



Select Board Meeting – Amended 10/26/2023

Monday, October 30, 2023

7:00 PM

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

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. National Grid – Greenwood Road

Board to review and consider voting to approve an application by National Grid for permission to construct a line of underground electrical conduits, including the necessary sustaining and protecting fixtures, under and across the public way of Greenwood Road.

VI. Regular Business

A. Liquor License - Change of Officers/Directors/LLC Managers

Board to review and consider voting to approve the application of Sonesta International Hotels Corporation, doing business as Sonesta ES Suites, 4 Tech Drive, Andover, for a Change of Officers/Directors/LLC Managers on its Innholder All Alcoholic Beverages License; the new officers are Bradford Maxwell, Vera Nazareth Manoukian, and Keith Pierce.

B. Liquor License - Change of Officers/Directors/LLC Managers

Board to review and consider voting to approve the application of Aimbridge Hospitality, LLC, doing business as Springhill Suites by Marriott Boston Andover, 550 Minuteman Road, Andover, for a Change of Officers/ Directors/LLC Managers on its Innholder All Alcoholic Beverages License; the new LLC Managers are Mark Chloupek and Andrew Leavitt.

C. Liquor License – Event on Town Owned Property

Board to consider voting to approve an application from Oak & Iron Brewing Co., 18 Red Spring Rd, Andover, MA, for a Wine and Malt One-Day Liquor License for use on Town property under Select Board Liquor Regulations Section XI.2.N “Special One-Day Alcohol License Policy & Application for Outdoor Events on Town-owned Property.”

RECEIVED
TOWN CLERK'S OFFICE
2023 OCT 26 PM 3:22
TOWN OF ANDOVER, MASS

D. Class II Motor Vehicle Dealer's License – Henry's Automotive, Inc.

Board to review and consider voting to approve the application of Henry's Automotive, Inc., 77 Essex Street, Andover, MA, for a Class II Motor Vehicle Dealer's License, with Henry Prussman, 34 Michael Way, Andover, MA as the proposed manager of the business.

E. Special Town Meeting Articles

Select Board to review and consider voting to take a position on the following articles:

Article 1	Ballot Question on Open Town Meeting
Article 2	Property Tax Limit for Andover Residents who are 65 or Older
Article 3	Retiree Health Care Premiums
Article 4	Time Meeting Speaking Limits and Time Clock
Article 5	Reduce the Speed Limit on Several Roadways Under Municipal Jurisdiction
Article 6	Establish and Report Key Performance Indicators of Vehicular Traffic Safety
Article 7A	Andover High School Schematic Design - \$1,300,000
Article 7B	Andover High School Schematic Design – Renovation \$500,000

F. Update on Storm Damage to Conservation Land

Board to receive update from conservation staff on efforts to assess wind damage on Town conservation land caused by the September 8th, 2023 storm and plans for clearing the damage.

G. Elder Services Outreach Project

Board to receive an update from Elder Services regarding outreach efforts for underserved Andover senior citizens.

H. Establishment of Town Manager's FY 2024 Annual Salary

Board to vote to establish Town Manager's FY 2024 Annual Salary.

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
Facilities	Emanuel Couto (Ryan Raycraft)	Custodian	\$25.74/hr	11/06/2023
Constable	Pamela A. Bertheim	Constable	Term Expires 11/13/2026	11/14/2023
Board of Assessors	Tristan Hoare	Member	Term Expires 06/30/2026	11/01/2023
Board of Assessors	Patrick Lawlor	Member	Term Expires 06/30/2024	11/01/2023
Poet Laureate Committee	Leslie Seaton Malis	Member	Term Expires 06/30/2026	07/01/2023

Poet Laureate Committee	Jane Cairns	Member	Term Expires 06/30/2026	07/01/2023
Poet Laureate Committee	Champa Bilwakesh	Member	Term Expires 06/30/2026	07/01/2023
Poet Laureate Committee	Jessica Bird	Member	Term Expires 06/30/2026	07/01/2023
Poet Laureate Committee	Sarah Klock	Member	Term Expires 06/30/2026	07/01/2023
Tree Committee	Claudia Bach	Member	Term Expires 10/31/2026	11/01/2023
Tree Committee	Carlos Jaquez	Member	Term Expires 10/31/2026	11/01/2023
Tree Committee	Michael Lindstrom	Member	Term Expires 10/31/2026	11/01/2023
Tree Committee	Willow Cheeley	Member	Term Expires 10/31/2026	11/01/2023
Tree Committee	Joann Michalik	Member	Term Expires 10/31/2026	11/01/2023
Tree Committee	Elizabeth Poland	Member	Term Expires 10/31/2026	11/01/2023
Tree Committee	Paul Sanborn	Member	Term Expires 10/31/2026	11/01/2023
Tree Committee	James Sutton	Member	Term Expires 10/31/2026	11/01/2023

VIII. 2024 Select Board Meetings

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

February 5, 2024

February 26, 2024

March 11, 2024

IX. Adjourn

If any member of the public wishing to attend this meeting seeks special accommodations in accordance with the Americans with Disabilities Act, please contact 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
townclerk@andoverma.gov

NOTICE

You are hereby notified that a Public Hearing will be held by the Andover Select Board, on October, 30, 2023 in the School Committee Conference Room, 30 Whittier Court, at 7 PM.

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

#30822435 – Greenwood Rd – National Grid to install (1) JO pole on Greenwood Road beginning at a point approximately 214 feet North-Northeast of the centerline of the intersection of Chandler Road and continuing approximately 15 feet in a West-Northwest direction. Installing (1) new pole #6201 with anchor to provide utility services in new URD Weeping Willow Drive, Andover, MA.

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

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

Representatives from the utility company will present their petition during the meeting and will also be available at 6:45 P.M. on the above date to answer questions you may have relating to the proposed work.

By order of the
Select Board

Austin Simko
Assistant Town Manager/Town Clerk

Plan No.: #30822435
Date: October 19, 2023

TOWN OF ANDOVER, MASSACHUSETTS



PRIVATE UTILITY PETITION CHECKLIST

TO BE FILLED OUT BY PETITIONER

COMPANY: nationalgrid # 30822435

PROJECT MANAGER NAME: David Boucher

PROJECT MANAGER CONTACT NUMBER: 978-314-5069

LIST OF ADDRESSES IMPACTED BY PROPOSED WORK:
Abutters can be attained through town office.

PETITIONER IS REQUIRED TO ATTACH PICTURES SHOWING AREA OF PROPOSAL

PICTURES HAVE BEEN ATTACHED YES

TO BE FILLED OUT BY TOWN OF ANDOVER STAFF

DPW

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

COMMENTS: TITLE: Town Engineer

POLICE DEPARTMENT

SUPPORT PROJECT (YES / NO) SIGNATURE: _____

COMMENTS: TITLE: _____

FIRE DEPARTMENT

SUPPORT PROJECT (YES / NO) SIGNATURE: _____

COMMENTS: TITLE: _____

TOWN OF ANDOVER, MASSACHUSETTS



PRIVATE UTILITY PETITION CHECKLIST

TO BE FILLED OUT BY PETITIONER

COMPANY: nationalgrid # 30822435
PROJECT MANAGER NAME: David Boucher
PROJECT MANAGER CONTACT NUMBER: 978-314-5089
LIST OF ADDRESSES IMPACTED BY PROPOSED WORK:
Abutters can be attained through town office.
PETITIONER IS REQUIRED TO ATTACH PICTURES SHOWING AREA OF PROPOSAL
PICTURES HAVE BEEN ATTACHED YES

TO BE FILLED OUT BY TOWN OF ANDOVER STAFF

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

POLICE DEPARTMENT
SUPPORT PROJECT (YES / NO) SIGNATURE: *[Signature]*
TITLE: *Executive Officer*
COMMENTS:

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

TOWN OF ANDOVER, MASSACHUSETTS



PRIVATE UTILITY PETITION CHECKLIST

TO BE FILLED OUT BY PETITIONER

COMPANY:	nationalgrid	# 30822435
PROJECT MANAGER NAME:	David Boucher	
PROJECT MANAGER CONTACT NUMBER:	978-314-5089	
LIST OF ADDRESSES IMPACTED BY PROPOSED WORK:	Abutters can be attained through town office.	
PETITIONER IS REQUIRED TO ATTACH PICTURES SHOWING AREA OF PROPOSAL		
PICTURES HAVE BEEN ATTACHED	YES	

TO BE FILLED OUT BY TOWN OF ANDOVER STAFF

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

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

FIRE DEPARTMENT	
SUPPORT PROJECT (<input checked="" type="radio"/> YES) / NO)	SIGNATURE: <u>Ms Mansfield</u>
COMMENTS:	TITLE: <u>Fire Chief</u>

RECEIVED
TOWN CLERK'S OFFICE

Questions contact Central Design - Dave Boucher 978-725-1461

2023 SEP 28 AM 10:40

PETITION FOR JOINT OR IDENTICAL POLE LOCATIONS

TOWN OF ANDOVER, MASS

North Andover, Massachusetts

To the Board of Selectmen
of Andover, Massachusetts

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

Greenwood Road - National Grid to install 1 JO pole on Greenwood Road Beginning at a point approximately 214 feet North-Northeast of the centerline of the intersection of Chandler Road and continuing approximately 15 feet in a West-Northwest direction. Installing (1) new pole #6201 with anchor to provide utility services in new URD "Weeping Willow Drive, Andover, MA.

Location approximately as shown on plan attached.

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

No.# 30822435

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

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

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

BY _____
Engineering Department

VERIZON NEW ENGLAND, INC.

BY _____
Manager / Right of Way

August 18, 2023

nationalgrid

RECEIVED
TOWN CLERK'S OFFICE

2023 SEP 28 AM 10:39

TOWN OF ANDOVER, MASS

September 20, 2023

To the Board of Selectmen, Andover, Massachusetts

To Whom It May Concern:

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

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

Dave Boucher 978-725-1461

Please notify National Grid's Jenn Iannalfo of the **hearing date / time** to Jennifer.Iannalfo@nationalgrid.com

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

National Grid: Jennifer Iannalfo, 1101 Turnpike Street; North Andover, MA 01845.

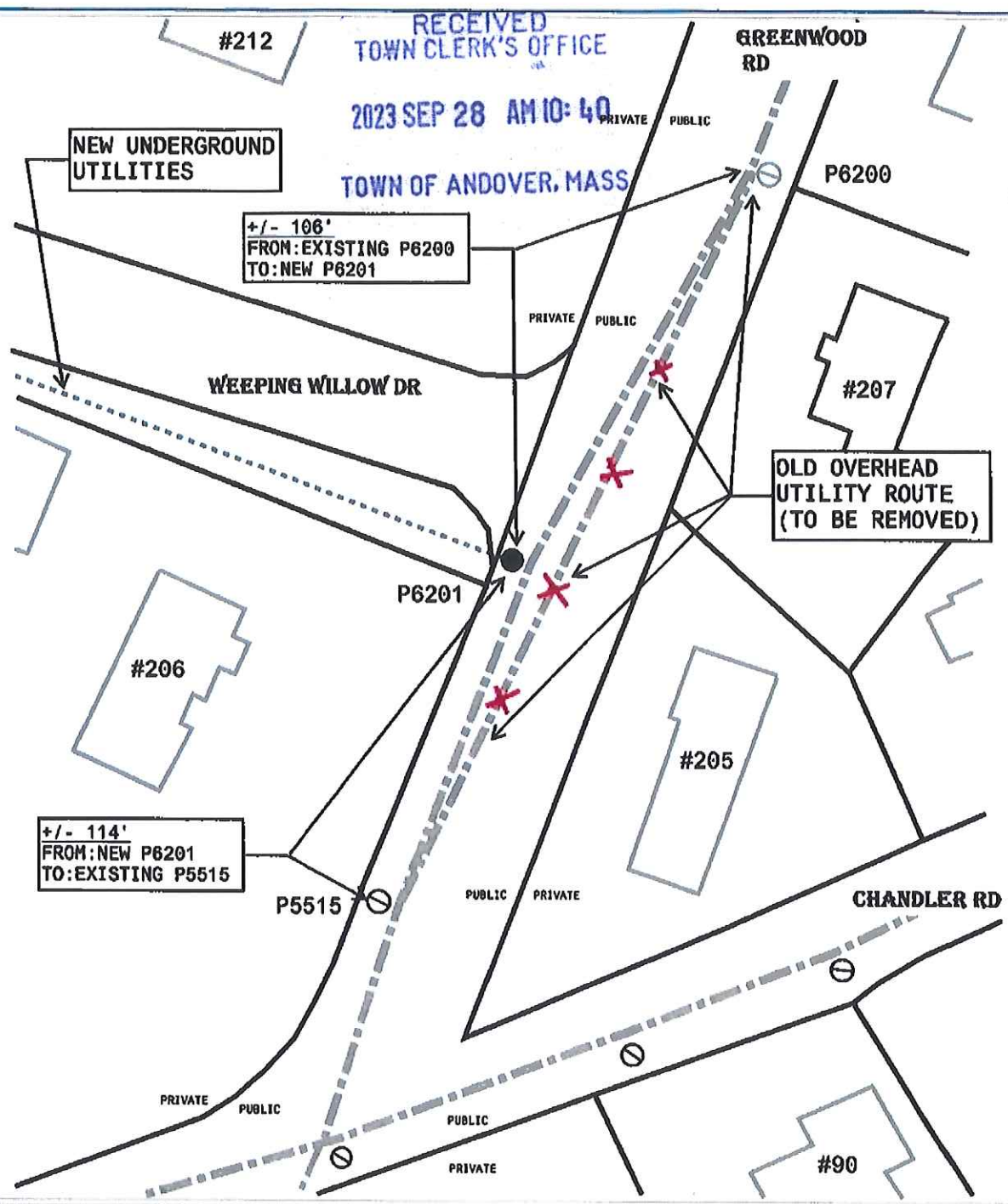
Very truly yours,

Dave Johnson

Dave Johnson
Supervisor, Distribution Design

Enclosures

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2023 SEP 28 AM 10:40
TOWN OF ANDOVER, MASS



JOINT OWNED POLE PETITION

Plan Number 30822435

LEGEND

- ELECTRIC TO INSTALL NEW J.O. POLE 6201
- ⊖ EXISTING J.O. POLE
- LOT LINE
- - - - OVERHEAD UTILITY LINES

nationalgrid
and Verizon New England, Inc.

