

## FRANKLIN TOWN COUNCIL

### Agenda & Meeting Packet

November 2, 2022

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 welcome to attend public board and committee meetings in person. Meetings are [live-streamed by Franklin TV](#) and shown on Comcast Channel 11 and Verizon Channel 29. In an effort to maximize citizen engagement opportunities, citizens will be able to continue to participate remotely via phone OR Zoom.

Link to access meeting via Zoom for November 2, 2022 Town Council Meeting:

- Zoom Link [HERE](#) -- Then click "Open Zoom".
- Or copy and paste this URL into your browser: <https://us02web.zoom.us/j/88068783132>
- Call-In Phone Number: Call 1-929-205-6099 and enter **Meeting ID # 880 6878 3132** --Then press #

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#### 1. ELECTION OF OFFICERS – Town Council Chair, Vice-Chair & Clerk

#### 2. ANNOUNCEMENTS FROM THE CHAIR

- 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.*
- Chair to identify members participating remotely.*
- Franklin Police Department Accreditation*

#### 3. CITIZEN COMMENTS

- Citizens are welcome to express their views for up to three 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.*

#### 4. APPROVAL OF MINUTES - None Scheduled.

#### 5. PROCLAMATIONS / RECOGNITIONS - None Scheduled.

#### 6. APPOINTMENTS

- [Cultural Council - Swati Rao](#)

#### 7. HEARINGS - 7:00 pm - None Scheduled.

#### 8. LICENSE TRANSACTIONS

- [License Modification - Change of Manager: Let's Eat Franklin, LLC d/b/a 3 Restaurant, Located at 461 West Central Street, Franklin, MA 02038](#)
- [License Modification - Change of Manager: Table & Vine, Inc., Located at 348 East Central Street, Franklin, MA 02038](#)

- c. [Transfer of License & Change of Location: Table & Vine, Inc., Located at 348 East Central Street, Franklin, MA 02038](#)

## **9. PRESENTATIONS / DISCUSSION**

- a. National Register Historic Districts in Franklin - Vicki Earls, Franklin Public Library

## **10. LEGISLATION FOR ACTION**

- a. [Resolution 22-69: Authorizing the Borrowing of Money to Pay Costs Associated with the Creation of the Lead Service Line Inventory and Replacement Plan and Authorizing the Town Administrator to File State Revolving Fund Loan Application and to Take Other Action as Needed](#) **(Motion to Approve Resolution 22-69 - Two-Thirds Majority Vote)**
- b. [Resolution 22-70: Gift Acceptance - Veterans' Services Dept. \(\\$1,845\), Fire Dept. \(\\$486\)](#) **(Motion to Approve Resolution 22-70 - Majority Vote)**
- c. [Bylaw Amendment 22-884, as Amended: Chapter 170, Vehicles and Traffic, Article IV, Stopping, Standing and Parking, §170-15 Parking Prohibitions and Limitations, D. Parking Prohibited, Downtown Parking Map - Second Reading](#) **(Motion to Approve Bylaw Amendment 22-884, as Amended - Majority Roll Call Vote)**
- d. [Bylaw Amendment 22-885: Chapter 170, Vehicles and Traffic, §170-20, Additional regulations: violations and penalties. - Second Reading](#) **(Motion to Approve Bylaw Amendment 22-885 - Majority Roll Call Vote)**
- e. [Bylaw Amendment 22-886: Chapter 82, Fees, Municipal Service, § 82-6, Subsection K, Police - Second Reading](#) **(Motion to Approve Bylaw Amendment 22-886 - Majority Roll Call Vote)**
- f. [Bylaw Amendment 22-879: Chapter 170, Vehicles and Traffic, Appendix A, Fines, Parking Violations - Second Reading](#) **(Motion to Approve Bylaw Amendment 22-879 - Majority Roll Call Vote)**

## **11. TOWN ADMINISTRATOR'S REPORT**

## **12. SUBCOMMITTEE & AD HOC COMMITTEE REPORTS**

- a. Capital Budget Subcommittee
- b. Economic Development Subcommittee
- c. Budget Subcommittee
- d. GATRA Advisory Board

## **13. FUTURE AGENDA ITEMS**

## **14. COUNCIL COMMENTS**

## **15. EXECUTIVE SESSION - None Scheduled.**

## **16. ADJOURN**

Note:

*Two-Thirds Vote: requires 6 votes*

*Majority Vote: requires majority of members present and voting*

# Town of Franklin

355 East Central Street  
Franklin, Massachusetts 02038-1352



Phone: (508) 520-4949  
[www.franklinma.gov](http://www.franklinma.gov)

OFFICE OF THE TOWN ADMINISTRATOR

October 28, 2022

**To:** Town Council  
**From:** Jamie Hellen, Town Administrator  
Alecia Alleyne, Assistant to the Town Administrator  
**RE: Appointment - Franklin Cultural Council**

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We are recommending the appointment of Swati Rao as a member of the Cultural Council with a 1 year term to expire on June 30, 2023. Please note this appointment is to complete a term of a member who resigned mid term.

We have included Swati's volunteer form in the packet.

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:** October 20, 2022

**Name:** Swati Rao

**Home Address:** 1090 Pond St.  
Franklin

**Mailing Address:** 1090 Pond St.  
Franklin

**Phone Number(s):** [REDACTED]

**Email Address:** [REDACTED]

**Current Occupation/Employer:** Medical Lab Technologist/ Quest Diagnostics

**Narrative:** I have few hours a week available.

**Board(s) / Committee(s):** \_\_\_ Franklin Cultural Council

# APPOINTMENTS



## Cultural Council

### Swati Rao

1090 Pond Street  
Franklin, MA 02038

The Cultural Council has recommended the appointment of Swati Rao to serve as a Member of the Cultural Council with a term to expire on June 30, 2023.

**MOTION** to ratify the appointment by the Town Administrator of Swati Rao to serve as a Member of the Cultural Council.

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**DATED:** \_\_\_\_\_, 2022

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

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

**A TRUE RECORD ATTEST:**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**ABSTAIN:** \_\_\_\_\_ **ABSENT:** \_\_\_\_\_

**RECUSED:** \_\_\_\_\_

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**Nancy Danello, CMC**  
Town Clerk

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**Glenn Jones, Clerk**  
Franklin Town Council

# LICENSE TRANSACTION



## Change of Manager

### Let's Eat Franklin, LLC

d/b/a 3 Restaurant  
461 West Central Street  
Franklin, MA 02038

Let's Eat Franklin, LLC d/b/a 3 Restaurant, is seeking approval for a change of manager on their §12 Restaurant, All Alcoholic Beverages License. The new manager will be Jasmine Marzini.

All Departments have signed off on this application.

**MOTION** to approve the request by Let's Eat Franklin, LLC d/b/a 3 Restaurant, for a Change of Manager to Jasmine Marzini.

\_\_\_\_\_  
**DATED:** \_\_\_\_\_, 2022

**VOTED:**

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

**A True Record Attest:**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

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

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

**RECUSED:** \_\_\_\_\_

**Nancy Danello, CMC**  
**Town Clerk**

\_\_\_\_\_  
**Glenn Jones, Clerk**  
**Franklin Town Council**



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

**AMENDMENT-Change of Manager**

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

**ECRT CODE: RETA**

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

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

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

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN  STATE  ZIP CODE

For the following transactions (Check all that apply):

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

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

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



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

**AMENDMENT-Change of Manager**

**Change of License Manager**

**1. BUSINESS ENTITY INFORMATION**

Entity Name Lets Eat Franklin, LLC	Municipality Franklin	ABCC License Number 04414-RS-0430
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**2. APPLICATION CONTACT**  
 The application contact is the person who should be contacted with any questions regarding this application.

Name Stephen Corcoran	Title Owner	Email [REDACTED]	Phone [REDACTED]
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**3A. MANAGER INFORMATION**  
 The individual that has been appointed to manage and control of the licensed business and premises.

Proposed Manager Name: Jasmine Marzini      Date of Birth: [REDACTED]      SSN: [REDACTED]

Residential Address: [REDACTED]

Email: [REDACTED]      Phone: [REDACTED]

Please indicate how many hours per week you intend to be on the licensed premises: 50      Last-Approved License Manager: Corey Hickox

**3B. CITIZENSHIP/BACKGROUND INFORMATION**

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

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

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

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

Date	Municipality	Charge	Disposition
		none	

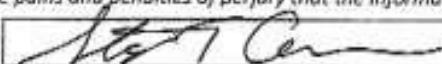
**3C. EMPLOYMENT INFORMATION**  
 Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name
			Please See Attached	

**3D. PRIOR DISCIPLINARY ACTION**  
 Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action?  Yes  No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

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

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

Manager's Signature:  Date: 10/04/2022




## APPLICANT'S STATEMENT

I, Stephen T. Corcoran the:  sole proprietor;  partner;  corporate principal;  LLC/LLP manager  
Authorized Signatory  
of Lets Eat Franklin, LLC  
Name of the Entity/Corporation

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

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

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

Signature: 

Date: 10/04/2022

Title: Member/Manager

**ENTITY VOTE**

The Board of Directors or LLC Managers of  Entity Name  
duly voted to apply to the Licensing Authority of  City/Town and the  
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on  Date of Meeting

For the following transactions (Check all that apply):

Change of Manager

Other

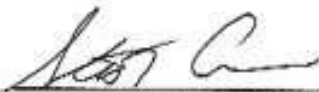
"VOTED: To authorize  Name of Person

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

"VOTED: To appoint  Name of Liquor License Manager

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

A true copy attest,



Corporate Officer /LLC Manager Signature

Stephen T. Corcoran

(Print Name)

For Corporations ONLY

A true copy attest,



Corporation Clerk's Signature

Stephen T. Corcoran

(Print Name)

Town of Franklin  
Office of the Town Administrator  
355 East Central Street  
Franklin, MA 02038

October 8<sup>th</sup>, 2022

To Whom It May Concern:

Pursuant to the Town of Franklin's policy regarding the modification of an existing license, the following is a personal statement from Jasmine L. Marzini, General Manager of "3" Restaurant, describing my personal experience serving and selling alcohol.

I, Jasmine Marzini, possess over 15 years of experience in the food industry. I first learned in culinary programs starting in high school, worked as a cook in multiple restaurants, and over the course of time, have also been a server, certified trainer, and now currently, manager. With this time in the field, I have become well trained, and have received certifications in responsible service of alcohol.

For the past eight years I have been in a management role, at both casual and corporate establishments, and upscale, finer dining restaurants. I have been employed by "3" Restaurant since 2019, and was first hired as an Assistant General Manager, and have since been given the position of General Manager. In this current role, I am responsible for ensuring that all staff who serve or manage alcohol, have been trained in both our in-house responsible alcohol service techniques, and that they are TIPS or ServeSafe certified. Currently, all FOH employees who serve alcohol at "3", are up to date on all procedures and certifications.

In addition, I am responsible for ensuring that our staff and managers follow these procedures and techniques on a daily basis, and that myself, and the rest of our management team are equipped to deal with any alcohol related guest situation that may occur on the property.

Thank you for your time and consideration,

Kind Regards,



Jasmine L. Marzini  
General Manager  
"3" Restaurant



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

JEAN M. LORIZIO, ESQ.  
CHAIRMAN

**CORI REQUEST FORM**

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

**ABCC LICENSE INFORMATION**

ABCC NUMBER:  LICENSEE NAME:  CITY/TOWN:

**APPLICANT INFORMATION**

LAST NAME:  FIRST NAME:  MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE):  PLACE OF BIRTH:

DATE OF BIRTH:  SSN:  ID THEFT INDEX PIN (IF APPLICABLE):

MOTHER'S MAIDEN NAME:  DRIVER'S LICENSE #:  STATE LIC. ISSUED:

GENDER:  HEIGHT:  WEIGHT:  EYE COLOR:

CURRENT ADDRESS:

CITY/TOWN:  STATE:  ZIP:

FORMER ADDRESS:

CITY/TOWN:  STATE:  ZIP:

**PRINT AND SIGN**

PRINTED NAME:  APPLICANT/EMPLOYEE SIGNATURE:

**NOTARY INFORMATION**

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

NOTARY



**DIVISION USE ONLY**

REGISTERED BY:

The DCI Module (web-based PIN Module) is to be completed by those applicants that have been issued an Alcoholic Beverages License by the ABC. Fingerprint records are required to provide an applicant the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 690-4624.



**Town of Franklin, MA**  
Nancy Danello, CMC  
Town Clerk  
355 East Central Street, Franklin, MA 02038

Date Issued: February  
17, 2022  
Record #: 114307  
Certificate #: 22-29

### BUSINESS VERIFICATION CERTIFICATE

In conformity with the provisions of Chapter 110, Section 5 of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:

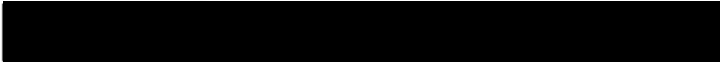
Lets Eat Franklin, LLC d/b/a 3 Restaurant is conducted at: 461 WEST CENTRAL ST

by the following person:

**FULL NAME**

Stephen Corcoran

**RESIDENCE**



A certificate issued in accordance with this section shall be in force and effect for four years from the date of issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

**Expiration Date:**

Business Owner Signature #1

Business Owner Signature #2

A True Attest Copy

Nancy Danello, CMC  
Acting Town Clerk

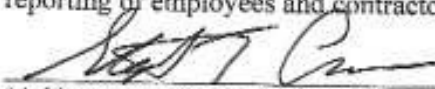
To learn more, scan this barcode or visit [franklinma.viewpointcloud.com/#/records/136549](http://franklinma.viewpointcloud.com/#/records/136549)





**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 Corporate License Holder (Mandatory)



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

By:   
Corporate Officer  
(Mandatory, if applicable)

Date: 10-04-2022

\*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.



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 Lafayette City Center  
 2 Avenue de Lafayette, Boston, MA 02111-1750  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

**Applicant Information**

Please Print Legibly

Business/Organization Name: Let's Eat Franklin, LLC d/b/a J Restaurant

Address: 461 West Central St

City/State/Zip: Franklin Ma 02048 Phone #: 508-528-6773

**Are you an employer? Check the appropriate box:**

1.  I am an employer with 50 employees (full and/or part-time).\*
2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

5.  Retail
6.  Restaurant/Bar/Eating Establishment
7.  Office and/or Sales (incl. real estate, auto, etc.)
8.  Non-profit
9.  Entertainment
10.  Manufacturing
11.  Health Care
12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: MA Retailers Assoc / Cove Risk Services

Insurer's Address: 35 Braintree Hill Office Park Suite 206

City/State/Zip: Braintree MA 02184

Policy # or Self-ins. Lic. [REDACTED]

Expiration Date: [REDACTED]

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: [Signature]

Date: 10-04-2022

Phone #: [REDACTED]

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (check one):**

1.  Board of Health    2.  Building Department    3.  City/Town Clerk    4.  Licensing Board  
 5.  Selectmen's Office    6.  Other \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Payment Confirmation

#### YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT

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



Transaction Processed Successfully.

