



FRANKLIN TOWN COUNCIL

April 15, 2015
7:00 PM

A. APPROVAL OF MINUTES

B. ANNOUNCEMENTS – *This meeting is being recorded by Franklin TV and shown on Comcast channel 11 and Verizon channel 29. This meeting is being recorded by Franklin Matters.*

C. PROCLAMATIONS/RECOGNITIONS

D. CITIZEN COMMENTS

E. APPOINTMENTS – *Zoning Board of Appeals*

F. HEARINGS

G. LICENSE TRANSACTIONS » *Hamra Noodles, LLC, D/B/A Noodles & Company – New License*
» *Gill N Sidhu, LLC – Chinese Mirch - Change of DBA*
» *Maguro House- New Officer and Director, Transfer of Stock and New Stockholder*

H. PRESENTATIONS/DISCUSSIONS – *Curbside Collection – Brutus Cantoreggi*

I. SUBCOMMITTEE REPORTS

J. LEGISLATION FOR ACTION

- Resolution 15-15: Appropriation and Authorization to Borrow for Purchase and Renovation of Improved Property for Franklin Recreation Department*
- Resolution 15-16: Purchase of Property at 275 Beaver Street for Franklin Recreation Department's Use*
- Bylaw Amendment 15-746: Chapter 181, Wetlands Protection – 2nd Reading*

K. TOWN ADMINISTRATOR'S REPORT

L. OLD BUSINESS

M. NEW BUSINESS

N. COUNCIL COMMENTS

O EXECUTIVE SESSION

P. ADJOURN



APPOINTMENT:

Zoning Board of Appeals

David J. Lamberto
451 Lincoln Street

The members of the Zoning Board of Appeals have recommended the appointment of David J. Lamberto to serve as an associate member of the Zoning Board of Appeals.

MOTION to ratify the appointment by the Town Administrator of David J. Lamberto to serve as an associate member of the Zoning Board of Appeals.

DATED: _____, 2015

VOTED:

UNANIMOUS _____

A True Record Attest:

YES _____ **NO** _____

Deborah L. Pellegrini
Town Clerk

ABSTAIN _____

ABSENT _____

Judith Pond Pfeffer, Clerk
Franklin Town Council



License Transactions:

Hamra Noodles, LLC
D/B/A Noodles & Company
648 Old West Central Street

This is an application for a new Wine and Malt beverages license for a new restaurant located at 648 Old West Central Street. The Manager is to be Matthew P. Gaudreau.

All departments have signed off on this application.

MOTION to approve the request for a new Wine and Malt beverages Restaurant license for Noodles & Company located at 648 Old West Central Street and approve the Manager, Matthew P. Gaudreau.

DATED: _____, 2015

VOTED:

UNANIMOUS _____

YES _____ **NO** _____

ABSTAIN _____

ABSENT _____

A True Record Attest:

Deborah L. Pellegri
Town Clerk

Judith Pond Pfeffer, Clerk
Franklin Town Council



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

For Reconsideration

FORM 43
MUST BE SIGNED BY LOCAL LICENSING AUTHORITY

ABCC License Number

City/Town

Local Approval Date

TRANSACTION TYPE (Please check all relevant transactions):

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> New License | <input type="checkbox"/> New Officer/Director | <input type="checkbox"/> Pledge of License | <input type="checkbox"/> Change Corporate Name |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Pledge of Stock | <input type="checkbox"/> Seasonal to Annual |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Transfer of Stock | <input type="checkbox"/> Change of License Type |
| <input type="checkbox"/> Cordials/Liqueurs Permit | <input type="checkbox"/> Issuance of Stock | <input type="checkbox"/> New Stockholder | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> 6-Day to 7-Day License | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Wine & Malt to All Alcohol | |

Name of Licensee

EIN of Licensee

D/B/A

Manager

ADDRESS:

CITY/TOWN:

STATE

ZIP CODE

Annual or Seasonal

Category: (All Alcohol- Wine & Malt Wine, Malt & Cordials)

Type: (Restaurant, Club, Package Store, General On Premises, Etc.)

Complete Description of Licensed Premises:

A 2,511 square foot in-line space in a single story building, together with 180 square foot outdoor dining patio. The restaurant will have a 670 square foot dining room with 70 interior seats and 12 exterior seats. In addition to the dining room the restaurant will include a kitchen, storage areas, women's room and men's room and 2 ingress/egress doors.

Application Filed:

Date & Time

Advertised:

Date & Attach Publication

Abutters Notified: Yes No

Licensee Contact Person for Transaction

Phone:

ADDRESS:

CITY/TOWN:

STATE

ZIP CODE

Remarks:

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission
 Ralph Sacramone
 Executive Director

ABCC Remarks:

APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town

Franklin

1. LICENSEE INFORMATION:

A. Legal Name/Entity of Applicant:(Corporation, LLC or Individual) Hamra Noodles, LLC

B. Business Name (if different) : Noodles & Company

C. Manager of Record: Matthew P. Gaudreau

D. ABCC License Number (for existing licenses only) :

E. Address of Licensed Premises: 648 Old West Central Street

City/Town: Franklin

State: MA

Zip: 02038

F. Business Phone: 617-500-4121

G. Cell Phone: 508-454-0956

H. Email: kallen@teamhamra.com

I. Website: www.noodles.com

J. Mailing address (if different from E.): 1855 S. Ingram Mill Road

City/Town: Springfield

State: MO

Zip: 65804

2. TRANSACTION:

- New License New Officer/Director Transfer of Stock Issuance of Stock Pledge of Stock
 Transfer of License New Stockholder Management/Operating Agreement Pledge of License

The following transactions must be processed as new licenses:

- Seasonal to Annual (6) Day to (7)-Day License Wine & Malt to All Alcohol

IMPORTANT ATTACHMENTS (1): The applicant must attach a vote of the entity authorizing all requested transactions, including the appointment of a Manager of Record or principal representative.

3. TYPE OF LICENSE:

- \$12 Restaurant \$12 Hotel \$12 Club \$12 Veterans Club
 \$12 General On-Premises \$12 Tavern (No Sundays) \$15 Package Store

4. LICENSE CATEGORY:

- All Alcoholic Beverages Wine & Malt Beverages Only Wine or Malt Only
 Wine & Malt Beverages with Cordials/Liqueurs Permit

5. LICENSE CLASS:

- Annual Seasonal

6. CONTACT PERSON CONCERNING THIS APPLICATION (ATTORNEY IF APPLICABLE)

NAME:

ADDRESS:

CITY/TOWN: STATE: ZIP CODE:

CONTACT PHONE NUMBER: FAX NUMBER:

EMAIL:

7. DESCRIPTION OF PREMISES:

Please provide a complete description of the premises to be licensed. Please note that this must be identical to the description on the Form 43.

A 2,511 square foot in-line space in a newly constructed +/- 8,707 square foot single story building, together with 180 square foot outdoor dining patio. The restaurant will have a 670 square foot dining room with 70 interior seats and 12 exterior seats. In addition to the dining room, the restaurant will include a kitchen, storage areas, women's room and men's room and 2 ingress/egress doors.

Total Square Footage: Number of Entrances: Number of Exits:

Occupancy Number: Seating Capacity:

IMPORTANT ATTACHMENTS (2): The applicant must attach a floor plan with dimensions and square footage for each floor & room.

8. OCCUPANCY OF PREMISES:

By what right does the applicant have possession and/or legal occupancy of the premises?

IMPORTANT ATTACHMENTS (3): The applicant must submit a copy of the final lease or documents evidencing a legal right to occupy the premises.

Other:

Landlord is a(n): Other:

Name: Phone:

Address: City/Town: State: Zip:

Initial Lease Term: Beginning Date Ending Date

Renewal Term: Options/Extensions at: Years Each

Rent: Per Year Rent: Per Month

Do the terms of the lease or other arrangement require payments to the Landlord based on a percentage of the alcohol sales?
 Yes No

IMPORTANT ATTACHMENTS(4):

1. If yes, the Landlord is deemed a person or entity with a financial or beneficial interest in this license. Each individual with an ownership interest with the Landlord must be disclosed in §10 and must submit a completed Personal Information Form attached to this application.
2. Entity formation documents for the Landlord entity must accompany the application to confirm the individuals disclosed.
3. If the principals of the applicant corporation or LLC have created a separate corporation or LLC to hold the real estate, the applicant must still provide a lease between the two entities.

9. LICENSE STRUCTURE:

The Applicant is a(n):

LLC

Other:

If the applicant is a Corporation or LLC, complete the following:

Date of Incorporation/Organization:

5/7/2012

State of Incorporation/Organization:

MO

Is the Corporation publicly traded?

Yes

No



10. INTERESTS IN THIS LICENSE:

List all individuals involved in the entity (e.g. corporate stockholders, directors, officers and LLC members and managers) and any person or entity with a direct or indirect, beneficial or financial interest in this license (e.g. landlord with a percentage rent based on alcohol sales).

IMPORTANT ATTACHMENTS (5):

A. All individuals or entities listed below are required to complete a Personal Information Form.

B. All shareholders, LLC members or other individuals with any ownership in this license must complete a CORI Release Form.

Name	All Titles and Positions	Specific # of Stock or % Owned	Other Beneficial Interest
Hamra Bread-Boston, LLLP	Member	100%	
Michael K. Hamra	President & CEO		
Sam F. Hamra	Chairman		
June S. Hamra	V. Chairman		
Simeon J. Shelton	CFO		

*If additional space is needed, please use last page.

11. EXISTING INTEREST IN OTHER LICENSES:

Does any individual listed in §10 have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes No **If yes, list said interest below:**

Name	License Type	Licensee Name & Address
Michael K. Hamra	§12 Restaurant	Hamra Noodles, LLC, 50 Turnpike, Shrewsbury, MA 01545
Sam F. Hamra	§12 Restaurant	Hamra Noodles, LLC, 50 Boston Turnpike, Shrewsbury, MA 01545
June S. Hamra	§12 Restaurant	Hamra Noodles, LLC, 50 Boston Turnpike, Shrewsbury, MA 01545
Simeon J. Shelton	§12 Restaurant	Hamra Noodles, LLC, 50 Boston Turnpike, Shrewsbury, MA 01545
Lori A. Johnson	§12 Restaurant	Hamra Noodles, LLC, 50 Boston Turnpike, Shrewsbury, MA 01545
	Please Select	
	Please Select	

*If additional space is needed, please use last page.

Additional Space

Please note which question you are using this space for.

#10 Interest in is License

Lori A. Johnson, Treasurer

Kenneth L. Allen, Vice President and General Counsel

The officers of Hamra Bread-Boston, LLLP, are the same as for Hamra Noodles, LLC.

#11 Existing Interest in other Licenses

Hamra Noodles, LLC holds Retail Liquor Licenses for Noodles & Company Restaurants located in Missouri:

13307 Manchester Road, Des Peres, MO

1784 Clarkson Road, Chesterfield, MO

406 S 9th Street, Columbia, MO

1092 S Olive Boulevard, Creve Coeur, MO

64 Hampton Village Plaza, St. Louis, MO

18 S County Center Way #81, South County, MO

6310 Delmar, University City, MO

12. PREVIOUSLY HELD INTERESTS IN OTHER LICENSES:

Has any individual listed in §10 who has a direct or indirect beneficial interest in this license 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 said interest below:

Name	Licensee Name & Address	Date	Reason Terminated
			Please Select
			Please Select
			Please Select

13. DISCLOSURE OF LICENSE DISCIPLINARY ACTION:

Have any of the disclosed licenses to sell alcoholic beverages listed in §11 and/or §12 ever been suspended, revoked or cancelled? Yes No If yes, list said interest below:

Date	License	Reason of Suspension, Revocation or Cancellation

14. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR A (§15) PACKAGE STORE LICENSE ONLY :

A.) For Individual(s):

- 1. Are you a U.S. Citizen? Yes No
- 2. Are you a Massachusetts Residents? Yes No

B.) For Corporation(s) and LLC(s) :

- 1. Are all Directors/LLC Managers U.S. Citizens? Yes No
- 2. Are a majority of Directors/LLC Managers Massachusetts Residents? Yes No
- 3. Is the License Manager or Principal Representative a U.S. Citizen?

