

#### FRANKLIN TOWN COUNCIL

#### **Agenda & Meeting Packet**

September 15, 2021

Meeting will be held at the **Municipal Building**2nd floor, Council Chambers
355 East Central Street
7:00 PM

**A NOTE TO RESIDENTS:** All citizens are now welcome to attend public board and committee meetings in person. Additionally, in an effort to maximize citizen engagement opportunities, citizens will be able to continue to participate remotely via phone OR Zoom. The meetings will also be <u>live-streamed by Franklin TV</u> and shown on Comcast Channel 11 and Verizon Channel 29.

- Link to access meeting: September 15, 2021 Town Council Meeting Link HERE -- Then click "Open Zoom"
  - Or copy and paste this URL into your browser: <a href="https://us02web.zoom.us/j/89232225912">https://us02web.zoom.us/j/89232225912</a>
  - o Call-In Phone Number: Call 1-929-205-6099 and enter Meeting ID # 892 3222 5912--Then press #

#### 1. ANNOUNCEMENTS FROM THE CHAIR

- a. This meeting is being recorded by Franklin TV and shown on Comcast channel 11 and Verizon Channel 29. This meeting may be recorded by others.
- b. Chair to identify Council members participating remotely.

#### 2. CITIZEN COMMENTS

a. Citizens are welcome to express their views for up to five minutes on a matter that is not on the agenda. The Council will not engage in a dialogue or comment on a matter raised during Citizen Comments. The Town Council will give remarks appropriate consideration and may ask the Town Administrator to review the matter.

#### 3. APPROVAL OF MINUTES

a. August 18, 2021

#### 4. PROCLAMATIONS/RECOGNITIONS

- a. Police Department:
  - Sergeant Lee Drake Retirement
  - ii. Sergeant Louis Marguerite Promotion

#### 5. APPOINTMENTS

- a. Janice Prentice Associate member, Historical Commission
- b. Chuna Keophannga Finance Committee
- c. <u>Tyrel Hansen Finance Committee</u>
- 6. HEARINGS 7:10pm None Scheduled
- 7. LICENSE TRANSACTIONS

a. <u>Franklin Shed, LLC d/b/a Franklin Shed, New Section 12 Restaurant, All Alcoholic Beverages,</u> and approval of manager, located at 340 East Central Street, Franklin, MA.

#### 8. PRESENTATIONS/DISCUSSIONS

- a. SAFE Coalition, Jennifer Knight-Levine, Executive Director
- b. <u>Delcarte Conservation Area Weed Remediation, Jennifer Delmore, Conservation Agent</u>

#### 9. SUBCOMMITTEE REPORTS

- a. Capital Budget Subcommittee
- b. Budget Subcommittee
- c. Economic Development Subcommittee

#### **10. LEGISLATION FOR ACTION**

- a. Resolution 21-53: Gift Acceptance, Franklin Public Library \$5,890, Veterans' Service

  Department \$300, Fire Department \$200 (Motion to Approve Resolution 21-53 Majority Vote)
- b. <u>Bylaw Amendment 21-875: Chapter 82, Trash and Recycling Fee Increase Second Reading</u> (Motion to adopt Bylaw Amendment 21-875 Majority Roll Call Vote)
- 11. TOWN ADMINISTRATOR'S REPORT
- 12. FUTURE AGENDA ITEMS
- 13. COUNCIL COMMENTS
- 14. EXECUTIVE SESSION None Scheduled
- 15. ADJOURN

Note:

Two-Thirds Vote: requires 6 votes

Majority Vote: requires majority of members present and voting

## FRANKLIN TOWN COUNCIL MINUTES OF MEETING August 18, 2021

A meeting of the Town Council was held on Wednesday, August 18, 2021, at the Municipal Building, 2nd Floor, Council Chambers, 355 East Central Street, Franklin, MA. Councilors present: Andrew Bissanti, Brian Chandler, Robert Dellorco, Cobi Frongillo, Melanie Hamblen, Glenn Jones, Matthew Kelly, Thomas Mercer, Deborah Pellegri. Councilors absent: None. Administrative personnel in attendance: Jamie Hellen, Town Administrator; Mark Cerel, Town Attorney; Alecia Alleyne, Assistant to the Town Administrator.

**CALL TO ORDER:** ► Chair Mercer called the meeting to order at 7:00 PM. Chair Mercer called for a moment of silence; all recited the Pledge of Allegiance.

ANNOUNCEMENTS: ► Chair Mercer reviewed the following as posted on the agenda. A Note to Residents: All citizens are now welcome to attend public board and committee meetings in person. Additionally, in an effort to maximize citizen engagement opportunities and comply with open meeting law regulations, citizens will be able to continue to participate remotely via phone or Zoom. The meetings will also be live-streamed by Franklin TV and shown on Comcast Channel 11 and Verizon Channel 29. He stated that this meeting is being recorded by Franklin TV and may also be recorded by others.

CITIZEN COMMENTS: ► Mr. Dale Kurtz, Veterans' Services Officer, reviewed a message he received from the Clear Path community regarding the recent events in Afghanistan and the resulting difficulty for service members, veterans, veterans' families, Gold Star families, and the community at large. Clear Path for Veterans New England will hold a dinner and candlelight vigil on Thursday, August 19, 2021, at 6 PM at their location in Devens, MA, to honor all the heroes who fought in Afghanistan and selflessly answered their country's call to duty. All are welcome. Please call the Veterans' Office if planning to attend. ► Mr. Mark Ellis of the Franklin Elks thanked Mr. Kurtz and all the volunteers for the veterans' event held on Purple Heart Day, August 7, 2021; he stated that the Franklin Elks are going to cover the costs of the entire event. He wished Mr. Kurtz a happy retirement. ► Ms. Jacqueline Maciel, 95 Elm Street, stated that she looked for Town Council meeting minutes on the Town's website. The last minutes posted were from May 19, 2021. She discussed that approved meeting minutes from more recent meetings have not been posted on the website. She stated that meeting minutes need to be put on the website as soon as possible.

#### **APPROVAL OF MINUTES:** ► None.

PROCLAMATIONS/RECOGNITIONS: ▶ Dale Kurtz - Retirement, Veterans' Services Officer. ▶ Councilor Kelly read aloud a proclamation honoring Mr. Dale Kurtz on the occasion of his retirement. ▶ Councilor Frongillo stated that Representative Jeff Roy said that tomorrow the State legislature is voting on a recognition of Mr. Kurtz; they will provide that to Mr. Kurtz next week. ▶ Mr. Kurtz stated that this is the best job he has ever had; it has been a privilege to help people. He thanked everyone for their support.

▶ Recognition: Bristol County Savings Bank - Donation to the Fire Department. ▶ Chair Mercer read aloud a recognition proclamation honoring Bristol County Savings Bank for their generous donation to the Fire Department. ▶ Mr. Patrick Murray, President and CEO of the Bristol County Savings Bank, introduced members of the Franklin branch. He thanked the Town for their business. He thanked the Fire

Department for what they do for all communities. ► Ms. Michele Roberts, Executive Vice President/Chief Marketing and Community Relations Officer, reviewed the history of the grants the bank has given out. She noted that the bank has given out grants to all the fire departments in communities with branch locations. ► Fire Chief James McLaughlin thanked Mr. Murray for the generous donation of \$25,000 from the Bristol County Savings Bank.

#### **LEGISLATION FOR ACTION:**

**Note:** Two-Thirds Vote requires six votes; Majority Vote requires majority of members present and voting.

a. Resolution 21-46: Gift Acceptance, Fire Department, \$25,000 - Bristol County Savings Bank (Motion to Approve Resolution 21-46 - Majority Vote). ► Councilor Jones read the resolution.
 ► MOTION to Approve Resolution 21-46: Gift Acceptance, Fire Department, \$25,000 - Bristol County Savings Bank by Dellorco. SECOND by Kelly. Discussion: ► Mr. Hellen thanked the donators for their generosity. ► Town Council members thanked the Bristol County Savings Bank for the donation. ► VOTE: Yes-9, No-0, Absent-0.

**PROCLAMATIONS/RECOGNITIONS** (continued): ▶ Recognition: Fourth of July Committee - Joe Carmignani & Paul Kortick. ▶ Councilor Pellegri read aloud a proclamation recognizing Joe Carmignani and Paul Kortick of the Fourth of July Committee. ▶ Mr. Carmignani thanked the Town Council.

#### **APPOINTMENTS: None.**

HEARINGS: 7:10 PM. ► Zoning Bylaw Amendment 21-874: Amendment to Ch.185 Section 21

Parking, Loading, and Driveway Requirements (to be continued). ► Chair Mercer declared the public hearing open. ► Chair Mercer stated that the Planning Board has not completed their public hearing on this; they have continued it. Therefore, he would like to continue the Town Council's public hearing until after they get the Planning Board's recommendations which should be at the next meeting. ► MOTION to Continue the public hearing for Zoning Bylaw Amendment 21-874: Amendment to Ch.185 Section 21 Parking, Loading, and Driveway Requirements, to September 1, 2021, at 7:10 PM, by Jones. SECOND by Dellorco. Discussion: ► Councilor Kelly stated that he would recuse himself from the vote. ► VOTE: Yes-8, No-0, Absent-0, Abstain-1.

LICENSE TRANSACTIONS: ▶ 99 Restaurants of Boston, LLC d/b/a 99 Restaurant Pub #30130, Located at 847 West Central Street, Franklin, MA 02038, Change of Manager. ▶ Councilor Jones read the license transaction. ▶ MOTION to Approve the request by 99 Restaurants of Boston, LLC d/b/a 99 Restaurant Pub #30130, for a Change of Manager to Cory Spear by Jones. SECOND by Hamblen.

Discussion: ▶ Mr. Hellen reviewed that this is a routine change of manager; all departments have signed off. ▶ Town Council members asked questions. ▶ Mr. Spear discussed his background. ▶ Mr. Hellen reviewed the responsibilities, hours, and the day-to-day operations of the license manager on record. He noted that this is all part of the ABCC package. He does not believe that living in the community is a requirement. ▶ VOTE: Yes-9, No-0, Absent-0.

PRESENTATIONS/DISCUSSIONS: ▶ Department of Public Works: Trash & Recycling. ▶ Director of Public Works Brutus Cantoreggi and Environmental Affairs Superintendent Derek Adams addressed the Town Council. Mr. Cantoreggi narrated a slideshow on solid waste and recycling. He stated that there are 9,611 households that utilize the service. He noted that hauling is done by Waste Management. There have been 212,823 pounds of clothing collected in FY21 by the curbside textile recycling program. He

reviewed the trash by tonnage since 2008; currently, the average is around 7,000 tons. He discussed that during COVID when more people were staying home there was more trash usage; therefore, recycling and tonnage went up during the last year. He stated that items affecting annual costs include increase in collection costs, increase in solid waste costs per contract, increase/decrease in tonnage collected, volatility of recycling payments/costs, and the cost of carts. He reviewed the proposed new rate of \$286.00 which is an increase of \$8.00 per year. He reviewed the state of operations including increase in curbside tonnage, national shortage of commercial drivers, COVID caused supply chain issues for truck parts and newer trucks sidelined, older trucks have less capacity which equals more disposal trips, and longer lines at disposal recycling facilities. Mr. Adams discussed looking ahead at compost including residential compost bins, possible recycle center drop offs, and possible curbside program. He noted that they would need more space at the recycling center for compost drop offs. ▶ Town Council members asked questions. Councilor Kelly expressed concern about the increase in trash fees stating that water and sewer fees have already gone up. He explained that homeowners should not be given more fees when a policy has not come forward regarding submeters on dwellings that should have separated meters. He stated that the water fees are out of control. Chair Mercer stated that a discussion on the meters should be held, but tonight's discussion is on trash and recycling. ►Mr. Cantoreggi reviewed condominium complexes in Town that use the Town's program. He reviewed the grants received for the trash carts as well as other grants for trash and recycling. He stated that they are currently in year three of the five-year contract. ► Mr. Hellen explained that there are a limited number of recycling companies and it takes a company time to get used to a town. They try to work with the industry. He stated that changing vendors can be very complicated which they look at during contract negotiations. Mr. Cantoreggi reviewed the life expectancy of the carts. He noted that the carts are Town property. He stated that he gets more calls about trash than anything else. He stated that residents should call DPW if they have a broken cart. Residents are not charged for a broken cart replacement. ► Councilor Bissanti noted that the proposed \$8 per year fee increase is not much; however, water rates have gone up and the stormwater fee, if it passes, will be another fee on the taxpayers. He does not like to see more fees and taxes on the taxpayers. He stated that with all these mounting taxes and fees, it will catch up with some people and become difficult for them to pay. ► Councilor Frongillo stated that the Millbury waste facility is not clean. He stated that Mr. Adams has been very responsive about composting. ►Mr. Hellen discussed the rate increases and said that the concerns expressed tonight are shared at the staff level. He noted the citizen's discount and exemption list. He stated that in the Town bylaw eligible citizens can receive a 20 percent credit per quarter for qualifying incomes. Call the DPW for more information. ▶ Chair Mercer requested a presentation on water from Mr. Cantoreggi. ►Mr. Cerel responded to questions about water submetering. ► Councilor Pellegri asked that the flyer about citizen discount programs be an insert in the tax bills so people will know what they are entitled to. ► Mr. Hellen stated that he would cost it out with the vendor. ► Chair Mercer thanked the presenters.

#### **SUBCOMMITTEE REPORTS:**

- a. Capital Budget Subcommittee. ► None.
- b. **Budget Subcommittee.** ► None.
- c. **Economic Development Subcommittee.** ► None.

