

Select Board Meeting – Amended 6.13.2022

Monday, June 13, 2022 7:00 PM

School Administration Building

2nd Floor School Committee Conference Room

30 Whittier Court, Andover, MA 01810

ANDOVER TOWN CLERK
ROUD 2022 JUN 13 PM 12:58

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- I. **Call to Order – 7:00 P.M.**
 - II. **Opening Ceremonies**
 - A. Moment of Silence/Pledge of Allegiance
 - B. Proclamation in Recognition of Juneteenth
 - III. **Communications/Announcements/Liaison Reports**
 - IV. **Citizens Petitions and Presentations**
 - V. **Public Hearings**
 - A. Liquor License All Alcoholic Beverages Not to be Drunk on Premises – Downtown Liquors

Board to review and consider voting to approve the application of Prince Liquors, Inc. d/b/a Downtown Liquors, for a new All Alcoholic Beverages Not to be Drunk on Premises License at 89 North Main St., Andover, MA.
 - B. Liquor License Change in Manager – Wine-Sense

Board to review and consider voting to approve the application of Wine-Sense, Ltd., d/b/a Wine-Sense, 166 North Main Street, for a Liquor License Change of Manager to their Wine Only Beverages Not to be Drunk on Premises License to Samanta Ettore of 42 Farrwood Drive, Andover, MA.
 - C. Liquor License Change in Manager – Andover Classic Wines, LLC

Board to review and consider voting to approve the application of Andover Classic Wines, LLC, 209 North Main Street, for a Liquor License Change of Manager to their All Kinds of Alcoholic Beverages Not to Be Drunk on the Premises License to Gina Agostinelli of 174 North Main Street, Andover, MA.
 - D. National Grid and Verizon Request to Construct a Line of Underground Electric Conduits – Beacon Street

Board to review and consider voting to approve a petition from Massachusetts Electric Company d/b/a National Grid and Verizon New England, Inc. to construct a line of underground electric conduits, including the necessary protecting and sustaining fixtures, under and across the public ways of Beacon Street.
 - E. National Grid and Verizon Request to Relocate Pole – Beacon Street

Board to review and consider voting to approve a petition from Massachusetts Electric Company d/b/a National Grid and Verizon New England, Inc. to locate poles, wires

and fixtures, including the necessary sustaining and protecting fixtures, along and across the public way of Beacon Street.

- F. Eversource Request to Excavate – Central Street, Torr Street and Phillips Street
Board to review and consider voting to approve a petition from Eversource to excavate for the purpose of replacing and or extending its gas mains and to make the necessary house connections along said extensions along and across the public ways of Central Street from Abbot Bridge Drive to Torr Street, Torr Street and Phillips Street from Torr Street to Abbot Street.

VI. Regular Business

- A. Common Victualler License – Brookwood Park Café, LLC
Board to review and consider voting to approve the application of Brookwood Park Café, LLC for a Common Victualler License at 165 Dascomb Rd., Andover, MA.
- B. Short-Term Borrowing
Board to consider voting to approve short-term borrowing.
- C. Sidewalk Master Plan
Board to receive a presentation on the Sidewalk Master Plan.
- D. Complete Streets Policy (1st Reading)
Board to receive a presentation on the Complete Streets Policy.
- E. Acceptance of the Deed and Approval of the Order of Taking for 138A Chandler Road
Board to review and vote to accept the deed and approve the order of taking for 138A Chandler Road.
- F. Zoning Board of Appeals Appointments
Board to discuss process for appointments to the Zoning Board of Appeals.

VII. Consent Agenda

- A. Appointments by the Town Manager
Board to vote that the following appointments by the Town Manager be approved.

Department	Name	Position	Rate/Term	Date of Hire
Department of Public Works	Milagros Puello <i>(Anthony Reppucci)</i>	Assistant Town Engineer	\$100,885.16/yr	7/5/2022
Department of Public Works	Zach Laird	Temporary Sesonal	\$18.00/hr	6/13/2022
Department of Public Works	Owen Glover	Intern	\$18.00/hr	6/14/2022
Andover Green Advisory Board	Anna Du	Member	Term Expires June 30, 2025	7/1/2022
Andover Green Advisory Board	Vijayant Kumar	Member	Term Expires June 30, 2025	7/1/2022

Council on Aging	Joan Fox	Member	Term Expires June 30, 2025	7/1/2022
Council on Aging	Dorothy Hollenbeck	Member	Term Expires June 30, 2025	7/1/2022
Council on Aging	George Moran	Member	Term Expires June 30, 2025	7/1/2022
Council on Aging	Christina Vidoli	Member	Term Expires June 30, 2025	7/1/2022

VIII. Executive Session

- A. Board to vote to go into Executive Session for confidential communication with Town Counsel pursuant to option 6 to discuss the purchase, exchange, lease or value of real property, and to approve and not release Executive Session Minutes of May 2, 2022, and for the Chair to declare that an open session may have a detrimental effect on the negotiating position of the Town; and not to return to open session.

IX. Adjourn

If any member of the public wishing to attend this meeting seeks special accommodations in accordance with the Americans with Disabilities Act, please contact Kathryn Forina in the Town Manager's Office at 978-623-8215 or by email at kathryn.forina@andoverma.us

MEETINGS ARE TELEVISED ON
COMCAST CHANNEL 22 AND VERIZON CHANNEL 45

Proclamation in Recognition of Juneteenth

PROCLAMATION

WHEREAS: On June 19, 1865, nearly nine decades after our Nation’s founding, and more than two years after President Lincoln signed the Emancipation Proclamation, enslaved Americans in Galveston, Texas, finally received word that they were free from bondage. As those who were formerly enslaved were recognized for the first time as citizens, Black Americans came to commemorate Juneteenth with celebrations across the country, building new lives and a new tradition that we honor today. In its celebration of freedom, Juneteenth is a day that should be recognized by all Americans.

WHEREAS: On Juneteenth, we recommit ourselves to the work of equity, equality, and justice, and we celebrate the centuries of struggle, courage, and hope that have brought us to this time of progress and possibility. That work has been led throughout our history by abolitionists and educators, civil rights advocates and lawyers, courageous activists and trade unionists, public officials, and everyday Americans who have helped make real the ideals of our founding documents for all.

NOW, THEREFORE: We, the Town of Andover Select Board do hereby proclaim June 19, 2022, as Juneteenth Day of Observance in the Town of Andover. We call upon the people of the United States to acknowledge and celebrate the end of the Civil War and the emancipation of Black Americans and commit together to eradicate systemic racism that still undermines our founding ideals and collective prosperity.

IN WITNESS WHEREOF, we have hereunto set our hands and caused the seal of the Town of Andover to be affixed this thirteenth day of June in the year two thousand twenty-two.

Alexander J. Vispoli, Chair

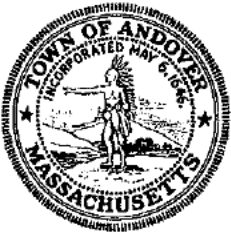
Laura M. Gregory, Vice-Chair

Annie Gilbert, Clerk

Melissa Danisch, Member

Christian Huntress, Member

Liquor License All Alcoholic Beverages Not to be Drunk on Premises
Downtown Liquors



Town of Andover
OFFICE OF THE TOWN CLERK

36 Bartlet St., Andover, Massachusetts 01810
Telephone - (978) 623-8230

Application Liquor License

License Number: <i>Office use only</i>	Licensee: NITESH SAINI / GURDEEP SAINI
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<input checked="" type="checkbox"/>	Completed Application (PRINT or TYPE Clearly), which includes the state license application.
<input checked="" type="checkbox"/>	Completed Workers' Comp Insurance Affidavit, including a copy of Declaration page of Workers' Comp Policy.
<input checked="" type="checkbox"/>	Application Fee: \$125 <i>check should be made payable to the TOWN OF ANDOVER</i>

Business Name PRINCE LIQUORS INC	Tax Id Number [REDACTED]
Address of Business 110 SMITH ST, UNIT 110 LOWELL MA 01851	Business Phone Number
Applicant's Name NITESH SAINI	Applicant's Phone Number [REDACTED]
Applicant's Residential Address [REDACTED]	Number of Employees
Applicant's Email Address(required)	[REDACTED]
24 -hour Emergency Contact info	[REDACTED]
Expiration Date of Business Cert	
Circle one Individual Co-Partnership Association Corporation	
Days/Hours of Operation (list the hours per day):	
Monday - Friday Saturday Sunday	
10am - 10 pm 10am - 10pm 12pm - 10pm	



36 Bartlet St., Andover, Massachusetts 01810
Telephone - (978) 623-8230

TAX FORM

APPLICANT NAME:

I certify under penalties of perjury that the above-named applicant has complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

PRINCE LIQUORS INC DBA DOWNTOWN LIQUORS
Signature of Individual or Corporate Name (Mandatory)

NITESH S. SAINI
By: Corporate Officer (if corporation)

Social Security# (if individual)
[REDACTED]

Federal Identification Number (FID# if Corporation or Non Profit#)

This license will not be issued unless the certification clause is signed by the applicant.

Your Social Security or FID number will be furnished to the Massachusetts Department of Revenue to determine if you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. General Laws C. 62c s.49A

[REDACTED]
Signature

04/07/2022
Date

Return to:
Andover Town Clerk's Office 36 Bartlet St. Andover, MA 01810
If you have any questions – call Melissa at (978) 623-8232 or via email at melissa.ripley@andoverma.us

The Commonwealth of Massachusetts - Department of Industrial Accidents
 Office of Investigations 600 Washington Street Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Business
 Applicant Information Please Print Legibly

Business Name: PRINCE LIQUORS INC
 Address: 110 SMITH ST, UNIT 110
 Town/State/Zip: Andover, MA 02176 LOWELL, MA 01851
 Phone #: 781-202-7170

Are you an employer- (check one):	
<input type="checkbox"/>	I am an employer with _____ employees (full/part-time)
<input type="checkbox"/>	I am sole proprietor or partnership and have no employees working for me in any capacity (No workers' comp insurance required)
<input checked="" type="checkbox"/>	We are a corporation and its officers have exercised their right of exemption per c. 152, § 1(4), and we have no employees. (No workers' comp insurance required)
<input type="checkbox"/>	We are a non-profit organization, staffed by volunteers, with no employees. (No workers' comp insurance required)

Business Type- (required):	
<input checked="" type="checkbox"/>	Retail
<input type="checkbox"/>	Restaurant/Bar/Eating Establishment
<input type="checkbox"/>	Office and/or Sales (incl. real estate, auto, etc.)
<input type="checkbox"/>	Entertainment
<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Non-profit
<input type="checkbox"/>	Health Care
<input type="checkbox"/>	Other:

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
 ** If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

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

Insurance Company Name: _____
 Insurer's Address: _____
 Town/State/Zip: _____
 Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

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

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,5000.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP Work Order and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

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

Signature: _____ Date: 04/07/2022
 Phone #: _____

Payment Confirmation

YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT

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



Transaction Processed Successfully.

INVOICE #: 8b5212d4-fd6d-41fa-98ee-a09b1bada70d

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	PRINCE LIQUORS INC	\$200.00
		\$200.00

Total Convenience Fee: \$4.70

Date Paid: 4/7/2022 8:11:36 AM EDT

Total Amount Paid: \$204.70

Payment On Behalf Of
License Number or Business Name:
 PRINCE LIQUORS INC

Fee Type:
 FILING FEES-RETAIL

Billing Information
First Name:
 NITESH

Last Name:
 SAINI

Address:
 [REDACTED]

City:
 [REDACTED]

State:
 [REDACTED]

Zip Code:
 [REDACTED]

Email Address:
 [REDACTED]

Subject Receipt from nCourt
To: [REDACTED]
From customerservice@nCourt.com <customerservice@nCourt.com>
Date Thu, Apr 7, 2022 at 8:11 AM

YOUR RECEIPT >>

Please include the payment receipt with your application. Thank you.

Paid To

Name: Massachusetts Alcoholic Beverages Control Commission - Retail
Address 1: 95 Fourth Street, Suite 3
Address 2:
City: Chelsea
State: Massachusetts
Zip: 02150

Payment On Behalf Of

First Name: NITESH **Last Name:** SAINI
Address 1: [REDACTED]
Address 2: [REDACTED]
City: [REDACTED]

Description	ID	Service Fee	Amount
FILING FEES-RETAIL	PRINCE LIQUORS INC	\$4.70	\$200.00

Receipt Date: 4/7/2022 8:11:36 AM EDT
Invoice Number: 8b5212d4-fd6d-41fa-98ee-a09b1bada70d

Total Amount Paid: \$204.70

Billing Information

First Name NITESH
Last Name SAINI
Email [REDACTED]
Street [REDACTED]
City [REDACTED]
State/Territory [REDACTED]
Zip [REDACTED]
Phone Number [REDACTED]

Credit / Debit Card Information

Card Type [REDACTED]
Card Number [REDACTED]



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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
 MONETARY TRANSMITTAL FORM

APPLICATION FOR A NEW LICENSE

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

ECRT CODE: RETA

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

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

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

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

For the following transactions (Check all that apply):

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

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

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



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

APPLICATION FOR A NEW LICENSE

Municipality

1. LICENSE CLASSIFICATION INFORMATION

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

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

Is this license application pursuant to special legislation? Yes No Chapter Acts of

2. BUSINESS ENTITY INFORMATION

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

Entity Name FEIN

DBA Manager of Record

Street Address

Phone Email

Alternative Phone Website

3. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

Total Square Footage: Number of Entrances: Seating Capacity:

Number of Floors: Number of Exits: Occupancy Number:

4. APPLICATION CONTACT

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

Name: Phone:

Title: Email:

APPLICATION FOR A NEW LICENSE

5. CORPORATE STRUCTURE

Entity Legal Structure	<input type="text" value="Corporation"/>	Date of Incorporation	<input type="text" value="10/29/2020"/>
State of Incorporation	<input type="text" value="Massachusetts"/>	Is the Corporation publicly traded?	<input type="radio"/> Yes <input checked="" type="radio"/> No

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

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

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

Name of Principal	Residential Address	SSN	DOB
SARBJIT K BADWAL	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
DIRECTOR	25%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
NITESH S SAINI	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
DIRECTOR	25%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
GURDEEP S SAINI	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
DIRECTOR	50%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached? Yes No

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

Yes No

APPLICATION FOR A NEW LICENSE

8. FINANCIAL DISCLOSURE

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

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

SOURCE OF CASH CONTRIBUTION

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

Name of Contributor	Amount of Contribution
NITESH S SAINI	
GURDEEP S SAINI	
Total	\$300000

SOURCE OF FINANCING

Please provide signed financing documentation.

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

FINANCIAL INFORMATION

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

BANK ACCOUNTS - PLEASE FIND STATEMENTS ATTACHED

9. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge? Yes No

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

To whom is the pledge being made?

APPLICATION FOR A NEW LICENSE

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

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

Name	License Type	License Name	Municipality
GURDEEP S SAINI	15 PACKAGE STORE	ALL ALCOHOLIC BEVERAGES	SOMERVILLE

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

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

Name	License Type	License Name	Municipality

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled? Yes No If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

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

7. OCCUPANCY OF PREMISES

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

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

Please indicate by what means the applicant will occupy the premises

Lease

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

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

Yes No

10. MANAGER APPLICATION

A. MANAGER INFORMATION

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

Proposed Manager Name Date of Birth SSN

Residential Address

Email Phone

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

B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen? Yes No *Manager must be a U.S. Citizen
If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

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

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

Date	Municipality	Charge	Disposition

C. EMPLOYMENT INFORMATION

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

Start Date	End Date	Position	Employer	Supervisor Name
02/28/2022	PRESENT	PRODUCT MANAGER	SANTANDER BANK	STEPHEN FLETCHER
06/29/2015	02/28/2022	BRANCH MANAGER	SANTANDER BANK	TONY ROZON
11/25/2008	05/28/2015	STORE MANAGER	THE SOURCE (BELL) ELECTRONICS INC	JOSH NEJASMIC
02/01/2020	PRESENT	CASHIER	LIQUOR ZONE	GURDEEP SAINI

D. PRIOR DISCIPLINARY ACTION

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

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

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

Manager's Signature Date

11. MANAGEMENT AGREEMENT

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

Yes No

If yes, please fill out section 11.

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

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

11A. MANAGEMENT ENTITY

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

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

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

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

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

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

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

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

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

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

CRIMINAL HISTORY

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

Yes No

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

11B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES

LICENSE

Does any individual or entity identified in question 11A, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages; and or have an active management agreement with any other licensees?

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

Name	License Type	License Name	Municipality

11C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 11A, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held?

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

Name	License Type	License Name	Municipality

11D. PREVIOUSLY HELD MANAGEMENT AGREEMENT

Has any individual or entity identified in question 11A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee?

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

Licensee Name	License Type	Municipality	Date(s) of Agreement

11E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Has any of the disclosed licenses listed in questions in section 11B, 11C, 11D ever been suspended, revoked or cancelled?

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

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

11F. TERMS OF AGREEMENT

- a. Does the agreement provide for termination by the licensee? Yes No
- b. Will the licensee retain control of the business finances? Yes No
- c. Does the management entity handle the payroll for the business? Yes No

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

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

- \$ per month/year (indicate amount)
- % of alcohol sales (indicate percentage)
- % of overall sales (indicate percentage)
- other (please explain)

ABCC Licensee Officer/LLC Manager

Management Agreement Entity Officer/LLC Manager

Signature:

Signature:

Title:

Title:

Date:

Date:

ADDITIONAL INFORMATION

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

N/A

APPLICANT'S STATEMENT

I, SARBJIT K BADWAL the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory

of PRINCE LIQUORS INC
Name of the Entity/Corporation

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

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

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

Signature: [REDACTED]

Date: 04/07/2022

Title: PRESIDENT

ADDENDUM A

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

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

Entity Name <input style="width: 95%; height: 25px;" type="text"/>	Percentage of Ownership in Entity being Licensed (Write "NA" if this is the entity being licensed) <input style="width: 95%; height: 25px;" type="text"/>
---	---

Name of Principal <input style="width: 95%; height: 25px;" type="text"/>	Residential Address <input style="width: 95%; height: 25px;" type="text"/>	SSN <input style="width: 95%; height: 25px;" type="text"/>	DOB <input style="width: 95%; height: 25px;" type="text"/>
---	---	---	---

Title and or Position <input style="width: 95%; height: 25px;" type="text"/>	Percentage of Ownership <input style="width: 95%; height: 25px;" type="text"/>	Director/ LLC Manager <input type="radio"/> Yes <input type="radio"/> No	US Citizen <input type="radio"/> Yes <input type="radio"/> No	MA Resident <input type="radio"/> Yes <input type="radio"/> No
---	---	---	--	---

Name of Principal <input style="width: 95%; height: 25px;" type="text"/>	Residential Address <input style="width: 95%; height: 25px;" type="text"/>	SSN <input style="width: 95%; height: 25px;" type="text"/>	DOB <input style="width: 95%; height: 25px;" type="text"/>
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Title and or Position <input style="width: 95%; height: 25px;" type="text"/>	Percentage of Ownership <input style="width: 95%; height: 25px;" type="text"/>	Director/ LLC Manager <input type="radio"/> Yes <input type="radio"/> No	US Citizen <input type="radio"/> Yes <input type="radio"/> No	MA Resident <input type="radio"/> Yes <input type="radio"/> No
---	---	---	--	---

Name of Principal <input style="width: 95%; height: 25px;" type="text"/>	Residential Address <input style="width: 95%; height: 25px;" type="text"/>	SSN <input style="width: 95%; height: 25px;" type="text"/>	DOB <input style="width: 95%; height: 25px;" type="text"/>
---	---	---	---

Title and or Position <input style="width: 95%; height: 25px;" type="text"/>	Percentage of Ownership <input style="width: 95%; height: 25px;" type="text"/>	Director/ LLC Manager <input type="radio"/> Yes <input type="radio"/> No	US Citizen <input type="radio"/> Yes <input type="radio"/> No	MA Resident <input type="radio"/> Yes <input type="radio"/> No
---	---	---	--	---

Name of Principal <input style="width: 95%; height: 25px;" type="text"/>	Residential Address <input style="width: 95%; height: 25px;" type="text"/>	SSN <input style="width: 95%; height: 25px;" type="text"/>	DOB <input style="width: 95%; height: 25px;" type="text"/>
---	---	---	---

Title and or Position <input style="width: 95%; height: 25px;" type="text"/>	Percentage of Ownership <input style="width: 95%; height: 25px;" type="text"/>	Director/ LLC Manager <input type="radio"/> Yes <input type="radio"/> No	US Citizen <input type="radio"/> Yes <input type="radio"/> No	MA Resident <input type="radio"/> Yes <input type="radio"/> No
---	---	---	--	---

Name of Principal <input style="width: 95%; height: 25px;" type="text"/>	Residential Address <input style="width: 95%; height: 25px;" type="text"/>	SSN <input style="width: 95%; height: 25px;" type="text"/>	DOB <input style="width: 95%; height: 25px;" type="text"/>
---	---	---	---

Title and or Position <input style="width: 95%; height: 25px;" type="text"/>	Percentage of Ownership <input style="width: 95%; height: 25px;" type="text"/>	Director/ LLC Manager <input type="radio"/> Yes <input type="radio"/> No	US Citizen <input type="radio"/> Yes <input type="radio"/> No	MA Resident <input type="radio"/> Yes <input type="radio"/> No
---	---	---	--	---

Name of Principal <input style="width: 95%; height: 25px;" type="text"/>	Residential Address <input style="width: 95%; height: 25px;" type="text"/>	SSN <input style="width: 95%; height: 25px;" type="text"/>	DOB <input style="width: 95%; height: 25px;" type="text"/>
---	---	---	---

Title and or Position <input style="width: 95%; height: 25px;" type="text"/>	Percentage of Ownership <input style="width: 95%; height: 25px;" type="text"/>	Director/ LLC Manager <input type="radio"/> Yes <input type="radio"/> No	US Citizen <input type="radio"/> Yes <input type="radio"/> No	MA Resident <input type="radio"/> Yes <input type="radio"/> No
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Name of Principal <input style="width: 95%; height: 25px;" type="text"/>	Residential Address <input style="width: 95%; height: 25px;" type="text"/>	SSN <input style="width: 95%; height: 25px;" type="text"/>	DOB <input style="width: 95%; height: 25px;" type="text"/>
---	---	---	---

Title and or Position <input style="width: 95%; height: 25px;" type="text"/>	Percentage of Ownership <input style="width: 95%; height: 25px;" type="text"/>	Director/ LLC Manager <input type="radio"/> Yes <input type="radio"/> No	US Citizen <input type="radio"/> Yes <input type="radio"/> No	MA Resident <input type="radio"/> Yes <input type="radio"/> No
---	---	---	--	---

CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?
If yes, attach an affidavit providing the details of any and all convictions.