INVOICE #: 306e2d3e-f9b0-4d62-89e7-cd93ef8e92a8

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	04414-RS-0430	\$200.00
		<b>\$200.00</b>

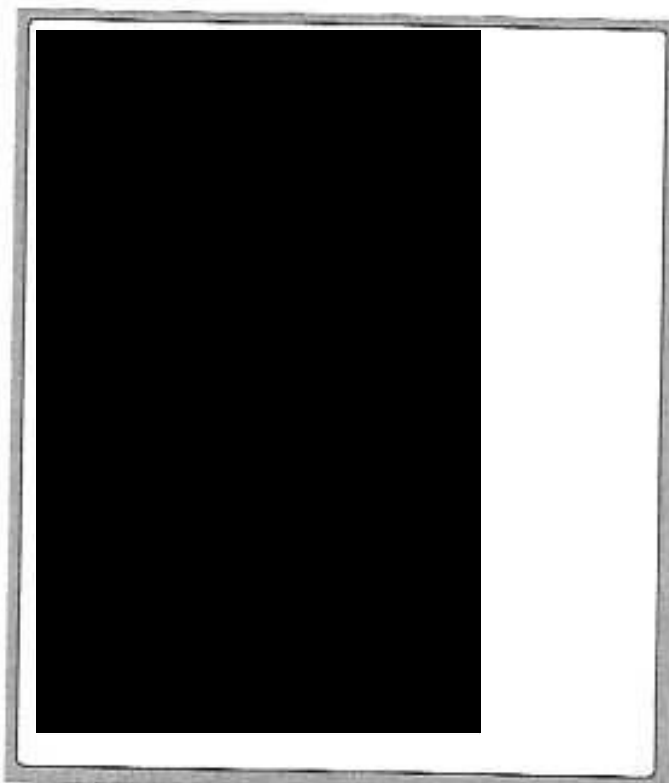
Total Convenience Fee: \$4.70

Total Amount Paid: \$204.70

Date Paid: 10/11/2022 4:05:05 PM EDT

Payment On Behalf Of  
 License Number or Business Name:  
 04414-RS-0430

Fee Type:  
 FILING FEES-RETAIL

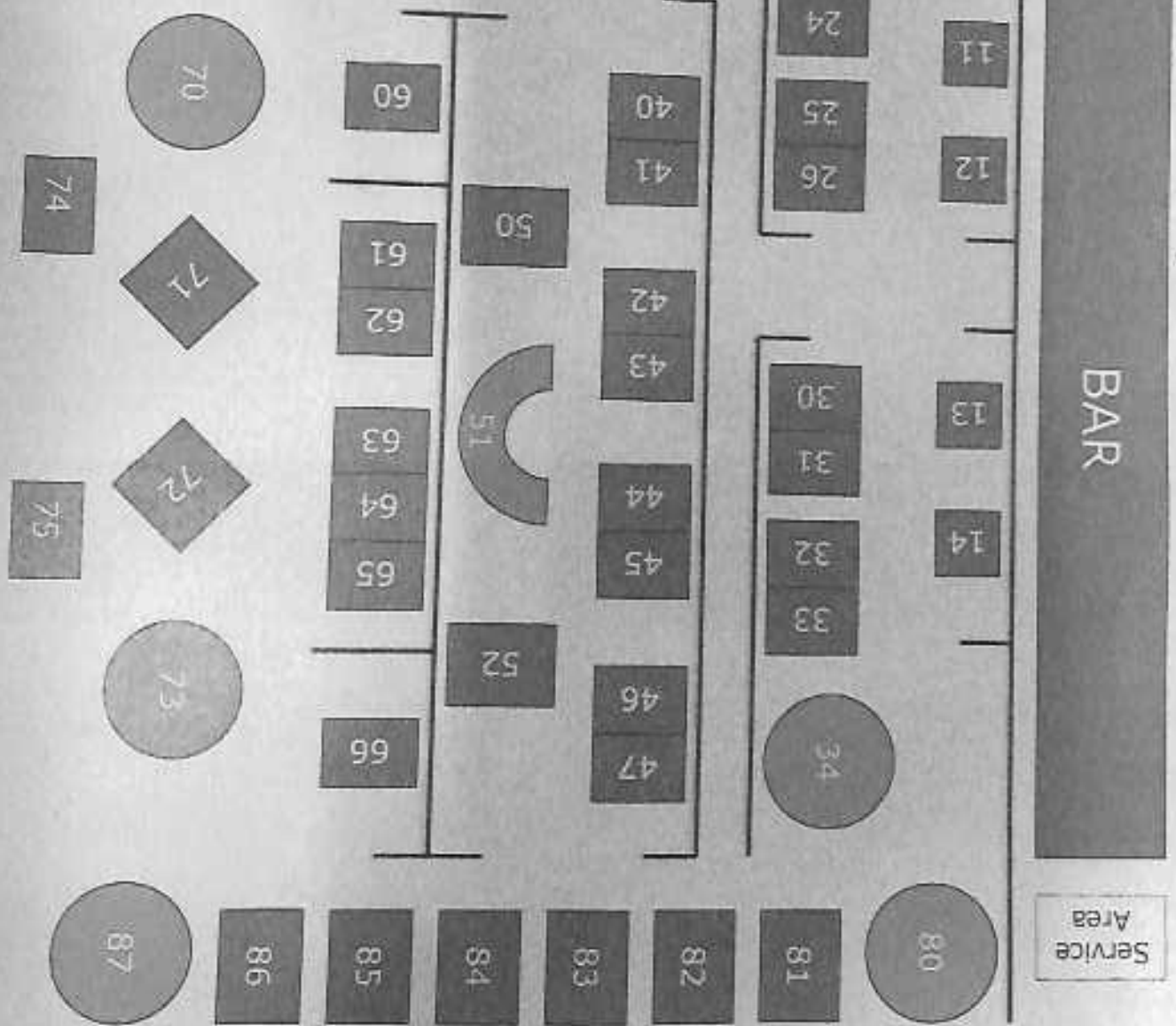




KITCHEN

HOST

P1  
P2  
P3



confi

# Town of Franklin

355 East Central Street  
Franklin, Massachusetts 02038-1352



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

OFFICE OF THE TOWN ADMINISTRATOR

## Memorandum

October 28, 2022

To: Town Council  
From: Jamie Hellen, Town Administrator  
Allecia Alleyne, Assistant to the Town Administrator

**Re: License Transaction: Table & Vine - Change of Manager, Transfer of License & Change of Location**

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The Council will host a public hearing for a transfer of an all alcohol package store license from Village Mall Liquors to Table and Vine (Big Y).

We have included a map of the current licensed malt and wine license and the all alcohol licenses.

Questions should be discussed at the public hearing.



# Franklin

MASSACHUSETTS

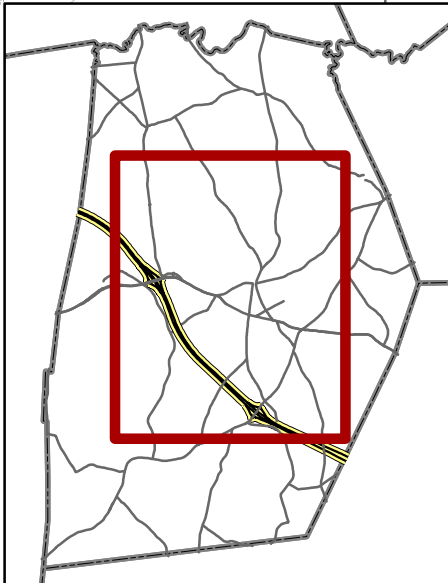
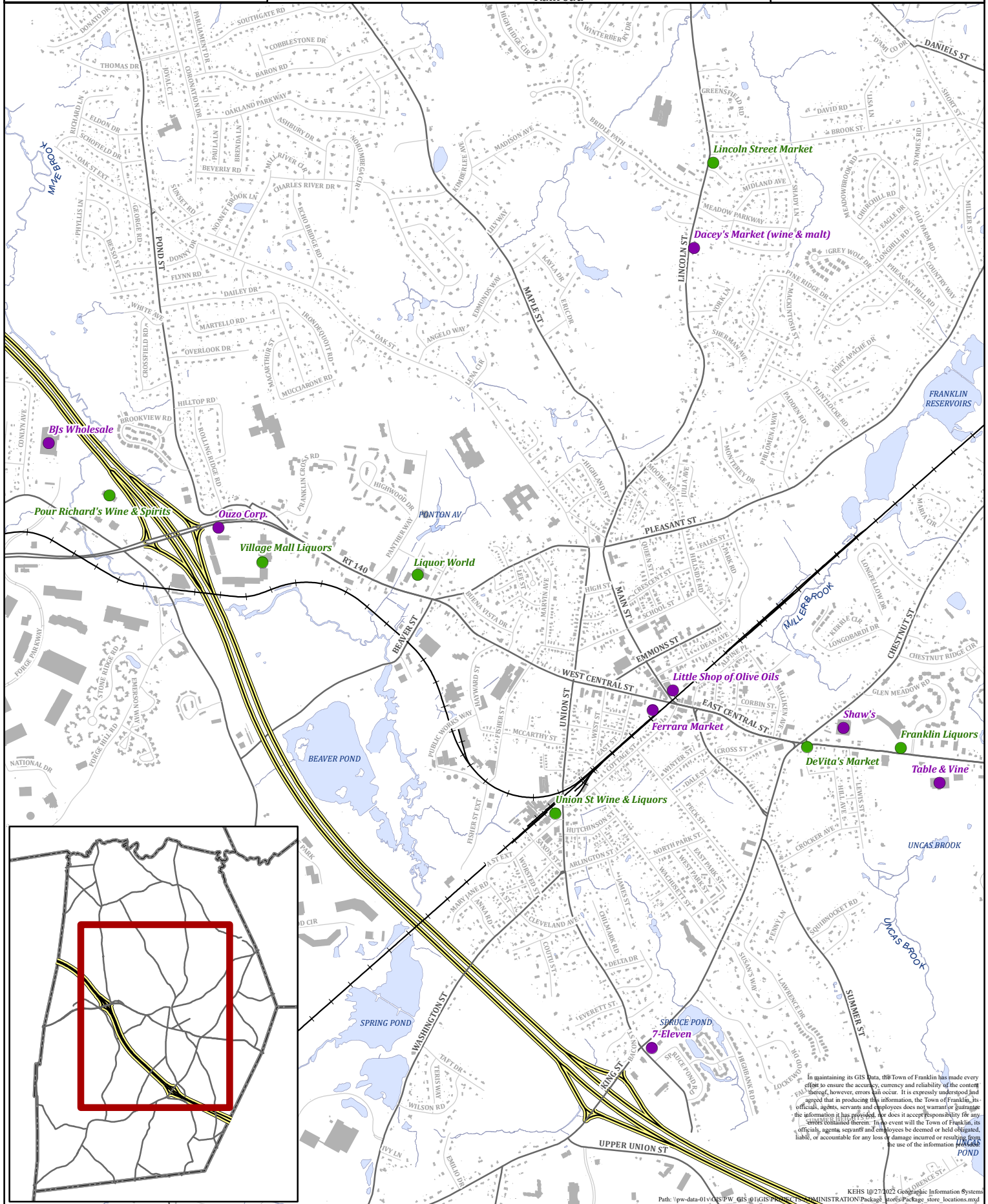
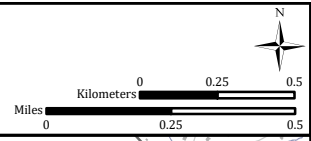
### Retail Package Store - Permit Type

- All Alcohol
- Beer & Wine

### Transportation

- Interstate
- Primary Roadway
- Secondary Roadway
- Railroad

### Structure



In maintaining its GIS Data, the Town of Franklin has made every effort to ensure the accuracy, currency and reliability of the content thereof, however, errors can occur. It is expressly understood and agreed that in producing this information, the Town of Franklin, its officials, agents, servants and employees does not warrant or guarantee the information it has provided, nor does it accept responsibility for any errors contained therein. In no event will the Town of Franklin, its officials, agents, servants and employees be deemed or held obligated, liable, or accountable for any loss of damage incurred or resulting from the use of the information provided.

# LICENSE TRANSACTION



## Change of Manager

### Table & Vine #38

348 East Central Street  
Franklin, MA 02038

Table & Vine #38 is seeking approval for a change of manager on their Wine and Malt Retail Package Store License. The new manager will be Gregory T. Motta.

All Departments have signed off on this application.

**MOTION** to approve the request by Table & Vine #38 for a Change of Manager to Gregory T. Motta.

---

**DATED:** \_\_\_\_\_, 2022

**VOTED:**

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

**A True Record Attest:**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

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

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

**RECUSED:** \_\_\_\_\_

**Nancy Danello, CMC**  
**Town Clerk**

---

**Glenn Jones, Clerk**  
**Franklin Town Council**



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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
 MONETARY TRANSMITTAL FORM

**AMENDMENT-Change of Manager**

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

ECRT CODE: RETA

Please make \$200.00 payment here: ABCC PAYMENT WEBSITE

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

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

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN  STATE  ZIP CODE

For the following transactions (Check all that apply):

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

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

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



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

**AMENDMENT-Change of Manager**

**Change of License Manager**

**1. BUSINESS ENTITY INFORMATION**

Entity Name	Municipality	ABCC License Number
Table & Vine, Inc.	Franklin	00030-PK-0430

**2. APPLICATION CONTACT**

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

Name	Title	Email	Phone
Riane Flavin	Licensing Coordinator	[REDACTED]	[REDACTED]

**3A. MANAGER INFORMATION**

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

Proposed Manager Name: Gregory T. Motta      Date of Birth: [REDACTED]      SSN: [REDACTED]

Residential Address: [REDACTED]

Email: [REDACTED]      Phone: [REDACTED]

Please indicate how many hours per week you intend to be on the licensed premises:  40+      Last-Approved License Manager: Jonathan Burnham

**3B. CITIZENSHIP/BACKGROUND INFORMATION**

Are you a U.S. Citizen?  Yes  No \*Manager must be U.S. citizen  
 If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.  
 Have you ever been convicted of a state, federal, or military crime?  Yes  No  
 If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

**3C. EMPLOYMENT INFORMATION**

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


Start Date	End Date	Position	Employer	Supervisor Name
05/09/2022	Present	Store Director	Big Y Foods, Inc.	David Murphy
		*SEE ATTACHED		

**3D. PRIOR DISCIPLINARY ACTION**

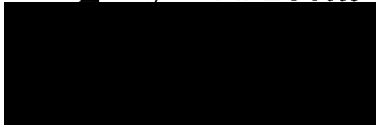
Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action?  Yes  No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

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

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

Manager's Signature:  Date: 9.30.22

# Gregory T. Motta



---

## WORK EXPERIENCE

**7/6/2005 - Present**

**Big Y Foods, Inc., 2145 Roosevelt Ave, PO Box 7840, Springfield, MA 01102-7840**

*May 2022 – Present*

**Store Director Franklin, MA**

Supervise all operations of the Franklin, MA location, including beer & wine areas.

Completed Alcohol Server Training on 5/17/22. **Rservng Certified Alcohol Server** card expiration of 5/16/2026

*April 2018 – May 2022*

**Store Director Killingly, CT**

Supervised all operations of the Killingly, CT location, including beer areas.

*October 2017 – April 2018*

**Store Director in Training**

Travelled throughout Massachusetts area to complete training to become a Store Director.

*August 2015 – October 2017*

**Assistant Store Director Franklin, MA**

Supervised all operations of the Franklin, MA location as second in charge of the store, including beer & wine areas.

Completed TIPS training on 8/18/2016.

*September 2010 – August 2015*

**Assistant Store Director Walpole, MA**

Supervised all operations of the Walpole, MA location as second in charge of the store.

*January 2009 – September 2010*

**Fresh Foods Development Manager**

Supervised all perishable departments in the Walpole, MA location.

*July 2005 – January 2009*

**Food Service Sales Manager**

Managed the prepared foods department in the Walpole, MA location.

**January 2001 – July 2005**

**Price Chopper/Golub Corporation, 461 Nott St, Schenectady, NY 12308**

**Deli/Food Service Manager**

Managed the deli and prepared foods departments in the Webster, Worcester and Marlborough, MA locations.

**June 1990 – January 2001**

**Ro-Jacks Foods, Inc., Mansfield, MA**

**Deli Clerk to Deli/Seafood Manager**

Worked my way up from deli clerk to Deli/Seafood Manager. Managed the deli and seafood departments in Attleboro MA, Pawtucket RI and Seekonk MA locations.

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## EDUCATION

**Rensselaer Polytechnic Institute, Troy, NY**  
Chemical Engineering major

**September 1989 – December 1993**

**Seekonk High School, Seekonk, MA**

**September 1985 – June 1989**

## APPLICANT'S STATEMENT

I, Charles L. D'Amour the:  sole proprietor;  partner;  corporate principal;  LLC/LLP manager  
Authorized Signatory

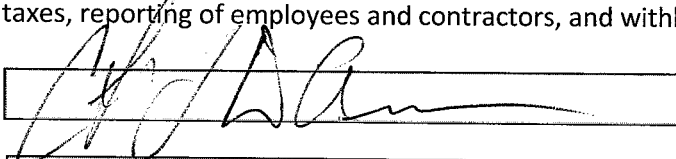
of Table & Vine, Inc.  
Name of the Entity/Corporation

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

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

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

Signature:



Date:

9.30.22

Title:

President, Treasurer, Director





JEAN M. LORIZIO, ESQ.  
CHAIRMAN

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

**CORI REQUEST FORM**

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

**ABCC LICENSE INFORMATION**

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	00079.PK. 0430	LICENSEE NAME:	Table & Vine, Inc.	CITY/TOWN:	Franklin
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**APPLICANT INFORMATION**

LAST NAME:	Motta	FIRST NAME:	Gregory	MIDDLE NAME:	
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:			
DATE OF BIRTH:		SSN:		ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:		DRIVER'S LICENSE #:		STATE LIC. ISSUED:	
GENDER:		HEIGHT:		WEIGHT:	
CURRENT ADDRESS:					
CITY/TOWN:		STATE:		ZIP:	
FORMER ADDRESS:					
CITY/TOWN:		STATE:		ZIP:	

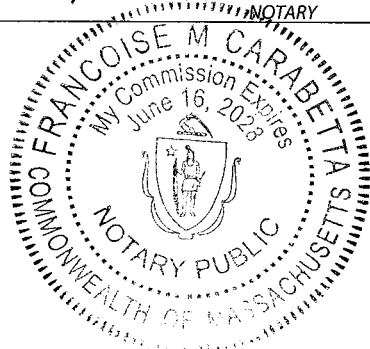
**PRINT AND SIGN**

PRINTED NAME:	Gregory T. Motta	APPLICANT/EMPLOYEE SIGNATURE:	
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**NOTARY INFORMATION**

On this 9-26-22 before me, the undersigned notary public, personally appeared Gregory T. Motta  
 (name of document signer), proved to me through satisfactory evidence of identification, which were personally known  
 to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

NOTARY



**DIVISION USE ONLY**

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.