C.) Shareholder(s), Member(s), Director(s) and Officer(s):

- 1.. Are all Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes No

15. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR (§12) RESTAURANT, HOTEL, CLUB, GENERAL ON PREMISE, TAVERN, VETERANS CLUB LICENSE ONLY:

A.) For Individual(s):

- 1. Are you a U.S. Citizen? Yes No

B.) For Corporation(s) and LLC(s) :

- 1. Are a majority of Directors/LLC Managers **NOT** U.S. Citizen(s)? Yes No
- 2. Is the License Manager or Principal Representative a U.S. Citizen? Yes No

C.) Shareholder(s), Member(s), Director(s) and Officer(s):

- 1.. Are all Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes No

16. COSTS ASSOCIATED WITH LICENSE TRANSACTION:

A. Purchase Price for Real Property:	
B. Purchase Price for Business Assets:	\$200,000.00
C. Costs of Renovations/Construction:	\$400,000.00
D. Initial Start-Up Costs:	\$185,000.00
E. Purchase Price for Inventory:	\$15,000.00
F. Other: (Specify)	
G: TOTAL COST	\$800,000.00
H. TOTAL CASH	\$160,000.00
I. TOTAL AMOUNT FINANCED	\$640,000.00

IMPORTANT ATTACHMENTS (6): Submit any and all records, documents and affidavits including loan agreements that explain the source(s) of money for this transaction. Sources of cash must include a minimum of three (3) months of bank statements.

The amounts listed in subsections (H) and (I) must total the amount reflected in (G).

17. PROVIDE A DETAILED EXPLANATION OF THE FORM(S) AND SOURCE(S) OF FUNDING FOR THE COSTS IDENTIFIED ABOVE (INCLUDE LOANS, MORTGAGES, LINES OF CREDIT, NOTES, PERSONAL FUNDS, GIFTS):

A development loan through Bank of America for 80% of development and 20% from cash flow of operations.
Please see attached Affidavit hereto.

*If additional space is needed, please use last page.

18. LIST EACH LENDER AND LOAN AMOUNT(S) FROM WHICH "TOTAL AMOUNT FINANCED" NOTED IN SUB-SECTIONS 16(I) WILL DERIVE:

Name	Dollar Amount	Type of Financing
BANK OF AMERICA	\$4,500,000.00	DEVELOPMENT/CAPEX LINE OF CREDIT

*If additional space is needed, please use last page.

B. Does any individual or entity listed in §19 as a source of financing have a direct or indirect, beneficial or financial interest in this license or any other license(s) granted under Chapter 138? Yes No

If yes, please describe:

19. PLEDGE: (i.e. COLLATERAL FOR A LOAN)

A.) Is the applicant seeking approval to pledge the license? Yes No

1. If yes, to whom:

2. Amount of Loan: 3. Interest Rate: 4. Length of Note:

5. Terms of Loan :

B.) If a corporation, is the applicant seeking approval to pledge any of the corporate stock? Yes No

1. If yes, to whom:

2. Number of Shares:

C.) Is the applicant pledging the inventory? Yes No

If yes, to whom:

IMPORTANT ATTACHMENTS (7): If you are applying for a pledge, submit the pledge agreement, the promissory note and a vote of the Corporation/LLC approving the pledge.

20. CONSTRUCTION OF PREMISES:

Are the premises being remodeled, redecorated or constructed in any way? If YES, please provide a description of the work being performed on the premises: Yes No

Noodles will be completing a tenant fit out of its 2,511 square foot space located in a newly developed, landlord constructed, +/- 8,707 square foot single story building.

21. ANTICIPATED OPENING DATE:

IF ALL OF THE INFORMATION AND
ATTACHMENTS ARE NOT COMPLETE
THE APPLICATION WILL BE
RETURNED



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 239 Causeway Street
 Boston, MA 02114
 www.mass.gov/abcc

MANAGER APPLICATION

All proposed managers are required to complete a Personal Information Form, and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. LICENSEE INFORMATION:

Legal Name of Licensee: Business Name (dba):

Address:

City/Town: State: Zip Code:

ABCC License Number: Phone Number of Premise:

(If existing licensee)

2. MANAGER INFORMATION:

A. Name: B. Cell Phone Number:

C. List the number of hours per week you will spend on the licensed premises:

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen: Yes No B. Date of Naturalization: C. Court of Naturalization:

(Submit proof of citizenship and/or naturalization such as US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)

4. BACKGROUND INFORMATION:

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages? Yes No

If yes, please describe:

B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled? Yes No

If yes, please describe:

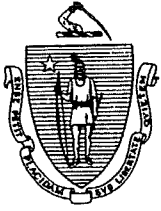
C. Have you ever been the Manager of Record of a license that was issued by this Commission? Yes No

If yes, please describe:

D. Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):

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

Signature Date



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

PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee B. Business Name (dba)

C. Address D. ABCC License Number (If existing licensee)

E. City/Town State Zip Code

F. Phone Number of Premise G. EIN of License

2. PERSONAL INFORMATION:

A. Individual Name B. Home Phone Number

C. Address

D. City/Town State Zip Code

E. Social Security Number

F. Date of Birth

G. Place of Employment

3. BACKGROUND INFORMATION:

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

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

IMPORTANT ATTACHMENTS (8): For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.
 *If additional space is needed, please use the last page

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

Signature Date

Title (If Corporation/LLC Representative)



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PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee	HAMRA NOODLES, LLC	B. Business Name (dba)	NOODLES & COMPANY	
C. Address	1855 S INGRAM MILL ROAD STE 100	D. ABCC License Number (If existing licensee)		
E. City/Town	SPRINGFIELD	State	MA	Zip Code 65804
F. Phone Number of Premise	417-887-7677	G. EIN of License	32-0379585	

2. PERSONAL INFORMATION:

A. Individual Name	JUNE S HAMRA	B. Home Phone Number	417-887-7677	
C. Address	3937 ST ANDREWS DR			
D. City/Town	SPRINGFIELD	State	MA	Zip Code 65809
E. Social Security Number		F. Date of Birth		
G. Place of Employment	HAMRA MANAGEMENT COMPANY, L.L.C.			

3. BACKGROUND INFORMATION:

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

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

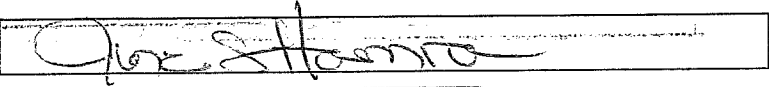
4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

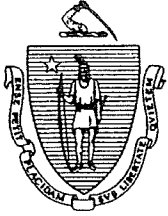
Owens 1% of Hamra Bread-Boston, L.L.L.P., which is 100% sole member of Hamra Noodles, LLC

IMPORTANT ATTACHMENTS (8): For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.
 *If additional space is needed, please use the last page

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

Signature  Date 2/19/15

Title Vice-Chairman (If Corporation/LLC Representative)



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Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee	HAMRA NOODLES, LLC	B. Business Name (dba)	NOODLES & COMPANY	
C. Address	1855 S INGRAM MILL ROAD STE 100	D. ABCC License Number (If existing licensee)		
E. City/Town	SPRINGFIELD	State	MA	Zip Code
F. Phone Number of Premise	417-887-7677	G. EIN of License	32-0379585	

2. PERSONAL INFORMATION:

A. Individual Name	SAM F HAMRA	B. Home Phone Number	417-887-7677	
C. Address	3937 ST ANDREWS DR			
D. City/Town	SPRINGFIELD	State	MA	Zip Code
E. Social Security Number		F. Date of Birth		
G. Place of Employment	HAMRA MANAGEMENT COMPANY, L.L.C.			

3. BACKGROUND INFORMATION:

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

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

Owns 2% of Hamra Bread-Boston, L.L.L.P., which is 100% sole member of Hamra Noodles, LLC

IMPORTANT ATTACHMENTS (8): For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.

*If additional space is needed, please use the last page

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

Signature		Date	2/19/15
Title	Chairman	(If Corporation/LLC Representative)	



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PERSONAL INFORMATION FORM

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1. LICENSEE INFORMATION:

A. Legal Name of Licensee	HAMRA NOODLES, LLC	B. Business Name (dba)	NOODLES & COMPANY	
C. Address	1855 S INGRAM MILL ROAD STE 100		D. ABCC License Number (If existing licensee)	
E. City/Town	SPRINGFIELD	State	MO	Zip Code 65804
F. Phone Number of Premise	417-887-7677	G. EIN of License	32-0379585	

2. PERSONAL INFORMATION:

A. Individual Name	MICHAEL K HAMRA	B. Home Phone Number	617-872-9595	
C. Address	120 Highland Avenue			
D. City/Town	Needham	State	MA	Zip Code 02494
E. Social Security Number		F. Date of Birth		
G. Place of Employment	HAMRA MANAGEMENT COMPANY, L.L.C.			

3. BACKGROUND INFORMATION:

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

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

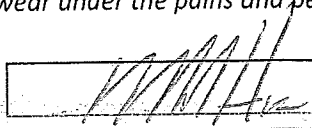
4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

Owns 97% of Hamra Bread-Boston, L.L.L.P., which is 100% sole member of Hamra Noodles, LLC

IMPORTANT ATTACHMENTS (8): For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.
 *If additional space is needed, please use the last page

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

Signature  Date 2/17/15

Title President & CEO (If Corporation/LLC Representative)



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1. LICENSEE INFORMATION:

A. Legal Name of Licensee	HAMRA NOODLES, LLC	B. Business Name (dba)	NOODLES & COMPANY	
C. Address	1855 S INGRAM MILL ROAD STE 100	D. ABCC License Number (if existing licensee)		
E. City/Town	SPRINGFIELD	State	MA	Zip Code 65804
F. Phone Number of Premise	417-887-7677	G. EIN of License	32-0379585	

2. PERSONAL INFORMATION:

A. Individual Name	Kenneth L. Allen	B. Home Phone Number	617-500-4121	
C. Address	21 Pioneer Road			
D. City/Town	Hingham	State	MA	Zip Code 02043
E. Social Security Number		F. Date of Birth		
G. Place of Employment	HAMRA MANAGEMENT COMPANY, L.L.C.			

3. BACKGROUND INFORMATION:

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

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

Holds the position of Vice President and General Counsel.

IMPORTANT ATTACHMENTS (8): For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.
*If additional space is needed, please use the last page

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

Signature		Date	3/10/15
Title	Vice President	(If Corporation/LLC Representative)	



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A. Legal Name of Licensee	HAMRA NOODLES, LLC	B. Business Name (dba)	NOODLES & COMPANY	
C. Address	1855 S INGRAM MILL ROAD STE 100		D. ABCC License Number (If existing licensee)	
E. City/Town	SPRINGFIELD	State	MA	Zip Code 65804
F. Phone Number of Premise	417-887-7677		G. EIN of License	32-0379585

2. PERSONAL INFORMATION:

A. Individual Name	LORI A JOHNSON	B. Home Phone Number	417-268-9075	
C. Address	67 EMERALD LOOP			
D. City/Town	MARSHFIELD	State	MO	Zip Code 65706
E. Social Security Number		F. Date of Birth		
G. Place of Employment	HAMRA MANAGEMENT COMPANY, L.L.C.			

3. BACKGROUND INFORMATION:

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

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

Holds the position of Secretary on the Board of Directors.