To The: Town of Andover, MA

For Proposed:
J.O. POLE# 6201

Greenwood Rd,
Andover MA 01810

Sketch to accompany petition for:

Installation of new jointly owned pole# 6201 to be used as the utility riser pole for new underground development "Weeping Willow Dr".

Date: 8/17/23 Drawn by: DJB
DRAWING NOT TO SCALE. DISTANCES ARE APPROXIMATE.

RECEIVED
TOWN CLERK'S OFFICE

2023 SEP 28 AM 10:40

TOWN OF ANDOVER, MASS

new pole
6201 for
new URD
"Weeping
Willow Dr"

pole 5515

pole 6200

106'

114'





**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:	Sonesta International Hotels Corporation
DBA:	Sonesta ES Suites
PREMISE ADDRESS:	4 Tech Drive
	Andover, MA 01810
MANAGER/CONTACT NAME:	Katerina Belcheva
EMAIL:	[REDACTED]
PHONE:	[REDACTED]
BUSINESS MAILING ADDRESS: (if different from premise)	400 Centre Street
	Newton, MA 02458
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 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: John J. Murray **Date:** 9/26/23

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
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36 Bartlet Street
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978-623-8230
www.andoverma.gov

TAX FORM

APPLICANT NAME: Sonesta International Hotels Corporation

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)

John G. Murray

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

John G. Murray (Sonesta International Hotels Corporation)

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

N/A

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: Sonesta International Hotels Corporation (dba Sonesta ES Suites)

Address: 4 Tech Drive

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

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: North River Insurance Company

Insurer's Address: 305 Madison Avenue

City/State/Zip: Morristown, NJ 07960

Policy # or Self-ins. Lic. # 406-734083-1 Expiration Date: 11/30/2023

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: 9/26/23

Phone #: 617-421-5400

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:	Sonesta International Hotels Corporation (dba Sonesta ES Suites Andover)
APPLICANT NAME:	Bradford Maxwell
APPLICANT ADDRESS:	[REDACTED]
OCCUPATION:	Executive VP & General Counsel
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, Bradford Maxwell (name), applicant for a Hotel/Innkeeper License (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:

none

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:

none

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

14 day of September, 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.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:

A handwritten signature in blue ink, appearing to read "B. Max M.", written over a horizontal line.

DATE:

A handwritten date "9/14/2023" in blue ink, written 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



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

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

SUBJECT INFORMATION:	
Last Name:	Maxwell
First Name:	Bradford
Middle Name:	Parke
Suffix:	n/a
Maiden Name (or other name(s) by which you have been known):	[REDACTED]
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 _____

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee



**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:	Sonesta International Hotels Corporation (dba Sonesta ES Suites Andover)
APPLICANT NAME:	Vera Nazareth Manoukian
APPLICANT ADDRESS:	[REDACTED]
OCCUPATION:	Executive VP & Chief Operating Officer
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, Vera N. Manoukian (name), applicant for a Hotel/Innkeeper License (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:

none

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:

none

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

_____ day of September, 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.gov

SUBJECT INFORMATION:	
Last Name:	Manoukian
First Name:	Vera
Middle Name:	Nazareth
Suffix:	[REDACTED]
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 _____

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee



**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:	Sonesta International Hotels Corporation (dba Sonesta ES Suites Andover)
APPLICANT NAME:	Keith Pierce
APPLICANT ADDRESS:	[REDACTED]
OCCUPATION:	Executive VP & Franchise Division President
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, Keith Pierce, applicant for a Hotel/Innkeeper 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:
none

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:
none

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

Signature: Keith Pierce

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

SUBJECT INFORMATION:	
Last Name:	Pierce
First Name:	Keith
Middle Name:	John
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 _____

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

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 #: b54870c4-3c2b-4a79-826f-a287f2c76e93

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	0039HT0026	\$200.00
		\$200.00

Total Convenience Fee: **\$4.70**

Date Paid: **9/19/2023 1:52:37 PM EDT**

Total Amount Paid: **\$204.70**

Payment On Behalf Of

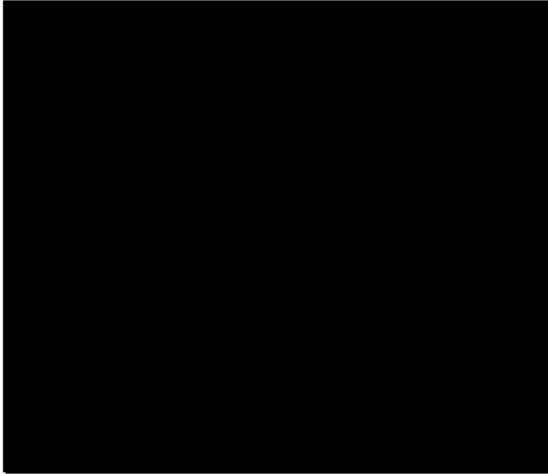
License Number or Business Name:
0039HT0026

Fee Type:
FILING FEES-RETAIL

Billing Information

First Name:
Tim

Last Name:
Turner





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 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



Commonwealth of Massachusetts
Department of Revenue
Geoffrey E. Snyder, Commissioner

mass.gov/dor

Letter ID: L1459237664
Notice Date: September 8, 2023
Case ID: 0-002-157-522



CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



SONESTA INTERNATIONAL HOTELS CORP
400 CENTRE ST STE 100
NEWTON MA 02458-2076

Why did I receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, SONESTA INTERNATIONAL HOTELS CORPORATION is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.

What if I have questions?

If you have questions, call us at (617) 887-6400 or toll-free in Massachusetts at (800) 392-6089, Monday through Friday, 9:00 a.m. to 4:00 p.m..

Visit us online!

Visit mass.gov/dor to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using e-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

Edward W. Coyle, Jr., Chief
Collections Bureau



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

Maura Healey
GOVERNOR

Kim Driscoll
LT. GOVERNOR



435012203

Lauren E. Jones
SECRETARY

Katie Dishnica
DIRECTOR

Sonesta International Hotels Corporation
Attn: Payroll Dept.
255 WASHINGTON STREET
NEWTON, MA 02458

EAN: 10053716
September 08, 2023

Certificate Id:74273

The Department of Unemployment Assistance certifies that as of 9/8/2023, Sonesta International Hotels Corporation 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



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
Sonesta International Hotels Corporation	Andover	0039-HT-0026

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

Removal of officers Carlos Flores , Stephen Miano & Mark Sherwin. Addition of New Officers Bradford Maxwell, Vera Manoukian and Keith Pierce

APPLICATION CONTACT

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

Name	Title	Email	Phone
Whitney Gillings	Liquor License Consultant		

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
Bradford P. Maxwell	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
EVP, General Counsel & Chief Compliance Officer	0	<input type="radio"/> Yes <input checked="" 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
Keith J. Pierce	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
EVP, President of Franchising & Development	0	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Vera N. Manoukian	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Executive VP & COO	0	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" 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)

Sonesta Holdco Corporati

100% of Licensee

Name of Principal	Residential Address	SSN	DOB
SVC Holdings, LLC	255 Washington Street, Newton MA 02458		

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
Shareholder	25.82%	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Service Properties Trust	255 Washington Street, Newton MA 02458		

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
Shareholder	8.10%	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Adam David Portnoy			

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
Shareholder	35.70%	<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
Diane Portnoy 2019 Revoc			

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
Shareholder	30.38%	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" 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	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	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	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

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

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)

Diane Portnoy 2019 Revocable Trust

30.38 % of Sonesta Holdco Corporation

Name of Principal	Residential Address	SSN	DOB
Diane Portnoy	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
Trustee	-0-	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" 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	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	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	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	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	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	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

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

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)

SVC Holdings, LLC

25.82 % of Sonesta Holdco Corporation

Name of Principal	Residential Address	SSN	DOB
Service Properties Trust	255 Washington Street, Newton MA 02458	n/a	n/a

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
Sole Member	100%	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director	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	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	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	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	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	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

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

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)

SVC Holdings, LLC

25.82 % of Sonesta Holdco Corporation

Name of Principal	Residential Address	SSN	DOB
Service Properties Trust	255 Washington Street, Newton MA 02458	n/a	n/a

Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
Sole Member	100%	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Name of Principal	Residential Address	SSN	DOB

Title and or Position	Percentage of Ownership	Director	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	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	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	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	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	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

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
Sonesta Holdco Corporation	Sole Shareholder	100%
Adam D. Portnoy	Director	0
John G. Murray	Director, President and CEO	0
Jennifer Babbitt Clark	Director & Secretary	0

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
See Attached Exhibit A			

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
See Attached Exhibit B			

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
	N/A		

EXHIBIT A

SONESTA INTERNATIONAL HOTELS CORPORATION

Response to Question 4

The directors, officers and owner of Sonesta International Hotels Corporation listed in Question 6 and below, each solely in such capacity, have an interest in the alcoholic beverage licenses listed below.

Name	Title/Interest
Adam D. Portnoy	Director
John G. Murray	Director and President and Chief Executive Officer
Jennifer B. Clark	Director and Secretary
Sonesta Holdco Corporation	Sole shareholder

City	Licensee	Property	License Number	License Type
Andover	Sonesta International Hotels Corporation	Sonesta ES Suites Andover 4 Tech Drive Andover, MA 01810	00039-HT-0026	Innholder
Cambridge	Sonesta International Hotels Corporation	Royal Sonesta Boston 40 Edwin Land Boulevard Cambridge, MA 02142	00022-HT-0166	Innholder and Entertainment
Danvers	Sonesta International Hotels Corporation	Sonesta Select Boston Danvers 275 Independence Way Danvers, MA 01923	0014-HT-0264	Innholder
Foxborough	Sonesta International Hotels Corporation	Sonesta Select Boston Foxborough 35 Foxborough Boulevard Foxborough, MA 02035	06184-HT-0426	Innholder
Lowell	Sonesta International Hotels Corporation	Sonesta Select Boston Lowell 30 Industrial Avenue East Lowell, MA 01852	06187-HT-0630	Innholder and Entertainment
Milford	Sonesta International Hotels Corporation	Sonesta Select Boston Milford 10 Fortune Boulevard Milford, MA 01757	06218-HT-0706	Innholder

EXHIBIT B

SONESTA INTERNATIONAL HOTELS CORPORATION

Response to Question 5

The directors, officers and owner of Sonesta International Hotels Corporation listed in Question 6 and below, each solely in such capacity, formerly held an interest in the alcoholic beverage licenses listed below.

Name	Title
Adam D. Portnoy	Director
John G. Murray	Director and President and Chief Executive Officer
Jennifer B. Clark	Director and Secretary
Sonesta Holdco Corporation	Sole shareholder

City	Licensee	Property	License Number	License Type
Stoughton	Sonesta International Hotels Corporation	Sonesta Select Boston Stoughton 200 Technology Center Drive Stoughton, MA 02072	16426-HT-1244	Innholder
Woburn	Sonesta International Hotels Corporation	Sonesta Select Boston Foxborough 35 Foxborough Boulevard Foxborough, MA 02035	06015-HT-1498	Innholder

SONESTA INTERNATIONAL HOTELS CORPORATION

Action of the Sole Shareholder
By Written Consent
In Lieu of Annual Meeting

April 1, 2022

The undersigned, being the sole shareholder of Sonesta International Hotels Corporation, a Maryland corporation (the "Company"), in lieu of the annual meeting of the Company, does hereby consent in writing to the following action taken without a meeting, which shall have the same force and effect as if adopted at a duly called and held meeting of the sole shareholder of the Company:

RESOLVED: That the number of **Directors** required to serve on the Board of Directors of each Company be, and hereby is, fixed at three (3), and that the following persons be, and they hereby are, and each of them singly hereby is, elected as a Director of each Company, each to serve until such Company's next annual meeting and until her or his successor has been duly elected and qualified or until her or his earlier death, resignation or removal:


Jennifer B. Clark

John G. Murray

Adam D. Portnoy

This written consent shall be effective on and as of the date first above written and shall be filed with the records of the meetings of the sole shareholder of the Company.