**ENTITY VOTE**

The Board of Directors or LLC Managers of   
Entity Name  
duly voted to apply to the Licensing Authority of   
City/Town and the  
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on   
Date of Meeting

For the following transactions (Check all that apply):

- Change of Manager
- Other


“VOTED: To authorize   
Name of Person

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

“VOTED: To appoint   
Name of Liquor License Manager


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

A true copy attest,

  
Corporate Officer / LLC Manager Signature  
Charles L. D'Amour  
(Print Name)

For Corporations ONLY

A true copy attest,

  
Corporation Clerk's Signature  
Asst. Sec.  
Michael S. Gold  
(Print Name)


Written Consent Vote of the Board of Directors  
of  
Table & Vine, Inc.

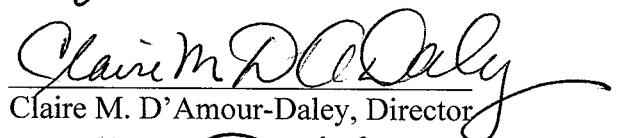
May 27, 2022


The undersigned, being all of the Directors of Table & Vine, Inc. (the "Corporation") acting without a meeting pursuant to Section 8.21 of Chapter 156D of the Mass. General Laws, hereby take the following action and adopt the following votes as of the date first set forth above:

RESOLVED: To appoint Gregory Motta of Cumberland, Rhode Island as its manager or principal representative in the Franklin, MA location, with full authority and control of the premises described in the license of the Corporation, and the conduct of all business therein relative to alcoholic beverages as the licensee itself could in any way have and exercise if it were a natural person resident, and that a copy of this vote duly certified by the Secretary of the Corporation and delivered to said manager or principal representative shall constitute the written authority required by Sec. 26, Chap. 138, G.L.

RESOLVED: That Michael S. Gold, Vice President and Assistant Secretary of the Corporation is hereby authorized to execute and submit on the Corporation's behalf, any necessary applications or documents, and to do all things required necessary to effectuate the foregoing.

  
Charles L. D'Amour, Director

  
Claire M. D'Amour-Daley, Director

  
Michael P. D'Amour, Director

# BEVERAGE ALCOHOL TRAINING

THIS CERTIFICATE CERTIFIES THAT

Greg Notta

has successfully completed the required course of study and examination administered by the Massachusetts Package Stores Association, Inc., and is therefore awarded this

# CERTIFICATE OF ACKNOWLEDGEMENT

Valid from: 7/14/22 To: 7/13/25

*Paul A. Malin*  
EXECUTIVE DIRECTOR



*[Signature]*  
BAT TRAINER



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 Lafayette City Center  
 2 Avenue de Lafayette, Boston, MA 02111-1750  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

**Applicant Information**

Please Print Legibly

Business/Organization Name: BIG Y FOODS, INC.

Address: 2145 ROOSEVELT AVENUE

City/State/Zip: SPRINGFIELD, MA 01104

Phone #: 413-784-0600

**Are you an employer? Check the appropriate box:**

1.  I am a employer with 10,266 employees (full and/ or part-time).\*
2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

5.  Retail
6.  Restaurant/Bar/Eating Establishment
7.  Office and/or Sales (incl. real estate, auto, etc.)
8.  Non-profit
9.  Entertainment
10.  Manufacturing
11.  Health Care
12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: SAFETY NATIONAL CASUALTY CORPORATION

Insurer's Address: 11831 SHUETZ ROAD

City/State/Zip: ST LOUIS, MO 63146-3540

Policy # or Self-ins. Lic. # [REDACTED] Expiration Date [REDACTED]

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: [Handwritten Signature]

Date: 9-26-22

Phone #: 413-784-0600

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (check one):**

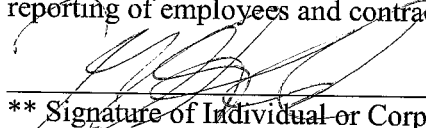
1.  Board of Health    2.  Building Department    3.  City/Town Clerk    4.  Licensing Board  
 5.  Selectmen's Office    6.  Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

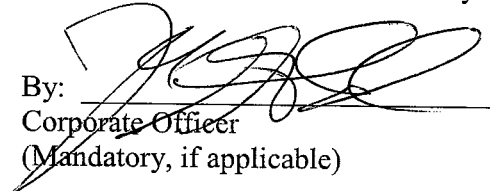


**CERTIFICATE OF COMPLIANCE WITH STATE LAWS**

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 Corporate License Holder (Mandatory)

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

By:   
Corporate Officer  
(Mandatory, if applicable)

Date: 9-26-22

\*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.

# Payment Confirmation

## YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT

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



**Transaction Processed Successfully.**

**INVOICE #: c684bc94-641a-400b-91ca-8d4a64c74554**

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	00079-pk-0430	\$200.00
		<b>\$200.00</b>

Total Convenience Fee: \$4.70

Date Paid: 10/3/2022 11:14:16 AM EDT

Total Amount Paid: \$204.70

### Payment On Behalf Of

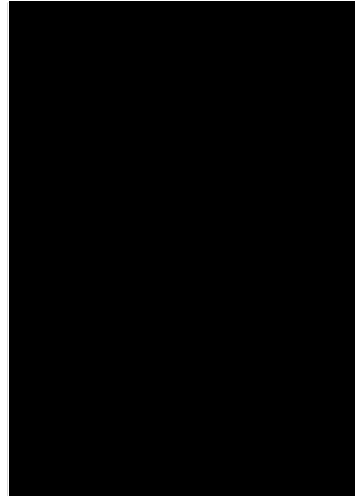
**License Number or Business Name:**  
00079-pk-0430

**Fee Type:**  
FILING FEES-RETAIL

### Billing Information

**First Name:**  
Michael

**Last Name:**  
Gold





**Town of Franklin, MA**  
Department of the Town Clerk  
355 East Central Street, Franklin, MA 02038

Date Issued: November  
10, 2020  
Record #: 104686  
Certificate #: 20-182

## BUSINESS VERIFICATION CERTIFICATE

In conformity with the provisions of Chapter 110, Section 5 of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:

Big Y World Class Market is conducted at: 348 EAST CENTRAL ST

by the following person:

**FULL NAME**

Charles D'Amour

**RESIDENCE**



A certificate issued in accordance with this section shall be in force and effect for four years from the date of issue and shall be renewed each four years thereafter so long as such business shall be conducted and shall lapse and be void unless so renewed.

**Expiration Date:** November 10, 2024

*Signature on file*  
\_\_\_\_\_  
Business Owner Signature #1

\_\_\_\_\_  
Business Owner Signature #2

A True Attest Copy

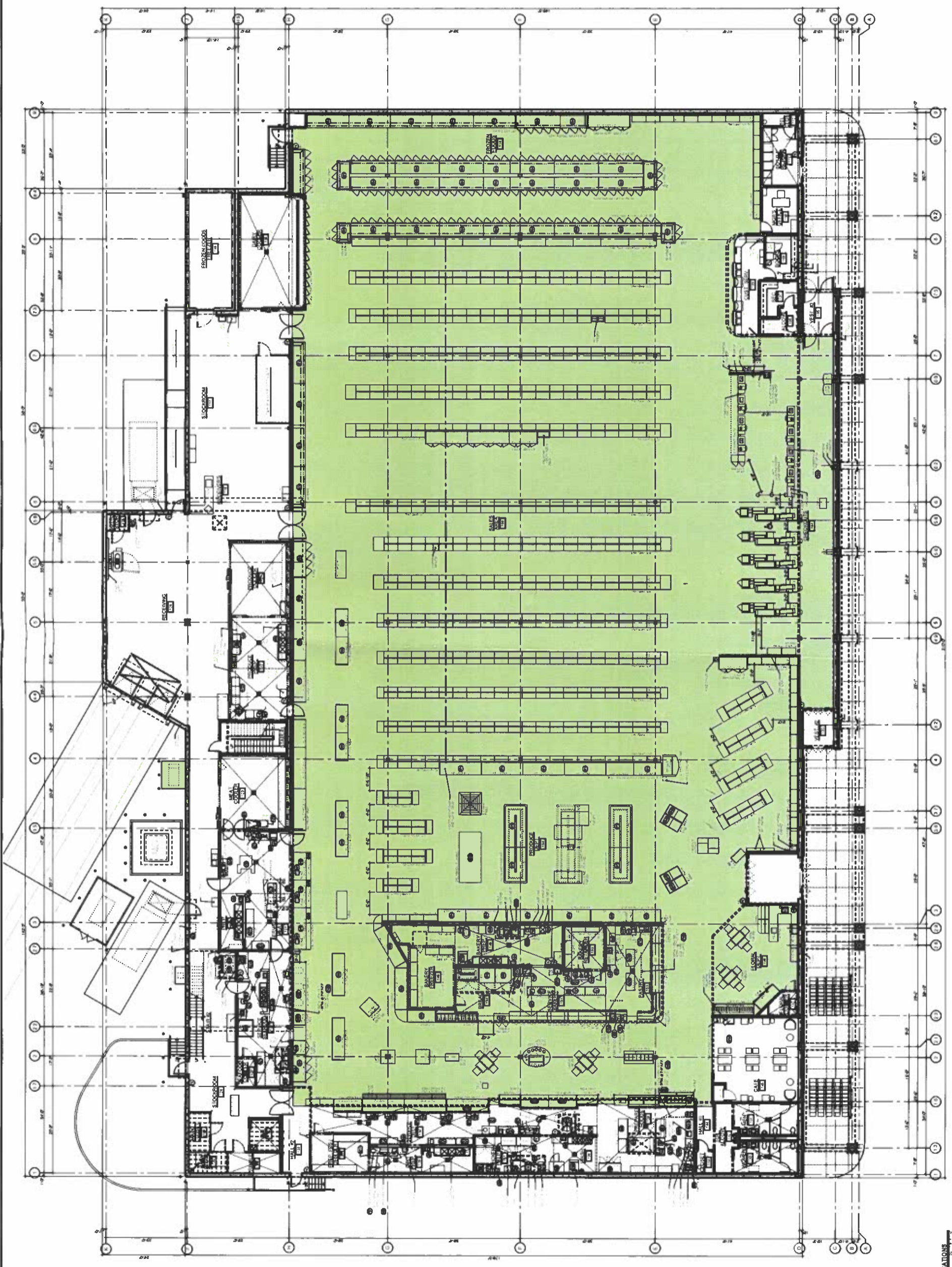
*Nancy Danello*  
\_\_\_\_\_

Nancy Danello  
Acting Town Clerk

To learn more, scan this barcode or visit [franklinma.viewpointcloud.com/#!/records/117991](https://franklinma.viewpointcloud.com/#!/records/117991)







# LICENSE TRANSACTION



## Transfer of License & Change of Location

### Table & Vine #38

348 East Central Street  
Franklin, MA 02038

Table & Vine #38 is seeking approval for a Transfer of License from Village Mall Liquors, Inc. d/b/a Village Mall Liquors with a Change of Location of the license currently held by Village Mall Liquors, Inc. d/b/a Village Mall Liquors to be relocated from 60 Franklin Village Drive to 348 East Central Street, Franklin, MA.

All Departments have signed off on this application.

**MOTION** to approve the request by Table & Vine #38 for a Transfer of License and Change of Location of the license currently held by Village Mall Liquors, Inc. d/b/a Village Mall Liquors to be relocated from 60 Franklin Village Drive to 348 East Central Street, Franklin, MA.

---

**DATED:** \_\_\_\_\_, 2022

**VOTED:**

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

**A True Record Attest:**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

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

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

**RECUSED:** \_\_\_\_\_

Nancy Danello, CMC  
Town Clerk

---

Glenn Jones, Clerk  
Franklin Town Council



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

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

**APPLICATION FOR A TRANSFER OF LICENSE**

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

**ECRT CODE: RETA**

**Please make \$200.00 payment here: ABCC PAYMENT WEBSITE**

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

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

**ENTITY/ LICENSEE NAME**

**ADDRESS**

**CITY/TOWN**

**STATE**

**ZIP CODE**

For the following transactions (Check all that apply):

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

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

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



## CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



VILLAGE MALL LIQUORS INC  
60 FRANKLIN VILLAGE DR  
FRANKLIN MA 02038-4000

### *Why did I receive this notice?*

The Commissioner of Revenue certifies that, as of the date of this certificate, VILLAGE MALL LIQUORS INC is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

**This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.**

### *What if I have questions?*

If you have questions, call us at (617) 887-6400 or toll-free in Massachusetts at (800) 392-6089, Monday through Friday, 9:00 a.m. to 4:00 p.m..

### *Visit us online!*

Visit [mass.gov/dor](http://mass.gov/dor) to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using e-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

Edward W. Coyle, Jr., Chief  
Collections Bureau



Charles D. Baker  
GOVERNOR

Karyn E. Polito  
LT. GOVERNOR

THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE



404323332

Rosalin Acosta  
SECRETARY

Connie C. Carter  
INTERIM DIRECTOR

VILLAGE MALL LIQUORS INC  
60 FRANKLIN VILLAGE DRIVE  
FRANKLIN, MA 02038

EAN: 82308450  
September 29, 2022

Certificate Id:63090

The Department of Unemployment Assistance certifies that as of 9/29/2022 ,VILLAGE MALL LIQUORS INC is current in all its obligations relating to contributions, payments in lieu of contributions, and the employer medical assistance contribution established in G.L.c.149,§189.

This certificate expires in 30 days from the date of issuance.

Connie C. Carter, Interim Director

Department of Unemployment Assistance



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

**APPLICATION FOR A TRANSFER OF LICENSE**

Municipality

**1. TRANSACTION INFORMATION**

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

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

Table & Vine, Inc. (a wholly owned subsidiary of Big Y Foods, Inc.) is hereby seeking to purchase a \$15 All Alcoholic Liquor License from Village Mall Liquors, Franklin, MA and transfer it to the existing Big Y World Class Market located at 348 East Central Street, Franklin, MA. See additional information

**2. LICENSE CLASSIFICATION INFORMATION**

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
<input type="text" value="Off-Premises-15"/>	<input type="text" value="\$15 Package Store"/>	<input type="text" value="All Alcoholic Beverages"/>	<input type="text" value="Annual"/>

**3. BUSINESS ENTITY INFORMATION**

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

Current or Seller's License Number  FEIN

Entity Name

DBA  Manager of Record

Street Address

Phone  Email

Add'l Phone  Website

**4. DESCRIPTION OF PREMISES**

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

The premises on East Central Street in Franklin, MA is a single-story building with a total sales floor square footage of 38,675 square feet. There are preparation areas throughout the store for Deli, Meat, Bakery, Seafood, Produce and Food Service. There are two (2) public entrance and exit locations located across the front of the building.

