☐ No ☐

Date of Notice

Date APPROVED by LLA

2/4/2025

Decision of the LLA

Approved Manager Change

Additional remarks or conditions
(E.g. Days and hours)

For Transfers ONLY:

Seller License Number:

Seller Name:

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission
Ralph Sacramone
Executive Director



Revised 10/24/2023

Page 1 of 4



Town of Middleton
 Memorial Hall
 48 South Main Street
 Middleton, Massachusetts
 01949-2253
 978-777-3617
www.middletonma.gov

One Day Liquor License Application

License Fee Payable to the Town of Middleton

ALL QUESTIONS MUST BE ANSWERED AND A TELEPHONE NUMBER PROVIDED

Business Name Party Accommodator

Business Address 10 Pleasant Rd Peabody MA 01960

Social Security Number/FID Number _____

Applicant Information

Individual's Name Lianne Shapiro Gouherst

Home Address _____

Mobile Number _____

Is the Applicant a United States Citizen? ☒ Yes ☐ No

Driver's License Number & State _____

E-Mail Address liannegouherst@yahoo.com

Date of Event Feb 13, 25 Time from 5 to 8

Location of Licensed Activity 177 N. MAIN Street

Purpose of Event Board of Trade Event

Will there be entertainment? ☐ Yes ☒ No

Is the event being catered? ☒ Yes ☐ No

Name of Caterer Jim DJ Catering

Revised 10/24/2023

Page 2 of 4

One-Day-Liquor-2023

↓ (182 KB)

DOWNLOAD





Town of Middleton
 Memorial Hall
 48 South Main Street
 Middleton, Massachusetts
 01949-2253
 978-777-3617
www.middletonma.gov

Number of People Attending Adults 40 Children 0

Type of License (select one)

☐ One-Day All-Alcoholic (only available for non-profit purposes) ☒ One-Day Beer & Wine

☐ Charitable Wine Pouring ☐ Charitable Wine Auction

Is the alcohol being donated? ☐ Yes ☒ No

Where is the liquor being purchased from? Kappa

Are they a licensed wholesaler? ☒ Yes ☐ No

Who will be serving the alcohol? Party Accommodator

Does the server have liquor liability insurance? ☒ Yes ☐ No

Is the event held by, or held for the benefit of, a business or non-profit group?

Business ☒ Yes ☐ No Non-Profit ☒ Yes ☐ No

Will there be a cash bar? ☒ Yes ☐ No

Is there an entrance fee or donation required? ☐ Yes ☒ No

Is the event open to the general public? ☐ Yes ☒ No

****Special One Day Licensees must purchase Alcoholic Beverages from a licensed supplier. Special Licensee cannot purchase alcoholic beverages from a Package Store and cannot accept donations of alcoholic beverages from anyone.****

Revised 10/24/2023

Page 3 of 4



Town of Middleton
 Memorial Hall
 48 South Main Street
 Middleton, Massachusetts
 01949-2253
 978-777-3617
www.middletonma.gov

Liability Disclaimer for Special One Day License

By exercising the privileges of this license in serving persons with alcoholic beverages, the licensee is potentially exposed to significant liability for injuries and damages to persons served or to others who are injured or damaged by the persons served. Your acceptance and exercise of this license will be deemed to be acknowledgement that you are aware of this potential liability. You are encouraged to discuss the risks associated with exercising your privileges of the license and the precautions appropriate to avoid injuries, damage and liability to others with your legal advisor. The Town of Middleton, and the Select Board of Local Licensing Authority, shall not be liable to the licensee or others if injury or damage shall result from the exercise of the license.

Signature of Applicant:

Date:

1/15/25



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/10/2025

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 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 Phone: 978-474-0810 Fax: 978-474-0890

SAMEL INSURANCE AGENCY, INC.

16 CENTRAL STREET

ANDOVER MA 01810

CONTACT NAME: SameI Insurance Agency, Inc.

PHONE: 978-474-0810

FAX: 978-474-0890

E-MAIL: info@samei-ins.com

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Hartford Underwriters Insurance Company

30104

INSURER B : Hartford Underwriters Insurance Company

30104

INSURER C :

INSURER D:

INSURER E :

INSURER F :

INSURED

LEANNE GOVAERT
DBA PARTY ACCOMMODATOR
10 PEQUOT RD
PEABODY MA 01960

COVERAGES

CERTIFICATE NUMBER: 73024

REVISION NUMBER: 1

SUPERCEDES PREVIOUS REVISIONS

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			08SBMAL5G8C	05/03/24	05/03/25	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED. EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liab \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. <input checked="" type="checkbox"/> RETENTION \$ 10,000			08SBMAL5G8C	05/03/24	05/03/25	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				

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

Operations Usual to a Party/Event Planner

Event: February 13, 2025, 630pm-8pm

CERTIFICATE HOLDER

CANCELLATION

Salem Metals, Inc.
177 N Main St Building 200 Unit # 201
Middleton, MA 01949

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

Cynthia Moore

Attention:

ACORD 25 (2014/01)

Certificate # 73024

Revision # 1

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Shantel Bambury

From: Leanne Govaert <leannegovaert@yahoo.com>
Sent: Thursday, January 16, 2025 8:35 PM
To: Shantel Bambury
Subject: [EXTERNAL] - Re: One Day Liquor License - Missing Application Items Follow Up

Follow Up Flag: Follow up
Flag Status: Flagged

[CAUTION:] This message was sent from outside of the Town of Middleton. Please do not click links or open attachments unless you recognize the source of this email and know the content is safe.

****WARNING**** This email originates from a personal e-mail account and may attempt to impersonate personnel or deliver suspicious or malicious content. Please take care if you proceed.

Hello Shantel,

Thank you for responding to my application. Attached is my TIPS certification.
Workers comp is not needed as I am a sole proprietor, and it is my company
My COI, which is attached Covers my business for 3,000,000+ a rider

The address is on the application. New event will be taking place in the lobby there in their office inside.

e successfully completed the
procedureS) program. We value
on to the responsible sale,
hol.

ave learned, you will help to
or your patrons, peers, and
lies resulting from intoxication,
iving.

you think would
we can assist you
800-438-8477.



ID#: 5810049 Name: **Leanne S Govaert**
Exam Date: 9/1/2022 Expiration Date: 9/1/2025



CERTIFIED
eTIPS Off Premise and Delivery

Issued: 9/1/2022

Expires: 9/1/2025

ID#: 5810049

Leanne S Govaert
10 Pequod Rd
Peabody, MA 01960-3347

For service visit us online at www.gettips.com



Jackie Bresnahan

From: Kyle Smith <kylesm@gmail.com>
Sent: Wednesday, October 23, 2024 9:18 PM
To: Jackie Bresnahan
Subject: MBTA advisory board
Attachments: kyle-smith-resume.pdf

[CAUTION:] This message was sent from outside of the Town of Middleton. Please do not click links or open attachments unless you recognize the source of this email and know the content is safe.

Hi Jackie,

I *am* interested in being appointed as Middleton's representative to the MBTA advisory board.

Having spent the last week experiencing the fantastic public transportation in Paris and London I'm very interested to be involved with the advisory board.

My resume is attached.

ks

Kyle Smith

Middleton, MA • +1 339-203-9383 • kylesm@gmail.com • linkedin.com/in/kylesm

Software engineer with 15+ years of experience designing and building scalable distributed systems and infrastructure with an eye on user-focused reliability. Built and led high-performing engineering teams distributed across the globe. Continually improved team and organizational efficiency through standardization, automation, and education.

