

Fairhaven Board of Selectmen September 12, 2017 Meeting Minutes

Present: Chairman Robert Espindola, Vice Chairman Daniel Freitas, Clerk Charles Murphy, Town Administrator Mark Rees, and Administrative Assistant Anne O'Brien.

Mr. Espindola called the meeting to order in the Town Hall Banquet Room at 5:03 p.m. The meeting was recorded by Cable Access.

TOWN ADMINISTRATOR REPORT

Mr. Rees updated the Board on several matters:

- The minutes of the August 30, 2017 meeting were being tabled to the next meeting to allow time for review of the draft minutes
- A request to install no parking signs at the end of Highland Ave was withdrawn by the applicant and therefore was removed from the agenda
- Mr. Rees will attend an EPA water quality meeting on September 14, to discuss strategies with EPA officials, regarding their updated water discharge regulations
- Massachusetts Historical Commission turned down the Stratford Group's first request for historical tax credits on the Oxford School project. The town is working with Stratford Group to revise the request for the next round of applications
- The Capital Planning Committee reviewed the non-monetary proposals for the Public Facilities study and will make their recommendation after they interview the firms on September 18
- Radio communications have been upgraded in the area of West Island, thanks to a Police Department initiative
- The Cable Access Committee will help compile a list of proposed rules and regulations for the cable access channel. Once their proposed regulations are compiled, they will come to the Board of Selectmen with the regulations for consideration
- Harassment training for all town employees and volunteers is scheduled for September 20 and 21
- The proposed harassment policy will come before the Board of Selectmen in the form of a public hearing to follow the process as outlined by the Town's updated personnel bylaw
- The FY19 budget calendar and proposed Board of Selectmen meeting calendar will be ready for the next meeting of the Board of Selectmen, and will include a goal setting workshop for one Saturday in October

MINUTES

Mr. Freitas motioned to approve the open session minutes of the August 7, 2017 meeting. Mr. Murphy seconded. Vote was unanimous. (3-0).

COMMITTEE LIAISON REPORTS

Mr. Freitas, as a liaison to the Historical Commission, asked Mr. Rees if the facilities plan RFP included the Town's historical structures (the Fire Museum, Old Stone Schoolhouse, etc.) in the report. Mr. Rees said they were not included.

Mr. Murphy said that he had a Commission on Disability meeting scheduled for the next week. The Whitfield/Manjiro Friendship Society is accepting donations for their table for the Manjiro festival on October 7.

Mr. Espindola said that the Wellness Committee is planning to meet to discuss an incentive program.

USE OF TOWN HALL – MANJIRO FESTIVAL

The Board reviewed an application from Gerry Rooney, president of the Whitfield-Manjiro Friendship Society, requesting use of the Town Hall for restrooms, and the auditorium as a back-up to activities on October 7, 2017, in case there is inclement weather. (See Attachment A).

Mr. Rees said that most of the application was complete and he would follow up with Mr. Rooney on its completion, if necessary. Mr. Freitas motioned to approve the request for the use of the Town Hall and its auditorium, and the waiver of all fees associated, contingent upon the satisfactory completion of the application, to be determined by Mr. Rees. Mr. Murphy seconded. Vote was unanimous. (3-0).

TURKEY TROT

The Board received a letter from Richard Racine on behalf of the New Bedford Track Club and Union Running, requesting to hold the annual Turkey Trot to raise funds for the Shepherd's Pantry. Present were Erin Carr, Michelle Tapper Racine and Gerry Payette of the Shepherd's Pantry. Mr. Payette said he supported the project and thanked the Track Club and Union Running for taking over the project, because it raises a lot of funds for the pantry. (See Attachment B).

Mr. Freitas motioned to approve the Turkey Trot. Mr. Murphy seconded. Vote was unanimous. (3-0).

HUMAN RESOURCES DIRECTOR

Mr. Rees informed the Board that he had completed the interview process for the position of Human Resources Director, and he had selected Anne O'Brien for the appointment to the position. See Attachment C.

The Board expressed support for the appointment. Mr. Freitas motioned to approve the Town Administrator's appointment of Anne O'Brien to Human Resources Director. Mr. Murphy seconded. Vote was unanimous. (3-0).

EJ'S THIRD PARTY PERMIT REQUEST

The Board read a request from Cathy Melanson of EJ's Restaurant, requesting use of the EJ's liquor license (previously relinquished and held in the Selectmen's Office) for a one-day use on September 28, for a business event. The Police Chief said that the Police Department does not object to this request. See Attachment D.

Mr. Freitas motioned to approve the use of the license as a third-party permit for the one-day event, with the license being returned to the Selectmen's Office the next day. Mr. Murphy seconded. Vote was unanimous. (3-0).

DIABETES PREVENTION PROGRAM

The Board reviewed a memorandum of understanding for the Diabetes Prevention Program for the Wellness Committee. See Attachment E. Mr. Freitas motioned to support the program authorize the Town Administrator to sign. Mr. Murphy seconded. Vote was unanimous. (3-0).

99 RESTAURANT CHANGE OF OFFICER

At 5:32 p.m., the Chairman opened a scheduled appointment for the change of officers/directors for 99 Restaurants, as outlined in Attachment F. After review, Mr. Freitas motioned to approve the change of officers to: Brent B. Bickett, Timothy T. Janszen, Charles O. Noyes, Greg Hayes, Goodloe M. Partee. Mr. Murphy seconded. Vote was unanimous. (3-0).

OTHER BUSINESS

In Other Business:

- Mr. Freitas noted that there was a wild turkey problem, particularly in the neighborhood behind the High School, and reminded the public to not feed the wildlife
- Mr. Murphy thanked everyone who attended the annual Our Lady of Angels Feast on Labor Day weekend
- Mr. Murphy reminded the public that the annual Manjiro festival would be on October 7

At 5:40 p.m. Mr. Freitas motioned to adjourn. Mr. Murphy seconded. Vote was unanimous. (3-0).

Respectfully,

Anne OBrien

Anne O'Brien Administrative Assistant Minutes approved 10/02/2017

Documents appended:

- A. Application Town Hall Auditorium Use for Manjiro Festival
- B. Turkey Trot letter
- C. Cover letter and resume for Anne O'Brien
- D. EJ's letter of application for third party permit and Police Chief memo
- E. MOU for Diabetes program
- F. Application for change of officers 99 Restaurant

Attachment A

Anne O'Brien

| From: | Mark Rees | waiting on letter from |
|-----------------|--|---------------------------------------|
| Sent: | Thursday, August 17, 2017 5:01 PM |) |
| То: | 'Gerald Rooney' | Gerry Rooney |
| Cc: | Charles K. Murphy; Robert J. Espindola; Daniel Fre | eitas; Anne O'Brien; Vincent Furtado; |
| | chief@fairhavenpolice.org; Chris Richard | |
| Subject: | RE: COMING FESTIVAL | |
| Follow Un Flore | Collow up | |
| Follow Up Flag: | Follow up | |
| Flag Status: | Flagged | |

Jerry, it was a pleasure meeting with you to discuss the upcoming Manjiro Festival. Its sounds very exciting. I am copying the department directors on this email with the request that they acknowledge to both you and me their ability to provide the services requested. Please let me know if we can be of any further assistance. Mark

From: Gerald Rooney [mailto:gerry@wmfriendshiphouse.org]
Sent: Tuesday, August 15, 2017 10:45 PM
To: Mark Rees <mrees@fairhaven-ma.gov>
Cc: Charles K. Murphy <cmurphy@fairhaven-ma.gov>; Robert J. Espindola <respindola@fairhaven-ma.gov>
Subject: COMING FESTIVAL

Mark, many thanks for coming to the meeting today. As regards the Oct. 7th festival, we would, hereby, make the following requests of the Town of Fairhaven.

- use of the Town Hall facilities –Anne please put this on the September 5th agenda for approval

- service of the DPW for trash containers- Vinnie, (maybe add recycling containers as well?)

- placement of road barriers and police on duty –Vinnie and Chief Myers

- contribution of \$1,000 from the Town resources for support of the event - Need an invoice detailing what the money will be used for.

- assistance of the Tourism Director, Chris Richards) for placement of vendors.-Chris

Given that this will be our 16th Manjiro Festival as well as the 30th year anniversary of the signing of the "Sister City" agreement with Tosashimizu we hope to put on a very special event. With all of the assistance from the Town, I'm confident that it will be a super day.

Many thanks,

Gerry

Gerald P. Rooney, President & CEO

Attachment B

August 29, 2017

Board of Selectmen 40 Center Street Fairhaven, MA 02719



RE: 2017 Fairhaven Turkey Trot 5K fun run benefitting Shepherd's Pantry

Dear Selectmen,

Due to some changes in the management team for the Fairhaven Turkey Trot, the *Greater New Bedford Track Club* and *Union Running* of Fairhaven were approached about stepping in to take over the organization and presentation of the run this year. Both organizations have agreed, and are committed to seeing this worthwhile fundraiser continue, taking place on Thursday November 23, 2017. Through participants' race entry fees and generous donations from local businesses, this race has given over \$12,000 and hundreds of pounds of canned goods to *The Shepherd's Pantry* in Acushnet over the past 3 years. Sustaining this level of donation and charity for the pantry is important to the new race management team.