#### **LEGISLATION FOR ACTION (continued):**

b. Resolution 21-47: Gift Acceptance, Fire Department \$5,000 and Police Department \$5,000 − Digital Federal Credit Union (DCU) (Motion to Approve Resolution 21-47 - Majority Vote).
 ▶ Councilor Jones read the resolution. ▶ MOTION to Approve Resolution 21-47: Gift Acceptance, Fire Department \$5,000 and Police Department \$5,000 − Digital Federal Credit Union (DCU) by

**Dellorco. SECOND** by **Kelly. Discussion**: ► Mr. Hellen thanked DCU for their generosity. ► **VOTE: Yes-9, No-0, Absent-0.** 

- c. Resolution 21-48: Gift Acceptance, Police Department \$10, Recreation Department \$250, Veterans Department \$200 (Motion to Approve Resolution 21-48 Majority Vote). ► Councilor Jones read the resolution. ► MOTION to Approve Resolution 21-48: Gift Acceptance, Police Department \$10, Recreation Department \$250, Veterans Department \$200, by Dellorco. SECOND by Kelly.
   Discussion: ► Mr. Hellen thanked the donators for their donations. ► VOTE: Yes-9, No-0, Absent-0.
- d. Resolution 21-49: Acceptance of Access Easement Over Property Located at 340 East Central Street (Motion to Approve Resolution 21-49 Majority Vote). ► Councilor Jones read the resolution.
   ► MOTION to Approve Resolution 21-49: Acceptance of Access Easement Over Property Located at 340 East Central Street by Dellorco. SECOND by Kelly. Discussion: ► Mr. Hellen explained that this is to allow access for DPW and the Water Department. He noted that there is no cost to the Town.
   ► VOTE: Yes-9, No-0, Absent-0.
- e. Bylaw Amendment 21-875: Chapter 82, Trash and Recycling Fee Increase First Reading (Motion to move Bylaw Amendment 21-875 to a Second Reading Majority Vote). ▶ Councilor Jones read the bylaw amendment. ▶ MOTION to Move Bylaw Amendment 21-875: Chapter 82, Trash and Recycling Fee Increase to a Second Reading by Dellorco. SECOND by Kelly. No discussion. ▶ VOTE: Yes-8, No-1, Absent-0. (Councilor Kelly voted No.)

TOWN ADMINISTRATOR'S REPORT: ▶ Mr. Hellen stated that there are 49 active COVID-19 cases in Franklin. He stated that the reality is that cases are ticking up a little. Based on the preliminary US Census, the Town of Franklin for eligible persons, meaning not age 11 and under, approximately 76 percent of the Town are vaccinated. He said that should give a little additional calm that the Town is doing very well with vaccination rates. The ice cream social and vaccination clinic is Wednesday, August 25, 2021, from 10 AM to 3 PM, in the Davis Thayer parking lot. He thanked the School Department and Board of Health for putting this together. He discussed that most of the insides of the Davis Thayer building have been moved over to the Keller School; there are still a few things needing to be moved. He stated that the Superintendent presented to the School Committee that they were looking at the end of the calendar year when the School Committee will declare the building as surplus. Then, there will likely be conversations about a reuse committee to vet out all the potential options for the building. He introduced Julie McCann, new executive assistant in his office, and Lily Rivera, new Marketing and Communications Specialist. He stated that the new Veterans' Services Officer will be starting after Labor Day. He stated that Debra Martin will be retained and will continue her work with the Veterans' Services Office.

FUTURE AGENDA ITEMS: ➤ Councilor Frongillo stated that he looks forward to housing affordability, complete streets, and community branding. ➤ Councilor Bissanti stated that he is still taking the webinars on the ramifications of homelessness and the eviction process. He will report back with a presentation when he has all the facts. ➤ Councilor Hamblen asked if they could talk about how the 2020 Census affects affordable housing. ➤ Mr. Hellen stated that the Town Clerk will give a presentation in approximately early November. The final census numbers do not come out until September 30<sup>th</sup>. ➤ Councilor Pellegri stated that perhaps this presentation should be given prior to the election on November 2<sup>nd</sup>. ➤ Chair Mercer requested the presentation at the second meeting in October, if possible. ➤ Councilor Pellegri asked about a walk-through for the Davis Thayer School before anything is done with the building. ➤ Councilor Jones asked for a presentation from Comcast and Verizon regarding

service and equipment. He noted that there are a significant number of wires and cables hanging from the telephone poles. ► Councilor Dellorco stated that he agreed with Councilor Jones. He stated the SAFE Coalition would like to give a presentation. ► Chair Mercer stated that he agreed with Councilor Jones.

**COUNCIL COMMENTS:** ► Councilor Chandler thanked the Kimberly/Madison neighborhood for their handwritten note. He discussed the weeds in the sidewalks; it is really ugly. He stated that as DPW Director Cantoreggi noted he is down five staff members, maybe there is a little money to take care of the weeds. In the past, the Town has hired a company to do that; what does it cost? If the DPW Director is down all those staff members, maybe some of that money could be used. ▶ Councilor Hamblen welcomed Ms. McCann and Ms. Rivera to the staff. She noted Town Council office hours are tomorrow morning at 8:30 AM at the Senior Center. She stated that she feels grateful to live in Franklin. She told everyone to stay safe and well. Councilor Pellegri stated that she spoke to Mr. Cantoreggi about the weeds. She said that his main reason for not doing it is that he has lost all the college students. She thanked the Elks for their donation to the veterans' event. She noted the passing of Franklin residents Mary Louise Degnim and Madeleine Faenza; both had worked as election workers over the years. She stated that the museum is still looking for help. She discussed Ms. Dianne Padula donating a stove. ► Mr. Hellen stated that he has not heard from her; he will reach out to Ms. Padula. She welcomed the new staff members. ▶ Councilor Pellegri questioned if they could get in touch with the State regarding the weeds on Rt. 495. She wished good luck to all the new college students. ►Mr. Hellen stated that regarding the weeds on the roads, the State and towns cannot find labor. ▶ Councilor Frongillo stated that the Planning Board is now holding up two items: the housing production plan and the zoning bylaw amendment for parking, loading, and driveway requirements. He hopes the Town Council will move forward if the Planning Board chooses not to. He is excited about the murals; he stated that we need to continue to invest in public art. He noted that the Cultural Festival is September 12th; there will be local artists, food trucks, and a beer garden. ▶ Councilor Bissanti stated that he was disappointed in the Planning Board regarding the .50 parking spaces. He explained that the .50 parking space is a tool for development. He stated concern that the floor was not open for discussion by the public on trash; there were people in the audience who wanted to speak on that. He stated that he does not want to discourage audience participation. He stated that he would let other Town Council members know about an upcoming meeting with Dean College and a concerned resident. Councilor Jones stated that he will be touching base with the Town Administrator regarding what can be done to expedite the availability of the meeting minutes. He noted that the weeds need to be addressed. He welcomed the new employees. ▶ Councilor Dellorco stated that the SAFE Coalition is having an event on the Town Common on August 31st from 6 PM to 8 PM. He stated that in regard to the SAFE Coalition, it has been a tough summer as the phone lines are constantly busy; the numbers are way up. He noted people who have overdosed and others who have succumbed to the disease. He asked people to please reach out to those who are struggling. ▶ Councilor Kelly read a prepared statement. He stated that he has served on the Town Council for over 12 years. He reviewed some of the accomplishments that have occurred during his time on the Town Council. He discussed that party politics have no place in these chambers. He thanked past and present Town Council members with whom he has served. He thanked the staff in all the Town departments, the police department, and fire department. He stated that at the adjournment of tonight's meeting, he will resign from the Franklin Town Council. He thanked the community for the opportunity to serve and represent them. ▶ Chair Mercer stated that community service is a tough volunteer roll. He stated that Councilor Kelly has always performed with dedication and tenacity. He thanked Councilor Kelly for his time served.

**EXECUTIVE SESSION: None.** 

| <b>ADJOURN:</b> ► <b>MOTION</b> to <b>Adjourn</b> by <b>Dellorco</b> . | <b>SECOND</b> by <b>Jones</b> . | No Discussion. | ► VOTE: |
|--|---------------------------------|----------------|---------|
| Yes-9, No-0, Absent-0.   |                                 |                |         |

Meeting adjourned at 9:14 PM.

Respectfully submitted,

Judith Lizardi Recording Secretary



355 East Central Street Franklin, Massachusetts 02038-1352



Phone: (508) 520-4949 www.franklinma.gov

September 10, 2021

To: Town Council

From: Jamie Hellen, Town Administrator

Alecia Alleyne, Assistant to the Town Administrator

**RE:** Appointments

We are recommending appointment of the following individuals to their respective committees:

- Janice Prentice as an Associate Member of the Historical Commission. Jan has been volunteering at the Museum for years and is a regular attendee and participant in many programs.
- Chuna Keophannga as a member of the Finance Committee. Chuna was an applicant for the Finance Committee last year. When a vacancy emerged this summer, she was still interested in joining the committee. The Committee Chair and Vice Chair have met with her and support her nomination.
- Tyrel Hansen as a member of the Finance Committee. Tyrel was an applicant for the Finance Committee last year. When a vacancy emerged this summer, he was still interested in joining the committee. The Committee Chair and Vice Chair have met with him and support his nomination.

We have included their respective volunteer forms.

Please let us know if you have any questions.



#### Town of Franklin MA

355 East Central Street Franklin, MA 02038 Phone: 508-520-4949

#### Volunteer Form

Good Government Starts with You!

Date Submitted: August 16, 2021

Name: Janice K Prentice

Home Address: 126 Stone Ridge Road

FRANKLIN, MA 02038

Mailing Address: 126 Stone Ridge Road

FRANKLIN, MA 02038

Phone Number(s):

Email Address:

Current Occupation/Employer: Retired, Formerly Parts Pricing Administrator @ The Foxboro Co

Narrative: I have been retired for many years, so my time is prétty flexible. I am a Director on The Santa Foundation, Inc. here in Franklin. I have been working with the Foundation for almost 30 years (next year). I am currently working on our 50th Class Reunion from FHS. At this year's graduation our Class gave out 7 \$1,000 Scholarships to the Class of 2021. For our 50th Class Reunion we are planning a ceremony to give our Classmates that were Veterans attending our Reunion Quilts of Valor. We have 8 Veterans that are going to receive this honor from us. Our Quilt of Honor Ceremony is going to be held at the Franklin Historical Museum prior to our Reunion on October 1st. I spend quite a bit of time at the Museum either doing research or attending 2nd Sunday Lectures. I love history and especially love local history. I currently have a display at the Museum of my personal collection of Whiting and Davis items. I am a life-long Franklin resident. My father was born in Franklin. He fought in World War II and my grandfather and grandmother were Franklin residents. My grandfather fought in World War I. I love doing research and have a lifetime project doing Genealogy. I am very much interested in becoming a part of the Franklin Historical Commission! I feel I would be be an asset!

Board(s) / Committee(s):

HISTORICAL COMMISSION



## Town of Franklin MA

355 East Central Street Franklin, MA 02038 Phone: 508-520-4949

## **Volunteer Form**

Good Government Starts with You

|       | Date Submitted:          | July 16, 2020  |
|-------|--------------------------|--|
| ,     | Name:                    | Chuna Keophannga   |
| •     | Home Address:            | 85 Mill St   |
|       |                          | FRANKLIN, MA 02038   |
|       | Mailing Address:         |  |
|       |                          | FRANKLIN, MA 02038.  |
|       | Phone Number(s):         |  |
|       | Email Address:           |  |
|       |                          | •  |
| Curre | nt Occupation/Employer:  | Senior Financial Analyst/ Harvard University   |
|       | Narrative:               | Now that I am primarily working from home and not commuting into Cambridge, MA I have a        |
|       | V.                       | few extra hours per weekday available. All of my professional career has been working in       |
|       |                          | finance. I have 10 years of experience in public finance working for the Commonwealth of MA    |
|       |                          | and I recently just changed over to working in finance for an institution of higher education. |
|       | Board(s) / Committee(s): | Finance Committee  |



## Town of Franklin MA

355 East Central Street Franklin, MA 02038 Phone: 508-520-4949

## **Volunteer Form**

Good Government Starts with Youl

| Date Submitted:          | July 14, 2020   |
|--------------------------|---|
| Name:                    | Tyrel Hansen  |
| Home Address:            | 11 Northern Spy Rd<br>Franklin MA 02038   |
| Mailing Address:         | 11 Northern Spy Rd<br>Franklin MA 02038   |
| Phone Number(s):         |   |
| Email Address:           |   |
| •                        |   |
|                          | Financial Analyst/Westwood Global Investments   |
| Narrative:               | I can be at the meetings the first Tuesday of the month unless traveling (after covid ends one    |
| •                        | day). Outside of that I'm pretty responsive to emails or calls. I generally take the train to and |
|                          | from Boston which gives me a couple hours each day to work on personal things, which I'd put      |
| • •                      | this in. I work in finance and have a pretty good understanding of financial modeling and         |
|                          | budgeting principles. I'm happy to answer any questions you have for me.                          |
| Board(s) / Committee(s): | Finance Committee   |

## **APPOINTMENTS**



#### **Historical Commission**

Janice K. Prentice

126 Stone Ridge Road Franklin, MA 02038

The Historical Commission has recommended the appointment of Janice K. Prentice to serve as an Associate Member of the Historical Commission with a one year term to expire on June 30, 2022.

| MOTION to ratify the appointment by the an Associate Member of the Historical Co | e Town Administrator of Janice K. Prentice to serve as mmission. |
|--|--|
| DATED:, 2021   |  |
|  | VOTED:   |
|  | UNANIMOUS:   |
| A True Record Attest:  | YES: NO:   |
|  | ABSTAIN:   |
|  | ABSENT:  |
| Nancy Danello, CMC   |  |
| Temporary Town Clerk   | Glenn Jones, Clerk<br>Franklin Town Council                      |

## **APPOINTMENTS**



**Finance Committee** 

Chuna Keophannga

85 Mill Street Franklin, MA 02038

The Finance Committee has recommended the appointment of Chuna Keophannga to serve as a Member of the Finance Committee with a term to expire on June 30, 2024.

MOTION to ratify the appointment by the Town Administrator of Chuna Keophannga to serve

as a member of the Finance Committee.

DATED: \_\_\_\_\_\_\_\_, 2021

VOTED: \_\_\_\_\_\_\_\_

UNANIMOUS: \_\_\_\_\_\_\_

A True Record Attest: YES: \_\_\_\_\_\_ NO: \_\_\_\_\_\_

ABSTAIN: \_\_\_\_\_\_\_

ABSENT: \_\_\_\_\_\_

Nancy Danello, CMC

Temporary Town Clerk

Glenn Jones, Clerk

Franklin Town Council





#### **Finance Committee**

## **Tyrel Hansen**

11 Northern Spy Road Franklin, MA 02038

The Finance Committee has recommended the appointment of Tyrel Hansen to serve as a Member of the Finance Committee with a term to expire on June 30, 2023.