WORK EXPERIENCE

PTC, Inc. • Boston, MA • 03/2024 – Present
Distinguished Software Engineer • Full-time

Google, LLC (Acquired Fitbit in 01/2021) • Cambridge, MA, USA • 03/2017 – 02/2024
Engineering Manager II • Full-time

- Led team in executing strategy and planning for successful transition from Fitbit to Google's incident management process and tools in one quarter, resulting in no disruption or missed incidents.
- Reduced toil and pager volume for SRE by 50% by pitching a new, more focused team with the skills to own and turn down the monolithic backend app, successfully transitioning the workload.
- Increased reliability by defining production readiness standards and building automated tools to continuously assess compliance.
- Ensured Fitbit's migration to Google Cloud Platform in 18 months was successful with minimal downtime. Collaborated on strategy, assessed risks, defined system health metrics.

Fitbit, Inc. • Boston, MA, USA • 01/2016 – 03/2017
Senior Site Reliability Engineer • Full-time

- Implemented daily, low-overhead JVM profiling across Fitbit's production fleet using Honest Profiler and Puppet to rapidly identify performance regressions.
- Reviewed and contributed code changes for Fitbit's monolithic Java app, particularly focused on Spring and Hibernate refactoring and reliability improvements.

Onshape, Inc. • Cambridge, MA, USA • 01/2014 – 01/2016
Principal Engineer • Full-time

- Enabled dynamic request routing and flexible service configuration by creating a Java-based service discovery and configuration protocol using ZooKeeper.
- Bootstrapped Onshape's App Store using Spring Boot and JHipster, enabling it to largely be built-out by developers with little to no backend/full-stack experience.
- Reduced the time and effort required to bring up Onshape's AWS cloud infrastructure by ≈10x using CloudFormation and Python.

VMware, Inc. • Cambridge, MA, USA • 10/2007 – 01/2014
vCloud Director • Full-time

- Enabled scalable data storage for the virtual machine monitoring feature by integrating and packaging Cassandra with the product.

- Researched and provided recommendations on adoption of new resource management technologies for vCD.

Staff Engineer • Full-time

- Designed and implemented orchestration software that enabled thousands of attendees to complete 13,000 hands-on labs at a major convention.
- Enabled the team to quickly replicate terabytes of VMs to data centers around the world via optimized lossless exports from vCloud Director 1.5.

Senior Member Of The Technical Staff • Full-time

- Led 6-person team based in Cambridge, MA and Sofia, Bulgaria to design and implement the installation and configuration aspects of the product.
- Developed early versions of the product's RESTful APIs and worked with partners to successfully integrate their offerings.

IBM Corp. • Poughkeepsie, NY, USA • 10/2005 - 09/2007

Software Engineer • Full-time

- Performed acceptance and system verification tests for enterprise Linux distributions and middleware on IBM mainframes.
- Created and delivered a week-long workshop on z/VM and Linux for IBM customers which later toured globally.

EDUCATION

Bachelor of Science (BS) in Computer Science
Clarkson University

PUBLICATIONS

Introduction to the New Mainframe: z/VM Basics • 11/2007

IBM Redbooks

Using z/VM for Test and Development Environments: A Roundup • 02/2007

IBM Redbooks

IBM z/VM and Linux on IBM System z: Virtualization Cookbook for Red Hat Enterprise Linux 4 •

09/2006

IBM Redbooks



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

7/8

TOWN OF MIDDLETON TALENT BANK APPLICATION

The Select Board 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: Rachel Nemeth Telephone: (978) 774-9599 (landline)

Address: 29 North Main Street Bus. Telephone: _____

Email Address: ranemeth@liberty.edu

Occupation: editor

Background Experience: education/teaching, communications, career counseling, psychology,
health, biomedical ethics, biology, research, property management

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 type="checkbox"/> Recreation Commission
<input type="checkbox"/> Council on Aging	<input type="checkbox"/> Historical Commission
<input type="checkbox"/> Finance Committee	<input checked="" type="checkbox"/> Planning Board
<input type="checkbox"/> Board of Appeals	<input type="checkbox"/> Industrial Commercial Development Review Committee
<input type="checkbox"/> Conservation Commission	<input type="checkbox"/> Zoning Bylaw Review Committee
<input type="checkbox"/> Cultural Council	Other: _____
<input type="checkbox"/> Other: _____	Other: _____

Amount of Time Available: several hours a month (at least 4 for meetings, plus more for research)

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

_____ Winter _____ Spring _____ Summer _____ Autumn

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

Planning Board

Rachel Nemeth

Signature

10/25/2024

Date

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



Jackie Bresnahan

From: noreply@civicplus.com
Sent: Tuesday, October 8, 2024 7:26 PM
To: Jackie Bresnahan
Subject: Online Form Submittal: Appointment Form 2024 (New and Reappointment)

[CAUTION:] This message was sent from outside of the Town of Middleton. Please do not click links or open attachments unless you recognize the source of this email and know the content is safe.

Appointment Form 2024 (New and Reappointment)

First Name	Cheryl
Last Name	Leon-McCormick
Board/Commission/Committee	Planning Board-Alternate Member
Response	Yes-I would like to be re-appointed
Email Address	cheryl.mclaw@gmail.com
Best Contact Phone Number	6175130320
Address	9 Kassiotis Lane
City	Middleton
State	MA
Zip Code	01949
Resume Upload for New Applicants	C.McCormick-Resume-10.7.24.pdf.pdf
Electronic Signature Agreement	I agree.
Electronic Signature	Cheryl A. Leon-McCormick

Email not displaying correctly? [View it in your browser.](#)

CHERYL A. LEON-McCORMICK

9 Kassiotis Lane | Middleton, MA 01949 | (617) 513-0320
Cheryl.mclaw@gmail.com | linkedin.com/in/cherylleon/

MUNICIPAL & FAMILY LAW ATTORNEY

State Sanitary Code Enforcement Expertise | Family Law and Mediation Experience | Trusted Collaborator

Proven code enforcement attorney with a record of working closely with diverse property owners, tenants, inspectors, courts, and builders, overseeing multi-tiered housing code enforcement in a fast-growing urban city. Seasoned building code specialist with a history of collaborating with numerous inspectors on property inspections, and with municipal offices, to ensure that residents receive applicable services. Trusted communicator skilled at fostering an inclusive, mission-driven culture of collaboration, professionalism, and public trust.

KEY ACCOMPLISHMENTS

- **As General Counsel and Assistant City Solicitor to the Department of Municipal Inspections, City of Revere:** Oversaw the M.G.L. c. 40U program, working in collaboration with the Department of Municipal Inspections and the Building, Health, and Fire Departments, ensuring that Orders to Correct evidence clear and established code violations that are appropriately tied to the state sanitary code (105 CMR 410.00 et seq) permitting the application of 40U ticketing to privately- and bank-owned properties
- Fielded complaints from tenants and residents, communicating in Spanish with Hispanic residents; Recovered \$300K in unpaid permit fees in fiscal 2022
- Provided expertise in developing housing enforcement policies, procedures, and workflows to professionals in Revere and other municipalities
- **As an Adjunct Professor at North Shore Community College,** I deliver instruction in Family Law to Paralegal Degree and Certificate students

AREAS OF EXPERTISE

- | | | |
|---|-----------------------------------|--|
| ▪ State Sanitary Code 105 (CMR 410.000 et seq.) | ▪ Condemnation & Receivership | ▪ Training & Mentoring |
| ▪ Ticketing & Appeals | ▪ Administrative Search Warrants | ▪ Multicultural Communications |
| ▪ Internal & External Building Inspections | ▪ Housing-Related Social Services | ▪ Housing Justice for Hispanic Residents |
| | ▪ Massachusetts Building Code | |
| | ▪ Cross-Functional Collaboration | |

PROFESSIONAL EXPERIENCE

SALT CONSTRUCTION MANAGEMENT, INC.

