



FRANKLIN TOWN COUNCIL

August 5, 2015

Addendum

7:00 PM

A. APPROVAL OF MINUTES *July 8, 2015*

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

C. PROCLAMATIONS/RECOGNITIONS

D. CITIZEN COMMENTS

E. APPOINTMENTS -

F. HEARINGS – *Zoning Bylaw Amendment 15-750: Zoning Map Changes from Industrial to General Residential V District in an Area on or Near Dean Ave. – 7:10 PM*

G. LICENSE TRANSACTIONS - *Bridge Restaurant Group d/b/a Incontro Restaurant & Lounge – Change of Manager*

H. PRESENTATIONS/DISCUSSIONS – *Town Clerk – Election Process
Community Opportunities Group-Housing Grant*

I. SUBCOMMITTEE REPORTS

J. LEGISLATION FOR ACTION

- 1. Resolution 15-48: Voter Approval – Farm Equipment, Farm Animals*
- 2. Resolution 15-49: Confirmatory Order of Taking – Land at 275 Beaver Street*
- 3. Zoning Bylaw Amendment 15-750: Zoning Map Changes from Industrial to General Residential V District in an Area on or Near Dean Ave – 1st Reading*
- 4. Bylaw Amendment 15-751: Changes to Chapter 181, Wetlands Protection – 1st Reading*
- 5. Resolution 15-50: Ratification Franklin Police Association Contract*
- 6. Resolution 15-51: Ratification Franklin Police Sergeants Association Contract*

K. TOWN ADMINISTRATOR'S REPORT

L. OLD BUSINESS

M. NEW BUSINESS

N. COUNCIL COMMENTS

O. EXECUTIVE SESSION

P. ADJOURN



License Transactions:

Bridge Restaurant Group
D/B/A Incontro Restaurant & Lounge
860 West Central Street

The applicant is seeking a change of Manager on their alcoholic beverages license from John A. Greco to James J. Clarke.

All Departments have signed off on this application.

MOTION to approve the request by Bridge Restaurant Group D/B/A Incontro Restaurant & Lounge for a change of Manager from John A. Greco to James J. Clarke.

DATED: _____, 2015

VOTED:

UNANIMOUS _____

YES _____ **NO** _____

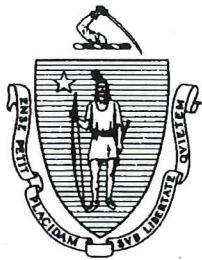
ABSTAIN _____

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

043000062

ABCC License Number

Franklin

City/Town

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 checked="" 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:

Two story stone and wood bldg. 11,393 sq. ft. First floor is 3333 sq. ft. Restaurant and 1585 sq. ft. Patio area. Second floor 4475 sq. ft. Total seating capacity is 186.

Application Filed: Advertised: Abutters Notified: Yes No

Date & Time Date & Attach Publication

Licensee Contact Person for Transaction Phone:

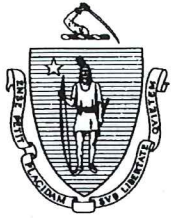
ADDRESS: CITY/TOWN: STATE ZIP CODE

Remarks:

The Local Licensing Authorities By:
 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

Print Form

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
 MONETARY TRANSMITTAL FORM

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

ECRT CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: \$200.00

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER

IF USED EPAY, CONFIRMATION NUMBER

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

LICENSEE NAME

ADDRESS

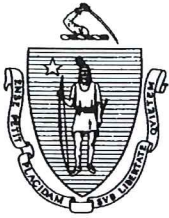
CITY/TOWN STATE ZIP CODE

TRANSACTION TYPE (Please check all relevant transactions):

- Alteration of Licensed Premises
- Change Corporate Name
- Change of License Type
- Change of Location
- Change of Manager
- Other
- Cordials/Liqueurs Permit
- Issuance of Stock
- Management/Operating Agreement
- More than (3) §15
- New License
- New Officer/Director
- New Stockholder
- Pledge of Stock
- Pledge of License
- Seasonal to Annual
- Transfer of License
- Transfer of Stock
- Wine & Malt to All Alcohol
- 6-Day to 7-Day License