<input type="radio"/> Yes	<input checked="" type="radio"/> No
---------------------------	-------------------------------------



**The Commonwealth of Massachusetts
William Francis Galvin**

Minimum Fee: \$250.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Articles of Organization

(General Laws, Chapter 156D, Section 2.02, 950 CMR 113.16)

Identification Number: [REDACTED]

ARTICLE I

The exact name of the corporation is:

PRINCE LIQUORS INC.

ARTICLE II

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C158D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:

ARTICLE III

State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

Class of Stock	Par Value Per Share Enter 0 if no Par	Total Authorized by Articles of Organization or Amendments		Total Issued and Outstanding Num of Shares
		Num of Shares	Total Par Value	
CNP	\$0.00000	275,000	\$0.00	0

G.L. C156D eliminates the concept of par value, however a corporation may specify par value in Article III. See G.L. C156D Section 6.21 and the comments thereto.

ARTICLE IV

If more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the Business Entity must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

ARTICLE V

The restrictions, if any, imposed by the Articles of Organization upon the transfer of shares of stock of any class are:

ARTICLE VI

Other lawful provisions, and if there are no provisions, this article may be left blank.

Note: The preceding six (6) articles are considered to be permanent and may be changed only by filing appropriate articles of amendment.

ARTICLE VII

The effective date of organization and time the articles were received for filing if the articles are not rejected within the time prescribed by law. If a later effective date is desired, specify such date, which may not be later than the 90th day after the articles are received for filing.

Later Effective Date: Time:

ARTICLE VIII

The information contained in Article VIII is not a permanent part of the Articles of Organization.

a,b. The street address of the initial registered office of the corporation in the commonwealth and the name of the initial registered agent at the registered office:

Name: SARBJIT K. BADWAL
No. and Street: [REDACTED]
City or Town: [REDACTED] Zip: [REDACTED] Country: USA

c. The names and street addresses of the individuals who will serve as the initial directors, president, treasurer and secretary of the corporation (an address need not be specified if the business address of the officer or director is the same as the principal office location):

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT	SARBJIT K BADWAL	[REDACTED]
TREASURER	SARBJIT K BADWAL	[REDACTED]
SECRETARY	NITESH S SAINI	[REDACTED]
DIRECTOR	SARBJIT K BADWAL	[REDACTED]
DIRECTOR	NITESH S SAINI	[REDACTED]

d. The fiscal year end (i.e., tax year) of the corporation:
December

e. A brief description of the type of business in which the corporation intends to engage:

PACKAGE LIQUOR STORE

f. The street address (post office boxes are not acceptable) of the principal office of the corporation:

No. and Street: [REDACTED]
City or Town: [REDACTED] Zip: [REDACTED] Country: USA

g. Street address where the records of the corporation required to be kept in the Commonwealth are located (post office boxes are not acceptable):

No. and Street:

City or Town:

which is

its principal office

an office of its secretary/assistant secretary

an office of its transfer agent

its registered office

Zip:

Country: USA

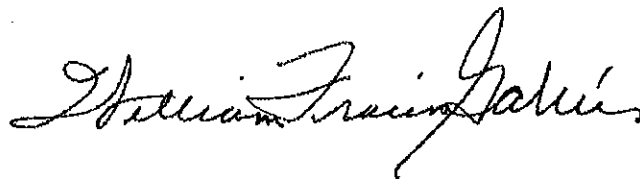
Signed this 29 Day of October, 2020 at 9:18:43 PM by the incorporator(s). *(If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)*

SARBJIT K. BADWAL

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:

October 29, 2020 09:11 PM

A handwritten signature in cursive script, reading "William Francis Galvin".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



The Commonwealth of Massachusetts
William Francis Galvin

No Fee

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Statement of Change of Supplemental Information

(General Laws, Chapter 156D, Section 2.02 AND Section 8.45; 950 CMR 113.17)

1. Exact name of the corporation: PRINCE LIQUORS INC.

2. Current registered office address:

Name: SARBJIT K. BADWAL
 No. and Street: [REDACTED]
 City or Town: [REDACTED] Zip: [REDACTED] Country: USA

3. The following supplemental information has changed:

Names and street addresses of the directors, president, treasurer, secretary

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT	SARBJIT K BADWAL	[REDACTED]
TREASURER	SARBJIT K BADWAL	[REDACTED]
SECRETARY	NITESH S SAINI	[REDACTED]
DIRECTOR	SARBJIT K BADWAL	[REDACTED]
DIRECTOR	NITESH S SAINI	[REDACTED]
DIRECTOR	GURDEEP SINGH SAINI	[REDACTED]

Fiscal year end:
 December

Type of business in which the corporation intends to engage:

PACKAGE LIQUOR STORE

Principal office address:

No. and Street: [REDACTED]
 City or Town: [REDACTED] Zip: [REDACTED] Country: USA

g. Street address where the records of the corporation required to be kept in the Commonwealth are located (post office boxes are not acceptable):

No. and Street: [REDACTED]

City or Town:



Zip:



Country: USA

which is

its principal office

an office of its transfer agent

an office of its secretary/assistant secretary

its registered office

Signed by SARBJIT K BADWAL, its PRESIDENT
on this 6 Day of April, 2022

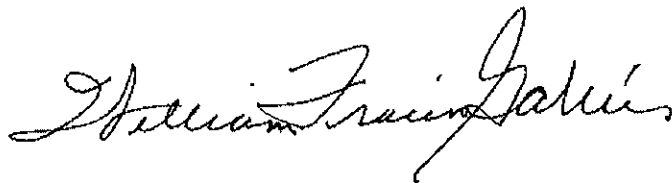
© 2001 - 2022 Commonwealth of Massachusetts
All Rights Reserved

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 06, 2022 08:07 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



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

JEAN M. LORIZIO, ESQ.
CHAIRMAN

CORI REQUEST FORM

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

ABCC LICENSE INFORMATION

ABCC NUMBER: LICENSEE NAME: CITY/TOWN:

(IF EXISTING LICENSEE)

APPLICANT INFORMATION

LAST NAME: FIRST NAME: MIDDLE NAME:

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

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

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

CURRENT ADDRESS:

CITY/TOWN: STATE: ZIP:

FORMER ADDRESS:

CITY/TOWN: STATE: ZIP:

PRINT AND SIGN

PRINTED NAME: APPLICANT/EMPLOYEE SIGNATURE:

NOTARY INFORMATION

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

JOAN M. FARRELL
Notary Public, Commonwealth of Massachusetts
My Commission Expires June 17, 2027

NOTARY

DIVISION USE ONLY

REQUESTED BY:

SIGNATURE OF CORI-AUTHORIZED EMPLOYEE

The DCI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 690-4614.



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

JEAN M. LORIZIO, ESQ.
CHAIRMAN

CORI REQUEST FORM

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

ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>		LICENSEE NAME:		CITY/TOWN:	
---	--	----------------	--	------------	--

APPLICANT INFORMATION

LAST NAME:	SAINI	FIRST NAME:	NITESH	MIDDLE NAME:	S
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:			
DATE OF BIRTH:		SSN:		ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:		DRIVER'S LICENSE #:		STATE LIC. ISSUED:	MA

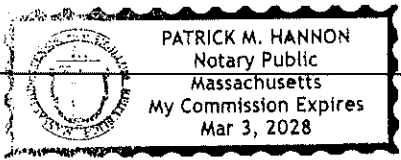
CURRENT ADDRESS:	110 SMITH STREET, UNIT 110				
CITY/TOWN:	LOWELL	STATE:	MA	ZIP:	01851
FORMER ADDRESS:					
CITY/TOWN:		STATE:		ZIP:	

PRINT AND SIGN

PRINTED NAME:	NITESH SAINI	APPLICANT/EMPLOYEE SIGNATURE:	<i>Nitesh Saini</i>
---------------	--------------	-------------------------------	---------------------

NOTARY INFORMATION

On this 04/10/22 before me, the undersigned notary public, personally appeared Nitesh Saini
(name of document signer), proved to me through satisfactory evidence of identification, which were MA Driver License
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.



Patrick M. Hannon
NOTARY

DIVISION USE ONLY

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

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



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

CORI REQUEST FORM

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

JEAN M. LORIZIO, ESQ.
CHAIRMAN

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

ABCC LICENSE INFORMATION

ABCC NUMBER: LICENSEE NAME: CITY/TOWN:

(IF EXISTING LICENSEE)

APPLICANT INFORMATION

LAST NAME: FIRST NAME: MIDDLE NAME:

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

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

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



CURRENT ADDRESS:

CITY/TOWN: STATE: ZIP:

FORMER ADDRESS:

CITY/TOWN: STATE: ZIP:

PRINT AND SIGN

PRINTED NAME: APPLICANT/EMPLOYEE SIGNATURE:

NOTARY INFORMATION

On this before me, the undersigned notary public, personally appeared

(name of document signer), proved to me through satisfactory evidence of identification, which were

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

NOTARY

DIVISION USE ONLY

REQUESTED BY:

SIGNATURE OF CORI-AUTHORIZED EMPLOYEE

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify 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.

MARINA A. OLIVEIRA
Notary Public, Commonwealth of Massachusetts
My Commission Expires October 06, 2026

Letter of Intent

THIS LETTER OF INTENT (the "Document") made as of this 7th day of April, 2022 (the "Execution Date"),

BETWEEN:

Prince Liquors Inc. of [REDACTED]

(the "Tenant")

- AND -

Springburn, LLC of PO Box 999, Andover MA 01810

(the "Landlord")

BACKGROUND:

- A. The Landlord is the owner of commercial property that is available for lease.
- B. The Tenant wishes to lease commercial property from the Landlord.

This Document will establish the basic terms used in a future lease agreement (the "Lease") between the Landlord and the Tenant. The terms contained in this Document are not comprehensive and it is expected that additional terms may be added, and existing terms may be changed or deleted. The basic terms are as follows:

Non-Binding

1. This Document does not create a binding agreement between the Tenant and the Landlord and will not be enforceable. Only the Lease, duly executed by the Tenant and the Landlord, will be enforceable. The terms and conditions of the Lease will supersede any terms and conditions contained in this Document. The Tenant and the Landlord are not prevented from entering into negotiations with third parties with regard to the subject matter of this Document.

Transaction Description

2. The commercial property that is the subject of this Document (the "Property") is located at
89 N Main St, Andover, MA 01810, USA

Rent and Term of Lease

3. The Lease will start on the 1st day of August, 2022.
4. The rent will be \$2,083.33 USD payable monthly in advance, starting on the 1st day of August, 2022.
5. The Lease will terminate on the 1st day of August, 2027.

Terms and Conditions

6. The Tenant will pay the Landlord a security deposit in the sum of \$4,200.00 USD, on or before the 1st day of July, 2022, and subject to further conditions to be included in the Lease.

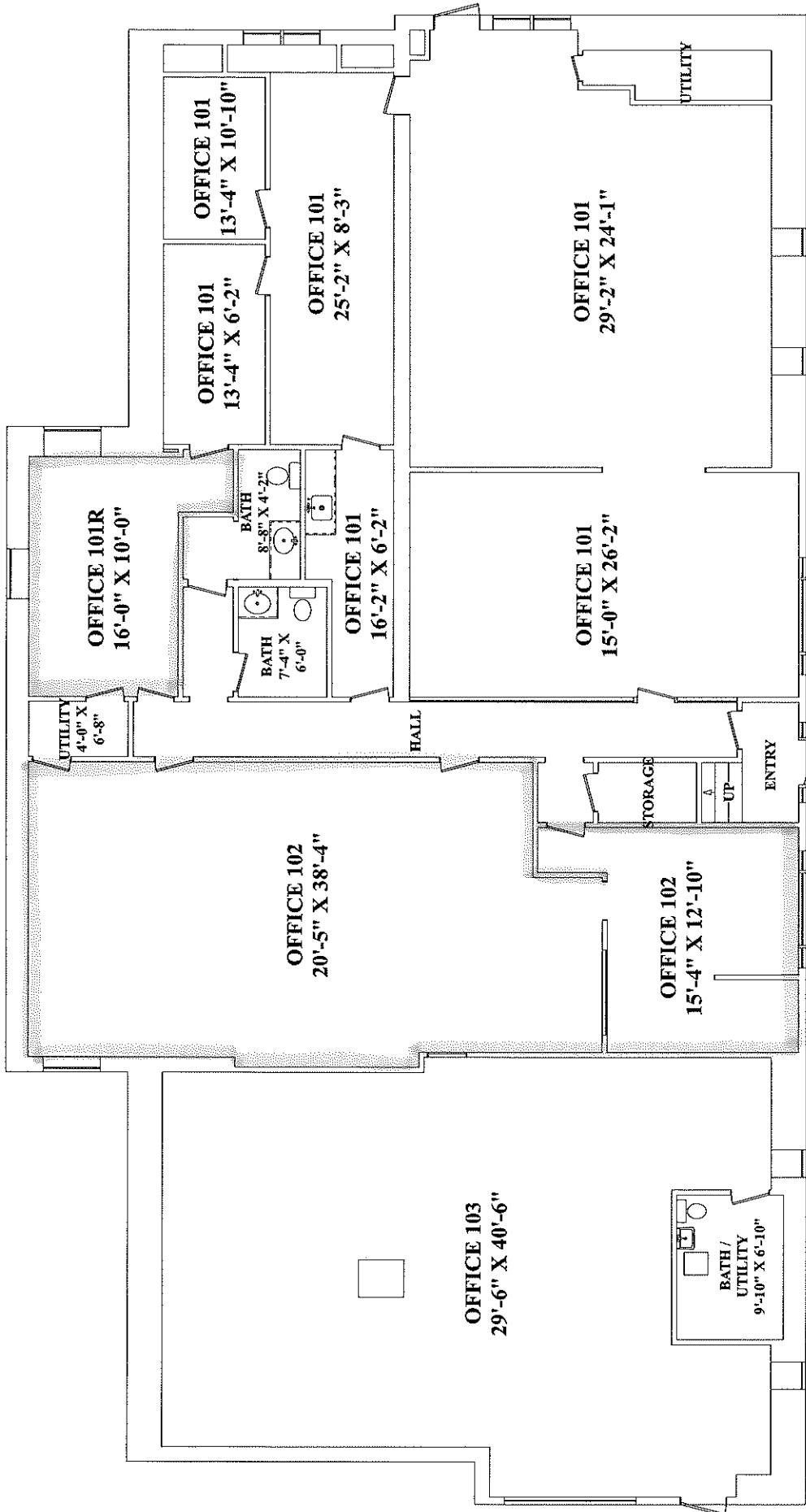
Additional Terms

7. Contingent upon Lessee obtaining a liquor license from the Town of Andover as well as the Alcohol beverage CC, Boston. The leased premises are to be used as an All Purpose Package Store.

This Document accurately reflects the understanding between the Landlord and the Tenant, signed on this 7th day of April, 2022.

Per [Redacted] (Seal)
Print [Redacted]

Print [Redacted] (Seal)
Springburn, LLC (Landlord) [Redacted]



These plans are for marketing purposes only and to provide general information about 89 North Main St. Andover, MA. Floor Plans and dimensions are approximate. Prepared for Bill Buck of Stonewall Properties in Andover, MA. Plans created by Dimensions Homepage.com (978) 794-3993 www.dimensionshomepage.com

First Floor

Liquor License Change in Manager
Wine-Sense

Change of Manager

- Manager Application ✓
- CORI Authorization ✓
- Vote of the Entity ✓
- Proof of Citizenship (Manager must be U.S. citizen) ✓
- Payment Receipt ✓



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

AMENDMENT-Change of Manager

Change of License Manager

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
Wine-Sense, Ltd.	Andover	[REDACTED]

2. APPLICATION CONTACT

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

Name	Title	Email	Phone
Samanta Ettore	President	[REDACTED]	[REDACTED]

3A. MANAGER INFORMATION

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

Proposed Manager Name	Samanta Ettore	Date of Birth	[REDACTED]	SSN	[REDACTED]
Residential Address	[REDACTED]				
Email	[REDACTED]	Phone	[REDACTED]		
Please indicate how many hours per week you intend to be on the licensed premises	47	Last-Approved License Manager	Norma Ettore		

3B. CITIZENSHIP/BACKGROUND INFORMATION

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

Date	Municipality	Charge	Disposition

3C. EMPLOYMENT INFORMATION

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

Start Date	End Date	Position	Employer	Supervisor Name
08/2006	Present	President	Wine-Sense, Ltd.	N/A
[REDACTED]				

3D. PRIOR DISCIPLINARY ACTION

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

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

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

Manager's Signature	[REDACTED]	Date	4/9/2022
---------------------	------------	------	----------

APPLICANT'S STATEMENT

I, Samanta Ettore the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory
of Wine-Sense, Ltd.
Name of the Entity/Corporation

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

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

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

Signature:  _____
Title: President

Date: 4/9/2022

ENTITY VOTE

The Board of Directors or LLC Managers of
Entity Name

duly voted to apply to the Licensing Authority of and the
City/Town

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on
Date of Meeting

For the following transactions (Check all that apply):

Change of Manager

Other

"VOTED: To authorize
Name of Person

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

"VOTED: To appoint
Name of Liquor License Manager

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

A true copy attest,



Manager Signature

SAMANTA ETTORE
(Print Name)

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature

(Print Name)



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

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

AMENDMENT-Change of Manager

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

ECRT CODE: RETA

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

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

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

ENTITY/ LICENSEE NAME Wine-Sense, Ltd.

ADDRESS 166 North Main St.

CITY/TOWN Andover

STATE MA

ZIP CODE 01810

For the following transactions (Check all that apply):

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

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

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

Payment Confirmation

YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT

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



FILING FEES-RETAIL		\$200.00
		\$200.00

Total Convenience Fee: \$4.70

Date Paid: 4/11/2022 11:13:12 AM EDT

Total Amount Paid: \$204.70

Payment On Behalf Of

License Number or Business Name:

Fee Type:
FILING FEES-RETAIL

Billing Information

First Name:
Samanta

Last Name:
Ettore

Address:
166 NORTH MAIN STREET

City:
ANDOVER

State:
MA

Zip Code:
01810

TOWN OF ANDOVER GENERAL LICENSE APPLICATION

TIME STAMP

APPLICANT'S D/B/A: WINE-SENSE

APPLICANT NAME: SAMANTA ETTORE

APPLICANT'S ADDRESS: [REDACTED]

APPLICANT'S TEL. NUMBER: [REDACTED]

CONTACT PERSON: SAMANTA ETTORE

TELEPHONE: [REDACTED] E-MAIL: [REDACTED]

MAILING ADDRESS: 166 NORTH MAIN ST. ANDOVER, MA 01810

TYPE OF LICENSE: LIQUOR LICENSE - CHANGE OF MANAGER

LOCATION OF LICENSE ACTIVITY: 166 NORTH MAIN ST. ANDOVER, MA 01810

APPLICATION/LICENSE FEE: \$125 FID/SS: [REDACTED]

DATE OF ACTIVITY N/A TIME from N/A to N/A

I certify under penalties of perjury, that the above information is true and that named applicant has complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signature: [REDACTED] *****

OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY

Date of log entry 4/12/22 By: _____ License Board Hearing Date: _____

Prior Approval Required:	DATE SENT:	DATE APPROVED
Police Dept:	<u>4-14-22</u>	<u>4/15/22</u>
Fire Dept:	_____	<u>4/15/22</u>
Building:	_____	<u>4/17/22</u>
Health:	_____	<u>4/15/22</u>
Treasurer:	_____	<u>4/15/22</u>
Add'l conditions for license:	<u>✓</u>	_____

This license requires: (circle all that apply)

Select Board Approval Business Certificate Letter of Clearance



TOWN OF ANDOVER

TOWN CLERK'S OFFICE

36 Bartlet Street
Andover, MA 01810
978-623-8230
www.andoverma.gov

SUBJECT INFORMATION:

ETTORE SAMANTA
Last Name First Name Middle Name Suffix



VERIFIED BY:

Melissa K Ripley - Melissa K Ripley
Name of Verifying Employee (Please Print)

Signature of Verifying Employee

Liquor License Change in Manager
Andover Classic Wines, LLC

TOWN OF ANDOVER GENERAL LICENSE APPLICATION

TIME STAMP

APPLICANT'S D/B/A: Andover Classic Wines LLC

APPLICANT NAME: Robert J. Gilbert

APPLICANT'S ADDRESS: [REDACTED]
Andover, MA 01810

APPLICANT'S TEL. NUMBER: [REDACTED]

CONTACT PERSON: Mona L Marston

TELEPHONE: [REDACTED] E-MAIL: [REDACTED]

MAILING ADDRESS: 209 N. Main St, Andover, MA 01810

TYPE OF LICENSE: LIQUOR LICENSE - CHANGE OF MANAGER

LOCATION OF LICENSE ACTIVITY: 209 N. Main St., Andover, MA 01810

APPLICATION/LICENSE FEE: \$125 FID/SS # [REDACTED]

DATE OF ACTIVITY N/A TIME from N/A to N/A

I certify under penalties of perjury, that the above information is true and that named applicant has complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signature [REDACTED]

OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY

Date of log entry _____ By (RM) License Board Hearing Date: _____

Prior Approval Required:	DATE SENT:	DATE APPROVED
Police Dept:	<u>June 1, 2022</u>	_____
Fire Dept:	_____	_____
Building:	_____	_____
Health:	_____	_____
Treasurer:	_____	_____

Add'l conditions for license: _____


This license requires: (circle all that apply)

Select Board Approval Business Certificate Letter of Clearance

TAX FORM


APPLICANT NAME: Andover Classic Wines

I certify under penalties of perjury that the above named applicant has complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

 Mgr
Signature of Individual or Corporate Name (Mandatory)

Robert J. Gilbert
By: Corporate Officer (if corporation)

Social Security# (if individual)



Federal Identification Number (FID# if Corporation or Non Profit#)

This license will not be issued unless the certification clause is signed by the applicant.