SONESTA HOLDCO CORPORATION

By:  Stephen P. Miano
Vice President, Chief Financial Officer and
Treasurer

SONESTA INTERNATIONAL HOTELS CORPORATION

Action of the Board of Directors
By Unanimous Written Consent

April 1, 2022

The undersigned, being all of the members of the Board of Directors of Sonesta International Hotels Corporation, a Maryland corporation (the "Company"), do hereby consent in writing to the adoption of the following resolutions, and hereby declare these actions to have the same force and effect as if taken at a duly held meeting of the Board of Directors of the Company at which a quorum was present and acting throughout:

RESOLVED: That the resignation of Carlos R. Flores as President and Chief Executive Officer of the Company, effective March 31, 2022, be, and hereby is, ratified and accepted; and further

RESOLVED: That the following persons be, and each of them hereby is, elected to the office(s) of the Company set forth opposite his or her name below, to serve until the meeting of the Board of Directors immediately following the Company's next annual meeting and until his or her successor is duly elected and qualified, unless he or she shall sooner resign or be removed from such office(s):

<u>Name:</u>	<u>Title:</u>
John G. Murray	President and Chief Executive Officer
Stephen P. Miano	Executive Vice President, Chief Financial Officer and Treasurer
Vera N. Manoukian	Executive Vice President and Chief Operating Officer
Bradford P. Maxwell	Executive Vice President and General Counsel; Chief Compliance Officer
Keith Pierce	Executive Vice President, President of Franchising and Development
Jennifer B. Clark	Secretary

; and further

RESOLVED: That the officers of the Company be, and each of them acting singly hereby is, authorized from time to time, in the name of and on behalf of the Company, under the seal of the Company, if desired, to execute, deliver, make oath to and acknowledge any and all leases, management agreements, deeds, bills of sale, assignments, easements and other instruments of conveyance, mortgages, security agreements, escrow agreements and any other agreements, instruments and documents, and any amendments thereto, and any instructions, consents and waivers thereunder, to incur any such expenses, and to take or cause to be taken, and to do or cause to be done any and all such actions or things as said officers, or any of them, in their or his or her sole discretion, determine to be necessary, convenient or appropriate in connection with the conduct of the business of the Company in the ordinary course, the execution and delivery of any such agreement, instrument, document, amendment, instruction, consent or waiver, the incurring of any such expense or the taking or doing of any such action or thing by any one or more of the officers of

the Company to be conclusive evidence that the same has been authorized by the Board of Directors; and further

RESOLVED: That the President and Treasurer of the Company, be, and each of them acting singly hereby is, authorized on behalf of the Company from time to time to establish one or more money market, brokerage, deposit and/or checking accounts with one or more banking or other financial institutions selected by any such officer of the Company; and further

RESOLVED: That the Secretary and any Assistant Secretary of the Company be, and each of them acting singly hereby is, authorized to certify from time to time as having been adopted by the Board of Directors any form of resolutions relating to the opening of money market, brokerage, deposit and/or checking accounts with such banking or other financial institutions as the President or Treasurer may desire to establish such relationships, such resolutions to provide for signing by such officers as set forth therein; the execution and delivery of any such resolutions by the Secretary or any Assistant Secretary to be conclusive evidence that the same has been adopted by the Board of Directors, and any Secretary or Assistant Secretary so acting shall place in the record books of the Company a copy of any such resolutions as so executed; and further

RESOLVED: That any and all actions taken prior to the date hereof by any persons serving in their capacity as an officer of the Company, in the name of and on behalf of the Company, be, and hereby are, ratified, affirmed and approved in all respects.

[Signature page follows]

This written consent shall be effective on and as of the date first above written and shall be filed with the records of the meetings of the Board of Directors of the Company.

DocuSigned by:
Jennifer Clark

Jennifer B. Clark 770AFF69E7F6423...

DocuSigned by:
John Murray

John G. Murray 60B9DE91936F418...

DocuSigned by:
Adam Portnoy

Adam D. Portnoy 4411200C3102AF8A467...

July 28, 2023

The Board of Directors
Sonesta International Hotels Corporation
400 Centre Street
Newton, MA 02458

Lady and Gentlemen:

I hereby resign as Vice President, Chief Financial Officer and Treasurer of Sonesta International Hotels Corporation (the "Company") and from any and all offices I currently hold with any of the Company's subsidiaries or other positions held in relation to the Company or any of its subsidiaries, including, without limitation, the Sonesta Plan Administration Committee, effective July 28, 2023.

Very truly yours,



Stephen P. Miano

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):

N/A - officer change only

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:	N/A - officer change only

SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
N/A - officer change only			<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.

N/A - officer change only

APPLICANT'S STATEMENT

I, John G. Murray the: sole proprietor; partner; corporate principal; LLC/LLP manager
Authorized Signatory

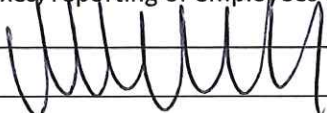
of Sonesta International Hotels Corporation
Name of the Entity/Corporation

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:

Title:

Executive VP & COO

ADDITIONAL INFORMATION

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

Please remove Carlos Flores, Stephen Miano and Mark Sherwin from the license record.

Please note that the following officers are already on file with MA ABCC and continue to be corporate officers for Sonesta International Hotels Corp.

- Adam D. Portnoy (Director)
- John G. Murray (Director)
- Jennifer B. Clark (Director & Secretary)

ENTITY VOTE

The Board of Directors or LLC Managers of

Sonesta International Hotels Corporation

Entity Name

duly voted to apply to the Licensing Authority of

Andover

and the

City/Town

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

8/31/23

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

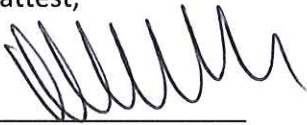
“VOTED: To authorize

Vera N. Manoukian

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

Vera N. Manoukian

(Print Name)

For Corporations ONLY

A true copy attest,



Corporation Clerk's Signature

Jennifer B. Clark

(Print Name)

CORPORATE CHARTER APPROVAL SHEET

**** EXPEDITED SERVICE ****

**** KEEP WITH DOCUMENT ****

DOCUMENT CODE 13 BUSINESS CODE _____

D14360481

Close _____ Stock _____ Nonstock _____

P.A. _____ Religious _____

Merging /Converting _____

Surviving/Resulting _____



ID # D14360481 ACK # 1000362012069532
PAGES: 0010
SONESTA INTERNATIONAL HOTELS CORPORATIO
N

06/03/2019 AT 02:08 P WO # 0004959585

New Name _____

FEES REMITTED

Base Fee: 100
Org. & Cap. Fee: _____
Expedite Fee: 10
Penalty: _____
State Recordation Tax: _____
State Transfer Tax: _____
Certified Copies _____
Copy Fee: 30
Certificates _____
Certificate of Status Fee: _____
Personal Property Filings: _____
NP Fund: _____
Other: _____

TOTAL FEES: 200

Credit Card _____ Check Cash _____

_____ Documents on _____ Checks

Approved By: 19

Keyed By: _____

COMMENT(S):

_____ Change of Name
_____ Change of Principal Office
_____ Change of Resident Agent
_____ Change of Resident Agent Address
_____ Resignation of Resident Agent
_____ Designation of Resident Agent
and Resident Agent's Address
_____ Change of Business Code
_____ Adoption of Assumed Name
_____ Other Change(s)

Code 065

Attention: SAUL EWING, LLP
9TH FLOOR
500 E PRATT ST
BALTIMORE MD 21202-3133

CERTIFIED
COPY MADE

CUST ID: 0003743008
WORK ORDER: 0004959585
DATE: 06-03-2019 02:08 PM
AMT. PAID: \$393.00

SONESTA INTERNATIONAL HOTELS CORPORATION

ARTICLES OF AMENDMENT AND RESTATEMENT

FIRST: Sonesta International Hotels Corporation, a corporation formed under the laws of the State of Maryland, desires to amend and restate its charter. The following provisions are all of the provisions of the charter as amended and restated:

ARTICLE I

NAME

Section 1.01 Name. The name of the corporation (the "*Corporation*") is:

Sonesta International Hotels Corporation

ARTICLE II

PURPOSE

Section 2.01 Purpose. The purpose for which the Corporation is formed is to engage in any lawful act or activity for which corporations may be organized under the Maryland General Corporation Law as now or hereafter in force ("*MGCL*").

ARTICLE III

PRINCIPAL OFFICE IN STATE AND RESIDENT AGENT

Section 3.01 Principal Office in State and Resident Agent. The address of the principal office of the Corporation in the State of Maryland is c/o CSC-Lawyers Incorporating Service Company, 7 St. Paul Street, Suite 820, Baltimore, MD 21202. The name and address of the resident agent of the Corporation in the State of Maryland are CSC-Lawyers Incorporating Service Company, 7 St. Paul Street, Suite 820, Baltimore, MD 21202. The resident agent is a Maryland corporation.

ARTICLE IV

BOARD OF DIRECTORS

Section 4.01 Powers. The business and affairs of the Corporation shall be managed under the direction of the Board of Directors (the "*Board*" or "*Board of Directors*"). The Board shall have full, exclusive and absolute power, control and authority over any and all property of the Corporation. The Board may take any action that, in its sole discretion, it considers necessary or appropriate in the exercise of its powers and the performance of its duties. The charter of the Corporation (as the term

“charter” is defined in the MGCL) (as it may be amended and supplemented from time to time, the “*Charter*”) shall be construed in favor of the grant of power and authority to the Board. Any construction of the Charter or determination made by the Board concerning its powers and authority hereunder shall be conclusive. The enumeration and definition of particular powers of the Board of Directors included in the Charter or in the Bylaws of the Corporation as in effect from time to time (the “*Bylaws*”) shall in no way be construed or deemed by inference or otherwise in any manner to exclude or limit the powers conferred upon the Board under the general laws of the State of Maryland or any other applicable laws.

Section 4.02 Number of Directors. The total number of directors of the Corporation (each a “*Director*”) shall be three, which number may be increased or decreased only by the Board in the manner provided in the Bylaws, but shall never be less than the minimum number required by the MGCL. The names of the Directors who shall serve until the next annual meeting of stockholders and until their successors are duly elected and qualify, subject, however, to their earlier death, resignation, retirement, disqualification or removal from office, are:

Adam D. Portnoy
Jennifer B. Clark
John Murray

Thereafter, unless otherwise provided in the Bylaws, each Director shall be elected to serve until the next succeeding annual meeting of stockholders following his or her election and until his or her successor is duly elected and qualifies, subject, however, to his or her earlier death, resignation, disqualification or removal from office.

Except as may be provided by the Board in setting the terms of any class or series of stock, and notwithstanding any other provision in the Charter or the Bylaws, any vacancy on the Board of Directors other than as a result of an increase in the number of Directors, may be filled by the affirmative vote of a majority of the remaining Director(s) in office, even if such majority is less than a quorum. Any vacancy in the number of Directors created by an increase in the number of Directors may be filled only by a majority of the entire Board of Directors. Any individual so elected as a Director shall serve (x) for the remainder of the full term of the directorship in which such vacancy occurred and (y) until a successor is duly elected and qualifies, subject, however, to his or her earlier death, resignation, disqualification or removal from office. If for any reason any or all of the Directors cease to be Directors, such event shall not terminate the Corporation or affect the Charter or the Bylaws or the powers of the remaining Directors hereunder or thereunder.

Section 4.03 Determinations by Board. The determination as to any matter, made by, or pursuant to the direction of, the Board consistent with the Charter and the Bylaws, shall be final and conclusive and shall be binding upon the Corporation and every holder of shares of any class of its stock.

Section 4.04 Bylaws. The Board, without any action by holders of

shares of any class of the Corporation's stock, shall have and exercise, on behalf of the Corporation, without limitation, the exclusive power to adopt, amend and repeal the Bylaws.

Section 4.05 Resignation of Directors. Any Director may resign as a Director by an instrument in writing signed by him or her and delivered to the secretary of the Corporation, and such resignation shall be effective upon such delivery, or at a later date according to the terms of the instrument. The acceptance of a resignation shall not be necessary to make it effective unless otherwise stated in the resignation.

ARTICLE V

STOCK

Section 5.01 Authorized Stock.

(a) The total number of shares of stock that the Corporation shall have authority to issue is 1,000,000 shares of common stock, \$0.01 par value per share. The aggregate par value of all authorized shares having a par value is \$10,000.

(b) Notwithstanding anything contained in the Charter to the contrary, the Board, with the approval of a majority of the entire Board and without any action by the stockholders of the Corporation, may amend the Charter from time to time to increase or decrease the aggregate number of shares of stock or the number of shares of stock of any class or series that the Corporation has authority to issue. The Board may authorize the issuance from time to time of shares of stock of the Corporation of any class or series, whether now or hereafter authorized, or securities or rights convertible into shares of its stock of any class or series, whether now or hereafter authorized, for such consideration as the Board may deem advisable (or without consideration in the case of a stock split or stock dividend), subject to such restrictions or limitations, if any, as may be set forth in the Charter or the Bylaws.