We are writing today to request the Board's permission to host the Fairhaven Turkey Trot this year on Thanksgiving morning.

2017 Fairhaven Turkey Trot Date: Thursday, November 23, 2017 Start Time: 8:00AM Distance: 5K (3.1 miles) Start/Finish Location: Cushman Park/ Registration TBD Finish Festival: Rasputin's Tavern, Fairhaven, MA /TBD Parking: Public streets and parking lots

We anticipate that all participants will be off the road by 8:45AM. We will be submitting a request to the Fairhaven Police for event support, contingent upon permission from the Board. Approximately 750 runners are expected at this year's event. Volunteers and volunteer assignments will be appropriately managed to handle the tasks of presenting a race of this size.

As a new management team, we have been informed about the positive impact this event has for the participants, the sponsors and---particularly---for the beneficiaries of the generosity of the many businesses, families and friends who come out to support this cause. We are hopeful that the Board of Selectmen, the Fairhaven Police Department, and the Board of Public Works will once again offer their generous approval and support of this event.

Past race organizers, Emilia Crotty and Shannon Lewis St. Pierre are working with the new race organizers to facilitate a smooth transition and continuity of the Trot. On behalf of the new management team, we sincerely appreciate the Board's consideration of our request. The administrative contact person, Richard Racine, can answer any additional questions and can be reached at <u>richardracine@comcast.net</u> or 508-264-7570.

Sincerely, The Fairhaven Turkey Trot Committee



Richard Racine Bud Morton Eric Tavares Michele Tapper-Racine Erin Carr Niki Harrington

Attachment C

Anne O'Brien 6 Allen Street Fairhaven, MA 02719 anneobrien000@gmail.com

June 30, 2017

Mr. Mark Rees Town Administrator 40 Center Street Fairhaven, MA 02719

Dear Mr. Rees:

With great enthusiasm, I submit to you my application for the position of Human Resources Director with the Town of Fairhaven. My current role as Assistant to the Town Administrator has prepared me for the Human Resources Director role. I have spent the last five years managing the Town's human resources components – including benefits, compensation, development, risk management, personnel files and worker's compensation.

I recently completed a Graduate Certificate in Local Government and Leadership Management at Suffolk University and I will complete my Master's of Public Administration degree in the near future. I believe that creating a professional human resources department requires the director to continue his or her education, professional development, and inter-municipal networking. As an active member of the Massachusetts Municipal Personnel Association, I have regularly networked and collaborated with my colleagues from other communities on complex personnel management issues.

The new Human Resources Director position gives the incumbent an opportunity to effect substantive change for Town in the form of a professional and consistent application of laws and regulations to all departments. Moreover, it will effect change for our constituents, who will benefit from a more productive and professional municipality. My comprehensive knowledge of the Town's complexities and formal education in the area of human resources, public management and communications uniquely qualify me for the role of Human Resources Director with the Town.

I have a proven track record as a dedicated, trustworthy, and conscientious employee. I am eager to speak to you in further detail regarding my qualifications and my vision for the Human Resources Department. Thank you for your consideration.

Sincerely,

Anne O'Brien

Attachments: Resume

ANNE O'BRIEN

6 Allen Street, Fairhaven, MA 02719 | anneobrien000@gmail.com | 339-987-9179

EXECUTIVE Personable, organized, and professional. SUMMARY Expert in Microsoft Office Suite; FirstClass (municipal website content management software); VADAR (municipal accounting software); Adobe Acrobat Pro; computer expertise is cross-platforms, in both PC and Mac. Effective and skilled in communication. . Excels in time and project management. EXPERIENCE | ASSISTANT TO THE TOWN ADMINISTRATOR/WEB ADMINISTRATOR - TOWN OF FAIRHAVEN JAN. 2012 TO SEPT. 2017 Manages the Selectmen's Office and its staff under the direction of the Town . Administrator and three-member Board of Selectmen to carry out policy, operations, long-term projects Manages the Licensing Clerk (oversees all Selectmen-controlled Town licenses) . and the Benefits Coordinator (maintains benefits for 400+ Town employees) Media content manager for the Town website (www.Fairhaven-MA.gov), . maintenance of Town social media, preparation of press releases, and management of other Town web/social media presences Acts as the Worker's Compensation Coordinator, Employee Assistance Program . administrator, Records Access Officer; maintains official personnel files for Town Hall offices in accordance with State and Federal laws Prepares agendas, Annual and Special Town Meeting warrants, Town Report, and . other documents in accordance with State and local bylaws Serves on four-member budget team to prepare annual budget Served as Acting Government Access Director from July 2016-January 2017 NEWS EDITOR/OFFICE MANAGER - WANDERER COMM INC JULY 2009 TO JAN. 2012 Managed a staff of five freelance writers and photographers for a weekly publication with a weekly circulation of 5,000 readers, serving the towns of Marion, Mattapoisett and Rochester, MA Specialized in governmental coverage • COPYWRITER AND FREELANCE WRITER APR. 2007 TO DEC. 2011 Published in SouthCoastToday, Edible SouthCoast, SouthCoast 24/7 (contributing writer) and regular copywriter for Netshops (now Hayneedle.com) **ENGLISH TEACHER** – COYLE CASSIDY HIGH SCHOOL DEC 2002 TO APR. 2007 Taught college preparation level English classes to high school students . Assisted juniors and seniors with college application essays EDUCATION | U MASS DARTMOUTH, NORTH DARTMOUTH, MA B.A. - ENGLISH - 2002 Coursework focused on English and writing. SUFFOLK UNIVERSITY, BOSTON, MA - GPA 4.0 GRADUATE CERTIFICATE - PUBLIC ADMINISTRATION - 2017 Graduate-level coursework focused on municipal leadership and administration • ORGANIZATIONS Founding coordinator of Fairhaven National Night Out . ICMA member Elected Fairhaven Town Meeting member

- Trustee for the Millicent Library
- Appointed member of the Fairhaven Historical Commission
- Appointed member of Green Fairhaven

Attachment $D^{D^{u}}$

August 31, 2017

Fairhaven Select Board Fairhaven Town Hall 40 Center Street Fairhaven, MA 02719

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Dear Select Board Members,

Re: Business Group - Special Event - EJ';s - September 28th - 5:00 - 10:00 p.m.

I am writing to formally request that we be permitted to host a Special Event at EJ's on Thursday September 28, 2017 from 5:00 p.m. - 10:00 pm. The proposed event is a meeting / reunion of 25-30 business professionals who were part of Interise, which is a professional networking group for small business people. I am familiar with Interise because I was a member of this networking group in the past. I will personally be present at the event to ensure that there are no issues.

I am enclosing the required ten dollar fee for Special Events. I would be happy to meet with the Police Chief and/or any other Town Personnel to discuss the event.

Thanks in advance for your thoughtful consideration of this request.

Thank you Ciefley Melanun Cathy Melanun

Anne O'Brien

From: Sent: To: Subject: Myers, Michael <chief@fairhavenpolice.org> Thursday, September 07, 2017 3:52 PM Anne O'Brien RE: Melanson third party permit

Anne,

We so no issue with this event as described.

Michael J. Myers Chief of Police Fairhaven Police Department 1 Bryant Lane Fairhaven, Ma 02719 508-997-7421 Work 508-997-3147 Fax chief@fairhavenpolice.org

This electronic message and any files attached hereto contain confidential or privileged information from the Fairhaven Police Department. This information is intended to be for the use of the individuals or entities to whom it is addressed only. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is strictly prohibited. If you have received this transmission in error, please delete all electronic copies of this message and attachments thereto, if any, destroy any hard copies you may have created, and notify me immediately by reply email.

From: Anne O'Brien [mailto:aobrien@fairhaven-ma.gov]
Sent: Thursday, September 07, 2017 3:15 PM
To: Myers, Michael
Cc: Mark Rees
Subject: Melanson third party permit

Hi Chief,

Attached to this email, please find a letter from Cathy Melanson to the Board of Selectmen requesting a third party permit for September 28 at EJ's. Could you provide written comment, preferably by tomorrow, for the Board to consider in this application?