Your Social Security or FID number will be furnished to the Massachusetts Department of Revenue to determine if you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. General Laws C. 62c s.49A.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: Andover Classic Wines LLC

Address: 209 N. Main St.

City/State/Zip: Andover, MA 01810 Phone #: 978-470-0500

Are you an employer? Check the appropriate box:

- 1. I am an employer with 13 employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

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

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

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

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

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: 4/1/23

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

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

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

Signature: _____ Date: 5/19/22

Phone #: 978-470-0500

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

City or Town: Andover Permit/License # _____

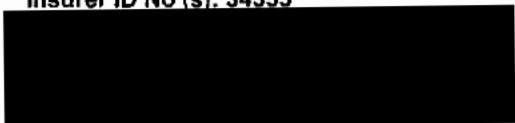
Issuing Authority (circle one):

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

Contact Person: Austin Simko, Town Clerk Phone #: 978-623-8230

Workers Compensation and Employers Liability Insurance Policy

Insurer ID No (s): 34355



Carrier Policy #:	Policy Period
[REDACTED]	01/01/2022 to 01/01/2023

Information Page	Renewal Policy
FEIN: [REDACTED]	Carrier Prior Policy #: [REDACTED]
Item 1: Named Insured and Address	Agency
Andover Classic Wines, LLC 209-211 N. Main St. Andover, MA 01810	[REDACTED]

Schedule of Covered Workplaces

Other Workplace

Andover Classic Wines, LLC
 209 North Main Street
 Andover, MA 01810

Mailing:
 209-211 N. Main St.
 Andover, MA 01810

Effective Date:	01/01/2022
NAICS Code:	[REDACTED]
Division #:	[REDACTED]
Workplace #:	[REDACTED]
State Risk ID #:	[REDACTED]

Alcohol Awareness Training

TIPS[®] eTIPS Off Premise 3.1 **CERTIFIED**
Issued: 1/17/2022 Expires: 1/17/2025
ID#: 5632398

Gina Agostinelli
Andover Classic Wines
Gina Agostinelli
174 N Main St
Andover, MA 01810-3534

For service visit us online at www.gettips.com



TOWN OF ANDOVER

TOWN CLERK'S OFFICE

36 Bartlet Street
Andover, MA 01810
978-623-8230
www.andoverma.gov

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

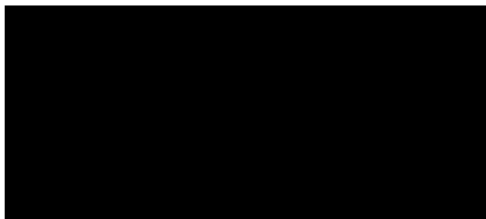
TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

Town of Andover Town Clerk's Office is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to Town of Andover Town Clerk's Office to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Town of Andover Town Clerk's Office with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Town of Andover Town Clerk's/Andover Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Town of Andover/Andover Public Schools must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.



5/19/22
DATE

Your identity and signature must be verified by examining a government-issued identification in person

All CORI forms must be returned, in person, along with your ID



TOWN OF ANDOVER

TOWN CLERK'S OFFICE

36 Bartlet Street
Andover, MA 01810
978-623-8230
www.andoverma.gov

SUBJECT INFORMATION:

Agostinelli Gina [REDACTED]
Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

[REDACTED] [REDACTED]
Date of Birth Place of Birth

Last Six Digits of Your Social Security Number (REQUIRED): [REDACTED]

Driver's License or ID Number: [REDACTED] State of Issue: MA

[REDACTED] [REDACTED]
Mother's Full / Maiden Name Father's Full Name

Current and Former Addresses:

174 N. Main St Andover MA 01810
Street Number & Name City/Town State Zip

[REDACTED]
Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification:

License
Passport

VERIFIED BY: Mona L Marston
Name of Verifying Employee (Please Print)
Mona L Marston
Signature of Verifying Employee



DATE: _____

Town of Andover
CRIMINAL RECORD INFORMATION FORM

Managers, Directors, Stockholders, Officer and Others

NAME OF BUSINESS Andover Classic Wines
APPLICANT Gina Agastinelli
ADDRESS 174 N. Main St, Andover, MA 01810
OCCUPATION Store & Wine Manager
BIRTHPLACE Framingham MA DATE OF BIRTH 05/18/1976

If you have any record of misdemeanors including: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace...and such offences were disposed of ten or more years prior to the filing of this application...you may be considered to have NO RECORD for the purpose of furnishing this department information as to your criminal record.

I, Gina Agastinelli, APPLICANT FOR A Liquor LICENSE IN THE TOWN OF ANDOVER HEREBY STATE THAT I HAVE NOT BEEN CONVICTED FOR VIOLATION OF A STATE OR FEDERAL NARCOTIC LAW.

I DO HEREBY STATE THAT I HAVE NO RECORD OF CRIMINAL CONVICTIONS IN ANY STATE OR FEDERAL COURT EXCEPT THOSE LISTED AS FOLLOWS:

I DO HEREBY STATE THAT I HAVE NO PENDING CRIMINAL CHARGES AGAINST ME FOR ANY CRIMINAL VIOLATIONS IN ANY STATE OR FEDERAL COURT EXCEPT THOSE LISTED AS FOLLOWS:

SIGNED AND SUBSCRIBED TO UNDER THE PAINS AND PENALTIES OF PERJURY
THIS 19th DAY, OF May, 2022

Signature: Gina Agastinelli

Any statements contained herein found to be untrue shall be cause for the cancellation and/or revocation of any license granted to the applicant or corporation in which he is a principal or agent.



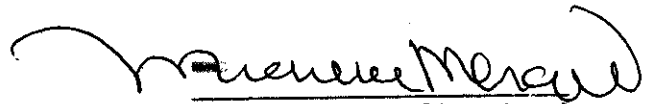
Michelle Mercier
05/19/2022

**MASSACHUSETTS NOTARIAL CERTIFICATE
(JURAT)**

Commonwealth of Massachusetts
County of Essex

On this 19th [day] of May [month], 2022, before me, the undersigned notary public Gina Agostinelli [name of document signer] personally appeared, proved to me through satisfactory evidence of identification, which were MAID [type of identification], to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

[Seal]


[Notary Public Signature]



MICHELLE MERCIER
Notary Public
Commonwealth of Massachusetts
My Commission Expires May 17, 2024



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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
 MONETARY TRANSMITTAL FORM

AMENDMENT-Change of Manager

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

ECRT CODE: RETA

Please make \$200.00 payment here: ABCC PAYMENT WEBSITE

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

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

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

For the following transactions (Check all that apply):

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

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

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



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

AMENDMENT-Change of Manager

Change of License Manager

1. BUSINESS ENTITY INFORMATION

Entity Name Andover Classic Wines LLC	Municipality Andover	ABCC License Number [REDACTED]
--	-------------------------	-----------------------------------

2. APPLICATION CONTACT

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

Name Mona L Marston	Title Financial Manager	Email mmarston@andoverclassicwines.com	Phone 978-470-0500
------------------------	----------------------------	---	-----------------------

3A. MANAGER INFORMATION

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

Proposed Manager Name Gina Agostinelli	Date of Birth [REDACTED]	SSN [REDACTED]
Residential Address [REDACTED]	Email vino@andoverclassicwines.com	
	Phone [REDACTED]	978-470-0500
Please indicate how many hours per week you intend to be on the licensed premises 40-45	Last-Approved License Manager Andrea M DiFiore Lewis	

3B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?* Yes No *Manager must be U.S. citizen
 If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.
 Have you ever been convicted of a state, federal, or military crime? Yes No

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

Date	Municipality	Charge	Disposition

3C. EMPLOYMENT INFORMATION

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

Start Date	End Date	Position	Employer	Supervisor Name
			see additional page	

3D. PRIOR DISCIPLINARY ACTION

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

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

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

Manager's Signature [REDACTED]	Date 5/19/22
-----------------------------------	-----------------

Mona Marston

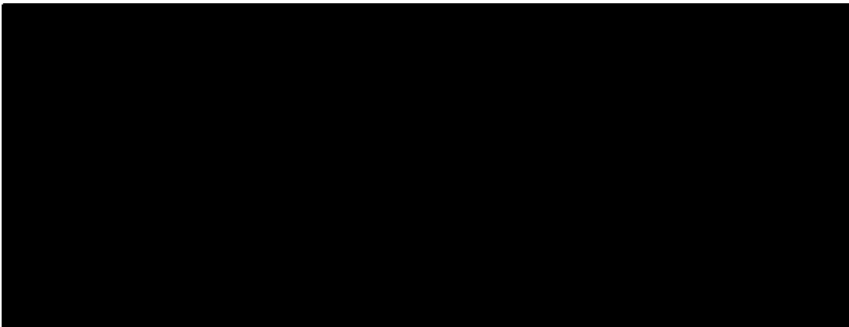
From: Gina Agostinelli
Sent: Thursday, May 19, 2022 11:53 AM
To: Mona Marston
Subject: RE: Work History

Here is my work history for the past 10+ years. Let me know if you need anything else. Thanks!!

Dion's Waltham, MA
Wine Manager Salary \$65K
Sarah Dion (supervisor)
10/15- 10/21

Harborside Wine Co. (M.S. Walker) Taunton, MA
Account Executive – Salary \$70k
Neil Cashman Supervisor
3/13 – 9/15

Arborway Imports – Wilmington MA
Sales Representative – Salary \$35K
Anthony Bruneau Supervisor
10/11- 3/13



Andover | craft
Classic Wines | beers
& spirits

Days off are Sunday and Monday

From: Mona Marston <mmarston@andoverclassicwines.com>
Sent: Thursday, May 19, 2022 11:41 AM
To: Gina Agostinelli <vino@andoverclassicwines.com>
Subject: Work History

APPLICANT'S STATEMENT

I, Robert J Gilbert the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory
of Andover Classic Wines LLC
Name of the Entity/Corporation

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

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

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

Signature

[REDACTED]

Date: 5/19/22

Title:

Managing Member

ENTITY VOTE

The Board of Directors or LLC Managers of

Entity Name

duly voted to apply to the Licensing Authority of and the

City/Town

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

Date of Meeting

For the following transactions (Check all that apply):

Change of Manager

Other

"VOTED: To authorize

Name of Person

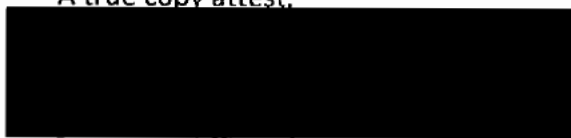
to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

"VOTED: To appoint

Name of Liquor License Manager

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

A true copy attest,



Corporate Officer / LLC Manager Signature

Robert J Gilbert

(Print Name)

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature

(Print Name)

Payment Confirmation

YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT

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



FILING FEES-RETAIL		\$200.00
		\$200.00

Total Convenience Fee: \$4.70

Date Paid: 5/19/2022 12:34:23 PM EDT

Total Amount Paid: \$204.70

Payment On Behalf Of
License Number or Business Name:
 [REDACTED]
Fee Type:
 FILING FEES-RETAIL

Billing Information
First Name:
 Robert
Last Name:
 Gilbert
Address:
 209 N Main St
City:
 Andover
State:
 MA
Zip Code:
 01810
Email Address:
 mmarston@andoverclassicwines.com

National Grid and Verizon Request to Construct a Line of Underground Electric
Conduits – Beacon Street



TOWN OF ANDOVER

Town Clerk's Office

36 Bartlet Street
Andover, MA 01810
978-623-8230
townclerk@andoverma.gov

NOTICE

You are hereby notified that a Public Hearing will be held by the Andover Select Board, on Monday, June 13, 2022 in the 2nd floor School Committee Conference Room, 30 Whittier Court, at 7 p.m.

This hearing is on the petition of National Grid requesting permission to construct a line of underground electric conduits, including the necessary sustaining and protecting fixtures, under and across the public way or ways hereinafter named.

#30321463 Beacon Street - Beginning at a point approximately 414 feet southeast of the centerline of the intersection of Robert Drive and continuing approximately 15 feet in southwest direction National Grid to install +/- 30" (2) 4" concrete encased conduits with electric lines from existing P5938 in public way heading southeast under sidewalk and then into the private property of 58 Beacon Street shown on diagram provided.

Plan(s) of the proposed work can be found in the Meeting Packet on the Select Board's page on the Town of Andover website, www.andoverma.gov.

Should you have any questions about this proposal, please call Dave Boucher, 978-725-1461, prior to the above-mentioned Select Board meeting date. A representative from the utility company will be available at 6:45 P.M. on the above date at the meeting location to answer any other questions you may have relating to the proposed work.

By order of the
Select Board

Melissa K. Ripley
Town Clerk

Plan No: **30321463**

June 13, 2022

Pursuant to Governor Baker's March 12, 2020 Order Suspending Certain Provisions of the Open Meeting Law, and the Governor's March 15, 2020 Order imposing strict limitation on the number of people that may gather in one place, this meeting of the Select Board will be conducted via remote participation to the greatest extent possible. For this meeting, members of the public who wish to watch the meeting may do so in the following manner: Andover TV COMCAST CHANNEL 22 AND VERIZON CHANNEL 45. Members of the public who wish to ask a question on particular agenda items during the meeting can do so by calling 311 from their landline or cell phone within the geographical boundaries of Andover or by calling 978-623-8311 from anywhere or by emailing manager@andoverma.gov. Residents are encouraged to email their questions ahead of the meeting, however, staff will be available to present the Board with questions received during the meeting. Please include your name and address with your question.

Every effort will be made to ensure that the public can adequately access the proceedings in real time, via technological means. In the event that we are unable to do so, despite best efforts, we will post on the Town's website an audio or video recording, transcript, or other comprehensive record of the proceedings as soon as possible after the meeting.

TOWN OF ANDOVER, MASSACHUSETTS



PRIVATE UTILITY PETITION CHECKLIST

TO BE FILLED OUT BY PETITIONER

COMPANY:	nationalgrid
PROJECT MANAGER NAME:	David Boucher
PROJECT MANAGER CONTACT NUMBER:	978-725-1461
LIST OF ADDRESSES IMPACTED BY PROPOSED WORK:	
	Abutters can be attained through town office. 30321463
PETITIONER IS REQUIRED TO ATTACH PICTURES SHOWING AREA OF PROPOSAL	
PICTURES HAVE BEEN ATTACHED	<input checked="" type="checkbox"/> YES

TO BE FILLED OUT BY TOWN OF ANDOVER STAFF

<u>DPW</u>	
SUPPORT PROJECT (YES / NO)	SIGNATURE: <i>[Signature]</i>
	TITLE: <i>Town Engineer</i>
COMMENTS:	<i>This is a Town initiated project related to school construction</i>

<u>POLICE DEPARTMENT</u>	
SUPPORT PROJECT (YES / NO)	SIGNATURE: _____
	TITLE: _____
COMMENTS:	

<u>FIRE DEPARTMENT</u>	
SUPPORT PROJECT (YES / NO)	SIGNATURE: _____
	TITLE: _____
COMMENTS:	

TOWN OF ANDOVER, MASSACHUSETTS



PRIVATE UTILITY PETITION CHECKLIST

TO BE FILLED OUT BY PETITIONER

COMPANY: nationalgrid

PROJECT MANAGER NAME: David Boucher

PROJECT MANAGER CONTACT NUMBER: 978-725-1461

LIST OF ADDRESSES IMPACTED BY PROPOSED WORK:

Abutters can be attained through town office. 30321463

PETITIONER IS REQUIRED TO ATTACH PICTURES SHOWING AREA OF PROPOSAL

PICTURES HAVE BEEN ATTACHED YES

TO BE FILLED OUT BY TOWN OF ANDOVER STAFF

DPW

SUPPORT PROJECT (YES / NO) SIGNATURE: _____

COMMENTS: TITLE: _____

POLICE DEPARTMENT

SUPPORT PROJECT (YES) / NO) SIGNATURE: [Signature]

COMMENTS: TITLE: SGT, COMMUNITY SERVICES

FIRE DEPARTMENT

SUPPORT PROJECT (YES / NO) SIGNATURE: _____

COMMENTS: TITLE: _____

TOWN OF ANDOVER, MASSACHUSETTS



PRIVATE UTILITY PETITION CHECKLIST

TO BE FILLED OUT BY PETITIONER

COMPANY: nationalgrid

PROJECT MANAGER NAME: David Boucher

PROJECT MANAGER CONTACT NUMBER: 978-725-1461

LIST OF ADDRESSES IMPACTED BY PROPOSED WORK:

Abutters can be attained through town office.

30321463

PETITIONER IS REQUIRED TO ATTACH PICTURES SHOWING AREA OF PROPOSAL

PICTURES HAVE BEEN ATTACHED YES

TO BE FILLED OUT BY TOWN OF ANDOVER STAFF

DPW

SUPPORT PROJECT (YES / NO)

SIGNATURE: _____

COMMENTS:

TITLE: _____

POLICE DEPARTMENT

SUPPORT PROJECT (YES / NO)

SIGNATURE: _____

COMMENTS:

TITLE: _____

FIRE DEPARTMENT

SUPPORT PROJECT (YES / NO)

SIGNATURE: *MB Mansfield*

COMMENTS:

TITLE: *Fire Chief*

nationalgrid

ANDOVER TOWN CLERK
RCUD 2022 JAN 11 PM2:44

January 11, 2022

Board of Selectmen of Andover, Massachusetts

To Whom It May Concern:

Enclosed please find a petition of NATIONAL GRID and VERIZON, covering joint NATIONAL GRID-VERIZON pole location(s)

If you have any questions regarding this permit, please contact:

Dave Boucher 978-725-1461

Please notify National Grid's Lisa Ayres of the hearing date / time.

If this petition meets with your approval, please return an executed copy to each of the above-named Companies.

