

Select Board Meeting

Tuesday, August 15, 2023

7:00 PM

School Committee Room, School Administration Building
30 Whittier Court, Andover, MA 01810

ANDOVER TOWN CLERK
RCUD 2023 AUG 11 PM8:36

I. Call to Order – 7:00 P.M.

II. Opening Ceremonies

A. Moment of Silence/Pledge of Allegiance

III. Communications/Announcements/Liaison Reports

IV. Citizens Petitions and Presentations

V. Public Hearings

A. Liquor License – Route 1 North, LLC d/b/a The Autograph

Board to review and consider voting to approve the application of Route 1 North, LLC, d/b/a The Autograph, 89 Main Street, Andover MA, for an All Alcohol Restaurant Alcoholic Beverages License at 89 Main Street, Andover MA, with Michael Cammarata, 127 Beverly Street, North Andover, MA as the proposed designated manager; subject to the condition that all requirements of the Town are met prior to issuance.

B. Liquor License – Brothworks, LLC d/b/a Akita Ramen

Board to review and consider voting to approve the application of Brothworks, LLC, d/b/a Akita Ramen, 209 North Main Street, Suite 3, Andover, MA, for a Wine and Malt Restaurant Alcoholic Beverages License at 209 North Main Street, Andover, MA, with Malinee Kanjanamakanon, 17 Shackford Road, Reading, MA as the proposed designated manager; subject to the condition that all requirements of the Town are met prior to issuance.

C. Liquor License – TSBA, Inc. d/b/a Thai Sweet Basil

Board to review and consider voting to approve the applications of TSBA, Inc. d/b/a Thai Sweet Basil, 209 North Main Street, Suite 8, Andover, MA, for a change of category; change of officers, directors, or LLC managers; change of stock interest; and change of manager at 209 North Main Street, Suite 8, Andover.

VI. Regular Business

A. Liquor License - Change of Manager

Board to review and consider voting to approve the application of WHG Andover Inn, LLC for a Liquor License Change of Manager to Brian Summers at Andover Inn, 4 Chapel Avenue, Andover.

- B. Liquor License – Jack Russ, LLC d/b/a Andiamo Andover Restaurant and Bar
Board to review and consider voting to approve the application of JackRuss, LLC d/b/a Andiamo Andover Restaurant & Bar, 1 Minuteman Road, Andover MA, for a Change of Ownership Interest and Change of Officers, Directors, or LLC Manager at 1 Minuteman Road, Andover.
- C. Class II Motor Vehicle Dealer’s License – Alchemy Motorsports
Board to review and consider voting to approve the application of Alchemy Motorsports, 89 North Main Street, Andover, MA, for a Class II Motor Vehicle Dealer’s License, with Julio Jimenez, 31 Johnson Circle, North Andover, MA as the proposed manager of the business.
- D. Vision Zero Resolution
Board to review and consider voting to sign a resolution committing to Vision Zero, focused on ending crash-related fatalities and serious injuries on our streets, while increasing safe, healthy, and equitable mobility for all.
- E. Elm Square Safety Improvements
Board to review and consider voting to approve certain safety improvements to the intersection of Main Street / North Main Street / Elm Street / Central Street (i.e., Elm Square) as recommended by the August 7, 2023 Road Safety Audit Report.
- F. Amendment to Traffic Rules and Regulations
Board to discuss and consider voting to petition MassDOT for the following changes to the Traffic Rules and Regulations as proposed by the Andover Safety Officer.

Schedule V, Article VII, Section 20 – Speed Zones

1. Rescind the regulatory speed limit on the following streets and impose a new speed limit of 25 miles-per-hour on said streets:
 - Abbot Bridge Drive
 - Algonquin Avenue
 - Andover Street
 - Argilla Road
 - Ballardvale Road
 - Beacon Street
 - Brundrett Avenue
 - Central Street
 - Eastman Road
 - Elm Street
 - High Street
 - Lupine Road
 - School Street
 - Salem Street
 - Shawsheen Road
 - Woburn Street

G. 300 Minuteman Road Conservation Restriction

Board to review and consider voting to sign a Grant of Restrictions as to Activity within Certain Wetlands and Wetland Buffer Areas for 300 Minuteman Road.

H. Town Yard Land Disposition Agreement

Board to consider voting to approve and sign an Amended and Restated Land Disposition Agreement between the Town of Andover and Minco Development for the property located at 11 Lewis Street.

I. Sidewalk Master Plan

Board to receive an update on the Sidewalk Master Plan.

J. Confirmatory Order of Taking - 172 Greenwood Road

Board to consider voting to sign a Confirmatory Order of Taking for temporary and permanent easements located at 172 Greenwood Road.

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
Community Services	Sarah Carroll <i>(Amy Heidebrecht)</i>	Office Administrator	\$65,282.41/yr	8/7/2023
Andover Fire Rescue	Christopher Thunberg <i>(Timothy Bartlett)</i>	Firefighter	\$64,308.16/yr	8/7/2023
Andover Fire Rescue	Chad Cameron	Firefighter	\$64,308.16/yr	8/21/2023
Andover Fire Rescue	Matthew Veazie	Firefighter	\$64,308.16/yr	8/21/2023
Memorial Hall Library	Jennifer Arthur <i>(Catherine Cunio)</i>	Part-Time Library Assistant	\$27.40/hr	8/16/2023
Memorial Hall Library	Owen Strellis <i>(Alistaire McBrien)</i>	Library Aide	\$12.00/hr	8/16/2023

VIII. Approval of Minutes

A. Board to approve minutes from the following meetings:

1. March 4, 2023 – Select Board and Finance Committee Budget Review
2. April 12, 2023
3. June 5, 2023

IX. 2023 Select Board Meetings

A. Board to consider voting to accept the following Select Board Meeting Schedule:

September 18, 2023

September 27, 2023 (Wednesday)

October 16, 2023

October 30, 2023

X. 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 Amy Heidebrecht in the Town Manager's Office at 978-623-8213 or by email at amy.heidebrecht@andoverma.us

MEETINGS ARE TELEVISED ON
COMCAST CHANNEL 22 AND VERIZON CHANNEL 45



TOWN OF ANDOVER

TOWN CLERK'S OFFICE

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

ALCOHOLIC BEVERAGES LICENSE APPLICATION

BUSINESS/ENTITY NAME:	Route 1 North LLC
DBA:	The Autograph
PREMISE ADDRESS:	89.5 Main Street, Andover, MA 01840
MANAGER/CONTACT NAME:	Michael Cammarata
EMAIL:	[REDACTED]
PHONE:	[REDACTED]
BUSINESS MAILING ADDRESS: (if different from premise)	89.5 Main Street Andover, MA 01840
FID/SS#:	[REDACTED]

Please select the license transaction for which you are applying below.

Each transaction has an application fee of \$125.00 made payable to TOWN OF ANDOVER.

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

I certify under the 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: Michael Cammarata Date: 6/28/23

This license application requires Select Board approval upon prior approval from the Police Department, Fire Department, Health Department, Building Department and Town Treasurer.

(Office Use Only) SELECT BOARD HEARING DATE: _____



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**SALE OF ALCOHOL ON PATIO & OUTDOOR AREAS
ADDENDUM**

If you are applying to include a patio and/or outdoor area in your licensed premises, you must provide the following additional information. This application will also be forwarded to the Building Division and Planning Division to determine if any additional permits are necessary.

SECTION 1: RESTRICTIONS/CONDITIONS

1. Are the premises (existing and/or proposed) subject to any easements, covenants, or deed restrictions regarding use of the property and/or service of alcohol?

YES NO

If yes, please provide copies of the easements, covenants, or deed restrictions.

2. Are the premises (existing and/or proposed) subject to any Zoning Board of Appeals, Site Plan, or Subdivision conditions or restrictions?

YES NO

If yes, please provide copies of the conditions and/or restrictions.

SECTION 2: WRITTEN DESCRIPTION OF PROPOSED PREMISES

3. Describe the proposed outdoor area including the dimensions, number of tables and chairs, proposed occupancy figures, whether there are any proposed outdoor bars and how the area will be enclosed.
Approximately 10ft. by 20ft small patio immediately Infront of restaurant. 10 tables accommodating 20 people.

There will be no outdoor bar.

4. Describe in detail the proposed type of fence, rope or other means of proposed enclosure.
There is limited access to outdoor patio because of landscape and rope fence that will be in place.
-
-
-

5. Describe the proposed use of the outdoor area. (E.g., tented area for special events, area for outdoor food service, etc.)
200 SQ ft outdoor patio area will have approximately 20 chairs for dining alfresco as the weather allows.

6. Are outdoor food preparation areas proposed?

YES NO

If yes, please consult the Board of Health.

SECTION 3: REQUIRED PLAN

Submit a detailed, scaled plan of the patio and /or outdoor area showing the proposed:

The existing:

- a) Egress/ingress between the inside premises and the proposed outdoor area
- b) Width of the path of egress/ingress from the inside premises through the outdoor area
- c) Location of proposed tables, chairs, bars, outdoor prep areas, etc.
- d) Location of required signage

All of the above should be clearly labeled.

SECTION 4: ENFORCEMENT

7. Detail how the applicant will ensure alcohol purchased off-premise will not be brought onto or consumed on the outdoor premises.

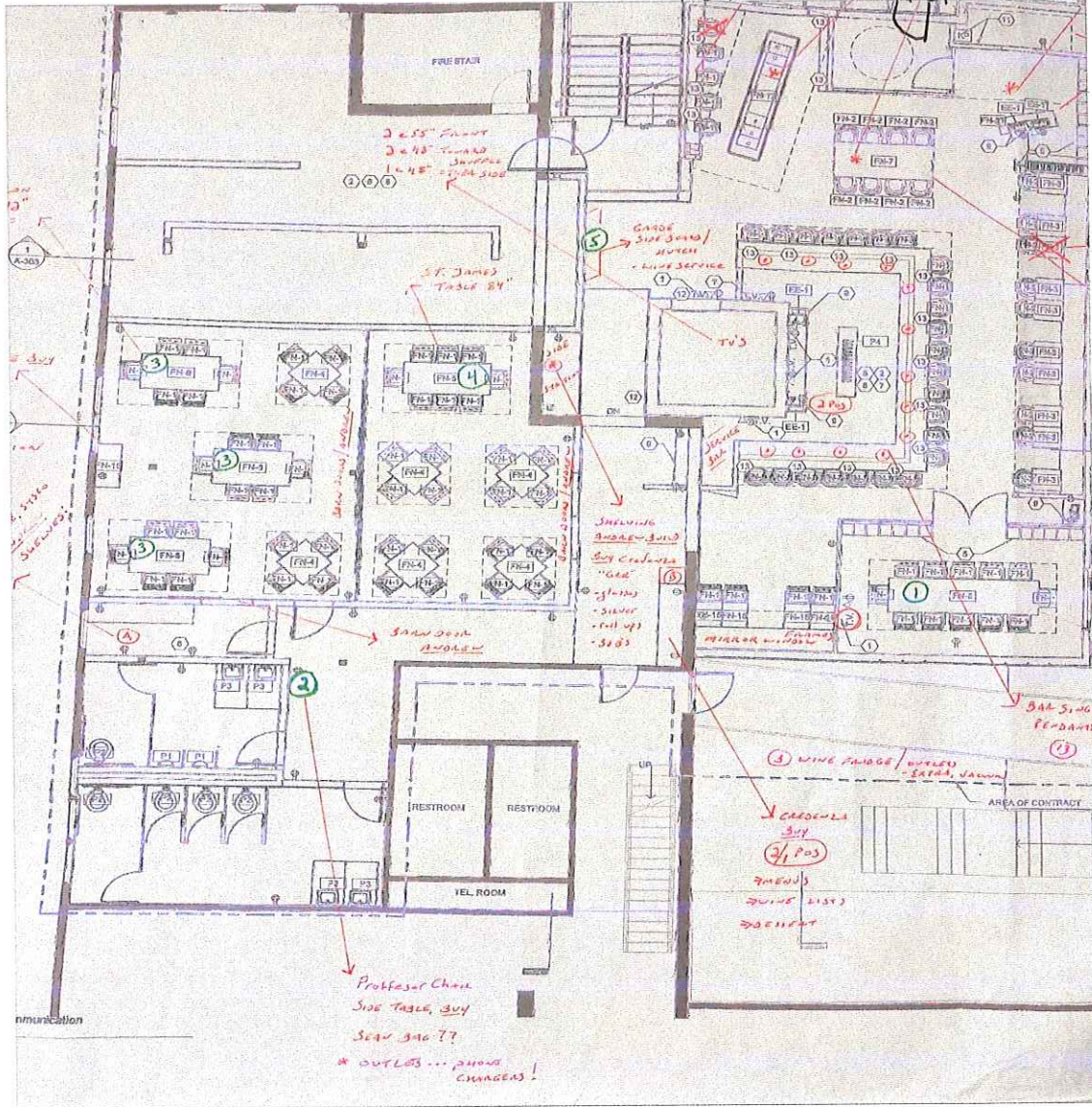
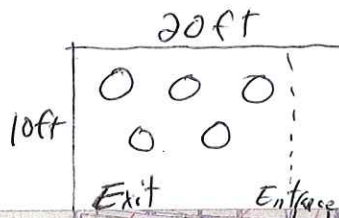
All guests will be screened and seated by a hostess.

8. Detail how the applicant will ensure patrons do not leave the outdoor premises with alcohol in their possession.

The restaurant servers, hostess and management will monitor this exterior space.

PLEASE NOTE:

The patio and / or outdoor area are an extension of new or already approved premises. It is a part of the same license and will have the exact same type of license as the entire premises. That means that the type of alcohol sold and the hours of sale will be the same for the entire premises





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TAX FORM

APPLICANT NAME: Route 1 North LLC

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.

Signature of Individual or Corporate Name:
(Required for all applicants)

Route 1 North LLC

Name of Corporate Officer:
(Required if applicant is a corporation)

Michael Cammarata

Social Security #:
(Required if applicant is an individual)

Federal Identification Number (FID #):
(Required if applicant is a 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 delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass General Laws c. 62, 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: Route 1 North LLC

Address: 89.5 Main Street

City/State/Zip: Andover, MA 01810 Phone #: [REDACTED]

Are you an employer? Check the appropriate box:

1. I am a employer with 40 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: The Hartford Fire Insurance Co.

Insurer's Address: Hartford Plaza, Hartford CT.

City/State/Zip: Hartford, CT

Policy # or Self-ins. Lic. # 76 WEG AY6RWA Expiration Date: June 23, 2024

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: Michael Carmanant Date: 6/23/23

Phone #: [REDACTED]

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



TOWN OF ANDOVER

TOWN CLERK'S OFFICE

36 Bartlet Street

Andover, MA 01810

978-623-8230 | www.andoverma.us

CRIMINAL RECORD INFORMATION FORM

This form must be completed by all Managers, Directors, Stockholders, and Officers.

BUSINESS/ENTITY NAME:	Route 1 North LLC, dba The Autograph
APPLICANT NAME:	Michael Cammarata
APPLICANT ADDRESS:	89 Main Street, Andover, MA 01840
OCCUPATION:	Restaurant Manager
BIRTHPLACE:	[REDACTED]
DATE OF BIRTH:	[REDACTED]

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 of 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, Michael Cammarata, applicant for a Full liquor license license
(name) (license type)
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: [REDACTED]

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: [REDACTED]

Signed and subscribed to under the pains and penalties of perjury on this

28 day of June, 2023.
(date) (month) (year)

Signature: Michael Cammarata

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 they are a principal or agent.



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978-623-8230 | www.andoverma.us

CRIMINAL RECORD INFORMATION FORM

This form must be completed by all Managers, Directors, Stockholders, and Officers.

BUSINESS/ENTITY NAME:	Route ONE North LLC dba THE Autoscan
APPLICANT NAME:	PAUL LAROSA
APPLICANT ADDRESS:	[REDACTED]
OCCUPATION:	SELF
BIRTHPLACE:	[REDACTED]
DATE OF BIRTH:	[REDACTED]

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, Paul Larosa (name), applicant for a Route one north LLC (license type) 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:
[REDACTED]

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:
[REDACTED]

Signed and subscribed to under the pains and penalties of perjury on this 10 day of July, 2023.
(date) (month) (year)

Signature: [Handwritten Signature]

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 they are a principal or agent.



TOWN OF ANDOVER

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**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/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.

SIGNATURE:

A handwritten signature in black ink, appearing to read "Michael...", written over a horizontal line.

DATE:

A handwritten date "2/10/23" written in black ink over a horizontal line.

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



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SUBJECT INFORMATION:	
Last Name:	Cammarata
First Name:	Michael
Middle Name:	Paul
Suffix:	
Maiden Name (or other name(s) by which you have been known):	
Date of Birth:	[REDACTED]
Place of Birth:	
Last Six Digits of Your Social Security # (REQUIRED):	[REDACTED]
Sex:	male
Height:	[REDACTED]
Eye Color:	[REDACTED]
Race:	[REDACTED]
Drive License or ID #:	
State of Issue:	
Mother's Full/Maiden Name:	[REDACTED]
Father's Full Name:	[REDACTED]
Current Address:	[REDACTED]
Former Address:	

Office Use Only

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

- Driver's License Certified Birth Certificate US Passport Other _____

VERIFIED BY: Vanessa French
Name of Verifying Employee (Please Print)
Vanessa French
Signature of Verifying Employee



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150, MASS.GOV/CJIS
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973



Massachusetts Criminal Offender Record Information (CORI)

To Whom It May Concern:

The Massachusetts Department of Criminal Justice Information Services (DCJIS) has conducted a computerized search of the Criminal Offender Record Information database.

The attached is a true copy of matching information from the CORI database for CAMMARATA, MICHAEL P and date of birth [REDACTED]

Signed under the penalties of perjury this 11th day of July 2023.

Jamison R. Gagnon
Commissioner
Massachusetts Department Criminal Justice Information Services



Massachusetts Criminal Offender Record Information (CORI)

The information provided within this response contains only Massachusetts criminal offender record information and is based on the statutory access of the requestor. Unauthorized access, use or dissemination of this information is prohibited under Massachusetts General Law.

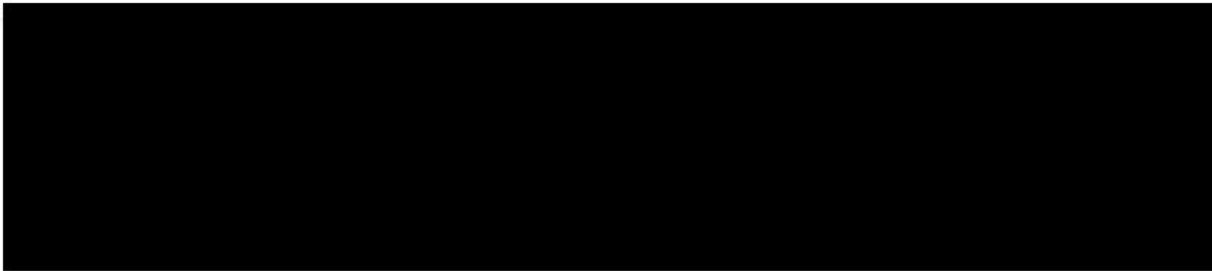
This information is not fingerprint-supported and may not actually relate to the person whose information you are seeking. Individuals who believe there may be a discrepancy within this record should contact the Department of Criminal Justice Information Services (DCJIS).

This Massachusetts CORI was generated on 07/11/2023 09:27 as the response to your request submitted on 07/11/2023 09:26 with the following details:

Request Details

Request Date/Time: 07/11/2023 09:26

Name: CAMMARATA, MICHAEL P



Response Summary

NO AVAILABLE CORI

This response is the result of a search of the iCORI database using the subject's name and date of birth as submitted by the requestor. To ensure accuracy, it is the responsibility of the requestor to compare the information shown in the Request Details Section above to the subject's personal identifying information.

The DCJIS is not liable for any errors or omissions in the CORI results based on a requestor's entry of inaccurate, incorrect, or incomplete subject information.



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www.andoverma.gov

LIQUOR LICENSE APPLICATION

BUSINESS/ENTITY NAME:	Broth Works, LLC
DBA:	Akita Ramen
PREMISE ADDRESS:	209 North Main st. suite#3, Andover, MA 01810
MANAGER/CONTACT NAME:	Malinee Kanjanamakanon
EMAIL:	[REDACTED]
PHONE:	[REDACTED]
BUSINESS MAILING ADDRESS: (if different from premise)	
FID/SS#:	[REDACTED]

Please select the license transaction for which you are applying below.

Each transaction has an application fee of \$125.00 made payable to TOWN OF ANDOVER.

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

I certify under the 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: M. Kanjanamakanon Date: 04/19/2023

This license application requires Select Board approval upon prior approval from the Police Department, Fire Department, Health Department, Building Department and Town Treasurer.

(Office Use Only) SELECT BOARD HEARING DATE: _____



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978-623-8230
www.andoverma.gov

TAX FORM

APPLICANT NAME: Broth Works, LLC d/b/a Akita Ramen

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.

Signature of Individual or Corporate Name:
(Required for all applicants)

M. Kujala

Name of Corporate Officer:
(Required if applicant is a corporation)

Social Security #:
(Required if applicant is an individual)

Federal Identification Number (FID #):
(Required if applicant is a 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 delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass General Laws c. 62, 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: Broth Works, LLC d/b/a Akita Ramen

Address: 209 North Main st. suite#3

City/State/Zip: Andover, MA 01810

Phone #: [REDACTED]

Are you an employer? Check the appropriate box:

- 1. I am a employer with 3 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: AmGuard Insurance Company

Insurer's Address: 39 Public Square

City/State/Zip: Wikes-Barre, PA 18703

Policy # or Self-ins. Lic. # GAWC268368 Expiration Date: 03/03/2024

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: M. Kujala

Date: 04/19/2023

Phone #: [REDACTED]

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

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/22/2021

PRODUCER

ATLANTIC INSURANCE PARTNERS LLC
2 HERITAGE DRIVE, SUITE #301
N.QUINCY, MA. 02171

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

BROTH WORKS LLC dba AKITA RAMEN
209 N.MAIN STREET, STE #175
ANDOVER, MA. 01810

INSURER A: AmGUARD INSURANCE COMPANY

INSURER B: AmGUARD INSURANCE COMPANY

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GABP222432	03/03/23	03/03/24	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	GAWC268368	03/03/23	03/03/24	<input type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

JAPANESE RAMEN RESTAURANT
LOC: 209 N.MAIN STREET, STE #175 ANDOVER, MA. 01810

CERTIFICATE HOLDER

TOWN OF ANDOVER
TOWN CLERK / LICENSING AGENT
36 BARLETT STREET
ANDOVER, MA. 01810-3813

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



**TOWN OF ANDOVER
TOWN CLERK'S OFFICE**

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

CRIMINAL RECORD INFORMATION FORM

This form must be completed by all Managers, Directors, Stockholders, and Officers.

BUSINESS/ENTITY NAME:	Broth Works, LLC
APPLICANT NAME:	Methee Ruetaichetcharoen
APPLICANT ADDRESS:	[REDACTED]
OCCUPATION:	Employment
BIRTHPLACE:	[REDACTED]
DATE OF BIRTH:	[REDACTED]

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, Methee Ruetaichetcharoen, applicant for a Wines and Molt Beverages license
(name) (license type)
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 on this

28 day of June, 2023.
(date) (month) (year)

Signature: _____

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 they are a principal or agent.



**TOWN OF ANDOVER
TOWN CLERK'S OFFICE**

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

CRIMINAL RECORD INFORMATION FORM

This form must be completed by all Managers, Directors, Stockholders, and Officers.

BUSINESS/ENTITY NAME:	Broth Works, LLC d/b/a Akita Ramen
APPLICANT NAME:	Malinee Kanjanamakanon
APPLICANT ADDRESS:	[REDACTED]
OCCUPATION:	Self-employed
BIRTHPLACE:	[REDACTED]
DATE OF BIRTH:	[REDACTED]

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, Malinee Kanjanamakanon, applicant for an alcoholic beverages license
(name) (license type)
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 on this
19 day of April, 2023.
(date) (month) (year)

Signature: M. Kanjan

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 they are a principal or agent.



**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/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.

SIGNATURE: _____

M. Kujala

DATE: _____

04/19/2023

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:	
Last Name:	Kanjanamakanon
First Name:	Malinee
Middle Name:	
Suffix:	
Maiden Name (or other name(s) by which you have been known):	
Date of Birth:	
Place of Birth:	
Last Six Digits of Your Social Security # (REQUIRED):	
Sex:	
Height:	
Eye Color:	
Race:	
Drive License or ID #:	
State of Issue:	
Mother's Full/Maiden Name:	
Father's Full Name:	
Current Address:	
Former Address:	

Office Use Only

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

- Driver's License Certified Birth Certificate US Passport Other Naturalization Papers

VERIFIED BY: Vanessa French
Name of Verifying Employee (Please Print)
Vanessa French
Signature of Verifying Employee



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150, MASS.GOV/CJIS
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973



Massachusetts Criminal Offender Record Information (CORI)

To Whom It May Concern:

The Massachusetts Department of Criminal Justice Information Services (DCJIS) has conducted a computerized search of the Criminal Offender Record Information database.

The attached is a true copy of matching information from the CORI database for KANJANAMAKANON, MALINEE and date of birth [REDACTED]

Signed under the penalties of perjury this 11th day of July 2023.