IMPORTANT ATTACHMENTS (8): For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.
 *If additional space is needed, please use the last page

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

Signature Lori A Johnson Date Feb 17, 2015

Title Secretary (If Corporation/LLC Representative)

F **The Commonwealth of Massachusetts**
William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place - Room 1717, Boston, Massachusetts 02108-1512

**Foreign Limited Partnership
Application for Registration
(General Laws Chapter 109, Section 49)**

(1) The exact name of the limited partnership:

Hamra Bread-Boston, L.L.L.P.

(2) If different, the name under which it proposes to do business in the Commonwealth:

Hamra Bread-Boston, L.L.L.P.

(3) The jurisdiction where the partnership was organized:

Missouri

(4) The date of organization: 12/23/2009

(5) The general character of the business in the Commonwealth:

to provide mgmt control & family mgmt of partnership assets & to facilitate family communication regarding family business & financial matters

(6) The business address of its principal office:

Hamra Plaza, Suite 100
1855 South Ingram Mill Road
Springfield, MO 65804

(7) The names, business addresses and residence address of its general partners:

NAME	ADDRESS
Sam F Hamra Revocable Living Trust Agreement dated January 17, 1989, as amended	Hamra Plaza, Suite 100 1855 South Ingram Mill Road Springfield, MO 65804
June S Hamra Revocable Living Trust Agreement dated January 17, 1989, as amended	Hamra Plaza, Suite 100 1855 South Ingram Mill Road Springfield, MO 65804
Michael K Hamra Irrevocable Grantor Trust dated December 23, 2009	Hamra Plaza, Suite 100 1855 South Ingram Mill Road Springfield, MO 65804

(8) The business address of its principal office in the Commonwealth, if any:

120 Highland Ave, Suite 105A
Needham, MA 02494

(9) The name and street address of its resident agent in the Commonwealth:

NAME	ADDRESS
Paul J Ayoub Nutter McClennen & Fish LLP	Seaport West 155 Seaport Boulevard Boston, MA 02210

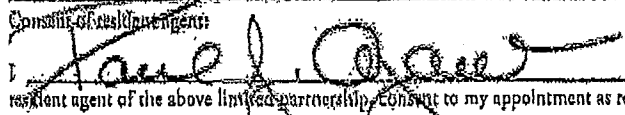
(10) The address of the office at which it keeps a list of the names and addresses of the limited partners and their capital contributions. The limited partnership agrees to keep those records until its registration in the Commonwealth is cancelled.

Hamra Plaza, Suite 100
1855 South Ingram Mill Road
Springfield, MO 65804

Signed (by at least one general partner):

 Paul J. Ayoub, Trustee

Consent of resident agent:


I, Paul J. Ayoub
resident agent of the above limited partnership, consent to my appointment as resident agent pursuant to 6h c109 Section 52*

*or attach registered agents consent form

STATE OF MISSOURI



Jason Kander
Secretary of State

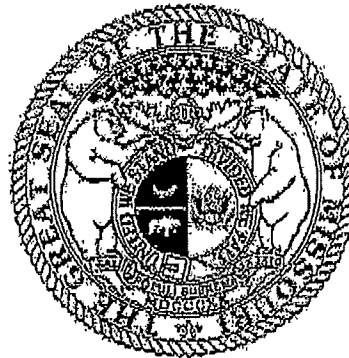
CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

HAMRA BREAD-BOSTON, L.L.P.
LP1022404

was created under the laws of this State on the 23rd day of December, 2009, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 25th day of March, 2013

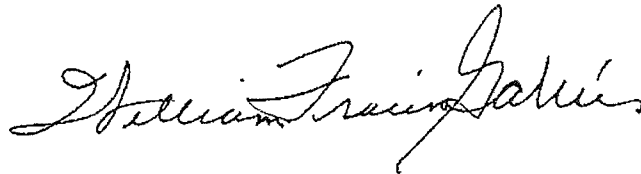


Secretary of State

THE COMMONWEALTH OF MASSACHUSETTS

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

April 05, 2013 03:35 PM

A handwritten signature in cursive script that reads "William Francis Galvin". The signature is written in black ink and is centered on the page.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

F

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

Foreign Limited Liability Company
Application for Registration
(General Laws Chapter 156C, Section 48)

Federal Identification No.: 32-0379585

(1a) The exact name of the limited liability company:

Hamra Noodles, LLC

(1b) If different, the name under which it proposes to do business in the Commonwealth of Massachusetts:

(2) The jurisdiction* where the limited liability company was organized:

Missouri

(3) The date of organization in that jurisdiction: 5/07/12

(4) The general character of the business the limited liability company proposes to do in the Commonwealth:

The general character of the limited liability company's business is to act as a franchisee and operate one or more retail establishments for the preparation and sale of noodle dishes and other foods and beverages.

(5) The business address of its principal office:

Hamra Plaza, Suite 100
1855 South Ingram Mill Road
Springfield, MO 65804

(6) The business address of its principal office in the Commonwealth, if any:

120 Highland Ave, Suite 105A
Needham, MA 02494

(7) The name and business address, if different from principal office location, of each manager:

Hamra Bread-Boston LLLP

Hamra Plaza, Suite 100
1855 South Ingram Mill Road
Springfield, MO 65804

(8) The name and business address of each person authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property recorded with a registry of deeds or district office of the land court:

NAME	ADDRESS
Simeon J Shelton	Hamra Plaza, Suite 100 1855 South Ingram Mill Road Springfield, MO 65804
Michael K Hamra	Hamra Plaza, Suite 100 1855 South Ingram Mill Road Springfield, MO 65804
Lori A Johnson	Hamra Plaza, Suite 100 1855 South Ingram Mill Road Springfield, MO 65804

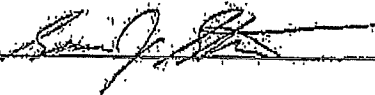
(9) The name and street address of the resident agent in the Commonwealth:

Paul J Ayoub Nutter McClennen & Fish LLP	Seaport West 155 Seaport Boulevard Boston, MA 02210
---	---

(10) The latest date of dissolution, if specified: December 31, 2056

(11) Additional matters:

Signed by (by at least one authorized signatory):

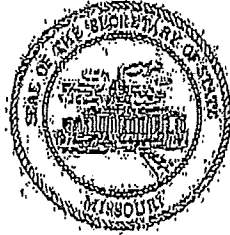


I PAUL J. Ayoub

resident agent of the above limited liability company, consent to my appointment as resident agent pursuant to G.L. c156C § 4B (or attach resident agent's consent hereto).

* Attach a certificate of existence or good standing issued by an officer or agency properly authorized in home state.

STATE OF MISSOURI



Jason Kander
Secretary of State

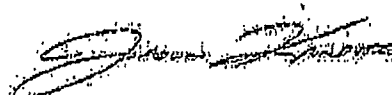
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

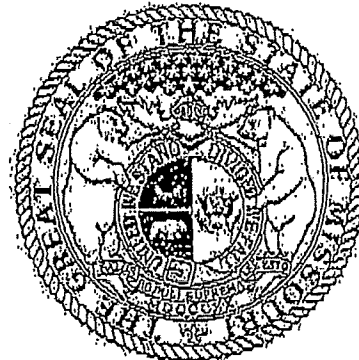
HAMRA NOODLES, LLC
LC1225984

was created under the laws of this State on the 7th day of May, 2012, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 25th day of March, 2013



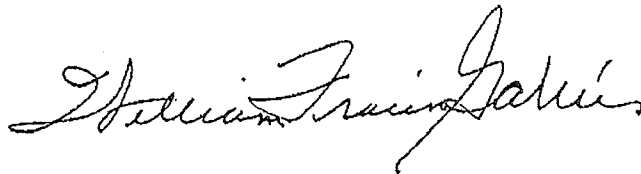
Secretary of State



THE COMMONWEALTH OF MASSACHUSETTS

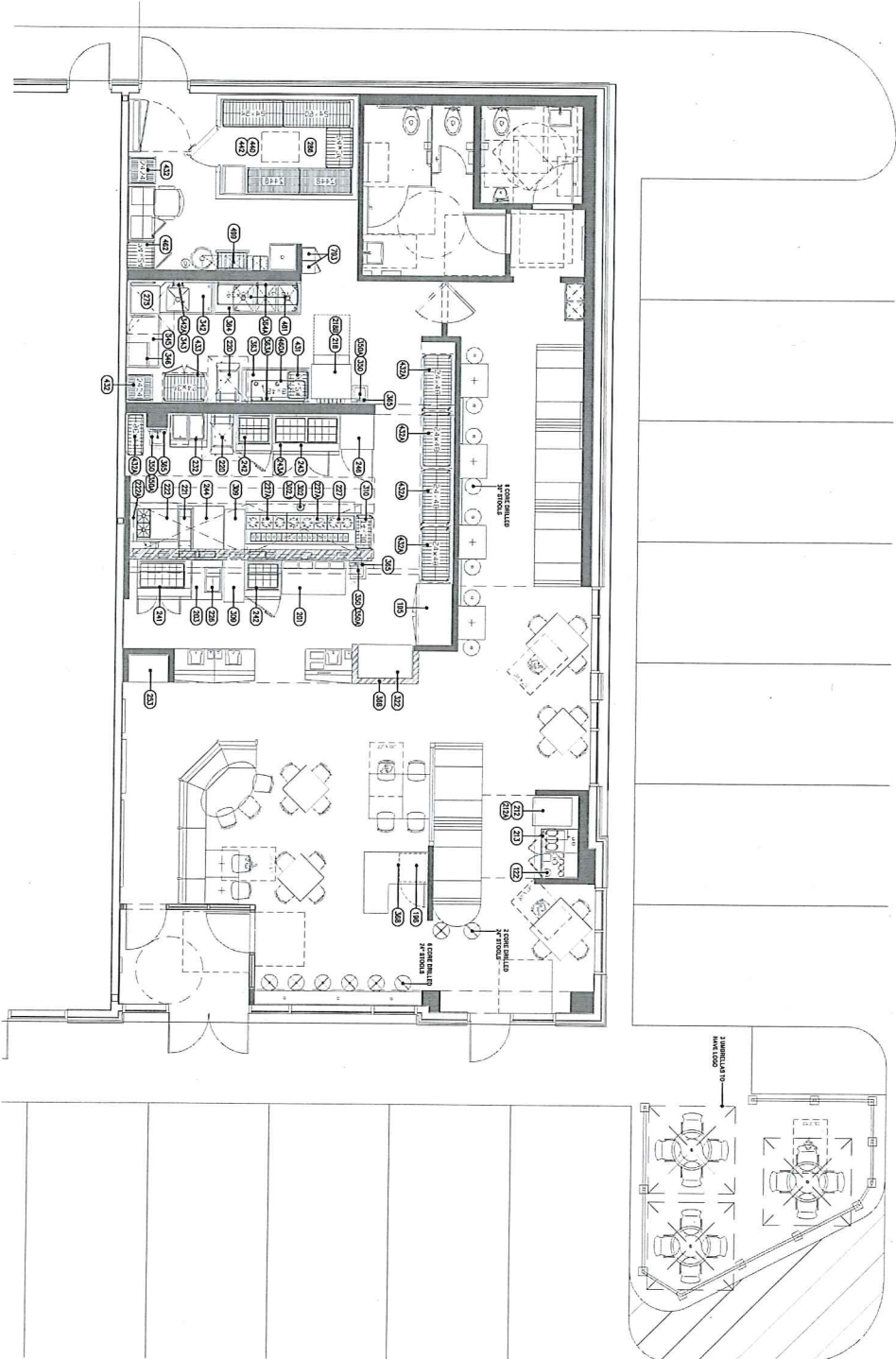
I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with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