National Grid: Lisa Ayres, 1101 Turnpike Street; North Andover, MA 01845
978-725-1418

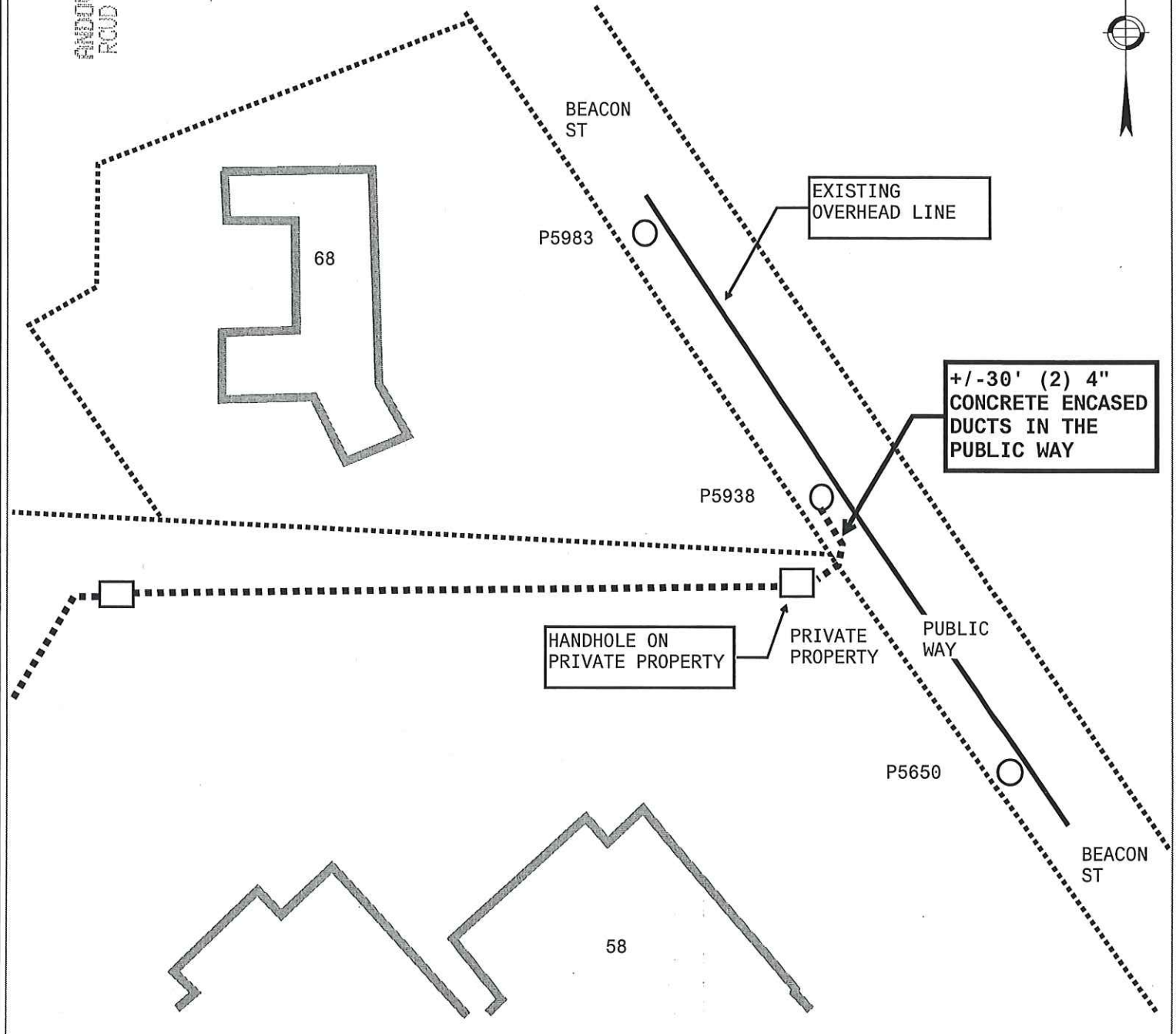
Very truly yours,

Dave Johnson/lla

Dave Johnson
Supervisor, Distribution Design

Enclosures

ANDOVER TOWN CLERK
 RCUD 2022 FEB 7 AM 6:54



DISTRIBUTION ELECTRIC UNDERGROUND PETITION Plan Number 30321463

LEGEND

- EXISTING POLE
- LOT LINE
- (2) 4" CONCRETE ENCASED CONDUITS



To The: TOWN OF ANDOVER MA

For Proposed:
UNDERGROUND ELECTRIC

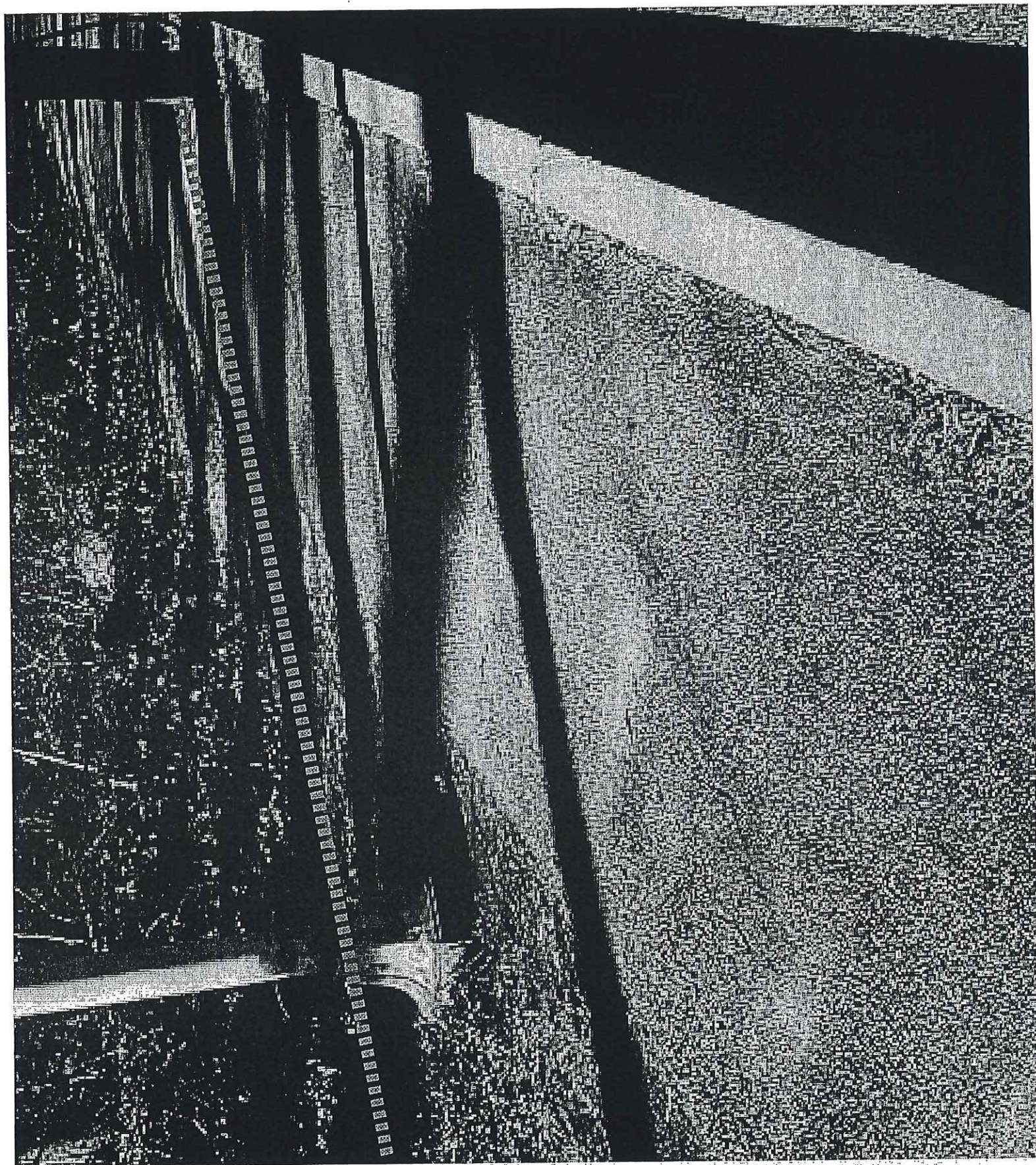
Location:
58 BEACON ST

Sketch to accompany petition for:

(2) 4" CONCRETE ENCASED UNDERGROUND CONDUITS TO PROVIDE ELECTRIC SERVICE. STARTING FROM EXISTING POLE 5938 AND GOING +/- 30' INTO THE PRIVATE PROPERTY OF 58 BEACON ST, ANDOVER MA.

Date: 1/24/22 **Drawn by:** DJB
DRAWING NOT TO SCALE. DISTANCES ARE APPROXIMATE





National Grid and Verizon Request to Relocate Pole – Beacon Street



TOWN OF ANDOVER

Town Clerk's Office

36 Bartlet Street
Andover, MA 01810
978-623-8230
townclerk@andoverma.gov

NOTICE

You are hereby notified that a Public Hearing will be held by the Andover Select Board, on Monday, June 13, 2022 in the 2nd floor School Committee Conference Room, 30 Whittier Court, at 7 p.m.

This hearing is on the petition of National Grid and Verizon New England, Inc. requesting permission to locate poles, wires and fixtures, including the necessary sustaining and protecting fixtures, along and across the following public way:

#30496607 Beacon Street - National Grid to install (2) JO poles 5648-50 and 5648 on Beacon Street beginning at a point approximately 1368 feet northwest of the centerline of the intersection of High Plain Road and continuing approximately 20 feet in a southwest direction for new entryway and access for West Elementary School.

Plan(s) of the proposed work can be found in the Meeting Packet on the Select Board's page on the Town of Andover website, www.andoverma.gov.

Should you have any questions about this proposal, please call Dave Boucher, 978-725-1461, prior to the above-mentioned Select Board meeting date. A representative from the utility company will be available at 6:45 P.M. on the above date at the meeting location to answer any other questions you may have relating to the proposed work.

By order of the
Select Board

Melissa K. Ripley
Town Clerk

Plan No: **30496607**

June 13, 2022

Pursuant to Governor Baker's March 12, 2020 Order Suspending Certain Provisions of the Open Meeting Law, and the Governor's March 15, 2020 Order imposing strict limitation on the number of people that may gather in one place, this meeting of the Select Board will be conducted via remote participation to the greatest extent possible. For this meeting, members of the public who wish to watch the meeting may do so in the following manner: Andover TV COMCAST CHANNEL 22 AND VERIZON CHANNEL 45. Members of the public who wish to ask a question on particular agenda items during the meeting can do so by calling 311 from their landline or cell phone within the geographical boundaries of Andover or by calling 978-623-8311 from anywhere or by emailing manager@andoverma.gov. Residents are encouraged to email their questions ahead of the meeting, however, staff will be available to present the Board with questions received during the meeting. Please include your name and address with your question.

Every effort will be made to ensure that the public can adequately access the proceedings in real time, via technological means. In the event that we are unable to do so, despite best efforts, we will post on the Town's website an audio or video recording, transcript, or other comprehensive record of the proceedings as soon as possible after the meeting.

TOWN OF ANDOVER, MASSACHUSETTS



ANDOVER TOWN CLERK
RCUD 2022 MAR 30 AM 9:41

PRIVATE UTILITY PETITION CHECKLIST

TO BE FILLED OUT BY PETITIONER

COMPANY: nationalgrid

PROJECT MANAGER NAME: David Boucher

PROJECT MANAGER CONTACT NUMBER: 978-314-5069

LIST OF ADDRESSES IMPACTED BY PROPOSED WORK:

abutters are available at town office

30496607

PETITIONER IS REQUIRED TO ATTACH PICTURES SHOWING AREA OF PROPOSAL

PICTURES HAVE BEEN ATTACHED YES

TO BE FILLED OUT BY TOWN OF ANDOVER STAFF

DPW

SUPPORT PROJECT (YES / NO) SIGNATURE: _____

TITLE: _____

COMMENTS:

POLICE DEPARTMENT

SUPPORT PROJECT (YES / NO) SIGNATURE: _____

TITLE: _____

COMMENTS:

FIRE DEPARTMENT

SUPPORT PROJECT (YES / NO) SIGNATURE: _____

TITLE: _____

COMMENTS:

TOWN OF ANDOVER, MASSACHUSETTS



PRIVATE UTILITY PETITION CHECKLIST

TO BE FILLED OUT BY PETITIONER

COMPANY: nationalgrid

PROJECT MANAGER NAME: David Boucher

PROJECT MANAGER CONTACT NUMBER: 978-314-5069

LIST OF ADDRESSES IMPACTED BY PROPOSED WORK:

abutters are available at town office

30496607

PETITIONER IS REQUIRED TO ATTACH PICTURES SHOWING AREA OF PROPOSAL

PICTURES HAVE BEEN ATTACHED YES

TO BE FILLED OUT BY TOWN OF ANDOVER STAFF

DPW

SUPPORT PROJECT (YES / NO)

SIGNATURE: _____

TITLE: _____

[Handwritten Signature]

Town Engineer

COMMENTS:

This is a Town initiated project related to school construction

POLICE DEPARTMENT

SUPPORT PROJECT (YES / NO)

SIGNATURE: _____

TITLE: _____

COMMENTS:

FIRE DEPARTMENT

SUPPORT PROJECT (YES / NO)

SIGNATURE: _____

TITLE: _____

COMMENTS:

TOWN OF ANDOVER, MASSACHUSETTS

ANDOVER TOWN CLERK
RCUD 2022 JAN 11 PM2:44



PRIVATE UTILITY PETITION CHECKLIST

TO BE FILLED OUT BY PETITIONER

COMPANY: nationalgrid

PROJECT MANAGER NAME: David Boucher

PROJECT MANAGER CONTACT NUMBER: 978-314-5069

LIST OF ADDRESSES IMPACTED BY PROPOSED WORK:
abutters can be attained thru town office 30496607

PETITIONER IS REQUIRED TO ATTACH PICTURES SHOWING AREA OF PROPOSAL

PICTURES HAVE BEEN ATTACHED YES

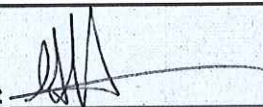
TO BE FILLED OUT BY TOWN OF ANDOVER STAFF

DPW

SUPPORT PROJECT (YES / NO) SIGNATURE: _____

COMMENTS: TITLE: _____

POLICE DEPARTMENT

SUPPORT PROJECT (YES / NO) SIGNATURE:  _____

COMMENTS: TITLE: Safety Officer _____

FIRE DEPARTMENT

SUPPORT PROJECT (YES / NO) SIGNATURE: _____

COMMENTS: TITLE: _____

TOWN OF ANDOVER, MASSACHUSETTS



ANDOVER TOWN CLERK
RCUD 2022 MAR 30 AM 9:4

PRIVATE UTILITY PETITION CHECKLIST

TO BE FILLED OUT BY PETITIONER

COMPANY: nationalgrid

PROJECT MANAGER NAME: David Boucher

PROJECT MANAGER CONTACT NUMBER: 978-314-5069

LIST OF ADDRESSES IMPACTED BY PROPOSED WORK:

abutters are available at town office

30496607

PETITIONER IS REQUIRED TO ATTACH PICTURES SHOWING AREA OF PROPOSAL

PICTURES HAVE BEEN ATTACHED YES

TO BE FILLED OUT BY TOWN OF ANDOVER STAFF

DPW

SUPPORT PROJECT (YES / NO)

SIGNATURE: _____

TITLE: _____

COMMENTS:

POLICE DEPARTMENT

SUPPORT PROJECT (YES / NO)

SIGNATURE: _____

TITLE: _____

COMMENTS:

FIRE DEPARTMENT

SUPPORT PROJECT (YES / NO)

SIGNATURE: *M. Mansfield*

TITLE: *Fire Chief*

COMMENTS:

nationalgrid

March 8, 2022

Board of Selectmen of Andover, Massachusetts

To Whom It May Concern:

Enclosed please find a petition of NATIONAL GRID and VERIZON, covering joint NATIONAL GRID-
VERIZON pole location(s)

If you have any questions regarding this permit, please contact:

Dave Boucher 978-725-1461

Please notify National Grid's Lisa Ayres of the hearing date / time to lisa.ayres@nationalgrid.com

If this petition meets with your approval, please return an executed copy to each of the above-named
Companies.

National Grid: Lisa Ayres, 1101 Turnpike Street; North Andover, MA 01845
978-725-1418

Very truly yours,

Dave Johnson/lla

Dave Johnson
Supervisor, Distribution Design

Enclosures

Questions contact Dave Boucher 978-725-1461

PETITION FOR JOINT OR IDENTICAL POLE LOCATIONS

North Andover, Massachusetts

ANDOVER TOWN CLERK
ROUD 2022 MAR 30 AM 9:42

To the Board of Selectmen
Of Andover, Massachusetts

Massachusetts Electric Company d/b/a NATIONAL GRID and Verizon New England, Inc requests permission to locate poles, wires, and fixtures, including the necessary sustaining and protecting fixtures, along and across the following public way:

Beacon St. - National Grid to install (2) JO poles 5648-50 and 5648 on Beacon St. beginning at a point approximately 1368 feet northwest of the centerline of the intersection of High Plain Rd. and continuing approximately 20 feet in a southwest direction for new entryway and access for West Elementary School.

Location approximately as shown on plan attached.

Wherefore it prays that after due notice and hearing as provided by law, it be granted a location for and permission to erect and maintain poles and wires, together with such sustaining and protecting fixtures as it may find necessary, said poles to be erected substantially in accordance with the plan filed herewith marked – Beacon St. - Andover, Massachusetts.

30496607

Also, for permission to lay and maintain underground laterals, cables, and wires in the above or intersecting public ways for the purpose of making connections with such poles and buildings as each of said petitioners may desire for distributing purposes.

Your petitioner agrees to reserve space for one cross-arm at a suitable point on each of said poles for the fire, police, telephone, and telegraph signal wires belonging to the municipality and used by it exclusively for municipal purposes.

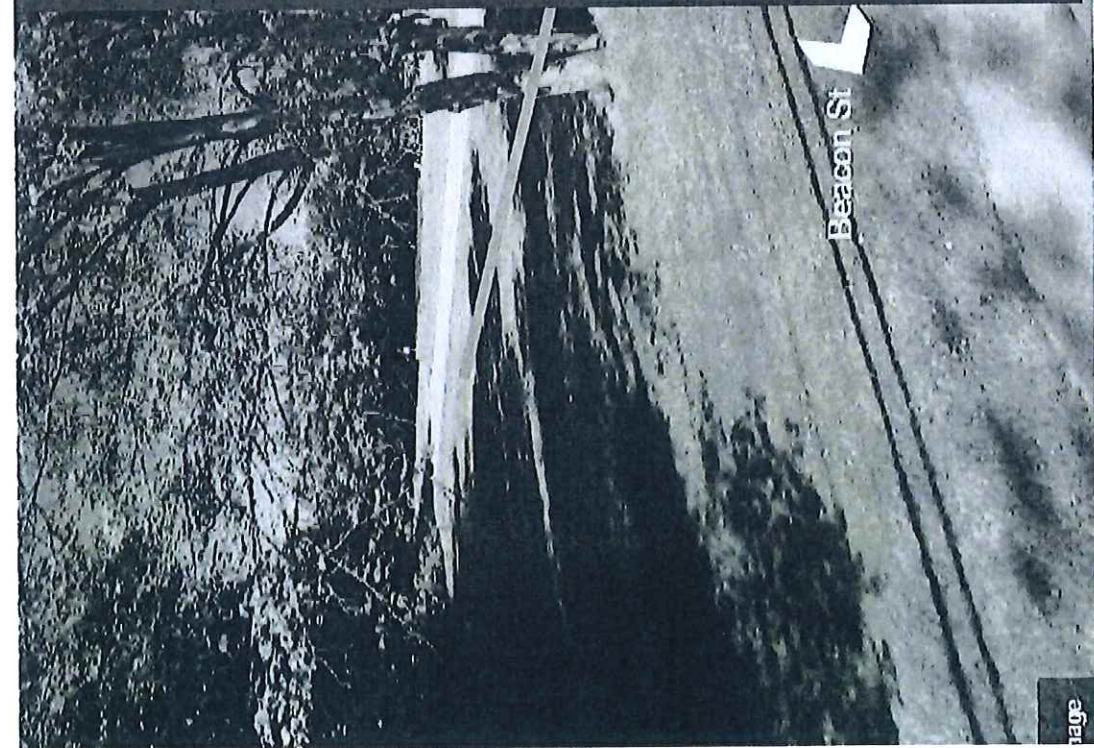
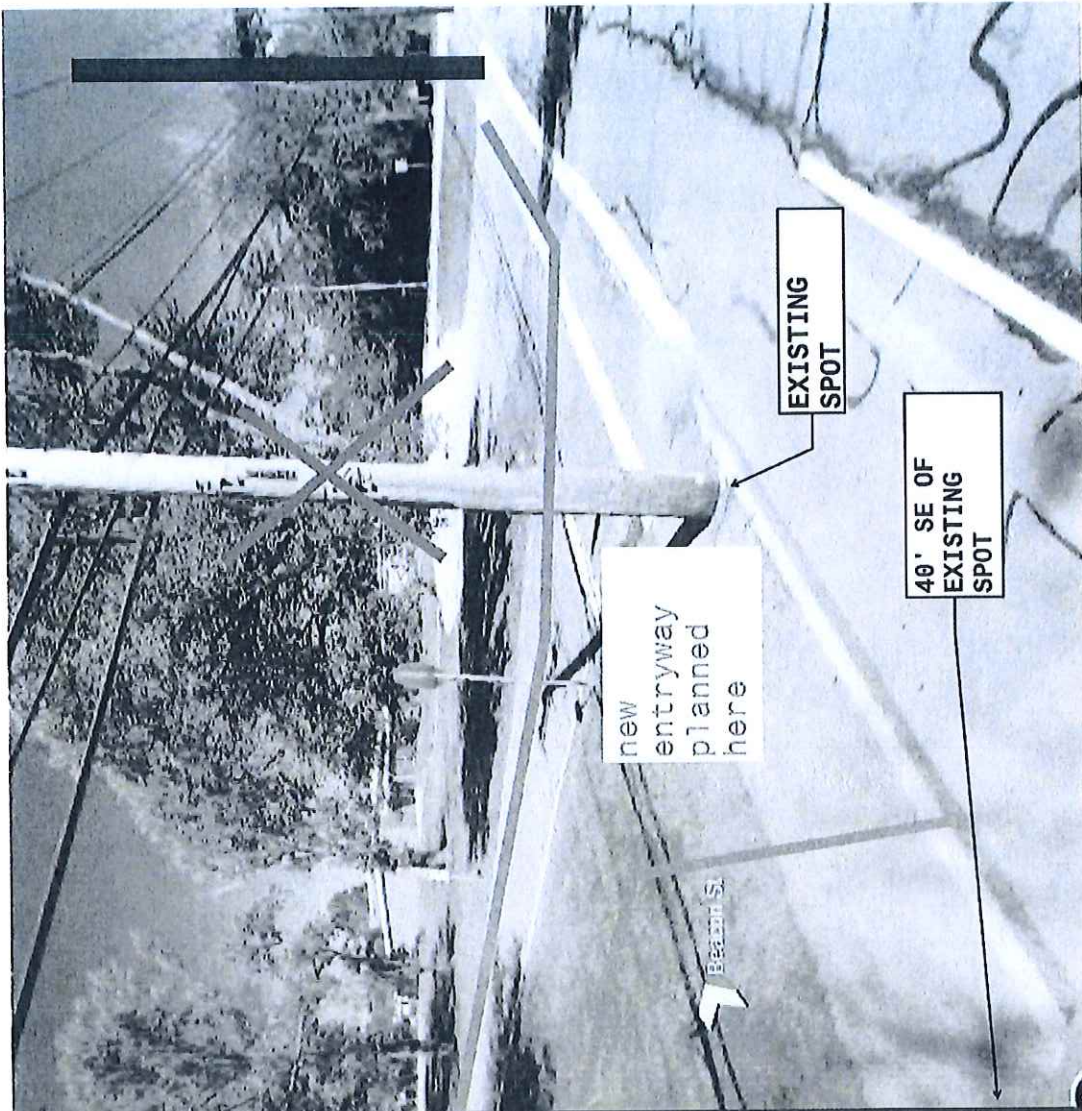
Massachusetts Electric Company d/b/a
NATIONAL GRID *Dave Johnson/lla*

BY _____
Engineering Department

VERIZON NEW ENGLAND, INC.