Thank you,

Anne



Attachment E

YMCA's Diabetes Prevention Prog

D5

Memorandum of Understanding – Grant

Organization Name: Town of Fairhaven

Contact Person: Bob Espindola

Address: <u>5 Arsene Street</u>

City: Fairhaven Zip:02719

Phone: 508-979-4031______Fax:_____

Email: lindas@fairhaven-ma.gov

A. YMCA Southcoast will:

- 1. Logistics:
 - i. Offer the YMCA's Diabetes Prevention Program according to YMCA of the USA and CDC Standards.
 - ii. Provide administrative and fiscal oversight of the Program.
 - iii. Be responsible for hiring staff responsible for coordinating efforts and administering the Program.
 - iv. Register and orient eligible program participants.
 - v. Schedule dates for conducting the Program.
 - vi. Provide participant binders and program manuals.

vii. Provide reports to the Town of Fairhaven after Session 8, Session 16 and Session 25. The report will show aggregated percentage weight loss and average attendance.

viii. Begin "Session 1" of the YMCA's Diabetes Prevention Program with 8-15 enrolled participants.

ix. Enroll 3 participants in YMCA's Diabetes Prevention Program by (name date, if applicable).

x. Ensure all Town of Fairhaven sponsored participants are invoiced for by June 30, 2018.

xi. Invoice Town of Fairhaven \$429.00 per Town of Fairhaven sponsored participant after attendance of Session 1.

xiii. Sign a Business Associate Agreement (BAA) with Town of Fairhaven.

B. Town of Fairhaven will:

- i. Assist with marketing efforts to and recruit participants for the YMCA's Diabetes Prevention Program.
- ii. Pay for 3 participants for the YMCA's Diabetes Prevention Program.
- iii. Payment Terms are Net 30.

C. Communication between Parties:

- i. Orient Town of Fairhaven about the Program and Program changes as necessary.
- ii. Provide personal health information to Town of Fairhaven consistent with HIPAA, state law, and rules established by YMCA of the USA.
- iii. Follow established referral protocols, including a) by Linda Schick of Town of Fairhaven or, b) employees will contact Dara Midwood of YMCA Southcoast directly.
- iv. Utilize collaborative problem-solving approach to resolve issues as they arise.
- v. Assist with marketing efforts to recruit 3 participants for the YMCA's Diabetes Prevention Program.

D. Diabetes Prevention Program Policies and Procedures Agreement

- This agreement covers the program, beginning September 5, 2017 and terminating June 30, 2018.
 Town of Fairhaven agrees that YMCA Southcoast is the sole operations behind delivering the YMCA's Diabetes Prevention Program in the stated service area.
- ii. Town of Fairhaven acknowledges and agrees with the following:
 - a. YMCA Southcoast oversees complete operation of the program.
 - YMCA Southcoast employs, supervises, trains, evaluates and terminate all YMCA Diabetes Prevention Program lifestyle coaches for the program.
 - c. YMCA Southcoast handles all aspects of enrolling any and all interested and qualified participants.
 - d. YMCA Southcoast provides all YMCA Diabetes Prevention Program material (including marketing) approved by Y-USA.
 - Partnership marketing around the YMCA's Diabetes
 Prevention Program will be agreed upon by both parties and must comply with YMCA Southcoast contract guidelines.

E. YMCA's Diabetes Prevention Program Finances and Fees Agreement

This agreement covers the program, beginning September 5, 2017 and terminating June 30, 2018.

YMCA Southcoast understands cost of the YMCA Diabetes Prevention Program is \$429.00 per participant. Should the YMCA's Diabetes Prevention Program National cost change, this agreement will be terminated for any new participants, classes, and employers until

a new agreement, stating the new price point, can be executed. Should this occur, all currently enrolled, sponsored participants will remain in the program until completion. Signatures below agree the above stated organization and the YMCA Southcoast agrees to the terms outlined in the MOU and will abide by all outlined policies as defined. Any violation of the agreed terms or YMCA's Diabetes Prevention Program contractual agreement between YMCA of the USA and the YMCA Southcoast will result in termination of the agreement. At any time, either party can terminate the partnership pending upon the completion of any current session.

The signatures below indicate an acceptance of the terms of this MOU:

. . .

| Signature of Town of Fairhaven | Date |
|---|-----------|
| Bob Espindola | Selectman |
| Printed Name | Title |
| | |
| Signature of YMCA Representative | Date |
| Please send completed agreement to: Dara Midwood Program Coordinator YMCA Southcoast 128 Union Street Suite 304 New Bedford, MA 02740 | |
| Phone: 508-221-8361 Email: dmidwood@ymcasouthcoast.org | |

Attachment F

E1

SELECTMEN'S MEETING AGENDA ITEM

 \star Note: For this transaction, attendance by applicant not required -

Change of Officers/Directors Only

For

Boston, LLC, d/b/a 99 Restaurant & Pub 32 Sconticut Neck Road Fairhaven, MA 02719

Bldg.-Not required for this transaction Health-Not required for this transaction



Jean M. Lorizio, Esq. Chairman Commonwealth of Massachusetts Department of the State Treasurer Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 Telephone 617-727-3040 Facsimile: 617-727-1510

July 25, 2017

LOCAL BOARDS

Andover; Auburn; Barnstable; Billerica; Boston; Braintree; Bridgewater; Chicopee; Concord; Easton; Fairhaven; Falmouth; Foxboro; Framingham; Franklin; Greenfield; Haverhill; Hingham; Holyoke; Lowell; Lynnfield; Marlborough; North Andover; North Dartmouth; Pembroke; Pittsfield; Plymouth; Quincy; Rockland; Somerville; Springfield; Stoneham; Tewksbury; West Springfield; Westfield; Westford; Wilmington; Woburn; and Worcester.

The Alcoholic Beverages Control Commission ("Commission") has received an application from 99 Restaurant of Boston LLC for a Change of Officers/Directors in the above-noted cities and towns. There are no new officers or directors coming in. There is just an officer and director leaving the corporation.

Due to the magnitude of these transactions, the Commission has received the information and documents provided by the licensee. The review was to determine whether the contemplated transaction is consistent with the provisions of M.G.L. c. 138. Based upon our review, we are satisfied that the transaction is consistent with the purposes of the law and would not result in the individual corporate licenses being deemed to be out of compliance with the applicable statute. Accordingly, this letter sets forth our recommended procedure for the processing of these applications.

Arrangements have been made for the Corporation to pay all of the \$200 application fees directly to the Commission. Therefore, no fee needs to be collected by the Local Board(s).

The Commission has reviewed and accepted copies of the following documents and instruments:

- 1) Amendment Application for a Change of Beneficial Interest
- 2) Beneficial Interest Contact Individual and CORI Request Form
- 3) Vote of the Board of Directors
- 4) Certificate of change of the LLC

Where there will be no change of existing managers, the Commission will not require that a Manager Form be completed, nor will the Commission require background information on the managers as such information should already be on file. The applicant will contact you directly for processing the application. Please forward to the Commission the Local Licensing Authority Record. The Commission will require no other forms, documents or information in connection with these applications.

Should you or your town counsel/city solicitor have any questions or require information or assistance, please contact Investigator Jack Carey at (617) 727-3040, extension 736.

Sincerely,

Ralph Sacramone Executive Director

cc: Ted Mahony, Chief Investigator Ryan Melville, Licensing Coordinator Joseph H. Devlin, Esq.

APPLICATION AND FORMS

Joe/open/lic./liquor license & exhibit header sheets

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FORT CORE

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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION MONETARY TRANSMITTAL FORM

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

| ECRI CODE: | RETA | | | | | |
|----------------------------|-------------------------|---------------------|---------------|---------------------|--------------------------|----|
| CHECK PAYABLE TO ABO | C OR COMMONWE | ALTH OF MA: | | \$200.00 | | |
| CHECK MUST DENOTE TH | E NAME OF THE LICEN | SEE CORPORATIO | N, LLC, PARTN | ERSHIP, OR INDIVID | DUAL) | |
| CHECK NUMBER | | | | | | |
| IF USED EPAY, CONFIRMA | TION NUMBER | | | | | |
| A.B.C.C. LICENSE NUMBER | (IF AN EXISTING LICE | NSEE, CAN BE OBT | AINED FROM | THE CITY) | 038400024 | |
| | 99 Restaurants of Bos | ton, LLC | | | | |
| ADDRESS | 24 Sconticut Common | IS | | | | |
| CITY/TOWN | Fairhaven | ST | ATE MA | ZIP CODE | 02719 | |
| TRANSACTION TYPE (Pleas | e check all relevant tr | ansactions): | | | v | |
| Alteration of Licensed Pre | emises 🗌 Cordials/Li | queurs Permit | × N | ew Officer/Director | Transfer of License | |
| Change Corporate Nam | e 🔄 Issuance of | fStock | Ne | ew Stockholder | Transfer of Stock | |
| Change of License Type | Manageme | ent/Operating Agree | ement 🗌 Pl | edge of Stock | Wine & Malt to All Alcoh | ol |
| Change of Location | More than | i (3) §15 | Pl | edge of License | 6-Day to 7-Day License | |
| Change of Manager | New Licen | ise | Se | asonal to Annual | | |
| Other | | | | | | |