MOTION to ratify the appointment by the Town Administrator of Tyrel Hansen to serve as a

Franklin Town Council

## LICENSE TRANSACTION

New Common Victualler §12 Restaurant, All Alcoholic Beverages



#### Franklin Shed, LLC

d/b/a Franklin Shed 340 East Central Street Franklin, MA 02038

Franklin Shed, LLC d/b/a Franklin Shed, is seeking approval for a New §12 Restaurant, All Alcoholic Beverages license and to approve the manager, Gregory A. Barker.

The following departments have signed off on this application: Treasurer/Collector, Building/Zoning, Town Clerk, Town Administration, Police

The following department has not signed off on this application: Fire

| manager.              |        |                    |
|-----------------------|--------|--------------------|
| DATED:                | , 2021 | VOTED:             |
|                       |        | VOTED:             |
|                       |        | UNANIMOUS:         |
| A True Record Attest: |        | YES: NO:           |
|                       |        | ABSTAIN:           |
|                       |        | ABSENT:            |
|                       |        | RECUSED:           |
| Nancy Danello, CMC    |        |                    |
| Temporary Town Clerk  |        | Glenn Jones, Clerk |

Franklin Town Council

MOTION to approve the request by Franklin Shed, LLC d/b/a Franklin Shed, for a New Section

12 Restaurant All Alcoholic Beverages License and to approve Gregory A. Barker as the

#### LAW OFFICES

#### CORNETTA, FICCO & SIMMLER, P.C.

# ATTORNEYS AT LAW 4 WEST STREET FRANKLIN, MASSACHUSETTS 02038

RICHARD R. CORNETTA, JR.

VOICE (508) 528-5300 FAX (508) 528-5555

July 22, 2021

Mr. Tom Mercer, Chairman Franklin Town Council 355 East Central Street Franklin, MA 02038

ATTN: Mr. Jamie Hellen, Town Administrator

Re: Application for a Seven Day All Alcoholic Beverage/Common Victualler License

Applicant: FRANKLIN SHED LLC

Premises: 340 East Central Street, Franklin, Massachusetts

Dear Mr. Mercer:

Please be advised that this firm is legal counsel to FRANKLIN SHED LLC, in the application for a Seven Day All Alcoholic Beverage/Common Victualler License and other ancillary licenses and approvals.

Enclosed please find the following in application for the aforementioned, to wit:

- 1. Application for New License ABCC MA Retail Alcoholic Beverages License Application Form;
- 2. Personal Information for the named Manager on the license, Gregory Barker (ie. Copy of Birth Certificate; Resume)
- 3. Personal Massachusetts Criminal Record Request Form for Gregory Barker;
- 4. Personal Massachusetts Criminal Record Request Form for Mark G. Griffin;
- 5. Personal Massachusetts Criminal Record Request Form for Michael E. Barker;
- 6. Copy of Lease for 340 East Central Street, Franklin, Massachusetts between the 340 East Central Street LLC and Franklin Shed, LLC, including copy of Floor Plan of licensed premises;
- 7. Managers' Certificate (including Certificate of Organization, and Consent of Managers of the Franklin Shed LLC;
- 8. Confirmation/receipt for \$200.00 payment of filing fee to the Commonwealth of Massachusetts;

- 9. Workers' Compensation Insurance Affidavit, with copy of binder of insurance;
- 10. Certificate of Compliance with State Laws;

Kindly schedule this public hearing for the next available agenda before the Town Council. Kindly provide this office a copy of the proposed notice of public hearing prior to publication.

Please direct all inquiries and communication pertaining to this matter directly to our office. Thank you for your attention to this matter.

Very truly yours,

Richard R. Cornetta, Jr

Richard R. Cornetta, Jr.

Encl.

#### APPLICATION FOR A NEW LICENSE 5. CORPORATE STRUCTURE Date of Incorporation Feb 6, 2021 Entity Legal Structure LLC No Is the Corporation publicly traded? OYes State of Incorporation | Massachusetts 6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A. • The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State. The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form. Please note the following statutory requirements for Directors and LLC Managers: On Premises (E.g.Restaurant/Club/Hotel) Directors or LLC Managers - At least 50% must be US citizens; Off Premises(Liquor Store) Directors or LLC Managers - All must be US citizens and a majority must be Massachusetts residents. If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A. Name of Principal Residential Address MARK G. GRIFFIN Percentage of Ownership Director/ LLC Manager US Citizen Title and or Position MA Resident 50 MANAGER Yes ○ No **Residential Address** Name of Principal SSN DOB MICHAEL E. BARKER Director/LLC Manager US Citizen Title and or Position Percentage of Ownership MA Resident MANAGER 50 Yes \(\Omega\) No Yes \(\cap\)No Yes \(\Omega\) No Residential Address Name of Principal SSN DOB Director/LLC Manager US Citizen Title and or Position Percentage of Ownership MA Resident ○ Yes ○ No ○Yes ○No ○Yes ○No Residential Address Name of Principal SSN DOB Director/ LLC Manager US Citizen Title and or Position Percentage of Ownership MA Resident ○ Yes ○ No ○Yes . ○No OYes ONo Residential Address Name of Principal SSN DOB

CRIMINAL HISTORY

Additional pages attached?

Title and or Position

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

Percentage of Ownership

⊜Yes **⊚** No

MA Resident

(Yes (No

Director/LLC Manager US Citizen

## **APPLICATION FOR A NEW LICENSE**

|   | Name   | Licer  | ise Type   | License N  | ame .                | Municipality                    |
|---|--|--|--|--|----------------------|---------------------------------|
|   |  |  |  |  |                      |                                 |
| Has any individ<br>interest in a lic  | SLY HELD INTEREST IN<br>lual or entity identified<br>ense to sell alcoholic be<br>le below. Attach additi  | in question 6, and everages, which is n  | applicable attach<br>ot presently held   | ments, ever held<br>?                                  | Yes No 🗙             | , beneficial or financial       |
|   | Name   | Licens   | е Туре   | License Na   | me                   | Municipality                    |
| Have any of th  | RE OF LICENSE DISCIF   | ed in question 6Aor  |  |  |                      |                                 |
| Yes    No    X  | If yes, list in table belonger   |  | City   |  |                      | v.<br>evocation or cancellation |
|   |  |  |  |  |                      |                                 |
|   | <u> </u>   |  | <u>an nasa da sa afaili</u>  | uman meril ajektaje kistro ur soji:                    |                      |                                 |
| _   |  |  |  |  | <del>-</del> "       |                                 |
|   |  |  |  | <u></u>  |                      |                                 |
|   |  |  |  |  |                      |                                 |
| <ul> <li>If the approximate of the least</li> <li>If the least of the</li></ul> | NCY OF PREMISE e all fields in this section eplicant entity owns the page or renting the premises ase is contingent on the act to lease, signed by the act and business is entities, a signed copy of  | remises, a deed is req<br>, a signed copy of the<br>approval of this licens<br>pplicant and the land<br>are owned by the sa  | uired.<br>lease is required.<br>e, and a signed lea:<br>lord, is required.<br>ime individuals list                         | se is not available, a                                 | a copy of the unsign |                                 |
| If the applet of the least of the least of the least of the least of the busines.   | e all fields in this section<br>oplicant entity owns the p<br>g or renting the premises<br>wase is contingent on the wast<br>of to lease, signed by the a<br>preal estate and business   | n. Please provide paremises, a deed is requestion, a signed copy of the approval of this licens pplicant and the land are owned by the saf a lease between the                 | uired.<br>lease is required.<br>e, and a signed lead<br>lord, is required.<br>Ime individuals list<br>two entities is requ | se is not available, a                                 | a copy of the unsign |                                 |
| If the applet of the leasing of the leasing of the leasing of the lease indicate.  If the business of the lease indicate.   | e all fields in this section<br>oplicant entity owns the p<br>g or renting the premises<br>ase is contingent on the a<br>at to lease, signed by the a<br>real estate and business<br>s entities, a signed copy of  | n. Please provide paremises, a deed is requive a signed copy of the approval of this licens pplicant and the land are owned by the safalease between the plicant will occupy a | uired.<br>lease is required.<br>e, and a signed lead<br>lord, is required.<br>Ime individuals list<br>two entities is requ | se is not available, a<br>red in question 6,<br>uired. | a copy of the unsign |                                 |
| If the applet of the lease of interest of the lease of the lease indicate Landlord Names.   | e all fields in this section oplicant entity owns the pig or renting the premises ase is contingent on the atto lease, signed by the areal estate and business is entities, a signed copy of the by what means the appear and the second of the  | n. Please provide paremises, a deed is requive a signed copy of the approval of this licens pplicant and the land are owned by the safalease between the plicant will occupy a | uired.<br>lease is required.<br>e, and a signed lead<br>lord, is required.<br>Ime individuals list<br>two entities is requ | se is not available, a<br>red in question 6,<br>uired. | a copy of the unsign |                                 |
| Please complet  If the ap  If leasin  If the le  of inter  If the  busines  Please indicate  Landlord Nam  Landlord Phor  | e all fields in this section oplicant entity owns the pig or renting the premises ase is contingent on the att to lease, signed by the areal estate and business is entities, a signed copy of the by what means the apple 340 EAST CENTRAL Signed   | n. Please provide paremises, a deed is requive a signed copy of the approval of this licens pplicant and the land are owned by the safalease between the plicant will occupy a | uired.<br>lease is required.<br>e, and a signed lead<br>lord, is required.<br>Ime individuals list<br>two entities is requ | se is not available, a<br>red in question 6,<br>uired. | a copy of the unsign |                                 |
| • If the ap • If the ap • If leasin • If the leading of inter • If the busines  | e all fields in this section oplicant entity owns the pig or renting the premises ase is contingent on the att to lease, signed by the areal estate and business is entities, a signed copy of the by what means the appear and the second secon | n. Please provide paremises, a deed is requive a signed copy of the approval of this licens pplicant and the land are owned by the safalease between the plicant will occupy a | uired. lease is required. e, and a signed leas<br>lord, is required. ame individuals list<br>two entities is required.     | se is not available, a<br>red in question 6,<br>uired. | a copy of the unsign |                                 |

⊜Yes **⑤** No

Will the Landlord receive revenue based on percentage of alcohol sales?

#### **APPLICATION FOR A NEW LICENSE**

| A. Purchase Price for Real Estate  |   |                                       |   |  |
|--|---|---------------------------------------|---|--|
| , , , , , , , , , , , , , , , , , , ,  |   |                                       |   |  |
| B. Purchase Price for Business A   | ssets   |                                       |   | ÷  |
| C. Other * (Please specify below   | y) \$490,00   | 00.00                                 | *Other Cost(s): (i.e. Costs associated vincluding but not limited to: Propert |  |
| D. Total Cost  | \$490,000.00  |                                       | Renovations costs, Construction cos<br>Inventory costs, or specify other cos  | ts, Initial Start-up costs,                            |
| SOURCE OF CASH CONTRIBUT Please provide documentation of   |   | .g. Bank or                           | other Financial institution Statements, Bar                                   | nk Letter, etc.)                                       |
| Name of Co   | ontributor  |                                       | Amount of Contrib   | ution  |
| MARK G. GRIFFIN  |   |                                       | \$120,000.00  |  |
| MICHAEL E. BARKER  |   |                                       | \$120,000.00  |  |
|  |   |                                       |   |  |
|  |   | · · · · · · · · · · · · · · · · · · · |   |  |
|  |   | Total                                 | \$240,000.00  |  |
|  |   |                                       |   |  |
| SOURCE OF FINANCING Please provide signed financing Name of Lender   | documentation.  Amount  |                                       | Type of Financing   | Is the lender a licensee pursuar<br>to M.G.L. Ch. 138. |
| Please provide signed financing  |   | Smáll B                               | Type of Financing<br>usiness Administration Term Loan                         |  |
| Please provide signed financing  Name of Lender  | Amount  | Small B                               |   | to M.G.L. Ch. 138.                                     |
| Please provide signed financing  Name of Lender  | Amount  | Small B                               |   | to M.G.L. Ch. 138.                                     |
| Please provide signed financing  Name of Lender  | Amount  | Small Bi                              |   | to M.G.L. Ch. 138.  Yes No Yes No                      |
| Please provide signed financing  Name of Lender  DEAN COOPERATIVE BANK  FINANCIAL INFORMATION  | Amount \$250,000.00   |                                       |   | to M.G.L. Ch. 138.  O Yes O No O Yes O No O Yes O No   |
| Please provide signed financing  Name of Lender  DEAN COOPERATIVE BANK  FINANCIAL INFORMATION  | Amount \$250,000.00  f the form(s) and sou  | rce(s) of fu                          | usiness Administration Term Loan  | to M.G.L. Ch. 138.  O Yes O No O Yes O No O Yes O No   |
| Name of Lender  DEAN COOPERATIVE BANK  FINANCIAL INFORMATION  Provide a detailed explanation of \$250,000.00 from SBA Term   | Amount \$250,000.00  f the form(s) and sou  | rce(s) of fu                          | usiness Administration Term Loan  | to M.G.L. Ch. 138.  O Yes O No O Yes O No O Yes O No   |
| Please provide signed financing  Name of Lender  DEAN COOPERATIVE BANK  Provide a detailed explanation of \$250,000.00 from SBA Term \$240,000.00 from personal for the second seco | Amount \$250,000.00  f the form(s) and sou Loan finances of members                                   | rce(s) of fu                          | usiness Administration Term Loan  | to M.G.L. Ch. 138.  O Yes O No O Yes O No O Yes O No   |
| Please provide signed financing  Name of Lender  DEAN COOPERATIVE BANK  Provide a detailed explanation of \$250,000.00 from SBA Term \$240,000.00 from personal for the second seco | f the form(s) and sou Loan finances of members  | rce(s) of fu                          | usiness Administration Term Loan  | to M.G.L. Ch. 138.  O Yes O No O Yes O No O Yes O No   |
| Please provide signed financing  Name of Lender  DEAN COOPERATIVE BANK  FINANCIAL INFORMATION  Provide a detailed explanation of \$250,000.00 from SBA Term  | Amount \$250,000.00  If the form(s) and sou Loan finances of members  ON  documentation.              | erce(s) of fu                         | usiness Administration Term Loan  | to M.G.L. Ch. 138.  O Yes O No O Yes O No O Yes O No   |
| Please provide signed financing  Name of Lender  DEAN COOPERATIVE BANK  Provide a detailed explanation of \$250,000.00 from SBA Term \$240,000.00 from personal for the second signed please provide signed please of the second signed signed please of the second signed signed please of the second signed sig | Amount \$250,000.00  If the form(s) and sou Loan Finances of members  ON  documentation.  pledge? Yes | rce(s) of fu                          | usiness Administration Term Loan  | to M.G.L. Ch. 138.  Yes No Yes No Yes No Yes No        |