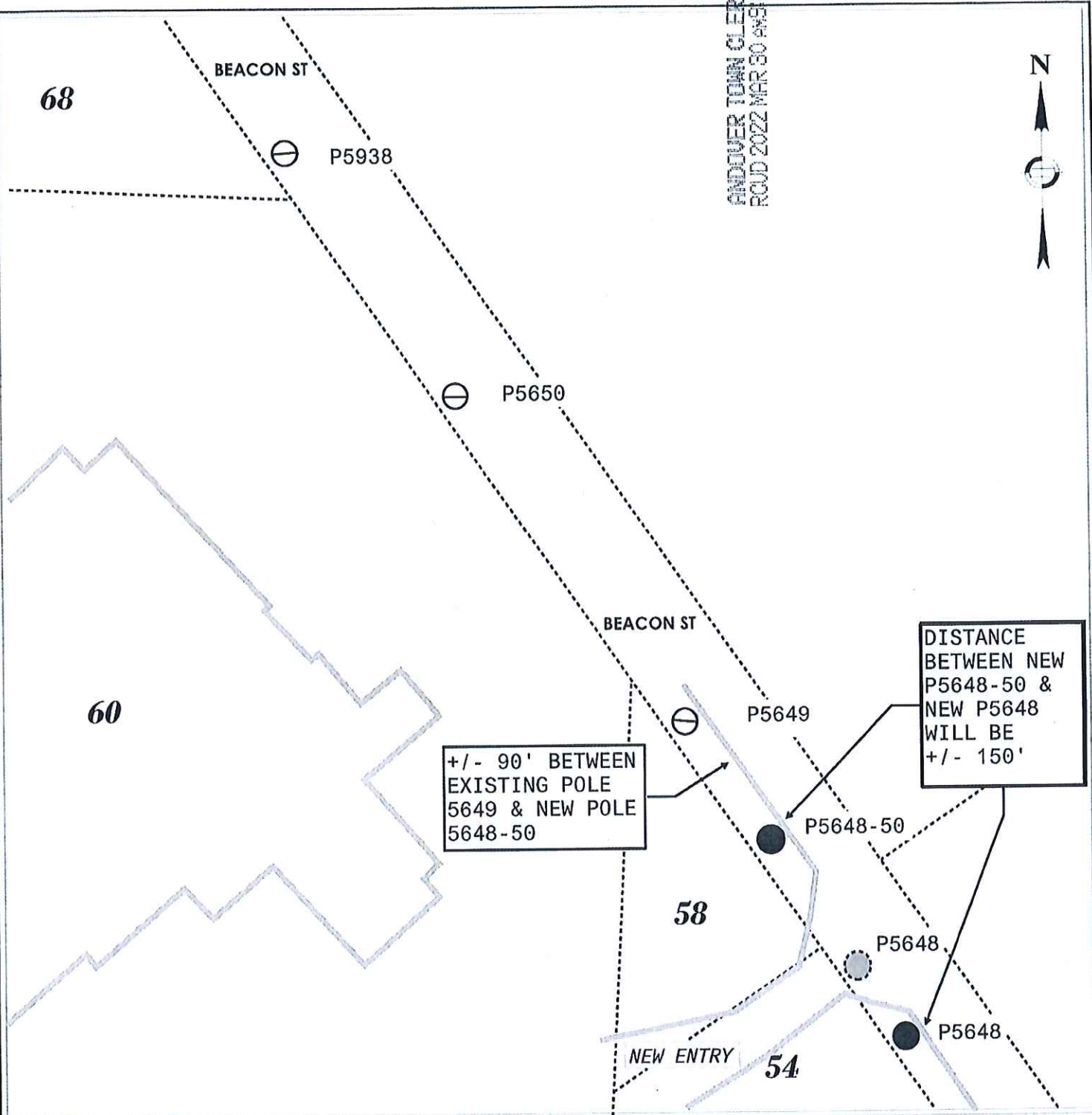
BY _____
Manager / Right of Way

February 4, 2022



ANDOVER TOWN CLERK
RCUD 2022 MAR 30 04:51:41

ANDOVER TOWN CLERK
ROD 2022 MAR 30 AM 9:41



JOINT OWNED POLE PETITION

Plan Number 30496607

LEGEND

- LOT LINE
- ELECTRIC INSTALL NEW J.O. POLE
- ⊖ EXISTING J.O. POLE
- ⊙ TELCO REMOVE OLD J.O. POLE

nationalgrid

and Verizon New England, Inc.

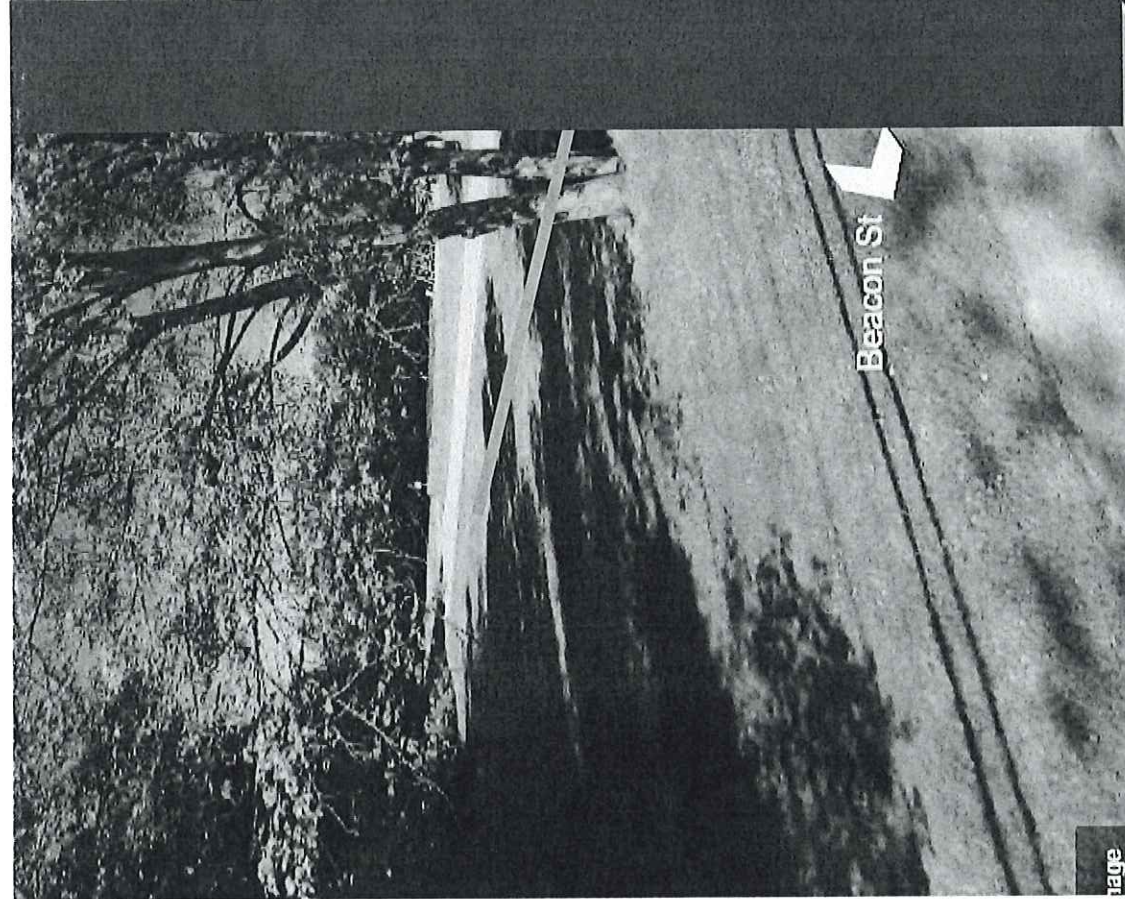
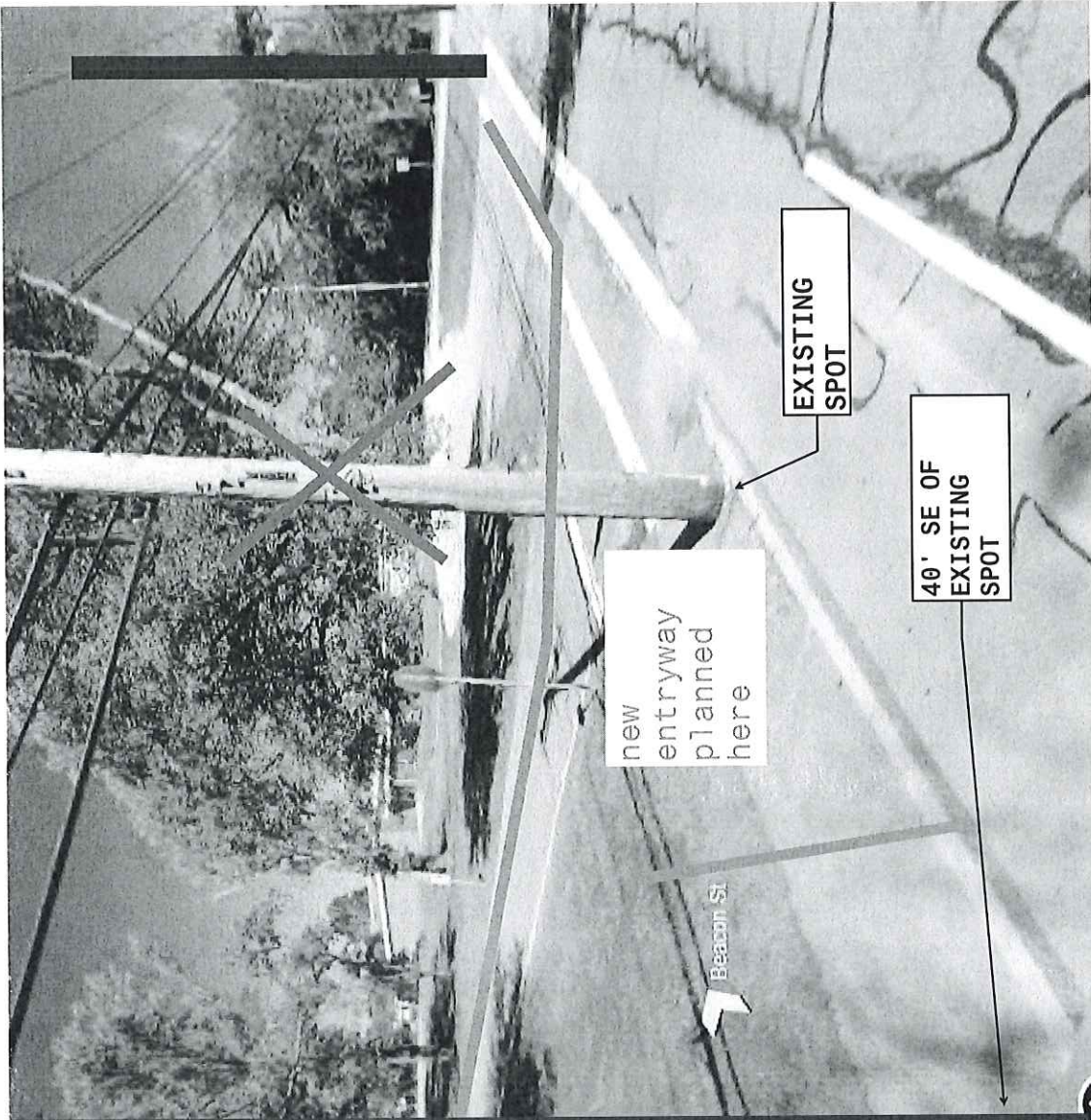
To The: TOWN OF ANDOVER, MA

For Proposed:
2 POLE LOCATIONS

Location:
BEACON ST

Date: 1/27/22 Drawn by: DJB
DRAWING NOT TO SCALE. DISTANCES ARE APPROXIMATE.

Sketch to accompany petition for:
MOVING EXISTING POLE 5648 +/- 40' SOUTH EAST & ADDING NEW POLE 5648-50 TO ACCOMMODATE FOR NEW ENTRY PLANNED FOR WEST ELEMENTARY SCHOOL. OLD POLE 5648 TO BE REMOVED (FREEING UP NEW ENTRYWAY) BY TELCO ONCE ALL UTILITIES ARE TRANSFERRED.



Eversource Request to Excavate – Central Street, Torr Street and Phillips Street



TOWN OF ANDOVER

Town Clerk's Office

36 Bartlet Street
Andover, MA 01810
978-623-8230
townclerk@andoverma.gov

NOTICE

You are hereby notified that a Public Hearing will be held by the Andover Select Board, on Monday, June 13, 2022 in the 2nd floor School Committee Conference Room, 30 Whittier Court, at 7 p.m.

Eversource respectfully asks permission to excavate for the purpose of replacing and or extending its gas mains and to make the necessary house connections along said extension, as follows:

JO#: 21-0847056-00 Central Street – This project is to replace approximately 2235 feet of cast iron and bare steel gas main in Andover. The project scope includes Central Street (from Abbott Bridge Rd to Torr St), Torr St (from Central St to Phillips St), and Phillips Street (from Torr to Abbot St).

Plan(s) of the proposed work can be found in the Meeting Packet on the Select Board's page on the Town of Andover website, www.andoverma.gov.

Should you have any questions about this proposal, please call Kyle Benoit, 978-382-5026, prior to the above-mentioned Select Board meeting date. A representative from the utility company will be available at 6:45 P.M. on the above date at the meeting location to answer any other questions you may have relating to the proposed work.

By order of the
Select Board

Melissa K. Ripley
Town Clerk

Plan No: **JO#: 21-0847056-00**

June 13, 2022

Pursuant to Governor Baker's March 12, 2020 Order Suspending Certain Provisions of the Open Meeting Law, and the Governor's March 15, 2020 Order imposing strict limitation on the number of people that may gather in one place, this meeting of the Select Board will be conducted via remote participation to the greatest extent possible. For this meeting, members of the public who wish to watch the meeting may do so in the following manner: Andover TV COMCAST CHANNEL 22 AND VERIZON CHANNEL 45. Members of the public who wish to ask a question on particular agenda items during the meeting can do so by calling 311 from their landline or cell phone within the geographical boundaries of Andover or by calling 978-623-8311 from anywhere or by emailing manager@andoverma.gov. Residents are encouraged to email their questions ahead of the meeting, however, staff will be available to present the Board with questions received during the meeting. Please include your name and address with your question.

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TOWN OF ANDOVER, MASSACHUSETTS

ANDOVER TOWN CLERK
RCUD 2022 MAR 30 PM4:24



PRIVATE UTILITY PETITION CHECKLIST

TO BE FILLED OUT BY PETITIONER

COMPANY:	Eversource Gas Of Massachusetts	JO#: 21-0847056-00
PROJECT MANAGER NAME:	Kyle Benoit	
PROJECT MANAGER CONTACT NUMBER:	978-382-5026	
LIST OF ADDRESSES IMPACTED BY PROPOSED WORK:	105 Central St to 80 Central St; 2 Torr St to 10 Torr St; and 69 Phillips St to 39 Abbot St (See attached map)	
PETITIONER IS REQUIRED TO ATTACH PICTURES SHOWING AREA OF PROPOSAL		
PICTURES HAVE BEEN ATTACHED	YES	

TO BE FILLED OUT BY TOWN OF ANDOVER STAFF

<u>DPW</u>	
SUPPORT PROJECT (YES / NO)	SIGNATURE: <u>[Signature]</u>
COMMENTS:	TITLE: <u>Town Engineer</u>

<u>POLICE DEPARTMENT</u>	
SUPPORT PROJECT (YES / NO)	SIGNATURE: _____
COMMENTS:	TITLE: _____

<u>FIRE DEPARTMENT</u>	
SUPPORT PROJECT (YES / NO)	SIGNATURE: _____
COMMENTS:	TITLE: _____

TOWN OF ANDOVER, MASSACHUSETTS

ANDOVER TOWN CLERK
RCUD 2022 MAR 30 PM4:24



PRIVATE UTILITY PETITION CHECKLIST

TO BE FILLED OUT BY PETITIONER

COMPANY: Eversource Gas Of Massachusetts **JDA: 21-0847056-00**

PROJECT MANAGER NAME: Kyle Benoit

PROJECT MANAGER CONTACT NUMBER: 978-382-5026

LIST OF ADDRESSES IMPACTED BY PROPOSED WORK:
105 Central St to 80 Central St; 2 Torr St to 10 Torr St; and 69 Phillips St to 39 Abbot St (See attached map)

PETITIONER IS REQUIRED TO ATTACH PICTURES SHOWING AREA OF PROPOSAL

PICTURES HAVE BEEN ATTACHED **YES**

TO BE FILLED OUT BY TOWN OF ANDOVER STAFF

DPW

SUPPORT PROJECT (YES / NO) SIGNATURE: _____

COMMENTS:

TITLE: _____

POLICE DEPARTMENT

SUPPORT PROJECT (YES / NO) SIGNATURE: [Signature]

COMMENTS:

TITLE: SGT, COMMUNITY SERVICES

FIRE DEPARTMENT

SUPPORT PROJECT (YES / NO) SIGNATURE: _____

COMMENTS:

TITLE: _____

TOWN OF ANDOVER, MASSACHUSETTS

ANDOVER TOWN CLERK
RCUD 2022 MAR 30 PM 4:2



PRIVATE UTILITY PETITION CHECKLIST

TO BE FILLED OUT BY PETITIONER

COMPANY:	Eversource Gas Of Massachusetts	JO#: 21-0847056-00
PROJECT MANAGER NAME:	Kyle Benoit	
PROJECT MANAGER CONTACT NUMBER:	978-382-5026	
LIST OF ADDRESSES IMPACTED BY PROPOSED WORK:	105 Central St to 80 Central St; 2 Torr St to 10 Torr St; and 69 Phillips St to 39 Abbot St (See attached map)	
PETITIONER IS REQUIRED TO ATTACH PICTURES SHOWING AREA OF PROPOSAL		
PICTURES HAVE BEEN ATTACHED	YES	

TO BE FILLED OUT BY TOWN OF ANDOVER STAFF

<u>DPW</u>	
SUPPORT PROJECT (YES / NO)	SIGNATURE: _____
COMMENTS:	TITLE: _____

<u>POLICE DEPARTMENT</u>	
SUPPORT PROJECT (YES / NO)	SIGNATURE: _____
COMMENTS:	TITLE: _____

<u>FIRE DEPARTMENT</u>	
SUPPORT PROJECT (YES / NO)	SIGNATURE: <u>MB Mansfield</u>
COMMENTS:	TITLE: <u>Fire Chief</u>



Board of Selectmen
Andover, Massachusetts

Date: 3/25/2022

Gentlemen:

Eversource Gas of Massachusetts respectfully asks permission to excavate for the purpose of replacing and or extending its gas mains, according to blueprints hereto annexed and made a part of this petition, and to make the necessary house connections along said extensions, as follows:

This project is to replace approximately 2235 feet of cast iron and bare steel gas main in Andover. The projects cope includes Central St (from Abbott Bridge Rd to Torr St), Torr St (from Central St to Phillips St), and Phillips Street (from Torr to Abbot St).

JO #: 21-0847056-00

Please see attached plans detailing the location of the proposed gas main.

Eversource Gas of Massachusetts agrees to provide and maintain proper barriers, warnings, policing and lights. Excavation and refilling will be done promptly, and to the satisfaction of the Highway Department. The restoration of sidewalk and/street surfaces will be done to the satisfaction of the Highway Department. Eversource Gas of Massachusetts will guarantee refilling and resurfacing for one year from completion of the work.

Eversource Gas of Massachusetts agrees to hold the Town of Andover harmless from claims of any nature by persons alleging to have been injured, in their persons or in their property, as a result of the excavation. Eversource Gas of Massachusetts agrees to defend against all such claims, whether groundless or not.

Eversource Gas of Massachusetts

Kyle Benoit
Project Engineer

Eversource Gas of Massachusetts

Gentlemen:

Permission is hereby granted Eversource Gas of Massachusetts to excavate and to install and maintain gas service pipe as requested above.