Jamison R. Gagnon
Commissioner
Massachusetts Department Criminal Justice Information Services



Massachusetts Criminal Offender Record Information (CORI)

The information provided within this response contains only Massachusetts criminal offender record information and is based on the statutory access of the requestor. Unauthorized access, use or dissemination of this information is prohibited under Massachusetts General Law.

This information is not fingerprint-supported and may not actually relate to the person whose information you are seeking. Individuals who believe there may be a discrepancy within this record should contact the Department of Criminal Justice Information Services (DCJIS).

This Massachusetts CORI was generated on 07/11/2023 09:40 as the response to your request submitted on 07/11/2023 09:39 with the following details:

Request Details

Request ID: [REDACTED] Request Date/Time: 07/11/2023 09:39

Name: KANJANAMAKANON, MALINEE

Former Last Name(s):

Date of Birth:

Sex:

Father's Name:

Response Summary

NO AVAILABLE CORI

This response is the result of a search of the iCORI database using the subject's name and date of birth as submitted by the requestor. To ensure accuracy, it is the responsibility of the requestor to compare the information shown in the Request Details Section above to the subject's personal identifying information.

The DCJIS is not liable for any errors or omissions in the CORI results based on a requestor's entry of inaccurate, incorrect, or incomplete subject information.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/05/2023

PRODUCER
ATLANTIC INSURANCE PARTNERS LLC
2 HERITAGE DRIVE, SUITE #301
N.QUINCY, MA. 02171

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
BROTH WORKS LLC DBA AKITA RAMEN
209 N.MAIN STREET, STE.#175
ANDOVER, MA. 01810

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: UTICA FIRST INSURANCE CO.	
INSURER B: UTICA FIRST INSURANCE CO.	
INSURER C: TRAVELER INSURANCE CO.	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	✓	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> LIQUOR LIABILITY \$1MM COVERAGE GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BOP3000883660	03/22/23	03/22/24	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EAACC \$ AGG \$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	ULC1455587	03/22/23	03/22/24	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	5W718800 UB	03/22/23	03/22/24	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 FAMILY STYLE RAMEN RESTAURANT SERVING LIQUOR(BEER & WINE)
 LOC: 209 N. MAIN STREET, STE#175 ANDOVER, MA. 01810

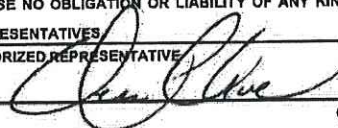
CERTIFICATE HOLDER

TOWN OF ANDOVER
TOWN CLERK / LICENSING AGENT
36 BARLETT STREET
ANDOVER, MA. 01810-3813

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE





Methee ruetaichetcharoen <mruetai@gmail.com>

Receipt from nCourt

customerservice@ncourt.com <customerservice@ncourt.com>
To: mruetai@gmail.com

Wed, Jun 28, 2023 at 2:53 PM

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
 City: Chelsea
 State: Massachusetts
 Zip: 02150

Payment On Behalf Of

First Name: Methee Last Name: Ruetaichetcharoen
 Address 1: [REDACTED]
 City: [REDACTED]
 Phone: [REDACTED]

Description	ID	Service Fee	Amount
FILING FEES-RETAIL	Broth Works LLC	\$4.70	\$200.00

Receipt Date: 6/28/2023 2:53:47 PM EDT
Invoice Number: 8b3ba1a1-e857-4a32-8023-e6c911487bd7

Total Amount Paid:\$204.70

<p>Billing Information</p> <p>First Name M Last Name Ruetaichetcharoen Address 1 [REDACTED] City [REDACTED] State/Territory [REDACTED] Zip [REDACTED] Email [REDACTED]</p>	<p>Credit / Debit Card Information</p> <p>Card Type Visa [REDACTED]</p>
--	--

IMPORTANT INFORMATION >>

Please include the payment receipt with your application. Thank you.
Please verify the information shown above. Your payment has been submitted to the location listed above.



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):

- | | | | |
|--|---|---|---|
| <input checked="" 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 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

APPLICATION FOR A NEW LICENSE

Municipality

1. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
<input type="text" value="On-Premises-12"/>	<input type="text" value="\$12 Restaurant"/>	<input type="text" value="Wines and Malt 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	<input type="text" value="Broth Works, LLC"/>	FEIN	<input type="text" value="REDACTED"/>
DBA	<input type="text" value="Akita Ramen"/>	Manager of Record	<input type="text" value="Malinee Kanjanamakanon"/>
Street Address	<input type="text" value="209 North Main Street, Suite 3, Andover, MA 01810"/>		
Phone	<input type="text" value="REDACTED"/>	Email	<input type="text" value="REDACTED"/>
Alternative Phone	<input type="text"/>	Website	<input type="text" value="akita-ramen.com"/>

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.

One room, consisting of 1,500 sq. ft., with one entrance and two exits.

Total Square Footage:	<input type="text" value="1,500"/>	Number of Entrances:	<input type="text" value="1"/>	Seating Capacity:	<input type="text" value="54"/>
Number of Floors	<input type="text" value="1"/>	Number of Exits:	<input type="text" value="2"/>	Occupancy Number:	<input type="text" value="54"/>

4. APPLICATION CONTACT

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

Name:	<input type="text" value="Daniel Briansky"/>	Phone:	<input type="text" value="617-742-4331"/>
Title:	<input type="text" value="Attorney"/>	Email:	<input type="text" value="brianskiylaw@gmail.com"/>

APPLICATION FOR A NEW LICENSE

5. CORPORATE STRUCTURE

Entity Legal Structure	LLC	Date of Incorporation	November 1, 2022
State of Incorporation	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
Methee Ruetaichetcharoei	[REDACTED]	[REDACTED]	[REDACTED]
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
Manager	100%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
MA Resident			<input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
MA Resident			<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
MA Resident			<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
MA Resident			<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
MA Resident			<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

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

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 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

APPLICATION FOR A NEW LICENSE

8. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	<input type="text"/>
B. Purchase Price for Business Assets	<input type="text"/>
C. Other * (Please specify below)	109,717.60
D. Total Cost	109,717.60

*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
Methee Ruetaichetcharoen	\$109,717.60
Total:	\$109,717.60

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.
			<input type="radio"/> Yes <input 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.

Methee Ruetaichetcharoen, the owner of Broth Works, LLC, has invested his own funds to purchase equipment and fixtures for the operation of the restaurant to be owned by Broth Works, LLC.

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?

10. MANAGER APPLICATION

A. MANAGER INFORMATION

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

Proposed Manager Name

Residential Address

Email

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
03/2013	current	President	TSBA, Inc.	
06/2005	03/2013	Server	Thai Basil, Inc.	Yee Yang

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

Name of Principal Residential Address SSN DOB

Title and or Position Percentage of Ownership Director Yes No US Citizen Yes No MA Resident Yes No

Name of Principal Residential Address SSN DOB

Title and or Position Percentage of Ownership Director Yes No US Citizen Yes No MA Resident Yes No

Name of Principal Residential Address SSN DOB

Title and or Position Percentage of Ownership Director Yes No US Citizen Yes No MA Resident Yes No

Name of Principal Residential Address SSN DOB

Title and or Position Percentage of Ownership Director Yes No US Citizen Yes No MA Resident Yes 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:
 Title:
 Date:

Signature:
 Title:
 Date:

ADDITIONAL INFORMATION

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

A large, empty rectangular box with a thin black border, occupying most of the page below the instructions. It is intended for the applicant to provide additional information or clarify previous answers.

APPLICANT'S STATEMENT

I, Methee Ruetaichetcharoen the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory

of Broth Works, 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: M. Ruetaichetcharoen

Date: June , 2023

Title: Manager

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):

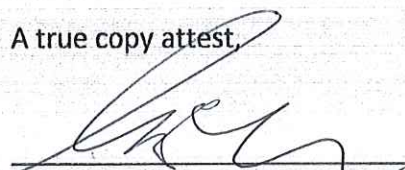
- New License
- Change of Location
- Change of Class (i.e. Annual / Seasonal)
- Change Corporate Structure (i.e. Corp / LLC)
- Transfer of License
- Alteration of Licensed Premises
- Change of License Type (i.e. club / restaurant)
- Pledge of Collateral (i.e. License/Stock)
- Change of Manager
- Change 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

"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

Methee Ruetaichetcharoen
(Print Name)

For Corporations ONLY
A true copy attest,

Corporation Clerk's Signature

M
(Print Name)



THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF ANDOVER

ANDOVER TOWN CLERK
RCUD 2023 MAR 10 PM 12:2

03/10, 2023

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

Broth Works LLC DBA Akita Ramen at

199 N. Main St Ste #3 Andover MA 01810 Also known as 209 N. Main St.

Call to 209 N. Main St Ste #3

(Name of Business)
(Business Address)

Business Phone: 978-409-1077

By the following named person(s): (Include title, if corporate officer)

Full Name
Methee Ruetaichetcharoen



Signatures:

The Commonwealth of Massachusetts

Essex ss

March 10, 2023

Personally appeared before me the above-named Methee Ruetaichetcharoen

and made oath that the foregoing statement is true.

ID Presented: Driver's License:



Other: N/A

(Signature)

Office Assistant

(Title)

In accordance with the provision of Chapter 337 of the acts of 1985 and Chapter 110, Section 5 of Mass. General Laws. Business Certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement under oath must be filed with the Town Clerk upon discontinuing, retiring or withdrawing from such business or partnership.

Copies of this certificate shall be available at the address at which business is conducted and shall be furnished on request during regular business hours to any person who has purchased goods or services from this business.

Violations of Chapter one hundred and ten, Section five of the General Laws, as amended are subject to a fine of not more than (\$300) for each month during which violation continues.

Business Certificate Expires: March 10, 2027

FILED

NOV 01 2022

CERTIFICATE OF ORGANIZATION

SECRETARY OF THE COMMONWEALTH
CORPORATIONS DIVISION

Pursuant to the provisions of the Massachusetts Limited Liability Company Act (the "Act"), the undersigned hereby certifies as follows:

1. Name of the Limited Liability Company

The name of the limited liability company formed hereby (the "LLC") is
BROTH WORKS, LLC.

2. Office of the Limited Liability Company

The address of the office of the LLC in the Commonwealth required to be maintained by Section 5 of the Act is:

209 North Main Street, Andover, Massachusetts

3. Agent for Services of Process

The name and address of the resident agent for service of process for the LLC is:

Methee Ruetaichetcharoen, [REDACTED]

4. Date of Dissolution

The LLC is to have no specific date of dissolution.

5. Manager

Methee Ruetaichetcharoen

6. Execution of Documents

Methee Ruetaichetcharoen is authorized to execute any documents to be filed with the Secretary of State of the Commonwealth of Massachusetts.

7. Business of the LLC

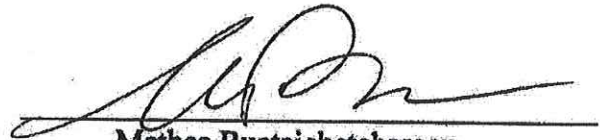
The general character of the business of the LLC is to engage in the business of acquiring, owning, operating and managing restaurants and all services and activities related thereto; and to engage in any lawful act or activity permitted to Limited Liability Companies organized pursuant to Chapter 156C of the General Laws of the Commonwealth of Massachusetts.

8. Execution of Documents Relating to Real Property

Methee Ruetaichetcharoen is authorized to execute, acknowledge, deliver and record any

recordable instrument on behalf of the LLC purporting to affect an interest in real property, whether to be recorded with a Registry of Deeds or a District Office of the Land Court.

IN WITNESS WHEREOF, the undersigned hereby affirms under the penalties of perjury that the facts stated herein are true, this 3rd day of October, 2022.



Methee Ruetaichetcharoen



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

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

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: <small>(IF EXISTING LICENSE)</small>	<input type="text"/>	LICENSEE NAME:	<input type="text"/>	CITY/TOWN:	<input type="text"/>
--	----------------------	----------------	----------------------	------------	----------------------

APPLICANT INFORMATION

LAST NAME:	<input type="text" value="RUEATCHETCHAROEN"/>	FIRST NAME:	<input type="text" value="METHEE"/>	MIDDLE NAME:	<input type="text" value="-"/>
MAIDEN NAME OR ALIAS (IF APPLICABLE):	<input type="text"/>	PLACE OF BIRTH:	<input type="text" value="REDACTED"/>		
	<input type="text"/>	ID THEFT INDEX PIN (IF APPLICABLE):	<input type="text"/>		
MOTHER'S MAIDEN NAME:	<input type="text"/>	DRIVER'S LICENSE #:	<input type="text" value="REDACTED"/>		
<input type="text" value="REDACTED"/>					
FORMER ADDRESS:	<input type="text"/>				
CITY/TOWN:	<input type="text"/>	STATE:	<input type="text"/>	ZIP:	<input type="text"/>

PRINT AND SIGN

PRINTED NAME:	<input type="text" value="METHEE RUEATCHETCHAROEN"/>	APPLICANT/EMPLOYEE SIGNATURE:	<input type="text" value="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:	<input type="text"/>
	<small>SIGNATURE OF CORI AUTHORIZED EMPLOYEE</small>

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an 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) 660-4514.

EXHIBIT A
Site Plan

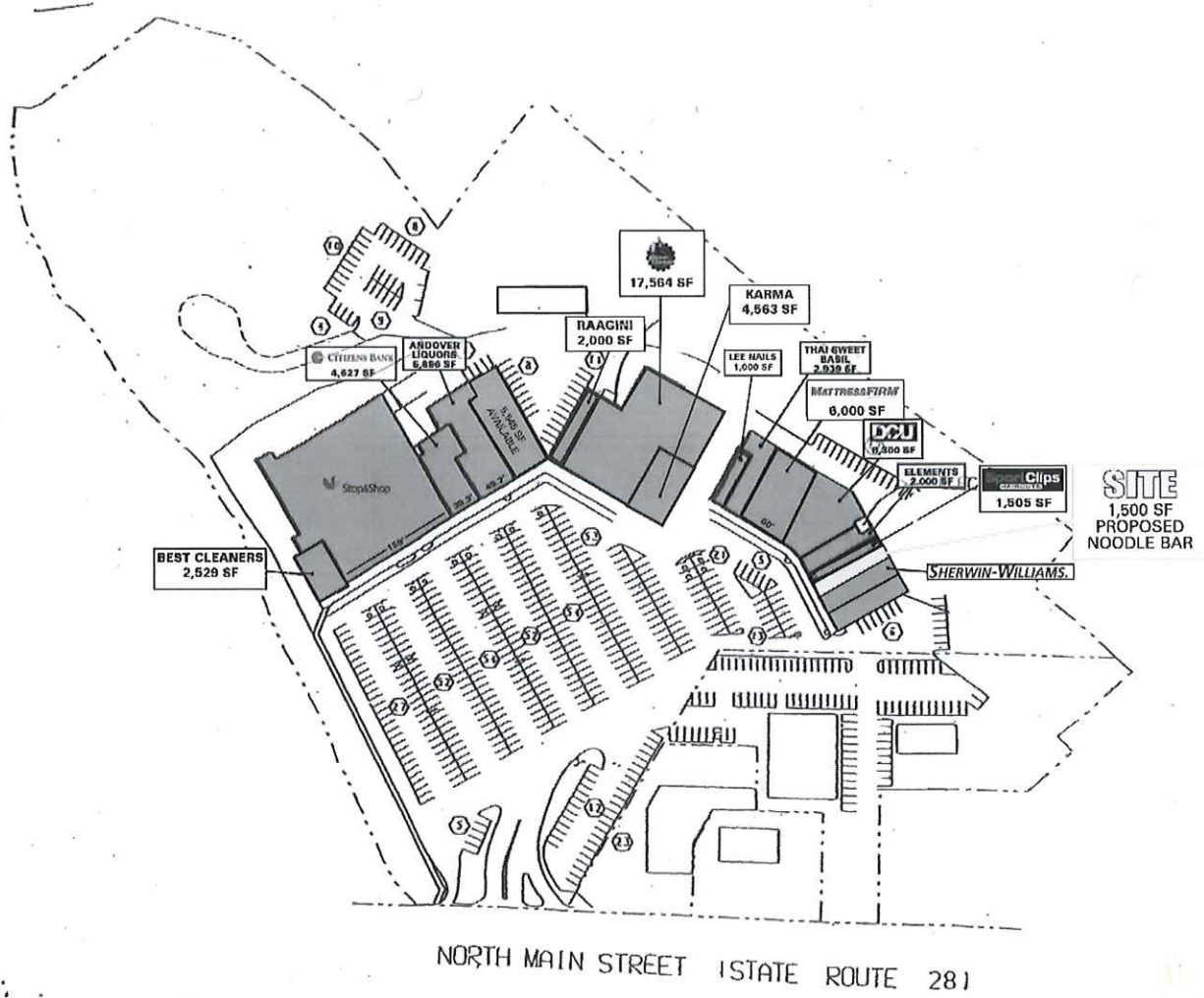
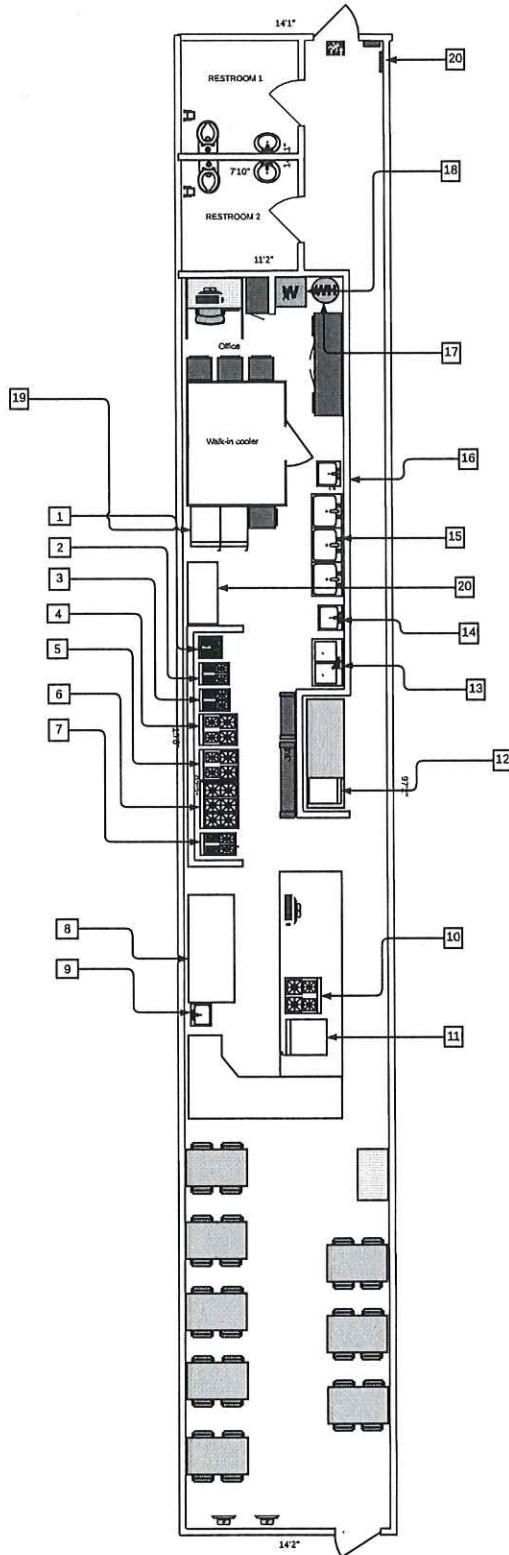


EXHIBIT C-1
Tenant's Pylon Panel Location



Akita Ramen

Matthee Ruetzschelcharen | January 10, 2023



- EQUIPMENT LIST**
1. 18"x18" Stock pot burner (Pressure cooker)
 2. 18"x24" Stock pot burner
 3. 24" Griddle
 4. 18" Deep Fryer
 5. 24" Induction Range
 6. 36" Induction Range
 7. 18" Noodle Cooker
 8. Prep Table
 9. Hand sink
 10. Hot warmer
 11. Cold refrigerator
 12. Fountain machine
 13. Prep sink
 14. Hand sink
 15. Three compartment sink / under-counter dish washer
 16. Hand sink
 17. Water header
 18. Mop sink
 19. Freezer
 20. Electrical Panel





**TOWN OF ANDOVER
TOWN CLERK'S OFFICE**

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

LIQUOR LICENSE APPLICATION

BUSINESS/ENTITY NAME:	TSBA, inc
DBA:	Thai Sweet Basil
PREMISE ADDRESS:	209 North Main street suite#8, Andover, MA 01810
MANAGER/CONTACT NAME:	Malinee Kanjanamakanon
EMAIL:	[REDACTED]
PHONE:	[REDACTED]
BUSINESS MAILING ADDRESS: (if different from premise)	
FID/SS#:	[REDACTED]

Please select the license transaction for which you are applying below.

Each transaction has an application fee of \$125.00 made payable to TOWN OF ANDOVER.

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

I certify under the 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: M. Kanjan Date: 02/21/2023

This license application requires Select Board approval upon prior approval from the Police Department, Fire Department, Health Department, Building Department and Town Treasurer.
(Office Use Only) SELECT BOARD HEARING DATE: _____



**TOWN OF ANDOVER
TOWN CLERK'S OFFICE**

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

TAX FORM

APPLICANT NAME: TSBA, inc d/b/a Thai Sweet Basil

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.

Signature of Individual or Corporate Name:
(Required for all applicants)

M. Kuyalwa

Name of Corporate Officer:
(Required if applicant is a corporation)

Social Security #:
(Required if applicant is an individual)

Federal Identification Number (FID #):
(Required if applicant is a 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 delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass General Laws c. 62, 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: TSBA, inc d/b/a Thai Sweet Basil

Address: 209 North Main street suite#8

City/State/Zip: Andover, MA 01810 Phone #: [REDACTED]

Are you an employer? Check the appropriate box:

1. I am a employer with 10 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: A.I.M Mutual Insurance Company

Insurer's Address: 54 3rd ave

City/State/Zip: Burlington, MA 01803

Policy # or Self-ins. Lic. # WMZ-800-8005264-2022A Expiration Date: 04/01/2023

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: [Signature] Date: 04/19/2023

Phone #: (978)470-8098

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

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 #: 854ddcc5-bfd4-4449-b000-ee8a850c5563

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	TSBA inc	\$200.00
		\$200.00

Total Convenience Fee: \$4.70

Date Paid: 6/28/2023 2:58:17 PM EDT

Total Amount Paid: \$204.70

Payment On Behalf Of

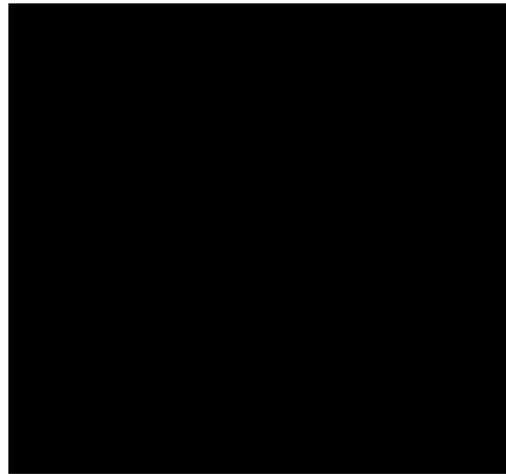
License Number or Business Name:
TSBA, inc

Fee Type:
FILING FEES-RETAIL

Billing Information

First Name:
M

Last Name:
Kanjanamakanon





AMY PITTER, COMMISSIONER
ROBERT O'NEILL, BUREAU CHIEF

THAI SWEET BASIL INC
209 NORTH MAIN ST
ANDOVER, MA 01810

[REDACTED]
Date 5/3/2013
Bureau CERTIFICATE

CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE

The Commissioner of Revenue certifies as of the above date, that the above named individual or entity is in compliance with its tax obligations payable under M.G.L. c. 62C, including corporation excise, sales and use taxes, sales tax on meals, withholding taxes, room occupancy excise and personal income taxes, with the following exceptions.

This Certificate certifies that individual taxpayers are in compliance with income tax obligations and any sales and use taxes, sales tax on meals, withholding taxes, and/or room occupancy taxes related to a sole proprietorship. Persons deemed responsible for the payment of these taxes on behalf of a corporation, partnership or other business entity may not use our automated process to obtain a Certificate.

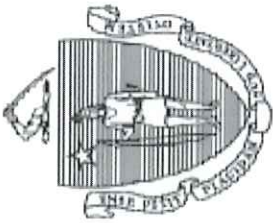
This Certificate does not certify that the entity's standing as to taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law. Taxpayers required to collect or remit the following taxes must submit a separate request to certify compliance: Alcoholic Beverage Excise, Cigarette Excise, Sales Tax on Boats, International Fuels Tax Agreement, Smokeless Tobacco or Ferry Embarkation.

THIS IS NOT A WAIVER OF LIEN ISSUED UNDER GENERAL LAWS, CHAPTER 62C,
SECTION 52.

Very truly yours

A handwritten signature in black ink, appearing to read "Robert O'Neill", written over a horizontal line.