(c) If shares of one class or series of stock are classified or reclassified into shares of another class or series of stock pursuant to this Section 5.01 or Section 5.02, the number of authorized shares of the former class or series shall be automatically decreased and the number of shares of the latter class or series shall be automatically increased, in each case by the number of shares so classified or reclassified.

(d) Any of the terms of any class or series of stock set or changed pursuant to this Section 5.01 may be made dependent upon facts or events ascertainable outside the Charter (including determinations by the Board or other facts or events within the control of the Corporation) and may vary among holders thereof, provided that the manner in which such facts, events or variations shall operate upon the terms of such class or series of stock is clearly and expressly set forth in the articles supplementary or other Charter document.

Section 5.02 Classified or Reclassified Shares. Notwithstanding anything contained in the Charter to the contrary, the Board may, by articles

supplementary, classify or reclassify any unissued shares of stock of the Corporation and reclassify any previously classified but unissued shares of stock of the Corporation from time to time by setting or changing the preferences, conversion or other rights, voting powers, restrictions, limitations as to dividends or other distributions, qualifications, or terms or conditions of redemption of stock. Prior to issuance of classified or reclassified shares of any class or series, the Board by resolution shall: (a) designate that class or series to distinguish it from all other classes and series of stock of the Corporation; (b) specify the number of shares to be included in the class or series; (c) set or change, subject to the express terms of any class or series of stock of the Corporation outstanding at the time, the preferences, conversion or other rights, voting powers, restrictions, limitations as to dividends or other distributions, qualifications and terms and conditions of redemption for each class or series; and (d) cause the Corporation to file articles supplementary with the SDAT. No Preemptive or Subscription Rights. Except as may be provided by the Board of Directors in setting the terms of classified or reclassified shares of stock pursuant to Section 5.02 or as may otherwise be provided by a contract approved by the Board of Directors, no holder of shares of stock of the Corporation shall, as such holder, have any preemptive right to purchase or subscribe for any additional shares of stock of the Corporation or any other security of the Corporation which it may issue or sell.

Section 5.04 Special Meetings. The president of the Corporation or a majority of the entire Board may call a special meeting of the stockholders. Subject to any requirements contained in the Bylaws related to the calling of special meetings, if at the time stockholders are entitled by law to cause a special meeting of the stockholders to be called, the requisite number of stockholders required to cause a special meeting to be called shall be not less than a majority of all the votes entitled to be cast at such special meeting.

Section 5.05 Extraordinary Actions. Notwithstanding any provision of law permitting or requiring any action to be taken or approved by the affirmative vote of the holders of shares entitled to cast a greater number of votes, any such action shall be effective and valid if declared advisable by the Board and taken or approved by the affirmative vote of a majority of all the votes entitled to be cast on the matter.

Section 5.06 Appraisal Rights. Holders of shares of stock of the Corporation shall not be entitled to exercise any rights of an objecting stockholder provided for under Title 3, Subtitle 2 of the MGCL or any successor statute.

Section 5.07 Charter and Bylaws. All persons or entities who acquire or receive stock in the Corporation shall acquire or receive its shares of stock in the Corporation, and the rights of all stockholders and the terms of all shares of stock of the Corporation are, subject to the provisions of the Charter and the Bylaws.

CUST ID:0003743008
WORK ORDER:0004959585
DATE:06-03-2019 02:08 PM
AMT. PAID:\$393.00

ARTICLE VI

AMENDMENTS

Section 6.01 General. The Corporation reserves the right from time to time to make any amendment to the Charter, now or hereafter authorized by law, including any amendment altering the terms or contract rights, as expressly set forth in the Charter, of any shares of outstanding stock of the Corporation. All rights and powers conferred by the Charter on stockholders, Directors and officers are granted subject to this reservation. All references to the Charter shall include all amendments and supplements thereto.

Section 6.02 By the Board of Directors. The Board of Directors may amend the Charter from time to time, without any action by the stockholders of the Corporation, in the manner provided by the MGCL and the Charter.

Section 6.03 By Stockholders. Except as otherwise provided in Section 5.01(b), Section 5.02 and Section 6.02, any amendment to the Charter must first be approved by a majority of the Board of Directors and then shall be valid only if approved by the affirmative vote of holders of shares of stock of the Corporation entitled to cast a majority of all the votes entitled to be cast on the matter.

ARTICLE VII

INDEMNIFICATION; LIMITATION OF LIABILITY

Section 7.01 Indemnification. The Corporation shall have the power, to the maximum extent permitted by Maryland law in effect from time to time, to obligate itself to indemnify, and to pay or reimburse reasonable expenses in advance of final disposition of a proceeding to, (a) any individual who is a present or former Director, officer, employee or agent of the Corporation or (b) any individual who, while a Director officer, employee or agent of the Corporation and at the request of the Corporation, serves or has served as a director, officer, partner, member, manager or trustee of another corporation, real estate investment trust, partnership, limited liability company, joint venture, trust, employee benefit plan or any other enterprise from and against any claim or liability to which such individual may become subject or which such person may incur by reason of his or her service in such capacity. The Corporation shall have the power, with the approval of the Board, to provide such indemnification and advancement of expenses to an individual who served a predecessor of the Corporation in any of the capacities described in (a) or (b) above.

Section 7.02 Limitation of Liability. To the maximum extent that Maryland law in effect from time to time permits limitation of the liability of directors and officers of a corporation, no present or former Director or officer of the Corporation shall be liable to the Corporation or its stockholders for money damages. For avoidance of doubt, this limitation of liability shall apply to determinations and actions of a Director or of the Board, whether managerial or non-managerial, and whether any actual or

potential acquisition of control or other transaction of the Corporation is solicited or unsolicited.

Section 7.03 Amendment. Neither the amendment nor repeal of this Article VII, nor the adoption or amendment of any other provision of the Charter or the Bylaws inconsistent with this Article VII, shall apply to or affect in any respect the applicability of Section 7.01 or Section 7.02 with respect to any act or failure to act which occurred prior to such amendment, repeal or adoption.

ARTICLE VIII

BUSINESS COMBINATION ACT

Section 8.01 Business Combination Act. Notwithstanding any other provision contained in the Charter, Title 3, Subtitle 6 of the MGCL (or any successor statute) shall not apply to any acquisition by any person or entity of shares of capital stock of the Corporation.

ARTICLE IX

CORPORATE OPPORTUNITIES

Section 9.01 Corporate Opportunities. If any Director or officer of the Corporation who is also an officer, employee or agent of The RMR Group LLC (“*RMR*”) or any affiliates of The RMR Group LLC (each, a “*RMR Affiliate*”), acquires knowledge of a potential business opportunity, the Corporation renounces, on its behalf and on behalf of its subsidiaries, any potential interest or expectation in, or right to be offered or to participate in, such business opportunity to the maximum extent permitted from time to time by Maryland law. Accordingly, to the maximum extent permitted from time to time by Maryland law (a) no such Director or officer is required to present, communicate or offer any business opportunity to the Corporation or any of its subsidiaries and (b) such Director or officer, on his or her own behalf or on behalf of RMR or a RMR Affiliate, shall have the right to hold and exploit any business opportunity, or to direct, recommend, offer, sell, assign or otherwise transfer such business opportunity to any person or other entity other than the Corporation and its subsidiaries. The taking by any such Director or officer for himself or herself, or the offering or other transfer to another person or entity, of any potential business opportunity whether pursuant to the Charter or otherwise, shall not constitute or be construed or interpreted as (a) an act or omission of the Director or officer committed in bad faith or as the result of active or deliberate dishonesty or (b) receipt by the Director or officer of an improper benefit or profit in money, property, services or otherwise.

ARTICLE X

MISCELLANEOUS

Section 10.01 Severability. The provisions of the Charter are severable, and if the Board shall determine, with the advice of counsel, that any one or more of such provisions (the "*Conflicting Provisions*") are in conflict with applicable federal or state laws, the Conflicting Provisions, to the extent of the conflict, shall be deemed never to have constituted a part of the Charter, even without any amendment of the Charter pursuant to Article VI and without affecting or impairing any of the remaining provisions of the Charter or rendering invalid or improper any action taken or omitted (including but not limited to the election of Directors) prior to such determination. To the maximum extent that Maryland law permits, no Director shall be liable for making or failing to make such a determination.

Section 10.02 Ambiguity. In the case of an ambiguity in the application of any provision of the Charter or any definition contained in the Charter, the Board shall have the sole power to determine the application of such provisions with respect to any situation based on the facts known to it and any such determination shall be final and binding.

Section 10.03 Construction. In the Charter, unless the context otherwise requires, words used in the singular or in the plural include both the plural and singular and words denoting any gender include all genders. The title and headings of different parts are inserted for convenience and shall not affect the meaning, construction or effect of the Charter.

SECOND: The amendment and restatement of the Charter as hereinabove set forth has been duly advised by the Board of Directors and approved by the stockholders of the Corporation as required by law.

THIRD: The current address of the principal office of the Corporation in Maryland is as set forth in Article III of the foregoing amendment and restatement of the Charter.

FOURTH: The name and address of the Corporation's current resident agent in Maryland is as set forth in Article III of the foregoing amendment and restatement of the Charter.

FIFTH: The number of Directors of the Corporation and the names of those currently in office are as set forth in Section 4.02 of Article IV of the foregoing amendment and restatement of the Charter.

SIXTH: The total number of shares of stock which the Corporation had authority to issue immediately prior to the foregoing amendment and restatement of the Charter was 1,000,000, par value \$0.01 per share, all in one class. The aggregate par value of all shares of stock having par value was \$10,000.

SEVENTH: The total number of shares of stock which the Corporation has authority to issue pursuant to the foregoing amendment and restatement of the Charter remains 1,000,000, par value \$0.01 per share, all in one class. The aggregate par value of all shares of stock having par value remains \$10,000.

EIGHTH: The undersigned acknowledges the foregoing amendment and restatement of the Charter to be the corporate act of the Corporation and as to all matters and facts required to be verified under oath, the undersigned acknowledges that to the best of the undersigned's knowledge, information and belief, these matters and facts are true in all material respects and that that this statement is made under the penalties of perjury.

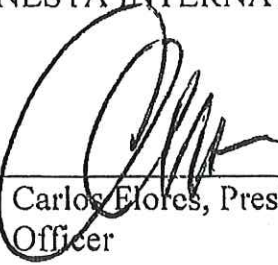
[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the Corporation has caused these Articles of Amendment and Restatement to be signed in its name and on its behalf by its President and attested to by its Secretary on this 3rd day of June, 2019

ATTEST:

SONESTA INTERNATIONAL HOTELS CORPORATION


Jennifer B. Clark, Secretary

By:  (SEAL)
Carlos Flores, President and Chief Executive Officer



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

JEAN M. LORIZIO, ESQ.
CHAIRMAN

CORI REQUEST FORM

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

ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	0039-HT-0026	LICENSEE NAME:	Sonesta International Hotels Corporation	CITY/TOWN:	Andover
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APPLICANT INFORMATION


LAST NAME:	Maxwell	FIRST NAME:	Bradford	MIDDLE NAME:	Parke
MAIDEN NAME OR ALIAS (IF APPLICABLE):	[REDACTED]		PLACE OF BIRTH:	[REDACTED]	
DATE OF BIRTH:	[REDACTED]	SSN:	[REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE):	[REDACTED]
MOTHER'S MAIDEN NAME:	[REDACTED]	DRIVER'S LICENSE #:	[REDACTED]	STATE LIC. ISSUED:	[REDACTED]
GENDER:	[REDACTED]	HEIGHT:	[REDACTED]	WEIGHT:	[REDACTED]
EYE COLOR:	[REDACTED]				
CURRENT ADDRESS:	[REDACTED]				
CITY/TOWN:	[REDACTED]	STATE:	[REDACTED]	ZIP:	[REDACTED]
FORMER ADDRESS:	[REDACTED]				
CITY/TOWN:	[REDACTED]	STATE:	[REDACTED]	ZIP:	[REDACTED]

PRINT AND SIGN

PRINTED NAME:	Bradford P. Maxwell	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

On this 9/14/23 before me, the undersigned notary public, personally appeared Bradford P. Maxwell
(name of document signer), 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.


NOTARY

DIVISION USE ONLY

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

The DCII Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity 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 (617) 660-4014.





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>	0039-HT-0026	LICENSEE NAME:	Sonesta International Hotels Corporation	CITY/TOWN:	Andover
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APPLICANT INFORMATION

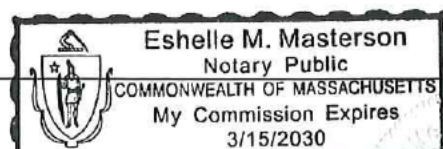
LAST NAME:	Manoukian	FIRST NAME:	Vera	MIDDLE NAME:	Nazareth
MAIDEN NAME OR ALIAS (IF APPLICABLE):	[REDACTED]		PLACE OF BIRTH:	[REDACTED]	
DATE OF BIRTH:	[REDACTED]	SSN:	[REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE):	n/a
MOTHER'S MAIDEN NAME:	[REDACTED]	DRIVER'S LICENSE #:	[REDACTED]	STATE LIC. ISSUED: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

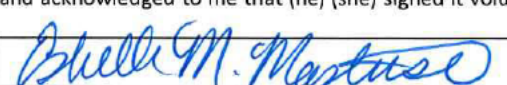
PRINT AND SIGN

PRINTED NAME:	Vera Nazareth Manoukian	APPLICANT/EMPLOYEE SIGNATURE:	
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NOTARY INFORMATION

On this 9/14/23 before me, the undersigned notary public, personally appeared Vera Manoukian (name of document signer), 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.