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

ALCOHOLIC BEVERAGES CONTROL COMMISSION P. O. BOX 3396 BOSTON, MA 02241-3396



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

AMENDMENT APPLICATION FOR A CHANGE OF BENEFICIAL INTEREST OR TRANSFER/ISSUANCE OF STOCK

Please complete this entire application, leaving no fields blank. If field does not apply to your situation, please write N/A.

| 1. <u>NAM</u> | E OF LICENS | EE (Business Co | ontact) | 99 Res | staurants of E | Boston, LLC | |
|--|------------------|------------------------|------------|-------------|----------------|---------------|---|
| ABCC Lie | cense Number | 038400024 | | City/ | Town of Lic | ensee Fa | airhaven |
| | CATION CO | | the persor | n who will | be contact | ed with an | y questions regarding this application. |
| First Name | Joseph | | Middle: | Ч. | | Last Nam | ne: Devlin |
| Title: | ttorney | | | | Prim | ary Phone: | 617-514-2828 ext. 101 |
| Email: jo | levlin@devlinlaw | offices.com | | | | | |
| Entity Nam Primary Pho Alternative | one: | | | E | mail: | Fax Num | ber: |
| Business A | ddress (Corpora | te Headquarters |) | | | | |
| Street Num | ber: | | Stre | et Name: | | | |
| City/Town: | | | | | State: | | |
| Zip Code: | | | Cou | ntry: | | | |
| Mailing Ad | dress | | | eck here if | your Mailina | Address is th | ne same as vour Rusiness Address |

| Street Number: | Street Name: | Mulling Address | is the same as your business Address |
|----------------|--------------|-----------------|--------------------------------------|
| City/Town: | | State: | |
| Zip Code: | Country: | | |

1

AMENDMENT APPLICATION FOR A CHANGE OF BENEFICIAL INTEREST OR TRANSFER/ISSUANCE OF STOCK

4. CURRENT OWNERSHIP (Before Change in Beneficial Interest)

Please list all individuals or entities with a direct or indirect, beneficial or financial interest in this license. This pertains to the current licensee (before change in beneficial interest occurs).

| Name | Title / Position | % Owned | Other Beneficial Interes |
|------------------------------|----------------------------|---------|--------------------------|
| Brent B. Bickett | LLC Manager | 0% | |
| Timothy T. Janszen | LLC Manager | 0% | |
| Hazem Ouf | LLC Manager | 0% | |
| Anita K. Adams | CFO | 0% | |
| Goodloe M. Partee | General Counsel, Secretary | 0% | |
| See Exhibit A for additional | 2 | | |
| structure information. | | | |
| | | | |
| | | | |

PROPOSED OWNERSHIP (After Change in Beneficial Interest)

Please list all individuals or entities with a direct or indirect, beneficial or financial interest in this license.

An individual or entity has a <u>direct beneficial interest</u> in a license when the individual or entity owns or controls any part of the license. For example, if John Smith owns Smith LLC, a licensee, John Smith has a direct beneficial interest in the license.

An individual or entity has an indirect beneficial interest if the individual or entity has 1) any ownership interest in the license through an intermediary, no matter how removed from direct ownership, 2) any form of control over part of a license no matter how attenuated, or 3) otherwise benefits in any way from the license's operation. For Example, Jane Doe owns Doe Holding Company Inc., which is a shareholder of Doe LLC, the license holder. Jan Doe has an indirect interest in the license.

A. All individuals listed below are required to complete a Beneficial Interest Contact - Individual form.

B. All entities listed below are required to complete a Beneficial Interest Contact - Organization form.

C. Any individual with any ownership in this license and/or the proposed manager of record must complete a CORI Release Form.

| Name | Title / Position | % Owned | Other Beneficial Interest |
|------------------------------|----------------------------|---------|---------------------------|
| Brent B. Bickett | LLC Manager | 0% | |
| Timothy T. Janszen | LLC Manager | 0% | |
| Charles O. Noyes | LLC Manager, President | 0% | |
| Greg Hayes | Treasurer | 0% | |
| Goodloe M. Partee | General Counsel, Secretary | | |
| See Exhibit A for additional | | | |
| structure information. | | | |
| | | | |
| | | | |
| | | | |
| | | | |

APPLICANT'S STATEMENT

| in cooline in the tere | he: Sole proprietor; | partner; | Corporate principal; LLC/LLP member | |
|---------------------------------|----------------------|-----------------|-------------------------------------|--|
| Authorized Signatory | boroby submit t | his application | for Change of Officer | |
| Of 99 Restaurants of Boaton, de |], hereby sublime th | ing obbuice us. | Transaction(s) you are applying for | |

(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 t' information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate.

- (1) Lunderstand 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 does not violate any requirement of the ABCC or other state law or local ordinances;
- (3) Euderstand 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) Lunderstand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information 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) Lunderstand 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.

| Signatu | re: M. Chitles | |
|---------|----------------|--|
| 2 | | |
| Title: | Secretary | |

| Date: | 7-6-17 | |
|-------|--------|--|
| | 1019 | |

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for <u>all</u> individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect <u>financial</u> interest must also submit a <u>CORI</u> <u>Authorization Form</u>.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

| Salutation | First Name Gregory | Middle Nam | e Alan L | ast Name Hayes | Suffix |
|------------------------|--------------------------------|-------------------------|----------------------|------------------------------------|---|
| Title: Other | 1 | Social Security Numb | er 411-0 | 14-1700 D | ate of Birth 11/28/56 |
| Primary Phone: | 615-495-8877 |] Ema | ail: licensing | j@abrholdings.com | |
| Mobile Phone: | |] Fax | Number | | |
| Alternative Phone: | | | | | |
| Business Address | | | × | | |
| Street Number: | 038 | Street Name: S | idco Drive | | |
| City/Town: Nash | nville | | State: | TN | |
| Zip Code: 37204 | l | Country: | USA | | |
| Mailing Address | Check h | ere if your Mailing Add | dress is the same as | s your Business Address | |
| Street Number: | | Street Name: | | | |
| City/Town: | | | State: | | |
| Zip Code: | | Country: | | | |
| Types of Interest (s | elect all that apply) | | | | |
| | Director | Land | lord | LLC Manager | |
| LLC Member | Management | Agreement | | ⊠ Officer | |
| Partner | Revenue Shari | ng 🗌 Sole | Proprietor | Stockholder | Other |
| Citizenship / Reside | ency Information | | | | |
| Are you a U.S. Citizer | n? (Yes (No | Are you a | a Massachusetts R | esident? CYes | (No |
| Criminal History | | | | | H-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- |
| Have you ever been | convicted of a state, federal, | or military crime? | Yes € No | If yes, please preexplaining the c | ovide an affidavit harges. |

BENEFICIAL INTEREST CONTACT - Individual (continued)

Ownership / Interest

Using the definition above, do you hold a direct Olirect Olirect Olirect

○ Indirect

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an <u>indirect interest</u> in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

| Name of Beneficial Interest - Organization | FEIN |
|--|------|
| | |
| | |
| | |
| | |

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts Alcoholic Beverages License(s).

| | ******* |
|---|---|
| | |
| | · · · |
| - | |
| | and designed and a second s |
| | |

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list helow.

| Relationship to You | ABCC License Number | Type of Interest (choose primary function) | Percentage of Interest |
|---------------------|---------------------|--|------------------------|
| n/a | | | |
| | | | |
| | | | |
| | | | 1 |

Prior Disciplinary Action

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

| Name of License | State | City | Reason for suspension, revocation or cancellation |
|-----------------|-----------------|-----------------------|---|
| | | | |
| | | | |
| | | 1 | |
| | Name of License | Name of License State | Name of License State City |

BENEFICIAL INTEREST CONTACT - Individual (Formerly known as a Personal Information Form)

Please complete a Beneficial Interest - Individual sheet for <u>all</u> individual(s) who have a direct or indirect beneficial interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect <u>financial</u> interest must also submit a <u>CORI</u> <u>Authorization Form</u>.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc is the proposed licensee, all individuals with interest in ABC Inc are considered to have direct beneficial interest in ABC Inc (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc is the proposed licensee and is 100% owned by XYZ Inc, all individuals with interest in XYZ Inc are considered to have an indirect beneficial interest in ABC Inc (the proposed licensee).