Robert O'Neill, Bureau Chief



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE

Maura Healey
GOVERNOR
Kim Driscoll
LT. GOVERNOR

Lauren E. Jones
SECRETARY
Katie Dishnica
DIRECTOR



429510286

TSBA Inc
209 NORTH MAIN STREET
ANDOVER, MA 01810

EAN: 21986279
June 28, 2023

Certificate Id:71928

The Department of Unemployment Assistance certifies that as of 6/28/2023, TSBA Inc is current in all its obligations relating to contributions, payments in lieu of contributions, and the employer medical assistance contribution established in G.L.c.149,§189.

This certificate expires in 30 days from the date of issuance.



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 MULTIPLE AMENDMENTS**

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)

002600037

ENTITY/ LICENSEE NAME

TSBA, INC.

ADDRESS

209 North Main Street, Suite 8

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 checked="" type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input checked="" type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/ LLP Partners,
Trustees) | <input checked="" 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 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*

APPLICATION FOR MULTIPLE AMENDMENTS

Please select all of the amendments you are applying for:

CHANGE OF CATEGORY

\$200 fee via ABCC website and Payment Receipt
Monetary Transmittal Form
DOR Certificate of Good Standing
DUA Certificate of Compliance
Change of Category Application
Vote of the Entity Board
Advertisement*
Abutter's Notification*

CHANGE OF LICENSE TYPE

\$200 fee via ABCC website and Payment Receipt
Monetary Transmittal Form
Change of License Type Application
Vote of the Entity Board
Advertisement*

CHANGE OF CORPORATE STRUCTURE

\$200 fee via ABCC website and Payment Receipt
Monetary Transmittal Form
DOR Certificate of Good Standing
DUA Certificate of Compliance
Change of Corporate Structure Application
Vote of the Entity Board
Business Structure Documents
If Sole Proprietor, Business Certificate
If partnership, Partnership Agreement
If corporation or LLC, Articles of Organization from the Secretary of the Commonwealth

CHANGE OF CLASSIFICATION

\$200 fee via ABCC website and Payment Receipt
Monetary Transmittal Form
DOR Certificate of Good Standing
DUA Certificate of Compliance
Change of Classification Application
Vote of the Entity Board
Abutter's Notification*
Advertisement*



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Alcoholic Beverages Control Commission
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www.mass.gov/abcc

APPLICATION FOR MULTIPLE AMENDMENTS

Please select all of the amendments you are applying for(continued):

CHANGE OF OFFICERS/DIRECTORS/LLC MANAGERS

\$200 fee via ABCC website and Payment Receipt

Monetary Transmittal Form

DOR Certificate of Good Standing

DUA Certificate of Compliance

Change of Officers/Directors Application

Vote of the Entity Board

CORI Authorization Complete one for the proposed manager of record. This form **must be notarized with a stamp or raised seal.**

Business Structure Documents

If Sole Proprietor, Business Certificate

If partnership, Partnership Agreement

If corporation or LLC, Articles of Organization from the Secretary of the Commonwealth

CHANGE OF OWNERSHIP INTEREST (e.g. LLC Members, LLP Partners, Trustees etc.)

\$200 fee via ABCC website and Payment Receipt

Monetary Transmittal Form

DOR Certificate of Good Standing

DUA Certificate of Compliance

Change of Officers/Directors Application

Financial Statement

Vote of the Entity Board

CORI Authorization Complete one for the proposed manager of record. This form **must be notarized with a stamp or raised seal.**

Business Structure Documents

If Sole Proprietor, Business Certificate

If partnership, Partnership Agreement

If corporation or LLC, Articles of Organization from the Secretary of the Commonwealth

Purchase and Sale Agreement

Supporting Financial Records

Advertisement*

CHANGE OF STOCK INTEREST (e.g. New Stockholders or Transfer or Issuance of Stock)

\$200 fee via ABCC website and Payment Receipt

Monetary Transmittal Form

DOR Certificate of Good Standing

DUA Certificate of Compliance

Change of Officers/Directors Application

Financial Statement

Vote of the Entity Board

CORI Authorization Complete one for the proposed manager of record. This form **must be notarized with a stamp or raised seal.**

Business Structure Documents

If Sole Proprietor, Business Certificate

If partnership, Partnership Agreement

If corporation or LLC, Articles of Organization from the Secretary of the Commonwealth

Purchase and Sale Agreement

Supporting Financial Records

Advertisement*



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Alcoholic Beverages Control Commission
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www.mass.gov/abcc*

APPLICATION FOR MULTIPLE AMENDMENTS

Please select all of the amendments you are applying for(continued):

CHANGE OF CORPORATE NAME OR DBA

\$200 fee via ABCC website and Payment Receipt (Corporate Name Only)
Monetary Transmittal Form
DOR Certificate of Good Standing (Corporate Name Only)
DUA Certificate of Compliance (Corporate Name Only)
Change of Corporate Name/DBA Application
Vote of the Entity Board
Business Structure Documents
If Sole Proprietor, **Business Certificate**
If partnership, **Partnership Agreement**
If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

CHANGE OF PLEDGE OF LICENSE, STOCK OR INVENTORY

\$200 fee via ABCC website and Payment Receipt
Monetary Transmittal Form
DOR Certificate of Good Standing
DUA Certificate of Compliance
Change of Pledge of License, Stock or Inventory Application
Vote of the Entity Board
Pledge documentation
Promissory note

CHANGE OF MANAGER

\$200 fee via ABCC website and Payment Receipt
Monetary Transmittal Form
Change of Manager Application
Vote of the Entity Board
CORI Authorization Complete one for the proposed manager of record. This form **must** be *notarized with a stamp or raised seal*.
Proof of Citizenship. Passport, birth certificate, voter registration, or naturalization papers will be accepted.



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APPLICATION FOR MULTIPLE AMENDMENTS

Please select all of the amendments you are applying for(continued):

CHANGE OF LOCATION

**\$200 fee via ABCC website and Payment Receipt
Monetary Transmittal Form
Alteration of Premises/Change of Location Application
Vote of the Entity Board
Supporting financial records
Legal Right to Occupy
Floor Plan
Abutter's Notification*
Advertisement***

ALTERATION OF PREMISES

**\$200 fee via ABCC website and Payment Receipt
Monetary Transmittal Form
Alteration of Premises/Change of Location Application
Vote of the Entity Board
Supporting financial records
Legal Right to Occupy
Floor Plan
Abutter's Notification*
Advertisement***

MANAGEMENT AGREEMENT

**\$200 fee via ABCC website and Payment Receipt
Monetary Transmittal Form
Management Agreement Application
Management Agreement
Vote of the Entity Board
CORI Forms for all listed in Section 8A and attachments**

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.*



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APPLICATION FOR MULTIPLE AMENDMENTS

Please select all of the amendments you are applying for(continued):

Non-Profit Club's ONLY

e.g. Veteran's Club

Non-Profit Club CHANGE OF OFFICERS/DIRECTORS

DOR Certificate of Good Standing
DUA Certificate of Compliance
Change of Officers/Directors Application
Vote of the club signed by an approved officer
Business Structure Documents-Articles of Organization from the Secretary of the Commonwealth
Monetary Transmittal Form
\$200 fee via [ABCC website](http://www.mass.gov/abcc) and Payment Receipt

Non-Profit Club CHANGE OF MANAGER

\$200 fee via [ABCC website](http://www.mass.gov/abcc) and Payment Receipt
Monetary Transmittal Form
Change of Manager Application
Vote of the club signed by an approved officer
CORI Authorization Complete one for the proposed manager of record. This form must be *notarized with a stamp or raised seal.*
Updated Officers and Directors*
*Please ensure to update your officers and directors *simultaneously* or **PRIOR** to applying for a change of manager. It will be returned with no action taken if the officers and directors do not match ABCC records.
Proof of Citizenship. Passport, birth certificate, voter registration, or naturalization papers will be accepted.



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APPLICATION FOR MULTIPLE AMENDMENTS

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
TSBA, Inc.	Andover	002600037

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.

Applicant is seeking an All Liquor License to operate a Thai restaurant.

APPLICATION CONTACT

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

Name	Title	Email	Phone
Daniel Briansky	Attorney	brianskylaw@gmail.com	617-742-4331

2. AMENDMENT-Change of License Classification

<input checked="" type="checkbox"/> Change of License Category All Alcohol, Wine and Malt, Wine Malt and Cordials	Last-Approved License Category	Wines and Malt Beverages
	Requested New License Category	
<input type="checkbox"/> Change of License Class Seasonal or Annual	Last-Approved License Class	
	Requested New License Class	
<input type="checkbox"/> Change of License Type* i.e. Restaurant to Club *Certain License Types CANNOT change once issued*	Last-Approved License Type	
	Requested New License Type	

3. AMENDMENT-Change of Business Entity Information

<input type="checkbox"/> Change of Corporate Name	Last-Approved Corporate Name:	
	Requested New Corporate Name:	
<input type="checkbox"/> Change of DBA	Last-Approved DBA:	
	Requested New DBA:	
<input type="checkbox"/> Change of Corporate Structure LLC, Corporation, Sole Proprietor, etc	Last-Approved Corporate Structure	
	Requested New Corporate Structure	

4. AMENDMENT-Pledge Information

<input type="checkbox"/> Pledge of License	To whom is the pledge being made:	
<input type="checkbox"/> Pledge of Inventory		
<input type="checkbox"/> Pledge of Stock		

5. AMENDMENT-Change of Manager

Change of License Manager

A. MANAGER INFORMATION

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

Proposed Manager Name

Residential Address

Email

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

Last-Approved License Manager

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
03/2013	Current	President	TSBA, Inc.	
06/2005	03/2013	Server	Thai Basil, Inc.	Yee Yang

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

6. AMENDMENT-Change of Officers, Stock or Ownership Interest

Change of Officers/Directors **Change of Ownership Interest (LLC Managers/LLP Partners, Trustees)** **Change of Stock (E.g. New Stockholder/ Transfer or Issuance of Stock)**

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
Malinee Kanjanamakanon	[REDACTED]	[REDACTED]	[REDACTED]
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
President	100%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input checked="" type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<input type="radio"/> Yes <input type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			MA Resident
			<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

MANAGEMENT AGREEMENT
 Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement. Yes No

6. AMENDMENT-Change of Officers, Stock or Ownership Interest

Change of Officers/Directors **Change of Ownership Interest (LLC Managers/LLP Partners, Trustees)** **Change of Stock (E.g. New Stockholder/ Transfer or Issuance of Stock)**

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
Malinee Kanjanamakanon	[REDACTED]	[REDACTED]	[REDACTED]
Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
President	100%	<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
Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
		<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

MANAGEMENT AGREEMENT
 Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement. Yes No

7. AMENDMENT-Change of Premises Information

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

7A. ALTERATION OF PREMISES

Please summarize the details of the alterations and highlight any specific changes from the last-approved premises.

PROPOSED DESCRIPTION OF PREMISES

Please provide a complete description of the proposed premises, 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 Sq. Footage

Seating Capacity

Occupancy Number

Number of Entrances

Number of Exits

Number of Floors

Change of Location: (must fill out attached financial information form)

7B. CHANGE OF LOCATION

Last-Approved Street Address

Proposed Street Address

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 Sq. Footage

Seating Capacity

Occupancy Number

Number of Entrances

Number of Exits

Number of Floors

OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises. (E.g. Deed, lease, letter of intent)

Please indicate by what means the applicant has to occupy the premises

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

8. AMENDMENT-Management Agreement

Management Agreement: (must fill out all pages in section 8)

Are you requesting approval to utilize a management company through a management agreement?
If yes, please fill out section 8.

Yes No

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.*

8A. 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
<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
			MA Resident
			<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
<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
			MA Resident
			<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
<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
			MA Resident
			<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
<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
			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.

Yes No

8B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 8A, 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

8. AMENDMENT-Management Agreement

8C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 8A, 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

8D. PREVIOUSLY HELD MANAGEMENT AGREEMENT

Has any individual or entity identified in question 8A, 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

8E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 8B, 8C or 8D 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

8F. 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

Signature:
 Title:
 Date:

Management Agreement Entity Officer/LLC Manager

Signature:
 Title:
 Date:

9. FINANCIAL DISCLOSURE

Required for the following transactions:

- Change of Officers, Stock or Ownership Interest (E.g. New Stockholder/Transfer or Issuance of Stock)
- Change of Premises Information
- Pledge of License, Inventory or Stock

Purchase Price(s):

\$171,000.00, plus 3% interest, or \$176,130.00

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
Sunit Chaisit	\$114,330.00
Pichai Sathapornchaisit	\$61,800.00
Total	\$176,130.00

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.
Sunit Chaisit	\$114,330.00	purchase money	<input type="radio"/> Yes <input checked="" type="radio"/> No
Pichai Sathapornchaisit	\$61,800.00	purchase money	<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

FINANCIAL INFORMATION

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

Malinee Kanjanamakanon purchased 57 shares of TSBA, Inc. stock from Sunit Chaisit (37 shares) and Pichai Sathapornchaisit (20 shares) for a purchase price of \$176,130.00, of which \$114,330.00 is payable to Sunit and \$61,800.00 is payable to Pichai as per the Purchase and Sale Agreement between the parties dated January 2, 2023.

APPLICANT'S STATEMENT

I, Mallnee Kanjanamakanon the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory

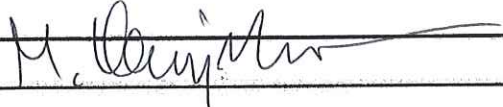
of TSBA, Inc.
Name of the Entity/Corporation

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:



Date: June , 2023

Title:

President

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):

- 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

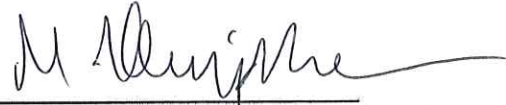
"VOTED: To authorize
Name of Person

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

Malinee Kanjanamakanon
(Print Name)

For Corporations ONLY

A true copy attest,

Corporate Clerk's Signature

(Print Name)



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

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

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: (IF EXISTING LICENSEE) LICENSEE NAME: CITY/TOWN:

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:

FORMER ADDRESS:

CITY/TOWN:

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.

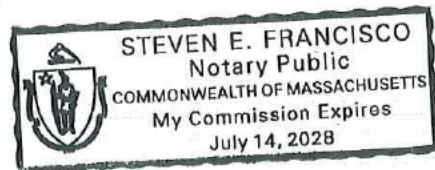
NOTARY

DIVISION USE ONLY

REQUESTED BY:

SIGNATURE OF CORI-AUTHORIZED EMPLOYEE:

The DCII Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCII. 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 DCII via mail or by fax to (517) 660-4514.





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)

Federal Employer Identification Number: 001090771 (must be 9 digits)

ARTICLE I

The exact name of the corporation is:

TSBA, INC.

ARTICLE II

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D 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	100

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: MALINEE KANJANAMAKANON

No. and Street:

City or Town:

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	MALINEE KANJANAMAKANON	
TREASURER	PICHAJ SATHAPORNCHASIT	
SECRETARY	SUNIT SATHAPORNCHASIT	
DIRECTOR	MALINEE KANJANAMAKANON	
DIRECTOR	PICHAJ SATHAPORNCHASIT	
DIRECTOR	SUNIT SATHAPORNCHASIT	

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:

RESTAURANT FOOD SERVICE

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

No. and Street:

209 NORTH MAIN STREET

City or Town:

ANDOVER

State: MA

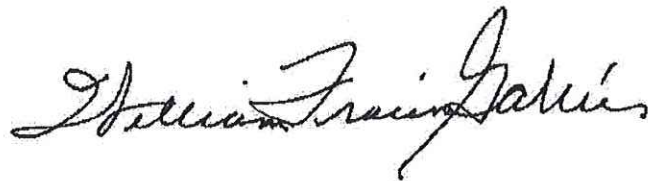
Zip: 01810

Country: USA

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 24, 2012 01:21 PM

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

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

STOCK PURCHASE AGREEMENT

This Stock Purchase Agreement (hereinafter "Agreement") is dated as of January 2, 2023, and is made and entered into by and among TSBA, Inc. (hereinafter "Buyer"), Pichai Sathapornchaisit of Everett, Massachusetts, and Sunit Chaisit of Hyannis, Massachusetts (hereinafter "Sellers").

WITNESSETH:

WHEREAS, Sellers owns in the aggregate fifty-seven (57) shares of capital stock of TSBA, Inc., a Massachusetts corporation (hereinafter the "Company");

WHEREAS, Company presently owns and operates a restaurant called Sweet Thai Basil located at 209 N. Main Street Andover, Massachusetts 01810;

WHEREAS, Sellers desire to sell to Buyer and Buyer desires to purchase from Sellers fifty-seven (57) shares of the Company's capital stock upon the terms and conditions set forth in this Agreement.

NOW THEREFORE, for and in consideration of the premises, the mutual promises, covenants, and agreements hereafter set forth, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Sellers and Buyer, intending to be legally bound, do hereby agree as follows:

ARTICLE I SALE AND PURCHASE

Section 1.1 Sale and Purchase of Shares. On and subject to the terms and conditions of this Agreement, effective as of the Closing Date, Buyer shall purchase from Sellers and Sellers shall sell to Buyer fifty-seven (57) shares of capital stock (hereinafter the "Shares") of the Company registered in the name of the Sellers for the consideration specified in Section 1.2 and upon the terms and conditions set forth in this Agreement.

Section 1.3 Purchase Price. Subject to the terms and conditions of this Agreement and in reliance upon the representations, warranties, and covenants of the Seller herein contained, and in full consideration of such sale, conveyance, transfer, assignment, and delivery of the Shares to Buyer, Buyer agrees to pay and deliver to the Sellers a total consideration of three hundred thousand dollars (\$171,000.00), plus 3% monthly interest (hereinafter the "Purchase Price"). The Purchase Price shall be paid in the following manner:

- (1) Buyer will pay Pichai Sathapornchaisit \$5,150.00 upon the signing of the Purchase and Sale Agreement;
- (2) Buyer will pay Pichai Sathapornchaisit a total of eleven (11) additional monthly payments, due on the first of the month, at \$5,150.00 per month;
- (3) Buyer will pay Sunit Chaisit \$9,533 upon the signing of the Purchase and Sale Agreement;

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(4) Buyer will pay Sunit Chaisit a total of eleven additional monthly payments, due on the first of the month, at \$9,527 per month.

Section 1.4 Disclaimer of Warranties. Buyer has been afforded every opportunity to inspect the premises and to hire an accountant to go through Company's financial records. Accordingly, Buyer agrees that the Shares shall be sold and that the Buyer shall accept the Shares strictly on an "as is" basis with no right of set-off or reduction in the Purchase Price. Buyer acknowledges that except for the representations set forth in Article II hereof, the sale of shares contemplated by this Agreement shall be without representation or warranty of any kind, express or implied, including any warranty of income potential, operating expenses, uses, merchantability, or fitness for a particular purpose, and Seller hereby disclaims and renounces any such representation or warranty.

Section 1.5 Closing Date. The closing shall occur on January 2, 2023, or such other date as the parties hereto may agree to (hereinafter the "Closing Date"). On the Closing Date, Buyer shall deliver a check in the amount of the \$5,150.00 to Pichai Sathapornchaisit and shall deliver a check in the amount of \$9,533.00 to Sunit Chaisit. On the first of each month, Buyer shall then deliver a monthly check in the amount of \$5,150.00 to Pichai Sathapornchaisit and shall also deliver a monthly check in the amount of \$9,527.00 to Sunit Chaisit. Upon receipt of the final payments, the Sellers shall deliver to Buyer their respective share certificates representing the Shares issued in the name of the Seller.

Section 1.6 Closing. The consummation of the purchase and sale of the Shares contemplated herein (hereinafter the "Closing") shall take place at The Law Office of Louis S. Haskell 16 Pine Street, Suite 2 Lowell, MA 01851 on January 2, 2023 at 2:00 p.m.

ARTICLE II
REPRESENTATIONS, WARRANTIES, AND COVENANTS OF SELLER

Seller hereby represents and warrants to Buyer as follows:

Section 2.1 Authority and Capacity. Seller has the requisite power, authority, and capacity to enter into this Agreement. The execution, delivery, and performance of this Agreement by Seller does not, and the consummation of the transaction contemplated hereby will not result in a breach of or default under any agreement to which Seller is a party or by which Seller is bound.

Section 2.2 Binding Agreement. This Agreement has been duly and validly executed and delivered by Seller and constitutes Seller's valid and binding agreement, enforceable against Seller in accordance with and subject to its terms.

Section 2.3 Title to Shares. Seller is the lawful, record, and beneficial owner of the Shares contemplated by this Agreement. The sale, conveyance, assignment, and transfer of the Shares in accordance with the terms of this Agreement transfers to Buyer legal and valid title to the Shares.

S.A.
M. Q.

Section 2.4 Organization and Good Standing. Company is a corporation duly organized, validly existing, and in good standing under the laws of the Commonwealth of Massachusetts and has the corporate power and authority to own or lease its assets and to carry on its business as it is currently being conducted.

Section 2.4 Due Diligence. Buyer has been solely responsible for its own due diligence investigation and is not relying on anyone else's analysis or investigation.

Section 2.5 Broker's Fees. Seller is not a party to any contract or any undertaking to pay any broker's, finder's, or financial advisor's fee in connection with the origin, negotiation, execution, or performance of this Agreement.

ARTICLE III REPRESENTATIONS AND WARRANTIES OF BUYER

Buyer represents and warrants to Seller as follows:

Section 3.1 Authority and Capacity. Buyer has all requisite power, authority, and capacity to enter into this Agreement. The execution, delivery, and performance of this Agreement by Buyer does not, and the consummation of the transaction contemplated hereby will not, result in a breach of or default under any agreement to which Buyer is a party or by which Buyer is bound.

Section 3.2 Disclosures. Buyer has been afforded every opportunity to perform its due diligence of the business practices. Buyer has been afforded every opportunity to hire its own counsel and accountant, and has affirmatively elected not to do so. Buyer understands that The Law Office of Louis S. Haskell was hired by the Seller and represents the Seller and not the Buyer. Buyer waives all claims against Seller.

Section 3.3 Litigation. There is no legal proceeding pending or, to the knowledge of the Buyer, threatened against the Buyer that seeks to enjoin or obtain damages in respect of the consummation of the transaction contemplated by this Agreement or that questions the validity of this Agreement.

Section 3.4 Brokerage Fees. Buyer represents and warrants that it has not acted in a manner that could cause Seller to incur liability to any person for brokerage commissions or finder's fees in connection with the sale of the Shares.

Section 3.5 Financial Capacity. Buyer has the net worth, financial standing, access to required liquidity, or necessary borrowing capacity to complete the transaction contemplated by this Agreement.

Section 3.6 Investment Representations. Buyer is acquiring the Shares for Buyer's own account and is not acquiring the Shares with a view to or for sale in connection with any distribution thereof within the meaning of the Securities Act of 1933, as amended.

ARTICLE IV DUE DILIGENCE

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Section 4.1 Access. The Parties acknowledge that the Company has (i) given Buyer, its authorized representations, and advisors full access, during normal business hours, to the facilities, and (ii) furnished Buyer and its authorized representatives and advisors with all documents and information relating to Company as reasonably requested by Buyer, its lenders, and its authorized representatives and advisors, (iii) permitted Buyer and its authorized representatives and advisors to review all books, records, and contracts of Company as requested by Buyer, its authorized representatives and advisors, and (iv) fully cooperated with Buyer and its authorized representatives and advisors in its investigation and examination of Company, its business, and affairs.

Section 4.2 Confidential Information. Buyer acknowledges that it has received information about the Company. The Buyer agrees to continue to be bound by all agreements under which it received such confidential information. If this Agreement is terminated before the Closing, Buyer promptly shall return to Seller or destroy all confidential information and shall not retain copies thereof.

Section 4.3 Buyer Acknowledgements. Buyer specifically acknowledges that Buyer is not relying on any representations or warranties of any kind whatsoever, express or implied, from Seller. Buyer understands the legal significance of the foregoing provisions and acknowledges that they are a material inducement to Seller's willingness to enter into this Agreement.

Section 4.4 Disclaimer of Other Representations and Warranties. Buyer acknowledges that Buyer has been given the opportunity to examine all aspects of the Company and to review all finances and business practices before Seller's execution and delivery of this Agreement. Accordingly, Buyer agrees that the Shares shall be sold and that Buyer shall accept that the Company owns the assets at closing strictly on an "as is, where is, with all faults" basis, with no right of set-off or reduction in the Purchase Price except for adjustments expressly contemplated by this Agreement. Except for Seller's limited representations set forth in Article II above, the sale of Shares and other transactions contemplated by this Agreement shall be without representation or warranty of any kind, express or implied, including any warranty of income potential, operating expenses, uses, merchantability, or fitness for a particular purpose, and Seller does hereby disclaim and renounce any such representations or warranties.

ARTICLE V TERMINATION

Section 5.1 Termination by Seller or Buyer. In the event that the Closing of the transaction contemplated herein has not occurred on or before January 2, 2023, either Seller or Buyer shall have the right, exercisable by written notice to the other to terminate this Agreement. Upon termination of this Agreement neither Party shall have further obligations hereunder.