Total Sq. Footage	<input type="text" value="38,675"/>	Seating Capacity	<input type="text" value="N/A"/>	Occupancy Number	<input type="text" value="N/A"/>
Number of Entrances	<input type="text" value="2"/>	Number of Exits	<input type="text" value="2"/>	Number of Floors	<input type="text" value="1"/>

## APPLICATION FOR A TRANSFER OF LICENSE

### 5. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

Transferor Entity Name <span style="border: 1px solid black; padding: 2px;">Village Mall Liquors</span>	By what means is the license being transferred? <span style="border: 1px solid black; padding: 2px;">Purchase</span>
---	--

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

Name of Principal	Title/Position	Percentage of Ownership
<span style="border: 1px solid black; padding: 2px;">Constance Fustolo</span>	<span style="border: 1px solid black; padding: 2px;">President, Treasurer, Secretary, Director</span>	<span style="border: 1px solid black; padding: 2px;">52</span>
<span style="border: 1px solid black; padding: 2px;">Lisa Garrity</span>	<span style="border: 1px solid black; padding: 2px;">Director</span>	<span style="border: 1px solid black; padding: 2px;">48</span>
<span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span>
<span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span>
<span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span>	<span style="border: 1px solid black; padding: 2px;"> </span>

### 6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

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

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

<span style="border: 1px solid black; padding: 2px;">Name of Principal</span> <span style="border: 1px solid black; padding: 2px;">Charles L. D'Amour</span>	<span style="border: 1px solid black; padding: 2px;">Residential Address</span> <span style="background-color: black; color: black;">[REDACTED]</span>	<span style="border: 1px solid black; padding: 2px;">SSN</span> <span style="background-color: black; color: black;">[REDACTED]</span>	<span style="border: 1px solid black; padding: 2px;">DOB</span> <span style="background-color: black; color: black;">[REDACTED]</span>
---	---	---	---

<span style="border: 1px solid black; padding: 2px;">Title and or Position</span> <span style="border: 1px solid black; padding: 2px;">President, Treasurer, Director</span>	<span style="border: 1px solid black; padding: 2px;">Percentage of Ownership</span> <span style="border: 1px solid black; padding: 2px;">0</span>	<span style="border: 1px solid black; padding: 2px;">Director/ LLC Manager</span> <input checked="" type="radio"/> Yes <input type="radio"/> No	<span style="border: 1px solid black; padding: 2px;">US Citizen</span> <input checked="" type="radio"/> Yes <input type="radio"/> No	<span style="border: 1px solid black; padding: 2px;">MA Resident</span> <input checked="" type="radio"/> Yes <input type="radio"/> No
---	--	--	---	--

<span style="border: 1px solid black; padding: 2px;">Name of Principal</span> <span style="border: 1px solid black; padding: 2px;">Michael P. D'Amour</span>	<span style="border: 1px solid black; padding: 2px;">Residential Address</span> <span style="background-color: black; color: black;">[REDACTED]</span>	<span style="border: 1px solid black; padding: 2px;">SSN</span> <span style="background-color: black; color: black;">[REDACTED]</span>	<span style="border: 1px solid black; padding: 2px;">DOB</span> <span style="background-color: black; color: black;">[REDACTED]</span>
---	---	---	---

<span style="border: 1px solid black; padding: 2px;">Title and or Position</span> <span style="border: 1px solid black; padding: 2px;">Exec. VP, Director</span>	<span style="border: 1px solid black; padding: 2px;">Percentage of Ownership</span> <span style="border: 1px solid black; padding: 2px;">0</span>	<span style="border: 1px solid black; padding: 2px;">Director/ LLC Manager</span> <input checked="" type="radio"/> Yes <input type="radio"/> No	<span style="border: 1px solid black; padding: 2px;">US Citizen</span> <input checked="" type="radio"/> Yes <input type="radio"/> No	<span style="border: 1px solid black; padding: 2px;">MA Resident</span> <input type="radio"/> Yes <input checked="" type="radio"/> No
---	--	--	---	--

<span style="border: 1px solid black; padding: 2px;">Name of Principal</span> <span style="border: 1px solid black; padding: 2px;">Claire M. D'Amour-Daley</span>	<span style="border: 1px solid black; padding: 2px;">Residential Address</span> <span style="background-color: black; color: black;">[REDACTED]</span>	<span style="border: 1px solid black; padding: 2px;">SSN</span> <span style="background-color: black; color: black;">[REDACTED]</span>	<span style="border: 1px solid black; padding: 2px;">DOB</span> <span style="background-color: black; color: black;">[REDACTED]</span>
--	---	---	---

<span style="border: 1px solid black; padding: 2px;">Title and or Position</span> <span style="border: 1px solid black; padding: 2px;">Director, Secretary</span>	<span style="border: 1px solid black; padding: 2px;">Percentage of Ownership</span> <span style="border: 1px solid black; padding: 2px;">0</span>	<span style="border: 1px solid black; padding: 2px;">Director/ LLC Manager</span> <input checked="" type="radio"/> Yes <input type="radio"/> No	<span style="border: 1px solid black; padding: 2px;">US Citizen</span> <input checked="" type="radio"/> Yes <input type="radio"/> No	<span style="border: 1px solid black; padding: 2px;">MA Resident</span> <input checked="" type="radio"/> Yes <input type="radio"/> No
--	--	--	---	--

<span style="border: 1px solid black; padding: 2px;">Name of Principal</span> <span style="border: 1px solid black; padding: 2px;">Michael S. Gold</span>	<span style="border: 1px solid black; padding: 2px;">Residential Address</span> <span style="background-color: black; color: black;">[REDACTED]</span>	<span style="border: 1px solid black; padding: 2px;">SSN</span> <span style="background-color: black; color: black;">[REDACTED]</span>	<span style="border: 1px solid black; padding: 2px;">DOB</span> <span style="background-color: black; color: black;">[REDACTED]</span>
--	---	---	---

<span style="border: 1px solid black; padding: 2px;">Title and or Position</span> <span style="border: 1px solid black; padding: 2px;">Vice President, Asst. Secretary</span>	<span style="border: 1px solid black; padding: 2px;">Percentage of Ownership</span> <span style="border: 1px solid black; padding: 2px;">0</span>	<span style="border: 1px solid black; padding: 2px;">Director/ LLC Manager</span> <input type="radio"/> Yes <input checked="" type="radio"/> No	<span style="border: 1px solid black; padding: 2px;">US Citizen</span> <input checked="" type="radio"/> Yes <input type="radio"/> No	<span style="border: 1px solid black; padding: 2px;">MA Resident</span> <input type="radio"/> Yes <input checked="" type="radio"/> No
--	--	--	---	--

**APPLICATION FOR A TRANSFER OF LICENSE**

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

Name of Principal: **Theresa A Jasmin Niemczyk** Residential Address: [Redacted] SSN: [Redacted] DOB: [Redacted]

Title and or Position: Vice President, CFO Percentage of Ownership: 0 Director/ LLC Manager:  Yes  No US Citizen:  Yes  No MA Resident:  Yes  No

Name of Principal: **Big Y Foods, Inc.** Residential Address: [Redacted] SSN: [Redacted] DOB: [Redacted]

Title and or Position: Owner Percentage of Ownership: 100 Director/ LLC Manager:  Yes  No US Citizen:  Yes  No MA Resident:  Yes  No

Name of Principal: [Redacted] Residential Address: [Redacted] SSN: [Redacted] DOB: [Redacted]

Title and or Position: [Redacted] Percentage of Ownership: [Redacted] Director/ LLC Manager:  Yes  No US Citizen:  Yes  No MA Resident:  Yes  No

Additional pages attached?  Yes  No

**CRIMINAL HISTORY**

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

**6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

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

Name	License Type	License Name	Municipality
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Northampton, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Holden, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Franklin, MA

**6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

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

Name	License Type	License Name	
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Southwick, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Quincy, MA



**6A. INTEREST IN AN ALCOHOLIC BEVERAGE LICENSE - CONTINUES**

<b>Name</b>	<b>License Type</b>	<b>License Name</b>	<b>Municipality</b>
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	West Springfield, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Greenfield, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Wilbraham, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Norwell, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Springfield, MA
Big Y Foods, Inc.	§15 Package Store	Table & Vine, Inc.	Great Barrington, MA

Table & Vine Inc. | Big Y Foods, Inc.

Application for Transfer of License - §15 Package Store

Section 6 (cont.)

**Table & Vine, Inc.  
Officer and Ownership Breakdown**

<b>Table &amp; Vine, Inc. -- Officers &amp; Directors</b>	
Charles L. D'Amour	President, CEO, Treasurer, Director
Michael P. D'Amour	Exec Vice President, COO, Director
Claire M. D'Amour-Daley	Secretary, Director
Michael S. Gold	Vice President, Asst Secretary
Theresa A. Jasmin Niemczura	Vice President, CFO

**Table & Vine, Inc. is a wholly owned subsidiary of Big Y Foods, Inc.**

**Big Y Foods, Inc. -- Stockholders**

<b>Donald H. D'Amour</b> 50% Voting; 55.53% Non-voting	
<b>D'Amour Gifting Trust   2.85% Non-voting</b>	
<b>Trustees:</b>	
Michele I. D'Amour	
Caroline Demers Calio	
Theresa A. Jasmin Niemczura	(Also officer)
<b>Beneficiaries:</b>	
Michael P. D'Amour	(Also officer)
Mathieu L. D'Amour	(Also officer)
Nicole D'Amour Schneider	

<b>Charles L. D'Amour</b> 50% Voting; 33.80% Non-voting	
<b>Charles L. D'Amour 2020 Family Irrevocable Trust   7.82% Non-voting</b>	
<b>Trustee:</b>	
Fiduciary Trust Co. of New England	
<b>Beneficiaries:</b>	
Colin M. D'Amour	
Christian P. D'Amour	
Emily J. D'Amour	
Margaret E. D'Amour	

## APPLICATION FOR A TRANSFER OF LICENSE

### 6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled?

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

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

### 7. CORPORATE STRUCTURE

Entity Legal Structure

Date of Incorporation

State of Incorporation

Is the Corporation publicly traded?  Yes  No

### 8. OCCUPANCY OF PREMISES

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

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

Please indicate by what means the applicant will occupy the premises

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

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

Yes  No

### 9. APPLICATION CONTACT

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

Name:

Phone:

Title:

Email:

# APPLICATION FOR A TRANSFER OF LICENSE

## 10. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	<input type="text"/>
B. Purchase Price for Business Assets	<input type="text"/>
C. Other* (Please specify)	<input type="text"/>
D. Total Cost	<input type="text"/>

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

### SOURCE OF CASH CONTRIBUTION

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

Name of Contributor	Amount of Contribution
Big Y Foods, Inc.	<input type="text"/>
<b>Total:</b>	<b>\$950,000.00</b>

### SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

### FINANCIAL INFORMATION

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

Funding is by Big Y Foods, Inc.'s corporate bank account

## 11. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge?  Yes    No

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

To whom is the pledge being made?

## 12. MANAGER APPLICATION

### A. MANAGER INFORMATION

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

Proposed Manager Name  Date of Birth  SSN

Residential Address

Email  Phone

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

### B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?\*

Yes  No \*Manager must be a U.S. Citizen

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

Have you ever been convicted of a state, federal, or military crime?

Yes  No

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

Date	Municipality	Charge	Disposition

### C. EMPLOYMENT INFORMATION

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

Start Date	End Date	Position	Employer	Supervisor Name
5/9/22	Present	Store Director	Big Y Foods, Inc.	David Murphy
		*SEE ATTACHED		

### D. PRIOR DISCIPLINARY ACTION

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

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

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

Manager's Signature  Date

120.

**Additional Employment Information**

<i>April 2018 – May 2022</i>	Store Director Killingly, CT	Big Y Foods, Inc.	Ralph Ramsdell
<i>October 2017 – April 2018</i>	Store Director in Training	Big Y Foods, Inc.	Sean Nimmons
<i>August 2015 – October 2017</i>	Assistant Store Director Franklin, MA	Big Y Foods, Inc.	Jeff Hildich
<i>September 2010 – August 2015</i>	Assistant Store Director Walpole, MA	Big Y Foods, Inc.	Adam Hession
<i>January 2009 – September 2010</i>	Fresh Foods Development Manager	Big Y Foods, Inc.	Adam Hession
<i>July 2005 – January 2009</i>	Food Service Sales Manager	Big Y Foods, Inc.	Adam Hession
<i>January 2001 – July 2005</i>	Deli/Food Service Manager	Price Chopper	
<i>June 1990 – January 2001</i>	Deli Clerk to Deli/Seafood Manager	Ro-Jacks Foods	

### 13. MANAGEMENT AGREEMENT

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

Yes  No

If yes, please fill out section 13.

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

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

### 13A. MANAGEMENT ENTITY

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

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

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

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

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

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

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

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

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

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

#### CRIMINAL HISTORY

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

Yes  No

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

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

#### LICENSE

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

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

Name	License Type	License Name	Municipality

**13C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

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

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

Name	License Type	License Name	Municipality

**13D. PREVIOUSLY HELD MANAGEMENT AGREEMENT**

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

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

Licensee Name	License Type	Municipality	Date(s) of Agreement

**13E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION**

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

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

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

**13F. TERMS OF AGREEMENT**

a. Does the agreement provide for termination by the licensee? Yes  No

b. Will the licensee retain control of the business finances? Yes  No

c. Does the management entity handle the payroll for the business? Yes  No

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

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

\$ per month/year (indicate amount)

% of alcohol sales (indicate percentage)

% of overall sales (indicate percentage)

other (please explain)

**ABCC Licensee Officer/LLC Manager**

**Management Agreement Entity Officer/LLC Manager**

Signature:

Signature:

Title:

Title:

Date:

Date:



## ADDITIONAL INFORMATION

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

Table & Vine will be relinquishing its \$15 Wine and Malt license upon transfer and issuance of the license from Village Mall Liquors, Inc.

See Attached Table& Vine, Inc. Officer and ownership breakdown

10. Financial Disclosure

C. Other (please specify)

The cost for the fit up of this facility will be approximately \$200,000. The work will include relocating products, categories, and departments within the building in order to create space for the addition of spirits. The final scope is being finalized.

**APPLICANT'S STATEMENT**

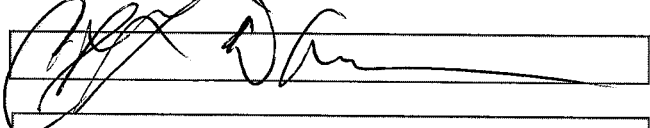
I, Charles L. D'Amour the:  sole proprietor;  partner;  corporate principal;  LLC/LLP manager  
Authorized Signatory

of Table & Vine, Inc.  
Name of the Entity/Corporation

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

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

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

Signature:   
Title: President, CEO, Treasurer & Director

Date: 9-30-22

**CORPORATE VOTE**

The Board of Directors or LLC Managers of

Table & Vine, Inc.

Entity Name

duly voted to apply to the Licensing Authority of

Franklin

City/Town

and the

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

9-30-22

Date of Meeting

For the following transactions (Check all that apply):

- 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/Directors/LLC Managers
- Change of Ownership Interest (LLC Members/ LLP Partners, Trustees)
- Issuance/Transfer of Stock/New Stockholder
- Change of Hours
- Other
- Change of DBA

"VOTED: To authorize

Charles L. D'Amour, President, Theresa Jasmin Niemczura , VP or Michael S. Gold VP

Name of Person

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

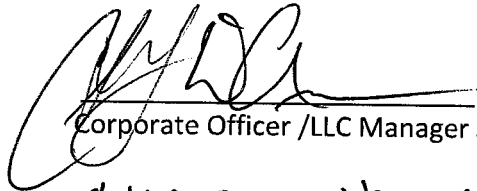
"VOTED: To appoint

Gregory Motta

Name of Liquor License Manager

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

A true copy attest,



Corporate Officer /LLC Manager Signature

CHARLES L. DAMOUR  
(Print Name)

For Corporations ONLY

A true copy attest,



Corporation Clerk's Signature

ASST SECRETARY

MICHAEL S. GOLD  
(Print Name)

Written Consent Vote of the Board of Directors  
of  
Table & Vine, Inc.

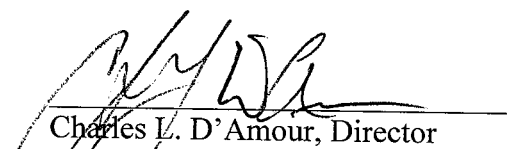
The undersigned, being all of the Directors of Table & Vine, Inc. (the "Company") acting without a meeting pursuant to § 8.21 of Chapter 156D of the Mass. General Laws, hereby take the following action and adopt the following votes as of the date first set forth above:

RESOLVED: To apply to the Town of Franklin for a Retail Package Store All Alcoholic Beverages License, transferred from Village Mall Liquors, to be exercised on the premises at 348 East Central Street, Franklin, Massachusetts 02038.

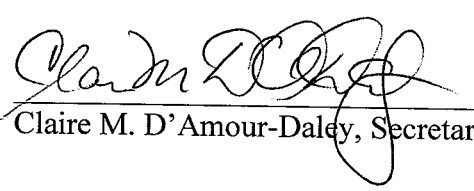
RESOLVED: To authorize Charles L. D'Amour, President, Theresa Jasmin Niemczura, VP or Michael S. Gold, VP, to sign the application for the license in the name of Table & Vine, Inc. and to execute in its behalf any necessary papers, and to do all things required relative to the granting of the license.