|                |                | PLICATION                        |            |             |        |                      |                 |  |
|----------------|----------------|----------------------------------|------------|-------------|--------|----------------------|-----------------|--|
| A. MANAGE      |                |                                  |            |             |        |                      |                 |  |
| The individu   | ual that has   | been appointed                   | to man     | age and     | cont   | trol the licensed    | business ar     | nd premises.                               |
| Proposed Ma    | anager Name    | GREGORY A. BAR                   | KER        |             |        | Date of              | Birth           |  |
| Residential A  | address        |                                  |            |             |        |                      |                 | J  |
| Email          |                |                                  |            |             |        |                      |                 |  |
| Please indica  | te how many    | hours per week y                 | ou inten   | d to be o   | n the  | licensed premise     | es 50           |  |
| B. CITIZENSH   | IP/BACKGRO     | UND INFORMATIO                   | <u>N</u>   |             |        | · · ·                |                 |  |
| Are you a U.S  | . Citizen?*    |                                  |            |             |        | Yes                  | ONo *M          | anager must be a U.S. Citizen              |
| If yes, attach | one of the fo  | llowing as proof o               | f citizens | ship US F   | assp   |                      |                 | ertificate or Naturalization Papers.       |
| •              |                | cted of a state, fed             |            | -           | _      |                      |                 |  |
| -              |                |                                  |            | •           |        | 1.,,                 | 7.00            | ons. Attach additional pages, if necessary |
| utilizing the  | format below   | <i>/</i> .                       |            |             |        |                      |                 |  |
| Date           | Mu             | inicipality                      |            | Cl          | harge  | !                    |                 | Disposition                                |
|                |                |                                  |            |             |        |                      |                 |  |
| <del></del>    |                |                                  |            |             |        |                      |                 |  |
|                |                |                                  |            |             |        |                      | <u></u>         |  |
|                |                |                                  |            |             |        |                      |                 |  |
|                |                |                                  |            |             |        |                      |                 |  |
| C. EMPLOYMI    |                |                                  |            |             |        |                      |                 |  |
|                |                | yment history. At                |            | litional p  | ages,  |                      | ing the form    |  |
| Start Date     | End Date       | Position                         |            |             | e      | Employer             |                 | Supervisor Name                            |
| 2/2018         | present        | GENERAL MANA                     | GER        |             | MED    | WAY CAFE, MEDV       | VAY,MA          |  |
| 8/2017         | 2/2018         | GENERAL MANA                     | GER        | BC          | OSTO   | N BEER WORKS, BO     | OSTON, MA       |  |
| 12/2016        | 4/2017         | BARTENDER                        |            |             | CASI   | AND ALE, SARAS       | SOTA, FL        |  |
| 12/2014        | 10/2016        | GENERAL MANA                     | SER        | DIX         | IE FIS | H CO, FORT MYER      | S BEACH, FL     |  |
| L              |                |                                  |            |             |        |                      |                 |  |
| D. PRIOR DISC  | CIPI INARY AC  | TION                             |            |             |        |                      |                 |  |
|                |                | or financial intere              |            |             |        |                      |                 | olic beverages that was subject to         |
| disciplinary a | ction? OY      | es <b>®</b> No <sup>If yes</sup> | , please   | fill out th | ne tab | le. Attach additio   | nal pages, if r | necessary,utilizing the format below.      |
| Date of Actio  | n Nam          | e of License                     | State      | City        |        | Reason for suspe     | nsion, revoca   | tion or cancellation                       |
|                |                |                                  |            |             |        |                      |                 |  |
|                |                |                                  | -          |             |        |                      |                 |  |
|                |                |                                  | <u> </u>   |             |        |                      |                 |  |
|                |                |                                  |            |             |        |                      |                 |  |
|                |                |                                  |            |             |        |                      |                 |  |
|                |                |                                  |            |             |        |                      |                 |  |
| harahu awaar   | under the nain | s and nenalties of ne            | riury that | the inform  | nation | I have provided in t | his application | is true and accurate:                      |

Manager's Signature

| 11. MANAGEMENT A   |                  |   | 1        |  | - 17                                  |                                   |   |
|--|------------------|---|----------|--|---------------------------------------|-----------------------------------|---|
| Are you requesting approval to If yes, please fill out section 11.     | utilize a mana   | agement company thro                                  | ugr      | ı a management agı   | reement?                              | _ O Y€                            | es   No   |
| Please provide a narrative over  | view of the Ma   | anagement Agreement.                                  | Att      | ach additional page  | s, if necessar                        | <i>/</i>                          |   |
|  |                  |   |          |  |                                       |                                   | AVVOCANIA                                       |
|  |                  |   |          |  |                                       |                                   | •   |
| IMPORTANT NOTE: A manage   | ement agree      | ment is where a licens                                |          | cuthorizos a third   | narty to con                          | l +ha da                          | :: anarations of                                |
| the license premises, while re   | taining ultim    | rate control over the li                              | cer      | authorizes a till u<br>ise, through a writ   | party to con<br>ten contract          | troi the ua<br>. <i>This does</i> | Illy operations of<br>s <b>not</b> pertain to a |
| liquor license manager that is   | employed di      | rectly by the entity.                                 |          | ·, ····  |                                       |                                   | <u>, 1100 pro-</u>                              |
| 11A. MANAGEMENT EI   | NTITY            |   |          |  |                                       |                                   |   |
| List all proposed individuals or e                                     | entities that wi | ill have a direct or indire                           | ect,     | beneficial or financi  | al interest in t                      | he manag                          | ement Entity (E.g.                              |
| Stockholders, Officers, Directors<br>Entity Name                       |                  | rs, LLP Partners, Trustee:<br>dress                   | s et     | c.).   |                                       |                                   |   |
| Lifety Marie   |                  |   |          |  | Phone                                 | ·····                             |   |
|  |                  |   |          |  |                                       |                                   |   |
| Name of Principal  | Resid            | lential Address                                       |          |  | SSN                                   | <u> </u>                          | DOB   |
|  |                  | <del></del>   |          |  |                                       |                                   |   |
| Title and or Position  | ·                | Percentage of Owners                                  | hip<br>  | Director   | US Citizen                            |                                   | MA Resident                                     |
|  |                  |   |          | C Yes ONo  | ○Yes                                  | ○No                               | ○Yes ○No  |
| Name of Principal  | Resid            | ential Address  |          | · · · · · · · · · · · · · · · · · · ·  | SSN                                   |                                   | DOB   |
|  |                  |   |          |  | J [                                   |                                   |   |
| Title and or Position  |                  | Percentage of Owners                                  | hip<br>T | Director   | US Citizen                            |                                   | MA Resident                                     |
|  |                  |   |          | C Yes C No   | ○ Yes                                 | ○No                               | ○ Yes ○ No                                      |
| Name of Principal  | Resid            | lential Address                                       |          |  | SSN                                   |                                   | DOB   |
|  |                  |   |          |  |                                       |                                   |   |
| Title and or Position  |                  | Percentage of Ownersh                                 | qin      | Director   | US Citizen                            |                                   | MA Resident                                     |
|  |                  |   |          | ○ Yes ○ No   |                                       | ○No                               | ○ Yes ○ No                                      |
| Name of Principal  | Resid            | lential Address                                       |          |  | SSN                                   |                                   | DOB   |
| . ·  |                  |   |          |  |                                       |                                   |   |
| itle and or Position   |                  | Percentage of Ownersh                                 | nip      | Director   | US Citizen                            |                                   | MA Resident                                     |
| <u> </u>   |                  |   |          | ○ Yes ○ No   | ○ Yes                                 | ()No                              | O Yes O No                                      |
| RIMINAL HISTORY  |                  |   |          |  | <u> </u>                              |                                   | - Share Share                                   |
| las any individual identified abo<br>yes, attach an affidavit providin | ve ever been o   | convicted of a State, Fed                             | dera     | al or Military Crime?  |                                       |                                   | ○Yes ○No  |
| 1B. EXISTING MANAGE  |                  |   |          | TEREST IN AN   | ΔΙ COHOL                              | IC REVE                           | DAGES   |
| ICENSE   |                  | THE STREET  | 112      | 3 In 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | VECCION                               | IC DLVL                           | <u>KAGES</u>                                    |
| oes any individual or entity ider                                      | ntified in ques  | tion 11A, and applicable                              | e atf    | tachments, have an   | y direct or inc                       | lirect, bene                      | eficial or financial                            |
| nterest in any other license to sel                                    |                  | verages; and or have an<br>ch additional pages, if ne |          |  |                                       |                                   | r licensees?                                    |
| es No lf yes, list in tabl   | e below. Attac   | en additional pages, il ili                           | 2Ce:     | ssary, utilizing the ta  | ible format p                         | elow.                             | •   |
| Name   |                  | License Type  |          | License Nam  | ne                                    | <u> </u>                          | Municipality                                    |
|  |                  |   |          |  |                                       |                                   |   |
|  |                  |   | 2.2.2.2  | and the same of th | <u> Agadas mini tabib balib balib</u> |                                   |   |

## 11C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE Has any individual or entity identified in question 11A, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below. Yes 🗀 Name License Type License Name Municipality 11D. PREVIOUSLY HELD MANAGEMENT AGREEMENT Has any individual or entity identified in question 11A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee? If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below. Yes 🗍 No 🗔 Municipality Date(s) of Agreement Licensee Name License Type 11E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION Has any of the disclosed licenses listed in questions in section 11B, 11C, 11D ever been suspended, revoked or cancelled? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below. Date of Action Name of License Reason for suspension, revocation or cancellation City 11F. TERMS OF AGREEMENT Yes No a. Does the agreement provide for termination by the licensee? b. Will the licensee retain control of the business finances? Yes No c. Does the management entity handle the payroll for the business? Yes No No e. Management Term End Date d, Management Term Begin Date f. How will the management company be compensated by the licensee? (check all that apply) \$ per month/year (indicate amount) % of alcohol sales (indicate percentage) % of overall sales (indicate percentage) other (please explain) ABCC Licensee Officer/LLC Manager **Management Agreement Entity Officer/LLC Manager** Signature: Signature: Title: Title:

Date:

Date:

## **CORPORATE VOTE**

| The Board of Di                            | rectors :             | or LLC Managers o                                  | ıf         | FRANKLIN SHED LLC  |      |  |
|--|-----------------------|--|------------|--|------|--|
| THE DOGIG OF DE                            | 1000010               | or Ele Managero e                                  |            | Entity Name  |      |  |
| duly voted to a                            | oply to t             | he Licensing Autho                                 | ori        |  |      | and the                                      |
| Commonwealth                               | of Mas                | sachusetts Alcoho                                  | lic        | City/Town Beverages Control Commission of  | on [ | Date of Meeting                              |
| For the following tran                     | saction               | s (Check all that ap                               | opl        | y):  |      |  |
| New License                                | Chan                  | ge of Location                                     |            | Change of Class (i.e. Annual / Seasonal)   |      | Change Corporate Structure (i.e. Corp / LLC) |
| Transfer of License                        | Altera                | ation of Licensed Premises                         |            | Change of License Type (i.e. club / restaurant)  | X    | Pledge of Collateral (i.e. License/Stock)    |
| Change of Manager                          | Chan                  | ge Corporate Name                                  |            | Change of Category (I.e. All Alcohol/Wine, Malt)   |      | Management/Operating Agreement               |
| Change of Officers/ Directors/LLC Managers |                       | ge of Ownership interest<br>Members/ LLP Partners, |            | Issuance/Transfer of Stock/New Stockholder   |      | Change of Hours                              |
| — Directors/LLC Managers                   | Truste                |  |            | Other  |      | Change of DBA                                |
| ,  | uired to              | ubmitted and to end have the applications          |            | cute on the Entity's behalf, any n<br>n granted."  | ece  | ssary papers and                             |
| •  |                       | <u> </u>   |            | Name of Liquor License Manager   |      |  |
| premises descril<br>therein as the li      | bed in tł<br>censee i | ne license and auth                                | nor<br>way | im or her with full authority and rity and control of the conduct of y have and exercise if it were a na | all  | business                                     |
|  |                       |  |            | For Corporations C   | NL'  | <u>Y</u>                                     |
| A true copy atte                           | st,                   |  |            | A true copy attest   | ,    |  |
| ( Min                                      | Qu                    | ```  |            |  |      |  |
| Corporate Office                           | r /LLC N              | lanager Signature                                  |            | Corporation Clerk's  | Sig  | gnature                                      |
| MANKO                                      | bart                  | Lin  |            |  |      |  |
| (Print Name)                               |                       |  |            | (Print Name)   |      |  |



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

## RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION MONETARY TRANSMITTAL FORM

#### **APPLICATION FOR A NEW LICENSE**

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

**ECRT CODE: RETA** 

| Please make                   | \$200.00 payment here: <u>AB</u>        | CC PAYMENT WEBSITE                               |  |
|-------------------------------|---|--|--|
| PAYMENT MUST<br>PAYMENT RECEI |   | CENSEE CORPORATION, LLC, PARTNERSH               | IP, OR INDIVIDUAL AND INCLUDE THE            |
| ABCC LICENSE N                | UMBER (IF AN EXISTING LICENS            | EE, CAN BE OBTAINED FROM THE CITY)               |  |
| ENTITY/ LICENSE               | FRANKLIN SHED LLC                       |  |  |
| ADDRESS 39 O                  | PAL CIRCLE                              |  |  |
| CITY/TOWN FR                  | ANKLIN                                  | STATE MA ZII                                     | P CODE 02038                                 |
|                               |   |  |  |
| For the following tra         | ansactions (Check all that a            | pply):   |  |
| New License                   | Change of Location                      | Change of Class (i.e. Annual / Seasonal)         | Change Corporate Structure (i.e. Corp / LLC) |
| Transfer of License           | Alteration of Licensed Premises         | Change of License Type (i.e. club / restaurant)  | Pledge of Collateral (i.e. License/Stock)    |
| Change of Manager             | Change Corporate Name                   | Change of Category (i.e. All Alcohol/Wine, Malt) | Management/Operating Agreement               |
| Change of Officers/           | Change of Ownership Interest            | Issuance/Transfer of Stock/New Stockholder       | Change of Hours                              |
| □□ Directors/LLC Managers     | (LLC Members/LLP Partners,<br>Trustees) | Other  | 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



#### 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.

| ABCCLICENSE INFORMATION   |
|---|
| ABCC NUMBER: LICENSEE NAME: Franklin Shed U.C. CITY/TOWN: Franklin  |
| APPLICANT INFORMATION   |
| LAST NAME: Barler FIRST NAME: Gregary MIDDLE NAME:  |
| MAIDEN NAME OR ALIAS (IF APPLICABLE):  PLACE OF BIRTH:    305 for   |
| DATE OF BIRTH: ID THEFT INDEX PIN (IF APPLICABLE):  |
| MOTHER'S MAIDEN NAME: STATE LIC. ISSUED: MA   |
| GENDE   |
| CURRENT ADDRESS:  |
| CITY/TOWN:  |
| FORMER ADDRESS:   |
| CITY/TOWN:  |
| PRINT AND SIGN  |
| PRINTED NAME: Creyony Barken APPLICANT/EMPLOYEE SIGNATURE:  |
| NOTARY INFORMATION  |
| On this July 13, 2021 before me, the undersigned notary public, personally appeared Gregory Barker  |
| (name of document signer), proved to me through satisfactory evidence of identification, which were MA Driver's Licinse                       |
| 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 |
| Sheri L. Barry NOTARY PUBLIC Commonwealth of Massachusetts  NOTARY NOTARY   |
| My Commission Expires Feb. 25, 2022   |

REQUESTED BY:

SIGNATURE OF CORI-AUTHORIZED EMPLOYEE

The DCII Identify 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) 660-4614.