General Counsel

Middleton, MA
2013-Present

- Address and advise on all legal matters for the company proactively and as directed
- Review, draft, and negotiate complex construction contracts, vendor agreements, purchase orders, and material supplier contracts
- Draft and negotiate master terms and conditions
- File and record pre-lien notices and claims of lien
- Draft NDAs, non-compete agreements, and employment agreements
- Manage administration and resolution of legal issues that arise in existing commercial relationships
- Create and deliver training programs for employees on legal compliance, contract management, and ethical practices, fostering a culture of legal awareness within the organization

CITY OF REVERE

Revere, MA
2018 to 2023

General Counsel and Assistant City Solicitor to the Department of Municipal Inspections

- Provided legal services and counsel to the City's Safe House Task Force ("SHTF"), a team of 18 that includes interior and exterior housing inspectors as well as building and fire inspectors
- Served as general counsel for the fastest-growing urban city in the Commonwealth; Advise a diverse populace regarding code enforcement nuisance/clean-up orders and liens, and demolition and "make safe" orders
- Oversaw the 40U Code Enforcement program, requiring property owners to keep properties in compliance with building codes as well as electrical, plumbing, and gas regulations
- Managed all stages of the 40U program, from performing inspections and issuing tickets to responding to appeals and petitioning for receivership and demolition, if necessary
- Worked closely with the Director of Municipal Inspections, fire, plumbing, electric, and building inspectors
- Verified permits and rental conditions; Respond to complaints about work conducted without a permit, as well as interior and exterior property violations in new and existing structures
- Oversaw internal operations, providing counsel and training to the SHTF teams; Conduct weekly meetings
- Trained the SHTF team on processes for administering Orders to Correct and issuing violations; Train realtors on properly drafting MLS listings before requesting zoning analyses and smoke certificates
- Ran title searches for unsafe and blighted properties in breach of codes; Draft and tracked covenants and releases for all non-code compliant properties
- Represented the City and Municipal Inspections in all administrative and court proceedings relative to the 40U program in venues, including:
 - Administrative Appeals with the Municipal Hearings Officer
 - Board of Health hearings for Condemnation Orders and proceedings and appeals of Orders to Correct
 - District Court for M.G.L. c.40U appeals and applications for Administrative Search Warrants
 - Superior Court, Land Court, and Housing Court for Receivership Petitions
- Advised the Health Agent/Director and certified M.G.L. c. 40U tickets to tax bill according to the requirements of M.G.L. c. 40U, M.G.L. c. 40 §42B, and M.G.L. c. 40 § 12
- Drafted correspondence to the Department of Revenue to request abatements when applicable.
- Recorded summaries in the Citizenserve software system in collaboration with the Municipal Inspections team
- Served as an intermediary between the Mayor's office, 311 Constituent Services, Health and Human Services, Engineering, and non-profit agencies when tenants and occupants are displaced or prejudiced by code enforcement orders

Deputy Assistant City Solicitor

2016 to 2018

- Advised the City, including the Mayor, the City Council, City Departments, Boards, and Commissions, on decreasing legal liabilities and ensuring compliance with all applicable laws

Paralegal

2007 to 2016

- Assisted in resolving constituents' problems promptly and courteously; Responded to pothole and slip & fall claims; Processed and responded to discovery and subpoena requests
- Oversaw budget operations in the Solicitor's office
- Coordinated with DCF and other agencies to ensure that clients receive the support and services they need and to which they are entitled under the law

NORTHSHORE COMMUNITY COLLEGE

Adjunct Professor

2018 to 2022

- Teach a variety of topics related to family law; Create lesson plans, provide instruction, and engage students in meaningful discussions that encourage critical thinking
- Support student learning and development of legal principles and practices essential to family law; Collaborate with colleagues and members of the community

COMMITTEE FOR PUBLIC COUNSEL

Boston, MA

Attorney-Family Law Division

2016 to 2022

- Served as an attorney representing children (“ARC”) in the Children and Family Law Division
- Oversaw care and protection cases and termination of parental rights; Represented children and parents in child requiring assistance (“CRA”) cases, working with schools and the Juvenile Court
- Represented children and parents in contested guardianship cases, protecting the rights of parents and children to remain together and to be reunited quickly when possible

MC LAW

Middleton, MA

Principal

2013 to 2021

- Represented a diverse constituency of parents in family law matters on marriage and divorce, child custody, and guardianship petitions
- Certified as a parenting coordinator, negotiating with parents to defuse tension, identify issues, and arrive at settlements regarding child-related decisions
- Served on the panel as a Parent Coordinator for the Probate and Family Court

EDUCATION & PROFESSIONAL DEVELOPMENT

- Massachusetts School of Law, Andover, MA
Juris Doctor, May 2012 2012
- Northeastern University, Boston, MA
Bachelor of Science, *summa cum laude* 2009
- North Shore Community College
Associate in science, Paralegal, *with honors* 2007

BAR ADMISSIONS

- Massachusetts, [BBO #686811] 2013
- US District Court for the District of Massachusetts 2013

CERTIFICATES OF TRAINING

- Occupational Safety and Health Administration 30 (“OSHA”) 2024
- Massachusetts Construction Supervisor License [“CSL”] 2023
- Parent Coordinator, Mediation Works, Incorporated 2014
- Divorce Mediator, Mediation Works, Incorporated 2014
- Licensed Real Estate Broker 2013
- Mediator- Completed forty hours of mediation training per M.G.L. c. 233, § 23C 2007
- Massachusetts Approach to Parents and Partnership [“MAPP”] Trainer 2003

PROFESSIONAL AFFILIATIONS

- Paralegal Advisory Board, North Shore Community College 2009

COMMISSIONS

- Notary Public

SOFTWARE AND PLATFORMS

- Microsoft Office Suite 365
- GIS Mapping
- MUNIS

LANGUAGES

- Conversant in Spanish



Commonwealth of Massachusetts
EXECUTIVE OFFICE OF HOUSING &
LIVABLE COMMUNITIES

Maura T. Healey, Governor ♦ Kimberley Driscoll, Lieutenant Governor ♦ Edward M. Augustus Jr., Secretary

9A

Via Email: justin.sultzbach@middletonma.gov

January 27, 2025

Town Administrator Justin Sultzbach
48 South Main Street
Middleton, MA 01949

Re: Middleton – Confirmation of Status with G.L. c. 40A, Section 3A

Dear Town Administrator Sultzbach:

This letter is intended to clarify Middleton's current status and obligations related to compliance with the MBTA Communities Law. On January 8, 2025, the Supreme Judicial Court published its opinion in the case of *Attorney General v. Town of Milton*, confirming the law is constitutional and valid, and that the Attorney General has the power to enforce it. The Court also held that EOHLC must promulgate the law's implementing guidelines through the Administrative Procedures Act if they are to be enforceable. In response, EOHLC filed emergency regulations with the Secretary of the Commonwealth on January 14, 2025, and plans to adopt permanent regulations after a public comment period. The regulations are filed as: 760 CMR 72.00 Multifamily Zoning Requirement for MBTA Communities. They can be viewed at mass.gov/mbtacomunities.