RESOLVED: To appoint Gregory Motta of Cumberland, Rhode Island as its manager or principal representative, with full authority and control of the premises described in the license of the Corporation and of the conduct of all business therein relative to alcoholic beverages as the license itself could in any way have and exercise if it were a natural person resident in the Commonwealth of Massachusetts and that a copy of this vote duly certified by the Secretary of the Corporation and delivered to said manager or principal representative shall constitute the written authority required by Sec. 26, Chap. 138, G.L.

Dated: 9/30/22

  
Charles L. D'Amour, Director

  
Michael P. D'Amour, Director

  
Claire M. D'Amour-Daley, Secretary



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

**STEVEN GROSSMAN  
TREASURER AND RECEIVER GENERAL**

**CORI REQUEST FORM**

**KIM S. GAINSBORO, ESQ.  
CHAIRMAN**

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

**ABCC LICENSE INFORMATION**

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	<input type="text"/>	LICENSEE NAME:	Table & Vine, Inc.	CITY/TOWN:	FRANKLIN
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**APPLICANT INFORMATION**

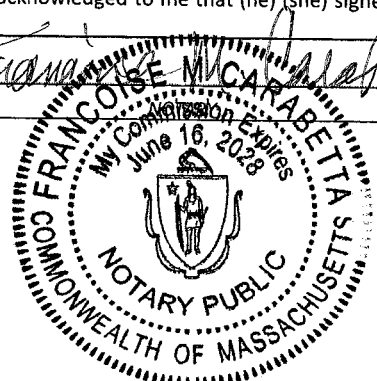
LAST NAME:	Gold	FIRST NAME:	Michael	MIDDLE NAME:	<input type="text"/>
MAIDEN NAME OR ALIAS (IF APPLICABLE):	<input type="text"/>	PLACE OF BIRTH:	Springfield, MA		
DATE OF BIRTH:	<input type="text"/>	SSN:	<input type="text"/>	ID THEFT INDEX PIN (IF APPLICABLE):	<input type="text"/>
MOTHER'S MAIDEN NAME:	<input type="text"/>	DRIVER'S LICENSE #:	<input type="text"/>	STATE LIC. ISSUED:	<input type="text"/>
GENDER:	<input type="text"/>	HEIGHT:	<input type="text"/>	WEIGHT:	<input type="text"/>
EYE COLOR:	<input type="text"/>				
CURRENT ADDRESS:	<input type="text"/>				
CITY/TOWN:	<input type="text"/>	STATE:	<input type="text"/>	ZIP:	<input type="text"/>
FORMER ADDRESS:	<input type="text"/>				
CITY/TOWN:	<input type="text"/>	STATE:	<input type="text"/>	ZIP:	<input type="text"/>

**PRINT AND SIGN**

PRINTED NAME:	Michael S. Gold	APPLICANT/EMPLOYEE SIGNATURE:	
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**NOTARY INFORMATION**

On this 9-26-22 before me, the undersigned notary public, personally appeared Michael S. Gold  
(name of document signer), proved to me through satisfactory evidence of identification, which were Personally Known  
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.



**DIVISION USE ONLY**

REQUESTED BY:	<input type="text"/>
	<small>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</small>

The DCI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 660-4614.



JEAN M. LORIZIO, ESQ.  
CHAIRMAN

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

**CORI REQUEST FORM**

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

**ABCC LICENSE INFORMATION**

ABCC NUMBER:  (IF EXISTING LICENSEE) LICENSEE NAME:  CITY/TOWN:

**APPLICANT INFORMATION**

LAST NAME:  FIRST NAME:  MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE):  PLACE OF BIRTH:

DATE OF BIRTH:  SSN:  ID THEFT INDEX PIN (IF APPLICABLE):

MOTHER'S MAIDEN NAME:  DRIVER'S LICENSE #:  STATE LIC. ISSUED:

GENDER:  HEIGHT:   WEIGHT:  EYE COLOR:

CURRENT ADDRESS:

CITY/TOWN:  STATE:  ZIP:

FORMER ADDRESS:

CITY/TOWN:  STATE:  ZIP:

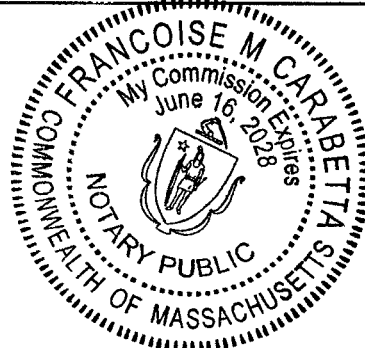
**PRINT AND SIGN**

PRINTED NAME:  APPLICANT/EMPLOYEE SIGNATURE:

**NOTARY INFORMATION**

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

NOTARY



**DIVISION USE ONLY**

REQUESTED BY:  SIGNATURE OF CORI-AUTHORIZED EMPLOYEE:

The DCJ Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJ. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJ via mail or by fax to (617) 660-4614.



JEAN M. LORIZIO, ESQ.  
CHAIRMAN

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: [ ] OF EXISTING LICENSEE      LICENSEE NAME: Table & Vine      CITY/TOWN: FRANKLIN

**APPLICANT INFORMATION**

LAST NAME: D'Amour      FIRST NAME: Emily      MIDDLE NAME: [ ]  
 MAIDEN NAME OR ALIAS (IF APPLICABLE): [ ]      PLACE OF BIRTH: [ ]  
 DATE OF BIRTH: [ ]      SSN: [ ]      ID THEFT INDEX PIN (IF APPLICABLE): [ ]  
 MOTHER'S MAIDEN NAME: [ ]      DRIVER'S LICENSE #: [ ]      STATE LIC ISSUED: [ ]  
 GENDER: [ ]      HEIGHT: [ ]      WEIGHT: [ ]      EYE COLOR: [ ]  
 CURRENT ADDRESS: [ ]  
 CITY/TOWN: [ ]      STATE: [ ]      ZIP: [ ]  
 FORMER ADDRESS: [ ]  
 CITY/TOWN: [ ]      STATE: [ ]      ZIP: [ ]

**PRINT AND SIGN**

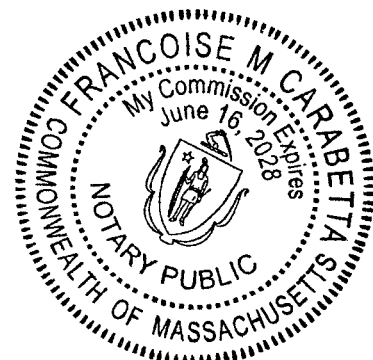
PRINTED NAME: Emily J. D'Amour      APPLICANT/EMPLOYEE SIGNATURE: *Emily J. D'Amour*

**NOTARY INFORMATION**

On this 9-27-22 before me, the undersigned notary public, personally appeared Emily D'Amour  
 (name of document signer), proved to me through satisfactory evidence of identification, which were Personally known  
 to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.  
*Francoise M. Carabetta*  
 NOTARY

**DIVISION USE ONLY**

REQUESTED BY: [ ]  
 SIGNATURE OF COM-AUTHORIZED EMPLOYEE: [ ]  
The DCI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 680-6834.





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

JEAN M. LORIZIO, ESQ.  
CHAIRMAN

**CORI REQUEST FORM**

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

**ABCC LICENSE INFORMATION**

ABCC NUMBER:  (IF EXISTING LICENSEE) LICENSEE NAME:  CITY/TOWN:

**APPLICANT INFORMATION**

LAST NAME:  FIRST NAME:  MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE):  PLACE OF BIRTH:

DATE OF BIRTH:  SSN:  ID THEFT INDEX PIN (IF APPLICABLE):

MOTHER'S MAIDEN NAME:  DRIVER'S LICENSE #:  STATE LIC. ISSUED:

GENDER:  HEIGHT:  WEIGHT:  EYE COLOR:

CURRENT ADDRESS:

CITY/TOWN:  STATE:  ZIP:

FORMER ADDRESS:

CITY/TOWN:  STATE:  ZIP:

**PRINT AND SIGN**

PRINTED NAME:  APPLICANT/EMPLOYEE SIGNATURE:

**NOTARY INFORMATION**

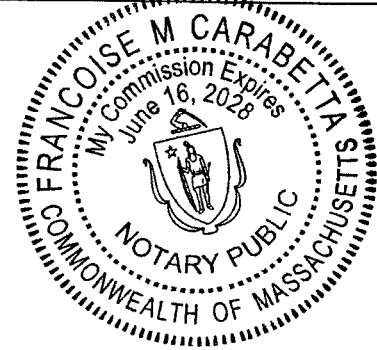
On this  before me, the undersigned notary public, personally appeared  (name of document signer), proved to me through satisfactory evidence of identification, which were  to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily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

NOTARY

**DIVISION USE ONLY**

REQUESTED BY:

The DCJ Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJ. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the DCJ via mail or by fax to (817) 660-6314.







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

JEAN M. LORIZIO, ESQ.  
CHAIRMAN

**CORI REQUEST FORM**

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

**ABCC LICENSE INFORMATION**

ABCC NUMBER:  (IF EXISTING LICENSEE) LICENSEE NAME:  CITY/TOWN:

**APPLICANT INFORMATION**

LAST NAME:  FIRST NAME:  MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE):  PLACE OF BIRTH:

DATE OF BIRTH:  SSN:  ID THEFT INDEX PIN (IF APPLICABLE):

MOTHER'S MAIDEN NAME:  DRIVER'S LICENSE #:  STATE LIC. ISSUED:

GENDER:  HEIGHT:   WEIGHT:  EYE COLOR:

CURRENT ADDRESS:

CITY/TOWN:  STATE:  ZIP:

FORMER ADDRESS:

CITY/TOWN:  STATE:  ZIP:

**PRINT AND SIGN**

PRINTED NAME:  APPLICANT/EMPLOYEE SIGNATURE:

**NOTARY INFORMATION**

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

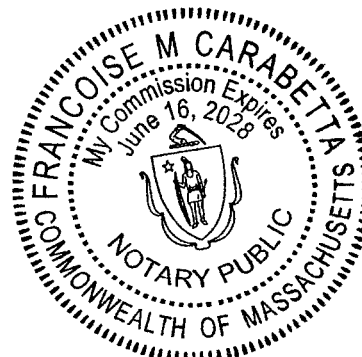
NOTARY

**DIVISION USE ONLY**

REQUESTED BY:

SIGNATURE OF CORI AUTHORIZED EMPLOYEE:

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

JEAN M. LORIZIO, ESQ.  
 CHAIRMAN

**CORI REQUEST FORM**

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**ABCC LICENSE INFORMATION**

ABCC NUMBER:  (IF EXISTING LICENSEE) LICENSEE NAME:  CITY/TOWN:

**APPLICANT INFORMATION**

LAST NAME:  FIRST NAME:  MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE):  PLACE OF BIRTH:

DATE OF BIRTH:  SSN:  ID THEFT INDEX PIN (IF APPLICABLE):

MOTHER'S MAIDEN NAME:  DRIVER'S LICENSE #:  STATE LIC. ISSUED:

GENDER:  HEIGHT:  WEIGHT:  EYE COLOR:

CURRENT ADDRESS:

CITY/TOWN:  STATE:  ZIP:

FORMER ADDRESS:

CITY/TOWN:  STATE:  ZIP:

**PRINT AND SIGN**

PRINTED NAME:  APPLICANT/EMPLOYEE SIGNATURE:

**NOTARY INFORMATION**

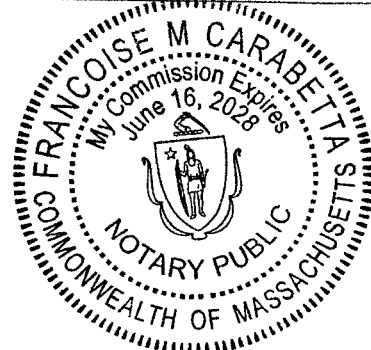
On this  before me, the undersigned notary public, personally appeared  (name of document signer), proved to me through satisfactory evidence of identification, which were  to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily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

NOTARY

**DIVISION USE ONLY**

REQUESTED BY:  SIGNATURE OF CORI AUTHORIZED EMPLOYEE:

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

DEBORAH B. GOLDBERG  
TREASURER AND RECEIVER GENERAL

**CORI REQUEST FORM**

JEAN M. LORIZIO, ESQ.  
CHAIRMAN

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

**ABCC LICENSE INFORMATION**

ABCC NUMBER:  LICENSEE NAME:  CITY/TOWN:

**APPLICANT INFORMATION**

LAST NAME:  FIRST NAME:  MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE):  PLACE OF BIRTH:

DATE OF BIRTH:  SSN:  ID THEFT INDEX PIN (IF APPLICABLE):

MOTHER'S MAIDEN NAME:  DRIVER'S LICENSE #:  STATE LIC. ISSUED:

GENDER:  HEIGHT:  WEIGHT:  EYE COLOR:

CURRENT ADDRESS:

CITY/TOWN:  STATE:  ZIP:

FORMER ADDRESS:

CITY/TOWN:  STATE:  ZIP:

**PRINT AND SIGN**

PRINTED NAME:  APPLICANT/EMPLOYEE SIGNATURE:

**NOTARY INFORMATION**

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

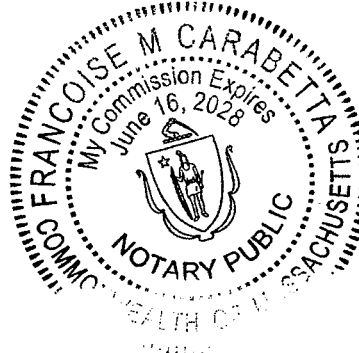
NOTARY

**DIVISION USE ONLY**

REQUESTED BY:

SIGNATURE OF COM-AUTHORIZED EMPLOYEE:

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

JEAN M. LORIZIO, ESQ.  
CHAIRMAN

**CORI REQUEST FORM**

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

**ABCC LICENSE INFORMATION**

ABCC NUMBER: [ ] OF EXISTING LICENSES LICENSEE NAME: Table & Vine CITY/TOWN: Franklin

**APPLICANT INFORMATION**

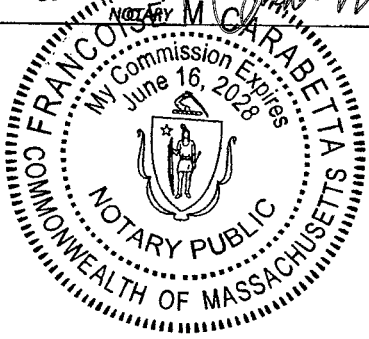
LAST NAME: Schneider FIRST NAME: Nicole MIDDLE NAME: [ ]  
 MAIDEN NAME OR ALIAS (IF APPLICABLE): [ ] PLACE OF BIRTH: [ ]  
 DATE OF BIRTH: [ ] SSN: [ ] ID THEFT INDEX PIN (IF APPLICABLE): [ ]  
 MOTHER'S MAIDEN NAME: [ ] DRIVER'S LICENSE #: [ ] STATE LIC. ISSUED: [ ]  
 GENDER: [ ] HEIGHT: [ ] WEIGHT: [ ] EYE COLOR: [ ]  
 CURRENT ADDRESS: [ ]  
 CITY/TOWN: [ ] STATE: [ ] ZIP: [ ]  
 FORMER ADDRESS: [ ]  
 CITY/TOWN: [ ] STATE: [ ] ZIP: [ ]

**PRINT AND SIGN**

PRINTED NAME: Nicole D. Schneider APPLICANT/EMPLOYEE SIGNATURE: [Signature]

**NOTARY INFORMATION**

On this 9-26-22 before me, the undersigned notary public, personally appeared Nicole Schneider  
 (name of document signer), proved to me through satisfactory evidence of identification, which were Personally known  
 to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.  
 [Signature]



**DIVISION USE ONLY**

REQUESTED BY: [ ]  
 SIGNATURE OF CORE-AUTHORIZED EMPLOYEE: [ ]  
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**Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street, First Floor  
Boston, MA 02114**

**STEVEN GROSSMAN  
TREASURER AND RECEIVER GENERAL**

**CORI REQUEST FORM**

**KIM S. GAINSBORO, ESQ.  
CHAIRMAN**

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**ABCC LICENSE INFORMATION**

<b>ABCC NUMBER:</b> <small>(IF EXISTING LICENSEE)</small>	<input type="text"/>	<b>LICENSEE NAME:</b>	Table & Vine, Inc.	<b>CITY/TOWN:</b>	Franklin
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**APPLICANT INFORMATION**

<b>LAST NAME:</b>	D'Amour	<b>FIRST NAME:</b>	Charles	<b>MIDDLE NAME:</b>	<input type="text"/>
<b>MAIDEN NAME OR ALIAS (IF APPLICABLE):</b>	<input type="text"/>	<b>PLACE OF BIRTH:</b>	<input type="text"/>		
<b>DATE OF BIRTH:</b>	<input type="text"/>	<b>SSN:</b>	<input type="text"/>	<b>ID THEFT INDEX PIN (IF APPLICABLE):</b>	<input type="text"/>
<b>MOTHER'S MAIDEN NAME:</b>	<input type="text"/>	<b>DRIVER'S LICENSE #:</b>	<input type="text"/>	<b>STATE LIC. ISSUED:</b>	<input type="text"/>
<b>GENDER:</b>	<input type="text"/>	<b>HEIGHT:</b>	<input type="text"/>	<b>WEIGHT:</b>	<input type="text"/>
<b>EYE COLOR:</b>	<input type="text"/>				
<b>CURRENT ADDRESS:</b>	<input type="text"/>				
<b>CITY/TOWN:</b>	<input type="text"/>	<b>STATE:</b>	<input type="text"/>	<b>ZIP:</b>	<input type="text"/>
<b>FORMER ADDRESS:</b>	<input type="text"/>				
<b>CITY/TOWN:</b>	<input type="text"/>	<b>STATE:</b>	<input type="text"/>	<b>ZIP:</b>	<input type="text"/>

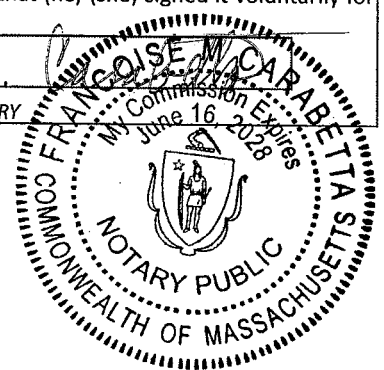
**PRINT AND SIGN**

<b>PRINTED NAME:</b>	Charles L. D'Amour	<b>APPLICANT/EMPLOYEE SIGNATURE:</b>	
----------------------	--------------------	--------------------------------------	--

**NOTARY INFORMATION**

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

NOTARY



**DIVISION USE ONLY**

<b>REQUESTED BY:</b>	<input type="text"/>
	<small>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</small>

The DCI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 660-4614.