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

## **CORI REQUEST FORM**

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| ABCC LICENSE INFORMATION                               |                                    |  |  |
|--|------------------------------------|--|--|
| ABCC NUMBER:<br>(IF EXISTING LICENSEE)                 | LICENSEE NAME: Franklin            | . Sted HC                              | CITY/TOWN: Franklin  |
| APPLICANT INFORMATION                                  |                                    |  |  |
| LAST NAME: GRIFFIN                                     | FIRST NAME:                        | MARK                                   | MIDDLE NAME: GERALD  |
| MAIDEN NAME OR ALIAS (IF APPLICABLE)                   |                                    | PLACE OF BIRTH:                        |  |
| DATE OF BIRTH:   |                                    | ID THEFT INDEX PII                     | N (IF APPLICABLE):   |
| MOTHER'S MAIDEN NAME:                                  |                                    | <del></del>                            | L, and the same of |
| GENDER:  |                                    |  |  |
| CURRENT ADDRESS:                                       | ^ ~ ~                              |  |  |
| CITY/TOWN:   |                                    |  |  |
| FORMER ADDRESS:  |                                    |  |  |
| CITY/TOWN:   |                                    |  |  |
| PRINT AND SIGN   |                                    |  |  |
| PRINTED NAME: MANK                                     | Seiffin APPLICANT/EMPLO            | OYEE SIGNATURE:                        | rae.   |
| NOTARY INFORMATION                                     |                                    |  |  |
| on this 3014 13,20                                     | before me, the undersigne          | d notary public, personally a          | appeared Me-K Gatton   |
| name of document signer), proved to                    |                                    | of identification, which were          | UPPIL MA Driving Lie   |
| to be the person whose name is signots stated purpose. | ed on the preceding or attached do | cument, and acknowledged               | to me that (he) (she) signed it voluntarily fo   |
|  |                                    | elch.                                  | NOTARY   |
|  |                                    | ······································ |  |

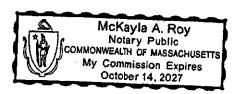
REQUESTED BY:

SIGNATURE OF CORFAUTHORIZED EMPLOYEE

SIGNATURE OF CORNAUTHORIZED EMPLOYEE

SIGNATURE OF CORNAUTHORIZED EMPLOYEE

FIN Number by the DCM. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORT request process. ALL CORT request forms that include this field are required to be submitted to the DCM via mail or by fax to (617) 660-4614.







REQUESTED BY:

SIGNATURE OF CORI-AUTHORIZED EMPLOYEE

The DCII Identify Theft Index PIN Number is to be completed by those applicants that have been issued an identity Thef PIN Number by the DCII. Certified agencies are required to provide all applicants the apportunity 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) 660-4614.

#### 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 NUMBER:<br>(IF EXISTING LICENSEE)   |                  | LICENSEE NA                             | ME: Fran                         | 121:n <      | 3 hed        | 40            | CITY/TOW      | N: Fre        | <u>uklin</u>     |
|--|------------------|---|----------------------------------|--------------|--------------|---------------|---------------|---------------|------------------|
| APPLICANT INFORM                         | ATION            |   |                                  |              |              |               |               |               |                  |
| LAST NAME: Barker                        |                  |   | FIRST NAME:                      | Michael      |              | N             | IDDLE NAME:   | Edward        |                  |
| MAIDEN NAME OR A                         | LIAS (IF APPLICA | ABLE):                                  |                                  |              | PLACE O      | F BIRTH:      | _             |               |                  |
| DATE OF BIRTH:                           |                  |   |                                  |              | ID THEFT     | T INDEX PIN ( | F APPLICABLE) | ):            |                  |
| MOTHER'S MAIDEN I                        | IAME:            |   |                                  |              |              |               |               |               |                  |
| GENDER:                                  |                  |   | <u> </u>                         | - With       | <b></b>      |               | EYE COLOR     | t: Blue       |                  |
| CURRENT ADDRESS:                         | :                |   |                                  |              |              |               |               |               |                  |
| CITY/TOWN:                               | :                |   |                                  | STATE:       |              |               |               |               |                  |
| FORMER ADDRESS:                          | ·<br>!           |   |                                  |              |              |               |               | <del>-</del>  |                  |
| CITY/TOWN:                               | :<br>:           | -                                       |                                  | STATE:       |              |               |               |               |                  |
| PRINT AND SIGN                           |                  |   |                                  |              |              |               |               | <i>A</i>      |                  |
| PRINTED NAME:                            | Miche            | el Baike:                               | APPLICANT/                       | EMPLOYEE SIG | NATURE:      | 11/10         | laf E         | al            |                  |
| NOTARY INFORMATI                         | ON 1             |   |                                  |              |              |               |               |               |                  |
| On this                                  |                  | D21 befor                               | e me, the under                  | signed notar | y public, pe | ersonally ap  | peared M      | ) ICHAE       | L BART           |
| name of document                         |                  |   |                                  |              |              |               | m             | ADL           | 1                |
| to be the person w<br>ts stated purpose. | hose name is     | signed on the pred                      | eding or attach                  | ed document  | , and aekno  | wledged to    | me that (he   | ) (she) signe | d it voluntarily |
| kaikagai                                 |                  | ANN-MARIE CO<br>Notary Pul              | olic                             | Les          | ed)          | abe           |               | 's Es         | 4                |
|  | My My            | Commonwealth of M<br>Commission Expires | assachusetts<br>October 25, 2024 |              |              |               | NOTARY        |               |                  |
|  |                  |   |                                  |              |              |               |               |               |                  |
|  |                  |   |                                  |              |              |               |               |               |                  |

THIS LEASE AGREEMENT, made as of the 28th day of June, 2021 (the "Effective Date"), by and between 340 EAST CENTRAL STREET, LLC, a Massachusetts limited liability company with a mailing address of 7 Thornton Street, Seabrook, NH 03874 ("Landlord"), and FRANKLIN SHED, LLC, a Massachusetts limited liability company with a mailing address of 39 Opal Circle, Franklin, MA 02038 ("Tenant")(Landlord and Tenant are collectively referred to herein as the "Parties," and each is referred to separately as a "Party");

WITNESSETH that, in consideration of the mutual covenants and agreements herein contained, Landlord does hereby LEASE to Tenant, and Tenant does hereby LEASE from Landlord, the Premises described in Section 2 below, subject to all of the terms and conditions hereinafter set forth.

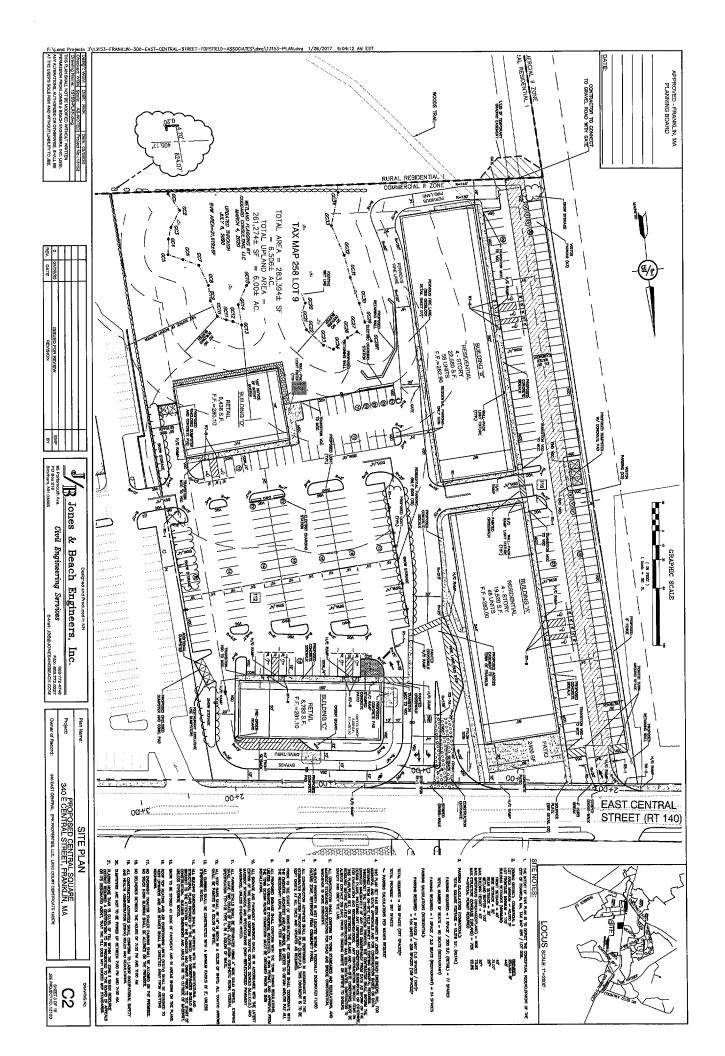
TERM: The term of this Lease (the "Term") shall be for a period of approximately Seven (7) years, commencing as of the earlier to occur of (i) 90 days after Landlord delivers the Premises to Tenant with Landlord's Work within the Premises (as defined in Section 31 below) substantially completed (the date of such delivery by Landlord being called the "Delivery Date" herein), or (ii) the date when Tenant first opens for business at the Premises (in either event, the "Rent Commencement Date"), and ending seven (7) years from the end of the calendar month in which the Rent Commencement Date falls. If the Rent Commencement Date does not fall on the first day of a month, the period from the Rent Commencement Date to the first day of the following month shall be added to the Term. When the Rent Commencement Date and expiration date of the Term of this Lease have been determined as herein set forth, the Parties shall execute a written memorandum expressly confirming said dates and such other information related hereto as either Party may reasonably request, and such memorandum shall thereupon be deemed attached hereto, incorporated herein, and made a part of this Lease by this reference. Tenant shall have access to the Premises 24 hours per day, 365 (366 in the case of leap year) days per year. If Tenant is not permitted to acquire an occupancy permit from the Town of Franklin for the use of the Leased Premises as of the date that would be the Rent Commencement Date as described above, solely due to any act or failure to act by Landlord in the completion of the Building or Shopping Center (and such action or failure to act of Landlord is not due to any action or inaction of Tenant), the Rent Commencement Date shall be extended until such time as such action or failure to act has been corrected by Landlord,.

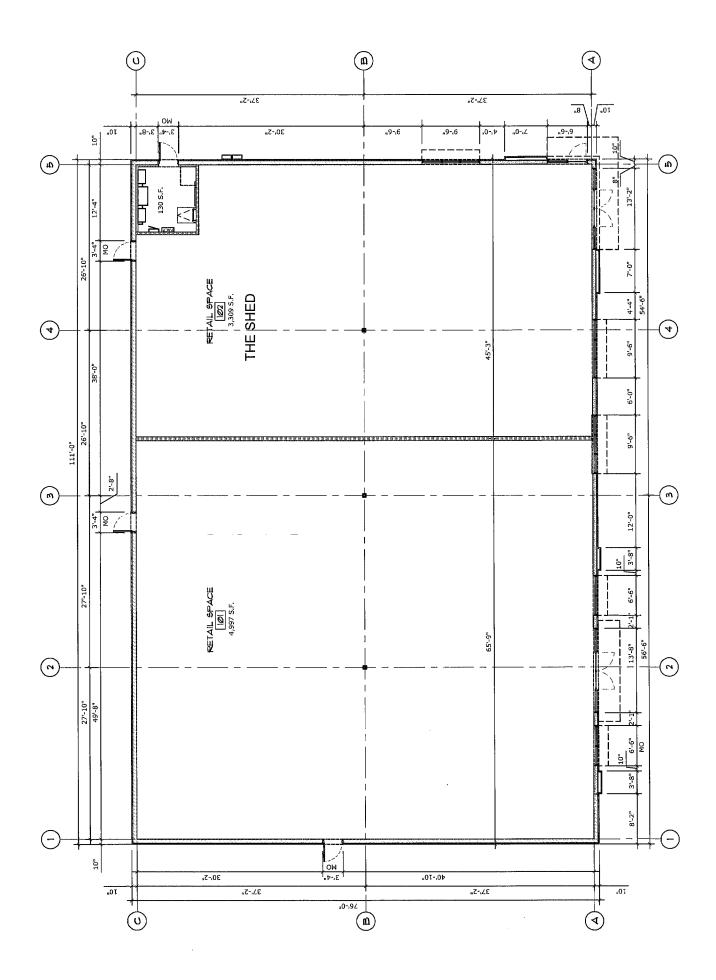
Tenant shall have the option to extend the Term of this Lease for One (1) period of seven (7) years, commencing at the expiration of the original Term, upon all of the terms and conditions of this Lease, except that base rent during any exercised extension term shall be at the rates set forth below. Any exercised extension term shall be part of the Term hereunder for all purposes. Tenant may exercise an option to extend only if Tenant (i) is not in default of any of its obligations or agreements under this Lease either at the time of exercise of any extension option or at the time of commencement of any extension term, and any such default has not been fully cured in accordance with the terms of the Lease, and (ii) is occupying the entire Premises subject to this Lease, and (iii) has neither sublet nor assigned any interest in this Lease or in the premises to any person or party. If any of the conditions (i), (ii) or (iii) contained in the preceding sentence is not met, then Landlord may at Landlord's option declare void any attempted exercise of Tenant's extension option, whereupon such exercise and extension shall be of no further force or effect. Tenant may exercise said option to extend only by delivering written notice of its intent to extend the Term hereof to Landlord at least six (6) months in advance of the expiration of the previous Term hereof, with time being of the essence of said period, failing which any remaining option(s) to extend shall utterly expire. Tenant shall have no right to extend the Term of this Lease beyond the end of such 7-year extension, unless otherwise agreed by Landlord and Tenant in a writing separate from this Lease.