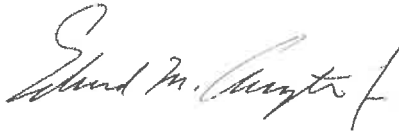
Middleton has not submitted a district compliance application to EOHLC. **The emergency regulations provide Middleton an opportunity to come into interim compliance by submitting a new Action Plan by February 13, 2025.** EOHLC is eager to work with municipalities to assist with developing and submitting an Action Plan that can be approved. The emergency regulations also provide Middleton with additional time to adopt any necessary zoning amendments and submit a district compliance application to EOHLC. Middleton's compliance deadline under the emergency regulations is July 14, 2025.

If Middleton does not submit an Action Plan to achieve interim compliance, and/or does not meet its July 14, 2025, district compliance deadline, it will be ineligible for funds from the Housing Choice Initiative, the Local Capital Projects Fund, the MassWorks infrastructure program, and the HousingWorks infrastructure program. Additionally, Middleton would remain ineligible for the [MBTA Communities Catalyst Fund](#) which was announced by Governor Healey in June 2024. Please note that all discretionary grant programs across the Healey-Driscoll Administration take compliance with the MBTA Communities Law into consideration when making funding decisions.

EOHLC will continue to provide updates related to compliance statuses under G.L. c. 40A, Section 3A as it promulgates and adopts permanent regulations. If you have questions or need further assistance regarding this information, please contact MBTA Communities Compliance Coordinator Nathan Carlucci

at nathan.carlucci@mass.gov. Thank you for your continued collaboration implementing this important housing law.

Sincerely,

A handwritten signature in dark ink, appearing to read "Edward M. Augustus, Jr.", with a stylized flourish at the end.

Edward M. Augustus, Jr.
Secretary

cc: Senator Bruce Tarr
Representative Bradley Jones
Representative Sally Kerans
Anna Bury-Carner

9A



Justin B. Sultzbach
Town Administrator
Town of Middleton
48 South Main Street
Middleton, Massachusetts
01949-2253
978-777-3617
Justin.Sultzbach@middletonma.gov

February 4th, 2025

Secretary Edward M. Augustus
Executive Office of Housing & Livable Communities
100 Cambridge Street, Suite 300
Boston, Massachusetts, 02114

Re: Middleton – Confirmation of Status with G.L. c. 40A, Section 3A

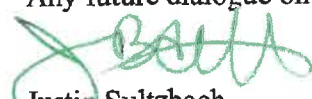
Secretary Augustus,

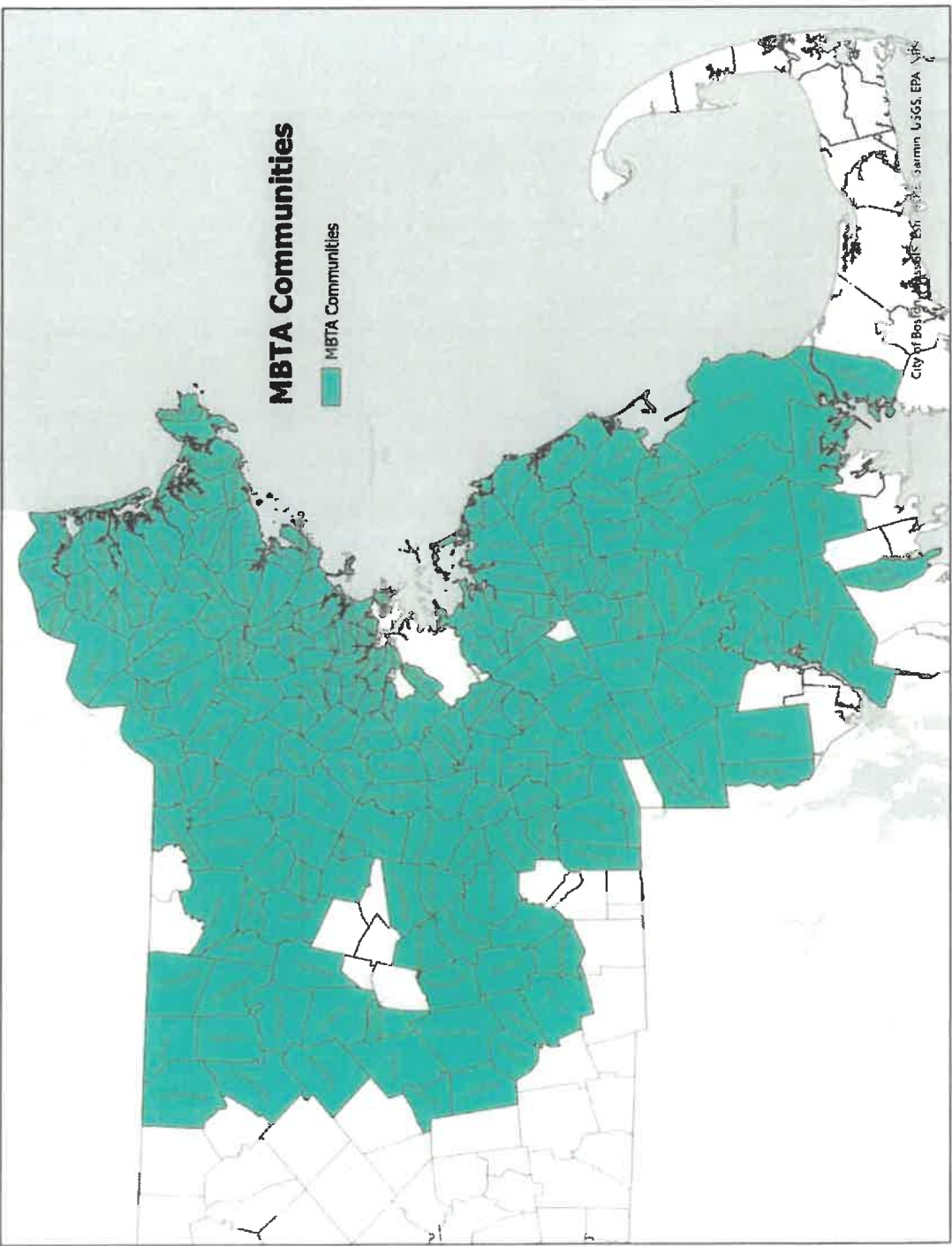
I write to you today on behalf of the Middleton Select Board and the citizens we serve. It is my hope to provide an update on Middleton's current status and obligations related to compliance with the MBTA Communities Law. Despite broad support from the Select Board and Planning Board, our legislative body has voiced strong opposition to the implementation of a zoning district under 3A - once at the May 14, 2024 Annual Town Meeting and a second time at the more recent December 12th, 2024 Special Town Meeting.