April 10, 2013 12:18 PM

A handwritten signature in cursive script, reading "William Francis Galvin". The signature is written in black ink and is centered on the page.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



No alcohol served in patio area

SHEET INDEX

- K1 EQUIPMENT PLAN
- K1.1 EQUIPMENT SCHEDULE
- K2 ELECTRICAL PLAN
- K3 PLUMBING PLAN
- K4 FLOOR FINISH PLAN
- K5 HIDDEN ELEMENTS

GENERAL NOTES

- 1 THESE DRAWINGS ARE THE PROPERTY OF AAVANTI DESIGN AND SHALL REMAIN THE PROPERTY OF AAVANTI DESIGN. THE CLIENT'S RESPONSIBILITY IS TO OBTAIN ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL BUILDING DEPARTMENT AND TO PROVIDE ALL NECESSARY INFORMATION TO AAVANTI DESIGN. AAVANTI DESIGN SHALL NOT BE RESPONSIBLE FOR ANY DELAYS OR COSTS INCURRED BY THE CLIENT DUE TO LACK OF INFORMATION OR DELAYS IN OBTAINING PERMITS AND APPROVALS.
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- 3 THE CLIENT SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL BUILDING DEPARTMENT AND TO PROVIDE ALL NECESSARY INFORMATION TO AAVANTI DESIGN.
- 4 ALL WORKING SURFACES SHALL BE SMOOTH AND FINISHED TO THE FINISH SPECIFIED IN THE CONTRACT DOCUMENTS.
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BARON DESIGN & ASSOCIATES, LLC
 1555 S. INGRAM HILL, SUITE 201
 FRANKLIN, MASSACHUSETTS 01701
 417-877-9000 417-877-5602 FAX

NOODLES & COMPANY STORE # 7900
 648 OLD WEST CENTRAL STREET
 FRANKLIN, MA 02038
EQUIPMENT PLAN



Drawn by KY	Checked by CHS
Date 12/09/14	Date 12/09/14
Scale 1/8" = 1'-0"	Scale 1/8" = 1'-0"
Sheet No. K-1	Sheet No. K-1

APPLICANT'S STATEMENT

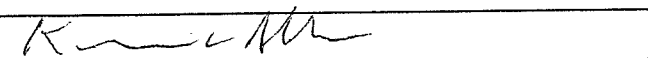
I, Kenneth L. Allen the: sole proprietor; partner; corporate principal; LLC/LLP member

of Hamra Bread-Boston, LLLP, hereby submit this application for Hamra Noodles, LLC (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 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) 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 does not violate any requirement of the ABCC or other state law or local ordinances;
- (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 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) 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.

Signature: 

Date: 3/10/15

Title: Vice President and General Counsel



License Transactions:

Gill N. Sidhu, LLC
D/B/A Chinese Mirch

Gill N. Sidhu, LLC owner of the currently named Guru Bar & Grill has petitioned the Council for a change of D/B/A to Chinese Mirch.

All paperwork is in order.

MOTION to approve the change of D/B/A to Chinese Mirch for the License held by Gill N. Sidhu, LLC.

DATED: _____, 2015

VOTED:

UNANIMOUS _____

YES _____ **NO** _____

ABSTAIN _____

A True Record Attest:

ABSENT _____

Deborah L. Pellegrini
Town Clerk

Judith Pond Pfeffer, Clerk
Franklin Town Council



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

For Reconsideration

FORM 43
MUST BE SIGNED BY LOCAL LICENSING AUTHORITY

043000067
 ABCC License Number

Franklin
 City/Town

April 15, 2015
 Local Approval Date

TRANSACTION TYPE (Please check all relevant transactions):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> New License | <input type="checkbox"/> New Officer/Director | <input type="checkbox"/> Pledge of License | <input type="checkbox"/> Change Corporate Name |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Pledge of Stock | <input type="checkbox"/> Seasonal to Annual |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Transfer of Stock | <input type="checkbox"/> Change of License Type |
| <input type="checkbox"/> Cordials/Liqueurs Permit | <input type="checkbox"/> Issuance of Stock | <input type="checkbox"/> New Stockholder | <input checked="" type="checkbox"/> Other <input type="text" value="Change of DBA"/> |
| <input type="checkbox"/> 6-Day to 7-Day License | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Wine & Malt to All Alcohol | |

Name of Licensee EIN of Licensee
 D/B/A Manager
 ADDRESS: CITY/TOWN: STATE ZIP CODE

 Annual or Seasonal Category: (All Alcohol- Wine & Malt Wine, Malt & Cordials) Type: (Restaurant, Club, Package Store, General On Premises, Etc.)

Complete Description of Licensed Premises:

Three rooms, kitchen, lounge/bar/dining area. Second dining room, office and storage (basement). One front and one rear entrance/exit. Seating capacity 80.

Application Filed: Advertised: Abutters Notified: Yes No
 Date & Time Date & Attach Publication

Contact Person for Transaction Phone:

ADDRESS: CITY/TOWN: STATE ZIP CODE

Remarks:

The Local Licensing Authorities
 By: _____

 Judith Pond Pfeffer
 Clerk, Franklin Town Council

Alcoholic Beverages Control Commission
 Ralph Sacramone
 Executive Director

ABCC Remarks: _____

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

PETITION FOR CHANGE OF LICENSE

04300067

ABCC License Number

Franklin

City/Town

The licensee GILLIN SIDHU LLC, D/B/A Chinese Mirch respectfully petitions the Licensing Authorities to approve the following transactions:

Change of Manager
 Pledge of License/Stock
 Change of Corporate Name
 Change of DBA

Alteration of Premises
 Cordial & Liqueurs
 Change of Location
 Change of License Type (\$12 ONLY, e.g. "club" to "restaurant")

Change of Manager Last-Approved Manager:

Requested New Manager:

Pledge of License /Stock Loan Principal Amount: \$ Interest Rate:

Payment Term: Lender:

Change of Corporate Name/DBA Last-Approved Corporate Name/DBA: GILLIN Sidhu LLC, D/B/A

Requested New Corporate Name/DBA: Gill N Sidhu LLC, D/B/A - Chinese Mirch

Change of License Type Last-Approved License Type:

Requested New License Type:

Alteration of Premises: (must fill out attached financial information form)
Description of Alteration:

Change of Location: (must fill out attached financial information form)
Last-Approved Location:
Requested New Location:

Signature of Licensee Sandeep Sidhu
(If a Corporation/LLC, by its authorized representative)

Date Signed 3/19/2015

8840

211

Business Certificate
15-34

The Commonwealth of Massachusetts

Town of Franklin

18-Feb-15

In conformity with the provisions of Chapter one hundred and ten, Section five of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of

Number Chinese Mirch is conducted at
30 Main Street Street
Franklin, MA 02038

by the following persons.

FULL NAME	RESIDENCE
<u>Sandeep Sidhu & Jagtar Singh Gill</u>	<u>10 Cold Spring Road, Uxbridge, MA 01569</u>
_____	_____

Signed

Sandeep Sidhu

The Commonwealth of Massachusetts

Norfolk County ss.

18-Feb-15

Personally appeared before me the above-named

[Signature]

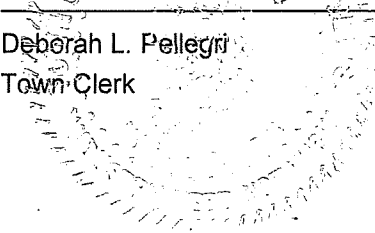
and made oath that the foregoing statement is true.

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 2019

Deborah L. Pellegrini

Deborah L. Pellegrini
Town Clerk



CHINESE MIRCH
30 Main St.
Franklin, MA 02038

Owner: Sandeep Sidhu & Jagtar Singh Gill
10 Cold Spring Rd.
Uxbridge, MA 01569

Filed: February 18, 2015

BC#: 15-34

Exp: 2019

Sandeep Sidhu
30 Main street
Franklin, Ma
02038.

Certificate of corporate vote.

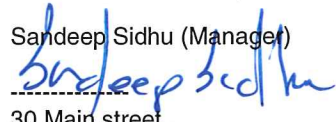
This is to certify that at special meeting of the board of directors of the corporation, held at the offices of the corporation located at 30 Main street Franklin ma 02038 on feb 20, 2015 at 11:00 Am, all the members being present and voting, it was unanimously voted.

Change of a DBA from Guru Bar and grill to Chinese Mirch.

By unanimous consensus therefore we shall move forward adopting the element by said vote.


Sincerely

Sandeep Sidhu (Manager)



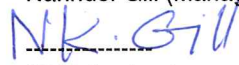
30 Main street
Franklin, Ma 02038.

Jagtar Gill (Manager)



30 Main street
Franklin, Ma 02038

Narinder Gill (Manager)



30 Main street
Franklin, Ma 02038



License Transactions:

Maguro House
29 East Central Street

This is an application for New Officer/Director, Transfer of Stock and New Stockholder for Maguro House restaurant located at 29 East Central Street.

All departments have signed off on this transaction.

MOTION to approve the requested changes of New Officer/Director, Transfer of Stock and New Stockholder.

DATED: _____, 2015

VOTED:

UNANIMOUS _____

YES _____ **NO** _____

ABSTAIN _____

ABSENT _____

A True Record Attest:

Deborah L. Pellegrini
Town Clerk

Judith Pond Pfeffer, Clerk
Franklin Town Council



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

For Reconsideration

FORM 43
MUST BE SIGNED BY LOCAL LICENSING AUTHORITY

043000070

ABCC License Number

Franklin

City/Town

April 15, 2015

Local Approval Date

TRANSACTION TYPE (Please check all relevant transactions):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> New License | <input checked="" type="checkbox"/> New Officer/Director | <input type="checkbox"/> Pledge of License | <input type="checkbox"/> Change Corporate Name |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Pledge of Stock | <input type="checkbox"/> Seasonal to Annual |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Alteration of Licensed Premises | <input checked="" type="checkbox"/> Transfer of Stock | <input type="checkbox"/> Change of License Type |
| <input type="checkbox"/> Cordials/Liqueurs Permit | <input type="checkbox"/> Issuance of Stock | <input checked="" type="checkbox"/> New Stockholder | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> 6-Day to 7-Day License | <input type="checkbox"/> Management/Operating Agreement | <input type="checkbox"/> Wine & Malt to All Alcohol | |

Name of Licensee EIN of Licensee

D/B/A Manager

ADDRESS: CITY/TOWN: STATE ZIP CODE

Annual or Seasonal

Category: (All Alcohol- Wine & Malt Wine, Malt & Cordials)

Type: (Restaurant, Club, Package Store, General On Premises, Etc.)

Complete Description of Licensed Premises:

2393 square feet restaurant in downtown business block. Full kitchen, sushi bar, walk-in-freezer, 68 seat capacity dining area, two rest rooms, front and rear entrance/exits.

Application Filed: Advertiser: Abutters Notified: Yes No
 Date & Time Date & Attach Publication

Contact Person for Transaction Phone:

ADDRESS: CITY/TOWN: STATE ZIP CODE

Remarks:

The Local Licensing Authorities
 By:

Alcoholic Beverages Control Commission
 Ralph Sacramone
 Executive Director

 Judith Pond Pfeffer
 Clerk, Franklin Town

ABCC Remarks: _____



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

PETITION FOR TRANSFER OF OWNERSHIP

043000070

ABCC License Number

Franklin

City/Town

The licensee Super HK, LLC and the proposed transferee Super HK, LLC respectfully petition the Licensing Authorities to approve the following transfer of ownership.

Is the PRESENT licensee a Corporation/LLC duly registered under the laws of the Commonwealth of Massachusetts?

Yes No If YES, please list the officers, directors and stockholders, their residences, and shares owned by each.