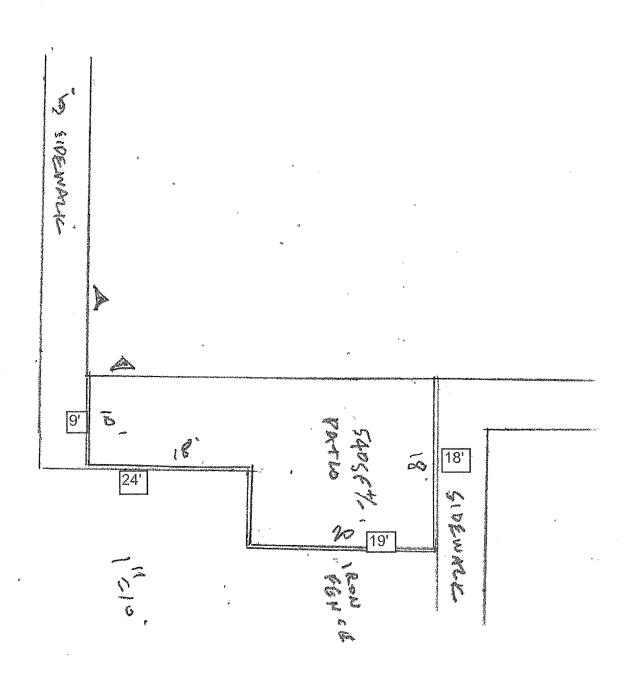
2. PREMISES: The Premises which are the subject of this Agreement consist of commercial/retail space in the building (the "Building") located at 340 East Central Street in Franklin, Massachusetts, containing approximately 3,309 square feet of space more particularly shown as "THE SHED" on the Plan attached to this Lease as Exhibit A (the "Premises"). In addition to the aforesaid Premises, the Premises shall include the outdoor patio area containing approximately 540 square feet of space, as shown on Exhibit A. In addition to the Premises, Tenant shall have the non-exclusive use for their normal intended purposes, in common with others, of any common halls, entrances, storage rooms, stairways and other areas designated by Landlord from time to time as "Common Areas" of the building containing the Premises (the "Building"), and of the property on which the Building is situated (the "Shopping Center"), it being further understood and agreed that the Premises contain an allocable portion of the Building's common areas. Landlord shall have the right from time to time to construct such additions and make such changes to the Building and the Shopping Center for all such purposes as Landlord may deem

IN WITNESS WHEREOF, Landlord and Tenant have caused this Lease to be duly executed and delivered as an instrument under seal, as of the Effective Date.

| WITNESS:    | FRANKLIN SHED, LLC, a Massachusetts  |
|-------------|--|
|             | limited liability company ("Tenant")  By: What Eback                                 |
|             | Name: Michael E. Barker Its Manager  |
|             | ву:  |
|             | Name: Mark G. Griffin Its Hanager  |
|             | 340 EAST CENTRAL STREET, LLC, a Massachusetts limited liability company ("Landlord") |
| Church Cham | Ву:  |
|             | Name: leffrey F. Gove Its wayag; ug Member   |
|             |  |







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#### **MANAGER' CERTIFICATE**

The undersigned, as the MANAGER of FRANKLIN SHED LLC, a limited liability company organized under the laws of the Commonwealth of Massachusetts (the "Company"), hereby certify and state to the Town Council of the Town of Franklin, Massachusetts, and the Massachusetts Alcoholic Beverages Control Commission, in connection with an application for a Seven Day All Alcoholic Beverage License, (the "License"), the following.

- 1. Attached hereto as <u>Exhibit A</u> is a true, correct and complete copy of the Certificate of Organization of the Company, as filed on February 6, 2021 with the Secretary of the Commonwealth of Massachusetts, and the same has not been amended, modified or terminated and remains in full force and effect as of the date hereof.
- 2. Attached hereto as <u>Exhibit B</u> is a true, correct and complete copy of the Consent of the Managers of the Company, authorizing the application of the License on behalf of the Company from the Town of Franklin, and further authorizing the execution, delivery and performance by the Company of the License application and all the related documents; such Consent has not been modified, amended or revoked and is in full force and effect on the date hereof; and no other action on the part of the Company is necessary to authorize the Company's execution, delivery and performance by the Company of the License application and related documents.
- 3. On our oath and under the penalties of perjury, we swear that we are the duly elected MANAGERS authorized on behalf of FRANKLIN SHED LLC, a Massachusetts Limited Liability Company, and we certify that we have not been removed as MANAGERS and have the authority to act, either singly or jointly, for, and bind the company in the transaction of business for which this affidavit is given as affirmation of our authority.

IN WITNESS WHEREOF, the undersigned have executed this Certificate this day, July 14, 2021.

Mark G. Griffin

Michael E. Barker



## The Commonwealth of Massachusetts William Francis Galvin

Secretary of the Commonwealth, Corporations Division One Ashburton Place, 17th floor Boston, MA 02108-1512 Telephone: (617) 727-9640

| tion |
|------|

(General Laws, Chapter )

| 1 -6 - | 41.5 | 41 .   | NI   |     |     |
|--------|------|--------|------|-----|-----|
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1. The exact name of the limited liability company is: FRANKLIN SHED LLC

2a. Location of its principal office:

No. and Street:

39 OPAL CIRCLE

City or Town:

FRANKLIN

State: MA

Zip: 02038

Country: USA

Minimum Fee: \$500.00

2b, Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street:

39 OPAL CIRCLE

City or Town:

FRANKLIN

State: MA

Zip: <u>020</u>38

Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

FOOD & BEVERAGE - RESTAURANT AND BAR OWNERSHIP. SERVING FOOD AND FULL BAR

- 4. The latest date of dissolution, if specified:
- 5. Name and address of the Resident Agent:

Name:

UNITED STATES CORPORATION AGENTS, INC.

No. and Street:

101BILLERICA AVE., BLDG. 5, SUITE 204

City or Town:

NORTH BILLERICA

State: MA

Zip: 01862

Country: USA

- I, <u>UNITED STATES CORPORATION AGENTS, INC.</u> resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.
- 6. The name and business address of each manager, if any:

| ACCOUNTS OF THE PERSON                  | Title | Individual Name             | Address (na PO Box)                    |  |  |  |
|---|-------|-----------------------------|--|--|--|--|
| *************************************** |       | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code |  |  |  |
|   |       |                             |  |  |  |  |

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

| Title         | Individual Name             | Address (no PO Box)                    |
|---------------|-----------------------------|--|
|               | First, Middle, Last, Sufflx | Address, City or Town, State, Zip Code |
| SOC SIGNATORY | MARK G. GRIFFIN             |  |

| SOC SIGNATORY  | MICHAEL E. BARKER  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| 8. The name and business any recordable instrument   | address of the person(s) authorized purporting to affect an interest in re | d to execute, acknowledge, deliver and record |  |  |  |  |  |
| Title  | Individual Name  | Address (no PO Box)                           |  |  |  |  |  |
|  | First, Middle, Last, Suffix  | Address, City or Town, State, Zip Code        |  |  |  |  |  |
| REAL PROPERTY  | MARK G. GRIFFIN  |   |  |  |  |  |  |
| REAL PROPERTY  | MICHAEL E. BARKER  |   |  |  |  |  |  |
| 9. Additional matters:   |  |   |  |  |  |  |  |
| SIGNED UNDER THE PENALTIES OF PERJURY, this 6 Day of February, 2021,  LEGALZOOM.COM, INC., A CALIFORNIA CORPORATION, CHEYENNE MOSELEY, ASSISTANT  SECRETARY  (The certificate must be signed by the person forming the LLC.) |  |   |  |  |  |  |  |
| © 2001 - 2021 Commonwealth of Massachusetts All Rights Reserved  |  |   |  |  |  |  |  |

#### THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

February 06, 2021 03:46 AM

Therian Train Dalies

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

#### **EXHIBIT B**

#### CONSENT OF THE MANAGERS

The undersigned, being all of the Managers of FRANKLIN SHED LLC, a Massachusetts limited liability company (the "Company"), hereby consent to the following:

- 1. That Mark G. Griffin and/or Michael E. Barker as the MANAGERS of the Company (individually or collectively referred to as the "MANAGER"), be and hereby are authorized and directed, either singly or jointly, on behalf of the Company, to execute any and all agreements, documents and other papers in connection with the application for issuance of a Seven Day All Alcoholic Beverage License; Common Victuallers License; Weekday Entertainment License; and Sunday Entertainment License in connection with the business to be known as the FRANKLIN SHED LLC, to be conducted within the Town of Franklin, Massachusetts and further that Gregory A. Barker, shall serve as the named manager on any said License.
- 2. That the MANAGER is hereby authorized and directed to execute and deliver, either singly or jointly, any related documentation, including but not limited to: An Application for Alcoholic Beverage License for Retail Sale, Weekday Entertainment License Application; Sunday Entertainment License Application, Common Victualler's License Application, and Business Name Certificate, and any other ancillary license applications in furtherance of the business to be conducted by the Company within the Town of Franklin and the Commonwealth of Massachusetts, with such changes as such MANAGER deems necessary or appropriate, the signature of the MANAGER on behalf of the Company, appearing upon such documentation, to be conclusive evidence of said MANAGER' authority to execute the same and of its binding effect upon the Company.

MANAGERS:

Mark G. Griffin

Michael E. Barker

#### **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.** 

|                    |   | \$200.00 |
|--------------------|---|----------|
| FILING FEES-RETAIL | FRANKLIN SHED LLC                         | \$200.00 |
| Description        | Applicant, License or Registration Number | Amount   |

Total Convenience Fee: \$4.70

Total Amount Paid: \$204.70

Date Paid: 7/21/2021 10:13:40 AM EDT

| Payment | On | Behal <sup>1</sup> | f Of |
|---------|----|--------------------|------|
|---------|----|--------------------|------|

**License Number or Business Name:** FRANKLIN SHED LLC

Fee Type: FILING FEES-RETAIL

| Billing Information    |  |
|------------------------|--|
| First Name:<br>Richard |  |
| Last Name:<br>Cornetta |  |
| Address:               |  |
| City:                  |  |
| State:<br>MA           |  |
| Zip                    |  |
| Email Address:         |  |
|                        |  |



## The Commonwealth of Massachusetts Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

| Applicant Information  | Please Print Legibly   |
|--|--|
| Business/Organization Name: FRANKLIN SHED LLC  |  |
| Address: 39 OPAL CIRCLE  |  |
| City/State/Zip: FRANKLIN, MA 02038   | Phone #:   |
| Are you an employer? Check the appropriate box:  1. I am a employer with employees (full and/or part-time).*  2. I am a sole proprietor or partnership and have no employees working for me in any capacity.  [No workers' comp. insurance required]  3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]*  4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]  *Any applicant that checks box #1 must also fill out the section below showing t **If the corporate officers have exempted themselves, but the corporation has off organization should check box #1. | Business Type (required):  5.  Retail  6.  Restaurant/Bar/Eating Establishment  7.  Office and/or Sales (incl. real estate, auto, etc.)  8.  Non-profit  9.  Entertainment  10.  Manufacturing  11.  Health Care  12.  Other |
| I am an employer that is providing workers' compensation insurance Company Name: hiseRK - Well   | rance for my employees. Below is the policy information. Floet Insurance Company   |
| Insurer's Address: City/State/Zip:   |  |
| Policy # or Self-ins. Lic. #_ Attach a copy of the workers compensation poncy ucciaration  | Expiration Date: 7/23/2022   |
| Failure to secure coverage as required under Section 25A of MG fine up to \$1,500.00 and/or one-year imprisonment, as well as civ of up to \$250.00 a day against the violator. Be advised that a cop Investigations of the DIA for insurance coverage verification.   | L c. 152 can lead to the imposition of criminal penalties of a vil penalties in the form of a STOP WORK ORDER and a fine   |
| I do hereby certify, under the pains and pendices of perjury that Signature:   | t the information provided above is true and correct.  Date: 7/27/2/   |
| Phone #:   | Date: //09   |
| Official use only. Do not write in this area, to be completed b  | y city or town official.   |
| City or Town:Pe  | rmit/License #   |
| Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town C 6. Other  | Clerk 4. Licensing Board 5. Selectmen's Office   |
| Contact Person:  | Phone #:   |