| Salutation | First Name Charles | Middle Name | Orrin | Last Name Noyes | ~ | Suffix |
|------------------------|----------------------------------|------------------------|------------------|------------------------------------|--|--|
| Title: Owner | Sc | ocial Security Numbe | r • 027 | -48-7176 | Date of Birth | 02/05/1961 |
| Primary Phone: | 978-994-5141 | Emai | I: licensir | ng@abrholdings.com | | |
| Mobile Phone: | | Fax N | lumber | | | |
| Alternative Filone: | | | | | | |
| Business Address | | | | | and a second provide the second second | an an di sa kana gina di San di sa kana yang kana sa |
| Street Number: 14 | 4A | Street Name: Gil | I Street | | | |
| City/Town: Wob | urn | | State: | MA | | |
| Zip Code: 01801 | | Country: | USA | | | |
| Mailing Address | 🔀 Check her | e if your Mailing Addr | ress is the same | as your Business Addre | 55 | |
| Street Number: | | Street Name: | | | - | |
| City/Town: | | | State: | | | |
| Zip Code: | | Country: | | | | |
| Types of Interest (s | elect all that apply) | | | | | |
| | Director | 🗌 Landl | ord | 🔀 LLC Manage | er | |
| LLC Lember | Management / | Agreement | | S Officer | | |
| Partner | Revenue Sharing | g 🗌 Sole P | roprietor | Stockhole : | r [| Other |
| Citizenship / Reside | ency Information | | | | | |
| Are you a U.S. Citizer | n? @Yes (No | Are you a | Massachusett | s Resident? (Yes | ∩ No | |
| Criminal History | | | | | | |
| | convicted of a state, federal, o | r military crime? | CYes CN | o If yes, please explaining the | orovide an affi charges. | davit |

BENEFICIAL INTEREST CONTACT - Individual (continued)

| Ownership / Interest | | | If you hold a direct beneficial interest | E | |
|--|--------|------------|--|---------|--|
| Using the definition above, do you hold a direct | Direct | ⊂ Indirect | in the proposed licensee, please list | 0 | |
| or indirect interest in the proposed licensee? | | | the % of interest you hold. | <u></u> | |

If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.

Ownership / Interest

If you hold an <u>indirect interest</u> in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc. A Beneficial Interest - Organization Form will need to be completed for each entity listed below.

| Name of Beneficial Interest - Organization | FEIN |
|--|--|
| | |
| | |
| | |
| | Name of Beneficial Interest - Organization |

Other Beneficial Interest

List any indirect or indirect beneficial or financial interest you have in any other Massachusetts A'coholic Beverages License(s).

| Name of License | Type of License | License Number | Premises Address |
|-----------------|-----------------|----------------|------------------|
| n/a | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Familial Beneficial Interest

Does any member of your immediate family have ownership interest in any other Massachusetts Alcoholic Beverages Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

| ABCC License Number | Type of Interest (choose primary function) | Percentage of Interest |
|---------------------|--|--|
| | | |
| | Â. | |
| | 1 | |
| | | |
| | ABCC License Number | ABCC License Number Type of Interest (choose primary function) |

Prior Disciplinary Action

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

| Date of Action | Name of License | State | City | Reason for suspension, revocation or cancellation | |
|----------------|--|-------|------|---|--|
| n/a | ************************************** | | | | |
| | | | | | |
| | | | | | |



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

DFBORAH B. GOLEDBERG TRE ISUNCE AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO. ESO. CHAIRMAN

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and reliding Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, (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

| DPPLCANT INFORMATION Alan LAST NAME: REST NAME: Gregory MIDDLE NAM Alan NAIDEN NAME DR ALIAS (IF APPLCABLE): IV/A PLACE OF BLATH TUPPLO. MS DATE OF BLATH 11/28/1956 SSN: A13-0-1700 ID THEFT INDEX "MILE APPLCABLE): Image: Construction of the construction of t | ABCC NUMBER: 26 | 500006 | LICENSEE NAME: | 99 Restaurants | of Boston, LLC | | | CITY/TOW | N: Andover |
|--|---------------------|--------------------|--------------------|----------------|-----------------------------------|-------------|----------|------------------|--------------------------------|
| LAST NAME: Haves PHOL NAME: Brown Adde: Brown Brown Adde: Brown Br | PPLICANT INFORM | TION | | | | | | MIDDLENAN | Alan |
| MAIDEN NAME OR ALLES (F APPL CASLES: 17/2 DATE OF BIRTH: 11/28/1955 SSN: 411-02-1700 ID THEFT INDEX TINI (IF APPLICABLE): MOTHER'S MAIDEN NAME: DRIVER'S LICENSE # 043859874 STATE LIC. ISSUEJ: Tennessee GENDER: MALE HEIGHT: 5 9 WEIGHT: 175 EVE COLOR: Hazel CURRENT ADDRYSS: 2012A Galbrakh Drive,. C ~:/TO'NX: Neshville FORMER ADDRSSS: SOS W. Pierce Street CITY/TOWN: Houston STATE: TX ZIP: 17019 PRINT AND SIGN REINTED NAME: Gregory A. Hayes APPLICANT/EMPLOYEE SIGNATURE: Jung Way of July, 2017 before me, the undersigned notary public, personally appeared Gregory A. Hayes INSTARY INFORMATION On this UM July, 2017 before me, the undersigned notary public, personally appeared Gregory A. Hayes INSTARE OF accument signer), proved to me through setisfactory evidence of identification, which we a ATIVER'S LICENSE (% She Signed in the preceding or attached document, and acknowledged to me that (%; (she) signed it voluntarily is stated purpose. | LAST NAME: Haves | | j F | IRST NAME: | Gregory | | | | |
| Darle Correction RATE DRIVER'S LICENSE # DRIVER | MAIDEN NAME OR AL | LIAS (IF APPLICABL | E): n/a | | | PLACE OF | BIRTH: | Tupelo, MS | |
| MOTHER'S MAIDEN NAME: University Drivers and Development and D | DATE OF BIRTH | /28/1956 | SSN: | 411-04-1700 | (i.i.e. and (i.e. and iterations) | ID THEFT I | NDEX "IN | IF APPLICABLE |); |
| GENDER: MALE HEIGHT: 5 9 Mediation CURRENT ADDRESS. Z012A Galbraich Drive,- C ~ 070 WM Nashville STATE: TN ZIP: 37215 FORMER ADDRESS. SOB W. Prerce Street ZIP: 71019 CITY/TOWN: Houston STATE: TX ZIP: 71019 PRINT AND SIGN Houston STATE: TX ZIP: 71019 PRINT INFORMATION On this Gregory A. Hayes APPLICANT/EMPLOYEE SIGNATURE: Jumped Gregory A. Hayes NOTARY INFORMATION On this Utip: 2011 before me, the undersigned notary public, personally appeared Gregory A. Hayes Instrict of document signer), proved to me through satisfactory evidence of identification, which work Ariver'S Itums/L <tr< td=""><td>MOTHER'S MAIDEN F</td><td></td><td>DR</td><td>VER'S LICENSE</td><td>#: 043859374</td><td></td><td></td><td>STATE LIC. ISSUE</td><td>U: Tennessee</td></tr<> | MOTHER'S MAIDEN F | | DR | VER'S LICENSE | #: 043859374 | | | STATE LIC. ISSUE | U: Tennessee |
| C 1/70WX Neshville STATE: TN ZIP: 37215 FORMER ADDRESS: 509 W. Pierce Street CITV/TOWN: Houston STATE: TX ZIP: 71019 PRINT AND SIGN PRINTED NAME: Gregory A. Hayes APPUCANT/EMPLOYEE SIGNATURE: Dury Day of NOTARY INFORMATION On this If day of July, 2017 before me, the undersigned notary public, personally appeared Gregory A. Hayes Instree of document signer), proved to me through satisfactory evidence of identification, which we and Ariver's little to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (1 +) (she) signed it voluntarily its stated purpose. | GENDER: MALE | HE | GHT: 5 | 9 | WE | IGHT: 175 | | | k: Hazel |
| FORMER ADDRESS: SO9 W. Pierce Street CITY/TOWN: Houston PRINT AND SIGN On this V= day of July, 201 before me, the undersigned notary public, personally appeared Gregory A. Hayes Instrie of document signer), proved to me through satisfactory evidence of identification, which we and the preceding or attached document, and acknowledged to me that It will (she) signed it voluntarily its stated purpose. | CURRENT ADDRESS: | 2012A Galbraiti | n Drive, | | | | | | |
| CITY/TOWN: Houston STATE: TX ZIP: 71019 PRINT AND SIGN PRINTED NAME: Gregory A. Hayes APPLICANT/SMPLOYEE SIGNATURE: Jumped July NOTARY INFORMATION On this Image: July ZOT before me, the undersigned notary public, personally appeared Gregory A. Hayes Insme of document signer), proved to me through satisfactory evidence of identification, which we are is signed on the preceding or attached document, and acknowledged to me that (1+) (she) signee it voluntarily its stated purpose. Mathematical States | CTUTOWN | Nashville | | | STATE: TN | | Z1P: | 37215 | |
| PRINT AND SIGN PRINTED NAME: Gregory A. Hayes APPLICANT/EMPLOYEE SIGNATURE: Junger Junger NOTARY INFORMATION On this It and of July, 2011 before me, the undersigned notary public, personally appeared Gregory A. Hayes Iname of document signer), proved to me through satisfactory evidence of identification, which were It is stated purpose. On the person whose name is signed on the preceding or attached document, and acknowledged to me that (hy, (she) signed it voluntarily its stated purpose. | FORMER ADDRESS: | SO9 W. Pierce S | treet. | | | | | | |
| PRINTED NAME: Gregory A. Hayes APPUCANT/EMPLOYEE SIGNATURE: Junger | CITY/TOWN: | Houston | | | STATE: TX | | ZiP: | 1 | 77019 |
| On this Ut day of July, 2017 before me, the undersigned notary public, personally appeared Gregory A. Hayes (name of document signer), proved to me through satisfactory evidence of identification, which we drivers litchse to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (1+5) (she) signed it voluntarily its stated purpose. | | Gregory A. H. | ayes | APPLICANT/ | EMPLOYEE SIG | | Ø | Fungary | Darfo |
| On this Ut day of July, 2017 before me, the undersigned notary public, personally appeared Gregory A. Hayes (name of document signer), proved to me through satisfactory evidence of identification, which we drivers litchse to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (1+5) (she) signed it voluntarily its stated purpose. | | 7/0.81 | | <u> </u> | | | | 01. |) 0 |
| to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (+ y', (she) signed it voluntarily its stated purpose. | | | y, 201 before | me, the under | signed notary | public, per | sonally | appeared Gre | egory A. Hayes |
| Distance Bunklung | | | | | | | | | |
| Digram Brunklung | | | gned on the preced | ing or attachi | ed document, | and ackno | wiedged | d to me that (* | 9; (she) signed it voluntarily |
| | its stated purpose. | | | | | Dig | pan | | |
| | | | | | | | | WUIART | STATE STATE |
| ION USE ONLY | | | | | | | | | OF TENNESSEE |
| SCALTLAY COTOS LATHORNO LANCH | ION USE ONLY | | |] | | | | | DUBLIC A |
| incritis that more in human is to be completed by One appendix has have been sized an electric Det | L | | | | | | | | Services St |