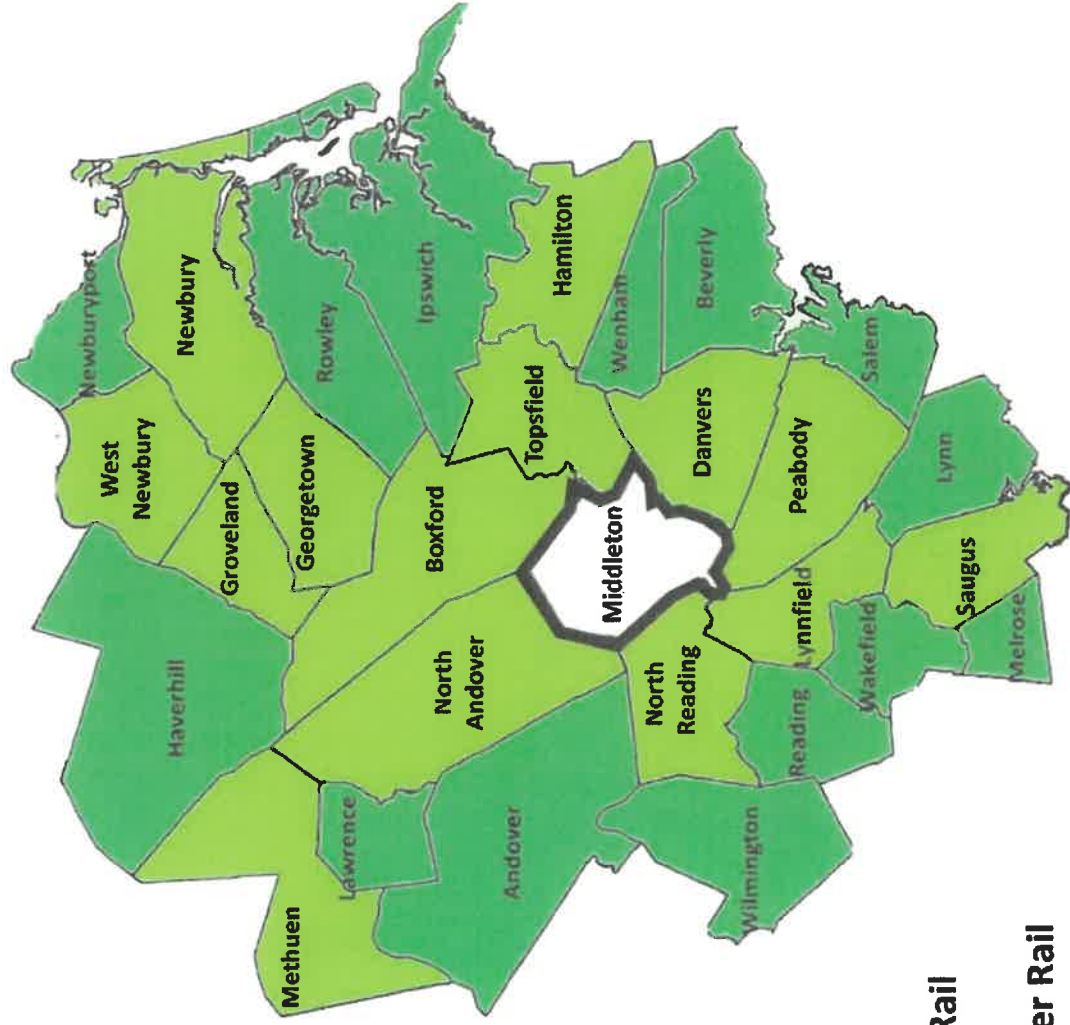
The purpose of this correspondence is not to dispute the validity or constitutionality of the MBTA Communities Law, a matter already settled by the Supreme Judicial Court on January 8th, 2025. Rather, our goal is to take a clear-eyed look at Middleton's obligations relative to our status as an MBTA Community. Of the 177 MBTA Communities defined in Section 1 of MGL c. 161A, 176 either host a Commuter Rail Station or directly abut a community that does. The 1 exception is Middleton. In fact, the 3 closest commuter rail stations are over 8 miles away from our town center – a 20-minute commute in every direction. A Middleton resident would have to drive out of town and entirely through one of our seven abutting communities to reach a town with a Commuter Rail Station. As highlighted in the attached materials, Middleton is in a public transit desert.

We agree that the housing situation in the Commonwealth has reached crisis levels. As a community, Middleton is committed to doing our part. This includes a refresh of our Housing Production Plan, the recent creation of an active Affordable Housing Trust, as well as the recent permitting of a new three story 60-unit residential structure right in the heart of our Town Center – a large increase for a community of under 10,000. The goal of the MBTA Communities Act to remove barriers for new housing development near transit is sound. In the words of the EOHLC, "This is not just good housing policy, it is good climate and transportation policy, too". Given our location relative to existing public transit infrastructure, residential development in Middleton has no way of ever supporting that goal. It is not an issue of desire, but rather one of geography. This is a matter we feel should be resolved through productive conversation and partnership. As such, we kindly request your consideration in our effort to correct the MBTA Communities map to exclude the only community without Commuter Rail service within or adjacent to their borders – Middleton, Massachusetts.

Any future dialogue on this matter is greatly appreciated,


Justin Sultzbach
Town Administrator





- Commuter Rail
- Adjacent Commuter Rail
- No Commuter Rail or Adjacent Commuter Rail



MBTA Communities

How does creating zoning for multi-family housing help the housing crisis?

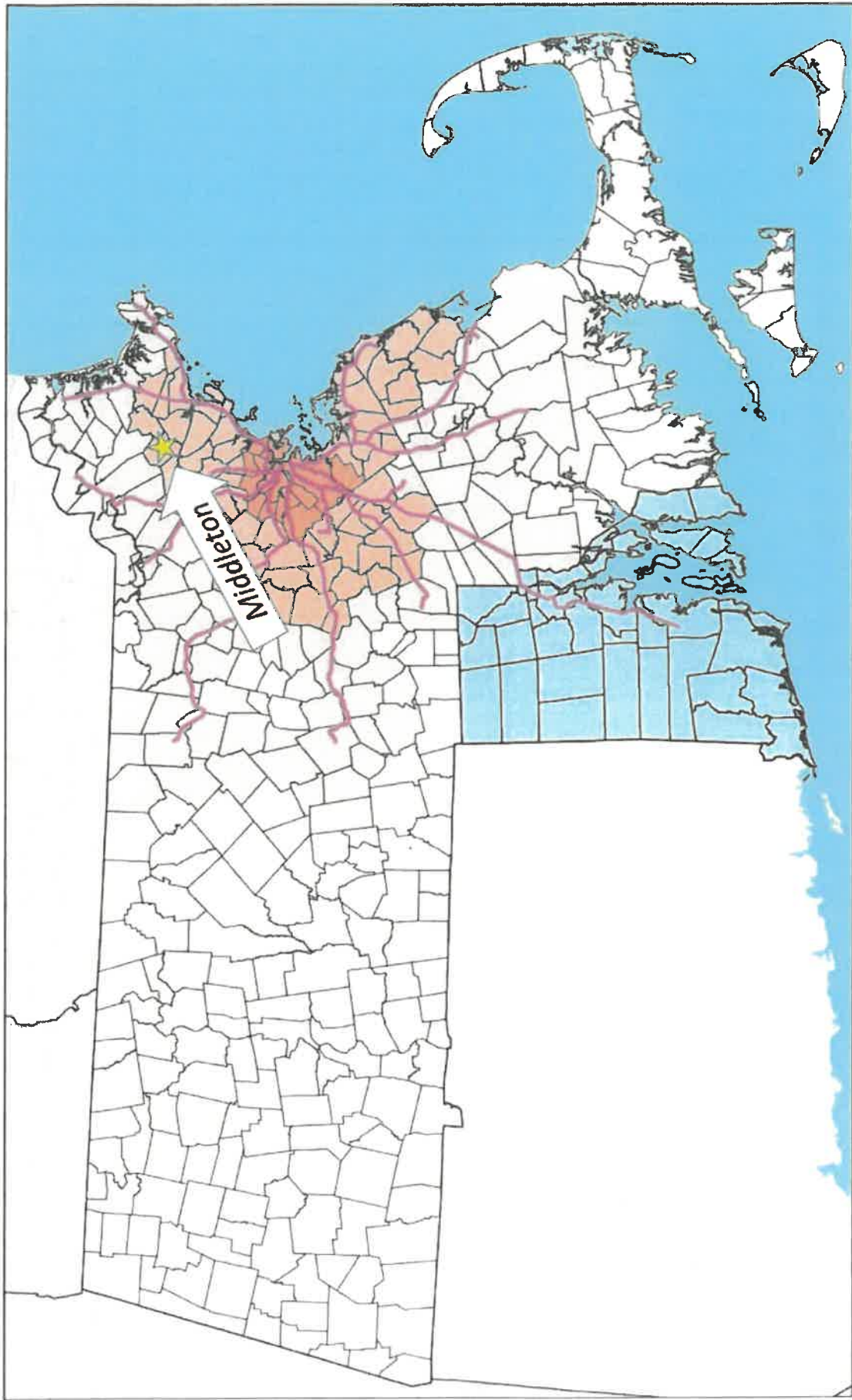
The lack of zoning for multi-family housing is a barrier for new housing development in Massachusetts. By allowing multifamily housing near transit, we can create new housing in walkable neighborhoods closer to transit. This is not just good housing policy, it is good climate and transportation policy, too. The result of transit-oriented development is:

- More housing closer to the places that we go every day, such as local shops, jobs, schools, restaurants, parks, etc.
- Better access to work, services, and other destinations by increasing mobility and utilization of public transit
- Reduced reliance on single occupancy vehicles, which helps in our larger effort to confront the climate crisis, reduce our region's traffic congestion, and makes our roads safer and our air cleaner.

<https://www.mass.gov/info-details/multi-family-zoning-requirement-for-mbta-communities>



City of Boston, Massachusetts Bay, MassGIS, USGS, EPA



Town Center to Reading Commuter Rail

8.3 miles, 18 minute drive

Best

18 min

3h 2m

48 min

Middleton Memorial Hall, 48 S Main St, N

Reading, 35 Lincoln St, Reading, MA 018

Add destination

Leave now

Options

Send directions to your phone

Copy link

via Boston St and Main St

Fastest route, the usual traffic

Details

via MA-62 W

via Main St

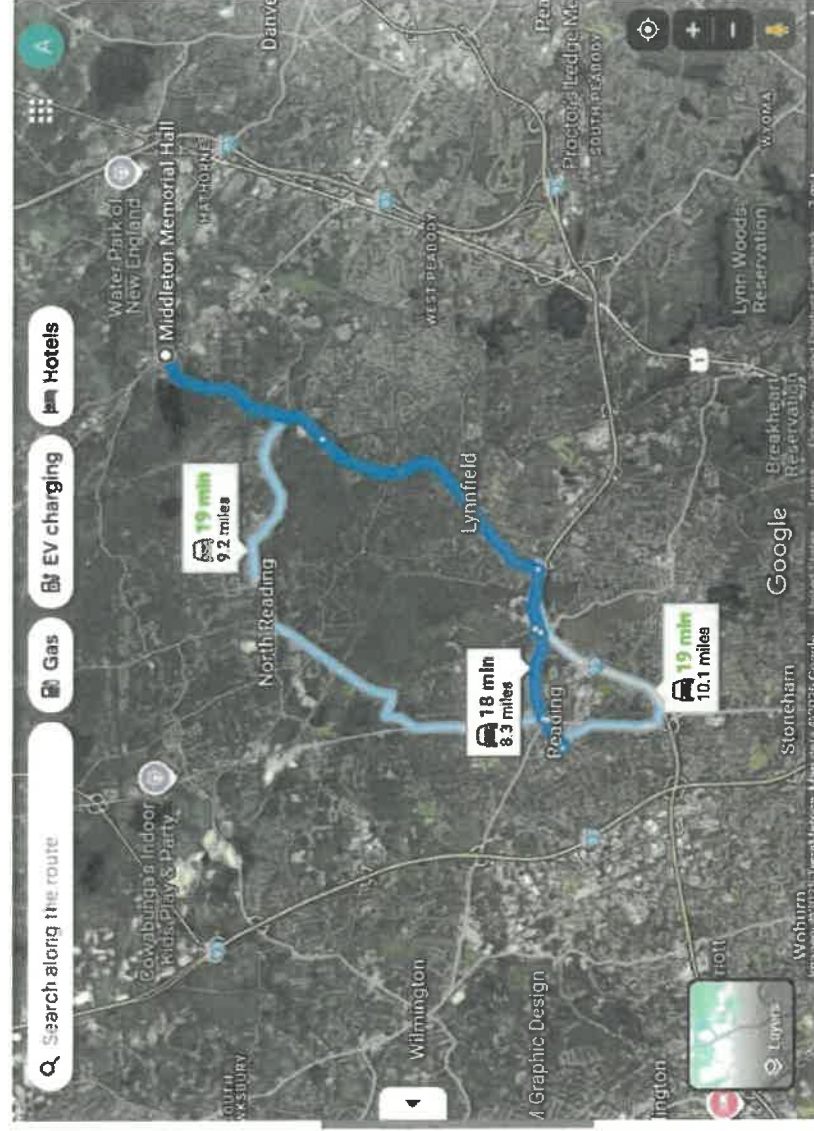
18 min

8.3 miles

19 min

9.2 miles

19 min



Town Center to Wakefield Commuter Rail

8 miles, 18 minute drive

Best

18 min

3h 10m

43 min

Middleton Memorial Hall, 48 S Main St, N

Wakefield, 225 North Ave, Wakefield, MA

Add destination

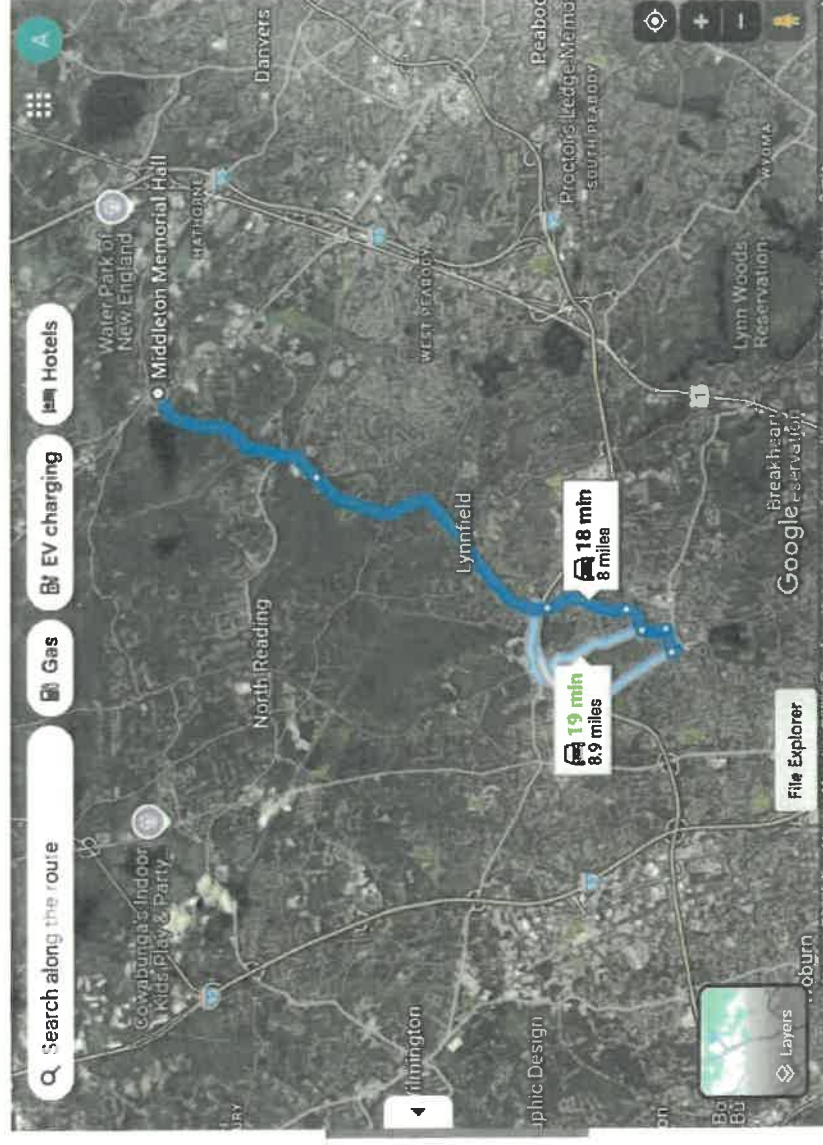
Leave now Options

[Send directions to your phone](#) [Copy link](#)

via Boston St and Main St
Fastest route now due to traffic conditions

[Details](#)

via Boston St, Main St and North Ave
18 min 8.0 miles
19 min 8.9 miles



Action Plan for MBTA Communities**Description Area**

Please read the Section 3A Guidelines before attempting to complete this form. Please note: Action Plan Forms must be submitted by a municipal official with authority to act on behalf of the municipality on matters of zoning, such as the municipal CEO or planning director.

Section 1: Identification**Description Area**

The Section 3A Guidelines establish zoning metrics that apply uniquely to each MBTA community based on its local transit stations, existing housing stock, population, and developable land. This section of the Action Plan helps to identify the transit stations that determined each community's category. Appendix 1 of the Section 3A Guidelines lists each community's category and minimum multi-family unit capacity requirement.

1.1 MBTA Community Name

Middleton

1.2. Community Category

Adjacent community

1.3. Multifamily Unit Capacity Requirement

750

1.4. Does this municipality have any MBTA rapid transit stations within its boundaries?

No

1.5. Does this municipality have any MBTA commuter rail stations within its boundaries?

No

1.6. Does this municipality have any other MBTA transit stations that are located outside of its municipal boundaries that may have "developable station area" within them?

No

1.7. Please provide the name of the person filling out this form

KATRINA O'LEARY

1.7a. Title

TOWN PLANNER

1.7b. Email Address

katrina.oleary@middletonma.gov

1.7c. Phone Number

(978) 777-8917

1.8 Please provide the name of the municipal CEO

ANDREW SHEEHAN

1.8b Mailing address of municipal CEO	195 NORTH MAIN STREET MIDDLETON, MA 01949
1.8c Email address of municipal CEO	ANDREW.SHEEHAN@MIDDLETONMA.GOV
1.9. Please briefly describe other members of the core team developing the multi-family zoning district.	THE TOWN PLANS TO HIRE A CONSULTANT TO ASSIST THE PLANNING BOARD IN THE DEVELOPMENT OF ZONING THAT COMPLIES WITH SECTION 3A ALONG WITH A COMPREHENSIVE REVIEW OF OUR EXISTING ZONING BYLAW TO REFLECT MASTER PLAN RECOMMENDATIONS.

Section 2: Housing Overview

2.1. Does this municipality have any established housing related goals or strategies from municipal planning documents, such as a Housing Production Plan, Master Plan, or Economic Development Plan?	Yes