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

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



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

PETITION FOR CHANGE OF LICENSE

043000062

ABCC License Number

Franklin

City/Town

The licensee **Bridge Restaurant Group, Inc.** respectfully petitions the Licensing Authorities to approve the following transactions:

- Change of Manager
- Alteration of Premises
- Pledge of License/Stock
- Cordial & Liqueurs
- Change of Corporate Name/DBA
- Change of Location
- Change of License Type (\$12 ONLY, e.g. "club" to "restaurant")

Change of Manager

Last-Approved Manager: John A. Greco

Requested New Manager: James J. Clarke

Pledge of License /Stock

Loan Principal Amount: \$ Interest Rate:

Payment Term: Lender:

Change of Corporate Name/DBA

Last-Approved Corporate Name/DBA:

Requested New Corporate Name/DBA:

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

Date Signed

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

CORPORATE VOTE

At a Special Meeting of the Board of Directors of BRIDGE RSTAURANT GROUP, INC. held on July 9, 2015 a quorum was present and voting throughout, and I was present throughout, and it was

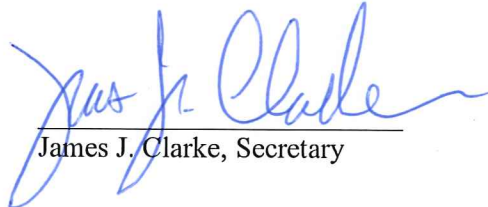
VOTED: to replace John A. Greco as "Manager" of the Incontro Restaurant (a restaurant and operated by Bridge Restaurant Group, Inc.) and authorize James J. Clarke to hereafter to assume the position of "Manager" of the Incontro Restaurant;

Further, it was **VOTED:** to authorize James J. Clarke and all other necessary officers and/or directors to execute any and all documents as such officers deem necessary and appropriate to effectuate said replacement including, but not limited to, those forms required by the Massachusetts Alcohol Beverages Control Commission and the Town of Franklin, Massachusetts.

I hereby certify that the above is true, correct and complete copy of the vote duly and validly adopted by the Board of Directors, and that the vote has not been rescinded or modified and is now in full force and effect.

A true record,

Attest:

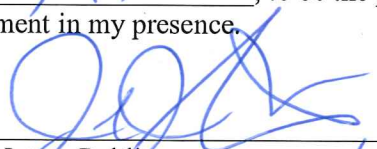

James J. Clarke, Secretary

Dated: July 7, 2015

COMMONWEALTH OF MASSACHUSETTS

Norfolk, ss

On this 7th day of July 2015, before me, the undersigned notary public, personally appeared James J. Clarke, proved to me through satisfactory evidence of identification, which was Personally Known, to be the person whose name is signed on the preceding or attached document in my presence.


Notary Public
My Commission Expires: 7/18/19



JOHN J. HICKEY JR.
Notary Public
Commonwealth of Massachusetts
My Commission Expires
July 18, 2019





The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 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 U.S. 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	Bridge Restaurant Group, Inc.	B. Business Name (dba)	Incontro		
C. Address	860 West Central Street		D. ABCC License Number (If existing licensee)	043000062	
E. City/Town	Franklin	State	MA	Zip Code	02038
F. Phone Number of Premise	508-520-2770		G. EIN of License	43-2039328	

2. PERSONAL INFORMATION:

A. Individual Name	James J. Clarke	B. Home Phone Number	508-254-3928		
C. Address	51 A Street				
D. City/Town	Franklin	State	MA	Zip Code	02038
E. Social Security Number	019-54-0117	F. Date of Birth	08-05-1963		
G. Place of Employment	Incontro Restaurant				

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.

I am the sole owner of the corporation which does business as Incontro Restaurant.