DEBORAH B. GOLBDBERG TREASURER AND RECEIVER GENERAL

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

> KIM S. GAINSBORO, ESQ. CHAIRMAN

CORI REQUEST FORM

The Alcoholic Beverages Control Commission has been certified by the Criminal History System's Board in access conviction and pending Criminal Offender Record The meaning percenting communication has been certified by the Criminal History bystems board to access conviction and pending Criminal Orienter Record hillprination. For the purpose of approxing 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 INFOR | 600006 LICENSEE NAME: 99 Restaurarits of Boston, LLC CITY/TOWN: Andover |
|--|--|
| APPLICANT INFORMA | ATION |
| AST NAME Naves | FIRST NAME. Charles MIDUE NAME: Orno |
| MAIDEN NAME OR A | LIAS (IF APPLICASLE): N/3 PLACE OF BIRTH: Worcester, M255 |
| DATE OF SIRTH 02. | 2/05/1961 SSN: 027-48 7176 ID THEFT INDEX PIN (IF APPLICABLE): |
| MOTHER'S MAIDEN | NAME: Majoville DRIVER'S LICENSE # SEB555840 STATE UC. ISSUFT: Massachusetts |
| GENDER MALE | HEIGHT: 5 11 WEIGHT: 175 EYE COLOR: Blue |
| CURPENT ADDRESS: | 6) Crafts Road |
| CITY/TOWN: | Gloucester STATE: MA ZIP 01930 |
| FORMER ADDRESS: | 121 Scribner Road |
| CITY/TOWN | Tyngsboro STATE: MA ZIP. 01879 |
| PRINT AND SIGN | $\rho \Lambda$ |
| PRINTED NAME: | Charles Orrin Noyes APPLICANTJEMPLOYEE SIGNATURE: |
| NOTARY INFORMAT | TION |
| On this 10^{44} | h day of July, 2017 before me, the undersigned notary public, personally appeared Charles Orrin Noyes |
| (name of documer | int signer), proved to me through satisfactory evidence of identification, which were MA D. IVER'S License |
| to be the person v | whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntari |
| its stated purpose | Kristi King |
| | NOTARY |
| | STATUS SION COMMISSION |
| 1014-11CE (04-114) | |
| | |
| | |
| where by the DCC. Letters age share to ensure the ensured of a whereas substituted to the DCC we | The all there a prove is a second to the the back of the and the second to the second tot the second |

CERTIFICATE OF AUTHORIZATION

Joe/open/lic./liquor license &exhibit header sheets

CERTIFICATE OF MANAGER OF 99 Restaurants of Boston, LLC

Goodloe Partee, being the Secretary of 99 Restaurants of Boston, LLC (the "Licensee"), and being duly authorized, hereby certifies that he is authorized on behalf of the Licensee to apply to the Alcoholic Beverages Control Commission and the local licensing authority for the municipalities listed on Exhibit A for a change of officer of the annual restaurant all alcoholic beverages J cense to be held by 99 Restaurants of Boston, LLC, at the locations listed on Exhibit A.

A TRUE COPY

99 Restaurants of Boston, LLC

BY: n. Ponta

Goodloe Partee, Secretary and being duly authoriz d

Clients/99-Officer Chance-NoyesiHayes/ABCC/CertAuth-Andover

EXHIBIT A

MASSACHUSETTS LICENSES IN WHICH THE APPLICANT HAS AN INTEREST

99 RESTAURANTS OF BOSTON, LLC (42)

464 Lowell Street, Rt. 13 Andover, MA 01810

793 Southbridge Street Auburn, MA 01501

1600 Falmouth Road Barnstable (Centerville), MA 02632

160 Lexington Street Billerica, MA 01821

672 Boston Road, 3A Billerica, MA 01821

250B Granite Street Braintree, MA 02184

233 Broad Street Bridgewater, MA 02324

29-31 Austin Street Boston, (Charlestown), MA 02129

555 Memorial Drive Chicopee, MA 01013

13 Commonwealth Avenue Concord, MA 01742

161 Faunce Corner Road Dartmouth, MA 02747

99 Belmont Street Easton, MA 02375

24 Sconticut Commons Fairhaven, MA 02719 30 Davis Straits Falmouth, MA 02540

4 Fisher Street Foxborough, MA 02035

659 Worcester Road Framingham, MA 01701

847 West Central St. Franklin, MA 02038

17 Colrain Road Greenfield, MA 01301

786 River Street, Rt. 110 Eaverhill, MA 01830

428 Lincoln Street, Rt. 3A Hingham, MA 02043

50 Holyoke Street Holyoke, MA 01040

850 Chelmsford Street Lowell, MA 01850

317 Salem Street Lynnfield, MA 01940

32 Boston Post Road West Marlborough, MA 01752

267 Chickering Rd., Rt. 1 N. No. Andover, MA 01845

166 Church Street Pembroke, MA 02359

699 Merrill Road Pittsfield, MA 01201

19 Home Depot Drive Plymouth, MA 02360

Clients/99-Noyes & Esyes/ABGC/Exhibit A

59 Newport Avenue Quincy, MA 02171

29 Accord Park, Rt. 228 Rockland, MA 02370

20 Cummings Street Somerville, MA 02145

1655 Boston Road Springfield, MA 02143

1371 Liberty Street Springfield, MA 02143

10 Main St. Stoneham, MA 02180

401 Main Street Tewksbury, MA 01876

342 Main Street Westfield, MA 01085

333 Littleton Street Westford, MA 01886

1053 Riverdale Street W. Springfield, MA 01089

144 Lowell Street Wilmington, MA 01887

194 Cambridge Road 4C Woburn, MA 01801

11 East Central Street Worcester, MA 01608

900 West Boylston Street Worcester, MA 01606

CERTIFICATE OF ORGANIZATION

.Joe/open/lic./liquor license &exhibit header sheets



Corporations Division

Business Entity Summary

ID Number: 820573657

Request certificatr

New search

Summary for: 99 RESTAURANTS OF BOSTON, LLC

| | | A DECTALIDANTS OF | | | | |
|--|--|--|--|--|--|--|
| The exact name BOSTON, LLC | e of the Foreign Limited Lia | bility Company (LLC): 99 RESTAURANTS OF | | | | |
| Entity type: Fo | preign Limited Liability Compa | ny (LLC) | | | | |
| Identification N | lumber: 820573657 | Old ID Number: 000829977 | | | | |
| Date of Registr 11-27-2002 | ation in Massachusetts: | | | | | |
| n an | | Last date certain: | | | | |
| Organized und | er the laws of: State: DE Co | untry: USA on: 11-18-2002 | | | | |
| The location of | the Principal Office: | | | | | |
| Address: 3038 S | SIDCO DR. | | | | | |
| City or town, Sta Country: | te, Zip code, NASHVILLE | , TN 37204 USA | | | | |
| The location of | the Massachusetts office, | if any: | | | | |
| Address: 14 GIL | L ST. | | | | | |
| City or town, Sta Country: | te, Zip code, WOBURN, | MA 01801 USA | | | | |
| The name and | address of the Resident Ag | ent: | | | | |
| Name: CTCC | RPORATION SYSTEM | | | | | |
| Address: 155 FE | DERAL STREET STE 700 | | | | | |
| City or town, Sta Country: | ite, Zip code, BOSTON, | MA 02110 USA | | | | |
| The name and | business address of each N | fanager: | | | | |
| T 12 | Individual neme | Address | | | | |
| MANAGER | BRENT B. BICKETT | 601 RIVERSIDE AVE. JACKCONVILLE, FL 32204 USA | | | | |
| MANAGER | TIMOTHY T. JANSZEN 21 WATERWAY AVE. THE WOODLANDS, TX 77380 USA | | | | | |
| The name and | business address of the pe | rson(s) authorized to execute, | | | | |
| acknowledge, a interest in real | | ordable instrument purporting to affect an | | | | |