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

**STEVEN GROSSMAN  
TREASURER AND RECEIVER GENERAL**

**CORI REQUEST FORM**

**KIM S. GAINSBORO, ESQ.  
CHAIRMAN**

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

**ABCC LICENSE INFORMATION**

<b>ABCC NUMBER:</b> <small>(IF EXISTING LICENSEE)</small>	<input type="text"/>	<b>LICENSEE NAME:</b>	Table & Vine, Inc.	<b>CITY/TOWN:</b>	Franklin
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**APPLICANT INFORMATION**

<b>LAST NAME:</b>	D'Amour	<b>FIRST NAME:</b>	Michael	<b>MIDDLE NAME:</b>	<input type="text"/>
<b>MAIDEN NAME OR ALIAS (IF APPLICABLE):</b>	<input type="text"/>	<b>PLACE OF BIRTH:</b>	<input type="text"/>		
<b>DATE OF BIRTH:</b>	<input type="text"/>	<b>SSN:</b>	<input type="text"/>	<b>ID THEFT INDEX PIN (IF APPLICABLE):</b>	<input type="text"/>
<b>MOTHER'S MAIDEN NAME:</b>	<input type="text"/>	<b>DRIVER'S LICENSE #:</b>	<input type="text"/>	<b>STATE LIC. ISSUED:</b>	<input type="text"/>
<b>GENDER:</b>	<input type="text"/>	<b>HEIGHT:</b>	<input type="text"/>	<b>WEIGHT:</b>	<input type="text"/>
<b>EYE COLOR:</b>	<input type="text"/>				
<b>CURRENT ADDRESS:</b>	<input type="text"/>				
<b>CITY/TOWN:</b>	<input type="text"/>	<b>STATE:</b>	<input type="text"/>	<b>ZIP:</b>	<input type="text"/>
<b>FORMER ADDRESS:</b>	<input type="text"/>				
<b>CITY/TOWN:</b>	<input type="text"/>	<b>STATE:</b>	<input type="text"/>	<b>ZIP:</b>	<input type="text"/>

**PRINT AND SIGN**

<b>PRINTED NAME:</b>	Michael P. D'Amour	<b>APPLICANT/EMPLOYEE SIGNATURE:</b>	
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**NOTARY INFORMATION**

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

**DIVISION USE ONLY**

<b>REQUESTED BY:</b>	<input type="text"/>
	<small>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</small>

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJ. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJ via mail or by fax to (617) 660-4614.



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

**STEVEN GROSSMAN  
TREASURER AND RECEIVER GENERAL**

**CORI REQUEST FORM**

**KIM S. GAINSBORO, ESQ.  
CHAIRMAN**

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

**ABCC LICENSE INFORMATION**

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>		LICENSEE NAME:	Table & Vine, Inc.	CITY/TOWN:	Franklin
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**APPLICANT INFORMATION**

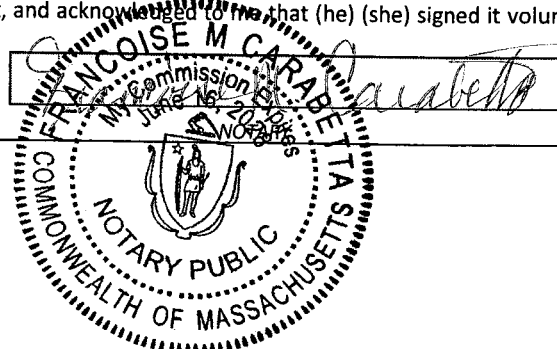
LAST NAME:	D'Amour-Daley	FIRST NAME:	Claire	MIDDLE NAME:	
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:			
DATE OF BIRTH:		SSN:		ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:		DRIVER'S LICENSE #:		STATE LIC. ISSUED:	
GENDER:		HEIGHT:		WEIGHT:	
				EYE COLOR:	
CURRENT ADDRESS:					
CITY/TOWN:		STATE:		ZIP:	
FORMER ADDRESS:					
CITY/TOWN:		STATE:		ZIP:	

**PRINT AND SIGN**

PRINTED NAME:	Claire M. D'Amour-Daley	APPLICANT/EMPLOYEE SIGNATURE:	<i>Claire M D'Amour-Daley</i>
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**NOTARY INFORMATION**

On this 9-30-22 before me, the undersigned notary public, personally appeared Claire M. D'Amour-Daley (name of document signer), proved to me through satisfactory evidence of identification, which were Personally Known to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.



**DIVISION USE ONLY**

REQUESTED BY:	
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SIGNATURE OF CORI-AUTHORIZED EMPLOYEE  
The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJ. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCJ via mail or by fax to (617) 660-4614.



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

DEBORAH B. GOLDBERG  
TREASURER AND RECEIVER GENERAL

**CORI REQUEST FORM**

JEAN M. LORIZIO, ESQ.  
CHAIRMAN

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

**ABCC LICENSE INFORMATION**

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>		LICENSEE NAME:		CITY/TOWN:	Franklin
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**APPLICANT INFORMATION**

LAST NAME:	Jasmin Niemczura	FIRST NAME:	Theresa	MIDDLE NAME:	
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:			
DATE OF BIRTH:		SSN:		ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:		DRIVER'S LICENSE #:		STATE LIC. ISSUED:	
GENDER:		HEIGHT:		WEIGHT:	
EYE COLOR:					
CURRENT ADDRESS:					
CITY/TOWN:		STATE:		ZIP:	
FORMER ADDRESS:					
CITY/TOWN:		STATE:		ZIP:	

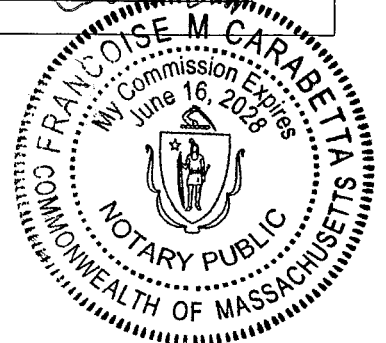
**PRINT AND SIGN**

PRINTED NAME:	Theresa Jasmin Niemczura	APPLICANT/EMPLOYEE SIGNATURE:	<i>Theresa Jasmin Niemczura</i>
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**NOTARY INFORMATION**

On this 9-26-22 before me, the undersigned notary public, personally appeared Theresa Jasmin Niemczura  
(name of document signer), proved to me through satisfactory evidence of identification, which were Personally Known  
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

*Francoise M. Carabotta*  
NOTARY



**DIVISION USE ONLY**

REQUESTED BY:	
	<small>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</small>

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  
239 Causeway Street, First Floor  
Boston, MA 02114**

**STEVEN GROSSMAN  
TREASURER AND RECEIVER GENERAL**

**CORI REQUEST FORM**

**KIM S. GAINSBORO, ESQ.  
CHAIRMAN**

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

**ABCC LICENSE INFORMATION**

<b>ABCC NUMBER:</b> <small>(IF EXISTING LICENSEE)</small>	<input type="text"/>	<b>LICENSEE NAME:</b>	Table & Vine, Inc.	<b>CITY/TOWN:</b>	Franklin
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**APPLICANT INFORMATION**

<b>LAST NAME:</b>	D'Amour	<b>FIRST NAME:</b>	Donald	<b>MIDDLE NAME:</b>	<input type="text"/>
<b>MAIDEN NAME OR ALIAS (IF APPLICABLE):</b>	<input type="text"/>	<b>PLACE OF BIRTH:</b>	<input type="text"/>		
<b>DATE OF BIRTH:</b>	<input type="text"/>	<b>SSN:</b>	<input type="text"/>	<b>ID THEFT INDEX PIN (IF APPLICABLE):</b>	<input type="text"/>
<b>MOTHER'S MAIDEN NAME:</b>	<input type="text"/>	<b>DRIVER'S LICENSE #:</b>	<input type="text"/>	<b>STATE LIC. ISSUED:</b>	<input type="text"/>
<b>GENDER:</b>	<input type="text"/>	<b>HEIGHT:</b>	<input type="text"/>	<b>WEIGHT:</b>	<input type="text"/>
<b>EYE COLOR:</b>	<input type="text"/>				
<b>CURRENT ADDRESS:</b>	<input type="text"/>				
<b>CITY/TOWN:</b>	<input type="text"/>	<b>STATE:</b>	<input type="text"/>	<b>ZIP:</b>	<input type="text"/>
<b>FORMER ADDRESS:</b>	<input type="text"/>				
<b>CITY/TOWN:</b>	<input type="text"/>	<b>STATE:</b>	<input type="text"/>	<b>ZIP:</b>	<input type="text"/>

**PRINT AND SIGN**

<b>PRINTED NAME:</b>	Donald H, D'Amour	<b>APPLICANT/EMPLOYEE SIGNATURE:</b>	
----------------------	-------------------	--------------------------------------	--

**NOTARY INFORMATION**

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

NOTARY PUBLIC  
FRANÇOISE M. CARABETTA  
My Commission Expires June 16, 2028  
COMMONWEALTH OF MASSACHUSETTS

**DIVISION USE ONLY**

<b>REQUESTED BY:</b>	<input type="text"/>
<small>SIGNATURE OF CORI-AUTHORIZED EMPLOYEE</small>	

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JEAN M. LORIZIO, ESQ.  
CHAIRMAN

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

### CORI REQUEST FORM

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

#### ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	LICENSEE NAME:	CITY/TOWN:
	Table & Vine	Franklin

#### APPLICANT INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:
D'Amour	Michele	
MAIDEN NAME OR ALIAS (IF APPLICABLE):	PLACE OF BIRTH:	
DATE OF BIRTH:	SSN:	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME:	DRIVER'S LICENSE #:	STATE LIC. ISSUED:
GENDER:	HEIGHT:	WEIGHT:
EYE COLOR:		
CURRENT ADDRESS:		
CITY/TOWN:	STATE:	ZIP:
FORMER ADDRESS:		
CITY/TOWN:	STATE:	ZIP:

#### PRINT AND SIGN

PRINTED NAME:	APPLICANT/EMPLOYEE SIGNATURE:
MICHELE D'AMOUR	<i>Michele D'Amour</i>

#### NOTARY INFORMATION

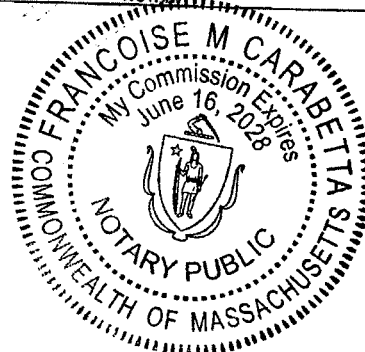
On this 9-30-20 before me, the undersigned notary public, personally appeared Michele I. D'Amour  
(name of document signer), proved to me through satisfactory evidence of identification, which were Personally known  
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

*Francoise M. Carabetta*  
NOTARY

#### DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI-AUTHORIZED EMPLOYEE

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# Payment Confirmation

## YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT

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



**Transaction Processed Successfully.**

**INVOICE #: abb815ae-d5fc-45b8-96db-30607c2ab0fa**

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	00030-PK-0430	\$200.00
		<b>\$200.00</b>

Total Convenience Fee: \$4.70

Date Paid: 10/3/2022 1:00:20 PM EDT

Total Amount Paid: \$204.70

### Payment On Behalf Of

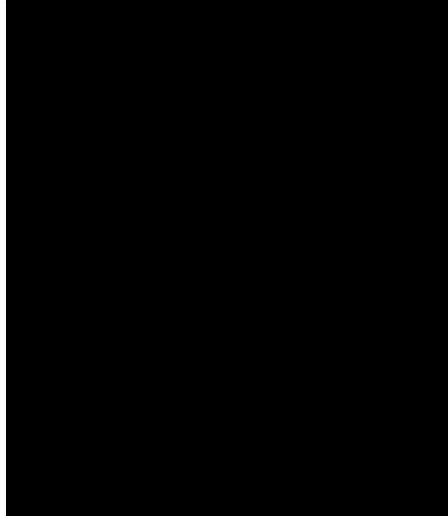
**License Number or Business Name:**  
00030-PK-0430

**Fee Type:**  
FILING FEES-RETAIL

### Billing Information

**First Name:**  
Michael

**Last Name:**  
Gold



;confi

# Town of Franklin

355 East Central Street  
Franklin, Massachusetts 02038-1352



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

OFFICE OF THE TOWN ADMINISTRATOR

## Memorandum

October 28, 2022

To: Town Council  
From: Jamie Hellen, Town Administrator  
Allecia Alleyne, Assistant to the Town Administrator

**Re: Resolution 22-69: Authorizing the Borrowing of Money to Pay Costs Associated with the Creation of the Lead Service Line Inventory and Replacement Plan and Authorizing the Town Administrator to File Drinking Water State Revolving Fund Loan Application and to Take Other Action as Needed**

---

In December 2020, the EPA issued Lead and Copper Rule Revisions (LCRR) which require all Public Water Suppliers to document the material of all Lead Service Lines (LSLs) within their distribution system and produce an inventory of all pipe materials by October 16, 2024. To achieve compliance, the Town will need to organize, examine, and compile all documentation that determines pipe material into a single database which must be accessible to the public. The Town must also submit a plan to the Massachusetts Department of Environmental Protection (MassDEP) by October 2024 detailing how we will prioritize, fund, and fully remove any remaining lead services within the distribution system.

The Town of Franklin historically has low levels of lead and copper as represented by the regular sampling we are required to conduct ([see annual water quality reports](#)). The Town has no known full lead service lines but there are approximately 115 potential lead gooseneck locations (<https://www.lslr-collaborative.org/intro-to-lsl-replacement.html>) that are documented. This number decreases yearly as the Town continues to invest in the replacement of the older cast iron (CI) and asbestos cement (AC) mains.

Starting July 2022, Massachusetts Clean Water Trust and MassDEP began offering loans with 100% loan forgiveness for planning activities assisting all public water suppliers to complete planning projects for LSL inventories and for the development of LSL replacement plans. The MassDEP will accept loan applications on a rolling basis while funding is available.

As with other SRF related projects, the funding must be appropriated through borrowing. We are asking the Council to approve Resolution 22-69, to authorize the appropriation of \$119,000 for this project. Additionally, this resolution will authorize the Town Administrator to act as the authorized representative of the Town in connection with this application.

Please let us know if you have any questions.