2.1a. Please briefly describe any relevant strategies, goals, or objectives, and the work that has been done to date.	THE TOWN ADOPTED A NEW MASTER PLAN IN 2018, A HOUSING PRODUCTION PLAN IN 2019, AND CREATED AN AFFORDABLE HOUSING TRUST IN 2022.
2.2. Is this municipality currently working on any other planning for housing?	Yes
2.2a. Please briefly describe the housing work underway.	THE PLANNING BOARD WAS WORKING ON THE CREATION OF A IZ ZONING BYLAW (DRAFT CREATED) BUT DECIDED TO HAVE THE HIRED CONSULTANT WORK ON THIS INITIATIVE ALONG WITH SECTION 3A COMPLIANCE DUE TO A DESIRED ROBUST CITIZEN ENGAGEMENT PROCESS.

Section 3: Preliminary Zoning Strategies

3.1. To the best of your knowledge, which of the following zoning strategies is this community most likely to use for compliance? (Select all that apply)	b. An existing zoning district or districts that must be amended to comply with the Section 3A Guidelines d. A new base zoning district or districts
3.1b. Please select the changes that may be necessary for the existing district to comply. Optional: Attach any supporting documents that describe this district.	Use schedule Dimensional regulations Parking requirements
Explanation:	SEE ATTACHED

3.1d. Please briefly describe the potential district and location. Optional: Attach any supporting documents that show planning work this community has already done for this district.

A HIRED CONSULTANT WILL ASSIST THE TOWN IN FINDING POTENTIAL LOCATIONS TO REZONE.

3.2. What non-housing characteristics are important for this community to consider in its 3A zoning district?

THE TOWN IS CURRENTLY UNDER SEVERE WATER RESTRICTIONS UNDER ITS DEP WATER PERMIT, SO WATER IS LIMITED. WE WILL ALSO CONSIDER WALKABILITY, BIKE LANES, BUS SERVICE, MUNICIPAL SERVICES, SCHOOL ENROLLMENT IMPACTS, ETC. MBTA BUS SERVICE TO THE NORTH SHORE COMMUNITY COLLEGE IN DANVERS IS DESIRED.

Section 4: Action Plan Timeline

Description Area

This section creates a framework to input preliminary plans for a zoning adoption process. On the table below, please use Column 1 (from the left) to describe a task, Column 2 to input a start date, and Column 3 to input a finish date. Every community must provide a timeline for the below-listed tasks. Additional space is provided for any other tasks that a community wishes to list. DHCD will review proposed timelines for feasibility before approving an Action Plan. Public outreach
Developing zoning
Applying DHCD's compliance model to test for density and unit capacity
Holding planning board hearings
Holding legislative sessions and adopt compliant zoning
Submit District Compliance application to DHCD

Description Area

Task

Description Area

Start

Description Area

Finish

Short Answer

PUBLIC OUTREACH

Jul 01, 2023

Sep 01, 2023

Short Answer

DEVELOP ZONING

Sep 01, 2023

Feb 01, 2024

Short Answer

COMPLIANCE MODEL

Dec 01, 2023

Jan 01, 2024

Short Answer

PB PUBLIC HEARINGS

Feb 01, 2024

Apr 01, 2024

Short Answer

TOWN MEETING

May 01, 2024

May 01, 2024

Short Answer

DHCD COMPLIANCE APP

Sep 01, 2024

Sep 01, 2024

1/11/2023

TOWN OF MIDDLETON

MBTA Communities Zoning Proposal #1

One possible MBTA compliant district could be located in what is currently our IH District. This proposal has not been reviewed by town leaders or the public at this point in time.

Approximate size of total IH District: 90 acres

Approximate size of land excluding roads/public land/wetlands: 77 acres

The IH Zoning district is located in the east corner of Middleton, where it intersects with the Route 95 and Route 1 interchange. It is also adjacent to the North Shore Community College, located in Danvers. This is the only land in Middleton that is, at least, partially serviced by South Essex Sewer District due to an act of the legislature back in the 1970's - the rest of Middleton uses individual septic systems.