1

Mass. Corporations, external master page

| | | Mass. Corporat | ions, external master page | |
|---|--|--|--|---|
| Title | Individual name | | A63/865 | |
| REAL PROPERTY | GOODLOE M. PARTEE | | 3038 SIDCO DR. NASHVILLE, TN 37204 USA | |
| REAL PROPERTY | GREGORY HAYES | | 3038 SIDCO DR. NASHVILLE, TN 37204 USA | |
| | Consent | Confidential Data | Merger Allowed | Manufacturing |
| /iew filings for t | his busines | s entity: | nen er annen men en e | |
| ALL FILINGS Annual Report Annual Report - I Application For R Certificate of Am | egistration endment | | | |
| | | View | filings | |
| Comments or n | otes associ | ated with this b | usiness entity: | |
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New search

PROOF OF US CITIZENSHIP

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Joe/open/lic./liquor license & exhibit header sheets

The Secretary of State of the divided States of America bereby requests all schemes in an concern to permit the criters instantional of the United States scamed berein to pass without the log in Bindrance and in fast of need to give all lawful and and protostico. 2013240 Le Secretai de laisser passer le anogen ie per les présentes tous esent passeport, sans Allai pi, nte aide et protection segurimes au versoriossant des Etats differnité et, en cas despesa America por el presente apecida y las El Segricerio de moridades moepen de necesidad, presfarte toda la apu: SIGNATURE OF PLANE SIGNATURE DU UN CARE FIRMA DEL TITUCAR NOT VALID UNTR SIGNED LSSPOR BRING () CRUN CINUN ien-£ stimity/s United 25 MAY 2006 parte <<GREGOR 549056561128581605340×<<<< 6802



Anne O'Brien

From: Sent: To: Subject: Myers, Michael <chief@fairhavenpolice.org> Thursday, September 07, 2017 3:53 PM Anne O'Brien RE: Highland Ave parking request

Anne,

The Police Department does not feel no parking signs would be warranted at this time.

Michael J. Myers Chief of Police Fairhaven Police Department 1 Bryant Lane Fairhaven, Ma 02719 508-997-7421 Work 508-997-3147 Fax <u>chief@fairhavenpolice.org</u>

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From: Anne O'Brien [mailto:aobrien@fairhaven-ma.gov] Sent: Thursday, September 07, 2017 3:18 PM To: Myers, Michael Cc: Mark Rees Subject: Highland Ave parking request

Hi Chief,

Attached is an application for No Parking down at the end of Highland Ave. Mark is requesting a definitive recommendation from the Police Department on whether or not the Selectmen should vote to approve this sign at their meeting on Tuesday night. Could you follow up with a memo giving a recommendation on whether or not the Police Department recommends for or against the installation of this sign?

Thanks again,

Anne

To Whom It May Concern:

I have received several phone calls regarding the request for a No Parking sign at the end of Highland Ave. However, all of the calls, except for one, have come from Mr. Sylveira at 63 Bayview Ave. The one other call was from the person in which the request mostly involves, Margaret Cook from 62 Highland Ave.

Ms. Cook explained to me that she has had, at times, difficulty getting out of her driveway due to cars that have parked at the end of Highland Ave. to go to the beach. She stated that at one point, she did strike another car and has had to pay surcharges for that crash. And although she agrees that ultimately it was her fault, it was because there were cars parked too close to her driveway. Please see attached documentation from that crash in 2011.

However, this department has only received one call for such a parking issue. That call was on July 21, 2017. Off. Matt Sobral responded and the vehicle was moved. I have received several more calls from Mr. Sylveira as to why nothing has been done. He states that he speaks for all the neighbors that are complaining about the parking. Again, none of which have been reported to the police department. Mr. Sylveira states in his several messages that he has confronted these parkers, and they are all from New Bedford. I'm not sure if this is the issue, or if the parking is.

This particular part of roadway is part of Highland Ave. It is not as wide as the roadway leading to it. See attached google map. I can only imagine that the vehicles park where the tire tracks are. Since the first call on this issue, I have driven by several times and have never seen a vehicle there. Nor will the parties call when it is happening.

If a "No Parking" sign is granted, it could result in cars parking elsewhere, and in turn result in more requests for "No Parking" signs because of the overflow. In a photo of parking at Manhattan Ave. taken on the same day as the empty photo from Highland Ave., there are vehicles parked directly in front of "No Parking Any Time" signs. Also, if a sign was erected, and people were still parking there, would the police department still receive no calls? Something else to consider is that a "No Parking Beyond this Point" sign is essentially designating a section of town roadway for private use.

Sincerely,

Off. Laurie A. Cannon/059 Fairhaven Police Department

FAIRHAVEN POLICE DEPARTMENT

REQUEST FOR TRAFFIC OR PARKING CONTROL

OFFICIAL USE ONLY

| Location: | Intersection of: |
|--|--|
| Control: | Approval Date: |
| **TO BE FILLED IN BY R | |
| Address: 62 HICKLANDAVE FAIRMAVEN | Location: <u>last house on Highland</u> Aue Intersection of: <u>just past Highland</u> Bayview |
| Telephone #: 508-415-8726 | Date: |
| Type of Control Requested: <u>sign on teleph</u> reading "No Parking Past Thi | s Point" |
| Reason for Request: Much of the pave me Highland Ave and the voad narr grass growing in the street. This ca behind my driveway making it di indirectly costing me thousands t backed into one of the officiatus | <u>al is missing at the end of</u> <u>ows down considerably with</u> <u>auses people to park directly</u> <u><u>YFicutt to getout of my driveway</u> <u>S of dollars when I misjudged</u> <u>E ONLY**</u></u> |
| Approved: | Investigated By: |
| Denied: | |
| Investigation: | |
| | |
| | |
| | |
| Police Chief | Board of Selectmen |