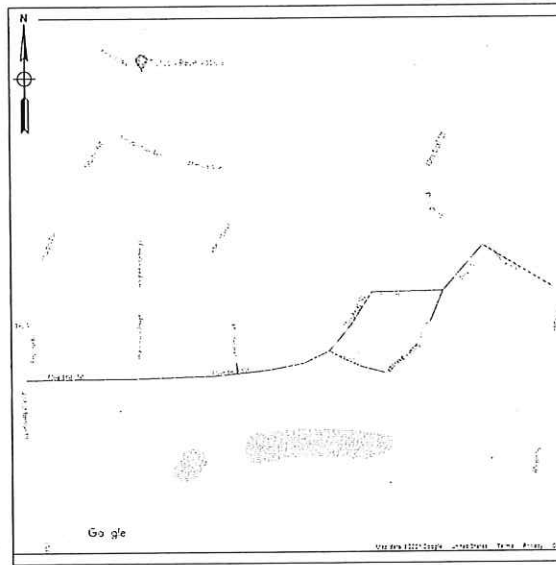
_____ Approved by Board of Selectmen - Date: _____

_____ Issued by Director of Public Works - Date: _____

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SHEET #	TITLE
1 OF 16	COVER SHEET
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5 OF 16	PROJECT LOCATION PLAN
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7 OF 16	MA PREPARATORY AND FINAL TIE-IN DETAILS
8 OF 16	MA PREPARATORY AND FINAL TIE-IN DETAILS
9 OF 16	MA PREPARATORY AND FINAL TIE-IN DETAILS
10 OF 16	MA PREPARATORY AND FINAL TIE-IN DETAILS
11 OF 16	MA PREPARATORY AND FINAL TIE-IN DETAILS
12 OF 16	MA PREPARATORY AND FINAL TIE-IN DETAILS
13 OF 16	MA PREPARATORY AND FINAL TIE-IN DETAILS
14 OF 16	MA PREPARATORY AND FINAL TIE-IN DETAILS
15 OF 16	MA CORROSION DETAILS
16 OF 16	BLANK GRIDDED SHEET

EVERSOURCE ENERGY



WORK SCOPE
NOT TO SCALE

MAIN

INSTALLATION: ~1,965' OF 6" PLASTIC HP MAIN & ~311' OF 2" PLASTIC HP MAIN
TOTAL: 2,276'

ABANDONMENT: ~328' OF 8" COATED STEEL IP MAIN, ~104' OF 6" PLASTIC IP MAIN, ~613' OF 6" CAST IRON IP MAIN, ~867' OF COATED STEEL IP MAIN, ~7' OF 4" COATED STEEL IP MAIN, ~4' OF 2" COATED STEEL IP MAIN, ~226' OF 2" PLASTIC IP MAIN AND ~86' OF 2" BARE STEEL IP MAIN
TOTAL: 2,235'

AFFECTED STREETS: CENTRAL ST, TORR ST, PHILLIPS ST AND SAWYER WAY

SERVICES

REPLACEMENTS: 5
TIE OVER: 18
TOTAL SERVICES: 23
METER MOVE OUTS: 7

FINAL

TRC
802 E 75th St | Suite 300 | Indianapolis, IN 46130

811
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FIELD VERIFY DIMENSIONS PRIOR TO PIPE FABRICATION

No	Revision/Status Description	Date	Rev/Chg
0	ISSUED FOR CONSTRUCTION	3/22/22	KMG/DD

EVERSOURCE ENERGY
CENTRAL ST, ANDOVER, MA
PROJECT # 21-83454

COVER SHEET

SCALE: 1"=40'	SHEET 01 OF 16
Drawn by: KMG	Checked by: DD
DD / 3/9/2022	MA-LAW-RP-23-609-01
	0

CENTRAL ST, ANDOVER, MA
PROJECT #21-83454

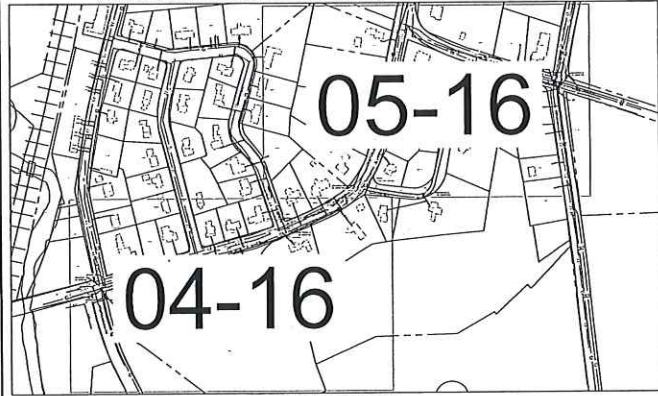
Created By: AutoCAD (P:\Projects\21-83454\21-83454.dwg)
 E:\projects\21-83454\21-83454.dwg

GENERAL NOTES:

- A. IF ANY OF THE FOLLOWING OCCUR A DRAWING REVISION IS REQUIRED AND MUST BE APPROVED AND/OR STAMPED BY THE ENGINEER OF RECORD. CHANGES CAN BE APPROVED AND/OR STAMPED BY A PROJECT ENGINEER, BUT THE ENGINEER OF RECORD MUST BE INFORMED.

 1. IF THE HIGH POINT MOVES TO A DIFFERENT SEGMENT OF PIPE THAN SHOWN.
 2. IF A CHANGE IN THE LOCATION OF VALVES IS REQUIRED.
 3. IF THERE IS ANY CHANGE TO WHAT IS SHOWN ON THE DRAWING WITHIN 50 FT OF A PRESSURE REGULATING STATION, DISTRICT REGULATOR, OR GATE STATION.
 4. IF A CHANGE IN PIPE SIZE, MATERIAL, OR WALL THICKNESS IS REQUIRED.
 5. ALTERNATE FITTINGS THAT ARE ACCEPTABLE FOR ANY ITEM IN DETAIL WILL BE CALLED OUT IN THE DRAWING. FITTING CHANGES NOT SHOWN AS ALTERNATIVES ON THE DRAWING WILL NEED TO FOLLOW THE DRAWING CHANGE PROCESS CONTAINED IN SECTION 1.5.B.

- B. CONSTRUCTION DRAWINGS, LOCATIONS OF EXISTING UTILITIES, UNDERGROUND STRUCTURES AND WORK LOCATIONS ARE BASED ON BEST AVAILABLE INFORMATION BUT HAVE NOT BEEN FIELD VERIFIED.
- C. ALL WORK, MATERIAL AND CONSTRUCTION SHALL BE PERFORMED AND COMPLETED IN COMPLIANCE WITH ALL PERMITS AND APPROVALS PER EVERSOURCE, LOCAL, STATE, OSHA AND FEDERAL REGULATIONS AND STANDARDS.
- D. ALL LIVE GAS WORK EXCEPT SERVICE SIZE TAPS, INCLUDING BUT NOT LIMITED TO TAPPING OF FITTINGS ON LIVE MAINS, STOPPING, MANULATING VALVE, ABANDONMENT, SHALL BE PERFORMED BY, OR AT THE DIRECTION AND UNDER THE DIRECT SUPERVISION OF EVERSOURCE GAS PERSONNEL AND IN ACCORDANCE WITH THE WRITTEN PROCEDURE. DRAWING CHANGES MAY ALSO REQUIRE A CHANGE TO THE PROCEDURE.
- E. EXCAVATOR IS REQUIRED TO PROTECT EXISTING UTILITIES, STRUCTURES, LANDSCAPES, FEATURES, SIGNAGE, CURBS, ETC. CARE SHOULD BE TAKEN NOT TO DISTURB OR DAMAGE SUCH ITEMS, ROADWAY, SIDEWALKS, AND GRASS DISTURBED SHALL BE RESTORED TO THE SATISFACTION OF THE CITY OR TOWN. PLANT BEDS WILL BE RELOCATED TO THEIR EXISTING REGULAR LOCATION.
- F. ALL TRAFFIC CONTROL SHALL CONFORM TO THE LATEST EDITION OF THE MANUAL OF UNIFORM TRAFFIC CONTROL DEVICES (MUTCD), INCLUDING ALL REVISIONS AND ADDENDA. ALL TRAFFIC CONTROL DEVICES WILL BE SUPPLIED BY EXCAVATOR.



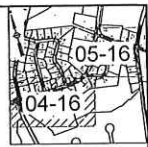
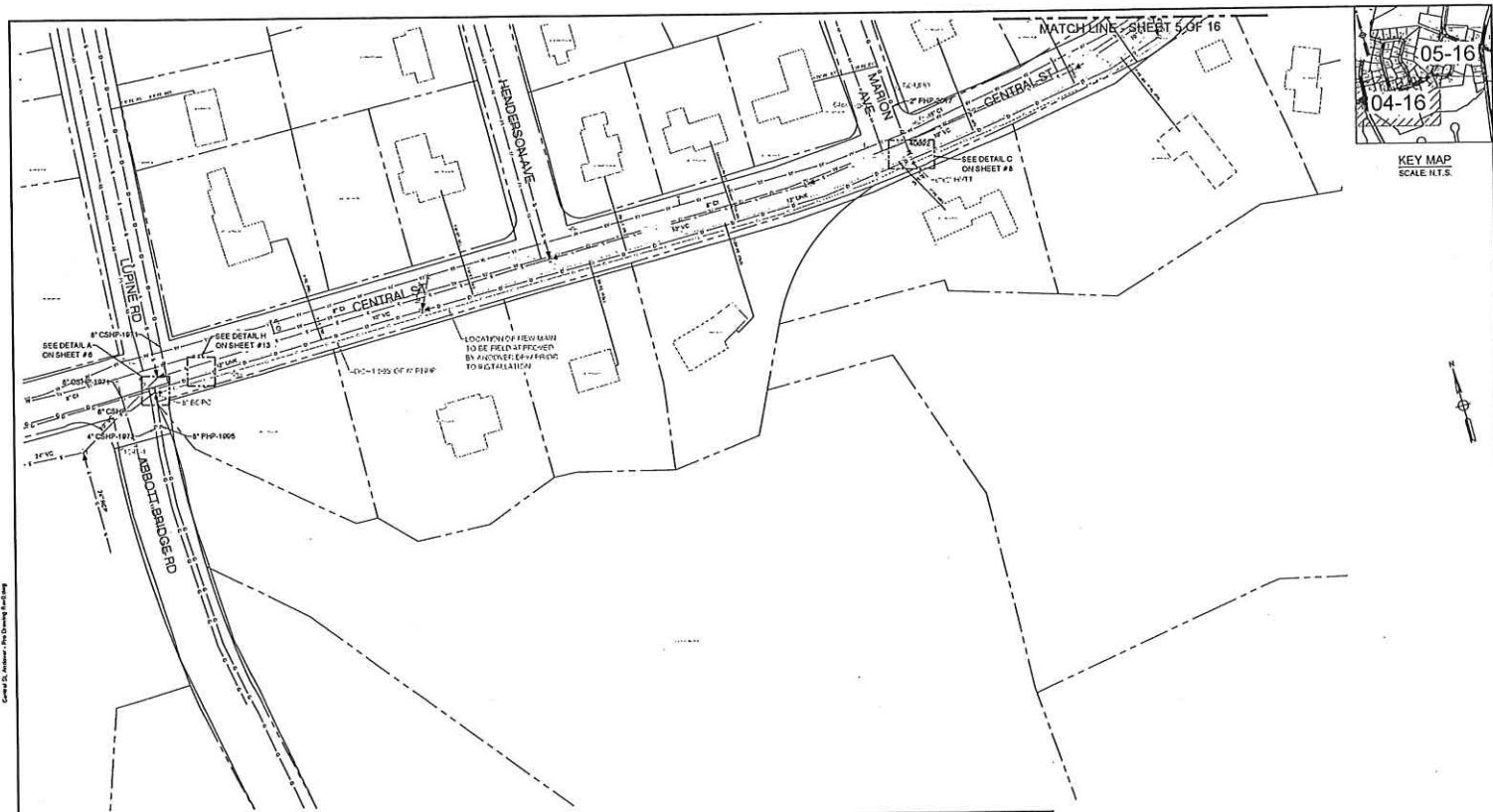
CENTRAL ST. ANDOVER				COMPLETE BOM	
Item Number	WMS Item Number	MFC Part Number	Description	Quantity	Units
89	07-50-832	6341272	ZK28	3	EA
90	07-50-832	6341272	ZK28	3	EA
3	09-43-830	6300275	63100	100	FT
6	09-43-833	6310375	63003	2000	FT
31	16-62-455	1020776	105025	2	EA
35	16-62-458	1020776	105025	1	EA
41	16-09-826	6305012	63003	1	EA
196	17-06-851	1060310	105025	2	EA
198	17-06-852	1060310	105025	1	EA
228	22-18-801	6301222	63100	1	EA
34	21-45-804	6301222	63100	5	EA
36	21-45-808	6301222	63100	5	EA
38	21-45-804	6301222	63100	1	EA
304	42-31-854	6301222	63100	1	EA
377	42-31-854	6301222	63100	5	EA
378	42-31-854	6301222	63100	1	EA
47	42-32-810	6301222	63100	5	EA
41	42-32-814	6301222	63100	1	EA
41	42-32-800	6301222	63100	1	EA

CENTRAL ST. ANDOVER				COMPLETE BOM	
Item Number	WMS Item Number	MFC Part Number	Description	Quantity	Units
28	42-32-810	6301222	63100	3	EA
8	42-32-810	6301222	63100	1	EA
10	42-32-810	6301222	63100	1	EA
17	21-64-804	6301222	63100	3	EA
15	42-34-826	6301222	63100	1	EA
48	42-35-810	6301222	63100	1	EA
50	42-35-810	6301222	63100	4	EA
54	42-35-810	6301222	63100	1	EA
55	42-35-810	6301222	63100	4	EA
63	41-20-828	6301222	63100	1	EA
74	42-38-810	6301222	63100	1	EA
287	44-78-802	6301222	63100	1	EA
290	44-78-802	6301222	63100	1	EA
313	44-78-802	6301222	63100	1	EA
379	74-47-800	6310010	63100	2000	FT
389	74-60-802	6401222	740002	10	EA

TRC
802 E. 32nd St. | Suite 330 | Indianapolis, IN 46203

811
Know what's below.
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ISSUED FOR CONSTRUCTION	3/22/22	KMO/GD
Revision/Status		
EVERSOURCE		
CENTRAL ST. ANDOVER, MA		
PROJECT # 21-83454		
NOTES		
SCALE: 1"=40'	DATE: 03/22/22	SHEET: 02 OF 16
FIELD VERIFY DIMENSIONS PRIOR TO PIPE FABRICATION	DATE: 03/22/22	DATE: 03/22/22
KMO/20/2022	DD/20/2022	MA-LAV-PIP-22-009-02
		0



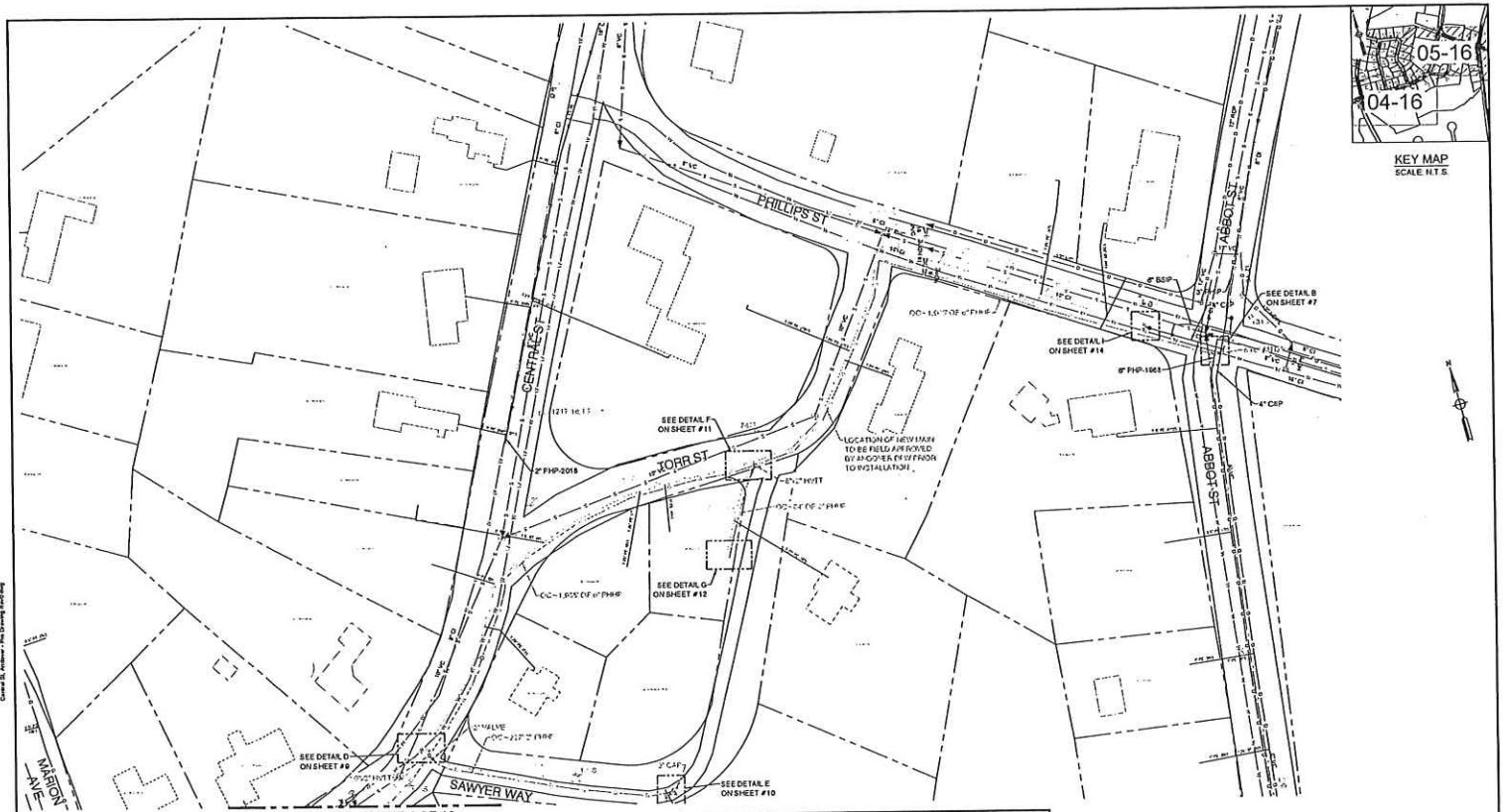
No	Revision	Status	Date	Drawn
0	ISSUED FOR CONSTRUCTION		3/23/22	RJG/DD
1				DWICK

FINAL


 800 C 700 St. | Suite 500 | Northgate, RI 04250

 Know what's below.
 Call before you dig.

EVERSOURCE			
ENERGY			
CENTRAL ST., ANDOVER, MA			
PROJECT # 21-83454			
PROJECT LOCATION PLANS			
SCALE: 1"=40'	DATE: 03/23/22	SHEET: 04 OF 16	REV: 0
FIELD VERIFY DIMENSIONS PRIOR TO PIPE FABRICATION	DATE: 03/23/22	PROJECT: MA-LAW-PIP-22-003-04	NO: 0



KEY MAP
SCALE: N.T.S.



MATCH LINE - SHEET 4 OF 16

FINAL

TRC
8102 E. 75th St. | Suite 200 | Indianapolis, IN 46220

811
Know what's below.
Call before you dig.

EVERSOURCE ENERGY			
CENTRAL ST, ANDOVER, MA			
PROJECT # 21-83434			
PROJECT LOCATION PLANS			
SCALE: 1"=40'	DATE: 02/29/2022	SHEET: 05 OF 16	DRAWN BY: JLD
FIELD VERIFY DIMENSIONS PRIOR TO PIPE FABRICATION	DATE: 02/29/2022	DRAWN BY: JLD	PROJECT NUMBER: MA-LA19-FIP-22-009-05
			0

NO	ISSUED FOR CONSTRUCTION	DESCRIPTION	DATE	BY	CHK
0	ISSUED FOR CONSTRUCTION		3/23/22	KMO/DD	
1					
2					
3					

Central St, Andover, MA Drinking Water
 03/23, 2022 - 11:41am

Common Victualler License – Brookwood Park Café, LLC



GL-22-2

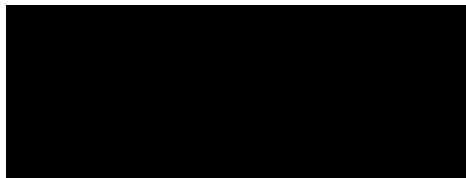
General License

Status: Active

Date Created: May 9, 2022

Applicant

Dana DeGennaro



Location

165 DASCOMB RD
Andover, MA 01810

Owner:

HEWLETT PACKARD ENTERPRISE CO
PO BOX 251209 PLANO, TX 75025-1209

Business Owner Information

Please provide the License Holder Legal Name (applicant) and associated information

License Holder Name

Brookwood Park Cafe LLC

License Holder Address

11 Hilltop road

License Holder State

MA

License Holder City

BILLERICA

License Holder Phone

License Holder Zip-code

01821



License Holder Email Address

Cafe101@ymail.com

License Holder Cell Phone



Please provide Business Owner Information

First Name

Dana

MI

M

Last Name

DeGennaro

Mailing Address

11 Hilltop road

City

BILLERICA

State

MA

Zip

01821

Email Address

Cafe101@ymail.com

Phone

[REDACTED]

Additional Licensee Information

Tell me more about the Business you have

DBA

01/11/1974

Type

Corporation

Type of Identification

Employer Identification Number (EIN)

EIN

[REDACTED]

Person Responsible for Daily Operation

Contact Person

Name

Dana DeGennaro

Title or Business Role

Owner

Address

11 Hilltop road

City

billerica

State

MA

Zip

01821

Phone

[REDACTED]

Email

Cafe101@ymail.com

Permit Info**Permit For**

Common Victualler

Application Type

New

If entertainment is being offered weekly on Sundays, the state charges an annual fee. State fee is handled separately from Town of Andover Entertainment License fees.

For Entertainment Licenses, provide summary Entertainment Types in Comments Data Field

Sunday Regular Entertainment hours are from 1 p.m. to midnight and the State fee is \$50.

Sunday Special Entertainment hours are from 12 a.m. to midnight and the State fee is \$100.

Please provide a check made out to the Commonwealth of Massachusetts for your Sunday license fee. Checks may be mailed or dropped off at the Town Clerk's Office, 36 Bartlet Street, Andover, MA, 01810.