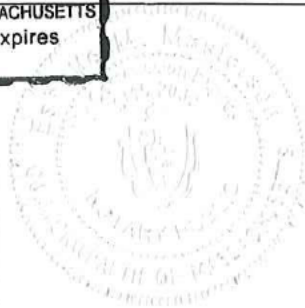


NOTARY

DIVISION USE ONLY

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

The DCJL Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJL. 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 DCJL via mail or by fax to (617) 660-4614.





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

JEAN M. LORIZIO, ESQ.
CHAIRMAN

CORI REQUEST FORM

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

ABCC LICENSE INFORMATION

ABCC NUMBER: <small>(IF EXISTING LICENSEE)</small>	0039-HT-0026	LICENSEE NAME:	Sonesta International Hotels Corporation	CITY/TOWN:	Andover
---	--------------	----------------	--	------------	---------

APPLICANT INFORMATION

LAST NAME:	Pierce	FIRST NAME:	Keith	MIDDLE NAME:	John
MAIDEN NAME OR ALIAS (IF APPLICABLE):	[REDACTED]		PLACE OF BIRTH:	[REDACTED]	
DATE OF BIRTH:	[REDACTED]	SSN:	[REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE):	[REDACTED]
MOTHER'S MAIDEN NAME:	[REDACTED]	DRIVER'S LICENSE #:	[REDACTED]	STATE LIC. ISSUED:	[REDACTED]
GENDER:	[REDACTED]	HEIGHT:	[REDACTED]	WEIGHT:	[REDACTED]
EYE COLOR:	[REDACTED]				
CURRENT ADDRESS:	[REDACTED]				
CITY/TOWN:	[REDACTED]	STATE:	[REDACTED]	ZIP:	[REDACTED]
FORMER ADDRESS:	[REDACTED]				
CITY/TOWN:	[REDACTED]	STATE:	[REDACTED]	ZIP:	[REDACTED]

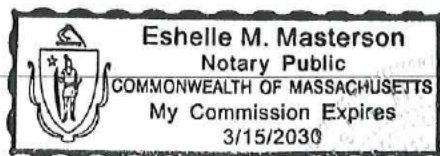
PRINT AND SIGN

PRINTED NAME:	Keith J. Pierce	APPLICANT/EMPLOYEE SIGNATURE:	<i>Keith J. Pierce</i>
---------------	-----------------	-------------------------------	------------------------

NOTARY INFORMATION

On this 9/12/23 before me, the undersigned notary public, personally appeared Keith J. Pierce
(name of document signer), 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.

Eshelle M. Masterson
NOTARY



DIVISION USE ONLY

REQUESTED BY:	[REDACTED]
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SIGNATURE OF CORI AUTHORIZED EMPLOYEE

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



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

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

ALCOHOLIC BEVERAGES LICENSE APPLICATION

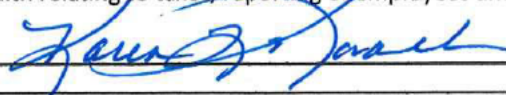
BUSINESS/ENTITY NAME:	Aimbridge Hospitality, LLC
DBA:	Springhill Suites By Marriott Boston Andover
PREMISE ADDRESS:	550 Minuteman Rd.
	Andover, MA 01810
MANAGER/CONTACT NAME:	Whitney Gillings
EMAIL:	[REDACTED]
PHONE:	[REDACTED]
BUSINESS MAILING ADDRESS: (if different from premise)	5301 Headquarters Dr.
	Plano, TX 75024
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 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:  Date: 8/29/2023

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: Aimbridge Hospitality, 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)



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

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

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: Aimbridge Hospitality, LLC

Address: 550 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 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: Starr Indemnity & Liability Company

Insurer's Address: 399 Park Avenue 2nd Floor

City/State/Zip: New York, NY 10022

Policy # or Self-ins. Lic. # 1000003052 Expiration Date: 11/01/2023

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: [Handwritten Signature]

Date: 8/29/2023

Phone #: 972-952-0200

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)
12/15/2022

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 Aon Risk Services Southwest, Inc. Dallas TX Office 5005 Lyndon B Johnson Freeway Suite 1500 Dallas TX 75244 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Aimbridge Group Holdings, LP 5301 Headquarters Dr. Plano TX 75024 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Starr Indemnity & Liability Company		38318
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570096824352 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG OTHER:						<input type="checkbox"/> EACH OCCURRENCE <input type="checkbox"/> DAMAGE TO RENTED PREMISES (Ea occurrence) <input type="checkbox"/> MED EXP (Any one person) <input type="checkbox"/> PERSONAL & ADV INJURY <input type="checkbox"/> GENERAL AGGREGATE <input type="checkbox"/> PRODUCTS - COMP/OP AGG	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						<input type="checkbox"/> COMBINED SINGLE LIMIT (Ea accident) <input type="checkbox"/> BODILY INJURY (Per person) <input type="checkbox"/> BODILY INJURY (Per accident) <input type="checkbox"/> PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION						<input type="checkbox"/> EACH OCCURRENCE <input type="checkbox"/> AGGREGATE	
A	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	100001264 Work Comp (AOS) 100003052 Work Comp (AK FL MA)	11/01/2022 11/01/2022	11/01/2023 11/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH <input type="checkbox"/> E.L. EACH ACCIDENT \$2,000,000 <input type="checkbox"/> E.L. DISEASE-EA EMPLOYEE \$2,000,000 <input type="checkbox"/> E.L. DISEASE-POLICY LIMIT \$2,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: BU# 53530000 - Springhill Suites Boston Andover, 550 Minuteman Rd., Andover, MA 01810.

CERTIFICATE HOLDER

CANCELLATION

Town of Andover 36 Bartlet Street Andover MA 01810 USA	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 <i>Aon Risk Services Southwest, Inc.</i>
--	---

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Holder Identifier :

570096824352

Certificate No :



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:	Aimbridge Hospitality, LLC (dba SpringHill Suites Boston-Andover)
APPLICANT NAME:	Mark M. Chloupek
APPLICANT ADDRESS:	[REDACTED]
OCCUPATION:	Corporate officer & General Counsel
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, Mark Chloupek (name), applicant for a Hotel/Innkeeper License (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:

none

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:

none

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

11 day of September, 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.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: _____

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:	Chloupek
First Name:	Mark
Middle Name:	Milenko
Suffix:	n/a
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 _____

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee



**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:	Aimbridge Hospitality, LLC (dba SpringHill Suites Boston-Andover)
APPLICANT NAME:	Andrew W. Leavitt
APPLICANT ADDRESS:	[REDACTED]
OCCUPATION:	Corporate officer & Corporate Controller
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, Andrew W. Leavitt (name), applicant for a Hotel/Innkeeper License (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:


none

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:

none

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

15 day of September, 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.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: _____

9/15/2023

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:	Leavitt
First Name:	Andrew
Middle Name:	Walton
Suffix:	n/a
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 _____

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

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 #: e752d946-c46d-4ee9-8f8d-75ddf05204c5

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	07237HT0026	\$200.00
		\$200.00

Total Convenience Fee: \$4.70

Total Amount Paid: \$204.70


Date Paid: 4/25/2023 12:21:11 PM EDT

Payment On Behalf Of
License Number or Business Name:
 07237HT0026

Fee Type:
 FILING FEES-RETAIL

Billing Information
First Name:
 Elise

Last Name:
 Turner





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):

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

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

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



Commonwealth of Massachusetts
Department of Revenue
Geoffrey E. Snyder, Commissioner

mass.gov/dor

Letter ID: L1759104288
Notice Date: June 27, 2023
Case ID: 0-002-070-762



CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



AIMBRIDGE HOSPITALITY LLC
5301 HEADQUARTERS DRIVE
PLANO TX 75024

Why did I receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, AIMBRIDGE HOSPITALITY LLC is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.

What if I have questions?

If you have questions, call us at (617) 887-6400 or toll-free in Massachusetts at (800) 392-6089, Monday through Friday, 9:00 a.m. to 4:00 p.m..

Visit us online!

Visit mass.gov/dor to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using e-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

Edward W. Coyle, Jr., Chief
Collections Bureau

with your records and that the payroll taxes are current for Aimbridge Employee Services so that I can file an amendment to update the liquor license.

Please let me know if you have any questions.

Springhill Suites by Marriott 550 Minuteman Road Andover, MA 01810
DoubleTree by Hilton Boston North Shore 50 Village Drive Danvers, MA 01923
Doubletree Boston North Shore 51 Village Road Middleton, MA 01949
Embassy Suites Boston-Logan 207 Porter Street Boston, MA 02128-2213

Whitney Anderson Gillings | Bluebonnet Consulting, Inc.

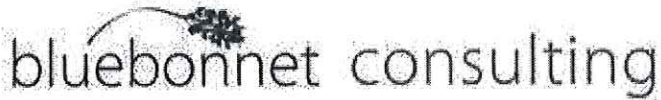
Independent Licensing Consultant

12700 Hillcrest Rd. | Suite 220 | Dallas, TX 75230 | USA

direct: 512-417-1047 | main: 972-960-0033

cell: 512-417-1047 | fax: 972-960-1511

wgillings@bluebonnetconsulting.com | www.bluebonnetconsulting.com





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
Aimbridge Hospitality, LLC	Andover	07237-HT-0026

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

The corporate officers for Aimbridge Hospitality, LLC have changed. Mark Chloupek is being added as President and Secretary to replace Elie Khoury. Andrew Leavitt is also being added as Vice President and Treasurer to replace Gregory Moundas.

APPLICATION CONTACT

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

Name	Title	Email	Phone
Whitney Gillings	License Consultant	[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
Mark M. Chloupek			

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
President & Secretary	0	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Name of Principal	Residential Address	SSN	DOB
Andrew Leavitt			

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Vice President & Treasurer	0	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" 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)

Aimbridge Hospitality Holdings, LLC

100%

Name of Principal

Residential Address

SSN

DOB

Mark M. Chloupek

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

President, Secretary, LLC Manager

0

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Andrew W. Leavitt

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Vice President, Treasurer, LLC Manager

0

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Karen L. Kovach

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Vice President

0

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Robert P. Smith

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Vice President

0

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Aimbridge Parent, Inc.

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Sole Member

100

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

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

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)

Aimbridge Parent, Inc.

100% of Aimbridge Hospitality Holdings, LLC

Name of Principal: **Mark M. Chloupek** Residential Address: [REDACTED] SSN: [REDACTED] DOB: [REDACTED]

Title and or Position: President, Secretary, Director Percentage of Ownership: 0 Director: Yes No US Citizen: Yes No MA Resident: Yes No

Name of Principal: **Andrew W. Leavitt** Residential Address: [REDACTED] SSN: [REDACTED] DOB: [REDACTED]

Title and or Position: Vice President, Treasurer, Director Percentage of Ownership: 0 Director: Yes No US Citizen: Yes No MA Resident: Yes No

Name of Principal: **Karen L. Kovach** Residential Address: [REDACTED] SSN: [REDACTED] DOB: [REDACTED]

Title and or Position: Vice President Percentage of Ownership: 0 Director: Yes No US Citizen: Yes No MA Resident: Yes No

Name of Principal: **Robert P. Smith** Residential Address: [REDACTED] SSN: [REDACTED] DOB: [REDACTED]

Title and or Position: Vice President Percentage of Ownership: 0 Director: Yes No US Citizen: Yes No MA Resident: Yes No

Name of Principal: **Aimbridge Acquisition Co. Inc.** Residential Address: [REDACTED] SSN: [REDACTED] DOB: [REDACTED]

Title and or Position: Shareholder Percentage of Ownership: 52.06% Director: Yes No US Citizen: Yes No MA Resident: Yes No

Name of Principal: **Aimbridge Blocker 1, LLC** Residential Address: [REDACTED] SSN: [REDACTED] DOB: [REDACTED]

Title and or Position: Shareholder Percentage of Ownership: 0.90% Director: Yes No US Citizen: Yes No MA Resident: Yes No

Name of Principal: **Aimbridge Blocker 2, LLC** Residential Address: [REDACTED] SSN: [REDACTED] DOB: [REDACTED]

Title and or Position: Shareholder Percentage of Ownership: 15.67% 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?
If yes, attach an affidavit providing the details of any and all convictions.

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)

Aimbridge Parent, Inc.

100% of Aimbridge Hospitality Holdings, LLC

Name of Principal

Residential Address

SSN

DOB

Aimbridge Blocker 3, LLC

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Shareholder

3.68%

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Aimbridge Blocker 4, LLC

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Shareholder

23.83%

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Aimbridge Blocker 5, LLC

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Shareholder

3.85%

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

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

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)

Aimbridge Blocker 1, LLC

0.90% of Aimbridge Parent Inc.