Approval Date

Compliance Date

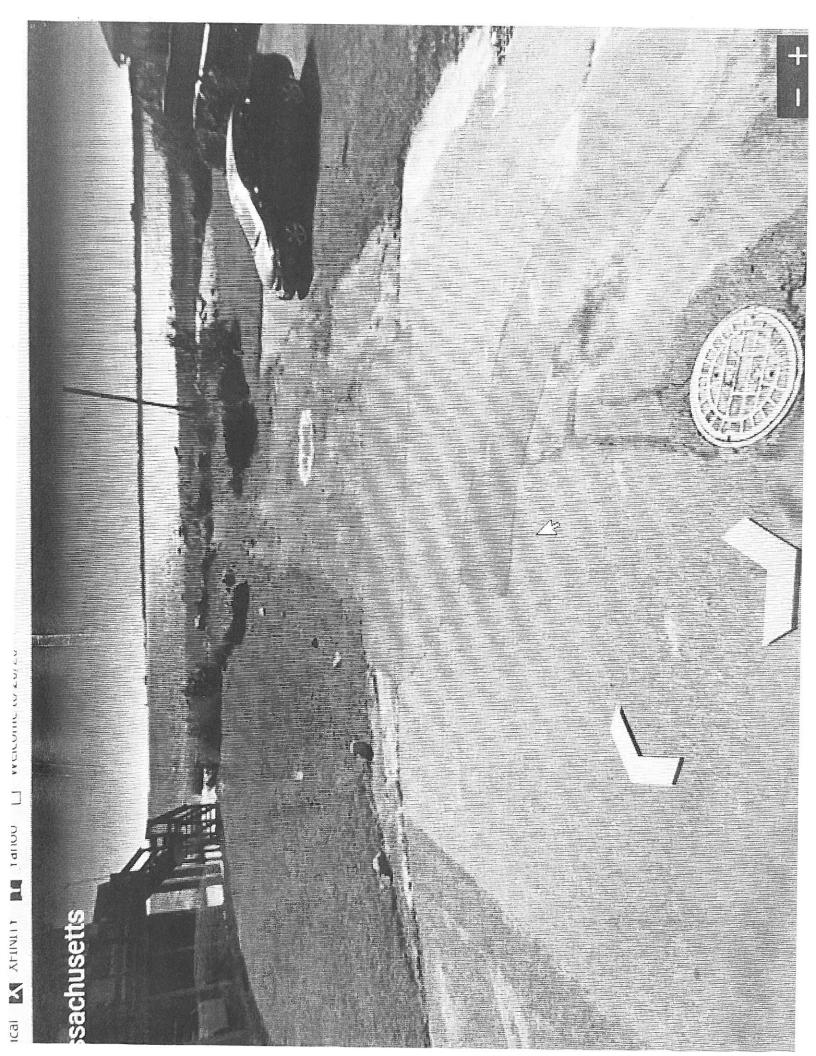
For Date: 07/21/2017 - Friday

1. In 1.

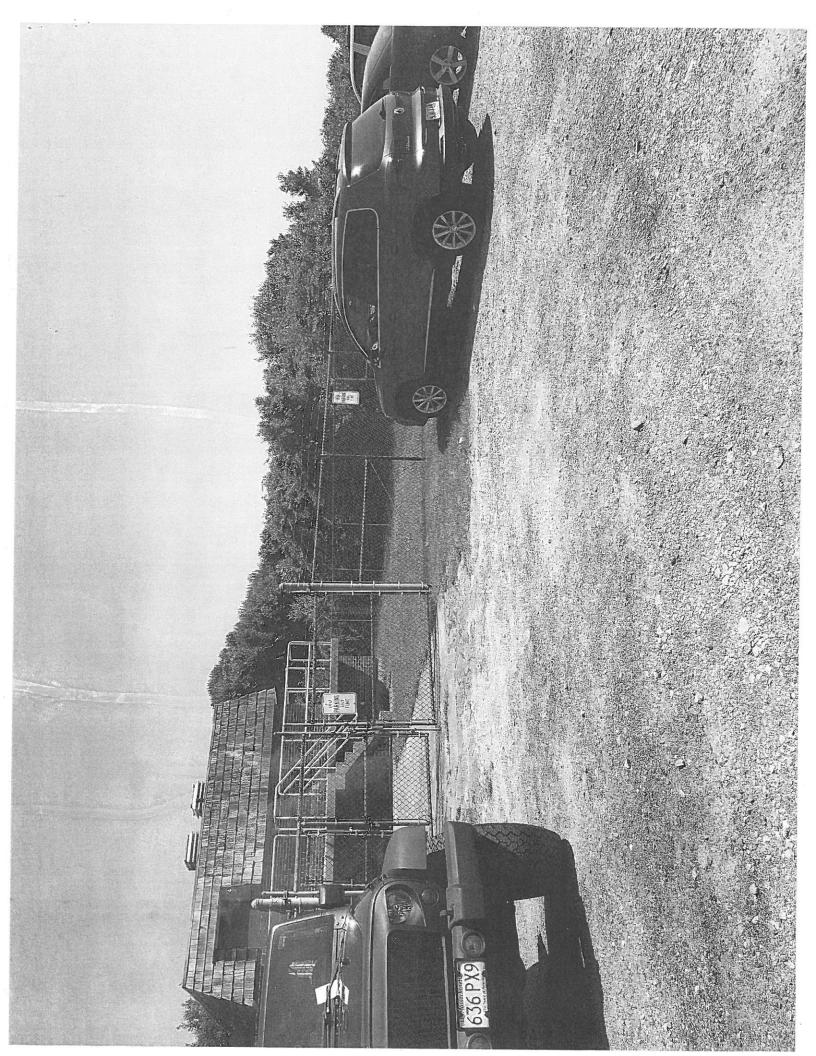
| Call Number Ti | me <u>Call</u> <u>Reason</u> | Action |
|--|--|---|
| 17-9561 18 Call Taker: Location/Address: | | PENDING OFFICER INPUT |
| Calling Party: | | - FAIRHAVEN, MA 02719-1810 508-415-8726 |
| Unit: | 401 Patrol Matthew D Sobral Disp-18:30:53 Arvd- | 18:37:19 Clrd-18:40:29 |
| Vehicle: Owner: Narrative: | | 79 VIN: 1FTPX14527FB56702 |
| | female party reports vehicles parking driveway making backing out difficult. | too close to her dmd/082 |











For Date: 08/05/2011 - Friday

| Call Number Ti | me Call Reason | Action | |
|----------------------------------|--|--|----------|
| Call Taker: Location/Address: | 62 HIGHLAND AVE | | 992-9464 |
| Involved Party: | SSN: 027369323 DOB: 07/1 10 HACKER ST | 5/1947 HLANDS DR - WILLINSTON, VT 802-876 | * |
| Unit: | Disp-08:09:12 | Arvd-08:10:26 Clrd-08:27:48 | |
| Operator: | COOK, MARGARET A @ 62 HIGH | LXS Reg: PC MA 94JX80 VIN: 19XFA HLAND AVE - FAIRHAVEN, MA 02719-18 HLAND AVE - FAIRHAVEN, MA 02719-18 | 10 |
| Vehicle: Owner: Narrative: | GRY 2005 CHEV UT TAHOE Re | eg: PC VT EWF383 | |
| | ONGOING ISSUE WITH VEHICLE PA | OUT OF HER DRIVEWAY DUE TO ARKING TOO CLOSE TO DRIVEWAY. VEHICLE064DJAM | |

Refer To Accident: <u>11-279-AC</u>

62 Highland Avenue

| Apt # | Year MM DD Time | Reason | Action | Call # | Site # | Vicinity |
|-------|-----------------|--------------------------------|--------------------------|----------|--------|----------|
| | 2017 07 21 1818 | MOTOR VEH. COMPLAINT (GENERAL) | PENDING OFFICER INPUT | 17-9561 | | N |
| | 2012 02 29 1013 | 9-1-1 ABANDONED CALL | ACCIDENTAL/DEFECTIVE | 12-2825 | | N |
| | 2011 08 05 0801 | ACCIDENT PROPERTY DAMAGE | INVESTIGATED | 11-10269 | | N |
| | 2011 07 22 1834 | 9-1-1 ABANDONED CALL | ACCIDENTAL/DEFECTIVE | 11-9526 | | N |
| | 2010 10 04 1634 | LARCENY | INCIDENT REPORT PREPARED | 10-10591 | | N |
| | 2009 05 08 2142 | SUSPICIOUS AUTO | INVESTIGATED | 09-5988 | | N |
| | 2008 08 05 0642 | ANIMAL COMPLAINT | REFERRED TO OTHER AGENCY | 08-10039 | | N |
| | 2004 08 26 1404 | MOTOR VEH. COMPLAINT (GENERAL) | SERVICES RENDERED | 04-11653 | | N |
| | 2004 02 24 1411 | SAFETY/ROAD HAZARD | UNFOUNDED | 04-2589 | | Ν |
| | 2002 10 28 0656 | AMBULANCE REQUEST | REMOVED TO HOSPITAL | 02-14903 | | N |
| | 2002 02 08 1150 | ANIMAL COMPLAINT | INVESTIGATED | 02-1612 | | |
| | 2001 04 13 0929 | VANDALISM | INCIDENT REPORT PREPARED | 01-4671 | | |
| | 2000 02 05 2335 | ANIMAL COMPLAINT | UNFOUNDED | 00-1379 | | |
| | 1999 08 20 1557 | B&E - Dwelling | INCIDENT REPORT PREPARED | 99-8996 | | |

61 Bayview Avenue

| Apt # | Year MM DD Time | Reason | Action | Call # | Site # | Vicinity |
|-------|-----------------|------------------------|-------------------------------|----------|--------|----------|
| | 2014 06 14 0144 | DISTURBANCE LOUD NOISE | AREA SEARCH NEGATIVE | 14-6740 | | N |
| | 2013 10 22 0118 | PROPERTY CHECK | PROPERTY CK'D/APPEARS SECURE | 13-12706 | | N |
| | 2012 07 17 1741 | SUSPICIOUS PERSON | DISPERSED GATHERING | 12-9781 | | N |
| | 2012 06 29 2239 | AMBULANCE REQUEST | REMOVED TO HOSPITAL | 12-8862 | | N |
| | 2012 06 19 0510 | PROPERTY CHECK | PROPERTY CK'D/APPEARS SECURE | 12-8375 | | N |
| | 2010 09 17 2312 | SUSPICIOUS AUTO | ADV. CONTACT POL. IF REPEATED | 10-9932 | | N |
| | 2001 02 03 1808 | 9-1-1 ABANDONED CALL | ACCIDENTAL/DEFECTIVE | 01-1470 | | |
| | 2000 01 15 2349 | GENERAL SERVICES | REFERRED TO OTHER AGENCY | 00-612 | | |
| | 1996 08 08 1657 | ALARM BURGLAR | ACCIDENTAL/DEFECTIVE | 96-6471 | | |
| | 1995 07 30 1207 | OFFICER WANTED | INVESTIGATED | 95-6602 | | |
| | 1994 09 29 1216 | SUSPICIOUS OTHER | | 94-5815 | | |