Name	Title	Address	Stock or % Owned
Mei Fang Lee	Member/ License Manager	53 Church Street, Grafton, MA 01519	30%
Hai-Lun Yu	Member/Manager	10 Carl Jordan Drive, Attleboro, MA 02703	70%

Is the PROPOSED transferee a Corporation/LLC, duly registered under the laws of the Commonwealth of Massachusetts?

Yes No If YES, please list the officers, directors and stockholders, their residences, and shares owned by each.

TO: (Place an * before the name of each DIRECTOR/LLC Manager.)

Name	Title	Address	Stock or % Owned
Mei Fang Lee	SocSignatory/License Manager	53 Church Street, Grafton, MA 01519	50%
*Virginia Kong	Member/Manager	417 Brown Street, Attleboro, MA 02703	50%

The above named proposed transferee hereby joins in this petition for transfer of said license.

SIGNATURE OF LAST-APPROVED LICENSEE: [Signature]

(If a Corporation/LLC, by its authorized representative)

Date Signed 3-24-15

SIGNATURE OF PROPOSED TRANSFEREE: [Signature]

APPLICATION FOR RETAIL ALCOHOLIC BEVERAGE LICENSE

City/Town

Franklin

1. LICENSEE INFORMATION:

A. Legal Name/Entity of Applicant:(Corporation, LLC or Individual) Super HK, LLC

B. Business Name (if different): Maguro House

C. Manager of Record: Mei Fang Lee

D. ABCC License Number (for existing licenses only): 043000070

E. Address of Licensed Premises: 29 East Central St. (Retail C)

City/Town: Franklin

State: MA

Zip: 02038

F. Business Phone: 508 520 8899

G. Cell Phone:

H. Email: magurohouse29@gmail.com

I. Website:

J. Mailing address (if different from E.):

City/Town:

State:

Zip:

2. TRANSACTION:

- New License New Officer/Director Transfer of Stock Issuance of Stock Pledge of Stock
 Transfer of License New Stockholder Management/Operating Agreement Pledge of License

The following transactions must be processed as new licenses:

- Seasonal to Annual (6) Day to (7)-Day License Wine & Malt to All Alcohol

IMPORTANT ATTACHMENTS (1): The applicant must attach a vote of the entity authorizing all requested transactions, including the appointment of a Manager of Record or principal representative.

3. TYPE OF LICENSE:

- \$12 Restaurant \$12 Hotel \$12 Club \$12 Veterans Club
 \$12 General On-Premises \$12 Tavern (No Sundays) \$15 Package Store

4. LICENSE CATEGORY:

- All Alcoholic Beverages Wine & Malt Beverages Only Wine or Malt Only
 Wine & Malt Beverages with Cordials/Liqueurs Permit

5. LICENSE CLASS:

- Annual Seasonal

6. CONTACT PERSON CONCERNING THIS APPLICATION (ATTORNEY IF APPLICABLE)

NAME:

ADDRESS:

CITY/TOWN: STATE: ZIP CODE:

CONTACT PHONE NUMBER: FAX NUMBER:

EMAIL:

7. DESCRIPTION OF PREMISES:

Please provide a complete description of the premises to be licensed. Please note that this must be identical to the description on the Form 43.

Total Square Footage: Number of Entrances: Number of Exits:

Occupancy Number: Seating Capacity:

IMPORTANT ATTACHMENTS (2): The applicant must attach a floor plan with dimensions and square footage for each floor & room.

8. OCCUPANCY OF PREMISES:

By what right does the applicant have possession and/or legal occupancy of the premises?

IMPORTANT ATTACHMENTS (3): The applicant must submit a copy of the final lease or documents evidencing a legal right to occupy the premises.

Other:

Landlord is a(n): Other:

Name: Phone:

Address: City/Town: State: Zip:

Initial Lease Term: Beginning Date Ending Date

Renewal Term: Options/Extensions at: Years Each

Rent: Per Year Rent: Per Month

Do the terms of the lease or other arrangement require payments to the Landlord based on a percentage of the alcohol sales?
Yes No

IMPORTANT ATTACHMENTS (4):

1. If yes, the Landlord is deemed a person or entity with a financial or beneficial interest in this license. Each individual with an ownership interest with the Landlord must be disclosed in §10 and must submit a completed Personal Information Form attached to this application.
2. Entity formation documents for the Landlord entity must accompany the application to confirm the individuals disclosed.
3. If the principals of the applicant corporation or LLC have created a separate corporation or LLC to hold the real estate, the applicant must still provide a lease between the two entities.

9. LICENSE STRUCTURE:

The Applicant is a(n):

Other:

If the applicant is a Corporation or LLC, complete the following:

Date of Incorporation/Organization:

State of Incorporation/Organization:

Is the Corporation publicly traded? Yes No

10. INTERESTS IN THIS LICENSE:

List all individuals involved in the entity (e.g. corporate stockholders, directors, officers and LLC members and managers) and any person or entity with a direct or indirect, beneficial or financial interest in this license (e.g. landlord with a percentage rent based on alcohol sales).

IMPORTANT ATTACHMENTS (5):

A. All individuals or entities listed below are required to complete a Personal Information Form.

B. All shareholders, LLC members or other individuals with any ownership in this license must complete a CORI Release Form.

Name	All Titles and Positions	Specific # of Stock or % Owned	Other Beneficial Interest
Mei Fang Lee	Soc Signatory/License Mana	50%	
Virginia Kong	Manager	50%	

*If additional space is needed, please use last page.

11. EXISTING INTEREST IN OTHER LICENSES:

Does any individual listed in §10 have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes No **If yes, list said interest below:**

Name	License Type	Licensee Name & Address
	<input type="text" value="Please Select"/>	
	<input type="text" value="Please Select"/>	
	<input type="text" value="Please Select"/>	
	<input type="text" value="Please Select"/>	
	<input type="text" value="Please Select"/>	
	<input type="text" value="Please Select"/>	
	<input type="text" value="Please Select"/>	

*If additional space is needed, please use last page.

12. PREVIOUSLY HELD INTERESTS IN OTHER LICENSES:

Has any individual listed in §10 who has a direct or indirect beneficial interest in this license 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 said interest below:

Name	Licensee Name & Address	Date	Reason Terminated
Mei Fang Lee	Mandarin Cuisine, 691 Main Street, Walpole, MA 02081	Until 2002	Transferred
			Please Select
			Please Select

13. DISCLOSURE OF LICENSE DISCIPLINARY ACTION:

Have any of the disclosed licenses to sell alcoholic beverages listed in §11 and/or §12 ever been suspended, revoked or cancelled? Yes No If yes, list said interest below:

Date	License	Reason of Suspension, Revocation or Cancellation

14. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR A (§15) PACKAGE STORE LICENSE ONLY :

A.) For Individual(s):

1. Are you a U.S. Citizen? Yes No
2. Are you a Massachusetts Residents? Yes No

B.) For Corporation(s) and LLC(s) :

1. Are all Directors/LLC Managers U.S. Citizens? Yes No
2. Are a majority of Directors/LLC Managers Massachusetts Residents? Yes No
3. Is the License Manager or Principal Representative a U.S. Citizen?

C.) Shareholder(s), Member(s), Director(s) and Officer(s):

- 1.. Are all Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes No

15. CITIZENSHIP AND RESIDENCY REQUIREMENTS FOR (§12) RESTAURANT, HOTEL, CLUB, GENERAL ON PREMISE, TAVERN, VETERANS CLUB LICENSE ONLY:

A.) For Individual(s):

1. Are you a U.S. Citizen? Yes No

B.) For Corporation(s) and LLC(s) :

1. Are a majority of Directors/LLC Managers **NOT** U.S. Citizen(s)? Yes No
2. Is the License Manager or Principal Representative a U.S. Citizen? Yes No

C.) Shareholder(s), Member(s), Director(s) and Officer(s):

- 1.. Are all Shareholders, Members, Directors, LLC Managers and Officers involved at least twenty-one (21) years old? Yes No

16. COSTS ASSOCIATED WITH LICENSE TRANSACTION:

A. Purchase Price for Real Property:

B. Purchase Price for Business Assets:

C. Costs of Renovations/Construction:

D. Initial Start-Up Costs:

E. Purchase Price for Inventory:

F. Other: (Specify)

G: TOTAL COST

H. TOTAL CASH

I. TOTAL AMOUNT FINANCED

IMPORTANT ATTACHMENTS (6): Submit any and all records, documents and affidavits including loan agreements that explain the source(s) of money for this transaction. Sources of cash must include a minimum of three (3) months of bank statements.

The amounts listed in subsections (H) and (I) must total the amount reflected in (G).

17. PROVIDE A DETAILED EXPLANATION OF THE FORM(S) AND SOURCE(S) OF FUNDING FOR THE COSTS IDENTIFIED ABOVE (INCLUDE LOANS, MORTGAGES, LINES OF CREDIT, NOTES, PERSONAL FUNDS, GIFTS):

A promissory note was given for \$74,000.00.

*If additional space is needed, please use last page.

18. LIST EACH LENDER AND LOAN AMOUNT(S) FROM WHICH "TOTAL AMOUNT FINANCED" NOTED IN SUB-SECTIONS 16(I) WILL DERIVE:

A.

Name	Dollar Amount	Type of Financing
Hai-Lun Yu	\$74,000.00	Term Loan

*If additional space is needed, please use last page.

B. Does any individual or entity listed in §19 as a source of financing have a direct or indirect, beneficial or financial interest in this license or any other license(s) granted under Chapter 138? Yes No

If yes, please describe:

19. PLEDGE: (i.e. COLLATERAL FOR A LOAN)

A.) Is the applicant seeking approval to pledge the license? Yes No

1. If yes, to whom:

2. Amount of Loan: 3. Interest Rate: 4. Length of Note:

5. Terms of Loan :

B.) If a corporation, is the applicant seeking approval to pledge any of the corporate stock? Yes No

1. If yes, to whom:

2. Number of Shares:

C.) Is the applicant pledging the inventory? Yes No

If yes, to whom:

IMPORTANT ATTACHMENTS (7): If you are applying for a pledge, submit the pledge agreement, the promissory note and a vote of the Corporation/LLC approving the pledge.

20. CONSTRUCTION OF PREMISES:

Are the premises being remodeled, redecorated or constructed in any way? If YES, please provide a description of the work being performed on the premises: Yes No

21. ANTICIPATED OPENING DATE:

**IF ALL OF THE INFORMATION AND
ATTACHMENTS ARE NOT COMPLETE
THE APPLICATION WILL BE
RETURNED**



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

PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee B. Business Name (dba)

C. Address D. ABCC License Number (If existing licensee)

E. City/Town State Zip Code

F. Phone Number of Premise G. EIN of License

2. PERSONAL INFORMATION:

A. Individual Name B. Home Phone Number

C. Address

D. City/Town State Zip Code

E. Social Security Number F. Date of Birth

G. Place of Employment

3. BACKGROUND INFORMATION:

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

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

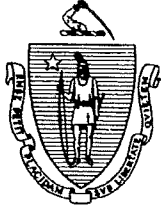
Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

IMPORTANT ATTACHMENTS (8): For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.
 *If additional space is needed, please use the last page

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

Signature Date

Title (If Corporation/LLC Representative)



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

PERSONAL INFORMATION FORM

Each individual listed in Section 10 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Legal Name of Licensee	Super HK, LLC	B. Business Name (dba)	Maguro House
C. Address	29 East Central Street (Retail C)	D. ABCC License Number (If existing licensee)	043000070
E. City/Town	Franklin	State	MA Zip Code 02038
F. Phone Number of Premise	508-520-8899	G. EIN of License	27-0835577

2. PERSONAL INFORMATION:

A. Individual Name	Mei Fang Lee	B. Home Phone Number	
C. Address	53 Church Street		
D. City/Town	Grafton	State	MA Zip Code 015119
E. Social Security Number		F. Date of Birth	12-26
G. Place of Employment	Maguro House		

3. BACKGROUND INFORMATION:

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

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

50% ownership of LLC.