Section 5.2 Termination by Seller. Notwithstanding anything herein to the contrary, in the event that this Agreement has not prior to such date been terminated pursuant to its terms or by mutual consent of the Parties and the Closing has not occurred by January 2, 2023, as a

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result of Buyer's non-performance, default, or breach of the Agreement, including the failure or refusal of Buyer to satisfy any of the conditions set forth in the Agreement, Buyer and Seller agree that it would be impractical or extremely difficult to establish Seller's damages. Accordingly, Buyer and Seller agree that it would be reasonable in the event of such non-performance, default or breach by Buyer to award Seller "liquidated damages" equal to half of the purchase price. Seller and Buyer acknowledge and agree that the foregoing amount is reasonable as liquidated damages and shall be the sole and exclusive remedy of Seller in lieu of any other relief, right, or remedy, at law or in equity, to which Seller may otherwise be entitled to by reason of such non-performance, default, or breach by Buyer under the Agreement hereunder.

Section 5.3 Termination by Buyer. Notwithstanding anything herein to the contrary, in the event that the Agreement has not prior to January 2, 2023 been terminated pursuant to its terms or by the mutual consent of Buyer and Seller, and the Closing has not occurred on or before January 15, 2023 as a result of Seller's non-performance, default, or breach of this Agreement, including the failure or refusal of Seller to satisfy any of the conditions precedent to the obligations of Buyer, Buyer may either, at their option and as their sole and exclusive remedy, terminate the Agreement or bring an action to enforce specific performance of the Agreement according to the terms thereof and hereof by all means available at law or in equity.

ARTICLE V MISCELLANEOUS

Section 5.1 Entire Agreement. This Agreement constitutes the entire understanding and agreement of the Parties relating to the subject matter hereof and supersedes any and all prior understandings, agreements, negotiations and discussions, both written and oral, between the Parties hereto with respect to the subject matter hereof. Parties warrant that they rely on no other representations, written or oral, other than those described in the Agreement.

Section 5.2 Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which shall be one and the same document.

Section 5.3 Severability. The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or unenforceability of any other provision of this Agreement.

Section 5.4 Venue. Any action to enforce this Agreement, or to interpret or construe the meaning of this Agreement, shall be brought in the Middlesex District Court in Lowell, Massachusetts. Buyer hereby expressly waives venue in any other state court other than the Commonwealth of Massachusetts.

Section 5.5 Arbitration. Any claims or disputes arising out of this Agreement which cannot be resolved amicably between the parties shall be settled through arbitration to be conducted in Lowell, Massachusetts. The arbitration shall be conducted by an arbitrator mutually agreed upon by the parties and resolution of the dispute by such arbitrator shall be binding and conclusive upon the parties. Any award made pursuant to this Section may be entered in and enforced by any court having jurisdiction, and the parties consent and commit themselves to the jurisdiction of the courts of the Commonwealth of Massachusetts for the

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purpose of the enforcement of any such award. The fees of the arbitrator shall be borne equally by the parties, except that, in the discretion of the arbitrator, any award may include a party's share of such fees.

Section 5.6 Transaction Costs. Each party shall be solely responsible for its own costs and expenses incurred in connection with the preparation, negotiation, and delivery of this Agreement, including but not limited to attorneys' and accountants' fees and expenses.

Section 5.6 Governing Law. This Agreement shall be construed, interpreted, and enforced in accordance with, and shall be governed by, the laws of the Commonwealth of Massachusetts.

IN WITNESS WHEREOF, this Agreement has been signed by the Parties hereto as of January 2, 2023.

Seller:



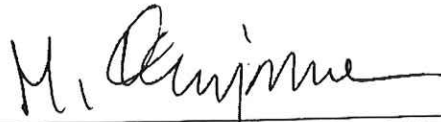
Pichai Sathapornchaisit

Seller:



Sunit Chaisit

Buyer:



Malinee Kanjanamakanon, President TSBA, Inc.

Middlesex, SS

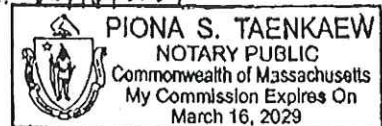
January 2, 2023

On this 2nd day of January 2023, before me, the undersigned Notary Public, personally appeared Pichai Sathapornchaisit, proved to me through satisfactory evidence of the satisfactory identification to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he signed it voluntarily for its stated purpose.



Notary Public

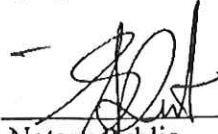
My commission expires: 03/16/2029



MIDDLESEX, SS

January 2, 2023

On this 2nd day of January 2023 before me, the undersigned Notary Public, personally appeared Sunit Chaisit, proved to me through satisfactory evidence of the satisfactory identification 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

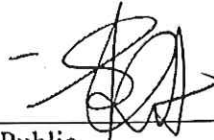
My commission expires: 03/16/2029



Middlesex, SS

January 2, 2023

On this 2nd day of January 2023, before me, the undersigned Notary Public, personally appeared Malinee Kanjanamakanon, proved to me through satisfactory evidence of the satisfactory identification 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: 03/16/2029





**TOWN OF ANDOVER
TOWN CLERK'S OFFICE**

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

ALCOHOLIC BEVERAGES LICENSE APPLICATION

BUSINESS/ENTITY NAME:	WHG Andover Inn, LLC
DBA:	Andover Inn
PREMISE ADDRESS:	4 Chapel Avenue Andover, MA
MANAGER/CONTACT NAME:	Brian Summers
EMAIL:	[REDACTED]
PHONE:	[REDACTED]
BUSINESS MAILING ADDRESS: (if different from premise)	
FID/SS#:	[REDACTED]

Please select the license transaction for which you are applying below.

Each transaction has an application fee of \$125.00 made payable to TOWN OF ANDOVER.

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

I certify under the 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: [Handwritten Signature] Date: 5-8-23

This license application requires Select Board approval upon prior approval from the Police Department, Fire Department, Health Department, Building Department and Town Treasurer.

(Office Use Only) SELECT BOARD HEARING DATE: _____



**TOWN OF ANDOVER
TOWN CLERK'S OFFICE**

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

TAX FORM

APPLICANT NAME: WHG Andover Inn, LLC

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.

Signature of Individual or Corporate Name: WHG Andover Inn, LLC
(Required for all applicants)

Name of Corporate Officer: Michael Heaton
(Required if applicant is a corporation)

Social Security #:
(Required if applicant is an individual)

Federal Identification Number (FID #):
(Required if applicant is a 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 delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass General Laws c. 62, 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: WHG Andover Inn, LLC

Address: 4 Chapel Avenue

City/State/Zip: Andover MA 01810

Phone #: (978) 775-4900

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ 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 Hotel

*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: Sompo America Insurance Company

Insurer's Address: 777 3rd Ave #2813

City/State/Zip: New York, NY 10017

Policy # or Self-ins. Lic. # WCD 51079130

Expiration Date: _____

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: 6-6-23

Phone #: 978-775-4900

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



Sompo America Insurance Company
1221 Avenue of the Americas, New York, NY 10020

**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
INSURANCE POLICY - INFORMATION PAGE**

ITEM 1. NAMED INSURED AND MAILING ADDRESS:
WATERFORD HOTEL GROUP, LLC
(See Extension of Information Page)
C/O CFO
914 HARTFORD TURNPIKE
WATERFORD, CT 06385

POLICY NO: WCDS1079B0
Renewal of: WCDS1079B0
NCCI Company No: 19321

Risk ID No: 000900556

LEGAL ENTITY: LIMITED LIABILITY COMPANY

OTHER WORKPLACES NOT SHOWN ABOVE: (See Extension of Information Page)

ITEM 2. POLICY PERIOD: From: 12/01/2022 To: 12/01/2023
Effective 12:01 A.M. Standard Time at the Insured's mailing address.

ITEM 3. COVERAGE:

- A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
AR CA CT FL IL MA NY PA
- B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of liability under Part Two are:
 - Bodily Injury by Accident: \$1,000,000 each accident
 - Bodily Injury by Disease: \$1,000,000 policy limit
 - Bodily Injury by Disease: \$1,000,000 each employee
- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
All States except North Dakota, Ohio, Wyoming, Washington and States listed in 3.A.
- D. This policy includes these Endorsements and Schedules: (See Extension of Information Page)

ITEM 4. PREMIUM: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

<u>Classifications</u>	<u>Code No.</u>	<u>Premium Basis</u> <u>Total Estimated Annual Remuneration</u>	<u>Rate Per \$100 of</u> <u>Remuneration</u>	<u>Estimated Annual</u> <u>Premium</u>
(See Extension of Information Page)				

Deposit Premium:		Total Estimated Annual Premium/Cost:	
Minimum Premium:		Expense Constant:	
FWCIGA Surcharge:			

Date: 12/08/2022

Countersigned by

PRODUCER NAME AND ADDRESS:
BEECHER CARLSON INSURANCE SERVICES, LLC
1400 FASHION ISLAND BLVD.
SUITE 810
SAN MATEO, CA 94404

ISSUING OFFICE:
Sompo International
11405 North Community House Road
Charlotte, NC 28277

PRODUCER NO: E8353



**TOWN OF ANDOVER
TOWN CLERK'S OFFICE**

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

CRIMINAL RECORD INFORMATION FORM

This form must be completed by all Managers, Directors, Stockholders, and Officers.

BUSINESS/ENTITY NAME:	WHG Andover Inn, LLC
APPLICANT NAME:	Brian Summers
APPLICANT ADDRESS:	[REDACTED]
OCCUPATION:	Manager
BIRTHPLACE:	[REDACTED]
DATE OF BIRTH:	[REDACTED]

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, Brian Summers applicant for a Change of Manager license
(name) (license type)
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:
Brian Summers

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:
Brian Summers

Signed and subscribed to under the pains and penalties of perjury on this
8 day of MAY, 2023
(date) (month) (year)

Signature: Brian Summers

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 they are a principal or agent.



**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/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.

SIGNATURE: _____

DATE: _____

5-8-23

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:	
Last Name:	Summers
First Name:	Brian
Middle Name:	Joseph
Suffix:	
Maiden Name (or other name(s) by which you have been known):	
Date of Birth:	[REDACTED]
Place of Birth:	[REDACTED]
Last Six Digits of Your Social Security # (REQUIRED):	[REDACTED]
Sex:	Male
Height:	5 ft. 2 in.
Eye Color:	
Race:	
Drive License or ID #:	[REDACTED]
State of Issue:	[REDACTED]
Mother's Full/Maiden Name:	[REDACTED]
Father's Full Name:	[REDACTED]
Current Address:	[REDACTED]
Former Address:	

Office Use Only

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

Driver's License Certified Birth Certificate [REDACTED] ther _____

VERIFIED BY: Vanessa French

Name of Verifying Employee (Please Print)

Vanessa French

Signature of Verifying Employee

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.



Transaction Processed Successfully.

INVOICE #: 1def4c4e-8295-4296-a864-94a841d86444

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	00052-HT-0026	\$200.00
		\$200.00

Total Convenience Fee: \$0.35

Total Amount Paid: \$200.35

Date Paid: 2/13/2023 2:31:17 PM EDT

Payment On Behalf Of

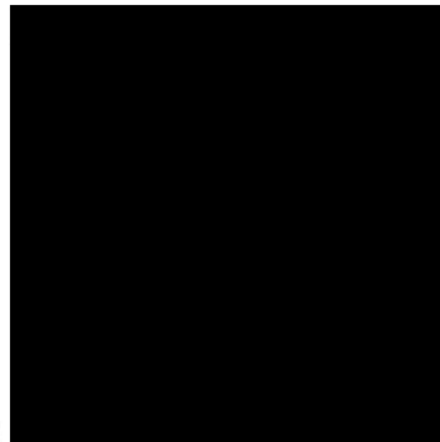
License Number or Business Name:
00052-HT-0026

Fee Type:
FILING FEES-RETAIL

Billing Information

First Name:
Joseph

Last Name:
Devlin





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	Municipality	ABCC License Number
WHG Andover Inn, LLC	Andover	00052-HT-0026

2. APPLICATION CONTACT

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

Name	Title	Email	Phone
Joseph H. Devlin	Attorney	jdevlin@ucdlaw.com	617-514-2828 ext. 101

3A. MANAGER INFORMATION

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

Proposed Manager Name	Brian Summers	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	40	Last-Approved License Manager	James Siano		

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.

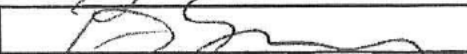
Start Date	End Date	Position	Employer	Supervisor Name

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  Date **1/5/23**

APPLICANT'S STATEMENT

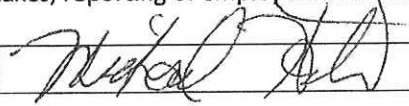
I, Michael Heaton the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory
of WHG Andover Inn, LLC
Name of the Entity/Corporation

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:



Date:

1/3/2023

Title:

LLC Managing Member

ENTITY VOTE

The Board of Directors or LLC Managers of
Entity Name
duly voted to apply to the Licensing Authority of
City/Town and the
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on
Date of Meeting

For the following transactions (Check all that apply):

Change of Manager

Other

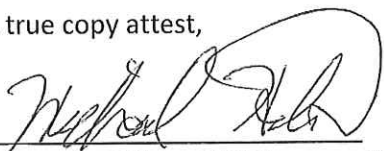
"VOTED: To authorize
Name of Person

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

MICHAEL HEATON
(Print Name)

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature

(Print Name)



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

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

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: <small>(IF EXISTING LICENSEE)</small>	2600052	LICENSEE NAME:	WHG Andover Inn, LLC	CITY/TOWN:	Andover
---	---------	----------------	----------------------	------------	---------

APPLICANT INFORMATION

LAST NAME:	Summers	FIRST NAME:	Brian	MIDDLE NAME:	Joseph
MAIDEN NAME OR ALIAS (IF APPLICABLE):	n/a	PLACE OF BIRTH:	[REDACTED]		
DATE OF BIRTH:	[REDACTED]	SSN:	[REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE):	
MOTHER'S MAIDEN NAME:	[REDACTED]	DRIVER'S LICENSE #:	[REDACTED]	STATE LIC. ISSUED:	[REDACTED]
GENDER:	MALE	HEIGHT:	5	2	WEIGHT: 165
EYE COLOR:					
CURRENT ADDRESS:	[REDACTED]				
CITY/TOWN:	[REDACTED]	STATE:	[REDACTED]	ZIP:	[REDACTED]
FORMER ADDRESS:					
CITY/TOWN:	[REDACTED]	STATE:	[REDACTED]	ZIP:	[REDACTED]

PRINT AND SIGN

PRINTED NAME:	Brian Summers	APPLICANT/EMPLOYEE SIGNATURE:	
---------------	---------------	-------------------------------	--

NOTARY INFORMATION

On this 5th Day of January 2023, before me, the undersigned notary public, personally appeared Brian Summers (name of document signer), proved to me through satisfactory evidence of identification, which were State ID 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

HEIDI C. FERRIS
Notary Public, State of Connecticut
My Commission Expires Feb. 28, 2025

DIVISION USE ONLY

REQUESTED BY:	[REDACTED]
<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) 650-4514.



**TOWN OF ANDOVER
TOWN CLERK'S OFFICE**

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

ALCOHOLIC BEVERAGES LICENSE APPLICATION

BUSINESS/ENTITY NAME:	Jack Russ LLC
DBA:	Andover Andover Restaurant & Bar
PREMISE ADDRESS:	1 Minuteman Rd. Andover MA 01810
MANAGER/CONTACT NAME:	James Rogers
EMAIL:	[REDACTED]
PHONE:	[REDACTED]
BUSINESS MAILING ADDRESS: (if different from premise)	
FID/SS#:	[REDACTED]

Please select the license transaction for which you are applying below.

Each transaction has an application fee of \$125.00 made payable to TOWN OF ANDOVER.

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

I certify under the 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: James Rogers Date: 6/6/2023

This license application requires Select Board approval upon prior approval from the Police Department, Fire Department, Health Department, Building Department and Town Treasurer.

(Office Use Only) SELECT BOARD HEARING DATE: _____



**TOWN OF ANDOVER
TOWN CLERK'S OFFICE**

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

TAX FORM

APPLICANT NAME: Andiamo Andover Restaurant & Bar

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.

Signature of Individual or Corporate Name:
(Required for all applicants) Jack Russ LLC

Name of Corporate Officer:
(Required if applicant is a corporation) _____

Social Security #:
(Required if applicant is an individual) _____

Federal Identification Number (FID #):
(Required if applicant is a corporation or non-profit) [REDACTED]

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 delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass General Laws c. 62, 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: Andiamo Andover Restaurant & Bar

Address: 1 Minuteman Rd.

City/State/Zip: Andover MA 01810 Phone #: [REDACTED]

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ 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: MTM Insurance Associates

Insurer's Address: 1320 Osgood St.

City/State/Zip: North Andover MA 01845

Policy # or Self-ins. Lic. # BMA0032524 Expiration Date: 1/1/2024

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: [Signature] Date: 6/7/2023

Phone #: [REDACTED]

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/07/2023

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

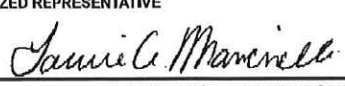
PRODUCER MTM Insurance Associates 1320 Osgood Street North Andover MA 01845	CONTACT NAME: Krystina Murray	PHONE (A/C, No, Ext): (978) 681-5700	FAX (A/C, No): (978) 681-5777
	E-MAIL ADDRESS: certificates@mtminsure.com		
INSURED Andiamo Pasta LLC, Jack Russ LLC and TCRJR4 LLC dba Andiamo Restaurant & Bar 3 Graf Rd Newburyport MA 01950	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	Safety Insurance Company	39454
	INSURER B:	Safety Insurance	
	INSURER C:	Hartford Insurance Company of the Midwest	37478
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 22-23 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BMA0032524	12/31/2022	12/31/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			BMA0032524	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CMU0006536	12/31/2022	12/31/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	08WECAV5M4H	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Liquor Liability			BMA0032524	12/31/2022	12/31/2023	Each Common Cause \$1,000,000 Aggregate Limit \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Patricia Collins and Charles Daher are excluded from Workers Compensation coverage.
This certificate of insurance represents coverage currently in effect and may or may not be in compliance with any written contract.

CERTIFICATE HOLDER Town of Andover 36 Bartlet St Andover MA 01810	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

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 #: e67afd16-ab0e-4eec-bf25-13b7c8be0f10

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	Andiamo Restaurant & Bar Andover	\$200.00
		\$200.00

Total Convenience Fee: \$4.70

Total Amount Paid: \$204.70

Date Paid: 7/17/2023 11:12:19 AM EDT

Payment On Behalf Of

License Number or Business Name:
Andiamo Restaurant & Bar Andover

Fee Type:
FILING FEES-RETAIL

Billing Information

First Name:
Jim

Last Name:
Rogers





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 AMENDMENT-Change of Officers, Stock or Ownership Interest

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 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 checked="" type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input checked="" 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

APPLICATION FOR AMENDMENT
-Change of Officers, Stock or Ownership Interest

Change of Officers/ Directors/LLC Managers **Change of Stock Interest**

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officer/Directors Application
- Vote of the Entity
- CORI Authorization
- Business Structure Documents
 - If Sole Proprietor, **Business Certificate**
 - If partnership, **Partnership Agreement**
 - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

(e.g. New Stockholders or Transfer or Issuance of Stock)

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Stock Application
- Financial Statement
- Vote of the Entity
- CORI Authorization
- Purchase & Sale Agreement
- Supporting Financial Records
- Advertisement
- Business Structure Documents
 - If Sole Proprietor, **Business Certificate**
 - If partnership, **Partnership Agreement**
 - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

Change of Ownership Interest

(e.g. LLC Members, LLP Partners, Trustees etc.)

- Payment Receipt
- Monetary Transmittal
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Stock Application
- Financial Statement
- Vote of the Entity
- CORI Authorization
- Business Structure Documents
- Purchase & Sale Agreement
- Supporting Financial Records
- Advertisement
 - If Sole Proprietor, **Business Certificate**
 - If partnership, **Partnership Agreement**
 - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

Non-Profit Club Change of Officers/ Directors

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Change of Officer/Directors Application
- Vote of the club signed by an approved officer
- Business Structure Documents - **Articles of Organization** from the Secretary of the Commonwealth

Management Agreement

- Payment Receipt
- Monetary Transmittal Form
- DOR Certificate of Good Standing
- DUA Certificate of Compliance
- Vote of Entity
- Management Agreement

**If abutter notification and advertisement are required for transaction, please see the local licensing authority.*

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
JackRuss LLC	Andover	05409-RS-0026

Please provide a narrative overview of the transaction(s) being applied for. Attach additional pages, if necessary.

James Rogers & Patricia Collins are buying out Charles Daher ownership shares.

APPLICATION CONTACT

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

Name	Title	Email	Phone
James Rogers	owner	[REDACTED]	[REDACTED]

APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest

2. 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
James Rogers			

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
owner, manger	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
Patricia Collins			

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
owner, manager	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

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<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

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<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

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<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

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
		<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 2, 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

MANAGEMENT AGREEMENT
 Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement. Yes No

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

List all proposed 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

Percentage of Ownership in Entity being Licensed
(Write "NA" if this is the entity being licensed)

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	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	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	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	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	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	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	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

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.

 Yes No

APPLICATION FOR AMENDMENT-Change of Officers, Stock or Ownership Interest

3. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST

List the individuals and entities of the current ownership. Attach additional pages if necessary utilizing the format below.

Name of Principal	Title/Position	Percentage of Ownership
James Rogers	owner, manager	37.5
Patricia Collins	owner, manager	37.5
Charles Dahuk	owner	25

4. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 2, 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
Andiamo Pasta LLC	Full Alcohol	James Rogers	Chelmsford
TCRJR4 LLC	Full Alcohol	James Rogers	North Andover

5. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 2, 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
EMNIC LLC	Full Alcohol	James Rogers	Newburyport

6. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 4 or 5 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. FINANCIAL DISCLOSURE

Associated Cost(s): (E.g. 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):"

Associated Cost(s):

Associated Cost(s):	<p style="font-size: 1.2em; margin: 0;">\$200,000.00 buy back shares</p>
---------------------	--

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
Total:	

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.
			<input type="radio"/> Yes <input 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.

APPLICANT'S STATEMENT

I, James Rogers the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory

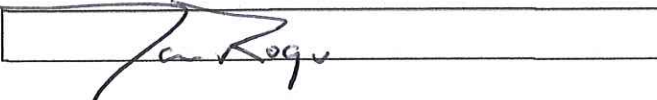
of JackRuss LLC
Name of the Entity/Corporation

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:



Date:

6/6/2023

Title:

owner, manager

ENTITY VOTE

The Board of Directors or LLC Managers of Entity Name

duly voted to apply to the Licensing Authority of City/Town and the
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on Date of Meeting

For the following transactions (Check all that apply):

- Change of Officers/Directors/LLC Manager
- Change of Ownership Interest (LLC Members, LLP Partners, Trustees)
- Issuance/Transfer of Stock/New Stockholder
- Management/Operating Agreement
- 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."

A true copy attest,


Corporate Officer / LLC Manager Signature

JAMES ROGERS
(Print Name)

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature

(Print Name)

ADDITIONAL INFORMATION

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



JEAN M. LORIZIO, ESQ.
CHAIRMAN

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

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: (IF EXISTING LICENSE) LICENSEE NAME: CITY/TOWN:

APPLICANT INFORMATION

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

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

MOTHER'S MAIDEN NAME: DRIVER'S LICENSE #:

CURRENT ADDRESS:

CITY/TOWN:

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



JEAN M. LORIZIO, ESQ.
CHAIRMAN

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

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: (IF EXISTING LICENSEE) LICENSEE NAME: CITY/TOWN:

APPLICANT INFORMATION

LAST NAME: FIRST NAME: MIDDLE NAME:

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

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

MOTHER'S MAIDEN NAME:

CURRENT ADDRESS:

CITY/TOWN:

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 DCI Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this



**The Commonwealth of Massachusetts
William Francis Galvin**

Minimum Fee: \$500.00

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

Certificate of Organization
(General Laws, Chapter)

Identification Number: [REDACTED]

1. The exact name of the limited liability company is: JACKRUSS LLC

[REDACTED]

2b. Street address of the office in the Commonwealth at which the records will be maintained:
[REDACTED]

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:
FULL SERVICE RESTAURANT

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:
Name: [REDACTED]
No. and Street: [REDACTED]
City or Town: [REDACTED]

I, PATRICIA COLLINS resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	JAMES F ROGERS	[REDACTED]
MANAGER	PATRICIA COLLINS	[REDACTED]

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

9. Additional matters:

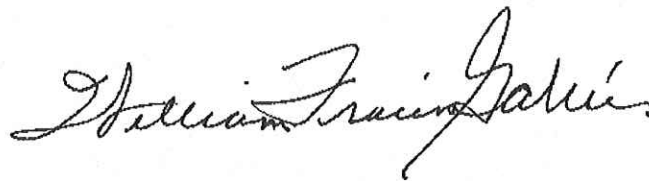
SIGNED UNDER THE PENALTIES OF PERJURY, this 6 Day of May, 2019,
JAMES F ROGERS
(The certificate must be signed by the person forming the LLC.)

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:

May 06, 2019 04:49 PM

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

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

July 11, 2023

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

JACKRUSS LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **May 6, 2019.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **JAMES F ROGERS, PATRICIA COLLINS**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **JAMES F ROGERS, PATRICIA COLLINS**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **NONE**



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE

Maura Healey
GOVERNOR
Kim Driscoll
LT. GOVERNOR



430191093

Lauren E. Jones
SECRETARY
Katie Dishnica
DIRECTOR

JACKRUSS LLC
3 GRAF ROAD SUITE 13
NEWBURYPORT, MA 01950

EAN: 22170621
July 06, 2023

Certificate Id:72126

The Department of Unemployment Assistance certifies that as of 7/6/2023 ,JACKRUSS LLC is current in all its obligations relating to contributions, payments in lieu of contributions, and the employer medical assistance contribution established in G.L.c.149,§189.