The land already hosts several multi-family projects, the Fernwood Country Club (club and 4 of the 18 holes located in Middleton, the rest in Topsfield), Doubletree Hilton Hotel and Indoor Waterpark, and Ferncroft Corporate Business Center. The current zoning does not allow residential uses in this zoning district.

ADDRESS	NAME	ACREAGE	DESCRIPTION
10 Village Road	Golf Course	29	Golf greens(4 holes)
36-38Village Road	Ironwood	7.91	204 housing units
Country Club Lane	Country Club Condos	6.0	30 housing units
40 Village Road	Ferncroft Tower	5.08	167 housing units
Calloway Drive	Calloway Condos	3.95	8 housing units
35 Village Road	Ferncroft Corporate Business Center	12.57	Business Center
51 Village Road	Doubletree Hilton	12.73	Hotel and Indoor Water Park

TOTAL 77.24

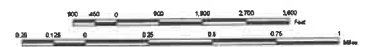
Currently Middleton has no rapid transit, commuter rail, or bus service. Middleton is the only MBTA community that is defined as an "adjacent" community although it is not adjacent to any other communities that have commuter rail or rapid transit. Five of the seven communities immediately adjacent to Middleton do have bus lines (the other two adjacent communities are defined as "adjacent small towns"). Unfortunately, these bus lines are all located on the opposite side of each town from their shared border with Middleton. However, Danvers has been advocating for a bus line to be created to connect North Shore Community College with commuter rail. This may be as close as Middleton is going to get in the foreseeable future to having a mass transit connection.

For these reasons, either revising the existing IH District or creating an overlay on top of this district, make this land a possibility to be rezoned at a density that meets the MBTA multi-family district requirements.



ZONE MAP
OF
MIDDLETON
MASSACHUSETTS

SCALE 1" = 900'



**POTENTIAL MBTA SECTION 3A
ZONING DISTRICT**
- 77 ACRES +/-
- ACCESS TO SESD SEWER

LEGEND

- PROPERTY LINE
- PROPERTY LINE - APPROXIMATE
- COMMON OWNERSHIP
- TRACT LINE
- ROAD
- PRIVATE ROAD
- RIGHT OF WAY
- UTILITY EASEMENT
- WATER
- TOWN LINE

NOTES

THIS MAP IS BASED ON THE TOWN OF MIDDLETON ZONING MAP PREPARED IN 1995 BY JURY ENGINEERING AND THE TOWN OF MIDDLETON ANNUAL TAX MAPS PREPARED BY HENNINGSON SURVEY SERVICE INC. IT IS INTENDED FOR REFERENCE AND PLANNING PURPOSES ONLY.

REVISED AND REPRINTED BY CAI TECHNOLOGIES MAY 16, 2015
PROPERTY LINES CURRENT TO JANUARY 1, 2015

ZONING

- IH INTERSTATE HIGHWAY BUSINESS
- R1a RESIDENCE (20,000 S.F.)
- R1b RESIDENCE (40,000 S.F.)
- R-2 VILLAGE RESIDENTIAL
- R-A RESIDENTIAL AGRICULTURE (2 ACRES)
- B BUSINESS
- M1 LIGHT INDUSTRY

OVERLAY DISTRICTS

- RESERVOIR WATERSHED
- MEDICAL MARIJUANA
- ADULT ENTERTAINMENT

PRODUCED BY

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11 PLEASANT STREET, LITTLETON, NH 03861
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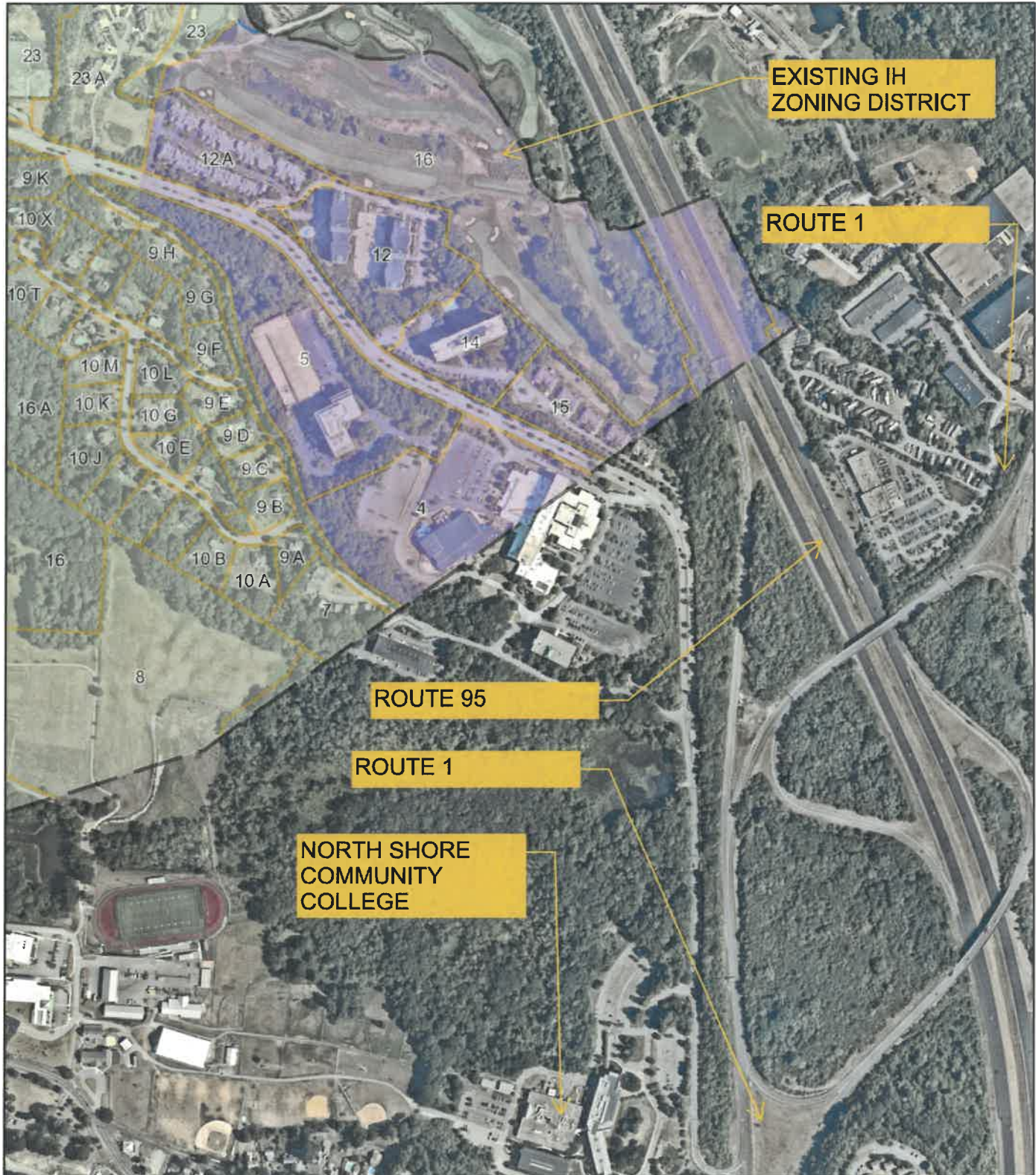
Middleton, MA

1 inch = 600 Feet



January 11, 2023

www.cai-tech.com



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