IMPORTANT ATTACHMENTS (8): For all cash contributions, attach last (3) months of bank statements for the source(s) of this cash.

*If additional space is needed, please use the last page

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

Signature

Mei Fang Lee

Date

3-24-15

Title

Member/Manager

(If Corporation/LLC Representative)


SUPER HK, LLC
MANAGERS' AND MEMBERS' CERTIFICATE

The undersigned, being all of the Managers and all of the Members of Super HK, LLC (the "LLC"), do hereby certify that:

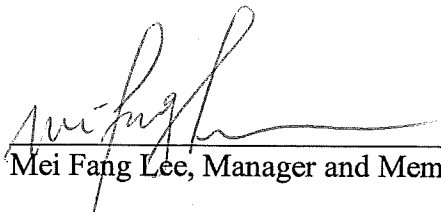
(a) The LLC is authorized to submit an application for New Officer/Director, New Stockholder and Transfer of Stock to the Town of Franklin and does hereby appoint Mei Fang Lee as manager of such license.

(b) The Managers are hereby authorized, on behalf of the LLC, to execute and deliver the instruments and documents authorized by the foregoing paragraph with such changes as they, in their sole discretion, may deem necessary or appropriate, her execution and delivery thereof to be conclusive of their authority.

EXECUTED as of the 24th day of March, 2015



Virginia Kong, Manager and Member



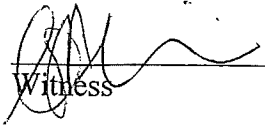
Mei Fang Lee, Manager and Member

MEMBERSHIP INTEREST

The undersigned hereby certify that the Membership Interests of Super HK, LLC, a Massachusetts limited liability company, are as follows:

Virginia Kong	50%
Mei Fang Lee	50%

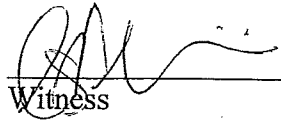
EXECUTED under seal as of the 1st day of January, 2013.



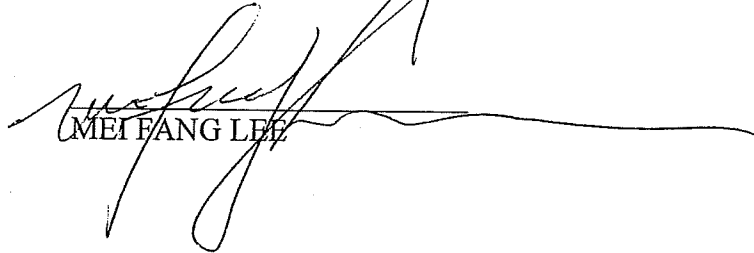
Witness



VIRGINIA KONG



Witness

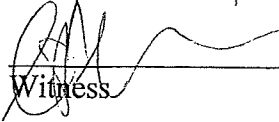


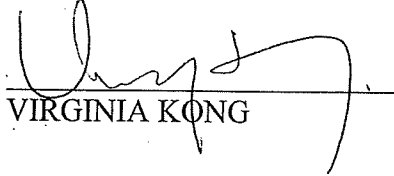
MEI FANG LEE

ASSIGNMENT OF MEMBERSHIP INTEREST

For consideration paid of \$1.00, I, VIRGINIA KONG, hereby transfer and assign a portion of my Membership Interest in SUPER HK, LLC, a Massachusetts limited liability company, being twenty percent (20.00%), to MEI FANG LEE.

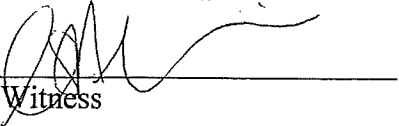
EXECUTED under seal as of the 1st day of January, 2013.

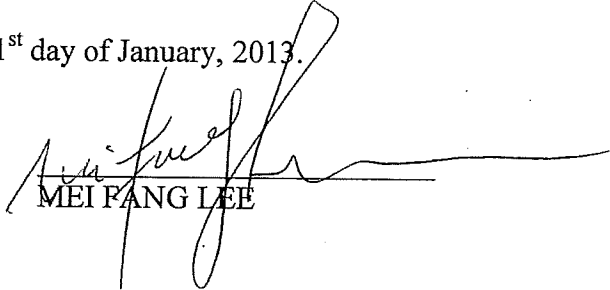

Witness


VIRGINIA KONG

I, MEI FANG LEE, hereby accept the assignment of the Membership Interest in SUPER HK, LLC, being twenty percent (20.00%).

EXECUTED under seal as of the 1st day of January, 2013.


Witness


MEI FANG LEE

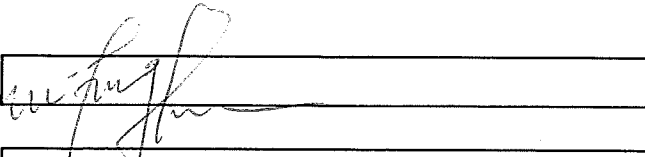
APPLICANT'S STATEMENT

I, Mei Fang Lee the sole proprietor; partner; corporate principal; LLC/LLP member
Transfer of Stock, New Stockholder & New
of Super HK, LLC, hereby submit this application for Officer/Director (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 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) 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 does not violate any requirement of the
ABCC or other state law or local ordinances;
- (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
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) 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.

Signature:



Date:

3-24-15

Title:

Soc Signatory/License Manager

PRESENTATIONS
AND
DISCUSSIONS

- CURBSIDE COLLECTION – BRUTUS CANTOREGGI



TOWN OF FRANKLIN

DEPARTMENT OF PUBLIC WORKS

257 Fisher Street
Franklin, MA 02038

April 8, 2015

Mr. Jeffrey Nutting, Town Administrator
Town of Franklin
355 East Central Street
Franklin, MA 02038

Re: Solid Waste Policy and Fees

Dear Jeff,

Going forward with our new contract with Waste Management (WM), I would like you to consider the following changes to the Town's Solid Waste and Recycling Program in order to provide better equity and reduce the fees associated with the program.

Yard Waste & Christmas Tree Pick-up

Presently, the Town provides four (4) yard pick-ups, two (2) in the Fall, two (2) in the Spring and one Christmas Tree pick-up in January. Last Fall we tabulated the residential use for the two (2) yard waste pick-ups during the weeks of 11/1/14 and 11/22/14 (see attachment). During the collection weeks listed above, only 10% and 13% of our customers used this service. This is a very low number. Although I do not have the exact data, history shows that during the Spring time participation is even lower as most of the "leaf debris" does occur in the Fall time period. The Christmas Tree Pick-up has almost 30% participation, so I recommend keeping that.

I would like to reduce the number of yard waste pick-ups during each season from two (2) to one (1). If this were to happen, the Town would save \$20,000.00 (proposed \$10,000.00 per weekly pick-up) next year. For those customers who may have a lot of debris, they could take it to the Beaver Street Recycling Center, where there is no additional charge for this service with the purchase of an annual or 10 day sticker.

Bulk Burnable Items

Presently the Town is subsidizing the cost for the pick-up of Bulk Burnable Items (couches, mattresses, tables, etc.) that are picked up by WM. If a resident would like a bulk burnable pick-up, they contact WM directly and WM charges them \$10.00. The Town makes up the difference in the actual cost of removing the bulk burnable items. There is an average of 1500 bulk burnable item pick-ups per year (See attached). Based on a customer base of 9200, approximately 15% of residents use this service. Additionally, I believe that the percent that use this service is much lower, as many customers use this service more than once in a year or put out multiple items. It appears that many of the users are rental properties.

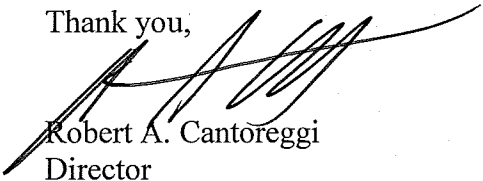
Going forward, I suggest that WM charge the customer the full rate for the pick-up as they do for televisions, appliances, etc. If this were to happen, the Town would save \$12,000.00 next year. Customers could also take there bulk burnable to the Beaver Street Recycling Center where there is an additional charge for this service with the purchase of an annual or 10 day sticker.

Fees

If both of these changes were made, the Town could see a total savings of \$32,000.00, which in turn could reduce our annual fee by \$4.00 per household.

The Town's single stream automated trash and recycling program has been an extremely successful program by providing cost effective and environmentally friendly collection of said materials. These proposed changes would not only save money, but would also be much more equitable to all rate payers.

Thank you,



Robert A. Cantoreggi
Director

CC: Deacon Perrotta, Director of Operations
Chris White, Solid Waste Coordinator
File

Town of Franklin Yard Waste

W/E	11/1/2014				
	Count	Loads	TPL	Tons	Lbs/Home
Monday	225	1	11.4	11.4	101
Tuesday	187	2	10.88	21.75	233
Wednesday	159	2	8.22	16.43	207
Thursday	123	1	12.26	12.26	199
Friday	261	3	11.49	34.47	264
Total	955	9	10.70	96.31	202
Part %	10%				

W/e	11/22/2014				
	Count	Loads	TPL	Tons	Lbs/Home
Monday	332	4	8.33	33.31	201
Tuesday	155	1	7.42	7.42	96
Wednesday	140	2	6.65	13.29	190
Thursday	158	3	9.76	29.29	371
Friday	374	4	8.67	34.67	185
Total	1159	14	8.43	117.98	204
Part %	13%				

Town of Franklin Yard Christmas Tree Collection

W/E	1/10/2015	Trees	Loads	TPL	Tons	Lbs/Home
Monday	583					
Tuesday	619		1	8.21	8.21	27
Wednesday	447		2	4.39	8.78	39
Thursday	393					
Friday	549		2	5.13	10.25	37
Total	2591		5	5.45	27.24	21
Part%	28%					

		JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Total	Avg/Mo	Annual Tracking	Budget	Variance	No. of Carts	Pounds per Cart/Yr.	Change from Prior Year
Solid Waste-Millbury																					
Trash	FY15	621	536	628	596	539	646	501	494					4,561	570	6,842	7,600	(759)	9,100	1,504	#N/A
Trash	FY14	626	598	534	592	555	589	575	446	504	580	550	611	6,760	#N/A	#N/A	7,600	#N/A	9,100	#N/A	#N/A
Trash	FY13	586	605	588	603	645	551	605	458	499	570	599	554	#N/A	#N/A	#N/A	7,600	#N/A	9,100	#N/A	#N/A
Trash	FY12	566	669	644	596	631	600	596	539	555	535	596	622	#N/A	#N/A	#N/A	7,700	#N/A	9,050	#N/A	#N/A
Trash	FY11	562	587	615	516	611	579	572	475	573	545	582	673	#N/A	#N/A	#N/A	7,225	#N/A	8,950	#N/A	#N/A
Trash	FY10	776	678	726	705	656	739	644	530	711	747	647	774	#N/A	#N/A	#N/A	9,300	#N/A	8,450	#N/A	#N/A
Trash	FY09	775	745	818	761	687	796	690	578	656	686	710	726	#N/A	#N/A	#N/A	9,250	#N/A	8,300	#N/A	#N/A
Trash	FY08	778	831	774	774	875	749	780	652	661	776	713	713	#N/A	#N/A	#N/A	9,250	#N/A	8,400	#N/A	#N/A
Trash Average	08-10	776	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	9,267	#N/A	8,383	#N/A	#N/A
Variance FY15 to FY14		(5)	(62)	94	4	(16)	57	(73)	48					#N/A	#N/A			#N/A	#N/A	#N/A	#N/A
Recycling																					
Recycling	FY15	277	276	287	287	277	341	263	242					2,249	281	3,374	3,700	(326)	9,100	742	#N/A
Recycling	FY14	286	272	286	297	266	334	298	228	257	265	298	309	3,398	#N/A	#N/A	3,700	#N/A	9,100	#N/A	#N/A
Recycling	FY13	288	290	275	290	332	299	310	243	267	273	274	286	#N/A	#N/A	#N/A	3,700	#N/A	9,100	#N/A	#N/A
Recycling	FY12	266	288	308	274	315	329	289	265	275	271	275	308	#N/A	#N/A	#N/A	3,600	#N/A	9,000	#N/A	#N/A
Recycling	FY11	260	268	285	266	305	328	266	224	283	276	268	336	#N/A	#N/A	#N/A	2,875	#N/A	8,950	#N/A	#N/A
Recycling	FY10	241	209	243	239	244	289	237	202	250	244	226	267	#N/A	#N/A	#N/A		#N/A	8,450	#N/A	#N/A
Recycling	FY09	252	268	239	261	219	291	271	184	214	234	232	236	#N/A	#N/A	#N/A		#N/A	8,300	#N/A	#N/A
Recycling	FY08	211	230	211	235	247	264	253	235	209	236	242	200	#N/A	#N/A	#N/A		#N/A	8,400	#N/A	#N/A
Recycling Average	08-10	235	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A		#N/A	8,383	#N/A	#N/A
Variance FY15 to FY14		(9)	4	2	(10)	11	6	(35)	14					#N/A	#N/A		#N/A	#N/A	#N/A	#N/A	#N/A
		JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Total	Avg/Mo	Annual Tracking	Budget	Variance	No. of Carts	Cost per Cart	
Actual OBM Cost per ton	#8-\$85	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 25.00	\$ 20.00	\$ 20.00	\$ 25.00					\$ 21.25			\$ 25.00	\$ 3.75			
Estimated Recycling Cost		\$ 5,544	\$ 5,518	\$ 5,742	\$ 5,738	\$ 6,930	\$ 6,810	\$ 5,252	\$ 6,050	\$ -	\$ -	\$ -	\$ -	\$ 47,584							
Actual WM Recycling Cost or Rebate		\$ 5,507	\$ 5,414	\$ 5,654	\$ 5,738	\$ 6,657	\$ 8,512	\$ 6,443	\$ 6,051					\$ 49,976	\$ 6,247	\$ 74,964	\$ 92,500	(17,536)	9,100	\$ 8.24	
Actual Recycling Cost/Ton		\$ 19.87	\$ 19.62	\$ 19.69	\$ 20.00	\$ 24.01	\$ 25.00	\$ 24.53	\$ 25.00					\$ 22.22							
Trash Cost		\$ 75.66	\$ 75.66	\$ 75.66	\$ 75.66	\$ 75.66	\$ 75.66	\$ 64.00	\$ 64.00	\$ 64.00	\$ 64.00	\$ 64.00	\$ 64.00			\$ 517,628	\$ 567,340	(49,712)	9,100	\$ 56.88	
CRBRCY 010143400-424091																					
Recycling Rate																					
Recycling Rate	FY15	30.9%	34.0%	31.4%	32.5%	33.9%	34.5%	34.4%	32.9%					33.1%							
Recycling Rate	FY14	31.4%	31.3%	34.8%	33.4%	32.4%	36.2%	34.1%	33.9%	33.7%	31.4%	35.2%	33.6%	33.5%							
Recycling Rate	FY13	33.0%	32.4%	31.8%	32.5%	34.0%	35.2%	33.9%	34.7%	34.8%	32.4%	31.4%	34.1%	33.3%							
Recycling Rate	FY12	32.0%	30.1%	32.3%	31.5%	33.3%	35.4%	32.7%	32.9%	33.1%	33.6%	31.6%	33.1%	32.6%							
Recycling Rate	FY11	31.7%	31.4%	31.7%	34.1%	33.3%	36.2%	31.7%	32.1%	33.1%	33.6%	31.5%	33.3%	32.8%							
Recycling Rate	FY10	23.7%	23.6%	25.1%	25.3%	27.1%	28.1%	26.9%	27.6%	26.0%	24.6%	25.9%	25.7%	25.8%							
Recycling Rate	FY09	24.5%	26.5%	22.6%	25.5%	24.2%	26.8%	28.2%	24.1%	24.6%	25.4%	24.6%	24.5%	25.1%							
Recycling Rate	FY08	21.3%	21.7%	21.4%	23.3%	22.0%	26.1%	24.5%	26.5%	24.0%	23.3%	25.3%	21.9%	23.4%							
Recycling Rate Average	08-10	23.2%	23.9%	23.0%	24.7%	24.4%	27.0%	26.5%	26.1%	24.9%	24.5%	25.3%	24.0%	24.8%							
Variance FY15 to FY14		-2%	8%	-11%	-3%	4%	-5%	1%	-3%					-1.3%							
TV/Appl (units)																					
TV/Appl (units)	FY15	28	22	21	10	28	21	10	2					18	213						(37)
TV/Appl (units)	FY14	16	29	33	34	13	21	20	10	12	14	20	28	250	21	250					(20)
TV/Appl (units)	FY13	25	24	25	14	12	27	21	8	13	30	43	28	270	23	270					(26)
TV/Appl (units)	FY12	25	28	27	18	28	32	19	17	15	34	26	27	296	25	296					(92)
TV/Appl (units)	FY11	57	27	63	31	22	25	11	6	29	29	37	51	388	32	388					
Variance FY15 to FY14		12	(7)	(12)	(24)	15	0	(10)	(8)					#N/A	#N/A	#N/A					
		DPW Pay	Resident Pay	WM Total Income	Cost/Item																
Bulk Items (units)	FY15	145	171	156	166	145	98	96	36					1,013	127	1,520	\$ 12,000	\$ 15,195	\$ 27,195	\$ 17.90	37
Bulk Items (units)	FY14	100	198	138	183	127	88	92	74	58	143	182	100	1,483	124	1,483	\$ 12,000	\$ 14,830	\$ 26,830	\$ 18.09	(199)
Bulk Items (units)	FY13	143	208	143	124	135	119	119	69	105	180	137	200	1,682	140	1,682	\$ 12,000	\$ 16,820	\$ 28,820	\$ 17.13	(2,162)
Bulk Items (units)	FY12	234	356	409	336	326	395	241	235	400	263	240	409	3,844	320	3,844	36,500	-	36,500	\$ 9.50	234
Bulk Items (units)	FY11	274	299	434	363	335	290	131	118	291	371	278	426	3,610	301	3,610	35,000	-	35,000	\$ 9.70	
Variance FY15 to FY14		45	(27)	18	(17)	18	10	4	(38)					#N/A	#N/A	#N/A					
Notes:		Blue designates increase Red designates decrease No. of Customers changed to carts FY11 Current Bulk cost per item to customer: \$10																			

TOWN OF FRANKLIN

RESOLUTION 15-15

**APPROPRIATION AND AUTHORIZATION TO BORROW FOR
PURCHASE AND RENOVATION OF IMPROVED PROPERTY
FOR FRANKLIN RECREATION DEPARTMENT**

WHEREAS, the Town of Franklin Recreation Department is in need of a facility both to house its administration offices and to provide space for its programs and activities, and

WHEREAS, the Franklin Town Council has determined that it is in the Town’s best interests to purchase land with an existing building or buildings which can be improved and/or renovated to meet the Recreation Department’s needs,

NOW, THEREFORE, BE IT RESOLVED by the Franklin Town Council, acting on behalf of the Town of Franklin that:

- 1. One million dollars (\$1,000,000.00) is hereby appropriated for the purchase of land with an existing building or buildings and the improvement and/or renovation of said land and/or building(s), together with any and all costs incidental and related thereto, for the use of the Town of Franklin Recreation Department, both to house its administrative offices and to provide space for its programs and activities.
- 2. To meet this appropriation, the Treasurer-Collector, with the approval of the Town Administrator, is authorized to borrow said amount under and pursuant to Chapter 44, Sections 7(3) and 7(3A) of the General Laws, or pursuant to any other enabling authority, and to issue bonds or notes of the Town therefor.

This Resolution shall become effective according to the rules and regulations of the Town of Franklin Home Rule Charter.

DATED: April _____, 2015

VOTED:
UNANIMOUS _____

A True Record Attest:

YES _____ NO _____


ABSTAIN _____

**Deborah L. Pellegrini
Town Clerk**

ABSENT _____

**Judith Pond Pfeffer, Clerk
Franklin Town Council**

Memo

To: Town Council, Finance Committee
From: Jeff Nutting, Town Administrator 
Date: April 7, 2015
Re: Purchase of building for recreation space

The sale of the old municipal building necessitates the need for recreation space.

We issued an RFP and received one bid, \$750,000, for the land and two buildings at 275 Beaver Street. I am in the middle of negotiating a price but expect it to be below \$725,000. We estimate we will need a total of \$1,000,000 to purchase and renovate the buildings.

In order to pay for the building, I am suggesting that we borrow the money and pay it off in six months using \$500,000 from the sale of the old municipal building and \$500,000 from other available funds.

The cost to "borrow" \$500,000 for fifteen years would average \$45,000 per year. In lieu of financing the project we can cover the cost by increasing recreation fees by \$30,000 per year and we will also save \$25,000 per year on maintenance and repairs to the existing building. Further, by keeping some programs "in house" we save another \$12,000 per year in rental fees. These savings more than offset the purchase and improvements costs of the building.

Finally, there is no loss of property taxes of approximately \$8,541 to the town if we purchase the building on Beaver Street since the building is in the current tax base and the construction of a new building at the old Town Hall (which was not paying taxes) will produce approximately \$20,000 in real estate taxes.

Accordingly, I recommend that we purchase the property subject to the normal safe guards in a purchase and sale agreement.



Franklin, MA
 1 Inch = 145 Feet
 April 07, 2015



This information is believed to be correct but is subject to change and is not warranted.

www.cai-tech.com



Debt Service Schedule

Project:

Amount: 500,000
 # of Years: 15
 Interest Rate: 4.50%
 Date of Issue: 7/1/2015

Total Interest @ 4.50%: 180000
 Total Debt Service: 680000
 First Year Cost: 55833
 Average Annual Cost: 44583

	Principal	Interest	Total		Principal	Interest	Total
Jul-2015		11250	11250	Jul-2030			
Jan-2016	33333	11250	44583	Jan-2031			
Jul-2016		10500	10500	Jul-2031			
Jan-2017	33333	10500	43833	Jan-2032			
Jul-2017		9750	9750	Jul-2032			
Jan-2018	33333	9750	43083	Jan-2033			
Jul-2018		9000	9000	Jul-2033			
Jan-2019	33333	9000	42333	Jan-2034			
Jul-2019		8250	8250	Jul-2034			
Jan-2020	33333	8250	41583	Jan-2035			
Jul-2020		7500	7500	Jul-2035			
Jan-2021	33333	7500	40833	Jan-2036			
Jul-2021		6750	6750	Jul-2036			
Jan-2022	33333	6750	40083	Jan-2037			
Jul-2022		6000	6000	Jul-2037			
Jan-2023	33333	6000	39333	Jan-2038			
Jul-2023		5250	5250	Jul-2038			
Jan-2024	33333	5250	38583	Jan-2039			
Jul-2024		4500	4500	Jul-2039			
Jan-2025	33333	4500	37833	Jan-2040			
Jul-2025		3750	3750	Jul-2040			
Jan-2026	33333	3750	37083	Jan-2041			
Jul-2026		3000	3000	Jul-2041			
Jan-2027	33333	3000	36333	Jan-2042			
Jul-2027		2250	2250	Jul-2042			
Jan-2028	33333	2250	35583	Jan-2043			
Jul-2028		1500	1500	Jul-2043			
Jan-2029	33333	1500	34833	Jan-2044			
Jul-2029		750	750	Jul-2044			
Jan-2030	33333	750	34083	Jan-2045			

Total	500000	180000	680000
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Recreation Department Program Fee Increase

The Recreation Department offers a wide selection of great programs at an affordable cost to the residents. We try to keep our fees less than \$100 for most programs; to cover salaries, equipment, facility rental (if any), and supplies needed to run the programs. Most of the Recreation Department programs have not seen a fee increase in several years, despite an annual increase in our fixed costs to run these programs. A modest increase in our larger programs is not something that I feel will have an adverse impact on our participation numbers. Some of the smaller, less expensive to run programs may not see an increase as it may impact the number of children that will sign up. We anticipate that a small increase in our larger programs could generate between \$30,000 and \$40,000 in additional revenue to the Recreation Department each year. Here is a brief description in how we can achieve this goal without adversely impacting our numbers.