This certificate expires in 30 days from the date of issuance.

Katie Dishnica, Director

Department of Unemployment Assistance



**TOWN OF ANDOVER
TOWN CLERK'S OFFICE**

36 Bartlet Street

Andover, MA 01810

978-623-8230 | www.andoverma.gov

GENERAL LICENSE APPLICATION

BUSINESS/ENTITY NAME:	ALCHEMY MOTORSPORTS
DBA:	
PREMISE ADDRESS:	89 N MAIN ST SUITE 302 ANDOVER, MA 01810
MANAGER/CONTACT NAME:	JULIO JIMENEZ
EMAIL:	[REDACTED]
PHONE:	[REDACTED]
BUSINESS MAILING ADDRESS: (if different from premise)	
FID/SS#:	[REDACTED]

Please select the license type for which you are applying below.

✓	License Type	Fee
	*Common Victualer	\$75.00
	*Entertainment/Amusement Device	\$85.00/\$100.00 per machine
	**Class I Dealer's License	\$100.00
✓	**Class II Dealer's License	\$100.00
	**Lodging License	\$50.00
	*Secondhand Dealer's License	\$50.00

I certify under the 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: [Signature] Date: 6/15/23

* Upon prior approval from the Police Department, Fire Department, Health Department, Building Department and Town Treasurer, this license application requires Town Manager approval as Licensing Authority.

TOWN MANAGER'S SIGNATURE: _____ **DATE:** _____

**Upon prior approval from the Police Department, Fire Department, Health Department, Building Department and Town Treasurer, this license application is subject to Select Board Hearing and your attendance at that hearing is mandatory.

APPLICATION FOR A LICENSE TO BUY, SELL, EXCHANGE OR ASSEMBLE SECOND HAND MOTOR VEHICLES OR PARTS THEREOF

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a class license, to Buy, Sell, Exchange or Assemble second hand motor vehicles or parts thereof, in accordance with the provisions of Chapter 140 of the General Laws.

1. What is the name of the concern? ALCHEMY MOTORSPORTS

Business address of concern. No. 89 N MAIN St., SUITE 302 ANDOVER, MA 01810 City - Town.

2. Is the above concern an individual, co-partnership, an association or a corporation?

3. If an individual, state full name and residential address.

JULIO A JIMENEZ

4. If a co-partnership, state full names and residential addresses of the persons composing it.

5. If an association or a corporation, state full names and residential addresses of the principal officers.

President

Secretary

Treasurer

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles? NO

If so, is your principal business the sale of new motor vehicles?

Is your principal business the buying and selling of second hand motor vehicles? YES

Is your principal business that of a motor vehicle junk dealer?

7. Give a complete description of all the premises to be used for the purpose of carrying on the business.

8. Are you a recognized agent of a motor vehicle manufacturer? NO
(Yes or No)

If so, state name of manufacturer

9. Have you a signed contract as required by Section 58, Class 1? NO
(Yes or No)

10. Have you ever applied for a license to deal in second hand motor vehicles or parts thereof? NO
(Yes or No)

If so, in what city — town

Did you receive a license? NO For what year?
(Yes or No)

11. Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts thereof ever been suspended or revoked? NO
(Yes or No)

Sign your name in full. G. J. ...
(Duly authorized to represent the concern herein mentioned)

Residence. . . 

IMPORTANT

EVERY QUESTION MUST BE ANSWERED WITH FULL INFORMATION, AND FALSE STATEMENTS HEREIN MAY RESULT IN THE REJECTION OF YOUR APPLICATION OR THE SUBSEQUENT REVOCATION OF YOUR LICENSE IF ISSUED.

NOTE: If the applicant has not held a license in the year prior to this application, he must file a duplicate of the application with the registrar. (See Sec. 59)



June 27, 2023

Heather Plunkett
MICHAUD INSURANCE AGENCY (0CSY76)
95 AYER ST
METHUEN, MA 01844

Thomas G Hartsough
PO Box 2905
Hartford, CT 06104-2905

Phone: (610) 458-2264

Email: THARTSOU@travelers.com

This is a Direct Bill policy. The Direct Bill Account Number is 6178R1249.

This is the New Business for: Julio Jimenez d/b/a - Alchemy Motorsports
89 Main Street
Unit 302
ANDOVER, MA 01810

Bond Number: **107865601**
Type of Bond: **Used/Second Hand Motor Vehicle Dealer Bond**
Obligee Name: **Julio Jimenez**
Obligee Address: **89 Main St, Unit 302**
Obligee City, State & Zip: **ANDOVER, MA 01810 USA**
Transaction Effective Date: **June 27, 2023**
Premium Effective Date: **June 27, 2023**
Premium Expiry Date: **June 27, 2024**
Bond Limit: **\$25,000.00**
Bond Premium: **\$250.00**
Commission - Percentage: **30%**
Special Commission: **\$0.00**
Countersignature Branch:
Countersignature Commission: **\$0.00**
State Tax: **\$0.00**
State Surcharge: **\$0.00**
TOTAL PREMIUM: \$250.00

Comments:

Thank you for placing your business with us.

Producer Name: **LAWLER, MARY T**



Agency Name Code **0CSY76, MICHAUD INSURANCE AGENCY**
 Producer Name **LAWLER, MARY T**

GENERAL SURETY APPLICATION

This application must be signed, witnessed, and dated by the Applicant and all other Indemnitors.

Bond No. **107865601**

Applicant's Name (In full, as it should appear on the bond) Julio Jimenez d/b/a - Alchemy Motorsports	Phone Email	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC
Business Address (Street Address, City, State, and Zip Code) 89 Main Street, Unit 302, ANDOVER, MA 01810		Bond Limit \$25,000.00
Obligee Name (Entity requiring the bond) Julio Jimenez		Desired Billing Method <input checked="" type="checkbox"/> Direct Bill <input type="checkbox"/> Agency Bill
Obligee Address (Street Address, City, State and Zip Code) 89 Main St, Unit 302, ANDOVER, MA 01810		Phone # _____ (Required for Direct Bill)
Type of Bond Required Used/Second Hand Motor Vehicle Dealer Bond		License Number

Coverage will not be considered for companies involved in whole or in part in cryptocurrency trading, paramilitary operations, pornography, adult entertainment, escort services, prostitution, or the manufacturing, distribution, or sale of cannabis and cannabis-related derivatives. Travelers also reserves the right to decline to issue any bond for any reason.

1. Is the business current on all of its loan obligations, including any floor plan financing?	Yes
1. Experienced any prior or pending losses, been declined by another surety company, or had a bond(s) non-renewed?	No
2. Had any unresolved litigation or judgments against them?	No
3. Failed in business or declared bankruptcy in the past seven years?	No

GIVE THE FOLLOWING INFORMATION ON EACH OWNER OR STOCKHOLDER

Name Julio Jimenez	Social Security Number [REDACTED]	Percent Ownership 100
Address 89 Main Street Unit 302	City ANDOVER	State Zip MA 01810
Telephone		
Name	Social Security Number	Percent Ownership
Address	City	State Zip
Telephone		

INDEMNITY AGREEMENT

The undersigned Applicant and Indemnitor(s), all hereinafter referred to as "Indemnitors," hereby certify that the declarations made and answers given are the truth without reservation, and are made for the purpose of inducing TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, ST. PAUL FIRE AND MARINE INSURANCE COMPANY, any of their present or future direct or indirect parent companies, any of the respective present or future direct or indirect affiliates or subsidiaries of such companies and parent companies, and/or any of the aforementioned entities' successors or assigns, hereinafter referred to, individually and/or collectively, as "Company," to furnish a certain bond or undertaking applied for and any renewal and increase of the same or of any bond or undertaking of similar nature given in substitution or renewal thereof (all comprehended in the word "Bond" as herein used). Indemnitors agree that Company may decline the Bond applied for or may cancel or terminate same without incurring liability whatsoever to Indemnitors. In consideration of Company executing said Bond or the forbearance of cancellation of said Bond, Indemnitors do undertake and agree as follows:

Indemnitors will pay all premiums, as they fall due, until Company has been provided with competent legal evidence that the Bond has been duly discharged. Indemnitors will at all times indemnify and exonerate Company from and against any and all loss, cost and expense of whatever kind which it may incur or sustain as a result of or in connection with the furnishing of the Bond and/or the enforcement of this Agreement, including unpaid premiums, interest, court costs and counsel fees, and any expense incurred or sustained by reason of making any investigation. To this end Indemnitors promise: a) to promptly reimburse Company for all sums paid and b) to deposit with Company on demand an amount sufficient to discharge any claim made against the Company on the Bond. This sum may be used by Company to pay such claim or be held by Company as collateral security against loss or cost on the Bond.

Indemnitors hereby expressly authorize Company to access credit records and to make such pertinent inquiries as may be necessary from third party sources for underwriting purposes, claim purposes and/or debt collection. To the extent required by law, Company will, upon request, provide notice whether or not a consumer report has been requested by Company, and if so, the name and address of the consumer reporting agency furnishing the report.

Regardless of the date of signature(s), this Agreement is effective as of the date of execution of the Bond and is continuous until Company is satisfactorily discharged from liability pursuant to the terms and conditions contained herein. An Indemnitor may terminate participation in this Agreement with respect to future renewals or substitution bonds or undertakings by providing written notice to Company of such intent to terminate. Such notice shall be addressed to Travelers Bond & Specialty Insurance, Attention: Senior Vice President Commercial Surety, One Tower Square, Hartford, Connecticut 06183 and shall become effective sixty (60) days after Company's receipt of the same. Termination hereunder shall not relieve the terminating indemnitor(s) from liability with respect to any renewals or substitution bonds or undertakings issued, or for which Company has obligated itself to issue, before the effective date of termination.

Attention: Any person who knowingly and with intent to defraud a surety company or any other person files an application for a surety bond containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act and may be subject to civil and/or criminal penalties.

Signed this 27 day of June, 2023

APPLICANT INDEMNITY

Name of Applicant: Julio Jimenez

Social Security Number/Tax I.D.:

X [Signature]
Witness Sign Here

Witness Sign Here

X [Signature]
Applicant Sign Here

Applicant Sign Here

Heather Phunkett

Print Name

Julio A Jimenez

If Applicant is an Entity, Print Name and Title of Signatory

ADDITIONAL INDEMNITORS MUST SIGN BELOW

Name of Indemnitor: Julio Jimenez

Social Security Number/Tax I.D.:

X _____
Witness Sign Here

Witness Sign Here

X _____
Indemnitor Sign Here

Indemnitor Sign Here

Print Name

If Indemnitor is an Entity, Print Name and Title of Signatory

Name of Indemnitor:

Social Security Number/Tax I.D.:

X _____
Witness Sign Here

Witness Sign Here

X _____
Indemnitor Sign Here

Indemnitor Sign Here

Print Name

If Indemnitor is an Entity, Print Name and Title of Signatory

Please email to: TravelersClick@travelers.com or fax to: 866.785.2463

MASSACHUSETTS USED CAR DEALER'S BOND

Bond No. 107865601

Effective Date: June 27, 2023

KNOW ALL MEN BY THESE PRESENTS, that we, Julio Jimenez d/b/a - Alchemy Motorsports of 89 Main Street, Unit 302, ANDOVER, MA 01810, as Principal, and Travelers Casualty and Surety Company of America, a corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto Julio Jimenez, as Obligee, for the benefit of all natural persons who suffer loss as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002, by reason of purchase of a motor vehicle from the said Principal, in the sum of Twenty Five Thousand dollars (\$25,000.00) for the payment of which well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

WHEREAS, the Principal is a Dealer having an established place of business at 89 Main Street, Unit 302, ANDOVER, MA 01810 in the Commonwealth of Massachusetts, and is required to furnish a bond in accordance with Chapter 140, Section 58.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall faithfully observe the provisions of Chapter 140, Section 58 as amended by Chapter 422 of the Acts of 2002, then this obligation shall be void and of no effect; otherwise it shall remain in full force and virtue. The aggregate liability of the Surety shall in no event exceed the amount of this bond regardless of the number of claims against the bond or the number of years the bond remains in force.

PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a court of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the act or omission occurred during the term of this bond. No suit may be maintained to enforce any liability on this bond unless brought within one (1) year after the event giving rise to the cause of action. Notice of any suit under this bond must be made in writing to the Obligee (written acknowledgement of receipt of said notice by the Obligee to be prima facie evidence of compliance with this requirement of notice). This bond shall cover only those acts and omissions as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002.

This bond shall be continuous and may be cancelled by the Surety by giving sixty (60) days notice in writing by certified mail to the Obligee and bond shall be deemed canceled.

Dated this 27 day of June, 2023.

Julio Jimenez, Principal

By: [Signature]
Travelers Casualty and Surety Company of America, Surety

By: [Signature]
Russell E. Vance





Travelers Casualty and Surety Company of America
 Travelers Casualty and Surety Company
 St. Paul Fire and Marine Insurance Company
 Farmington Casualty Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Russell E. Vance**, of **Hartford, CT**, their true and lawful Attorney(s)-in-Fact, to sign, execute, seal and acknowledge the following bond:

Surety Bond No.: 107865601

Principal: Julio Jimenez d/b/a - Alchemy Motorsports

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 21st day of April, 2021.



State of Connecticut

By: 
 Robert L. Raney, Senior Vice President

City of Hartford ss.

On this the 21st day of April, 2021, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2026




 Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 27 day of June, 2023.




 Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
 Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.



THE COMMONWEALTH OF MASSACHUSETTS

ANDOVER TOWN CLERK
RCUD 2023 JUN 27 AM 10:4

TOWN OF ANDOVER

JUNE 27, 2023

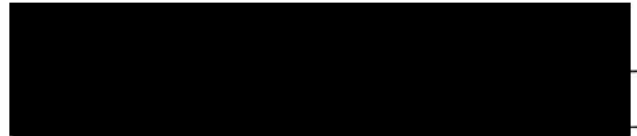
In conformity with the provisions of chapter one hundred and ten, section five, of the General Laws, as amended, the undersigned hereby declare(s) that a business is conducted under the title of

ALCHEMY MOTORSPORTS at
89 MAIN STREET UNIT 302 ANDOVER, MA 01810
(Name of Business) (Business Address)

Business Phone: 978-748-2543

By the following named person(s): (Include title, if corporate officer)

Full Name
JULIO A JIMENEZ



Signatures:

[Handwritten Signature]

The Commonwealth of Massachusetts

Essex ss

June 27, 2023

Personally appeared before me the above-named Julio A. Jimenez

and made oath that the foregoing statement is true.

ID Presented: Driver's License



Other: _____

[Handwritten Signature]
(Signature)

Office Assistant

(Title)

In accordance with the provision of Chapter 337 of the acts of 1985 and Chapter 110, Section 5 of Mass. General Laws. Business Certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement under oath must be filed with the Town Clerk upon discontinuing, retiring or withdrawing from such business or partnership.

Copies of this certificate shall be available at the address at which business is conducted and shall be furnished on request during regular business hours to any person who has purchased goods or services from this business.

Violations of Chapter one hundred and ten, Section five of the General Laws, as amended are subject to a fine of not more than (\$300) for each month during which violation continues.

Business Certificate Expires: June 27, 2027



**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/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.

SIGNATURE:  DATE: 6/15/23

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:	
Last Name:	JIMENEZ
First Name:	JULIO
Middle Name:	ANTONIO
Suffix:	
Maiden Name (or other name(s) by which you have been known):	
Date of Birth:	
Place of Birth:	
Last Six Digits of Your Social Security # (REQUIRED):	
Sex:	MALE
Height:	
Eye Color:	
Race:	
Drive License or ID #:	
State of Issue:	MA
Mother's Full/Maiden Name:	
Father's Full Name:	
Current Address:	
Former Address:	

Office Use Only

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

Driver's License Certified Birth Certificate US Passport Other _____

VERIFIED BY: Vanessa French
Name of Verifying Employee (Please Print)

Vanessa French
Signature of Verifying Employee



**TOWN OF ANDOVER
TOWN CLERK'S OFFICE**

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

TAX FORM

APPLICANT NAME: JULIO A JIMENEZ

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.

Signature of Individual or Corporate Name:
(Required for all applicants)



Name of Corporate Officer:
(Required if applicant is a corporation)

Social Security #:
(Required if applicant is an individual)



Federal Identification Number (FID #):
(Required if applicant is a 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 delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass General Laws c. 62, 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: ALCHEMY MOTORSPORTS
 Address: 89 N MAIN STREET ST 302
 City/State/Zip: ANDOVER, MA 01810 Phone #: 978-748-2543

Are you an employer? Check the appropriate box:

1. I am an employer with _____ 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: _____

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: [Signature] Date: 6/15/23
 Phone #: 978-748-2543

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

**Resolution of the Select Board
Town of Andover
August 15, 2023**

WHEREAS, the life and health of all persons living and traveling within the Town of Andover (“Andover”) is our utmost priority, and no one should be killed or seriously injured while traveling on our roads;

WHEREAS, Vision Zero is the concept that traffic deaths and serious injuries on our roadways are unacceptable;

WHEREAS, Vision Zero is a holistic strategy aimed at eliminating all traffic fatalities and severe injuries suffered by all road users while increasing safe, healthy, and equitable mobility for all;

WHEREAS, Vision Zero supports a paradigm shift by designing streets and transportation systems to move all people safely, including people of all ages and abilities, pedestrians, bicyclists, public transit users, and motorcyclists, as well as drivers and passengers of motor vehicles;

WHEREAS, Vision Zero recognizes that because people will sometimes make mistakes, the road system should be designed to ensure that those inevitable mistakes do not result in severe injuries or fatalities;

WHEREAS, Andover’s transportation infrastructure serves an increasing number of vulnerable road users such as pedestrians and bicyclists;

WHEREAS, making streets safer for all people using all modes of transportation will encourage people to travel on foot and by bicycle, which supports a healthier, more active lifestyle and reduces environmental pollution;

WHEREAS, Vision Zero resolutions have been adopted by many municipalities across the United States; and

WHEREAS, Andover has already adopted a townwide 25 MPH speed limit, identified actions to improve the safety of Elm Square, adopted a Complete Streets policy, and entered into a Memorandum of Understanding with the Merrimack Valley Planning Commission in which Vision Zero principles are incorporated into a Comprehensive Safety Action Plan.

NOW, THEREFORE, BE IT RESOLVED, by the Select Board of the Town of Andover, as follows:

Andover adopts the goal of zero traffic deaths and serious injuries on the belief that no loss of life or serious injury is acceptable on our streets, and Andover endorses Vision Zero as a comprehensive and holistic approach to achieving this goal.

PASSED AND ADOPTED by the Select Board of the Town of Andover, Massachusetts on August 15, 2023.

Melissa M. Danisch, Chair

Laura M. Gregory, Vice Chair

Christian Huntress, Member, Select Board

Ann W. Gilbert, Member, Select Board

Alexander J. Vispoli, Member, Select Board

JOHNSON & BORENSTEIN, LLC

ATTORNEYS AT LAW

12 Chestnut Street
Andover, MA 01810-3706
Tel: 978-475-4488
Fax: 978-475-6703
www.jbllclaw.com
mark@jbllclaw.com

Mark B. Johnson (MA, NH, DC)
Donald F. Borenstein (MA, ME, NH)

Keri M. Armstrong (MA, NH)
John M. Donnelly, Jr. (MA)
Gordon T. Glass (ME, MA)
Andrew T. Lechner (VT, MA, NH)

Of Counsel

Robert W. Lavoie (MA, NH)

Paralegals

Karen L. Bussell
Lianne Patenaude
Ellen M. Melvin
Tina M. Wilson

August 2, 2023

Hand Delivered

Andrew Flanagan, Town Manager
Town of Andover
36 Bartlet Street
Andover, MA 01810

Re: 300 Minuteman Road - Restriction

Dear Andrew:

Enclosed you will find the **original** of the Grant of Restrictions as to Activity Within Certain Wetlands and Wetland Buffer Areas.

I would appreciate your placing this on the next Select Board meeting.

Should you have any questions, please feel free to contact me.

Very truly yours,

JOHNSON & BORENSTEIN, LLC

Mark B. Johnson
by *KB*
Mark B. Johnson

MBJ~klb

Upon recording, mail to:

(SPACE ABOVE THIS LINE RESERVED FOR REGISTRY OF DEEDS USE)

**GRANT OF RESTRICTION AS TO ACTIVITY WITHIN
CERTAIN WETLANDS AND WETLANDS BUFFER AREAS**

Property Address: 300 Minuteman Park Road, Andover, Massachusetts

THIS GRANT OF RESTRICTION AS TO ACTIVITY WITHIN WETLANDS AND WETLANDS BUFFER AREAS (“**Grant of Restriction**”) is made this 17th day of July, 2023, by 300 Minuteman Park LLC, (“**Grantor**”).

WHEREAS, Grantor is the owner in fee simple of a parcel of land located at 300 Minuteman Park Road in Andover, Essex County, Massachusetts, as described in a deed from 300 Minuteman LLC to Grantor dated September 1, 2015, and recorded with the Essex North Registry of Deeds at Book 14367, Page 129 (“**Property**”); and

WHEREAS, the Property is also shown as Lot F-5-3 on a Plan entitled, “Plan of Land in Andover, MA – Division of Parcel ‘F-5-1’”, dated April 23, 2001, prepared by Chas. H. Sells, Inc., and recorded with Essex North District Registry of Deeds on June 20, 2001 as Plan #14037 and also shown on “Plan of Land of Restricted Areas, 300 Minuteman Road, Andover, Massachusetts, prepared for 300 Minuteman Park, LLC,” dated July 12, 2023, prepared by WSP USA inc and recorded herewith as Plan No. _____; and

WHEREAS, the Property is the subject of an Order of Conditions dated February 13, 2023 (“**Order of Conditions**”) issued by the Town of Andover Conservation Commission pursuant to the Massachusetts Wetlands Protection Act (“**Act**”) (MassDEP File #090-1385) and the Town of Andover Wetlands Bylaw (“**Bylaw**”). The Order of Conditions is recorded with Essex North Registry of Deeds at Book 17693, Page 274 which is incorporated herein by reference; and

WHEREAS, the Order of Conditions authorizes development of the Property in accordance with the findings and conditions set forth in the Order of Conditions, and the approved development is described and depicted on the set of approved plans listed in

“Section 8.a. List of Approved Plan Sheets” in the Order of Conditions (“**Approved Plans**”), which is incorporated herein by reference.

WHEREAS, Finding No. 8 in the Order of Conditions requires the Grantor to grant a restriction on the Property enforceable by the Town of Andover Conservation Commission prohibiting, except as authorized in the Order of Conditions, (i) future wetlands impacts or filling on the Property and (ii) prohibiting future expansion of the development footprint or impacts to the 25-foot No Disturbance Zone, the 50-foot No Structure Setback, and any portion of the Buffer Zone Enhancement Areas described in the Order of Conditions; and

NOW, THEREFORE, in accordance with Finding No. 8 in the Order of Conditions, Grantor GRANTS to the Town of Andover, a Massachusetts municipal corporation, having an address of 36 Bartlet Street, Andover, MA 01810, acting by and through its Conservation Commission (“**Grantee**”), this Grant of Restriction, the terms and conditions of which are as follows:

1. Prohibition. Except as authorized under the Order of Conditions, Grantor shall not undertake activity that impacts or fills wetlands, or expands the development footprint approved in the Order of Conditions, or alters the 25-foot No Disturbance Zone, the 50-foot No Structure Setback, and any portion of the Buffer Zone Enhancement Areas described in the Order of Conditions nor shall Grantor allow or cause any person to undertake such activity in those areas. The areas on the Property that are subject to these restrictions (“**Restricted Areas**”), consist of “Area A” containing 292,632± square feet, and “Area B” containing 34, 418± square feet, as shown and described by metes and bounds on a plan titled Plan of Restricted Areas, 300 Minuteman Road, Andover, Massachusetts, Prepared for 300 Minuteman Park LLC, dated July 12, 2023 prepared by WSP USA Inc., which is attached to and incorporated into this Grant of Restriction as **Exhibit A**. The Restricted Areas will also be demarked by no-disturbance zone markers as required in Finding No. 18 in the Order of Conditions.

2. Permitted Activities. Within the Restricted Areas, activities contemplated in or undertaken pursuant to, and in compliance with, the Order of Conditions or other necessary approvals are permitted, including without limitation the following:

A. Authorized mitigation activity, including wetlands replication area construction and monitoring and maintenance and buffer zone enhancement and maintenance activities within the areas depicted on the Approved Plans for those activities, and authorized invasive species management and monitoring;

B. Activity associated with the installation and use of the proposed utilities serving the Property as shown on the Approved Plans, including:

1. The construction, use, maintenance, repair and replacement of drainage and stormwater management features as shown on the Approved Plans;

2. The installation, use, construction, repair, replacement, maintenance and operation of overhead public and private utilities, including lines, wires, and cables strung upon and attached to poles installed in the ground, and any necessary anchors, guys and appurtenances and accessories thereto, within the area identified on Exhibit A as the “Proposed Easement ‘Z’ 30’ Wide Overhead Utility Corridor Easement” (“Overhead Utility Easement Area”). Activity permitted within this easement also includes the removal of trees, shrubs, bushes and other vegetation within Easement Z and the and pruning and trimming of branches extending into Easement Z, as may, in the opinion and judgment of the Grantor or any of its utility providers using this easement, interfere with the efficient and safe operation and maintenance of the utilities. In contemplation of or in connection with the installation of utilities within the Overhead Utility Easement Area, Grantor may grant to one or more utility providers easements for this purpose that authorizes activity consistent with this subparagraph B.2.