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/22/2021

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 BIBERK P.O. Box 113247 Stamford, CT 06911         |   |                       |                        |  | CONTACT<br>NAME: |   |   |  |                    |            |
|--|---|-----------------------|------------------------|--|------------------|---|---|--|--------------------|------------|
| INSURED  | n Shed, LLC   |                       |                        |  | INSURER B:       |   |   |  |                    |            |
| TTAITKII   | ii Sheu, LLC  |                       |                        |  | INSURE           | RC:                                     |   |  |                    |            |
|  | al Circle   |                       |                        |  | INSURE           | RD:                                     |   |  |                    |            |
| Franklii   | n, MA 02038   |                       |                        |  | INSURE           | RE:                                     |   |  |                    |            |
|  |   |                       |                        |  | INSURE           | RF:                                     |   |  |                    |            |
| COVER  |   |                       |                        | NUMBER:  | <del></del>      |   |   | REVISION NUMBER:                             |                    | 0.7.555105 |
| INDICA<br>CERTI<br>EXCLU                                   | S TO CERTIFY THAT THE POLICIES<br>ATED. NOTWITHSTANDING ANY RE<br>IFICATE MAY BE ISSUED OR MAY<br>JSIONS AND CONDITIONS OF SUCH | QUIR<br>PERT<br>POLIC | REMEI<br>AIN,<br>CIES. | NT, TERM OR CONDITION<br>THE INSURANCE AFFORDS   | OF AN'<br>ED BY  | Y CONTRACT<br>THE POLICIE<br>REDUCED BY | OR OTHER I<br>S DESCRIBEI<br>PAID CLAIMS. | DOCUMENT WITH RESPEC                         | TO Y               | WHICH THIS |
| INSR<br>LTR  | TYPE OF INSURANCE   | ADDL<br>INSD          | SUBR<br>WVD            | POLICY NUMBER  |                  | POLICY EFF<br>(MM/DD/YYYY)              | POLICY EXP<br>(MM/DD/YYYY)                | LIMIT  | S                  |            |
|  | COMMERCIAL GENERAL LIABILITY  |                       |                        |  |                  |   |   | EACH OCCURRENCE                              | \$                 | 0          |
|  | CLAIMS-MADE OCCUR   |                       |                        |  |                  |   |   | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$                 | 0          |
|  |   |                       |                        |  |                  |   |   | MED EXP (Any one person)                     | \$                 | 0          |
|  |   |                       |                        |  |                  |   |   | PERSONAL & ADV INJURY                        | \$                 | 0          |
| GE1  | N'L AGGREGATE LIMIT APPLIES PER:  |                       |                        |  |                  |   |   | GENERAL AGGREGATE                            | \$                 | 0          |
|  | POLICY JECT LOC   |                       |                        |  |                  |   |   | PRODUCTS - COMP/OP AGG                       | \$                 | 0          |
|  | OTHER:  |                       |                        |  |                  |   |   | COMBINED SINGLE LIMIT                        | \$                 |            |
| AU   | TOMOBILE LIABILITY ANY AUTO   |                       |                        |  |                  |   |   | (Ea accident)                                | \$                 |            |
|  | OWNED SCHEDULED   |                       |                        |  |                  |   |   | BODILY INJURY (Per person)                   | \$                 |            |
|  | AUTOS ONLY AUTOS NON-OWNED  |                       |                        |  |                  |   |   | BODILY INJURY (Per accident) PROPERTY DAMAGE | \$                 |            |
|  | AUTOS ONLY AUTOS ONLY   |                       |                        |  |                  |   |   | (Per accident)                               | \$                 |            |
|  | UMBRELLA LIAB OCCUR   |                       |                        |  |                  |   |   | EAGU GOOUDDENOS                              |                    |            |
|  | - June - Occor  |                       |                        |  |                  |   |   | EACH OCCURRENCE                              | \$                 |            |
|  | OLAIWO-WADE   | 1                     |                        |  |                  |   |   | AGGREGATE                                    | \$                 |            |
|  | RKERS COMPENSATION  |                       |                        |  |                  |   |   | X PER OTH-                                   | Ψ                  |            |
| ANIX   | DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE  |                       |                        |  |                  | 07/22/2021                              | 07/22/2022                                | E.L. EACH ACCIDENT                           | <sub>\$</sub> 100, | 000        |
| A OFF  | ICER/MEMBER EXCLUDED?   | N/A                   |                        |  | l                | 07/23/2021                              | 07/23/2022                                | E.L. DISEASE - EA EMPLOYEE                   | <sub>\$</sub> 100, | 000        |
|  | s, describe under<br>SCRIPTION OF OPERATIONS below  |                       |                        |  |                  |   |   | E.L. DISEASE - POLICY LIMIT                  | <sub>\$</sub> 500, | 000        |
| Pro  | ofessional Liability (Errors & missions): Claims-Made   |                       |                        |  |                  |   |   | Per Occurrence/<br>Aggregate                 |                    |            |
| DESCRIPT   | TION OF OPERATIONS / LOCATIONS / VEHIC  | LES (A                | CORD                   | 101, Additional Remarks Schedul  | e, may b         | e attached if mor                       | e space is require                        | ed)  |                    |            |
|  |   |                       |                        |  |                  |   |   |  |                    |            |
| CERTIF   | FICATE HOLDER   |                       |                        |  | CANO             | CELLATION                               |   |  |                    |            |
| Franklin Shed, LLC<br>39 Opal Circle                       |   |                       |                        | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                  |   |   |  |                    |            |
| Franklin, MA 02038  AUTHORIZED REPRESENTATIVE  ALELL 6.161 |   |                       |                        |  |                  |   |   |  |                    |            |



#### CERTIFICATE OF COMPLIANCE WITH STATE LAWS

Pursuant to M.G.L Chapter 62C, Sec 49A, and M.G.L. Ch. 151A, Section 19A, the undersigned acting on behalf on the License Holder, certifies under the penalty of perjury that, to the best of the undersign's knowledge and belief, the License Holder is in compliance with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support\*.

| ** | Signature of Individual | or Corpo | rate License | Holder ( | Mandatory) |
|----|-------------------------|----------|--------------|----------|------------|

Corporate Officer: Manager

(Mandatory, if applicable)

By:

\*The provision in the Attestation of relating to child support applies only when the License Holder is an individual.

\*\*Approval of or a renewal of a license will not be granted unless this certification clause is signed by the applicant. For all corporations, a certified copy of the vote of the Board of Directors must be provided.

\*\*\* Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency will not have a license or other agreement issued, renewed or extended. This request is made under the authority of Massachusetts General Laws, Chapter 62C, section 49A.

<sup>\*\*\*</sup> License Holder's Social Security Number/or Federal Identification Number

#### **EDUCATION**

#### Suffolk University - Sawyer School of Management, Boston, MA

• Graduated in May 2003 with a Bachelor of Science in Business Administration

#### Xaverian Brothers High School, Westwood, MA

- Graduated in May of 2000
- Successfully completed standard college-prep curriculum

TIPS Alcohol Training & Certification-2020

Servesafe Certification-2021

HACCAP Certification-2015

#### **EXPERIENCE**

#### Medway Cafe, Medway, MA

**GM-**Feburary 2018-Present

- Controlled the labor, food, beer, wine and liquor cost
- Cost out drinks and food
- Headed weekly meetings with management and kitchen staff
- Created weekly special menus and seasonal drink menus
- Greeted customers, expo food, run food, bus tables, made drinks, took food and drink orders and made sure customers where having a great experience
- Manager the staff shifts and sections
- Prepare end of night reports, paperwork and deposit

#### Boston Beer Works-Fenway & Canal, Boston, MA

Asst. GM-August 2017-February 2018

- Greeted customers, expo food, run food, bus tables, made drinks, took food and drink orders and made sure customers where having a great experience
- Manager the staff shifts and sections
- Prepare end of night reports, paperwork and deposit

#### Spartan Race-Boston, MA

#### Kids Lead-April 2016-Nov 2017

- Map out course, build obstacles, set up the start and finish line
- MC the start line, motivate kids and show them different stretches before racing •

Manage up to 25 volunteers

#### Cask and Ale-Sarasota, FL

#### Bartender-December 2016-April 2017

- Welcoming, acknowledging and greeting guest who come to the bar
- Upselling food and beverages to guest
- Being proficient on the POS system
- Preparing craft cocktails and other drinks for customers

#### Dixie Fish Co-Fort Myers Beach (Part of Doc Fords)

#### General Manager, December 2014-October 2016

- Hired and Trained brand new staff and managed staff of 22 FOH-BOH and created work schedule
- Created drink menu and Assisted in creating food menu
- Set up the flow of the restaurant and bar area
- Ordered retail, liquor and beer
- Managed employees to make a drama free workplace
- Greeted customers, expo food, run food, bus tables, made drinks, took food and drink orders and made sure customers where having a great experience
- Cost out drinks and food
- Inputted the whole food, beer, liquor and drink menu in the computer

#### Doc Fords-Sanibel, Fort Myers Beach Captiva

Head Bartender/Trainer/Key, February 2007-January 2015

- Welcoming, acknowledging and greeting guest who come to the bar
- Upselling food and beverages to guest
- Being proficient on the POS system
- Preparing cocktails and other drinks for customers
- Collecting money for cash out at the end of night (as bartender and key)
- Come up with the training manual for the bartenders
- Training servers and new bartenders to work behind the bar
- Checking in, organizing and stocking the liquor and beer order

#### **SKILLS**

- Proficient with MS: Excel, Word, PowerPoint, Access, the Internet, etc.
- Able to be on my feet for 13 hour shifts
- Very good multi tasker and work great under pressure in a fast paced environment

### Town of Franklin

355 East Central Street Franklin, Massachusetts 02038-1352



Phone: (508) 520-4949 www.franklinma.gov

September 10, 2021

**To:** Town Council

From: Jamie Hellen, Town Administrator

Alecia Alleyne, Assistant to the Town Administrator

**RE:** Delcarte Weeds Update Presentation

At the request of several Town Councilors earlier this year, the Department of Community Planning and the Town Conservation Commission Agent have developed a thorough overview and update of the weed remediation project at Delcarte.

We have attached the presentation.

Please let us know if we have any questions.

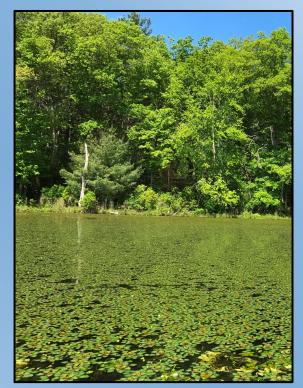
# DelCarte Property Invasive Species Removal Update

Town Council Presentation August 15, 2021

Department of Planning & Community Development Franklin Conservation Commision

## A Little Background

- In 2015 the Town contracted with ESS Group to develop an Ecological and Management Study of the DelCarte Ponds.
- The Study contains several recommendations related to the management of natural resources at the DelCarte Property, including ways to control two invasive species in Ponds 3 & 4.



June 2017

## Background (Continued)

- The Town has contracted with Solitude Lake Management for chemical treatments with the goal of eradicating the two invasive species.
- We are currently in our fifth year of treatments.
- Contract includes permitting, posting of the treatments, surveys & reporting, and the treatment of the two plants.
- Each year typically consists of 2-3 rounds of treatment,
   3-4 rounds of monitoring, and report.

## **Invasive Species Targeted**



 $https://www.invasive.org/alien/pubs/midatlantic/trna.htm#: $\sim text=Trapa\%20 natans\%20 L. \&text=Water\%20 chestnut\%20 was \%20 first\%20 observed, prohibited\%20 in \%20 most\%20 southern\%20 states.$ 

Water Chestnut



Variable Milfoil

## Reasons to Control these Invasive Species?

## Impacts & Threats Posed

- Total water surface coverage limits light for aquatic ecosystems
- Limits oxygen levels leading to fish kills
- Limits native vegetation growth
- Impairs recreational activities such as boating & swimming

## Chemicals

Clearcast has been used for Water Chestnut.

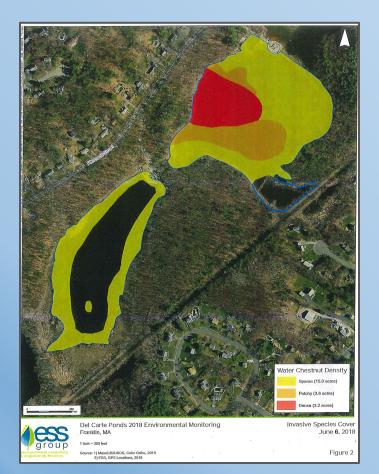
Diquat has been used for Variable Milfoil.

Changes to Water Chestnut Treatment in 2021

- Addition of Flumioxazin to aid the uptake of Clearcast.
- The goal is to have the Clearcast absorbed faster before the plant has a chance to drop any seeds.
- Seeds can be dormant for 10-12 years.

Note: Flumioxazin is also a fast acting herbicide on contact.

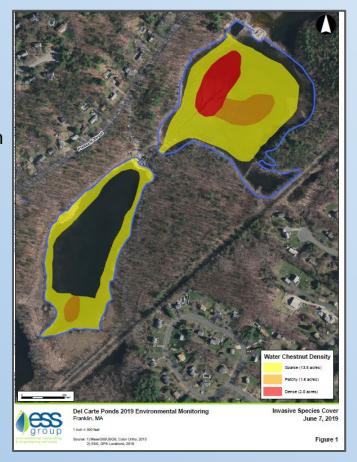
### Water Chestnut Comparison: June 2018 vs June 2019



#### North Basin

- Decrease of patchy and dense growth.
- Absence of growth on the outer edges.

Sparse = Yellow Patchy = Orange Dense = Red



## Costs of Invasive Species Treatment

Contract for 2017 & 2018 calendar years: \$55,900

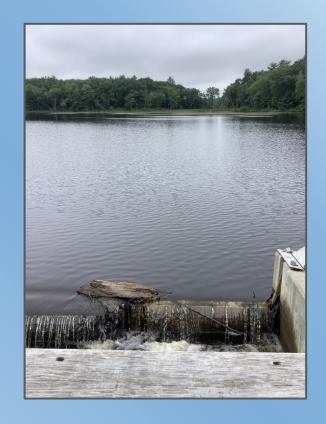
Contract for 2019, 2020 & 2021 calendar years: \$78,750

Total 5 year Total Cost: \$134,650

Average Annual Cost: \$26,930

## June 2017 vs. July 2021





## Except from 2020 Year End Report Prepared by ESS Group

- Water Chestnut cover in Del Carte Ponds decreased from 21.4 acres in September 2017 to 15.5 acres in September 2020 (decrease of 5.9 acres).
- Areas of moderate to dense growth increased from 0.7 acres in 2019 to 3.6 acres in 2020 (increase of 2.9 acres).
- These results suggest that management of water chestnut in DelCarte Ponds continues to decrease the overall growth and extent of this species, but that persistent effort is necessary to effectively manage this aggressive invasive species.
- Addition of Flumioxazin to aid the uptake of Clearcast expected to help.

## Variable Milfoil Treatment a Success!

According to discussions with Solitude Lake Management, Milfoil treatments have been successful and the plant was not observed growing in DelCarte ponds in 2020.

### Town of Franklin

355 East Central Street Franklin, Massachusetts 02038-1352



Phone: (508) 520-4949 www.franklinma.gov

#### Memorandum

September 10, 2021

To: Town Council

From: Jamie Hellen, Town Administrator

Re: Resolution 21-53: Gift Acceptance – Franklin Public Library, Veterans' Department and

**Fire Department** 

The Library, Veterans' Services Department and Fire Departments have all received exceptionally generous donations totaling \$6,390.00.