## TOWN OF FRANKLIN

### RESOLUTION 22-69

**Authorizing the Borrowing of Money to Pay Costs  
Associated with the Creation of the Lead Service  
Line Inventory and Replacement Plan and  
Authorizing the Town Administrator to File Drinking  
Water State Revolving Fund Loan Application and to  
Take Other Action as Needed**

**Whereas:** The Town Council has been advised of a need to create a Lead Service Line (LSL) Inventory and Replacement plan

**NOW THEREFORE BE IT ORDERED by the Town Council of the Town of Franklin that:**

- (1) One Hundred and Nineteen Thousand Dollars (\$119,000) is appropriated to pay costs associated with the creation of the Lead Service Line (LSL) Inventory and Replacement Plan (hereinafter: "Project"), and that to meet this appropriation, the Treasurer, with the approval of the Town Administrator, is authorized to borrow this amount under and pursuant to G.L. c. 44, §7(1) or any other enabling authority, and to issue bonds or notes of the Town therefor.
- (2) All or any portion of the amount authorized to be borrowed by this resolution may be borrowed through the Massachusetts Clean Water Trust (the "Trust") established pursuant to G.L. c. 29C; the purpose of said loan(s), if awarded, shall be to fund construction activities in connection with Project, and if said award is made, Town agrees to pay those costs which constitute the required applicant's share of the project cost. The Town Administrator, the Town Treasurer and any other appropriate officials of the Town is/are hereby authorized on behalf of Town to file applications and execute agreements for grant and/or loan assistance as well as to furnish such information, data and documents pertaining to Town's application for a grant(s) and/or loan(s), and to take any and all other action as may be required, including to execute and deliver any agreements with the Trust and/or the Department of Environmental Protection of The Commonwealth of Massachusetts that may be necessary in order to obtain any such financing, and otherwise to act as the authorized representative of the Town in connection with this application.
- (3) This Resolution shall become effective according to the provisions of the Town of Franklin Home Rule Charter.

---

**DATED:** \_\_\_\_\_, 2022

**VOTED:**

**A True Record Attest:**

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

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

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

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

**RECUSED:** \_\_\_\_\_

**Nancy Danello  
Town Clerk**

---

**Glenn Jones, Clerk  
Franklin Town Council**

# Town of Franklin

355 East Central Street  
Franklin, Massachusetts 02038-1352



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

OFFICE OF THE TOWN ADMINISTRATOR

## Memorandum

October 28, 2022

To: Town Council  
From: Jamie Hellen, Town Administrator  
Alecia Alleyne, Assistant to the Town Administrator

Re: **Resolution 22-70: Gift Acceptance - Fire & Veterans' Services Departments**

---

The Fire and Veterans' Services Departments have received generous donations in the total amount of \$2,331.

The donations totaling \$1,845 for the Veterans' Services Department will be applied toward the Veterans' Municipal Assistance Fund and Gift Fund and used at the Department's discretion in support of local Veterans and their families.

The donations totaling \$486 for the Fire Department were made in the memory of Jerry Berger and in the memory of Douglas Saunders, and will be used at the Department's discretion towards the purchase of safety and other related equipment and to fund departmental programs.

### **Donation Summary:**

#### **1. Veterans' Services Department - Municipal Assistance Fund**

● Joann & Kenneth Ogilvie	\$ 500
● Suzanne Kress	\$ 200
● Robert Catalano	\$ 100
● Ronald & Rita Gianetti	\$ 100
● Janet & Robert Halterman	\$ 100
● Robert & Nancy Rappa	\$ 100
● Sandra & Theodore Stawarz	\$ 100
● Elaine Anderson & Paul McFarland	\$ 50
● Rose Turco	\$ 50
● Gary & Camille Beaudreau	\$ 30
● Judy & Nelson Osborn	\$ 30
● Karen & Robert Swenson	\$ 30
● Marla & Richard Adams	\$ 25
● Joel & Susan Martin	\$ 25
● Daniel & Linda Hill	\$ 10

Total: \$1450

**2. Veterans' Services Department - Gift Fund**

● Franklin Elks	\$ 300
● Richard Hynes	\$ 35
● Roberet Catalano	\$ 15
● Franklin Cummings	\$ 15
● Jeff Demontigny	\$ 15
● John Milot	<u>\$ 15</u>
Total:	\$ 395

**3. Fire Department - In Memory of Jerry Berger**

● Lewis & Caden Mainzer	\$ 50
● Janis Silver	\$ 50
● Samuel & Alyne Oppenheim	\$ 36
● Joan & Michael Kraft	\$ 25
● Brian & Joy Robicheau	<u>\$ 25</u>
Total:	\$ 186

**4. Fire Department - In Memory of Douglas Saunders**

● Theresa M. Robbins	\$ 100
● Mary Ann VonHausen	\$ 100
● Almor & Deidre Afonso	\$ 25
● Marcia & Dan Murphy	\$ 25
● William Reynolds & Shirley O'Brien	\$ 25
● Charles & Mary Wesley	<u>\$ 25</u>
Total:	\$ 300

**DONATION TOTAL \$2,331**

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





**TOWN OF FRANKLIN  
RESOLUTION 22-70**

**Acceptance of Gift – Fire Department &  
Veterans’ Services Department**

**WHEREAS,** The Fire Department and Veterans’ Services Department have received generous donations in the total amount of \$2,331 to be used at the discretion of each department as follows:

**Donation Summary:**

**FIRE DEPARTMENT - \$486.00**

- Donations made in memory of Jerry Berger and Douglas Saunders, to be applied toward the purchase of safety and other related equipment and to fund departmental programs.
  - List of donors is included in the 11/2/2022 Town Council meeting agenda packet.

**VETERANS’ SERVICES DEPARTMENT - \$1,845**

- Municipal Assistance Fund - \$1,450
- Veterans’ Gift Fund - \$395
  - List of donors is included in the 11/2/2022 Town Council meeting agenda packet.

Donations to be used in support of local Veterans and their families.

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

The Town Council of the Town of Franklin on behalf of the Fire Department and Veterans’ Services Department gratefully accepts these generous donations to be used at the discretion of each Department as described above.

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

**DATED:** \_\_\_\_\_, 2022

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

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

**A TRUE RECORD ATTEST:**

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**ABSTAIN:** \_\_\_\_\_ **ABSENT:** \_\_\_\_\_

**RECUSED:** \_\_\_\_\_

**Nancy Danello, CMC  
Town Clerk**

\_\_\_\_\_  
**Glenn Jones, Clerk  
Franklin Town Council**

# Town of Franklin

355 East Central Street  
Franklin, Massachusetts 02038-1352



Phone: (508) 520-4949  
[www.franklinma.gov](http://www.franklinma.gov)

OFFICE OF THE TOWN ADMINISTRATOR

## Memorandum

October 28, 2022

To: Town Council  
From: Jamie Hellen, Town Administrator  
Alecia Alleyne, Assistant to the Town Administrator

**Re: Bylaw Amendment 22-884, as Amended:** Chapter 170, Vehicles and Traffic, Article IV, Stopping, Standing and Parking, §170-15 Parking Prohibitions and Limitations, D. Parking Prohibited, Downtown Parking Map  
**Bylaw Amendment 22-885:** Chapter 170, Vehicles and Traffic, §170-20, Additional regulations; violations and penalties  
**Bylaw Amendment 22-886:** Chapter 82, Fees, Municipal Service, § 82-6, Subsection K. Police  
**Bylaw Amendment 22-879:** Chapter 170, Vehicles and Traffic, Appendix A, Fines, Parking Violations

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The action before the Town Council is to approve the four subject-referenced bylaw amendments. The first reading of each took place at the October 5th Council meeting and all four were moved to a second reading. The only revision made was to bylaw amendment 22-884, changing the hours of no overnight parking from 12am-6am to 2am-6am.

For more information please see the attached memos dated September 16, 2022 and September 30, 2022. Also attached is the proposed parking map and the Legal Notice for the November 2, 2022 second reading of each proposed bylaw amendment, which was published in the Metrowest Daily News and Wickedlocal.com on October 17th.

If you have any questions please feel free to let us know.

# Town of Franklin

355 East Central Street  
Franklin, Massachusetts 02038-1352



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

OFFICE OF THE TOWN ADMINISTRATOR

## Memorandum

September 30, 2022

To: Town Council  
From: Jamie Hellen, Town Administrator  
Alecia Alleyne, Assistant to the Town Administrator

Re: **Parking Related Bylaw Amendments 22-884, 22-885, 22-886, 22-879 - First Readings**

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We are asking the Town Council to approve the following four bylaw amendments which were approved by the EDC at their September 21st meeting:

- **22-884: Chapter 170, Vehicles and Traffic, Article IV, Stopping, Standing and Parking, §170-15 Parking Prohibitions and Limitations, D. Parking Prohibited, Downtown Parking Map** - which will amend the Downtown Parking District Map as outlined in the attached map and September 16, 2022 dated memo. Note that this map was revised by the EDC to reflect 2 Hour parking on the Main Street/East Central Street Corridor. The EDC approved this map unanimously, as amended.
- **22-885: Chapter 170, Vehicles and Traffic, §170-20, Additional regulations; violations and penalties** - which will authorize the Town Administrator to set the fee rates for all municipal parking lots. This proposal is in lieu of the current bylaw that allows ONLY commuters and merchants to park in the Downtown lots at a rate of \$180/per quarter. As outlined at the EDC, the Town has only sold a handful of spaces throughout the last 2+ plus years after the pandemic. This proposal was approved 3-1 (Hamblen-Yes, Frongillo-Yes, Sheridan-Yes, Jones-No)
- **22-886: Chapter 82, Fees, Municipal Service, § 82-6, Subsection K. Police** - which will redact Parking Permit Fees (Downtown merchant employee municipal lot & Commuter rail municipal parking) from the Town Code. The EDC approved this change unanimously.
- **22-879: Chapter 170, Vehicles and Traffic, Appendix A, Fines, Parking Violations** - which will increase fines for parking violations as outlined in the attached bylaw amendment. As stated in the previous memo, the Franklin PD did a great job looking at a dozen communities around Franklin for what the current traffic violation rates are. Please note that the EDC voted to further amend the proposed parking fee for "All Night Parking, When Restricted" from \$25 to \$50. The proposal was approved 3-1 (Hamblen-Yes, Frongillo-Yes, Sheridan-Yes, Jones-No)

For more information please see the attached memo dated September 16, 2022, proposed parking map, and proposed bylaw amendments and details on downtown parking.

Please let us know if you have any questions.

# Town of Franklin

355 East Central Street  
Franklin, Massachusetts 02038-1352



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

OFFICE OF THE TOWN ADMINISTRATOR

## Memorandum

September 16, 2022

To: Town Council EDC subcommittee  
From: Jamie Hellen, Town Administrator  
Alecia Alleyne, Assistant to the Town Administrator

Re: **Downtown Parking District Bylaw**

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Before the EDC tonight is a proposal for the revised downtown parking district map. We have included the current map and a proposed new version. I will do the best to summarize the proposed changes:

1. **No Parking:** All “No Parking” outlined in red are exactly the same and no changes have been proposed. These were areas delineated by public safety and the town engineer when the original map was done after the Downtown project was completed in 2017 to reflect narrow roads, turn radius, emergency vehicle access and so forth.
2. **Residential Street Parking:** The current map has two categories of residential street parking (blue and purple) with different rules. Staff propose merging those two districts into one district for greater consistency. The blue section has residential parking from 8:00 AM - 2:00 PM Mon.-Fri. to prevent daytime commuters, students and others from parking cars all day in front of residential homeowners in efforts to avoid other parking regulations. Staff have not heard any substantial concerns with this bylaw over the past five years.

If no color exists, there are no parking regulations to follow and residents can freely park.

3. **Main Downtown Business Corridor:** The area in Orange is a revision of the proposal before the Council earlier this year. Staff are proposing map revisions as follows:
  - a. 1-hour parking limit on the Main Street and East Central Street corridors between the hours of 6:00AM to 6:00PM.
  - b. The parking is free and is intended to incubate a greater rotation of cars to do basic errands and stops. Examples: Post office, banks, shopping, lunch, coffee, breakfast, drop off, etc. MOST travel downtown during the daytime are for short errands.
  - c. Parking in these spaces are also free between 6:00 PM to midnight for evening commerce, no time restrictions.
  - d. From midnight to 6:00 AM there will be NO OVERNIGHT parking spaces Monday through Saturday.
  - e. Sunday is free parking without time limits.
4. **Parking lots:** The Town is proposing the most substantial changes to the downtown parking lot access.

- a. Davis-Thayer and the Library.
  - i. D-T: The Town is finalizing ownership of the former school property and will prohibit overnight parking between midnight and 6:00AM. During the daytime parking is free to use the ball fields and playgrounds for families.
  - ii. The Library lot is owned by Dean College on a long term lease basis and will remain parking for Library patrons and those who use the Town Common. There will be no overnight parking allowed between Midnight and 6:00AM.
- b. Ferrara's Municipal Lot and the Depot Street Municipal Lot
  - i. The Town proposes to eliminate all dedicated parking uses (commuter and merchant) in favor of a first come, first serve parking lot for all uses.
  - ii. The Town intends to purchase "Flowbird" kiosks for self pay. See attached quote for 3 kiosks and information packet on the company. Flowbird allows for quarters, cash, credit card, debit card, Apple Pay/Google Pay/ Samsung Pay and an app. Only personal checks will not be accepted.
  - iii. The lot can be used by citizens, shoppers, commuters, merchants, employees, customers. First come, first serve every day.
  - iv. The lot spaces will be available from 6:00 AM to 6:00 PM for \$3 per day unlimited time.
    1. The current bylaw only allows quarterly passes, which are \$180/quarter, or \$3 a day for a regular business week.
  - v. From 6:00 PM to Midnight the lot spaces are available free for downtown commerce.
  - vi. From Midnight to 6:00 AM there will be NO OVERNIGHT parking.
  - vii. Please note the first commuter train leaves Downtown at 5:15 AM (the last time we checked and is certainly subject to changes by the MBTA).

Other miscellaneous points:

- The bylaw will take effect at approximately July 1, 2023. Staff expect a four month order wait for the kiosks (and this is pending any supply chain problems).
- The Town will look to make investments into speed and traffic enforcement in the FY24 budget, as well as capital investments in the capital plan for additional signage (from electric sign boards to flashing speeding signs).
  - As a sidebar, the #1 complaint town staff have received this year is excessive speeding on most town roads, the lack of drivers following signage, requests for reduced speed limits on many roads in town and greater traffic enforcement.
- The DPW Director estimates 4-8 weeks to replace the signs in downtown.
- An update of traffic violation fines should also be adopted. Staff recommendation is to follow the superb research by Lt. Reilly and the FPD. See attached bylaw proposal.
- A bylaw in Section 82-6 will also have to be adopted to eliminate the old commuter and merchant language from the Town fees and be replaced with the new proposed fee of \$2.00 per day, per car.
- Finally, a significant amount of patience and optimism will be required to allow the staff to install this new infrastructure.

Alternatives:

- As recommended by the Franklin Police Department, one alternative is to commission a third-party study of downtown parking.

Finally, staff understand this proposal is not perfect and will accommodate all parties at all times. That said, due to the altering dynamics of commuting, the town bylaw on the parking lot usage needs to change. The policy opens up almost 90 spaces with unfettered access. It also ensures that there is no overnight parking and ensures that each day, downtown customers can find parking regardless of their destination, purpose or use.

Please let us know if you have any questions.

**LEGAL NOTICE  
FRANKLIN, MA**

The Franklin Town Council will hold a second reading and final vote on the adoption of four Town Code Bylaw Amendments as follows:

**22-884: Chapter 170, Vehicles and Traffic, Article IV, Stopping, Standing and Parking, §170-15 Parking Prohibitions and Limitations, D. Parking Prohibited, Downtown Parking Map** - amends the Downtown Parking District Map as outlined in the proposed map identified as "Attachment 1" in the proposed bylaw amendment (a copy of said map is available to be viewed in the Town Clerk's office).

**22-885: Chapter 170, Vehicles and Traffic, §170-20, Additional regulations; violations and penalties** - authorizes the Town Administrator to set the fee rates for all municipal parking lots.

**22-886: Chapter 82, Fees, Municipal Service, § 82-6, Subsection K. Police** - removes Parking Permit Fees (Downtown merchant employee municipal lot & Commuter rail municipal parking) from the Town Code.

**22-879: Chapter 170, Vehicles and Traffic, Appendix A, Fines, Parking Violations** -increases fines for parking violations as outlined in the proposed bylaw amendment.