3. The construction, use, maintenance, repair and replacement of the sanitary sewer for the proposed facility on the Property as shown on the Approved Plans.

C. Activity associated with the maintenance and repair by the Grantor or others entitled to do so, or the Town of Andover, of the existing sewer trunk line within the 65-foot /85- foot utility easement that runs along the south and east sides of the Property, provided that the activity receive any necessary approvals under the Act and Bylaw, and subject to any such approvals.

D. Maintenance activity within the areas shown on Exhibit A as “Approximate Limit of 30’ Wide Ditch” and “5’ Wide Brook” that may be needed from time to time to maintain its designed flow, provided that the activity receive, and subject to, any necessary approvals under the Act and Bylaw.

E. Activities undertaken pursuant to and in accordance with pre-existing easements of record (“Pre-existing Easements”) in the Easement Areas depicted on the Approved Plans and as they may be relocated to accommodate the development approved in the Order of Conditions (“Pre-existing Easement Activities”), provided that the Pre-existing Easement Activities receive any necessary approvals under the Act and Bylaw, and subject to any such approvals. The Easement Areas are shown on Exhibit A and the Pre-existing Easements are listed on Exhibit B. If any area within the Restricted Areas is disturbed as a result of activity permitted under this subparagraph E, it must be restored to its pre-existing condition upon completion of the activity, including the planting of appropriate vegetation in accordance with the Approved Plans or as otherwise may be required by any approval under the Act and Bylaw, or by other applicable laws, authorizing the activity.

F. Any additional activities or incidental improvements not addressed in subparagraphs 2.A. through 2.E that are reasonably necessary or appropriate for the construction, use, operation, maintenance and repair of the development approved by the

Order of Conditions, provided that the activities or improvements receive any necessary approvals under the Act and Bylaw, and subject to any such approvals.

3. Enforceability. Grantee shall have the right to enforce this Restriction by appropriate legal proceedings and to obtain injunctive and other equitable relief against any violations, including, but not limited to, relief requiring restoration of the Property to its condition prior to such violations (it being agreed that the Grantee may have no adequate remedy at law), and shall be in addition to, and not limited to, any other rights and remedies available to the Grantee. Prior to instituting any action to enforce any violations of this Restriction, however, Grantee shall first notify Grantor and request that Grantor remedy the violation; if the violation is not remedied within sixty (60) days, then the parties shall make a good faith effort to mediate the dispute before enforcement action is commenced. The members, officers, employees and agents of the Grantee may enter upon the Property at reasonable times for the purpose of performing their duties under the Order of Conditions, the Act or the By-Law.

4. Successors and Assigns. This Restriction shall run with the land and shall be binding on Grantor's successors and assigns as owner(s) of the Property in perpetuity. Grantor and each successor owner shall be liable only for any violations of this Restriction that occur during each of their respective periods of ownership of the Property. The rights and obligations under this Restriction of any party holding an interest in the Property shall terminate upon transfer of that party's interest, except that liability for acts or omissions occurring prior to, transfer, and liability for the transfer itself, if the transfer is a violation this Restriction, shall survive the transfer.

5. Term. This Restriction shall run with the Property in perpetuity and shall survive the issuance of a Certificate of Compliance under the Order of Conditions by the Grantee, unless terminated or modified in writing by agreement of the parties.

6. Subsequent Transfers. Grantor agrees to incorporate by reference the terms of this Restriction in any deed or other legal instrument by which Grantor conveys any interest in all or a portion of the Property, including, without limitation, a leasehold interest. Grantor further agrees to give written notice to Grantee of the transfer of any interest within 30 days of the date of such transfer. Failure of Grantor to do so shall not impair the validity of this Restriction or limit its enforceability in any way.

7. Concurrence Presumed. It is agreed that:

- (i) Grantor, and all parties claiming by, through, or under the Grantor, shall be deemed to be in accord with the provisions of this document; and
- (ii) all such parties and any party claiming by, through or under them, and their respective agents, contractors, sub-contractors and employees, also agree that this Restriction herein established shall not be violated and that their respective interests in the Property shall be subject to the provision herein set forth.

8. Recordation. Grantor shall record this Restriction with the Essex North Registry of Deeds prior to commencement of any work or construction subject to the Order or any transfer of the Property which is the subject of this Restriction, whichever occurs

sooner. Grantor shall file with Grantee a certified Registry copy of this Restriction as recorded within thirty (30) days of its date of recordation.

9. Acceptance By its acceptance, Grantee does not undertake any liability or obligation relating to the condition of the Property, including compliance with hazardous materials or other environmental laws and regulations. Any forbearance by Grantee to exercise its rights under this Restriction shall not be deemed or constituted a waiver.

10. Estoppel Certificates. Upon request by Grantor, the Grantee shall, upon sixty (60) days' notice, execute and deliver to Grantor any document, including an estoppel certificate, which certifies Grantor's compliance with any obligation of Grantor contained in this Restriction, and which otherwise evidences the status of this Restriction, as Grantor may request.

11. Amendment. If circumstances arise under which an amendment to or a modification of this Restriction may be appropriate, Grantor and Grantee may by mutual consent amend any term or provision of this Grant of Restriction, provided that any such amendment, together with any approvals necessary to its effectiveness, be recorded with the Essex North District Registry of Deeds. Any amendment shall be consistent with the purposes of this Restriction.

12. Effective Date. Grantor and Grantee intend that this Restriction take effect upon being executed by Grantor, accepted by Grantee, and recorded with the Essex North Registry of Deeds.

13. Miscellaneous Provisions

A. Controlling Law. The interpretation and performance of this Restriction shall be governed by the laws of the Commonwealth of Massachusetts; and

B. Severability. If any court of competent jurisdiction determines that any provision of this Restriction shall to any extent be held invalid or unenforceable, that provision shall be deemed to have been modified automatically to conform to the requirements for validity and enforceability as determined by the court or tribunal and the remainder shall not be affected.

WITNESS the execution hereof under seal this 17th day of JULY, 2023.

GRANTOR: 300 Minuteman Park LLC

By 
John S. Grassi, Manager/Authorized Signatory

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

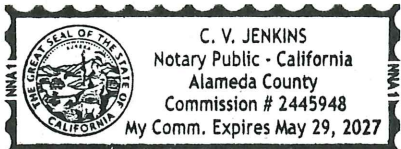
CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }
County of SAN FRANCISCO }

On JULY 17, 2023 before me, CANDYSE V JENKINS - NOTARY PUBLIC
Date Here Insert Name and Title of the Officer
personally appeared JOHN S. GRASSI
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature C.V. Jenkins
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.
Description of Attached Document GRANT OF RESTRICTION AS TO ACTIVITY WITHIN CERTAIN WETLANDS AND WETLANDS BUFFER AREAS
Title or Type of Document: 300 MINUTEMAN PARK ROAD, ANDOVER, MASSACHUSETTS
Document Date: JULY 17, 2023 Number of Pages: 10
Signer(s) Other Than Named Above: N/A
Capacity(ies) Claimed by Signer(s)
Signer's Name: JOHN S. GRASSI
Signer's Name:
[] Corporate Officer - Title(s):
[] Partner - [] Limited [] General
[] Individual [] Attorney in Fact
[] Trustee [] Guardian of Conservator
[X] Other: MANAGER AUTHORIZED SIGNATORY
Signer is Representing: SELF

State of _____

County of _____, ss:

On this ____ day of _____, 2023, before me, the undersigned notary public, personally appeared John S. Grassi, Manager/Authorized Signatory of 300 Minuteman Park, LLC, to me personally known or otherwise proved to me through satisfactory evidence of identification which were _____ to be the person whose name is signed on the preceding document or attached document, and acknowledged to me that he/she signed such document voluntarily for its stated purpose.

Notary Public:
My Commission Expires:

The Andover Conservation Commission does hereby approve and accept the foregoing Grant of Restriction as to Activity Within Certain Wetlands and Wetlands Buffer Areas:

[Signature] MCHANE Donald D. Lopez

[Signature]

Ellen Townson

Alysondra Driscoll

Date: July 18, 2023

COMMONWEALTH OF MASSACHUSETTS

Essex, ss.

On this 18th day of July, 2023, before me, the undersigned notary public, personally appeared Donald Cooper, Ellen Townson, Jan Hanna, Floyd Greenway, and proved to me through satisfactory evidence of identification which were known to me 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.

Alexandra Driscoll
Miranda Crave

[Signature]
Notary Public:
My Commission Expires: 8/15/2025

**APPROVAL AND ACCEPTANCE OF GRANT OF RESTRICTION AS TO
ACTIVITY WITHIN CERTAIN WETLANDS
AND WETLANDS BUFFER AREAS**

**The Town of Andover does hereby approve and accept the foregoing Grant of
Restriction as to Activity Within Certain Wetlands and Wetlands Buffer Areas**

Andover Select Board [Authorized Municipal Body/Officer(s)]

Date: _____

COMMONWEALTH OF MASSACHUSETTS

_____, ss.

On this _____ day of _____, 2023, before me, the undersigned notary public,
personally appeared _____

_____,
and 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 Public:
My Commission Expires:

EXHIBIT A

Plan of Restricted Areas, 300 Minuteman Road, Andover, Massachusetts, Prepared for 300 Minuteman Park LLC

EXHIBIT B

List of Pre-Existing Easements

1. Easement “D” 30-foot-wide multi-purpose utility easement (Essex North Registry of Deeds Book 4783, Page 22 and Plan # 13068).
2. Easement “L1” 30-foot-wide public access easement (Essex North Registry of Deeds Book 4783, Page 22 and Plan # 13069) containing bicycle easement (Essex North Registry of Deeds Book 6208, Page 122 and Plan # 14037).
3. 85-foot / 65-foot-wide drainage and utility easement (Essex North Registry of Deeds Book 1446, Page 265 and Plan # 8433).
4. Easement “Q” 24-foot-wide sign access and utility easement (Essex North Registry of Deeds Book 5816, Page 273 and Plan # 13793) (this easement will be relocated as a result of the work approved by the Order of Conditions)
5. Easement “G” Fiber Optic and Water Line Easement (Essex North Registry of Deeds Plans #13068 and 13069)

TOWN OF ANDOVER
CONFIRMATORY ORDER OF TAKING
TEMPORARY AND PERMANENT EASEMENTS
172 GREENWOOD ROAD

WHEREAS, THE INHABITANTS OF THE TOWN OF ANDOVER voted by a 2/3 vote declared by the Moderator, to approve a motion made under Article 26 at the Annual Town Meeting on May 2, 2023 to approve the Taking by Eminent Domain of Easements related to the Ledge Road Landfill:

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, a temporary construction easement and a permanent easement on the property known as 172 Greenwood Road, which easements are described as follows:.

PERPETUAL EASEMENT

In addition to, and not in limitation of, the rights granted in the Order of Taking by the Inhabitants of the Town of Andover dated April 24, 1972 and recorded with North Essex District Registry of Deeds in Book 1191, Page 656, the perpetual right and easement to locate, relocate, erect, construct, reconstruct, install, lay, dig up, operate, maintain, patrol, inspect, repair, replace, alter, change the location of, extend or remove one or more pipes for the drainage of surface water and all necessary and proper conduits, conductors, pipes, foundations, fittings, and fixtures and other apparatus, equipment and fixtures deemed necessary for the purposes specified above, as the Town of Andover may from time to time desire along, upon, under and across the land at 172 Greenwood Road located within the land shown as the area marked "50' Wide Drainage Easement, George H. Belanger, Jr. and Ida M. Belanger, former Boston & Maine R.R. Layout, Map 148, Lot 13," on Plan of Land entitled: "Plan of Drainage Easement, George H. Belanger, Jr. and Ida M. Belanger to Inhabitants of the Town of Andover, Massachusetts, Scale 1" = 40', March, 1972, John Avery, Jr., Town Engineer," recorded with North Essex District Registry of Deeds as Plan No. 6590 ("Easement Area"), and also shown on Land Court Plan No. 35854B as "Inhabitants of the Town of Andover Drain Easement."

This taking includes the perpetual right and easement at any time and from time to time and without any further payment therefor to cut and trim trees, brush, overhanging branches and other obstructions on said strip of land to the extent that the Town of Andover deems necessary to clear and keep clear and operate safely the said pipes; and the right to enter said Easement Area for access thereto for all the above purposes.

Such drainage pipe or pipes and each and every part thereof, whether fixed to the realty or not, shall be and remain the property of the Town of Andover.

TEMPORARY EASEMENT

The right and easement along, upon, above, under and across the Easement Area described above for the purpose of bringing and placing on said Easement Area all construction materials, personnel, tools, equipment, vehicles and appliances necessary to remove and dispose of waste located within the temporary construction easement area; without limitation, construct landfill features on Town of Andover property proximate to the Easement Area including but not limited to the landfill cap anchor trench, detention basins, berms, swales, landfill gas collector trench, landfill gas monitoring wells, and plantings; access other land of the Town of Andover property from the landfill property adjacent to the Easement area, transport arsenic-impacted and other wetland soils across the Easement Area from land of the Town of Andover west of the Easement Area to the landfill for disposal, and the right and easement to cut and trim trees, brush, overhanging branches and other obstructions to the extent that the Grantee deems necessary, and the right to enter said Easement Area for access thereto for all the above purposes.

This temporary construction easement shall automatically terminate and be of no further force and effect at such time as the Massachusetts Department of Environmental Protection accepts the Certification of the Landfill Closure, and the accepted Certification is recorded at the Registry of Deeds.

No damages are being paid for this taking. The Easement Area described in this Order of Taking is the same Easement Area shown on Plan No. 17559 recorded with the North Essex District Registry of Deeds and on Plan No. 6590 referenced herein which was the subject of the Order of Taking recorded with the North Essex District Registry of Deeds in Book 1191, Page 656.

This Confirmatory Order of Taking is to correct a spelling error in the name of the property owner of 172 Greenwood Road contained in the Order of Taking recorded on July 26, 2023 with the North Essex District Registry of Deeds in Book 17794, Page 338.

Parties in Interest

Hung Ngoc Nguyen
172 Greenwood Road
Andover, MA 01810, Owner
Book 16285, Page 157

Mortgage Electronic Registration Systems, Mortgagee
Book 16945, Page 95.

The Select Board of the Town of Andover, on behalf of the Inhabitants of the Town of Andover, having been duly authorized by vote of the Town of Andover Town Meeting and the Select Board, hereby execute this Confirmatory Taking on this 15 day of August, 2023.

THE INHABITANTS OF THE
TOWN OF ANDOVER
By its Select Board,
Having been duly authorized,

Melissa Danisch, Select Board Chair

Laura M. Gregory

Christian C. Huntress

Annie Gilbert

Alexander J. Vispoli

COMMONWEALTH OF MASSACHUSETTS

Essex, SS.

August 15, 2023

On this 15 day of August, 2023, before me, the undersigned notary public, personally appeared Melissa Danisch, Laura M. Gregory, Christian C. Huntress, Annie Gilbert and Alexander J. Vispoli, members of the Town of Andover Select Board who are personally known to me and who are the persons whose names are signed on the preceding document, and acknowledged to me that they signed it voluntarily for its stated purpose, as duly authorized by vote of the Select Board of the Town of Andover.

Notary Public
My Commission Expires:

Joint Meeting
Select Board and Finance Committee
Saturday, March 4, 2023 9:00 AM
Memorial Hall, Memorial Hall Library
2 North Main Street, Andover, MA 01810

I. Call to Order/Roll Call

Chairman Chris Huntress called the Joint Meeting to order at 9:00 AM. Members present from the Select Board: Roll call: Alex Vispoli-Y, Melissa Danisch-Y, A. Gilbert-Y,

Finance Committee Chair John Barry called the Finance Committee to order. Members present from the Finance Committee: Roll call: Paul Russo-Y, Paul Monticciolo-Y, Mary Ellen Logee-Y, Kevin O'Handley-Y, Paula Colby-Clements-Y, Paul McKay-Y, Ken Russo-Y.

Others Present: Town Manager Andrew Flanagan, Deputy Town Manager Michael Lindstrom, and Finance Director Donna Walsh.

II. Opening Ceremonies/Moment of Silence/Pledge of Allegiance

The meeting began with a Moment of Silence followed by a Salute to the Flag.

III. Opening Remarks

A. The Town Manager began the meeting with an overview of the FY-2023 budget goals which are to develop a budget that is within the limitations of Prop 2.5 and to maintain a level service budget, while identifying opportunities to improve service delivery through efficiency and commitment to collaboration and innovation and to maintain employee compensation in a manner that provides opportunities for equity through modest adjustments and that is consistent with the Town's long-term financial planning efforts. They are in the process of negotiations with all of the town units on new contracts.

They continue to aggressively manage employee benefits and associated impacts both long and short term and to identify opportunities to reduce the Town's unfunded liabilities including pension and OPEB Costs. The Water and Sewer Enterprise Fund also support the pension liabilities. We have the Pension Obligation Bond (POB) in place and will continue to develop a long-term financial model that provides for predictability and sustainability of operations. We have established a capital program based on an annual spending rate (5.72%) for capital capacity and to fund investments in both infrastructure and facilities within the limitations of Prop 2.5.

Revenue assumptions:

Tax levy to increase by 2.5% as allowed by Prop 2.5 plus new growth of \$1,931,422 projected and based on an adjusted 10-year average. Local receipts \$11,634,191 projection based on trend analysis on each individual category is reflective of reductions made as a result of Covid-19. State Aid projections of \$14,527,860 have been adjusted to reflect the Governor's budget; and Free Cash in the amount of \$1,870,340 which may go up a bit due to snow and ice, to be appropriated only for one-time capital expenditures while maintaining a balance that will provide for a stable amount of Free Cash in future years.

FY-2023 Expense Assumptions

Town and School Operating budgets to increase only by the amount of funds available after funding requirement and obligations. Retirement contribution will look a little different this year. The total will be \$6,253,955 per the existing funding schedule established by the Retirement Board. Debt Service for the POB will total \$11,325,290 for FY-2023. \$6.2M will be used for normal cost (pension line) and \$11,325,290 is a fixed amount that takes the place of the unfunded portion with \$502,481 appropriated from the stabilization fund and transferred to the Pension Obligation Reserve Account. The retirement contribution will look a little different this year because there was an amount that increased every year that was necessary to fund the unfunded portion by 2040 and it was the growth of that portion of pension appropriation that created the greatest challenge.

Employee Health Insurance expenses to decrease by 0.49%. Health care is expected to increase by 2.5% and the incremental savings in health insurance resulting from the OPEB Funding Plan will be appropriated into the Trust; the Town Budget will increase by 2.5%.

Capital Expenditures The total appropriation will be based on a percentage of the budget (5.55%). Total Town Budget to increase by 3.30% (2.7% employee contributions to the ULO account).

Explanation of Budget Changes in the FY-23 Budget

- School Committee budget: \$3,407,439 is an increase of 3.68% over FY 2022 budget.
- Information Technology beginning to move IT-2 for student devices out of the operating budget with funds from the School Dept being transferred to the IT Budget in the amount of \$363,025.
- Facilities: Funding for an additional custodian in the amount of \$55,715.
Compensation Fund: Available funds in the amount of \$695,013 for town union contracts.
- Wellness and Support Services Division increase of \$106,685 to transfer an existing position from the Police Department into this newly created Division
- Tax Implications projecting the annual single family tax bill will increase by 5.91%.
- Budget Development: Increase of \$376
- Senior Tax Exemption: Increase of \$13 subject to pending state legislature that may double the circuit breaker.
- West Elementary School Exempt Debt first payment due 0.20% or \$22.00.
- Pension Obligation Bond increase of 2.2% or \$244 of the overall increase.

All of the above items are subject to valuations and changes to the tax levy.

FTE Impacts: Requesting an increase of one FTE custodian (for a total of 9) as a result of major increases in the total square footage of Town Buildings and to provide adequate services to the newest facilities and those with the highest usage.

IV. FY2023 Budget Presentations

A. General Government

Town Manager / Other No substantial changes. FTE's remain the same at four employees. Increase for COLAS \$15,246, and expenses of \$43,500 is an increase of \$200 over last year.

Capital Budget request in the amount of \$50,000; Town Manager is recommending \$30,000 to complement funds from ARPA for capital projects.

Mr. Flanagan provided a brief review of the 2021-2022 proposed Town Manager and Select Board Goals and Objectives.

Mike Lindstrom reported on the proposal to move the Veteran Services Offices under the Town Manager's Office and located in the Robb Center. The rationale for changing the reporting line is due in terms to community events and with Community Services and DEI taking on two new services within their scope.

Veterans Services: Recommended Budget Total of \$192,171 includes salaries of \$99,771 and expenses of \$92,400 with one FTE and one part-time employee. Expenses regulated under MA State Law and reimbursed 75% by the State. Mark Comeiro, Director of Veteran Services, has been able to obtain over \$300,000 for Veteran services this year.

Sustainability: Recommended budget total of \$111,239 includes salaries of \$91,849 and Expenses of \$19,390. The Sustainability Dept. has one employee.

Capital Budget Recommendations for Climate and Sustainability is \$40,000 from General Fund Revenues. They completed phase one of the Climate Action Plan and the Climate Action Summit kick off is scheduled for April 8th.

Human Resources: Jess Porter, HR Director for the Town reported on the newly created HR department on the Town-side as a result of a split from the Joint HR Office with Town and Schools. Recommended budget of \$155,000 with Salaries of \$135,00 and expenses of \$20,000. The fulltime benefits manager is paid through the Health Trust Fund. They are doing a full overview of all current benefit offerings and providers to determine if employees and retirees are receiving equality care at affordable prices. They are excited of bringing a Vision Plan. A full comprehensive audit of the Health Insurance Plan will be conducted to insure there are not individuals on our plan who do not have the legal right to not be on our insurance plan. Working with the Director of Equity and Inclusion and actively involved with them on hiring and job descriptions as well as working on expanding training programs for employees. The \$20,000 for the audit is coming out of the Health Insurance Trust Fund.

Finance Department -Finance Administration:

Finance Director Donna Walsh reported on the expenses and capital budget requests for this department. Salaries -\$33,281. The decrease in salaries is due to charging .5 FTE to ARPA for the next two years. Expenses are increasing by \$7,000 for support services for MUNIS software. The total recommended budget is \$368,952 change of -\$26,281 over last year. There are 1.5 FTE's.

Accessor's Office: Salaries in this office is \$406,656 a decrease of \$-9,877 and expenses of \$2,500. No change in FTE's at 5.0.

Collector/Treasurer: increase of \$5,000 due to COLAs. No change in FTE's.

Central Purchasing (Town and School) 60% of the expenses are charged to Town and 40% to the School Department. FTE's of 1.6.

Town Accountant: No changes. Salaries of \$2,063 for 4.5 FTE's.

CIP Recommendation of \$15,000 for Munis Software Improvements and Patriot Accessing Software used by the Assessor in the amount of \$30,000 from the General Fund.

Goals: Report and manage the ARPA funds in accordance with Federal regulations (\$10.4M) tracking and reporting will be required. Implementation of Tyler Content Manager to facilitate a paperless environment. Preparing for and executing upgrade to Munis version to 2021 which is a major upgrade scheduled for October 2022. Significant testing and training must be done before and after the upgrade and they will solicit bids for banking services to reduce the numerous banks the Treasurer has to deal with, to save money by reducing fees.

Recommended budgets:

- Select Board - Budget of \$900. \$700 for Salaries and \$200 for expenses.
- Finance Committee – recommended budget of \$28,900,
- Commission on Disability of \$7,000 budget with \$1,200 for salaries and \$5,800 in expenses.
- Town Counsel budget of \$254,000; \$6,500 in salaries and \$247,000 for expenses.
- Central Services recommended Budget of \$100,700 an increase of \$4,000 for expenses.
- Employee Benefits Recommended budget of \$1,091,806 an increase of \$41,667 in accumulated employee benefits account for expected retirements.
- Damages to persons and property recommended budget of \$2,000. No change.
- Patriotic and Civic Celebrations recommended budget of \$30,000. No change.
- Fixed Costs – Retirements recommended budget of \$-6,253,955 a reduction of \$51.51% represents the appropriation for normal costs and the required allocation for the unfunded liability. The debt service associated with the pension obligation bond is funded through the Debt Service Account.
- Fixed Costs -OPEB- recommended budget of \$1,753,413 an increase of \$57,387. A 2.5% increase plus incremental savings in health insurance from the OPEN Funding Plan.
- Health Insurance. Recommended Budget of \$23,034,797 a reduction of -\$112,665 due to employees funding more of the share of health insurances. Total subscribers of 206 an increase of 39 participants.
- General Insurance predicting a 10% or \$124,000 increase for a recommended budget of \$1,364,000.
- Technical Schools. Greater Lawrence Tech School and Essex North Shore Agricultural: Due to an increase in student enrollment, the recommended budget is \$1,074,000 an increase of \$274,000.
- Debt Service Fund includes the pension obligation bond debt service. The total recommended budget is \$23,333,892 an increase of \$12,276,339.
- Unemployment Compensation Fund recommended budget of \$164,00 an increase of \$4,000.