Name of Principal

Residential Address

SSN

DOB

Michael J. Deitemeyer

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

President

0

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Mark M. Chloupek

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

VP, Secretary

0

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Aimbridge Acquisition Co. Inc.

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Managing Member

100%

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

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

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)

Aimbridge Blocker 2, LLC

15.67% of Aimbridge Parent Inc.

Name of Principal

Residential Address

SSN

DOB

Michael J. Deitemeyer

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

President

0

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Mark M. Chloupek

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

VP, Secretary

0

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Aimbridge Acquisition Co. Inc.

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Managing Member

100%

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

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

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)

Aimbridge Blocker 3, LLC

3.68% of Aimbridge Parent Inc.

Name of Principal

Residential Address

SSN

DOB

Michael J. Deitemeyer

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

President

0

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Mark M. Chloupek

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

VP, Secretary

0

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Aimbridge Acquisition Co. Inc.

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

Managing Member

100%

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

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

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)

Aimbridge Blocker 4, LLC

23.83% of Aimbridge Parent Inc.

Name of Principal

Residential Address

SSN

DOB

Michael J. Deitemeyer

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

President

0

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Mark M. Chloupek

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

VP, Secretary

0

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Aimbridge Acquisition Co. Inc.

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

Managing Member

100%

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership Director

US Citizen

MA Resident

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

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)

Aimbridge Blocker 5, LLC

3.85% of Aimbridge Parent Inc.

Name of Principal

Residential Address

SSN

DOB

Michael J. Deitemeyer

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

President

0

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Mark M. Chloupek

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

VP, Secretary

0

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Aimbridge Acquisition Co. Inc.

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Managing Member

100%

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

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

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)

Almbridge Acquisition Co. Inc.

52.06% of Almbridge Parent Inc.

Name of Principal

Residential Address

SSN

DOB

Michael J. Deitemeyer

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

President, CEO, Director

0

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Mark M. Chloupek

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Executive VP, Secretary, Director

0

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Almbridge Intermediate Co. Inc.

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Sole Stockholder

100%

Yes No

Yes No

Yes No

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

MA Resident

Name of Principal

Residential Address

SSN

DOB

Title and or Position

Percentage of Ownership

Director

US Citizen

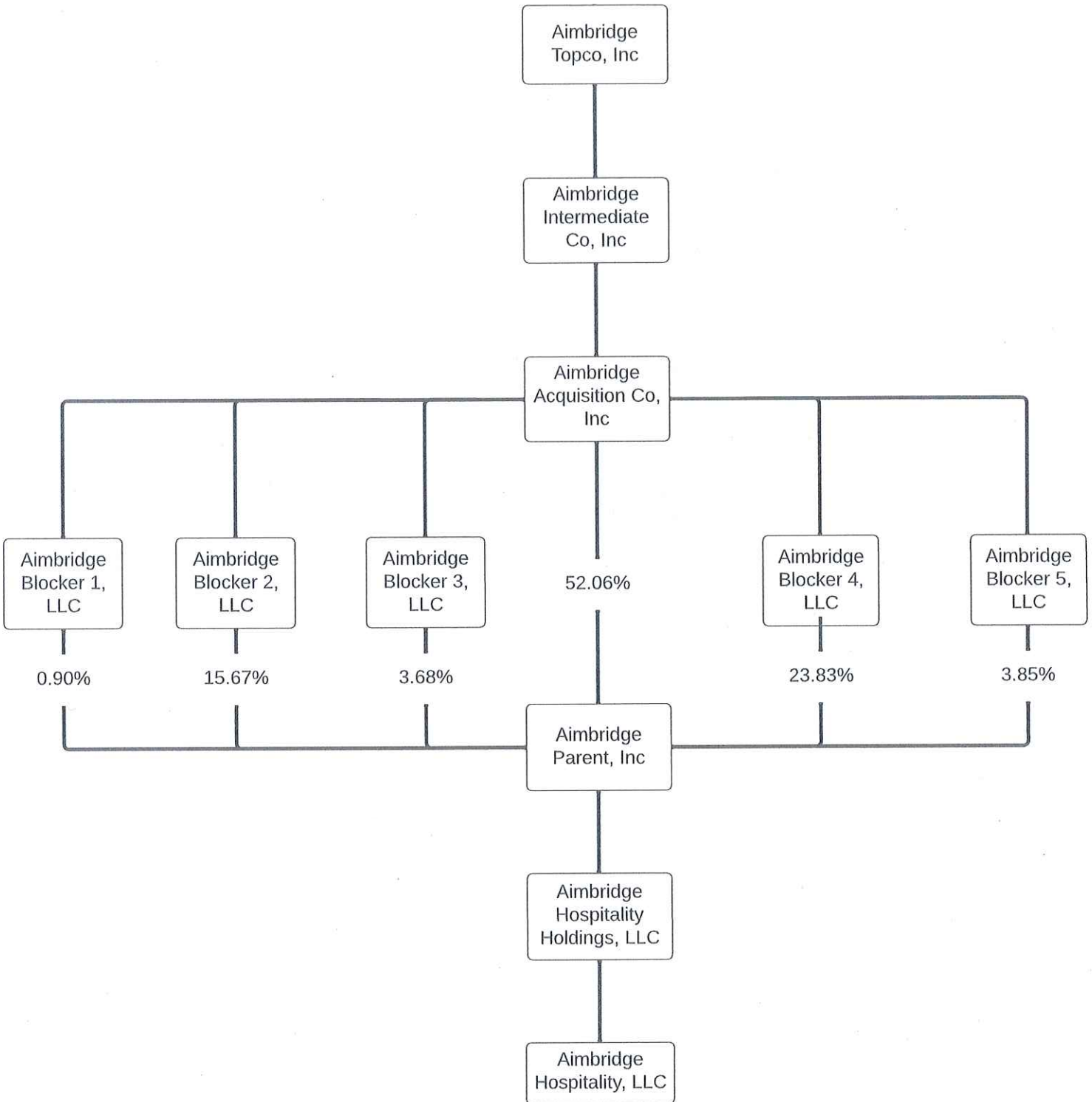
MA Resident

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

Organizational Chart for Aimbridge Hospitality LLC



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
Robert P. Smith	Vice President	0
Name of Principal	Title/Position	Percentage of Ownership
Karen L. Kovach	Vice President	0
Name of Principal	Title/Position	Percentage of Ownership
Aimbridge Hospitality Holdings, LLC	Managing Member	100%
Name of Principal	Title/Position	Percentage of Ownership
Name of Principal	Title/Position	Percentage of Ownership
Name of Principal	Title/Position	Percentage of Ownership

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
See attached Exhibit A			

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
As an executive with Aimbridge Hospitality	I serve as an officer	on various corporate entities that	have held liquor licenses across
across the US.			

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
	n/a		

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):

n/a

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
n/a	
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.
n/a			<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.

No officer has contributed personal funds and there has been no change in ownership.

ADDITIONAL INFORMATION

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

Please remove Elie Khoury and Gregory Moundas as officers for this entity.

APPLICANT'S STATEMENT

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

of Aimbridge Hospitality, 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: 4/14/2023

Title: Vice 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):

- 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

Karen Kovach

(Print Name)

For Corporations ONLY
A true copy attest,

Corporation Clerk's Signature

(Print Name)

AIMBRIDGE HOSPITALITY, LLC

**WRITTEN CONSENT OF
THE SOLE MEMBER
IN LIEU OF A MEETING**

Effective as of
December 13, 2022

The undersigned, being the Sole Member of Aimbridge Hospitality, LLC (the "Company"), acting in accordance with the applicable laws of the jurisdiction of formation and limited liability company agreement of the Company, DOES HEREBY ADOPT the resolutions hereinafter set forth as the action of the Sole Member of the Company by written consent:

APPOINTMENT OF OFFICERS

WHEREAS, the limited liability company agreement of the Company as in effect as of the date hereof provides that the Sole Member of the Company may designate the officers of the Company;

WHEREAS, the Sole Member of the Company desires to appoint new officers with respect to the Company and such new appointments will replace the prior slate of officers for the Company.

RESOLVED, that effective immediately the following named persons constitute all of the officers of the Company, holding the offices set forth opposite their names:

<u>Name</u>	<u>Title</u>
Mark Chloupek	President and Secretary
Robert Smith	Vice President
Karen Kovach	Vice President
Andrew Leavitt	Vice President and Treasurer

GENERAL AUTHORITY

RESOLVED, that such officers shall hold such positions until their respective successors are appointed and qualified;

FURTHER RESOLVED, that the officers of the Company be, and any one of them acting alone is, hereby authorized, directed and empowered in the name and on behalf of the Company, to file, execute, verify, attest, acknowledge and deliver in the name and on behalf of the Company, all other documents and instruments, and to do and perform any and all such further acts, deeds and things, as they or any of them may deem necessary or advisable to carry out the intent and accomplish the purpose of the foregoing resolutions and the transactions contemplated thereby; and that the taking of any such action, deed or thing, and the filing, execution, verification, attestation, acknowledgement or delivery of any such document or instrument shall be conclusive evidence of its necessity or advisability and its authorization hereunder;

FURTHER RESOLVED, that all acts and things previously done by any manager, director, officer, employee or agent of the Company, on or prior to the date hereof, in the name and on behalf of the Company, in connection with the matters contemplated by the foregoing resolutions, are in all respects ratified, approved, confirmed and adopted as acts and deeds by and on behalf of the Company; and


FURTHER RESOLVED, that this unanimous written consent may be executed (by original or facsimile) in counterparts, each of which shall be deemed an original, but all of which, when taken together, shall constitute one and the same unanimous written consent.

[Signature Page Follows]

IN WITNESS WHEREOF, the undersigned, being the Sole Member of the Company, has executed this written consent as of the date first written above.

SOLE MEMBER:

**AIMBRIDGE HOSPITALITY HOLDINGS,
LLC**

By:  _____
Mark Chloupek, President and Secretary

Delaware

PAGE 2

The First State

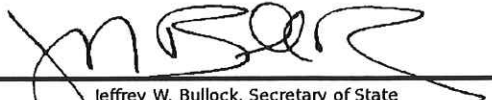
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "AIMBRIDGE HOSPITALITY, LLC" FILED IN THIS OFFICE ON THE EIGHTH DAY OF OCTOBER, A.D. 2013, AT 11:26 O'CLOCK A.M.



5411032 8100V

131172882

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0796503

DATE: 10-08-13

STATE OF DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE OF FORMATION
OF
AIMBRIDGE HOSPITALITY, LLC

The undersigned authorized person hereby duly adopts the following Certificate of Formation for the purposes of forming a limited liability company pursuant to the Delaware Limited Liability Company Act (6 Del.C. § 18-101, et seq.):

1. The name of the limited liability company formed hereby is "Aimbridge Hospitality, LLC".
2. The address of the registered office of the limited liability company in the State of Delaware is Corporation Trust Center, 1209 Orange Street, Wilmington, New Castle County, Delaware 19801. The name of its registered agent at such address is The Corporation Trust Company.
3. This Certificate of Formation shall be effective on the date of filing.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation this 8th day of October, 2013.

/s/ Adam C. Hull

Name: Adam C. Hull

Title: Authorized Person



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: <small>(IF EXISTING LICENSEE)</small>	01237H0026	LICENSEE NAME:	Aimbridge Hospitality, LLC	CITY/TOWN:	Andover
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APPLICANT INFORMATION

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

PRINT AND SIGN

PRINTED NAME:	Andrew W. Leavitt	APPLICANT/EMPLOYEE SIGNATURE:	
---------------	-------------------	-------------------------------	--

NOTARY INFORMATION

On this 5/2/23 before me, the undersigned notary public, personally appeared Andrew W. Leavitt
 (name of document signer), proved to me through satisfactory evidence of identification, which were Driver's License
 to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

NOTARY

DIVISION USE ONLY

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

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



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

JEAN M. LORIZIO, ESQ.
CHAIRMAN

CORI REQUEST FORM

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

ABCC LICENSE INFORMATION

ABCC NUMBER: 07237HT0026 (IF EXISTING LICENSEE) LICENSEE NAME: Almbridge Hospitality, LLC CITY/TOWN: Andover

APPLICANT INFORMATION

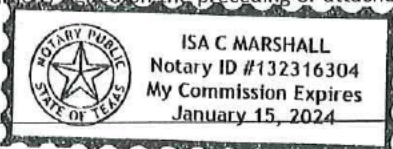

LAST NAME: Chloupek FIRST NAME: Mark MIDDLE NAME: Milenko
 MAIDEN NAME OR ALIAS (IF APPLICABLE): [REDACTED] PLACE OF BIRTH: [REDACTED]
 DATE OF BIRTH: [REDACTED] SSN: [REDACTED] ID THEFT INDEX PIN (IF APPLICABLE): n/a
 MOTHER'S MAIDEN NAME: [REDACTED] DRIVER'S LICENSE #: [REDACTED] STATE LIC. ISSUED: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

PRINT AND SIGN

PRINTED NAME: Mark M. Chloupek APPLICANT/EMPLOYEE SIGNATURE: 

NOTARY INFORMATION

On this 5/2/23 before me, the undersigned notary public, personally appeared Mark M. Chloupek
 (name of document signer), proved to me through satisfactory evidence of identification, which were Driver's License
 to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