For summary Entertainment License, provide summary Automatic Amusement types or none in the Restrictions data field

Entertainment License Information

Provide one or more types of Entertainment Activity below

----- Entertainment Activity -----

Identification and Registration Information

Signature Section

I certify under penalties of perjury, that the above information is true and the named applicant has complied with all laws of the Commonwealth related to taxes, reporting of employees and contractors, and withholding and remitting child support

Signature

Dana DeGennaro

Date


05/09/2022

Digital Signature


Dana DeGennaro

05/09/2022

Attachments

 scan0004.pdf

Uploaded by Dana DeGennaro on May 9, 2022 at 12:24 pm

 scan0005.pdf

Uploaded by Dana DeGennaro on May 9, 2022 at 12:24 pm

Short-Term Borrowing

VOTE OF THE SELECT BOARD

I, the Clerk of the Select Board of the Town of Andover, Massachusetts, certify that at a meeting of the board held June 13, 2022, of which meeting all members of the board were duly notified and at which a quorum was present, the following votes were unanimously passed, all of which appear upon the official record of the board in my custody:

Voted: to approve the sale of a \$725,000 3.00 percent General Obligation Bond Anticipation Note (the “Note”) of the Town dated June 16, 2022, and payable October 13, 2022, to Piper Sandler & Co. at par and accrued interest plus a premium of \$1,210.75.

Further Voted: that in connection with the marketing and sale of the Notes, the preparation and distribution of a Notice of Sale and Preliminary Official Statement dated May 31, 2022, and a final Official Statement dated June 8, 2022, each in such form as may be approved by the Town Treasurer, be and hereby are ratified, confirmed, approved and adopted.

Further Voted: that the Town Treasurer and the Select Board be, and hereby are, authorized to execute and deliver a significant events disclosure undertaking in compliance with SEC Rule 15c2-12 in such form as may be approved by bond counsel to the Town, which undertaking shall be incorporated by reference in the Notes for the benefit of the holders of the Notes from time to time.

Further Voted: that we authorize and direct the Town Treasurer to establish post issuance federal tax compliance procedures and continuing disclosure procedures in such forms as the Town Treasurer and bond counsel deem sufficient, or if such procedures are currently in place, to review and update said procedures, in order to monitor and maintain the tax-exempt status of the Notes and to comply with relevant securities laws.

Further Voted: that any certificates or documents relating to the Notes (collectively, the “Documents”), may be executed in several counterparts, each of which shall be regarded as an original and all of which shall constitute one and the same document; delivery of an executed counterpart of a signature page to a Document by electronic mail in a “.pdf” file or by other electronic transmission shall be as effective as delivery of a manually executed counterpart signature page to such Document; and electronic signatures on any of the Documents shall be deemed original signatures for the purposes of the Documents and all matters relating thereto, having the same legal effect as original signatures.

Further Voted: that each member of the Select Board, the Town Clerk and the Town Treasurer be and hereby are, authorized to take any and all such actions, and execute and deliver such certificates, receipts or other documents as may be determined by them, or any of them, to be necessary or convenient to carry into effect the provisions of the foregoing votes.

I further certify that the votes were taken at a meeting open to the public, that no vote was taken by secret ballot, that a notice stating the place, date, time and agenda for the meeting

(which agenda included the adoption of the above votes) was filed with the Town Clerk and a copy thereof posted in a manner conspicuously visible to the public at all hours in or on the municipal building that the office of the Town Clerk is located or, if applicable, in accordance with an alternative method of notice prescribed or approved by the Attorney General as set forth in 940 CMR 29.03(2)(b) at least 48 hours, not including Saturdays, Sundays and legal holidays, prior to the time of the meeting and remained so posted at the time of the meeting, that no deliberations or decision in connection with the sale of the Notes were taken in executive session, all in accordance with G.L. c.30A, §§18-25 as amended.

Dated: June 13, 2022

Clerk of the Select Board

Complete Streets Policy (1st Reading)

Town of Andover

COMPLETE STREETS POLICY

I. Vision and Intent

Complete Streets principles contribute toward the safety, health, economic viability, and quality of life in a community by providing greater opportunities in multi-modal and non-motorized transportation. The purpose of the Town of Andover's Complete Street Policy is to accommodate all road users by creating a road network that meets the needs of individuals utilizing a variety of transportation modes. It is the intent of the Town of Andover to formalize the plan, design, operation and maintenance of streets so that they are safe for users of all ages and abilities. These policies direct decision makers to consistently fund, plan for, design, and construct streets to accommodate all anticipated users including pedestrians, bicyclists, motorists, transit, freight, and commercial vehicles.

II. Core Commitment

The Town recognizes that Complete Streets design principles apply to all roadway projects and project phases, including reconstruction, new construction, design, planning, maintenance, and operations, for the entire right-of-way.

The Town may to the greatest extent possible, design, construct, reconstruct, maintain, and operate all streets to provide for a comprehensive and integrated street network that accommodates people of all ages, abilities and income levels, and all modes of transportation, including pedestrians, bicyclists, motorists, transit, freight, and commercial vehicles.

The Town recognizes that Complete Streets may be achieved through single elements incorporated into a particular project or incrementally through a series of smaller improvements or maintenance activities over time and may look at every transportation project and program as an opportunity to improve streets and the transportation network for all users by following a Complete Streets approach.

Exceptions:

1. When the existing right of way is constrained in a manner that may make it very costly or impossible to accommodate transit, bicycle, or pedestrian improvements, such as narrow Town right of way, historic streetscapes, and natural features like steep hillsides, etc.
2. When other Town policies, regulations, or requirements contradict or preclude implementation of Complete Streets principles.
3. On corridors where specific users are prohibited, such as interstate freeways or pedestrian malls.
4. Private Ways, which are neither owned nor maintained by the Town. Private ways shall be encouraged to consult with the Complete Streets Committee before beginning projects.
5. When the cost of accommodation would be excessively disproportionate to the need or probable use.
6. Where there is a documented absence of current and future need.
7. Routine maintenance of the transportation network that does not change the roadway

- geometry or operations; such as mowing, sweeping, and spot repair.
8. When a reasonable and equivalent project along the same corridor is already programmed to provide facilities exempted from the project at hand.

Written requests for an exception, including documentation and data and justifying the reasons why a project cannot incorporate Complete Streets elements, shall be reviewed, and accepted by review agency as defined in section IV. In these cases the Town may consider alternatives such as lane reduction, lane narrowing, on-street parking relocation or reduction, shoulders, signage, traffic calming and increased enforcement.

III. Best Practices

In meeting the complete streets vision and commitments described above the following best practices will guide the activities of the Town of Andover's technical review agency (as identified in Section IV. Implementation).

1. The Town of Andover acknowledges the importance of a network approach and aims to create a comprehensive, integrated, connected network for all modes, ages, and abilities.
2. The Town of Andover recognizes the need to work with other agencies, departments, or jurisdictions. The Town, through its Department of Public Works, will carry out the Complete Streets Policy cooperatively within all relevant departments in the Town and, to the greatest extent possible, with private developers, state, regional, and federal agencies.
3. The most recent design guidance, standards, and recommendations available will be used in the design and implementation of Complete Streets (see Appendix).
4. Complete Streets principles shall be implemented in a manner that is sensitive to the community's physical, economic, and social setting. The overall goal of this approach is to preserve and enhance scenic, aesthetic, historical, and environmental resources while improving or maintaining safety, mobility, and infrastructure conditions and balancing user needs through design flexibility.

IV. Implementation:

A representative from the Town Manager's Office, Department of Publics Works, Police Department, and The Department of Community Development and Planning shall serve as the Town of Andover's technical review agency for all Complete Street projects.

The Town may make the Complete Streets practices a routine part of everyday operations, shall approach every transportation project and program as an opportunity to improve streets and the transportation network for all users, and shall work in coordination with other departments, agencies, and jurisdictions.

The Town will update and solicit feedback on potential projects with the general public to ensure that the perspective of the community is considered and incorporated as appropriate.

The Town will maintain a comprehensive priority list of transportation improvement projects including problem intersections and roadways.

Each year the Department of Public Works compiles a list of streets to be paved during the construction season (annual paving program). The annual paving program plan, once compiled, will be cross-checked for streets that also have projects identified and listed in the Complete Streets Project list. Should Complete Streets projects be identified for streets also found in the annual paving program listing, the technical review agency will determine the viability of incorporating those projects into the annual paving plan.

The Town will maintain a comprehensive inventory of pedestrian infrastructure that will prioritize projects in accordance with Department of Public Works sidewalk inventory and masterplan that eliminate gaps in the sidewalk networks.

The Town will re-evaluate Capital Improvement Projects prioritization to encourage implementation of Complete Streets principals.

The Town will pursue training for pertinent Town staff and decision-makers on both the technical content of Complete Streets principles and best practices, as well as community engagement methods for implementing the Complete Streets Policy.

The Town will seek appropriate sources of funding and grants for implementation of Complete Streets treatments.

V. Evaluation of Effectiveness:

The Town of Andover's technical review agency will develop performance measures to periodically assess the rate, success and effectiveness of implementing the Complete Streets Policy.

These metrics may include:

- Linear feet of new or reconstructed sidewalks
- Miles of new or restriped on-street bicycle facilities
- Number of new or reconstructed curb ramps
- Number of new or repainted crosswalks
- Number of new street trees/percentage of streets with tree canopy
- Number and type of crosswalk and intersection improvements
- Decrease in rate of crashes, injuries, and fatalities by mode
- Satisfaction levels as expressed on customer preference surveys

Appendix:

- The Massachusetts of Department of Transportation [Project Design and Development Guidebook](#)
-
- The National Association of City Transportation Officials (NACTO) [Urban Bikeway Design Guide](#) and [Urban Street Design Guide](#)
- The American Association of State Highway Transportation Officials (AASHTO) [A Policy on Geometric Design of Highway and Streets](#)
- The United States Department of Transportation Federal Highway Administration's [Manual on Uniform Traffic Design Controls](#)
- The Massachusetts Architectural Access Board (AAB) [521CMR Rules and Regulations](#)

- Documents and plans created for the Town, including: The [Local Comprehensive Plan](#), the [Andover Open Space and Recreation Plan](#), and the AIA [Design and Resiliency Team \(DART\) Report](#).

Acceptance of the Deed and Approval of the Order of Taking
for 138A Chandler Road

(space above this line reserved for the Registry of Deeds)

QUITCLAIM DEED

I, Regina M. Currid, of 24 Freeman Street, York Harbor, ME 03911

for consideration paid and in full consideration of Four Hundred Three Thousand Dollars and 00/100 (\$403,000.00) DOLLARS,

grant to The Inhabitants of the Town of Andover, a municipal corporation, with offices located at 36 Bartlet Street, Andover, MA 01810

with ***QUITCLAIM COVENANTS***

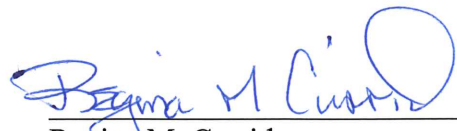
The land in Andover, Essex County, Massachusetts, situated on 138 Chandler Road, and being shown as Lot 1 on a plan entitled, "Plan of Land, 138 Chandler Road, Andover, MA" dated March 12, 2020, prepared JM Associates and recorded with the Essex North District Registry of Deeds in Plan 18061, to which plan reference is hereby made for more particular description.

Lot 1 contains 78,064+ square feet, according to said plan.

Said parcel is conveyed subject to and with the benefit of existing easements, rights, restrictions, takings and covenants of record, to the extent the same may be in force and apply.

Being the premises conveyed to the grantor by deed dated June 9, 2001, recorded with said Deeds at Book 16981, Page 126.

WITNESS my hands and seal this 6 day of June, 2022.

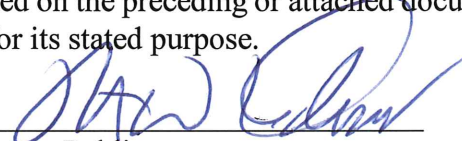


Regina M. Currid

COMMONWEALTH OF MASSACHUSETTS

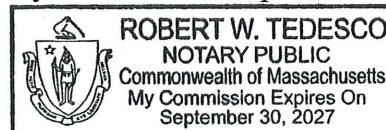
COUNTY OF Middlesex

On this 6 day of June, 2022, before me, the undersigned notary public, personally appeared Regina M. Currid, proved to me through satisfactory evidence of identification, which was/were MAINE D.L., to be the person whose name is signed on the preceding or attached document, and acknowledged to me that she signed it voluntarily for its stated purpose.



Notary Public

My Commission Expires:



ACCEPTANCE BY SELECT BOARD

The Select Board of the Town of Andover hereby accepts the foregoing conveyance to the Town of Andover.

EXECUTED as an instrument under seal this _____ day of _____, 2022.

Town of Andover Select Board

Alexander J. Vispolli

Laura M. Gregory

Christian C. Huntress

Ann W. Gilbert

Melissa Danish

COMMONWEALTH OF MASSACHUSETTS

Essex, SS. _____, 2022

On this day, before me, the undersigned notary public, personally appeared _____

_____ ,
proved to me through satisfactory evidence of identification, which was _____, to be
the persons whose names are signed on the preceding or attached document, and acknowledged to me that
they signed it voluntarily for its stated purpose, as members of the Select Board of the Town of Andover.

Notary Public
My Commission Expires:

EXHIBIT A

The land in Andover, Essex County, Massachusetts, being shown as Lot 1 on a Plan of Land entitled, "Plan of Land, 138 Chandler Road, Andover, MA 01810, JM Associates, 325 Main Street, N. Reading, MA 01864, John J. McQuilken, Professional Land Surveyor", dated March 12, 2020 and said plan being recorded in Essex North Registry of Deeds as Plan Number 18061.

ORDER OF TAKING
138A CHANDLER ROAD, ANDOVER, MA

WHEREAS, THE INHABITANTS OF THE TOWN OF ANDOVER voted in favor of a motion made under Article 34 at the Annual Town Meeting held on May 17 and May 18, 2022 which motion provided:

ARTICLE NO. 34 LAND ACQUISITION

Upon motion made and duly seconded, with the motion approving the Article as printed in the Warrant, it was VOTED that the Town appropriates the sum of Four Hundred, Thirteen Thousand (\$413,000.00) Dollars for the acquisition of land, such land being described as follows: The land known as 138A Chandler Road described in a Deed recorded in Book 16981 Page 126 in Essex North Registry of Deeds and shown as Lot 1 on a Plan of Land entitled "Plan of Land 138 Chandler Road Andover, MA 01810, JM Associates, 325 Main Street, N. Reading, MA 01864, John F. McQuilkin, Professional Land Surveyor," dated March 12, 2020, and said plan being recorded in Essex North Registry of Deeds as Plan Number 18061, which Plan is on file with the Town Clerk, containing 78,064 square feet, more or less, as shown on said Plan, for municipal purposes, and for any other costs incidental and related thereto, and to authorize the Select Board to acquire such land thereon, by gift, option, purchase or eminent domain, upon terms and conditions deemed by the Select Board to be in the best interest of the Town and that to meet this appropriation, \$413,000 be transferred from free cash, or to take any other action related thereto.

VOTE: A two-thirds vote required for passage, the Moderator declared the Motion Passed by more than a two-thirds vote.

NOW, THEREFORE, the Select Board of the Town of Andover, acting pursuant to the authority granted to it by the aforesaid vote of the Town Meeting, and in accordance with the provision of Massachusetts General Laws, Chapter 79 and all other power and authority to it granted or implied, **DOES HEREBY TAKE BY EMINENT DOMAIN IN FEE SIMPLE**, for the purposes set forth in said vote of the Town Meeting, the parcel of land known as 138A Chandler Road as described in Deed recorded in the North Essex District Registry of Deeds in Book 16981, Page 126, and more particularly described in Appendix A attached hereto and incorporated by reference herein, together with all easements and rights appurtenant thereto, including the trees standing thereon and excluding any and all easements for public and private utilities and excluding any and all easements for public highways and public travel in and to any and all streets and public ways included within and/or contiguous or adjacent to said area.

The amount of Four Hundred Three Thousand (\$403,000.00) Dollars has already been paid to Regina M. Currid, the current record title holder.

This Order of Taking is to clear any title issues, if any, with regard to the Town's acquisition of said land and to confirm title in the Town by virtue of a Deed from the record title holder.

The Select Board of the Town of Andover, on behalf of The Inhabitants of the Town of Andover, hereby execute this Taking on this _____ day of _____, 2022.

THE INHABITANTS OF THE
TOWN OF ANDOVER

By and through its
SELECT BOARD

COMMONWEALTH OF MASSACHUSETTS

Essex, ss:

, 2022

On this of , 2022, before me, the undersigned notary public, personally appeared Alexander J. Vispoli, who is personally known to me and who is person whose name is signed on the preceding document, and acknowledged to me that he/she signed it voluntarily for its stated purpose,

Notary Public
My commission expires:

COMMONWEALTH OF MASSACHUSETTS

Essex, ss:

, 2022

On this of , 2022, before me, the undersigned notary public, personally appeared Laura M. Gregory, who is personally known to me and who is person whose name is signed on the preceding document, and acknowledged to me that he/she signed it voluntarily for its stated purpose,

Notary Public
My commission expires:

COMMONWEALTH OF MASSACHUSETTS

Essex, ss:

, 2022

On this of , 2022, before me, the undersigned notary public, personally appeared Ann W. Gilbert, who is personally known to me and who is person whose name is signed on the preceding document, and acknowledged to me that he/she signed it voluntarily for its stated purpose,

Notary Public
My commission expires:

COMMONWEALTH OF MASSACHUSETTS

Essex, ss:

, 2022

On this of , 2022, before me, the undersigned notary public, personally appeared Melissa Danisch, who is personally known to me and who is person whose name is signed on the preceding document, and acknowledged to me that he/she signed it voluntarily for its stated purpose,

Notary Public
My commission expires:

COMMONWEALTH OF MASSACHUSETTS

Essex, ss:

, 2022

On this of , 2022, before me, the undersigned notary public, personally appeared Christian C. Huntress, who is personally known to me and who is person whose name is signed on the preceding document, and acknowledged to me that he/she signed it voluntarily for its stated purpose,

Notary Public
My commission expires:

ORDER OF TAKING

APPENDIX A

LEGAL DESCRIPTION

The land in Andover, Essex County, Massachusetts, being shown as Lot 1 on a Plan of Land entitled, "Plan of Land, 138 Chandler Road, Andover, MA 01810, JM Associates, 325 Main Street, N. Reading, MA 01864, John F. McQuilken, Professional Land Surveyor", dated March 12, 2020, and said plan being recorded in Essex North Registry of Deeds as Plan Number 18061.



TOWN OF ANDOVER *Finance & Budget*

Hayley Green, CPA, Town Accountant/Assistant Finance Director
Accounting Department

36 Bartlet Street
Andover, MA 01810
(978) 623-8920

hayley.green@andoverma.us
www.andoverma.gov

Andrew P. Flanagan
Town Manager

Michael Lindstrom
Deputy Town Manager

To: Select Board
Finance Committee
Superintendent of Schools
School Committee
Revenue and Expenditure Task Force

From: Hayley Green, Town Accountant/Assistant Finance Director

CC: Andrew Flanagan, Michael Lindstrom, Patrick Lawlor, Donna Walsh, Paul Szymanski,
Keith Taverna, Janet Wright, Town Website

Date: June 2, 2022

Re: ***FY 2022 Financials***

The attached reports summarize the Town's financial position through April 30, 2022.
Included are the following:

- Executive Summary
- Budgeted versus Actual Revenues – General Fund and Enterprise Funds
- Revenue Comparison Graph – Local Receipts
- Personal Services and Other Expenditures by Department
- Reserve Account and Compensation Fund Analysis
- Chapter 44 § 53 E ½ Revolving Funds
- Capital Projects status – FY16 – FY22

Feel free to contact me, should you have any questions regarding the reports.

The attached reports of the Town Accountant summarize FY 2022 revenues and expenditures for the General Fund, Enterprise Funds, Compensation Fund, Reserve Fund, Revolving Funds and Capital Projects through April 30, 2022.

General Fund

The total general fund receipts of all sources collected through April 30, 2022 are greater than projections through the first ten months of the year. FY2022 local receipts are approximately \$2.1 million greater than FY 2021 collections through the same period of time. This is primarily due to the increase in hotel, motel and meals tax revenue as more people are dining out and traveling as compared to last year, larger building permits, and a large school Medicaid payment. Off-set receipts collections also exceed projections and are approximately \$88,000 greater than collections through the same period of time last fiscal year, mainly due to increased public facility rentals and ambulance receipts. General fund personal services and other expenditures are in line with FY 2022 projections through April 30, 2022. The school encumbers most of their projected salaries at the beginning of the fiscal year and adjusts during the school year as they determine where staff will be funded. Insurance premiums were paid in July and the required appropriation for pension was paid in full in August. The Fire department incurred significant medical expenses, which were not budgeted, and the technical schools' appropriation came in higher than estimated. These two deficits will be covered with free cash which was approved at Town Meeting in May 2022.

Water Enterprise Fund

The total water enterprise fund collections are in line with the annual projections through April 30, 2022. The user charges receipts are approximately \$1.6 million less than FY21 through the same period of time because there were drier conditions and more pool installations, resulting in more consumption for FY21. Water personal services and other expenses are lower than FY 2022 projections through April 30, 2022.

Sewer Enterprise Fund

The total sewer enterprise fund collections are lower than annual projections through April 30, 2022, with user charges being approximately \$752,000 less than prior year receipts through the same period. The lower collections are correlated with the lower water collections. Sewer personal services and other expenses are lower than FY 2022 projections through April 30, 2022.

Reserve Fund

Town Meeting approved a reserve fund balance of \$200,000. This money has not been used through April 30, 2022.

Compensation Fund

Town Meeting approved a compensation fund balance of \$155,326. This money has not been used through April 30, 2022.

Revolving Accounts

Town Meeting voted to approve 16 revolving funds with a total spending limit of \$2,240,000.

Capital Projects

These projects are part of the Town's capital improvement plan voted at Town Meeting from taxation. There is a balance of \$2,568,987 available for the most recent seven years of approved projects.