- **Compensation Fund:** Includes fund for the settling of successor agreements with the Town's unions. No cost-of-living adjustments are reflected within the department budgets. Recommended budget of \$848,399 a change of \$693,013.
- **Reserve Fund** of \$200,000 per year with no changes.

Community Services: Jemma Lambert, Director

The Department is in transition and includes Elder Services, Recreation, Youth Services, Andover DIVERSE, Wellness and Support. The recommended budget for Administration is \$130,590 with \$140,590 in Salaries and \$10,000 for expenses.

Elder Services Total budget recommendation of \$736,763 includes salaries of \$637,863 an increase of \$12,279. There are 11.28 FTEs. Federal grants of \$3,000 are offset by -\$3,000 in Sale of Service.

Recreation Budget recommendation of \$178,249 a change of -\$37,506. \$483,480 recommended for salaries and \$226,300 in expenses. They have more programming and an all-time high participation rate. FTE's 5.5.

Youth Services recommended budget of \$505,733 which is an increase of \$650 over last year with Salaries of \$425,909 and expenses of \$126,824. There is no change in FTE's (5).

Andover DIVERSE recommended budget of \$96,273 includes \$90,273 in salaries (1 FTE) and \$6,000 in expenses.

Wellness & Support Division: new hire salary of \$100,885 and expenses of \$6,000 for a recommended budget of \$106,885. FTE's 1.0.

Goals and Actions: There are a lot of moving parts as they advance community driven initiatives and engagements with the goal of building a more inclusive Andover. Goals are to ensure that AYS maintains and builds a range of programs and services to support Andover's youth and their social and emotional well-being. In conjunction with Andover Police Department and other stakeholders, they will be establishing the Division of Wellness and Support Services. They continue to build upon organizational capacity to ensure the long-term success of the department. There is lots of work to be done with their leadership team and focusing on professional development for that group.

B. Public Safety

Police Department – Chief Keefe

Recommended salaries of \$7,032,892 and Expenses of \$903,018.

Transfer of one FTE to Wellness & Support Services Division

Total FTE's now stands at 59.0.

Total Recommended budget of \$7,875,910.

Dispatch: Replacing two resignations. Total budget recommended \$943,471 with \$914,471 in salaries for 11 FTE' and \$29,000 in expenses.

Parking Control: One resignation that has not been filled currently a .5 position. Recommended budget of -\$152,426. Total FTE's 1.5. \$95,426 for Salaries and \$57,000 in expenses with a -\$152,426 for reserve funds.

Animal Control: Recommended budget of \$79,673 with expenses of \$7,300 a total budget reduction of -\$3,632.00. Total FTE's 1.0.

Emergency Management recommended budget of \$23,500 an increase of \$1,500.

Capital Budget Recommendations \$205,00 for Police Vehicle Replacement.

Goals & Objectives:

- Implement Body Worn Camera Program, awarded a \$102,484 Grant.
- Staff the Department on the needs and wants of the Town and the Department to better serve the community.
- Start the process of being Nationally Accredited (CALEA Standards).
- Train, educate and mentor officers and staff to create an environment of lifelong learners who will continue to strive for excellence in their profession.
- Maintaining 100% department strength, although the last two years have been difficult.
- Increase the number of patrol officers from 38 to 42 over the next 4-5 years.
- Update existing Policies and Standards
- Ensure Officers are meeting mandatory training requirements under POST and Police Reform Bill. Continue to send staff to new and challenging training to better individual officers and staff to serve the community in multiple skill sets.

Fire Rescue – Chief Mansfield

Andover Fire Rescue. Salaries decreased by -0.19% due to the retirements and new hires coming in at a lower rate of pay. The Department has 70 FTE's (authorized to have 72) for a total recommended salary of \$8,611,698 for FY-23 and recommended expenses of \$612,050 an increase of \$40,500. Recommended Sale of Service for FY-23 \$1,300,000 a decrease of \$50,000 which includes an increase in ambulance billing revenue.

Expenses increased due to fixed costs; if not for grant funding, this number would be much higher. They have seen a 22% increase in the cost of protective garments and are also experiencing supply change issues.

Sale of Service comes from the Andover billing fees, with a change from \$1.25M to \$1.3M due to increased transport of patients that they were not allowed to transport as much during Covid. They are tracking to see how this trend will continue. They are also experiencing manpower issues and overtime needs. The number of incidents is putting a strain on their department, with only two full-time ambulances who each average 16 calls per day. Even with the increases in incidents, they have seen a decrease in the total budget by \$26,149. They will be coming before the Select Board to request an increase in ambulance billing fees.

CIP requests include: \$260,000 for Fire Apparatus Replacement. TM Recommendation of \$145,000 from Free Cash and requesting Multi-band Portable Radios at a cost of \$385,000. The Town Manager's recommendation is \$200,000 from General Fund Borrowing.

Goals & Objectives:

Funding for Multi-band portable radios for all Andover Fire Rescue personnel.

Develop specifications and begin the design of Engine 1 replacement.

Engage with Civil Service to begin the process of hiring a minimum of two personnel to fill existing vacancies.

Collaborate with Facilities to repair or enhance the operational and living conditions at the West and Central Fire Stations.

Assist with negotiating a successor agreement with IAFF Local 1658.

C. General Government

Community Development & Planning – Paul Matarazzo, Chris Clemente, Tom Carbone.

Salaries: Recommending \$2,084,409 which is an increase of 3.16%

Expenses: Recommending \$237,396 an increase of \$3,101

Reserve Funds are - \$25,000.

Total Requests of \$2,296,805, an increase of \$67,006.

They have 22.2 FTE's and are asking to change the part-time Land Manager to 1.0 FTE.

- CIP Recommendation of Conservation Land Management of \$15,000.
- Review of Andover Wetlands Protection By-law of \$20,000.
- Highlights: Historic Mill District coming to the goal line with the sale of the Old Town Yard with Minco Development. As a result of robust community conversation, the Town is poised to make its first investment at Essex St/Red Spring/ Shawsheen Road intersection reconstruction.
- Zoning Bylaw Re-codification is an on-going process over the past 18-months., providing a level of clarity to be able to respond to applications.
- Parking & Hardscape Improvement Project – working to finalize a bid going out for construction this summer that will provide an opportunity for the community to come together in a different way.
- Chandler Road Recreation Area. They are moving forward with next steps by engaging the community in what they would like to see by holding community conversations in-person and virtually.

Conservation Department – Bob Douglas

Community Engagement with Winterfest at Pomp's Pond, and the Fishing Derby held this winter. They are working to upgrade kiosks and making signage more consistent for the conservation properties. This year, they applied for and received an Municipal Vulnerability Preparedness Grant in the amount of \$131,700 for Shawsheen River Watershed Land Conservation Planning to plan for climate resilience and environmental justice. In conjunction with GLTS, they finalized the Merrimack River Reservation Concept Plan. They are putting more racks on the Merrimack River Reservation property for canoes and kayaks and clearing trails and looking at encroachments.

Building Department - Chris Clemente

They continue to be exceedingly busy adding new content to the Building Division webpage which is on-going. They are converting the permitting system to a new version which offers 100% of permitting to be done online and on-line approvals . In addition, they are coordinating a unified platform of multiple regulatory departments. They are also working on the process to identify, quantify, and periodically inspect specified occupancy per 780 CMR Table 100. They are also collaborating with consultants, the Planning Division, and other stakeholders on the the comprehension recodification of Article VIII- Zoning By-law. Out of the 10,000 permits from the Columbia Gas Disaster, there are approximately 300 permits open related to electrical permits that they are closing out with EverSource.

Public Health Division - Tom Carbone

They will be partnering with the Town of North Andover to put out a Health Needs Assessment and from there a plan will be developed on how to implement it. They have been able to convert health permits on-line and still working on adjustments to it. They are now through their first renewal system which was difficult they hope it will be less.

Immunization Clinics for COVID19. Weekly mini clinics were held for booster shots and the 1st and 2nd vaccine doses from December thru February. Planning is underway for regional clinics to be available when a second booster is available. They are working with neighboring Towns to continue to look to see how they can best serve the community. They have added three temporary personnel who are being paid through grant funding from the State.

Town Clerk – Melissa Ripley

Salaries down 1.09% due to seniority and staffing changes.

Expenses are up 17.62% because of the upcoming State Primaries and November Election. FTE's are still at 4.0 for a total salary expense of \$386,945 and expenses of \$92,400 for a total budget request of \$6,335.

They would like to stay with three polling locations this year and look further into making a change next year. New precinct maps will be distributed and available at the Library, Town Hall, and the Robb Center. The E-plus program allows them to check everyone in and in the right location and additional Poll Pads will be purchased resulting in the hire of fewer poll workers. They will continue to cross-train staff in the office to cover for existing personnel when needed and review training opportunities for all staff. They hope to increase the number of dog licenses that they receive.

Information Technology – Paul Puzanghera, CEO of IT

Total Recommended Salaries of \$2,112,453 an increase of 1.9% due to contractual agreements. Recommended expenses of \$848,550 an increase of 61.37% for a total budget recommendation of \$2,961,003 with 21.5 FTE's for FY-23 an increase of .5.

Highlights:

- Funding for Student Devices of \$250,000 will be transferred from the School Dept Budget into the IT budget.
- Procured additional computers for students through the CARES Act during the pandemic.

Capital Budget Recommendations:

- Updates to Annual Staff Device Refresh \$379,363 from Free Cash.
- Annual Student Device Refresh budget recommendation for FY-23 is \$436,477 from Free Cash.
- IT Platforms and Infrastructure budget recommendation for FY-23 is \$450,000 (of their request of \$799,500) from Free Cash.

Last year, they began the migration from Office 365 to the Cloud with 100% of users now in the Cloud and will begin the process of reducing the footprint of the two Data Centers. The focus is on improving collaboration ability for information purposes and linkage. Video conference needs grew throughout the pandemic. They will begin to deploy the one-touch video for all conference rooms.

Cyber-security: They participated in a Cyber-audit and have completed the first round of training with significant efforts in all dimensions of cyber resiliency, backup and ransomware protection.

Data Center Upgrade right size computer/server footprint as more workloads move to the Cloud. They are moving to digitize all of the management documents and upgrading the current Laserfiche equipment and starting to digitize all historical records. This will be a multiyear project that will touch all town/school departments.

Critical updates: Major update to MUNIS moving to the Cloud and Town and School Web Sites separating out a new intranet.

D. Library Services – Barbara McNamara, Library Director

Recommended Salaries	\$2,307,538	increase of .61%	\$14,172
Recommended Expenses	\$660,687	Increase of .87%	\$ 5,750

Budget reduction of \$8,422 due to reduction in salaries, and an increase in digital service requests. There are no capital requests this year. Their goal for this is year is to work on a 5-year Strategic Plan required by the State in order to access grant funding. They are preparing to build Makers Space on the ground floor that is both visible and accessible. They have completed the Diversity Audit and are updating the lists of books to ensure they include diverse books and continuing their work on Social Injustice and Creative Conversations. They have had a year of staff changeover and she recognized Jess Porter for assisting her in this process.

Facilities Janet Nicosia, Director of Facilities

Facilities Administration. FTE's 8.0

Salaries	\$783,130	Change of -\$11,822
Expenses	\$80,350	Change of \$7,400

Facility Services FTE's 10.0*

Salaries	\$ 655,838	Increase of \$55,715
Expenses	\$ 345,500	Decrease of \$53,500
Sale of Service	-\$ 40,000	Change of -\$20,000
AYF Gift	<u>-\$ 8,000</u>	No change
TOTAL	\$953,338	Recommended budget for FY-23

*They are requesting one additional FTE for custodial services. They want to provide custodial services at Youth Services and for the night program at the Robb Center so they can have custodial staff in the immediate area. This would bring the total FTE's for Facility Services to 10.0. The AYF Gift of \$8,000 to Youth Services comes from the \$30,000 yearly donation to the Town and is an offset for the Dept of Facilities servicing the Center.

Facilities Building Maintenance

Facilities Street Lighting \$75,000. Reduction of \$(15,000)

They are looking to adding some street lights in Town for walkability and it has been much easier to replace since going to LED Lighting. They had one FTE transfer to Mechanical Division from the Electrical Division. They have been using a professional estimator to keep track of inventory and increase of costs due to delay in the supply chain.

Recommending 5.5 FTE's for FY-23

Salaries	\$419,087	Decrease of \$-76,317
Expenses	<u>\$357,000</u>	Increase of \$33,000
Total	\$819,404	Total change of \$-43,317

Mechanical/Electrical

Recommended Salaries	\$734,036	Increase of \$116,179	*FTE's 9.0
Recommended Expenses	<u>\$497,000</u>	Increase of \$57,500	
FY-23 Recommended Budget	\$173,679		

*Includes one FTE transfer from Building Maintenance

CIP requests:

\$ 444,000	Building Division for Town Projects
\$. 345,000	Mechanical & Electrical Division for Town Projects
\$. 100,000	Town and School Security Projects
\$ 65,000	Town Vehicle Replacement
\$. 550,000	Town Parks and Playground Equipment
\$1,600,000	Major Town Projects
\$ 90,000	Town & School Energy Projects

Major School Projects

SCH-I	\$ 870,000	Projects by building totals \$401,500.
SCH-5	\$1,750,000	Major School Projects

Goals & Objectives

- WESP School Building Project: Control costs and maintain budget. Work is on-going and entering construction phase in April 2022.
- DMS Elevator construction planning and continued implementation for closed captioning assisted listening devices in all major meeting rooms.
- Meet needs of citizens of all abilities to engage in the government process by making enhancements and ADA compliance, major construction projects are underway.
- Staff completion of the Level 2 Community Access Monitor Program from the Massachusetts Office on Disability so that we can continue to be a voice for people with disabilities.
- Manage the procurement and construction of the Town's first municipal rooftop solar array to be installed at Sanborn Elementary School.
- Continue to improve safety and security with enhancements to security systems, alarms.
- Continue to deliver excellence in building maintenance, keeping pace with changing needs, codes and requirements.

E. **Public Works** Chris Cronin, Director

FY-23 Recommended Budget

Administration: FTE's 2.0

Salaries	\$245,007	Expense \$9,150	\$ 254,157
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Business Office: FTE's 3.1

Salaries	\$273,834	Expenses \$3,000	\$ 3,912
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<u>Engineering</u>	FTE's 3.0		
Salaries	\$325,962	Expenses \$10,000	\$ 13,294
<u>Public Works</u>	FTE's 15.5		
Salaries	\$1,231,728	Expenses \$523,400	\$1,755,128
<u>Snow & Ice</u>			
Salaries	\$198,000	Expenses \$1,049,000	\$1,247,000
<u>Solid Waste:</u>			
Salaries	\$ 8,510	Expenses \$3,399,555	\$3,408,065
<u>Forestry:</u>	FTE's 4.0		
Salaries	\$321,391	Expenses \$111,150	\$. 432,541
<u>Spring Grove Cemetery</u>	FTE's 3.0		
Salaries:	\$234,584	Expenses \$44,645	
Sale of Service	\$-60,000		\$. 2,372
<u>Parks & Grounds</u>	FTE's 7.5		
Salaries	\$650,635	Expenses \$150,350	\$. 800,895
<u>Vehicle Maintenance</u>	FTE's 4.0		
Salaries	\$344,632	Expenses \$460,000	\$. 804,832
<u>Sewer</u>	FTE's 4.0		
Salaries	\$357,873	Expenses \$2,978,124	
		Sewer Debt Service \$1,602,416	\$ 4,938,413
<u>Water</u>	FTE's 23.0		
Salaries	\$2,343,272	Expenses \$3,926,102	
		Water Debt Service \$3,801,472	\$10,070,846

They are having trouble with expenses due to the uncertainties of where they are. There are few changes in administrative costs.

Business Office. \$3,000 increase in expenses for office supplies

Engineering: \$10,000 to meet storm water management requirements

Highway: No significant change.

Snow/Ice Due to the increase in ice and increased snowplow rates there will be a significant deficit in this account.

Solid Waste. Recycling is reduced.

Forestry: Salaries additional \$10,000 in overtime

Spring Grove: No change

Parks & Grounds: \$7,500 increase to keep the downtown holiday decorations going.

Public Works Vehicle Maintenance – two retirements reflect the difference in salaries.

Sewer: Debt Service for Sewer is decreasing.

Water: I s a bit of a challenge – expenses in increased chemicals and utilities

Capital Improvements:

Chapter 90 road work \$1,364,279: Minor Road work \$250,000 Town Sidewalks \$850,000.

Public Works vehicles small \$150,000 Large Vehicles: \$400,000.

Water & Sewer Vehicles \$350,000.

Water Main Replacement Project (WEB) \$6,000,000.

Spring Grove Cemetery Improvements. \$20,000.

Dale Street Pumping Station (SEB) \$210,000

Parks & Grounds

Goals & Objectives

Replacing all lead service lines in the Andover Water Distribution System. The DEP is not telling us how to pay for the replacement, but that they have to be replaced and have been working with them to develop a draft replacement plan. Every home owner in Town has been alerted.

Maintaining the highways in Andover. Public Works continues to pave the roads within the gas impacted areas completing approximately 60% and on progress to complete all within the timeline.

Adopt a new comprehensive sidewalk master plan they have completed the Sidewalk Master Plan and develop and adopt a Complete Streets Policy.

They have increased the capacity of the Water Treatment Plan

V. Adjourn

Select Board Chair Chris Huntress thanked everyone for their efforts today.

At 1:45 P.M. on a motion by Alex Vispoli and seconded by Annie Gilbert the Select Board voted 4-0 to adjourn the meeting of Saturday, April 2, 2022.

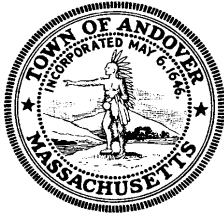
Finance Committee: On a motion by Kevin O’Handley and seconded by Paul McKay, the Select Board voted 4-0 to adjourn.

Respectfully submitted,

Dee DeLorenzo
Recording Secretary

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



Select Board and Water Commission Meeting

Wednesday, April 12, 2023

6:30 PM Executive Session

7:15 PM Regular Session (please note change in start time of regular session)

The Robb Center Lifelong Learning Room

30 Whittier Court, Andover, MA 01810

I. Call to Order – 6:30 P.M.

Chair Vispoli opened the Select Board Meeting at 6:30 PM.

Members in attendance: Melissa Danisch, Chris Huntress, Laura Gregory, Annie Gilbert.

Others in attendance: Atty. Tom Urbelis, Town Manager, Andrew Flanagan, Deputy Town Manager, Mike Lindstrom.

II. Executive Session

On a motion by Melissa Danisch and seconded by Laura Gregory, for the Board to enter into Executive Session Board pursuant to Purpose 6 to discuss the purchase, exchange, lease, or value of real property, and pursuant to Purpose 7 to comply with, or act under the authority of, any general or special law or federal grant-in-aid requirements (Open Meeting Law, G.L. c. 30A, s. 22); specifically, to perform a review and approval of executive session minutes from 2015 - 2017 and to determine whether all or portions thereof may be publicly released, and the approval and release of the Executive Session Meeting Minutes of March 13, 2023; and to return to Open Session. Roll call: M. Danisch-Y, L. Gregory-Y, A. Gilbert-Y, C. Huntress-Y, M. Danisch-Y and A. Vispoli-Y. Motion passes 5-0.

III. Opening Ceremonies - Regular Meeting resumed at 7:52 PM

Moment of Silence/Pledge of Allegiance

The meeting began with a Moment of Silence dedicated to Doug Gallagher who recently passed away.

A. Proclamation for Commemoration of the Armenian Genocide

Chair Vispoli welcomed the residents and neighbors from the Armenian Community who are present tonight. The Proclamation, read by Chair Vispoli, recognizes the Armenians who fled the increasing oppression from the Armenian Government during the 20th Century, coming to American in search of freedom where they could live in dignity without fear and oppression. The Andover Select Board issues this proclamation in remembrance of the Armenian Genocide of 1915 and urged all residents to take part in this observance. All five members of the Board have signed the Proclamation. Representatives from the Armenian Community thanked the Board for their support of their cause.

IV. Communications/Announcements/Liaison Reports

Atty. Tom Urbelis reported that the remote meeting extension has been signed by the Governor. Remote meetings are now extended to March 31, 2025

Melissa Danish reported that she and Annie Gilbert attended the read-along at Bancroft which was a great success and recognized Mr. McCall's third grade class.

In addition, Melissa reported that she attended the Shawsheen River Master Plan Forum that was held at Memorial Hall Library this week. It was a good opportunity for people to see the process and the plans coming together in drafts and having different people tease out some areas to get the plans where they need to be.

Annie Gilbert mentioned that the upgrades to the meetings on AndoverTV have been completed and now it is very easy to jump to the portion of the meeting you want to watch. The agenda items are displayed to the right of the screen to help residents engage with what goes on with all the Town boards and committees.

Alex Vispoli recognized the DPW on their website that now allows you to jump right to the work order to report a claim, i.e. pothole, etc. that allows the DPW workers to quickly respond. Alex has received positive comments from residents who have used it.

V. Citizens Petitions and Presentations

Stephen Walther, 83 Morton Street spoke about his concern with the Town not complying with the Public Records Law, in particular releasing the Executive Session meeting minutes. The law requires the minutes be released and made public and the cost to obtain the minutes be reasonable. This sustained non-compliance over many years is a form of gross negligence and he would like to know who is accountable for compliance with this law. The law stipulates prompt public release of meeting minutes as soon as the reason for the closed session has expired.

Austin Simko reported that this is complicated because there are two laws involved; the Open Meeting Law and the Public Records Law. To say that a set of Executive Session Minutes should be available, not available, or redacted is a level of analysis that happens under the Open Meeting Law, but then a secondary analysis has to happen and a change in redactions considered, based on the point in time that a set of minutes has been requested under the Public Records Law. He does not believe that Executive Session Minutes are required to be posted online. In response to public records requests, the Select Board holds an Executive Session to vote on a level of redaction that is appropriate for this point in time prior to releasing.

Kevin Coffey, One Stafford Lane, is requesting that the Board consider establishing public policies for a couple of areas that are important to the Town. One being the debt ceiling topic relative to consideration of the new high school. There ought not to be a presumption about what the debt ceiling should be or work toward raising the debt ceiling absent a policy decision and/or a Town Meeting vote. In addition, regarding the citizen participation for the MBTA Working Group for Community Zoning, it wasn't clear how and when that group was going to be made and how many people would be needed to form the group. The scope of this issue might warrant some policy discussion and decision from the Board to guide the formation of the working group(s).

Alex Vispoli said that the Board has not really discussed the debt limit and is unaware of what the criteria is for the MBTA Working Group. The Town Manager said they can provide some clarification on these two items.

Kathy Grant, Morton Street, Andover suggested the speed limit on Shawsheen Road by West Middle and AHS be reduced from 40-mph to 25-mph. The 20-mph is only for when school is in session. The Town Manager will look into this request.

VI. Regular Business

Reorganization of the Board

Board to elect a Chair, Vice Chair and Clerk for 2023-2024 to be effective following the 2023 Annual Town Meeting.

Laura Gregory nominated Melissa Danisch as Chair of the Select Board for 2023-2024. Motion seconded by Annie Gilbert and voted 5-0 to approve. Melissa accepted the nomination.

Melissa Danisch nominated Laura Gregory as Vice-Chair of the Select Board for 2023-2024. Motion seconded by Annie Gilbert and voted 4-1 to approve. Laura Gregory accepted the nomination.

Annie Gilbert moved to nominate Chris Huntress as Clerk of the Select Board for 2023-2024. Motion seconded by Alex Vispoli and voted 5-0 to approve. Chris Huntress accepted the nomination.

A. Update on Indigenous People & Columbus Day Discussion

Board to consider endorsing the Town Manager's plan for facilitating a discussion and presenting a potential recommendation.

The Town Manager said the idea was to put together a working group that he would facilitate with representation from the DEI Commission, and the Knights of Columbus with the goal of coming up with an agreement on how to proceed that everyone would feel good about bringing back to the Board. He has met with representatives from the Knights of Columbus. Laura Gregory said the DEI Commission discussed this at their meeting last night and they felt that there should be equal representation from indigenous Peoples on the Committee. The Town Manager is open to any suggestions for inclusion of others in this group. Alex Vispoli said the Italian American Community would like to be part of the discussion as well. Alex looks forward to receiving and voting on the framework for the Committee at the Board's next meeting.

B. Town Tree Removals and Replacement Policy – 1st Reading

Board to review a policy on town tree removals and replacements.

The Chair recognized Randy Hanson and Susan Stott who first brought this to the attention of the Board. Mike Lindstrom provided a presentation on the Town Tree

Removal and Replacement Policy. This is a culmination of about a year’s work with many volunteers and Town Staff to arrive at this policy.

The focus of the Town Tree Policy is to create a committee to develop a Policy to build a foundation of shared goals and objectives that will protect and enhance our public shade trees. The presentation provided information on the benefits of a Town Tree Policy, goals of the policy, and to share the Tree Inventory Management Plan. The main objective is to increase partnership with residents, improve the notification system through the use of door hangers and to educate residents on tree options. In addition the goals include implementing a replacement schedule timeline of no longer than two years and creates a donation account for groups who may want to donate to a Town Tree Fund and the creation of a Tree Committee. Mike recognized DPW Director Chris Cronin and members of the department who participated in this endeavor.