 
 NOTARY

DIVISION USE ONLY

REQUESTED BY: [REDACTED]
 SIGNATURE OF CORI AUTHORIZED EMPLOYEE

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Run for the Troops "Beer Garden"



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

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

ONE DAY LIQUOR LICENSE APPLICATION

BUSINESS/ORGANIZATION INFORMATION	
BUSINESS/ORGANIZATION NAME:	OAK & IRON BREWING Co.
BUSINESS/ORGANIZATION ADDRESS:	18 Red Spring Rd Andover Ma 01810
IS THIS A BUSINESS OR NON-PROFIT ORGANIZATION?	<input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> NON-PROFIT ORGANIZATION
SOCIAL SECURITY/FID #:	[REDACTED]
INDIVIDUAL APPLICANT INFORMATION (THIS INFORMATION IS REQUIRED FOR ALL APPLICATIONS)	
NAME:	James Cass
ADDRESS:	[REDACTED]
PHONE:	[REDACTED]
EMAIL:	[REDACTED]
DRIVER'S LICENSE #/STATE OF ISSUE	[REDACTED]
IS THE APPLICANT A US CITIZEN?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
EVENT INFORMATION	
DATE OF EVENT:	11.12.23
TIME:	Start Time ~ 9 :30 <input type="checkbox"/> AM <input type="checkbox"/> PM End Time ~ 12 :00 <input type="checkbox"/> AM <input type="checkbox"/> PM
LOCATION OF LICENSED ACTIVITY:	Town Park
PURPOSE OF EVENT:	Run for the Troops
WILL THERE BE ENTERTAINMENT?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
IS THE EVENT BEING CATERED?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If no, will food be served? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO)
APPROX NUMBER OF PEOPLE ATTENDING:	Adults ~ 1500 Children ~ 200
TYPE OF LICENSE	
<input type="checkbox"/> One Day All Alcohol <input checked="" type="checkbox"/> One Day Wine & Malt <input type="checkbox"/> Charitable Wine Pouring <input type="checkbox"/> Charitable Wine Auction	

PURCHASE AND SERVICE	
IS THE ALCOHOL BEING DONATED?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
WHERE IS THE LIQUOR BEING PURCHASED FROM?	OAK & IRON BREWING Co.
ARE THEY A LICENSED WHOLESALER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
WHO WILL BE SERVING THE ALCOHOL?	OAK & IRON BREWING Co.
DOES THE SERVER HAVE LIQUOR LIABILITY INSURANCE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DETERMINATION OF LICENSE REQUIREMENTS	
IS THE EVENT OPEN TO THE PUBLIC?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
WILL THERE BE A CASH BAR?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ARE TICKETS BEING SOLD TO ENTER THIS EVENT?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
WILL A DONATION BE REQUIRED OR SOLICITED?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
WILL AN ENTRANCE FEE BE CHARGED?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

I certify under the pains and penalties of perjury that the above information is true and that I will comply with all applicable Alcohol Control Laws of the State of Massachusetts and policies and regulations of the Town of Andover.

SIGNATURE: James R. Cross DATE: 10.1.23

Office Use Only
Is has been determined by the Licensing Agent that a One Day Liquor License is
<input type="checkbox"/> REQUIRED <input type="checkbox"/> NOT REQUIRED
Licensing Agent Signature: _____
This application must be pre-approved by the Police Department, Fire Department, Health Department, and Treasurer before final approval by the Licensing Authority.



**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:	Henry's Automotive	
DBA:		
PREMISE ADDRESS:	27 Essex Street	
	Andover MA 01810	
MANAGER/CONTACT NAME:	Henry Prussman	
EMAIL:		
PHONE:		
BUSINESS MAILING ADDRESS: (if different from premise)		
FID/SS#:		

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

✓	License Type	Fee
	*Common Victualler	\$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: Date: 10/11/23

* 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 Second 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? Henry's Automotive Inc.

Business address of concern. No. 77 Essex St., Andover City - Town.

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

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

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 Henry Passman [Redacted]

Secretary N Same "

Treasurer U Same "

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? No

Is your principal business that of a motor vehicle junk dealer? No

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

77 Essex Street is comprised of 2 lots. One is the existing auto repair shop. The second is a vacant lot that will be used for parking and displaying of vehicles.

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)

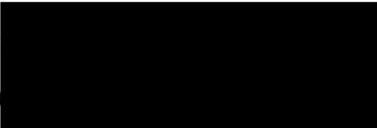
10. Have you ever applied for a license to deal in second hand motor vehicles or parts thereof? *No* (Yes or No)

If so, in what city — town

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

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. *[Signature]* (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)

ISSUED THROUGH

A. A. DORITY COMPANY

Bond No. 568693
Effective Date: 10/06/23

Massachusetts Used Car Dealer's Bond

KNOW ALL MEN BY THESE PRESENTS, That we,
Henry's Automotive, Inc.
of Andover, MA, as Principal, and
NGM Insurance Company; P.O. Box 2300; Keene, NH 03431, authorized to do business in the
Commonwealth of Massachusetts, as Surety, are held and firmly bound unto
Town of Andover, MA,
as Obligee, for the benefit of all natural persons who suffer a 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 which payment, well
and truly to be made, we bind ourselves, our heirs, executors and administrators, successors and assignees,
jointly and severally, firmly by these presents.

WHEREAS the said Principal is a Dealer having an established place of business at
85 Essex St; Andover
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 said Principal shall faithfully observe
the provisions of Chapter 140, Section 58, 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.

The Foregoing Agreement is Subject to the Following Conditions and Limitations:

Section 1. Recovery against this bond may be made by any natural person who obtains a final judgment in
court against the Dealer for an act or omission on which the bond is conditioned if the act or
omission occurred during the term of the bond. No suit may be maintained to enforce any liability
on the bond unless brought within one (1) year after the event giving rise to the cause of action.

Section 2. 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 is prima facie evidence of compliance
with this requirement of notice)

Section 3. The Surety may cancel said bond by giving thirty (30) days' notice in writing by U.S. First Class
mail to the Obligee and this bond shall be deemed cancelled.

Signed this day, October 6, 2023.

Witness

X [Signature]

Henry's Automotive, Inc.

By: X [Signature]

Principal

NGM Insurance Company

By: [Signature]

Katie E. Connor

Attorney-in-Fact

Producer: A.A. DORITY COMPANY, INC. (617) 523-2935

226 Lowell St., Suite B-4; Wilmington, MA 01887



POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That NGM Insurance Company, a Florida corporation having its principal office in the City of Jacksonville, State of Florida, pursuant to Article IV, Section 2 of the By-Laws of said Company, to wit:

"Article IV, Section 2. The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them."

does hereby make, constitute and appoint Philip B Crawford, Richard W Crawford, James M Crawford, Katie E Connor, Jeffrey W Crawford -----

its true and lawful Attorneys-in-fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed, bonds, undertakings, recognizances, contracts of indemnity, or other writings obligatory in nature of a bond subject to the following limitation:

- 1. No one bond to exceed Five Million Dollars (\$5,000,000)

and to bind NGM Insurance Company thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of NGM Insurance Company; the acts of said Attorney are hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by the authority of the following resolution adopted by the Directors of NGM Insurance Company at a meeting duly called and held on the 2nd day of December 1977,

Voted: That the signature of any officer authorized by the By-Laws and the company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the company as the original signature of such office and the original seal of the company, to be valid and binding upon the company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, NGM Insurance Company has caused these presents to be signed by its Assistant Secretary and its corporate seal to be hereto affixed this 24th day of August, 2023.

NGM INSURANCE COMPANY By:

L. K. Powell

Lauren K. Powell
Assistant Secretary



State of Wisconsin,
County of Dane.

On this 24th day of August, 2023, before the subscriber a Notary Public of State of Wisconsin in and for the County of Dane duly commissioned and qualified, came Lauren K. Powell of NGM Insurance Company, to me personally known to be the officer described herein, and who executed the preceding instrument, and she acknowledged the execution of same, and being by me fully sworn, deposed and said that she is an officer of said Company, aforesaid; that the seal affixed to the preceding instrument is the corporate seal of said Company, and the said corporate seal and her signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Company; that Article IV, Section 2 of the By-Laws of said Company is now in force. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Madison, Wisconsin this 24th day of August, 2023.

M. J. Ripp



I, Mary J. Ripp, Senior Manager, Corporate Governance of NGM Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by said Company which is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company at Madison, Wisconsin this 6th day of October, 2023.

Mary J. Ripp

Mary J. Ripp, Senior Manager, Corporate Governance



THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF ANDOVER

ANDOVER TOWN CLERK
RCUD 2023 OCT 13 PM 12:11

10/13, 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

Henry's Automotive Inc. at
7785 Essex Street (Name of Business)
Andover MA 01810 (Business Address)
Business Phone: [Redacted]

Business Email: _____

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

Full Name
Henry Prussman

[Redacted]

Signatures

[Signature]

The Commonwealth of Massachusetts

Essex ss

October 13, 2023

Personally appeared before me the above-named Henry Prussman

and made oath that the foregoing statement is true.

ID Presented: Driver's License: [Redacted]

[Signature]
(Signature)

Other: _____

Town Clerk's Office
(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: October 13th, 2027



Commonwealth of Massachusetts

Town of Andover

36 Bartlet Street, Andover, MA 01810 Phone: (978) 623-8630



Zoning Permit

Project No #: Z-23-64	Project Name:
August 28, 2023 _____ Issue Date	

SECTION 1: SITE INFORMATION

1.1 Property Address 77 ESSEX ST	1.2 Parcel Number MBL: 54 0 47																		
1.3 Zoning Information <p style="text-align: center;">MU Zoning District</p>	1.4 Property Dimensions <p style="text-align: center;">100.10</p> Lot area Frontage (ft)																		
1.5 Building Setbacks (ft)																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Front Yard</th> <th colspan="2">Side Yard</th> <th colspan="2">Back Yard</th> </tr> <tr> <td style="width:16.6%;">Required</td> <td style="width:16.6%;">Provided</td> <td style="width:16.6%;">Required</td> <td style="width:16.6%;">Provided</td> <td style="width:16.6%;">Required</td> <td style="width:16.6%;">Provided</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Left side Right Side</td> <td style="text-align: center;">Left Side Right Side</td> <td></td> <td></td> </tr> </table>		Front Yard		Side Yard		Back Yard		Required	Provided	Required	Provided	Required	Provided			Left side Right Side	Left Side Right Side		
Front Yard		Side Yard		Back Yard															
Required	Provided	Required	Provided	Required	Provided														
		Left side Right Side	Left Side Right Side																

SECTION 2: PROPERTY OWNERSHIP/AUTHORIZED AGENT

Owner Name: 85 ESSEX LLC	Address: 85 ESSEX ST ANDOVER MA01810
Applicant Name: Henry Prussman	

SECTION 3: Description of Proposed Work

Project For: Variance
Brief Description of Proposed Work: MOTOR VEHICLE SALES ON LOTS 47 & 47A, MAP 54 (BOTH KNOW AS 77 ESSEX ST)

SECTION 4: Costs

Permit Cost: \$410.00



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: _____

10/11/23

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

2211 ANDOVER TOWN
TOWN CLERK'S OFFICE
TOWN CLERK'S OFFICE

SUBJECT INFORMATION:	
Last Name:	Prussman
First Name:	Henry
Middle Name:	August
Suffix:	IV
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 _____

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

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: Henry's Automotive Inc.

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) Henry's Automotive Inc. 

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

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: Henry's Automotive Inc.
 Address: 85 Essex Street
 City/State/Zip: Andover MA 01810 Phone #: [REDACTED]

Are you an employer? Check the appropriate box:

- 1. I am an employer with 7 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: 10/11/23
 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

Workers Compensation and Employers Liability Insurance Policy

Insurer ID No (s): 34355
 MA Retail Merchants WC Group Inc.
 PO Box 859222-9222
 Braintree, MA 02185-0000

Carrier Policy #:	Policy Period
014005033229123	01/01/2023 to 01/01/2024

Information Page	FEIN: 461469614	Renewal Policy Carrier Prior Policy #: 014005033229122
Item 1; Named Insured and Address	Agency	
Henry's Automotive Inc Henry's Automotive 85 Essex St Andover, MA 01810	HUB NE Association Programs 300 Ballardvale Street Wilmington, MA 01887	

Other Workplaces Not Shown Above: No Other Workplaces for this Policy
Additional Named Insured: See Additional Named Insureds if Applicable

Type of Business: Corporation	Federal ID#: 461469614
Risk ID: 000000000	NCCI / Bureau #: 34355
Unemployment ID #:	File #: 014005033229123

Item 2. Policy Period The policy period is from 12:01 AM on 01/01/2023 to 12:01AM on 01/01/2024 based on the insured's mailing address time zone.