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)



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

STEVEN GROSSMAN
TREASURER AND RECEIVER GENERAL

KIM S. GAINSBORO, ESQ.
CHAIRMAN

CORI REQUEST FORM

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

ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	43000062	LICENSEE NAME:	Bridge Restaurant Group	CITY/TOWN:	Franklin
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APPLICANT INFORMATION

LAST NAME:	Clarke	FIRST NAME:	James	MIDDLE NAME:	Jeffrey			
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	Cambridge, MA					
DATE OF BIRTH:	08/05/1963	SSN:	019-54-0117	ID THEFT INDEX PIN (IF APPLICABLE):				
MOTHER'S MAIDEN NAME:	Teaves	DRIVER'S LICENSE #:	S39160470	STATE LIC. ISSUED:	Massachusetts			
GENDER:	MALE	HEIGHT:	5	9	WEIGHT:	250	EYE COLOR:	Brown
CURRENT ADDRESS:	51 A Street							
CITY/TOWN:	Franklin	STATE:	MA	ZIP:	02038			
FORMER ADDRESS:	12 Tia Place							
CITY/TOWN:	Franklin	STATE:	MA	ZIP:	02038			

PRINT AND SIGN

PRINTED NAME:	James J Clarke	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

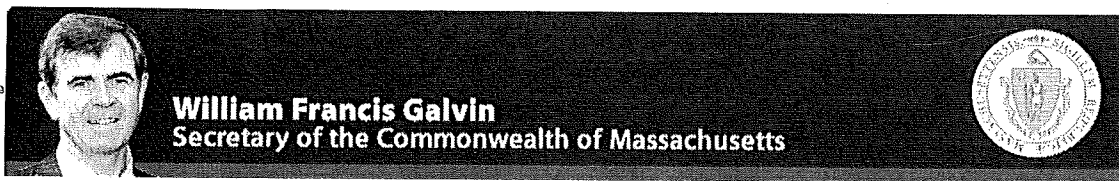
On this before me, the undersigned notary public, personally appeared
(name of document signer), proved to me through satisfactory evidence of identification, which were
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily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

NOTARY

DIVISION USE ONLY

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

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



Corporations Division

Business Entity Summary

ID Number: 001085668

[Request certificate](#)

[New search](#)

Summary for: **ROCK N COAL PIZZA CORP.**

The exact name of the Domestic Profit Corporation: ROCK N COAL PIZZA CORP.			
Entity type: Domestic Profit Corporation			
Identification Number: 001085668			
Date of Organization in Massachusetts: 08-13-2012			
Last date certain:			
Current Fiscal Month/Day: 12/31		Previous Fiscal Month/Day: 01/31	
The location of the Principal Office: Address: 799 SOUTH MAIN STREET City or town, State, Zip code, BELLINGHAM, MA 02019 USA Country:			
The name and address of the Registered Agent: Name: JAMES CLARKE Address: 799 SOUTH MAIN STREET City or town, State, Zip code, BELLINGHAM, MA 02019 USA Country:			
The Officers and Directors of the Corporation:			
Title	Individual Name	Address	
PRESIDENT	JAMES CLARKE	799 SOUTH MAIN STREET BELLINGHAM, MA 02019 USA	
TREASURER	CHRISTOPHER CLARKE	799 SOUTH MAIN STREET BELLINGHAM, MA 02019 USA	
SECRETARY	ANNA CLARKE	799 SOUTH MAIN STREET BELLINGHAM, MA 02019 USA	
DIRECTOR	JAMES CLARKE	799 SOUTH MAIN STREET BELLINGHAM, MA 02019 USA	
DIRECTOR	CHRISTOPHER CLARKE	799 SOUTH MAIN STREET BELLINGHAM, MA 02019 USA	
DIRECTOR	ANNA CLARKE	799 SOUTH MAIN STREET BELLINGHAM, MA 02019 USA	
Business entity stock is publicly traded: <input type="checkbox"/>			
The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue:			
Class of Stock	Par value per share	Total Authorized	Total issued and outstanding