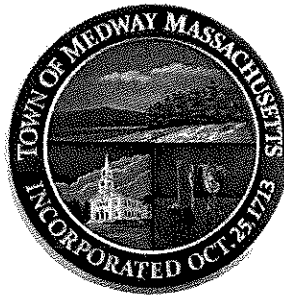


Board of Selectmen

Dennis P. Crowley, Chair
John A. Foresto, Vice-Chair
Richard A. D'Innocenzo, Clerk
Glenn D. Trindade
Maryjane White



Medway Town Hall
155 Village Street
Medway, MA 02053
Phone (508) 533-3264
Fax (508) 321-4988

TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

Board of Selectmen's Meeting

April 29, 2015 – 7:30 AM

Town Administrator's Conf. Rm.

Town Hall, 155 Village St.

Agenda

7:30 AM

1. Approval of One Day Liquor License Application
 - a. Gordon White – Thayer Homestead – May 1, 2015

Upcoming Meetings, Agenda and Reminders

May 4, 2015 ---- Regular Meeting

May 11, 2015----Special Town Meeting/Annual Town Meeting

May 18, 2015----Regular Meeting



Town of Medway

BOARD OF SELECTMEN

155 Village Street, Medway MA 02053
Ph. (508) 533-3264 Fax: (508) 321-4899

APPLICATION FOR SPECIAL ONE-DAY LIQUOR LICENSE

MGL c.138, §14

Application for the purpose of selling or dispensing the following beverages permitted by law. A Section 12 license holder may not also be granted a Section 14 (one-day) license unless event is held at a separate location. A person holding a Section 14 license cannot purchase alcoholic beverages from a package store. Purchase must be made from a licensed wholesaler/importer, manufacturer, farmer-winery/brewery, or special permit holder.

For Profit Businesses are eligible for wine and malt license only.

Application must be submitted at least two weeks prior to event.

Fee: \$50 (May be waived at Board of Selectmen's discretion)

All Alcohol Wine and Malt

Event Class Reunion 1965 MHS

Name of Organization/Applicant Gordon White

Address 22 POWD ST

FID# _____ 7075

Phone 508 533 7075 (Fax) _____ Email Gordon 54 @ Village. Med

Non-Profit Organization Y N

Attach non-profit certificate of exemption

Event Location Thyain House

Event Date MAY 1-2015

Event Hours (No later than 1:00 AM; Last call 12:30 AM)

Is event open to the general public? Y N

Estimated attendance 40

Will there be an age restriction? Y N

Minimum age allowed:

How, where and by whom will ID's be checked? Mickey Cassidy

Is there a charge for the beverages? Y X N _____
Price structure: _____

Alcohol server(s)
Attach Proof of Alcohol Server Training
Mickey Cassidy

Provisions for Security, Detail Officer NONE

Does the applicant have knowledge of State liquor laws? Y _____ N X

Experience _____

The following may be required:
Police Dept. – Detail; Fire Dept. – Detail; Board of Health – Food Permit; Building Dept. – Tent Permit

Date of Application 4/24/15

Applicant's Signature Gordon White

Applicant's Name Gordon White

Address 27 POND ST medium

Phone 608533-7074 Fax () _____ Email Gordon_S_@Kenya.net

The Board of Selectmen's Office will forward this application to the Police, Fire, and Building Departments and the Board of Health for approval and recommendations.

Police Department _____
315 Village St _____ Date _____

Fire Department _____
44 Milford St _____ Date _____

Board of Health _____
Town Hall, 2nd Fl _____ Date _____

Building Department _____
Town Hall, 1st Fl _____ Date _____



Medway Police Department

315 Village Street
Medway, MA 02053

Phone: 508-533-3212
FAX: 508-533-3216
Emergency: 911

Allen M. Tingley
Chief of Police

April 23, 2015

To: Michael Boynton
Town Administrator

From: Allen M. Tingley
Chief of Police

Re: One day liquor license- Thayer Property- 1965 MHS Class reunion

I have reviewed the request from Gordon White, for a one day liquor license for a 1965 MHS class reunion, to be held at the Thayer House, 2B Oak Street, on May 1, 2015. I approve of the issuance of this license with the stipulations there will be no on-street parking on Mechanic Street and Oak Street and all alcoholic beverages served at the event, must be purchased from a licensed wholesale distributor, as indicated on the license application and the Town of Medway's Alcohol Policy. The alcohol served at this event will be served by trained alcohol servers from Mickey Cassidy's Restaurant

Sincerely,

Allen M. Tingley
Chief of Police



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
04/24/2015

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY L.S. Jack Insurance Agency 185 Village Street Medway MA 02053	PHONE (A/C, No, Ext): 508-533-6572	COMPANY
FAX (A/C, No): 508-533-2977	E-MAIL ADDRESS: wally@jackinsuranceagency.com	Citation Insurance Company
CODE: AGENCY CUSTOMER ID #: INSURED	SUB CODE:	
Gordon N White & Lorraine M White 22 Pond St. Medway MA 02053	LOAN NUMBER	POLICY NUMBER 438575
	EFFECTIVE DATE 09/25/2014	EXPIRATION DATE 09/25/2015
	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION

LOCATION/DESCRIPTION

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Homeowners Form HO-0003(04-91)		
Cov. A Dwelling	\$401,000.	\$1,000.
B Other Structures	\$ 80,200.	
C Personal Property	\$200,500.	
D Loss of Use	\$160,400.	
E Personal Liability	\$500,000.	
F Medical Payments	\$ 1,000.	

REMARKS (Including Special Conditions)

Personal liability coverage limit of \$500,000 extends to May 1, 2015 event at The Thayer Homestead at 2B Oak St., Medway, MA 02053 owned by The Town of Medway, MA. There are no exclusions for the disbursement of liquor at this event.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE	

ACORD 27 (2009/12)

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