C. [Water Rates – 1st Reading](#)

The Board as Water Commissioners heard a presentation by the Town Manager on water rates. Andrew Flanagan recognized Patrick Lawlor for his work on this plan.

The presentation by the Town Manager included the following objectives:

- Continuation of the Rate Plan of the Accelerated Water Main Replacement Program.
- Maintaining Service and Capital Investment levels throughout record inflation
- Continue to alleviate discolored water reports.
- Leverage Agreement with North Reading to support capital improvements.
- Mitigate residential water rate increases (adding two tiers to the rate plan related to high volume users).
- Maintain high value for cost with a rate plan recommendation, Andover’s water costs remain among the lowest in the region.

The current rate plan was adopted in 2019 and has planned annual rate increases of 3.5% through 2028. This rate plan would not meet current costs of chemicals and additional capital needs including continued accelerated water main replacements, lead service line replacements, SCADA system upgrades, and routine capital maintenance at the Water Treatment Plant.

~Value of Rate Increases and Fixed Costs: 1% Rate Increases Value \$82,083

Major Expense Areas	<u>FY2024 Impact</u>	<u>Rate% to Fund</u>
Chemicals	\$490,000	5.96%
Water Main Improv. Debt Service	\$470,000	5.72%
Treatment Plant Maintenance	\$300,000	3.65%

~Proposed Rate Plan (see presentation above)

Adding two tiers to the rate plan will impact 12.2% of existing water users with the highest consumption and adjusting the rates would increase the average bill by \$25.04 or 9%.

Breakdown of Tiers and Consumption Levels includes the three current tiers and the additional two proposed tiers that would apply to both residential and commercial users.

Value of Additional Tiers

<u>FY-2024</u>	<u>FY-2025</u>	<u>FY-2026</u>	<u>FY-2027</u>	<u>FY-2028.</u>	<u>FY-2029</u>
\$1,428,584	1,603,351	\$1,731,619	\$1,870,148	\$1,963,65	\$2,061,838

Generated from about 12% of existing customers.

Comparable Average Water Bills

After applying the 2024 rate increase, the average water bill in Andover is projected to be \$494.69. Andover's average projected water bill is the lowest in the region and comparable AAA suburban communities which averages \$683.23. (Haverhill, Billerica, and Lawrence are less than Andover).

Impact of North Reading Water Agreement

The agreement states that they pay 95% of Andover's Tier One rate, provided that the annual increase in the rate charged to North Reading shall not exceed 2.5% for the first 10-years of the Agreement. In FY-2029, North Reading will pay Andover 95% of its Tier 1 rate, inclusive of any increases in excess of the 2.5% annual increases (they have built out their 10 years at the rate of 2.5%).

In FY-2029, Andover's Tier 1 rate will be \$5.41 per HCF. North Reading will be subject to a rate of \$5.14 per HCF, a 42% increase over their effective FY-2028 rate. In year 11 of their agreement, their rate will have to be adjusted.

For FY-2022, North Reading's water bill totaled \$2,139,940. The incremental cost of providing water to North Reading including overtime, electricity, chemicals and contractual credits is estimated to total \$606,573 for FY-2024, for a net estimated revenue of \$1,533,367 (assuming no consumption growth).

Without North Reading as a water customer, Andover rate payers would see an increase of 19%. The presentation included the cost of replacing the Fish Brook Pump Station (capital project) in the amount of \$15M and the annual debt service of just under \$1,175,000. Additional revenue from North Reading of \$1,282,923 reduces the impact to the Andover Ratee Payers of (\$107,923). Fish Brook pumps into Haggetts Pond, from the Merrimack River. They are comfortable that the pump station will last until 2029.]

VII. Consent Agenda

A. Appointments by the Town Manager

Annie Gilbert moved that the following appointment by the Town Manager be approved. Motion seconded by Laura Gregory and voted 5-0 to approve.

Department	Name	Position	Rate/Term	Date of Hire
Town Seal Review Committee	Austin Simko	Member	Term Expires 6/30/2024	4/12/2023

VIII. 2023 Select Board Meetings

A. The Board agreed to meet on May 15, 2023.

IX. Approval of Minutes

A. Board to approve minutes from the following meetings:

1. Regular Session Meeting of February 27, 2023 to approve and release,

Annie Gilbert moved to approve and release the Select Board Minutes of February 27, 2023. Motion seconded by Melissa Danisch and voted 5-0 to approve.

X. Adjourn

At 9:03 PM on a motion by Melissa Danisch and seconded by Laura Gregory, the Select Board voted 5-0 to adjourn the meeting of April 12, 2023.

Respectfully submitted
 Dee DeLorenzo
 Recording Secretary

Presentations:

~Indigenous People’s and Columbus Day

~Town Tree Policy

~Water Rate Plan



Select Board Meeting

Monday, June 5, 2023

6:30 PM

6:30 PM Executive Session

7:00 PM Regular Session

School Committee Room, School Administration Building

30 Whittier Court, Andover, MA 01810

I. Call to Order – 6:30 P.M.

The Chair, Melissa Danisch opened the meeting in the School Committee Room at 6:30 PM. Members in attendance: Laura Gregory, Vice-Chair, Chris Huntress, Clerk, Annie Gilbert, and Alex Vispoli.

Others in Attendance: Town Manager Andrew Flanagan, Deputy Town Manager Mike Lindstrom, Town Manager/Town Clerk Austin Simko, and Town Counsel, Tom Urbelis.

II. Executive Session

On a motion by Annie Gilbert and seconded by Chris Huntress, the Board voted to go into Executive Session pursuant to purpose 3, to discuss strategy with respect to litigation filed by Fusion Learning, and for the Board to vote to approve and not release Executive Session Minutes of April 12, 2023, April 24, 2023 and May 15, 2023; and that the Chair declare that an open session may have a detrimental effect on the litigation position of the Town and to return to open session. The Chair declared that an open session would have a detrimental position of the Town. Motion seconded by Alex Vispoli. Roll call vote: Laura Gregory-Y, Annie Gilbert-Y, Alex Vispoli-Y, Chris Huntress-Y, Melissa Danisch-Y. Motion passes 5-0.

III. Opening Ceremonies

The Chair opened the Regular Session at 7:00 PM.

A. Moment of Silence/Pledge of Allegiance

The meeting began with a Moment of Silence followed by the Pledge of Allegiance.

IV. Communications/Announcements/Liaison Reports

Mike Lindstrom reported that Parking Lots 1 and 2 are under reconstruction with Lot 2 reopening this week until July 1st at which time it will go off-line; the project should be completed by the end of September. The ADA and conference room expansion of the Town Offices located on the third floor will be emptied out tomorrow for sprinkler installation. The project will add conference room space and enhance the Select Board Meeting Room for more capacity and ADA accommodations. Various Town Offices will move to other locations for the duration of the project.

Mr. Lindstrom also reported that the MBTA Community Zoning Visioning Session will be held on Wednesday, June 7th at 6:30 PM at the Memorial Hall Library. Paul Materazzo, Director of Planning, has interviewed a wide range of people to be part of the working group and names have been sent to the Town Manager and members chosen this week.

The Elm Square Traffic Study Forum will be held on Thursday, June 8th at the WWI Memorial Auditorium. This will be a listening session to discuss goals of the study, timelines, as well as an opportunity for people to talk about concerns and potential improvements and what some of the current intersections look like. Representatives from Town Departments, Mass DOT, Andover Police, Town engineers will be in attendance.

Austin Simko reported that the Town Seal Review Committee held a forum on May 23rd to review the history of the seal. They have reviewed the survey results on alternatives, aesthetic factors, and took input from the public. The three mock-ups developed will be analyzed and one option will be chosen and presented to the community for consideration at the 2024 Town Meeting. No decision has been made at this time.

Alex Vispoli recognized Donna Walsh, former Director of Finance, Town Counsel Tom Urbelis, Chief Assessor David Billard, and Andover Police and Fire Rescue who were honored by the Chamber of Commerce last week.

Laura Gregory participated in the Zero-Waste Day held on Saturday which was very well attended and the trucks were full. This was the first Zero Waste Day held since the pandemic.

Melissa Danisch said the CRT and Electronics Collection Day is scheduled for June 10th. The sign-ups were filled this weekend, but there are other opportunities for recycling and solid waste disposal. For more information you can get the App Andover SW or go to Andover 311. On Sunday, Melissa and Mike Lindstrom participated in the LGBTQ+ Pride Month Celebration that included a parade and picnic. Melissa thanked the local groups and staff from Memorial Hall Library and the Robb Center for participating in the picnic. In addition, Melissa said the Memorial Day observances were wonderful.

V. Citizens Petitions and Presentations

Eric Olson, 16 High Street, thanked the Community, the Board, Town Administrators, and the Police Chief and everyone who has been collaborating with his family on the tragic loss of their five-year old daughter, Sydney, on May 9th. Mr. Olson read a statement regarding the incident that took place in the downtown crosswalk and conversations on safety downtown. The pace of the progress on pedestrian safety hasn't kept up with the changes in the community. They know there are solutions to the problem and we can all do better.

Andover is working collaboratively to hold drivers accountable through the use of video surveillance and designing roads to allow for more space for walking and for cyclists and less space for the big dangerous vehicles that lead to accidents. There are several things that can be done that include committing to zero fatalities and serious injuries and committing to a standard like Vision Zero, which is a common non-profit based standard that we can align to as part of Andover's existing five-year complete Streets Policy. Work with the State to broaden the road safety audit to include more of the downtown and pull in the right stakeholders. The Town can commit to addressing the intersection by pulling the stop line back a few feet, improving timing of the lights, assigning police to the area during the busiest times of the day, and to approve awareness of reduction of speed limits in that area.

Elise Andrews, 21 Sheridan Road, said that a group of parents of Sydney's classmates have formed "Sydney's Rainbows" to ensure people of all ages are safe on our streets, to partner with the Town and State on the Elm Square Project and to advocate for sensible short-term changes to fix known safety issues in downtown Andover. They are asking the Town to move the vehicle stop lines back farther from crosswalks, adding flex posts to slow speeds and eliminating turns through intersections when pedestrians have a walk sign, and to have police details posted at Elm Square and other areas during peak traffic times and improve awareness and enforcement of speed limits on High Street, Elm Street, and Central Street with speed bumps, signage and radar signs. Elise is asking the Select Board to make these changes immediately and to work with other organizations to keep everyone in Andover safe.

Katie Carbone, 28 Mohawk Road, detailed the work that the group of parent volunteers have accomplished over the past four weeks. They have immersed themselves in the technical world of Massachusetts pedestrian and traffic safety information, reviewed safety plans of other towns like Andover to get ideas on what can be implemented here, walked through the Town multiple times, engaged transportation experts, crafted and disseminated safety recommendations via opinion pieces and created Instagram and Facebook pages for Sydney's Rainbows to share updates with the community moving forward.

On behalf of the Board, Melissa Danisch thanked Eric Olson, friends and families for coming forward during this difficult time and striking this tone of collaboration and community to come together to make Andover better. The forum will be held on Thursday at the WWI Auditorium.

Alex Vispoli asked the Town Manager how long it will take to take enact some of the suggestions brought forward tonight. The Town Manager said that he and Chief Keefe met with Mr. Olson and discussed some of the short-term potential changes that could be accomplished relative to the stop line and police presence in the downtown area at high traffic times. More information on the process will be shared at the meeting on Thursday night.

Kathy Grant, Morton Street, is concerned about the letter sent to the Town in December 2022 warning that Andover's bond rating would be decreased if the Andover High School Project was funded. She asked if the Board knew about this and if not, why not. Citizens voted on warrant articles not knowing information on the Town's proposed weakened bond rating if we go forward with the AHS Project. She suggested that all letters from bond companies be sent to the Select Board and Finance Committee and posted on the Town website within 10-business days. A lower bond rating means higher taxes for everyone.

The Town Manager said that approximately 60 public meetings about the Pension Obligation Bond (POB) were held prior to Town Meeting approval and included great detail about how not moving forward with the POB Plan would impact the bond rating; one of the main components of the Plan. The Town Manager said quotes from the S&P letter about the Town's debt profile were shown on the screen at Town Meeting, and he talked about the potential impacts to the bond rating at that time. He shared the letters from S&P with the

Select Board, the Finance Committee, and posted them on the Town website under Budget & Finance. Specific to the AHS Project, he talked about the potential impact to the bond rating at several of the Select Board Meetings.

Kristen Wise, Inwood Lane, asked if the Charter change at Town Meeting has to be a two-thirds majority or a super-majority vote (Chapter 34 B Section 10). Tom Urbelis responded that as a general matter, those kinds of articles that request special legislation are a majority which is why he asked for a standing vote at Town meeting so that they who are writing the legislation then make a determination as to whether the appropriate quantity of votes has been met. Atty. Urbelis said the vote on the residency was not a majority by 2/3 vote.

Kristen Wise also shared that the Town of Reading has a Traffic Parking Task Force who meet monthly and quickly resolved an issue she had walking her granddaughter to school across a cross-walk that wasn't manned and asked if Andover has a Traffic Task Force that meets regularly. The Town Manager said they have an internal traffic meeting (DPW, Police, Fire and Planning) although it is not a in public session, they meet multiple times a month.

Kevin Coffey, Stafford Lane, asked that the Select Board consider establishing policy for the Town as regards to debt taking. In addition, he watched the Triboard Meeting where the Town Manager gave a summary and warnings about risk to our debt rating if the AHS Project were to go forward as planned. Mr. Coffey also just learned that there is a meeting of the MBTA Communities Working Group this Thursday. The Town Manager will make sure members of the taskforce are notified.

VI. Public Hearings

A. National Grid Request to Relocate a Pole – Main Street and Locke Street

Board to review and consider voting to approve a petition from Massachusetts Electric Company d/b/a National Grid to relocate a pole to accommodate a driveway at 4 Locke Street.. Austin Simko reported that this request has gone through the normal review. DPW and Engineering have signed off on this and abutters have been notified. The representative from National Grid reported on the request to remove and relocate a pole at 4 Locke Street.

Alex Vispoli moved to approve the petition from Massachusetts Electric Company d/b/a National Grid to relocate a pole in the public ways of Main Street and Locke Street. Motion seconded by Chris Huntress and voted 5-0 to approve.

B. National Grid Request to Construct a Line of Underground Electric Conduits – Reservation Road

Board to review and consider voting to approve a petition from Massachusetts Electric Company d/b/a National Grid to construct a line of u electric conduits, including the necessary sustaining and protecting fixtures, under and across the public way of Reservation Road.

Alex Vispoli moved approve a petition from Massachusetts Electric Company d/b/a National Grid to construct a line of underground electric conduits, including the necessary sustaining

and protecting fixtures, under and across the public way of Reservation Road. Motion seconded by Chris Huntress and voted 5-0 to approve.

VII. Regular Business

A. [Land Disposition Agreement – 11 Lewis Street – 1st Reading](#)

Board to receive an update on the Land Disposition Agreement between the Town of Andover and Minco Development and the revised Conceptual Program and Plan for the property located at 11 Lewis Street (former Town Yard).

The Town Manager reported on the progress that has been made on the Disposition of the Old Town Yard between Minco Development and the Town of Andover. This represents a milestone in our multi-year effort to redevelop the former site of the Old Town Yard. Over the past year, they have been heavily engaged with Minco to find common ground on an agreement that protects the interest of the Town and advances the project.

Austin Simko provided a presentation on the land disposition. After a lot of time and effort from both parties and working through some challenges they have been able to put together a plan for the site with a second reading on Monday, June 12th.

The presentation provided a brief update on past milestones, the purpose of the agreement, ties Minco's proposal to a special permit application and defines the process for Minco to close on the land and articulates long-term obligations for Minco and its lenders and successor(s).

Key topics : Timelines for permit applications after the LDA is signed, beginning and ending construction dates after the sale of the land, and obligation for LEED BD&C and LEED ND certifications.

Minco to obtain financing and restrictions on transfer of the project or changes in Minco's ownership or key personnel and release an indemnification of the Town. Restrictions on use of property for 30-years, perpetual affordable housing component, and perpetual open space.

Approximate Dates Future Milestones

June 5 2023	SB reviews Conceptual Program and Plan
June 12 2023	SB signs LDA and approves revised Conceptual Program
August 12 2023	Minco Submits Special Permit pre-application to Town Manager
August 17 2023	Submit Special Permit pre-application to Planning Board
December 17 2023	Submit Special Permit applications to Planning Board
June 12 2026	Closing date/Sale of land: 60 days after receiving all approvals are granted to Minco and for approvals no more than 3-years from signing the agreement. (Date could be earlier)
August 2026	Construction begins within 60 days after signing
February 2027	Demolition completed and foundation work begins

August 2029

Construction complete within an additional 30 months

Lou Minicucci of Minco Development Corporation reviewed the proposal and site plan for the project. The original proposal for 136 units with approximately 15% affordable housing has been increased to 165 units. The new proposal includes 25 units for affordable housing that will consist of 14% studio units, 38% one-bedroom units, 30% two-bedroom units, and 18% three-bedroom units. The affordable units will be mixed in throughout the building.

The project includes an outside community plaza and an indoor community space. The Community Building will be available to the Town at no cost and maintained by Minicucci.

The public amenity spaces will include a community facility, green area, public splash pad, dog park, and a retail component. The public amenity space is much larger due to acquiring additional space on Lewis and Buxton Streets. The majority of the parking will be underground.

Alex Vispoli and Chris Huntress asked about the commercial space that was in the original proposal. Mr. Minicucci said the commercial space will include be a coffee shop in the outdoor area of the community building.

Chris Huntress asked about the massing of the new wing; how tall will it be as it approaches some of the residences on Lewis Street, how tall the new wing will be as you come down Lewis Street, and the placement of parking. Mr. Minicucci said that one of the attempts by the architect is to soften up this area. Pearson Street will be the access point for the main parking.

B. Review of Financial Considerations Discussion from the May 31, 2023 Joint Meeting of the Select Board, Finance Committee and Andover High School Building Committee
Board to review and discuss the financial considerations relating to a potential Andover High School Building Project.

The Town Manager said a lot of information was presented on the debt limit and the potential bond rating implications of the proposed AHS project at the May 31st Joint Meeting. Tonight he is providing an overview of Cost Variables.

Overview of Cost Variables includes:

Project cost Escalation: 20-year average is approximately 5.5% annually

Impact to Bond Rating & Borrowing Costs: Potential increased borrowing costs resulting from a downgrade.

Economic Conditions & Borrowing Costs: Fluctuations in base borrowing costs resulting from economic conditions.

MSBA Reimbursement: Potential future reimbursement from MSBA.

Maintaining the current AHS: It is anticipated that significant capital investment will be necessary in order to keep AHS operating into the future.

Other non-cost variables to include compliance with management policies, potential impacts to educational program and actual project completion date.

Questions/Comments from the Board.

If the community waited 5-more years for MSBA acceptance and reduction of cost escalations, what would that look like in terms/percentage of potential reimbursement against the cost increase/ of dollars today? Please ask Janet Nicosia for clarification of the numbers for adding space that would be outside of the building.

If, in fact, the debt issue is eliminated for schools, what does that look like overall if were to borrow a half-billion dollars, what does that look like for future projects for the town. What would the increase look like for the taxpayer with the 5.7% increase? The Town Manager said they can do a model of what the costs would like if the CIP stayed the same.

Need more clarity on maintaining the current AHS, investments needed to happen over what time period, and what the cost would be.

What kind of advocacy can the Select Board look at to change the system. The MSBA method of addressing school infrastructure needs is not adequate.

What will the impact to the community be if we don't support building a new AHS now. Will Andover to continue to be in demand for businesses to come here? People come to Andover for the downtown and the schools.

The impact of the bond rating - we are still borrowing money and it will have a significant impact on many residents. We need a new school but we can't afford any of the options presented. What can we afford without affecting our bond ratings.

The #1 reason identified as to why we need a new AHS was overcrowding – do any of the options include moving the 9th grade to West Middle School and taking on a middle school project; We need to look at all options and need more than two options.

The Board discussed voting on the schematic design.

The Chair would like the Select Board to vote next week on the recommendation from the AHS Building Committee for the preferred building option.

The Town Manager will talk with the Finance Committee and the School Committee Building Chair on how this can make sense to the public.

C. Zoning Board of Appeals Appointments

The Zoning Board of Appeals Subcommittee Chris Huntress and Melissa Danisch to recommend the appointment of one regular member and two associate members to Zoning Board of Appeals to terms that will expire on June 30, 2026. Board to consider voting to approve Subcommittee's recommended appointments.

Chris Huntress moved to appoint Ellen Keller as a regular member of the Zoning Board of Appeals and to appoint Daniel Lopez and Michael Wellikoff as associate members of the Zoning Board of Appeals to terms ending June 30, 2026. Motion seconded by Melissa Danisch and voted 5-0 to approve.

D. Bond Anticipation Note

Board to vote to approve the issuance and details of a bond anticipation note. Chief Financial Officer, Patrick Lawlor shared information on the bids received with the lowest bid having an interest cost of 3.69%.

Annie Gilbert moved to approve the issuance and details of a bond anticipation note. Motion seconded by Alex Vispoli and voted 5-0 to approve.

I, the Clerk of the Select Board of the Town of Andover, Massachusetts, certify that at a meeting of the board held June 5, 2023, 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 \$13,300,000 4.50 percent General Obligation Bond Anticipation Note (the "Note") of the Town dated June 21, 2023, and payable December 15, 2023, to Jefferies LLC at par and accrued interest plus a premium of \$51,737.00.

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 24, 2023, and a final Official Statement dated May 31, 2023, 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 5, 2023

Clerk of the Select Board

VIII. Consent Agenda

A. Appointments by the Town Manager

Melissa Danisch recognized Ms. Kate, the Children’s Librarian who is retiring this month from the Memorial Hall Library.

Chris Huntress moved to approve the appointments by the Town Manager as listed in the consent agenda. Motion seconded by Annie Gilbert and voted 5-0 to approve.

Department	Name	Position	Rate/Term	Date of Hire
Memorial Hall Library	Molly McIntyre <i>(Katherine Dugan)</i>	Children’s Librarian	\$65,350.19/yr.	6/6/2023
Andover Police Department	Ulises Perez <i>(Daniel Vining)</i>	Patrol Officer	\$67,037.44/yr	6/20/2023
Emergency Management	Patrick Keefe	Director	Term Expires 6/30/2024	7/1/2023
Forest Warden	Michael Mansfield	Fire Chief	Term Expires 6/30/2024	7/1/2023
Keeper of the Lockup	Patrick Keefe	Police Chief	Term Expires 6/30/2024	7/1/2023
Merrimack Valley Planning Commission	Jacki Byerley	Member	Term Expires 6/30/2024	7/1/2023
Merrimack Valley Regional Transit Authority	Jacki Byerley	Member	Term Expires 6/30/2024	7/1/2023

Merrimack Valley Regional Transit Authority	Paul Materazzo	Alternate	Term Expires 6/30/2024	7/1/2023
Merrimack Valley Regional Transit Authority	Lisa Schwarz	Alternate	Term Expires 6/30/2024	7/1/2023
Patriotic Holiday Committee	Mark Comeiro	Member	Term Expires 6/30/2024	7/1/2023
Patriotic Holiday Committee	Michael Mansfield	Member	Term Expires 6/30/2024	7/1/2023
Patriotic Holiday Committee	Calvin Perry	Member	Term Expires 6/30/2024	7/1/2023
Patriotic Holiday Committee	Brian Masterson	Member	Term Expires 6/30/2024	7/1/2023
Patriotic Holiday Committee	R. Scott Parrish	Member	Term Expires 6/30/2024	7/1/2023
Patriotic Holiday Committee	H. Francis Rittershaus	Member	Term Expires 6/30/2024	7/1/2023
Patriotic Holiday Committee	Andrew Sievert	Member	Term Expires 6/30/2024	7/1/2023
Patriotic Holiday Committee	James Bedford	Member	Term Expires 6/30/2024	7/1/2023
Patriotic Holiday Committee	Stephen Wallingford	Member	Term Expires 6/30/2024	7/1/2023
Town Seal Review Committee	Andrew Flanagan	Member	Term Expires 6/30/2024	7/1/2023
Town Seal Review Committee	Karen Van Welden-Herman	Member	Term Expires 6/30/2024	7/1/2023
Town Seal Review Committee	John Hess	Member	Term Expires 6/30/2024	7/1/2023
Town Seal Review Committee	Elaine Clements	Member	Term Expires 6/30/2024	7/1/2023
Town Seal Review Committee	Melissa Litton	Member	Term Expires 6/30/2024	7/1/2023
Town Seal Review Committee	Thomas Adams	Member	Term Expires 6/30/2024	7/1/2023

Veteran Service Agent	Mark Comeiro	Agent	Term Expires 6/30/2024	7/1/2023
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IX. Adjourn

At 9:10 PM, on a motion by Alex Vispoli and seconded by Annie Gilbert, the Board voted 5-0 to adjourn the meeting of June 5, 2023.

*Respectfully submitted,
Dee DeLorenzo, Recording Secretary*

Presentations:

- A. Land Disposition Agreement [Land Disposition Agreement – 11 Lewis Street – 1st Reading](#)