The donations to the Library will be applied towards the cost of an annual pass to the Massachusetts Audubon Society, the purchase of coupons to The Butterfly Place, the purchase of books, and other programs and services provided by the Library. The donations to the Veterans' Services Department will be applied towards the Veterans' Monument Restoration Project. The donations to the Fire Department will be applied at the Department's discretion towards the purchase of safety and other related equipment, as well as to support various Fire Department Programs.

We would like to thank everyone for their continued support of our local services.

#### **Donation Summary:**

#### 1. LIBRARY - \$5,890

- DCU: \$5,000 to be applied towards the programs and services provided by the Library
- Friends of the Franklin Library: \$890 to be applied towards an annual pass to the MA Audubon Society, coupons to The Butterfly Place, and the purchase of books in memory of Ellie Crothers

#### 2. VETERANS DEPARTMENT - \$300

Roger and Caroline Prince: \$100

• Terry Elliott: \$200

#### 3. FIRE DEPARTMENT - \$200

Joan Spiegel: \$100Kathleen DeRosa: \$100

#### **DONATION TOTAL \$6,390.00**

If you have any additional questions please feel free to ask.



## **TOWN OF FRANKLIN RESOLUTION 21-53**

#### Acceptance of Gift – Franklin Public Library, Veterans' Services Department, Fire Department

WHEREAS,

The Franklin Public Library, Veterans' Services Department and Fire Department have received generous donations totaling \$6,390.00 to be used at the discretion of each respective department as follows:

#### **Donation Summary:**

| 1. | FRAN        | IKLIN       | PUBLIC LIBRARY                                      |      |               |
|----|-------------|-------------|---|------|---------------|
|    | a.          | Digit       | al Federal Credit Union (DCU)                       | \$ 5 | 5,000.00      |
|    |             | i.          | Support Library Programs & Services                 |      |               |
|    | b.          | Frier       | nds of the Franklin Library                         | \$   | 890.00        |
|    |             | i.          | Purchase of Annual Pass to the Mass Audubon Society |      |               |
|    |             | ii.         | Purchase coupons to The Butterfly Place             |      |               |
|    |             | iii.        | Purchase of books                                   |      |               |
|    |             | iv.         | Support Library Programs and Services               |      |               |
| 2. | <u>VETE</u> | RANS        | S SERVICES DEPARTMENT                               |      |               |
|    | a.          | Roge        | er & Caroline Prince                                | \$   | 100.00        |
|    |             | i.          | Monument Restoration Project                        |      |               |
|    | b.          | Terry       | / Elliott   | \$   | 200.00        |
|    |             | i.          | Monument Restoration Project                        |      |               |
| 3. | <u>FIRE</u> | <u>DEPA</u> | RTMENT  |      |               |
|    | a.          | Joan        | ı Spiegel   | \$   | 100.00        |
|    |             | i.          | Support departmental programs                       |      |               |
|    |             | ii.         | Purchase of safety and other related equipment      |      |               |
|    | b.          | Kath        | leen DeRosa   | \$   | <u>100.00</u> |
|    |             | i.          | Support departmental programs                       |      |               |
|    |             | ii.         | Purchase of safety and other related equipment      |      |               |
|    |             |             | DONATIONS TOTAL                                     | \$ 6 | 3,390.00      |

#### NOW THEREFORE, BE IT RESOLVED THAT:

The Town Council of the Town of Franklin on behalf of the Franklin Public Library, Veterans' Services Department, and Fire Department gratefully accepts these generous donations to be used at the discretion of the Franklin Public Library, Veterans Services Department and Fire Departments as described above.

| Charter.              |   |
|-----------------------|---|
| DATED:, 2021          | VOTED:                                      |
|                       | UNANIMOUS:                                  |
| A TRUE RECORD ATTEST: | YES:NO:                                     |
|                       | ABSTAIN:ABSENT:                             |
|                       | RECUSED:                                    |
| Nancy Danello, CMC    |   |
| Temporary Town Clerk  | Clann Ionas Clauk                           |
|                       | Glenn Jones, Clerk<br>Franklin Town Council |

This resolution shall become effective according to the provisions of the Town of Franklin Home Rule

## Town of Franklin

355 East Central Street Franklin, Massachusetts 02038-1352



Phone: (508) 520-4949 www.franklinma.gov

#### Memorandum

September 10, 2021

To: Town Council

From: Jamie Hellen, Town Administrator

Alecia Alleyne, Assistant to the Town Administrator

Re: Bylaw Amendment 20-875: Chapter 82 Trash and Recycling Fee Increase - Second Reading

We are requesting an increase in the annual curbside trash & recycling fee from \$278 a year to \$286 per year effective September 15, 2021. This amounts to a \$2.00 per quarter increase.

As history shows below, as the market changes so do the prices and we will keep an eye out in the future to see if costs can be reduced for the taxpayer. That being said, this fee increase is required in order to provide curbside trash and recycling pickup services.

#### **CURBSIDE TRASH FEES HISTORY**

| FY05<br>FY06<br>FY07<br>FY08<br>FY09<br>FY10 | \$216<br>\$240<br>\$232<br>\$244<br>\$244 | FY15<br>FY16<br>FY17<br>FY18 | \$212<br>\$216<br>\$200<br>\$204<br>\$200 | FY21<br>FY22 | \$278<br><b>\$286 Proposed</b> |
|--|---|------------------------------|---|--------------|--------------------------------|
| FY11<br>FY12                                 | \$220                                     | FY19                         | \$200<br>\$208<br>\$248                   |              |                                |

If you have any additional questions please feel free to ask.



#### TOWN OF FRANKLIN

#### DEPARTMENT OF PUBLIC WORKS

Franklin Municipal Building 257 Fisher Street Franklin, MA 02038-3026

#### Memorandum

To:

Jamie Hellen, Town Administrator

From:

Brutus Cantoreggi, Director of Public Works

Derek Adams, Environmental Affairs Superintendent

Date:

August 12, 2021

Subject:

FY 2021 Solid Waste Costs

The COVID pandemic has presented numerous challenges to our solid waste and recycling program. Residents endured significant disruptions to their daily lives, work routines and the education of their children. Working from home, utilizing shipping services, supporting 'takeout' options from local eateries and other factors have increased Franklin's solid waste & recycling tonnage; as the tonnage grows, the cost of disposal increases.

As we presented before, the recycling market has been very volatile over the last 4 years. This is due to the fact that in 2018, China enacted the National Sword Policy, which banned the importation of recyclable materials from global markets. This disruption to the recycling market continues to cause significant fluctuations to the cost of domestic recycling.

Unfortunately, due to reasons mentioned above, in order to continue the level of service currently provided, I request a fee increase for curbside collection to \$286 annually. This increase amounts to \$2.00 per quarter. This will meet the anticipated costs for next Fiscal Year, while maintaining our current reserve funding. I also recommend increasing both the fee for an extra recycling cart and the fee for a business recycling cart to \$125 annually.

There is however some good news! The community of Franklin continues to do an excellent job of recycling. During a recent audit of the curbside recycling program it was determined that Franklin has an unbelievable recycling contamination rate of 7%, the lowest in Norfolk County and a staggering 3% improvement! This has helped to keep our recycling cost increases lower. The Solid Waste Division will continue its public outreach to ensure the contamination rate continues its downward trend.

Thank you for your consideration in this matter.



#### TOWN OF FRANKLIN

#### **BYLAW AMENDMENT 21-875**

#### CHAPTER 82, MUNICIPAL SERVICE FEES

## BYLAW TO AMEND THE CODE OF THE TOWN OF FRANKLIN AT CHAPTER 82

**BE IT ENACTED BY THE FRANKLIN TOWN COUNCIL THAT:** Chapter 82 of the Code of the Town of Franklin, section 6 "Schedule of Service Fees" is hereby amended (add underlined text, delete struck). § 82-6. **Schedule of Service Fees.** 

| DEPARTMENT   | FEE   | FY22 RATE                     |
|--------------|---|-------------------------------|
| Public Works | Curbside Trash (annual)                       |                               |
|              | Fee using 65-gallon trash and recycling carts | <del>\$278</del> <u>\$286</u> |
|              | Fee using 35-gallon trash and recycling carts | \$212                         |
|              |   |                               |

This bylaw amendment shall become effective on and after September 15, 2021.

A Guide to Local and State Government Assistance Programs



### LOCAL ASSISTANCE PROGRAMS

The Town of Franklin offers a variety of assistance programs to qualifying residents. Eligible residents may receive discounted rates for certain Town services through our departments. Requirements and applications are available on our website. You can find information about the following:

#### **Dept of Public Works**

Eligible residents can receive a 20% credit, per quarter, on their water, sewer, and trash bills and a waiver for the sticker fee at the Beaver Street Recycling Center. Contact the DPW at 508-553-5500 with any questions.

#### **Find Forms here**

#### **Fire Department**

Senior Safe Inspections look for potential dangers in Senior residences, including hazrads, smoke detector and carbon monoxide detector checks and battery replacement.

Contact Safety Officer Doug Perro at 508-326-0194 or dperro@franklinma.gov

#### **Recreation Department**

Eligible residents can receive up to a 100% discount on registration or program fees. Discounts are calculated using a sliding scale. Contact the Recreation Department at 508-613-1666 with any questions.

#### **Find Forms here**

#### **Housing**

Eligible residents can apply for state-aided public housing and the Alternative Housing Voucher Program. Contact the local Housing Authority at 508-528-2220 or contact Maxine Kinhart at 508-520-4890

#### **Find Forms here**

#### **Assessor's Office**

Senior, Blind and/or Veteran Property Owners may qualify for local property tax deferrals and/or Exemptions (July 1st -April 1st). Qualifications are determined through Mass. General Law. Contact the Assessor's Office with any questions at 508-520-4920

**Find Forms here** 

#### **Franklin Seniors Comcast Discount**

Eligible Senior residents can receive \$2.00 off Comcast's monthly "Extra" Service Level or that Digital Level of Service. Age and income requirements must be met.

**Find Form here** 



Are you a Senior or Veteran? Contact the Franklin Senior Center and/or the Veterans Services Office for assistance.

Senior Center: 508-520-4945

Veterans Services: 508-613-1315

A Guide to Local and State Government Assistance Programs



## STATE ASSISTANCE PROGRAMS

The State of Massachusetts offers a variety of assistance programs to qualifying residents. You can find information about the following:

#### S.N.A.P. Benefits

Do you need help buying fresh, nutritious food? You may be eligible for the Supplemental Nutrition Assistance Program (SNAP), also known as food stamps.

Visit their website for information

## Dept of Veterans Services

Veterans and their dependents may be eligible for a variety of Chapter 115 Safety Net benefits and assistance programs.

Visit their website for information

#### **Fuel Assistance**

Apply for discounted fuel service to help lower heating bills. Residents of all ages can also apply by appointment at the Franklin Senior Center.

Visit their website for information

#### **Mass Health**

Residents of all ages, including children can apply to access doctor appointments, prescriptions, hospital stays and other health assistance

Visit their website for information

#### **Lifeline Program**

Low-income households of all ages can apply for free or low-cost phone or internet service through the Lifeline Program.

Visit their website for information



Are you a Senior or Veteran? Contact the Franklin Senior Center and/or the Veterans Services Office for assistance.

Senior Center: 508-520-4945

**Veterans Services: 508-613-1315** 

A Guide to Local and State Government Assistance Programs



### SENIOR CIRCUIT BREAKER

The Senior Circuit Breaker is a local tax credit available to qualifying residents age 65+. Find details below including eligibility, application details, and resources.

#### What is the Senior Circuit Breaker?

The Senior Circuit Breaker is a tax credit that is triggered when property tax payments exceed 10% of a senior citizen's annual income. Those who qualify are still required to pay their local property taxes and will receive a dollar credit on their tax return for every dollar that their property tax, water, and sewer bills exceeded 10% of their income.

Seniors who rent their homes can also qualify for this dollar-for-dollar tax credit if 25% of their annual rent exceeds 10% of their annual income.

## Who is eligible for the circuit breaker?

- Must be a MA resident, age 65+ by the end of the tax year for which you are filing.
- Must own or rent property in MA as your primary residence.
- For 2020, must have an annual income of \$61,000 or less (single filer), \$76,000 or less (Head of Household filer) or \$92,000 or less (joint filers)

## Who is NOT eligible for the circuit breaker?

- Married persons who do not file jointly for this credit
- Anyone listed as a dependent for another tax filer
- Residents who receive federal or state rent subsidy directly
- Residents who live in property tax-exempt facilities

#### How do I apply?

- To apply, you must file a 2020 MA state income tax return by May 17, 2021.
- You may be eligible for a refundable credit for 2017, 2018, and 2019, even if you did not file state forms.
- The 2020 credit is capped at \$1,150.



Contact the Franklin Senior Center for assistance at 508-520-4945

A Guide to Local and State Government Assistance Programs



#### TAX CREDIT ESTIMATOR WORKSHEET

You can calculate a rough estimate of your potential tax credit using this Worksheet Tool. This is NOT an official tax document, just an estimator tool to assist during the tax filing season.

#### For Homeowners:

Your property tax (a) \$\_\_\_\_\_

Plus +

50% of water bill (b) \$\_\_\_\_\_

Equals = (c) \$\_\_\_\_\_

Total annual income (d) \$\_\_\_\_\_

(includes all income exempt from state income tax, i.e. Social Security, State/Municipal Pensions)

Times X.10

Equals = (e)\$\_\_\_\_\_

To Calculate possible credit (f)

Line (c) \$\_\_\_\_\_

Minus - Line (e) \$\_\_\_\_\_

Equals (f)= \$\_\_\_\_\_

#### For Renters:

Your annual rent (a) \$\_\_\_\_\_

Times x.25

Equals = (b) \$\_\_\_\_\_

Total annual income (c) \$\_\_\_\_\_

Times x.10

Equals= (d) \$\_\_\_\_\_

To Calculate possible credit (e):

Line (b)\$\_\_\_\_\_

Minus - Line (d) \$\_\_\_\_\_

Equals = (e) \$\_\_\_\_\_

For more information contact
The Massachusetts Department of Revenue Customer
Service Bureau
1-800-392-6089 or visit www.mass.gov/dor