FALL 2015

Month	Program	Ages	Participation	FY2015 Fee	FY2016 Fee	% of increase	Additional revenue
August	Field Hockey	9-14/6-8	175	\$150/\$125	\$160/\$135	0.075%	\$ 1,730.00
September	Flag Football	6-14	480	\$100	\$110	10%	\$ 4,800.00
October	Basketball	6-18	1243	\$100	\$110	10%	\$ 12,430.00
						Fall Total	\$ 18,960.00

Winter 2015

Month	Program	Ages	Participation	Fee	New Fee	% of increase	Additional revenue
January	Volleyball	11-14	60	\$100	\$110	10%	\$600
January	Track	6-14	90	\$100	\$110	10%	\$900
						Winter Total	\$1,500

Spring 2016

Month	Program	Ages	Participation	Fee	New Fee	% of increase	Additional revenue
April	PW Baseball	4-6	200	\$90	\$100	11%	\$ 2,000.00
May	Street Hockey	5-13	120	\$100	\$110	10%	\$ 1,200.00
						Spring Total	\$ 3,200.00

Summer 2016

Month	Program	Ages	Participation	Fee	New Fee	% of increase	Additional revenue
June-August	Summer Camp	4-13	600	\$150	\$165	10%	\$ 9,000.00
						Summer Total	\$ 9,000.00

\$ 32,660.00

Cost Savings from facility rentals

The Recreation Department offers many programs that utilize school department facilities. We are charged a rate of \$35-\$60 per hour for gymnasiums. This cost for facility rental gets passed onto our program participants through registration fees. Ultimately, this reduces the revenue that the Recreation Department brings in for those programs. If the Recreation Department has their own small gymnasium, we will eliminate those costs. The detail below shows that programs that utilize school gymnasiums and what we anticipate to save by eliminating those costs.

FALL 2015

Month	Program	Ages	Participation	Revenue saved
November	Basketball	9-11	160	\$ 5,500.00
				\$ 5,500.00

Winter 2015

Month	Program	Ages	Participation	Revenue saved
January	Indoor Lacrosse	6-14	45	\$ 2,700.00
January	Indoor Volleyball	11-14	60	
January	PW Baseball	4-6	80	\$ 1,000.00
				\$ 3,700.00

Spring 2016

Month	Program	Ages	Participation	Revenue saved
March	Egg Hunt	1-9	130	\$ 400.00
				\$ 400.00

Summer 2016

Month	Program	Ages	Participation	Revenue saved
June-Aug	Summer Camp	6-13	130	\$ 3,000.00
				\$ 3,000.00

rain days only

Total Cost Savings \$ 12,600.00

Franklin Recreation Area Square Footage

DOWNSTAIRS	32' X 25' I	800
	28' X 21' I	588
	31' X 23' I	713
	17' X 12' I	204
	16' X 12' I	192
	24' X 16'	384
	2 10 X 12 R	240
UPSTAIRS		
	36' X 32' I	1152
	14' X 12' I	168
	(2) 14' X 1	336
	Children's preschool programs	
	2 10 X 12 R	240
CURRENT SPACE USED		5017 square feet

150 Emmons Street

The Recreation Department uses all of the first floor (except old Solutions area) and approximately 1/2 of the second floor of the Old Town Hall. I think the misconception is that we only use the council chambers and the offices downstairs. We have two sets of childrens programs that regularly fill up. We have a special needs music program that meets on Wednesday nights that takes up the music rooms. On the first floor, we have a lot of equipment in storage from big programs that we run. Baseball, basketball, flag football, girls lacrosse, tennis and field hockey are sport programs that bring in the bulk of our revenue. We utilize roughly 1500 square feet of space in just storage for our equipment. Inventory, storage, cleaning and inspections of uniforms, goalie gear, etc is done in this space.

Colella Buildings		
Office	11' X 10' I	110
	11 X 10 D	110
	11 X 9 Prt	99
	Foyer	83'6"
	Restroom	120
	49'6" X 5'	2750
		3189 sq. ft
	Rear Buik	3871
New Building		7060 Square feet
Beaver Street		

Recreation Department

Mission/Function

The Recreation Department is committed to provide quality recreational programs and facilities to the residents of Franklin. By providing consistency, dependability and an obligation to our residents and the programs they partake, we strive to elevate the quality of life for our community.

Objectives

The Recreation Department is a service-based department. We are a self supporting department, replying on our program fees to cover our expenses. We work interactively with local sports organizations, Franklin public school department, individual Town residents, private groups, as well as other Town departments. In the course of a given year, over 8,000 people are affected by Recreation operations. Our clientele continues to increase each year. Recreation is responsible for scheduling all fields, playgrounds, and courts. The Recreation Department continues to serve the residents in the area of recreation and leisure services.

- Coordinate recreational activities with the youth sports organizations, school department, non profit organizations and other citizens groups.
- Better utilization of park land and coordination of fields, and conservation land within the Town of Franklin.
- Improve the quality of life and involve residents in recreational programs.
- Establish new programs as self-supporting and explore ways of generating additional revenue through grants, donations and fundraising.
- Recreation activities are coordinated through our office, which is comprised of one full time director, one full time program coordinator and one part time clerical staff person.

The Recreation Department offers Franklin and Medway residents a variety of programs and events for youths and adults as well as coordination of youth sports organizations field use and field maintenance. Our department continues to grow each year. In FY2015, we had over 5200 kids enrolled in activities and brought in over \$500,000 in revenues.

The Recreation Department operates over 100 programs annually (Spring, Summer, Fall and Winter)

Programs

Programs are the nuts and bolts of what the Recreation Department does. It's the largest source of revenue (\$500,000 annually) for our department and helps build the citizen of tomorrow. The experience some of these kids get in our programs will affect them for the rest of their lives. Meeting new friends, gaining self esteem, and establishing a routine of positive behavior are just some of the things they take away from our programs. We want provide a fun, safe environment that not only teaches them valuable life lessons, but, gives them tools to live a healthy lifestyle going forward. Examples include; Summer Camp, Chilson Beach, Sports Camps, Youth Sports (volleyball, baseball, flag football street hockey, basketball, etc) and much more!

Staffing

The Recreation Department has 1 full time director (Ryan), 1 full time program coordinator (Megan), and 1 part time administrative assistant (Dianne). 45% of our salaries budget is made up of season payroll. (23 camp counselors, 10 lifeguards, 3 gate guards, 4 certified pre school teachers, 2 art instructors, 50+basketball referees.

The Recreation Department also utilizes 19 Volunteer Tax work off (these are volunteers that help make the department function) They answer phones, take registration, file waivers and receipts, and in some cases work on site at the programs. At this time, I'd like to mention their names because I feel they are part of the Rec. Dept family.

Budget Summary	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Total Revenues	\$ 447,508.01	\$ 458,402.99	\$ 467,000.00	\$ 497,000.00	503,000.00 **
FT Employees	2	2.5	2.5	2.5	2.5
Salaries	\$ 241,287.49	\$ 204,302.43	\$ 227,025.00	\$ 237,570.00	246,758.00
Expenses	\$ 229,188.88	\$ 220,121.08	\$ 233,900.00	\$ 233,900.00	233,900.00
Capital Outlay	0	0	0	0	0
Total Costs	\$ 470,476.37	\$ 424,423.51	\$ 460,995.00	\$ 471,470.00	480,658.00

TOWN OF FRANKLIN

RESOLUTION 15-16

**PURCHASE OF PROPERTY AT 275 BEAVER STREET FOR
FRANKLIN RECREATION DEPARTMENT'S USE**

WHEREAS, the Town Council, by Resolution 15-15, appropriated funds for the purchase and renovation of improved land for the use of Town of Franklin Recreation Department; and

WHEREAS, the property at 275 Beaver Street, Franklin, Franklin includes existing buildings suitable for conversion to a Town recreation center, both to house Recreation Department's administrative offices and to provide space for its programs and activities; and

WHEREAS, the owners of said property are willing to sell it to the Town; and

WHEREAS, the Town Administrator has entered into a written purchase and sales agreement with the property owners for the Town to purchase the property for the above-stated municipal purpose.

NOW, THEREFORE, BE IT RESOLVED that the Town of Franklin purchase the land, buildings and improvements collectively known and numbered as 275 Beaver Street, Franklin, title reference: Norfolk County Registry of Deeds Book 10,941, Page 646 for the sum of seven hundred, nineteen thousand, five hundred dollars (\$719,500.00), and that the Town Administrator, in consultation with Town Attorney, be authorized to execute a purchase and sales agreement containing said price and such other terms and conditions as the Town Administrator determines to be in the Town's interest and any other documents and take any other action necessary to consummate the purchase.

DATED: April _____, 2015

VOTED:
UNANIMOUS _____
YES _____ NO _____
ABSTAIN _____
ABSENT _____

A True Record Attest:

**Deborah L. Pellegrini
Town Clerk**

**Judith Pond Pfeffer, Clerk
Franklin Town Council**



Sponsor: Administration

**TOWN OF FRANKLIN
BYLAW AMENDMENT 15-746
CHAPTER 181, WETLANDS PROTECTION**

A BYLAW TO AMEND THE CODE OF THE TOWN OF FRANKLIN AT CHAPTER 181.

BE IT ENACTED BY THE FRANKLIN TOWN COUNCIL that Chapter 181, Section 5(D) of the Code of the Town of Franklin is amended by striking the existing Subsection (5) in its entirety:

~~(5) The maximum consultant fee charged to reimburse the Commission for reasonable costs and expenses shall be according to the following schedule:~~

Project Cost	Maximum Fee
Up to \$500,000	\$ 2,500
\$500,001 to \$1,000,000	\$ 5,000
\$1,000,001 to \$1,500,000	\$ 7,500
\$1,500,001 to \$2,000,000*	\$10,000

~~*NOTE: Each additional \$500,000 project cost increment (over \$2,000,000) shall be charged at an additional \$2,500 maximum fee per increment.~~

and substituting therefor a new Subsection (5) as follows:

(5) Regulations for hiring outside consultants under M.G.L. c. 44, §53G:

As provided by M.G.L. c. 44, §53G, the Franklin Conservation Commission may impose upon and collect from applicants under the Massachusetts Wetlands Protection Act and the Franklin Wetlands Bylaw and Regulations reasonable fees for the employment of outside consultants, including, but not limited to, scientists, engineers, surveyors or consultants of any other kind engaged by the Conservation Commission, for services deemed necessary by the Commission to adequately review an application or request submitted to the Conservation Commission and to provide on-site inspectional services while an approved project is under construction.

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



DATED: March _____, 2015

VOTED:

UNANIMOUS _____

A True Record Attest:

YES _____ NO _____

ABSTAIN _____

**Deborah L. Pellegrini
Town Clerk**

ABSENT _____

**Judith Pond Pfeffer, Clerk
Franklin Town Council**