The second reading and final votes on adoption of these bylaw amendments will take place during the Town Council Public Meeting beginning at 7:00 pm on November 2, 2022; there will be an opportunity for public input during the process. Location: Municipal Building, 2nd floor Council Chambers, 355 E. Central Street, Franklin, and also via the "ZOOM" platform. Residents can visit the Town website (Franklinma.gov) town calendar to review the agenda including full text of proposed bylaw amendments, including the proposed map, and for up to date meeting information, on and after October 28, 2022. Please call the Town Administrator's Office at (508) 520-4949 if you require further information or to make arrangements for translation services.

Submitted by,

Julie McCann



**TOWN OF FRANKLIN  
BYLAW AMENDMENT 22-884, AS AMENDED,  
CHAPTER 170, VEHICLES AND TRAFFIC**

**A BYLAW TO AMEND THE CODE OF THE TOWN OF FRANKLIN AT CHAPTER 170, VEHICLES AND TRAFFIC AT ARTICLE IV, STOPPING, STANDING AND PARKING, §170-15 PARKING PROHIBITIONS AND LIMITATIONS D. PARKING PROHIBITED.**

**BE IT ENACTED BY THE FRANKLIN TOWN COUNCIL** that Chapter 170 of the Code of the Town of Franklin Vehicles and Traffic, Article IV, Stopping, Standing and Parking, §170-15 Parking Prohibitions and Limitations D. Parking Prohibited is hereby amended as follows:

§170-15 Parking prohibitions and limitations.

No person shall stand or park any vehicle at any time:

- A. Upon streets or parts thereof where such a prohibition is posted.
- B. At bus stops, except buses, and no person shall park a bus within a business district at any place other than a bus stop when a nearby bus stop is available.
- C. At taxicab stands, except taxicabs, and no person shall park a taxicab upon any street within a business district at any place other than the taxicab stand or stands designated for the use of this taxicab or taxicabs, except while engaged or while waiting for an opportunity to use a taxicab stand designated for his use.
- D. Parking prohibited.
  - 1. Downtown Parking District: Boundaries are those contained on map captioned "Downtown Parking District" prepared by Town of Franklin Engineering Department, dated July 13, 2016, **and revised through the effective date of this legislation**, the original of which is on file with the Town Clerk, and a copy of which is appended hereto as "Attachment 1"; prohibitions and limitations on streets contained within the district are shown on said map.

This bylaw amendment shall become effective on and after July 1, 2023; the map currently on file with the Town Clerk, as most recently revised, shall remain in effect until July 1, 2023.

DATED: \_\_\_\_\_, 2022

VOTED:

A True Record Attest:

UNANIMOUS \_\_\_\_\_  
 YES: \_\_\_\_\_ NO: \_\_\_\_\_  
 ABSTAIN: \_\_\_\_\_  
 ABSENT: \_\_\_\_\_

Nancy Danello, CMC  
Town Clerk

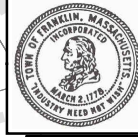
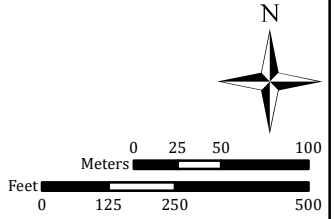
\_\_\_\_\_  
Glenn Jones, Clerk  
Franklin Town Council

# DOWNTOWN PARKING DISTRICT

## Proposed Parking

- 2 HR 8am-2pm, M-F
- 2 HR Parking 6am-6pm, M-Sat No Overnight
- No Parking

- Downtown Parking District
- Building
- Parcel



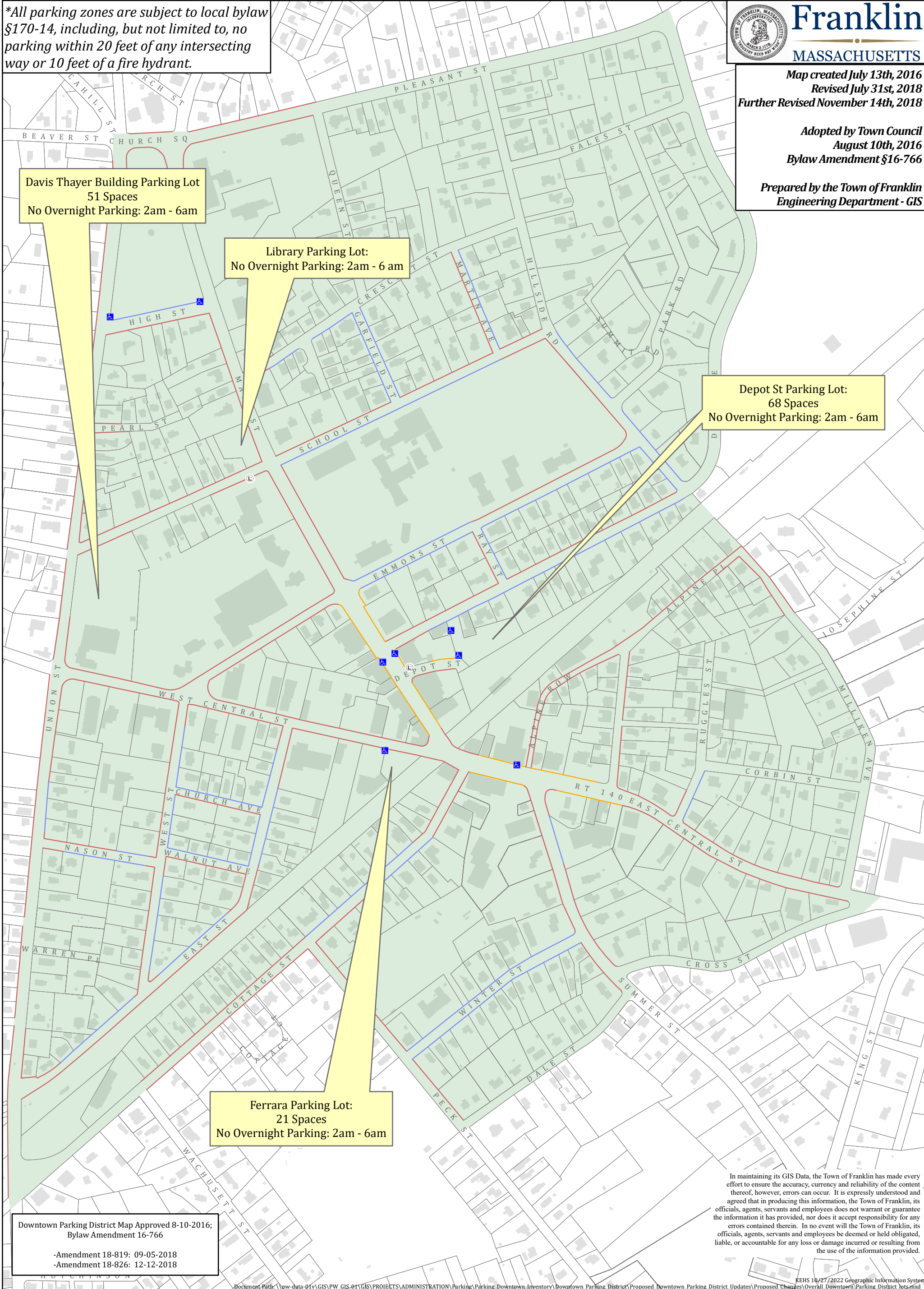
**Franklin**  
MASSACHUSETTS

Map created July 13th, 2016  
Revised July 31st, 2018  
Further Revised November 14th, 2018

Adopted by Town Council  
August 10th, 2016  
Bylaw Amendment §16-766

Prepared by the Town of Franklin  
Engineering Department - GIS

*\*All parking zones are subject to local bylaw §170-14, including, but not limited to, no parking within 20 feet of any intersecting way or 10 feet of a fire hydrant.*



**Davis Thayer Building Parking Lot**  
51 Spaces  
No Overnight Parking: 2am - 6am

**Library Parking Lot:**  
No Overnight Parking: 2am - 6am

**Depot St Parking Lot:**  
68 Spaces  
No Overnight Parking: 2am - 6am

**Ferrara Parking Lot:**  
21 Spaces  
No Overnight Parking: 2am - 6am

Downtown Parking District Map Approved 8-10-2016;  
Bylaw Amendment 16-766  
-Amendment 18-819: 09-05-2018  
-Amendment 18-826: 12-12-2018

In maintaining its GIS Data, the Town of Franklin has made every effort to ensure the accuracy, currency and reliability of the content thereof, however, errors can occur. It is expressly understood and agreed that in producing this information, the Town of Franklin, its officials, agents, servants and employees does not warrant or guarantee the information it has provided, nor does it accept responsibility for any errors contained therein. In no event will the Town of Franklin, its officials, agents, servants and employees be deemed or held obligated, liable, or accountable for any loss or damage incurred or resulting from the use of the information provided.





**TOWN OF FRANKLIN**  
**BYLAW AMENDMENT 22-885**  
**CHAPTER 170, VEHICLES AND TRAFFIC**

**A BYLAW TO AMEND THE CODE OF THE TOWN OF FRANKLIN AT CHAPTER 170 Section 20, Additional regulations; violations and penalties.**

**BE IT ENACTED BY THE FRANKLIN TOWN COUNCIL** that Chapter 170 of the Code of the Town of Franklin is amended at Section 20 Additional regulations; violations and penalties as follows:

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**§ 170-20 Additional regulations; violations and penalties.**

- A. The Town Administrator is hereby authorized and directed to establish parking permit spaces in such parking zones as are hereby specified or as may be hereinafter fixed by amendment and to indicate the same by the white markings upon the surface of the highway or the designated parking area. Parking permit spaces within established parking zones may be assigned or reassigned by the Town Administrator from time to time to different uses as permitted by this § 170-20 and to different lengths of use.
- B. The Town Administrator is hereby authorized and directed to set the user fees for all municipal parking lots.**
- ~~B. Downtown Employee Municipal Parking Permits:~~
- ~~1. The Town Administrator, or his/her designee, is hereby designated as the person authorized to collect and to deposit or to cause the same to be collected into the Parking Permit Fund the sum of \$120 for a six-month permit issued to downtown employees.~~
  - ~~2. Parking permits shall be issued only to persons employed within 1/2 mile of the downtown municipal facility(ies).~~
  - ~~3. Parking permits shall be issued by the Police Department.~~
- ~~C. Commuter Rail Municipal Parking Permits. The Town Administrator, or his/her designee, is hereby authorized and directed to collect and deposit (or to cause to be deposited) into the Parking Permit Fund the sum of \$120 for each quarterly permit issued to commercial rail users selected through a quarterly lottery (with Town residents given preference) administered by the Police Department. In the event, during any one quarterly period, not all permits are sold, permits may also be issued for less than the quarterly (three-month) period as determined by the Town Administrator or his/her designee. In no event shall permits be issued inconsistent with the established quarterly time schedule. In such cases the fee of \$120 shall be prorated accordingly.~~
- C. D. Prohibited parking of certain commercial vehicles in residential districts.**
1. It shall be unlawful for any resident or any owner, agent, operator, or person in charge of any bus, semi-trailer, trailer, motor truck, tractor, and/or truck tractor or any vehicle having a commercial registration plate and a gross vehicle weight of more than 15,000 pounds to park, store, or keep such motor vehicle on any residential property, or on any public street, avenue, alley, or other thoroughfare, or any right-of-way in any residential zoning district for a period in excess of one hour unless engaged in legitimate loading or unloading activities or related to work actually being performed upon a resident's property.
  2. It shall be unlawful for any resident in any residential zoning district to park on, cause to be parked on, or allow to be parked on his or her residential property more than one vehicle of 15,000 pounds or less

gross vehicle weight which is used for commercial purposes unless garaged entirely within a building. For the purposes of this section, "commercial purposes" shall mean having a commercial registration plate or commercial lettering or signage.

3. The Town Administrator or his designee may issue an exemption from the preceding sections to any resident upon the Administrator's determination that enforcement against the resident creates a hardship and that the requested parking will not cause excessive noise or otherwise create a nuisance; in issuing an exemption, the Administrator may impose such conditions as he believes are necessary to protect the public interest.
4. The Police Department and the Building Commissioner or designee shall each have authority to enforce the provisions of the section.
5. The penalty for violations of the provisions of this section shall be a fine of \$100 for each offense, each day to constitute a separate offense.

This bylaw amendment shall be effective in accordance with the provisions of the Franklin Home Rule Charter.

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DATED: \_\_\_\_\_, 2022

VOTED:

A True Record Attest:

UNANIMOUS \_\_\_\_\_  
YES: \_\_\_\_\_ NO: \_\_\_\_\_  
ABSTAIN: \_\_\_\_\_  
ABSENT: \_\_\_\_\_

Nancy Danello, CMC  
Town Clerk

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Glenn Jones, Clerk  
Franklin Town Council



**TOWN OF FRANKLIN  
BYLAW AMENDMENT 22-886  
CHAPTER 82, MUNICIPAL SERVICE FEES**

**A BYLAW TO AMEND THE CODE OF THE TOWN OF FRANKLIN AT CHAPTER 82 Section 82-6, Subsection K. Police**

**BE IT ENACTED BY THE FRANKLIN TOWN COUNCIL** that Chapter 82 of the Code of the Town of Franklin is amended at Section 82-6 Schedule of Service Fees, Subsection K. Police, by redacting municipal parking lot permits and their respective fees, as set out below:

**§ 82-6. Schedule of service fees.**

**K. Police**

Service Fee	Rate
False alarms:	
1 to 3 times	No Charge
Fourth	\$25
Fifth or more	\$50 per alarm
FID permit	Subject to Massachusetts General Law
Fingerprints:	
Franklin Resident	\$20
Non-Franklin Resident	\$50
Hackney License	\$25
Parking Permits:	
<del>Downtown merchant employee municipal lot</del>	<del>\$180 per quarter</del>
<del>Commuter rail municipal parking</del>	<del>\$180 per quarter</del>
Pistol Permit	Subject to Massachusetts General Law
Solicitor's Permit:	
One Person	\$100
More Individuals	\$20 per person

This bylaw amendment shall be effective in accordance with the provisions of the Franklin Home Rule Charter.

**DATED:** \_\_\_\_\_, 2022

**VOTED:**

**A True Record Attest:**

**UNANIMOUS** \_\_\_\_\_  
**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_  
**ABSTAIN:** \_\_\_\_\_  
**ABSENT:** \_\_\_\_\_

**Nancy Danello, CMC  
Town Clerk**

\_\_\_\_\_  
**Glenn Jones, Clerk  
Franklin Town Council**



**TOWN OF FRANKLIN  
BYLAW AMENDMENT 22-879  
PARKING FINES**

**A bylaw to amend the Code of the Town of Franklin at Chapter 170, Vehicles and Traffic, Appendix A, Fines.**

**BE IT ENACTED BY THE FRANKLIN TOWN COUNCIL THAT** Chapter 170, Vehicles and Traffic, Appendix A, Fines of the Code of the Town of Franklin, is amended as follows:

**Chapter 170 Vehicles and Traffic, Appendix A, Fines**

**Appendix A  
Fines**

Parking Violations	Fine
Restricted Prohibited Area	\$25.00
Parking within 10 feet of hydrant, entrance to fire station or fire lane	<del>\$25.00</del> <b>\$50.00</b>
Obstructing a driveway	\$25.00
Obstructing a crosswalk	\$25.00
Obstructing a sidewalk	\$25.00
All-Night Parking, When Restricted	<del>\$15.00</del> <b>\$50.00</b>
Snow Removal	<del>\$15.00</del> <b>\$25.00</b>
Wrong Direction	<del>\$15.00</del> <b>\$25.00</b>
Double Parking	\$25.00
Taxi Stand	<del>\$15.00</del> <b>\$25.00</b>
Bus Stop	<del>\$15.00</del> <b>\$25.00</b>
Parking within 20 feet of an intersection	\$25.00
Posted Handicapped Parking	<del>\$125.00</del> <b>\$150.00</b>
Meter Overtime	<del>\$15.00</del> <b>\$25.00</b>
Overtime Parking	<del>\$15.00</del> <b>\$25.00</b>
Improper Parking	<del>\$15.00</del> <b>\$25.00</b>
Unauthorized Parking	\$50.00

**This bylaw amendment shall become effective on and after July 1, 2023.**

**DATED:** \_\_\_\_\_, 2022

**VOTED:**

**A True Record Attest:**

**UNANIMOUS** \_\_\_\_\_  
**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_  
**ABSTAIN:** \_\_\_\_\_  
**ABSENT:** \_\_\_\_\_

**Nancy Danello, CMC  
Town Clerk**

\_\_\_\_\_  
**Glenn Jones, Clerk  
Franklin Town Council**