Town of Andover
FY 2022 General Fund Year-To-Date Revenue Report
Budgeted vs. Actuals 4/30/2022 and 4/30/2021

Local Receipts	FY 22 Budgeted Receipts	FY 22 YTD Revenues	% Collected	FY 21 Budgeted Receipts	FY 21 YTD Revenues	% Collected	Change in Budgets	Change in YTD Receipts
Motor Vehicle Excise	5,595,875	5,368,483	95.9%	5,445,856	5,131,932	94.2%	150,019	236,551
Hotel/Motel/Meals	1,475,000	1,701,618	115.4%	1,064,009	842,898	79.2%	410,991	858,721
Penalties and Interest on Taxes and Excises	480,000	479,153	99.8%	480,000	399,414	83.2%	-	79,739
Fees	61,000	140,409	230.2%	61,000	32,080	52.6%	-	108,329
Payments in Lieu of Taxes	440,713	2,016	0.5%	430,000	2,016	0.5%	10,713	-
Other Departmental Revenues	294,200	162,710	55.3%	291,481	269,839	92.6%	2,719	(107,129)
Other Departmental Revenues - School Medicare	200,000	522,801	261.4%	180,000	141,298	78.5%	20,000	381,502
Non-Recurring Revenues	5,800	5,866	101.1%	8,519	11,976	140.6%	(2,719)	(6,110)
Licenses and Permits	2,354,000	2,655,788	112.8%	2,408,496	2,041,033	84.7%	(54,496)	614,755
Fines & Forfeits	227,000	113,138	49.8%	227,000	145,052	63.9%	-	(31,914)
Investment Income	200,000	137,605	68.8%	395,918	217,392	54.9%	(195,918)	(79,787)
Special Assessments	-	180	N/A	-	1,067	N/A	-	(887)
Total Estimated Receipts	11,333,588	11,289,767	99.6%	10,992,279	9,235,997	84.0%	341,309	2,053,770

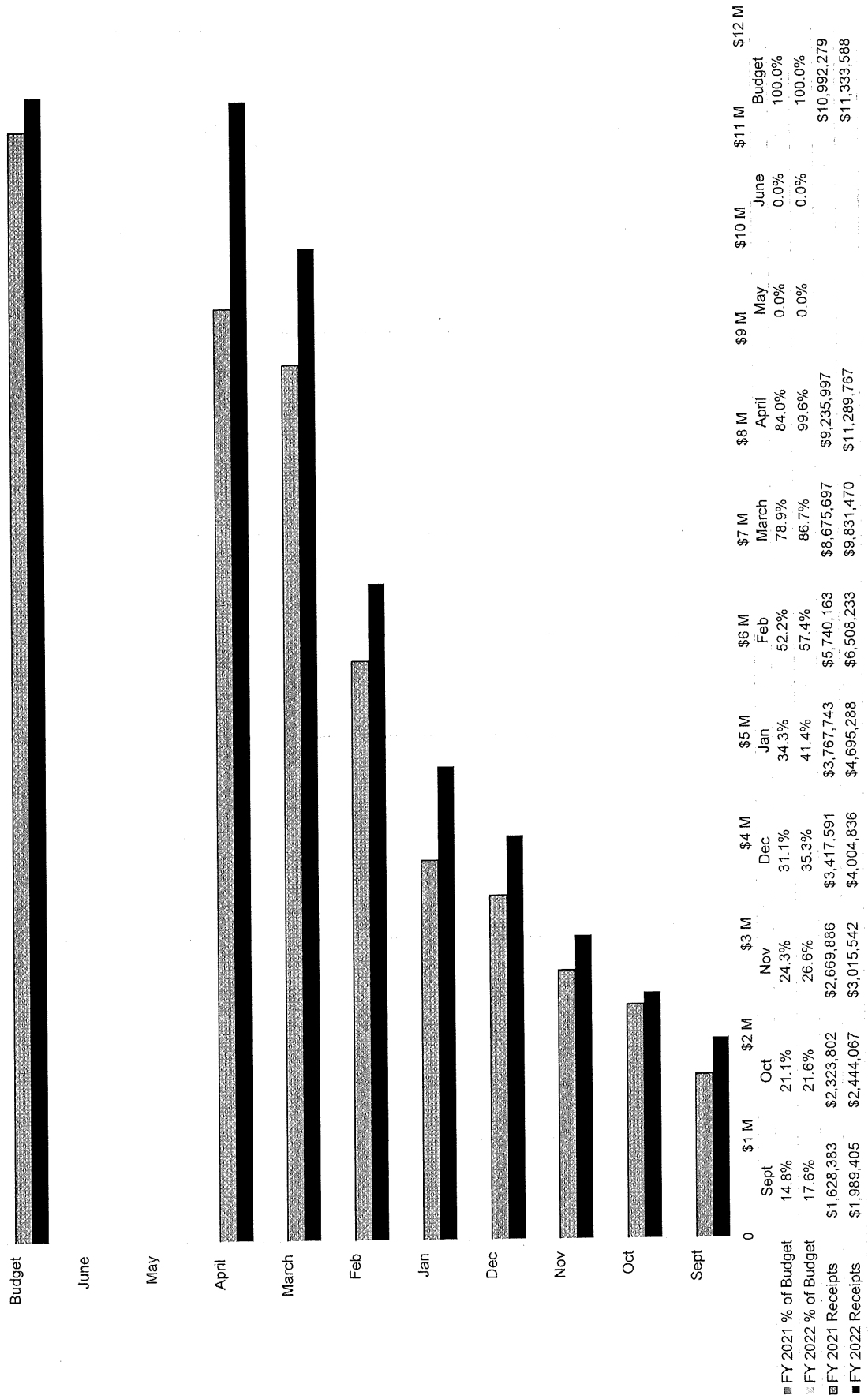
Off-Set Receipts	FY 22 Budgeted Receipts	FY 22 YTD Revenues	% Collected	FY 21 Budgeted Receipts	FY 21 YTD Revenues	% Collected	Change in Budgets	Change in YTD Receipts
Recreation	393,510	456,988	116.1%	593,510	488,646	82.3%	(200,000)	(31,658)
Elder Services	106,000	105,415	99.4%	106,000	90,321	85.2%	-	15,094
Public Facilities - Rental Receipts	20,000	80,791	404.0%	80,000	21,423	26.8%	(60,000)	59,368
Cemetery - Interment Fees	60,000	50,017	83.4%	60,000	53,414	89.0%	-	(3,397)
Public Safety - Police Detail Fees	60,000	69,857	116.4%	90,000	55,318	61.5%	(30,000)	14,539
Public Safety / Fire - Ambulance Receipts	1,250,000	1,149,370	91.9%	1,350,000	1,114,886	82.6%	(100,000)	34,484
Total Off-Set Receipts	1,889,510	1,912,437	101.2%	2,279,510	1,824,008	80.0%	(390,000)	88,429

Other Revenues	FY 22 Budgeted Receipts	FY 22 YTD Revenues	% Collected	FY 21 Budgeted Receipts	FY 21 YTD Revenues	% Collected	Change in Budgets	Change in YTD Receipts
Property Taxes (inc. Tax Titles)	165,459,877	158,533,938	95.8%	159,488,649	153,240,560	96.1%	5,971,228	5,293,378
State Aid	14,178,409	11,932,055	84.2%	13,939,807	11,583,870	83.1%	238,602	348,185
Total Other Revenues	179,638,286	170,465,993	94.9%	173,428,456	164,824,430	95.0%	6,209,830	5,641,563
Total Revenues	192,861,384	183,668,196	95.2%	186,700,245	175,884,435	94.2%	6,161,139	7,783,762

Town of Andover
FY 2022 Enterprise Funds Year-To-Date Revenue Report
Budgeted vs. Actuals 4/30/2022 and 4/30/2021

Water Fund	FY 22 Budgeted Receipts	FY 22 YTD Revenues	% Collected	FY 21 Budgeted Receipts	FY 21 YTD Revenues	% Collected	Change in Budgets	Change in YTD Receipts
User Charges	9,996,766	8,157,006	81.6%	9,567,598	9,729,991	101.7%	429,168	(1,572,985)
Water Connection	41,000	5,661	13.8%	41,000	29,563	72.1%	-	(23,902)
Water Testing Fees	18,000	12,490	69.4%	22,000	13,510	61.4%	(4,000)	(1,020)
Meter Installations	9,000	6,525	72.5%	10,000	13,275	132.8%	(1,000)	(6,750)
Fire Flow Test	9,000	4,982	55.4%	9,000	7,500	83.3%	-	(2,518)
Special/Final Reads	25,000	17,866	71.5%	25,000	48,418	193.7%	-	(30,553)
Backflow/Cross Connection Fees	75,000	103,088	137.5%	75,000	26,929	35.9%	-	76,159
Water Tap	1,000	600	60.0%	-	1,200	N/A	1,000	(600)
Liens	80,000	88,656	110.8%	120,000	76,634	63.9%	(40,000)	12,023
Fire Suppression	220,000	247,876	112.7%	220,000	217,419	98.8%	-	30,458
Interest /Misc Revenue	-	1,640	N/A	12,000	18,664	155.5%	(12,000)	(17,024)
Non-Revenue Interest	19,000	3,475	18.3%	16,000	10,676	66.7%	3,000	(7,202)
Total Water Receipts	10,493,766	8,649,864	82.4%	10,117,598	10,193,778	100.8%	376,168	(1,543,913)
Sewer Fund	FY 22 Budgeted Receipts	FY 22 YTD Revenues	% Collected	FY 21 Budgeted Receipts	FY 21 YTD Revenues	% Collected	Change in Budgets	Change in YTD Receipts
User Charges	5,086,120	3,657,984	71.9%	4,962,068	4,290,483	86.5%	124,052	(632,498)
Committed Interest/Income	165,000	151,725	92.0%	170,000	179,441	105.6%	(5,000)	(27,716)
Liens	55,000	58,398	106.2%	55,000	59,750	108.6%	-	(1,352)
Apport Assmnts	410,000	443,822	108.2%	445,000	527,913	118.6%	(35,000)	(84,092)
State Reimb/Grants	-	7,218	N/A	-	8,512	N/A	-	(1,294)
Interest /Misc Revenue	-	2,479	N/A	-	2,676	N/A	-	(197)
Non-Revenue Interest	15,000	2,437	16.2%	48,000	7,428	15.5%	(33,000)	(4,992)
Total Sewer Receipts	5,731,120	4,324,062	75.4%	5,680,068	5,076,203	89.4%	51,052	(752,141)
Total Enterprise Revenues	16,224,886	12,973,927	80.0%	15,797,666	15,269,981	96.66%	427,220	(2,296,054)

Town of Andover Local Receipts FY 2022 and FY 2021



Town of Andover
FY 2022 Year-To-Date Budget Report
Personal Services and Other Expenditures thru 4/30/2022

	Original Appropriation	Transfers/ Adjustments	Revised Budget	YTD Expended	Encumbrances	Available Balance	% Expended & Encumbered	% Expended
Personal Services								
General Government	7,167,854	112,166	7,280,020	5,726,045	-	1,553,975	78.7%	78.7%
Community Services	1,819,521	-	1,819,521	1,496,915	-	322,606	82.3%	82.3%
Public Facilities	2,508,336	-	2,508,336	2,022,389	-	485,947	80.6%	80.6%
Public Safety - Fire	8,628,347	32,813	8,661,160	7,137,326	-	1,523,834	82.4%	82.4%
Public Safety - Police	8,090,689	32,178	8,122,867	6,674,186	-	1,448,681	82.2%	82.2%
Public Works	3,814,578	-	3,814,578	3,274,395	-	540,183	85.8%	85.8%
Library	2,321,710	-	2,321,710	1,801,657	-	520,053	77.6%	77.6%
School	75,617,287	(500,000)	75,117,287	53,024,749	20,926,285	1,166,253	98.4%	70.6%
Compensation Fund	155,326	-	155,326	-	-	155,326	0.0%	0.0%
Total Personal Services - General Fund	110,123,648	(322,843)	109,800,805	81,157,662	20,926,285	7,716,858	93.0%	73.9%
Water Enterprise	2,338,139	-	2,338,139	1,782,429	-	555,711	76.2%	76.2%
Sewer Enterprise	355,912	-	355,912	267,356	-	88,556	75.1%	75.1%
Total Personal Services - Enterprise Funds	2,694,051	-	2,694,051	2,049,785	-	644,266	76.1%	76.1%

	Original Appropriation	Transfers/ Adjustments	Revised Budget	YTD Expended	Encumbrances	Available Balance	% Expended & Encumbered	% Expended
Other Expenses								
General Government	2,233,879	216,881	2,450,760	1,905,812	279,075	265,873	89.2%	77.8%
Community Services	605,675	103,285	708,960	350,500	132,999	225,462	68.2%	49.4%
Public Facilities	1,325,450	247,628	1,573,078	1,149,851	337,469	85,757	94.5%	73.1%
Public Safety - Fire	571,950	81,058	652,608	686,967	77,605	(111,963)	117.2%	105.3%
Public Safety - Police	1,019,300	149,034	1,168,334	858,985	270,520	38,829	96.7%	73.5%
Public Works	5,921,832	893,969	6,815,801	4,924,476	1,503,036	388,289	94.3%	72.3%
Library	660,687	15,053	675,740	496,001	105,713	74,025	89.0%	73.4%
School	16,976,165	1,186,223	18,162,388	11,488,153	4,962,884	1,711,351	90.6%	63.3%
Technical Schools	800,000	-	800,000	680,996	161,862	(42,858)	105.4%	85.1%
Debt Service	11,057,553	-	11,057,553	10,078,768	-	978,785	91.1%	91.1%
Insurance	1,240,000	18,911	1,258,911	1,190,589	15,243	53,079	95.8%	94.6%
Health Insurance	23,147,462	-	23,147,462	14,308,273	-	8,839,189	61.8%	61.8%
Unemployment	160,000	-	160,000	59,974	-	98,951	38.2%	37.5%
Retirement	12,897,390	-	12,897,390	12,897,390	1,075	-	100.0%	100.0%
Reserve Fund	200,000	-	200,000	-	-	200,000	0.0%	0.0%
OPEB Appropriation	1,696,026	-	1,696,026	1,696,026	-	-	100.0%	100.0%
Total Other Expenses - General Fund	80,512,969	2,912,042	83,425,011	62,772,761	7,847,480	12,804,770	84.7%	75.2%
Water Enterprise	6,782,728	1,046,651	7,829,379	6,049,191	1,214,588	565,600	92.8%	77.3%
Sewer Enterprise	4,936,767	346,744	5,283,511	3,957,919	722,982	602,610	88.6%	74.9%
Total Other Expenses - Enterprise Funds	11,719,495	1,393,395	13,112,890	10,007,110	1,937,570	1,168,210	91.1%	76.3%
Total - General Fund	190,636,617	2,589,199	193,225,816	143,930,423	28,773,765	20,521,628	89.4%	74.5%
Total - Enterprise Funds	14,413,546	1,393,395	15,806,941	12,056,895	1,937,570	1,812,476	88.5%	76.3%

Town of Andover
FY 2022 Reserve Account and Compensation Fund
As of 4/30/22

RESERVE FUND

Appropriation by Vote of Town Meeting June 2021	\$ 200,000.00
Transfers by Vote of Town Meeting	0.00
Transfers by Authority of the Finance Committee	0.00
Available Balance	<u>\$ 200,000.00</u>

COMPENSATION FUND

Appropriation by Vote of Town Meeting June 2021	\$ 155,326.00
Transfers by Vote of Town Meeting	0.00
Transfer by Authority of the Select Board	0.00
Available Balance	<u>\$ 155,326.00</u>

Town of Andover
FY 2022 Revolving Accounts
(M.G.L. CH. 44, § 53 E1/2)
As of 4/30/22

	CD & P Legal Notices	Library Lost/Damaged Materials	CD & P Health Services Clinics	Recreation Special Services	Youth Services	Facilities Field Maintenance	Elder Services	Police Antenna Uses	School Photocopy Fees	Facilities Compost Program	DPW Solid Waste Fees	CD & P Stormwater Management	Fire Emergency Billing	Health Services Inspections	School Professional Development	Student Technology Rental
	Acct 5550	Acct 5631	Acct 5557	Acct 5552	Acct 5553	Acct 5622	Acct 5554	Acct 5653	Acct 4510	Acct 5666	Acct 5667	Acct 5668	Acct 5669	Acct 5670	Acct 4500	Acct 4260
Balance thru 6/30/2020	16,599	14,082	26,344	227,426	199,511	68,107	129,857	39,289	28,080	23,927	58,090	0	23,942	92,715	2,719	15,210
Receipts thru 6/30/2021	31,045	1,044	40,322	605,596	354,496	56,938	43,954	7,426	1,237	30,275	31,661	0	6,732	53,168	800	18,850
Expenditures thru 6/30/2021	26,394	619	67,354	435,669	224,274	16,140	40,090	0	100	39,705	13,464	0	29,993	25,891	240	20,884
Balance thru 6/30/2021	21,250	14,507	-688	397,353	329,733	108,905	133,721	46,715	29,218	14,497	76,288	0	681	119,994	3,279	13,176
Receipts thru 4/30/2022	25,275	3,526	39,468	1,466,061	108,915	38,745	67,793	5,772	11,834	19,878	12,824	0	0	54,210	0	15,080
Expenditures thru 4/30/2022	21,142	541	28,889	864,644	122,861	24,726	57,875	0	0	4,065	5,604	0	0	6,096	0	20,624
Balance thru 4/30/2022	25,382	17,492	9,891	998,770	315,787	122,923	143,639	52,487	41,052	30,310	83,508	0	681	168,108	3,279	7,633

Spending Authorization Art 6G - ATM 21	\$20,000	\$20,000	\$60,000	\$750,000	\$400,000	\$150,000	\$225,000	\$50,000	\$10,000	\$60,000	\$40,000	\$5,000	\$100,000	\$100,000	\$50,000	\$200,000
Y-T-D % Spent	105.71%	2.70%	48.15%	115.29%	30.72%	16.48%	25.72%	0.00%	0.00%	6.78%	14.01%	0.00%	0.00%	6.10%	0.00%	10.31%

**Town of Andover
Capital Projects
4/30/2022**

	<u>FY16</u>	<u>FY17</u>	<u>FY18</u>	<u>FY19</u>	<u>FY20</u>	<u>FY21</u>	<u>FY22</u>	<u>Total Available</u>	
Budget	1,078,000	1,120,000	1,495,643	1,040,000	1,011,600	1,150,000	1,185,000		
Expended	1,078,000	1,119,821	1,489,626	1,036,539	970,561	929,990	588,750		
Encumbered	-	-	-	-	28,960	105,014	118,782		
Total School CIP	Available	-	179	6,017	3,461	12,079	114,996	477,468	614,201
Budget	112,000	222,000	579,018	487,000	1,044,098	902,108	137,000		
Expended	77,000	191,142	553,762	399,344	732,987	673,289	-		
Encumbered	4,400	-	9,300	9,754	8,054	99,926	40,900		
Total General Government CIP	Available	30,600	30,858	15,956	77,902	303,057	128,892	96,100	683,366
Budget	-	-	32,214	-	-	-	-		
Expended	-	-	28,601	-	-	-	-		
Encumbered	-	-	-	-	-	-	-		
Total Youth Services CIP	Available	-	-	3,613	-	-	-	-	3,613
Budget	70,000	50,000	-	-	-	-	-		
Expended	66,873	50,000	-	-	-	-	-		
Encumbered	-	-	-	-	-	-	-		
Total Recreation CIP	Available	3,127	-	-	-	-	-	-	3,127
Budget	25,000	25,000	-	-	10,000	50,000	-		
Expended	25,000	25,000	-	-	-	15,000	-		
Encumbered	-	-	-	-	-	-	-		
Total Library CIP	Available	-	-	-	10,000	35,000	-	-	45,000
Budget	590,000	623,000	800,000	946,000	1,303,000	468,000	1,180,000		
Expended	590,000	623,000	779,446	934,358	1,266,210	291,076	330,163		
Encumbered	-	-	1,355	11,627	23,033	45,715	181,291		
Total Facilities CIP	Available	-	-	19,199	15	13,756	131,208	668,546	832,725
Budget	285,000	195,000	293,500	250,077	195,000	195,000	255,000		
Expended	285,000	195,000	293,400	249,159	195,000	179,055	41,700		
Encumbered	-	-	-	-	-	15,945	86,046		
Total Police CIP	Available	-	-	100	918	-	-	127,254	128,272
Budget	50,000	20,000	63,500	214,000	-	96,000	88,000		
Expended	37,332	20,000	61,352	201,715	-	96,000	77,383		
Encumbered	-	-	-	-	-	-	-		
Total Fire CIP	Available	12,668	-	2,148	12,285	-	-	10,617	37,718
Budget	240,000	285,000	415,000	328,000	400,000	-	165,000		
Expended	234,163	261,090	366,154	323,147	382,946	-	-		
Encumbered	5,838	14,711	2,713	4,312	16,962	-	-		
Total DPW CIP	Available	-	9,200	46,132	541	92	-	165,000	220,965
Budget	1,372,000	1,420,000	2,183,232	2,225,077	2,952,098	1,711,108	1,825,000		
Expended	1,315,367	1,365,232	2,082,715	2,107,722	2,577,143	1,254,421	449,247		
Encumbered	10,238	14,711	13,368	25,693	48,049	161,586	308,236		
Total Town CIP	Available	46,396	40,058	87,148	91,661	326,906	295,101	1,067,517	1,954,787
Budget	2,450,000	2,540,000	3,678,875	3,265,077	3,963,698	2,861,108	3,010,000		
Expended	2,393,367	2,485,053	3,572,341	3,144,261	3,547,704	2,184,411	1,037,997		
Encumbered	10,238	14,711	13,368	25,693	77,009	266,600	427,018		
Grand Total	Available	46,396	40,236	93,166	95,122	338,985	410,097	1,544,985	2,568,987