Item 3. Coverage:

- A. **Workers Compensation Insurance:** Part One of the policy applies to the Workers Compensation Law of the states listed:
 MA
- B. **Employers Liability Insurance:** Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:
- | | | |
|---------------------------|---------------|---------------|
| Bodily Injury by Accident | \$ 100,000.00 | each accident |
| Bodily Injury by Disease | \$ 500,000.00 | policy limit |
| Bodily Injury by Disease | \$ 100,000.00 | each employee |
- C. **Other States Insurance:**
- D. This policy includes these endorsements and schedules:
 WC000000C(01/15), WC000414A(01/19), WC000422C(01/21), NOE(01/01), WC200102(01/14), WC200301(04/84),
 WC200302A(09/08), WC200303D(08/10), WC200306B(06/13), WC200405(06/01), WC200601A(07/08)

Item 4: Premium

The Premium for the policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code #	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
-----------------	--------	---	-----------------------------------	--------------------------

See Schedule of Operations on Following Page(s)

<u>Minimum Premium</u> \$ 258.00	<u>Prorated Premium</u> \$ 4,799.00	<u>Estimated Annual Premium</u> \$ 4,799.00	<u>Expense Constant</u> \$ 0.00	<u>Deposit</u> \$ 0.00
Issuing Office: 35 Braintree Hill Office Park Ste 208 Braintree MA 02185-0000		Date Printed: 01-20-2023	Countersigned by:	

Form # WC 00 00 01 C
 (Ed.)

W A R R A N T
THE COMMONWEALTH OF MASSACHUSETTS
ESSEX, SS.

To Either of the Constables of the Town of Andover

Greeting:

In the name of the Commonwealth you are hereby required to notify and warn the Inhabitants of said Town who are qualified to vote in Town Affairs to meet and assemble at Andover High School, 80 Shawsheen Road, in said Andover, on

MONDAY, THE TWENTIETH DAY OF NOVEMBER, 2023

At seven o'clock P.M. to act upon the following articles:

ARTICLE 1	BALLOT QUESTION ON OPEN TOWN MEETING
------------------	---

To see if the Town will authorize the Select Board to add the following non-binding ballot question related Open Town Meeting for the next Town local election:

Ballot Question

Would you be in favor or opposed to keeping Open Town Meeting, Town of Andover's current form of government?

Yes

Continue with the existing form of government where Town Meeting acts as the legislative body and the Select Board and Town Manager act together as the executive branch.

No

Andover voters want another form of government presently and in the future. Town officials will come back to the next Town Meeting with ballot question(s) for voters' consideration on future form of government.

On petition of Kathleen Grant and others

ARTICLE 2	PROPERTY TAX LIMIT FOR ANDOVER RESIDENTS WHO ARE 65 OR OLDER
------------------	---

To see if the Town will adopt the following:

Direct the Select Board to establish a property tax limit for Andover residents who are 65 or older at the end of the previous taxable year. Qualifying residents must own and occupy the property as their domicile either solely, jointly or as a tenant in common for ten (10) consecutive years before the tax year begins. If the resident is a joint owner with another person who is not their spouse, the exemption will be equal to the qualifying resident's same ownership interest in the property. Effective on July 1, 2024 (Fy'25), the exemption shall provide that no qualifying senior shall pay more than a Two-and One- Half Percent (2.5%) increase in annual property taxes from the property

tax imposed in the base year (Fy'24) regardless of any debt exclusion measures provided under MGL c. 59 s. 21C or any other property tax debt override measures authorized by the MGL. Property improvements by qualifying residents shall not be included in the two and one-half percent annual growth limitation. Qualifying residents holding a life estate in the property shall be the eligible; domiciles held in a trust shall be eligible if they are a trustee or co-trustee of that trust and have a sufficient beneficial interest in the domicile.

On petition of Michael Meyers and others

ARTICLE 3	RETIREE HEALTH CARE PREMIUMS
------------------	-------------------------------------

To see if the Town will adopt the following:

To amend Article IV of the General By-Laws by adding at the end of Section 7 (a) (3) the following:

(4) Provide funds sufficient to ensure that the health care premium contribution percentage paid by retired Andover public employees shall not exceed the percentage contributions paid by active Andover public employees

On petition of Michael Meyers and others

ARTICLE 4	TOWN MEETING SPEAKING LIMITS AND TIME CLOCK
------------------	--

To see if the Town will adopt the following:

To amend Article II of the General By-Laws by adding at the end of Section 1 the following:

“All town meetings and special town meetings shall provide equal presentation time for petitioner and total town presentations from town officers, boards, committees and consultants. A clock shall be mounted on the wall behind the moderator that is clearly visible to all meeting attendees to ensure equal time”.

On petition of Michael Meyers and others

ARTICLE 5	REDUCE THE SPEED LIMIT ON SEVERAL ROADWAYS UNDER MUNICIPAL JURISDICTION
------------------	--

To see if the Town will petition the Massachusetts Department of Transportation to rescind the Special Speed Regulations for only the thickly settled or business district sections of the following roadways: Chandler Road, Dascomb Road, Harold Parker Road, Jenkins Road, Lovejoy Road, Main Street between the Shawsheen River to the north and School Street to the south, North Street, and River Road, thereby setting the statutory speed limit for those sections of the listed roadways to 25MPH (MGL c.90 §17C). The Town will also set a parks safety zone regulatory speed limit of 20MPH (MGL c.90 §18B) on that section of Harold Parker Road which is part of Harold Parker State Forest.

On petition of George Thorlin and others

ARTICLE 6	ESTABLISH AND REPORT KEY PERFORMANCE INDICATORS OF VEHICULAR TRAFFIC SAFETY
------------------	--

To see if the Town will create a panel of town officials, independent experts, and residents to monitor and report, on a quarterly basis, key performance measures of 1) the vehicular traffic safety on a minimum of 12 significant municipal roadways and 2) the town-wide enforcement of speed limits and other roadway safety regulations.

On petition of George Thorlin and others

ARTICLE 7	ANDOVER HIGH SCHOOL SCHEMATIC DESIGN
------------------	---

- A. To see if the Town will vote to appropriate \$1,300,000 to pay costs of purchasing professional services related to the design, renovation and construction of Andover High School, including the payment of all costs incidental and related thereto, and to determine whether this amount shall be raised by taxation, borrowing, transfer from available funds or by any combination thereof, or take any other action related thereto.

On request of the Andover High School Building Committee

- B. To see if the Town will vote to raise by taxation, borrowing, or transfer from available funds or by any combination thereof and appropriate the sum of \$500,000 for the purpose of purchasing services and materials related to the Andover High School Renovation Schematic Design, including any other costs incidental and related thereto, or to take any other action related thereto.

On request of the Select Board

[space intentionally left blank]

And you are directed to serve this Warrant by posting attested copies and publication thereof, fourteen days, at least, before the time and place of said meeting as directed by the Bylaws of the Town.

Hereof fail not, and make return of this Warrant with your doings thereon, at the time and place of said meeting.

Given our hands this 18th day of October 2023.


 _____)
 Melissa Morris Danisch, Chair)

 _____)
 Laura M. Gregory, Vice Chair)

 _____)
 Ann W. Gilbert, Selectwoman)

 _____)
 Christian C. Huntress, Selectman)

 _____)
 Alexander J. Vispoli, Selectman)

SELECT BOARD
OF
ANDOVER

A true copy

A T T E S T

Ronald Bertheim, Constable

Andover, Massachusetts, _____, 2023

Pursuant to the foregoing Warrant, I, the subscriber, one of the Constables of the Town of Andover, have notified the Inhabitants of said Town to meet at the time and place and for the purposes stated in said Warrant, by posting a true and attested copy of the same on the Town Hall, on each school house, and in no less than five other public places where bills and notices are usually posted and by publication in the *Eagle Tribune*. Said warrants have been posted and published fourteen days.

Ronald Bertheim, Constable



Douglas W. Heim
Town Counsel

Town of Andover
Legal Department

36 Bartlet Street
Andover, MA 01810
douglas.heim@andoverma.us
(978)623-8210

To: Select Board, School Committee, Finance Committee, and Planning Board

Cc: Sheila Doherty, Town Moderator; Andrew Flanagan, Town Manager; Dr. Magda Parvey, Superintendent; Austin Simko, Deputy Town Manager/Town Clerk; Resident Petitioners

Date: 10.25.23 *DWH*

Re: **Special Town Meeting Warrant Articles 1 – 7**

Members of the Select Board, School Committee, Finance Committee and Planning Board, I write to provide you a legal summary of the above-referenced warrant articles to assist in your consideration of such articles at your upcoming meetings.

ARTICLE 1

BALLOT QUESTION ON OPEN TOWN MEETING

To see if the Town will authorize the Select Board to add the following non-binding ballot question related Open Town Meeting for the next Town local election:

Ballot Question

Would you be in favor or opposed to keeping Open Town Meeting, Town of Andover's current form of government?

Yes

Continue with the existing form of government where Town Meeting acts as the legislative body and the Select Board and Town Manager act together as the executive branch.

No

Andover voters want another form of government presently and in the future. Town officials will come back to the next Town Meeting with ballot question(s) for voters' consideration on future form of government.

(Inserted on the petition of Kathleen Grant and the minimum 200 registered voters)

I expect the Article's proponent to provide their rationale for calling a Special Town Meeting to propose a non-binding public policy question on the ballot for the Annual Town Election. However, at the outset, it should be emphasized that any action at a Special Town Meeting under this Article is purely advisory. M.G.L. c. 53 sec. 18A outlines three vehicles for placing "nonbinding public opinion advisory questions on local ballots" by:

1. Vote of the Select Board at its sole discretion;
2. Vote of “the *annual* town meeting”; or
3. Select Board approval of a ten registered voter petition to the Board, or the Board having declined to place a question on the ballot, a petition of 10 percent of registered voters of the Town to the Registrar of Voters.

(emphasis added.)

In other words, the Select Board may not be directed, nor need it be authorized by a vote of a special town meeting to place on a non-binding public policy question (as opposed to a vote on “the annual town meeting”) on the ballot. The Select Board may of course be advised by a special town meeting’s action, but a vote of a special town meeting is not required to request such a question be placed on the ballot.

To that end, it also bears noting that the Town Governance Study Committee released a 200-page report as recently as December of 2021 following a four-phase process of gathering information and examining the structure of the Town’s government. Among the many findings of the Governance Study Committee, was the recommendation to maintain and Open Town Meeting form of government. Interested members of the public may find the full report at: <https://andoverma.gov/805/Published-Reports>.

ARTICLE 2

PROPERTY TAX LIMIT FOR ANDOVER RESIDENTS WHO ARE 65 OR OLDER

To see if the Town will adopt the following:

Direct the Select Board to establish a property tax limit for Andover residents who are 65 or older at the end of the previous taxable year. Qualifying residents must own and occupy the property as their domicile either solely, jointly or as a tenant in common for ten (10) consecutive years before the tax year begins. If the resident is a joint owner with another person who is not their spouse, the exemption will be equal to the qualifying resident’s same ownership interest in the property. Effective on July 1, 2024 (Fy’25), the exemption shall provide that no qualifying senior shall pay more than a Two-and One- Half Percent (2.5%) increase in annual property taxes from the property tax imposed in the base year (Fy’24) regardless of any debt exclusion measures provided under MGL c. 59 s. 21C or any other property tax debt override measures authorized by the MGL. Property improvements by qualifying residents shall not be included in the two and one-half percent annual growth limitation. Qualifying residents holding a life estate in the property shall be the eligible; domiciles held in a trust shall be eligible if they are a trustee or co-trustee of that trust and have a sufficient beneficial interest in the domicile.

(Inserted on the petition of Michael Myers and the minimum 100 registered voters)

Without commenting on the substantive concept to be presented by the petitioner, it must be noted that in its current form the Article is pre-empted by state law. As this Office understands it, the Article would direct the Select Board establish a two-tier system for residential taxation under which property-owning Andover seniors residing in town for more than 10 years would be subject to a property tax ceiling distinct from all other residents.

However, Article 89 Sec. 7 of the Massachusetts Constitution precludes municipal governments from altering state laws which “levy, assess, and collect taxes...” meaning that the Town must implement the law of the Commonwealth with respect to tax rates. While State law provides for certain tax exemptions and abatements for seniors, it does not provide for the tax ceiling sought under in the Article.

Alternately stated, the Select Board is charged under G.L. c. 40 sec. 56 with setting the local tax rate, but it must do so consistent with state law, which neither affords Town Meeting the authority to direct the Select Board, nor the Select Board ability abridge the parameters of the tax rate without explicit authorization from the Legislature and Governor.¹ Hence, the action contemplated by the Article is not feasible under Massachusetts state law.

ARTICLE 3

RETIREE HEALTH CARE PREMIUMS

To see if the Town will adopt the following:

To amend Article IV of the General By-Laws by adding at the end of Section 7 (a) (3) the following:

(4) Provide funds sufficient to ensure that the health care premium contribution percentage paid by retired Andover public employees shall not exceed the percentage contributions paid by active Andover public employees

(Inserted on the petition of Michael Myers and the minimum 100 registered voters)

To this Office’s understanding, this Article would add to the list of items under which the Town Manager may appropriate funds from the “Compensation Fund” for the additional purpose of ensuring retired Town employees do not pay more in employee health care premium contributions than active Town employees. While I expect the petitioner will provide further details on the mechanics of this contemplated action, permit me to highlight the structure and function of the Compensation Fund bylaw. In its relevant parts, the bylaw provides:

§7 Compensation Fund

At the Annual Town Meeting, a sum of money not to exceed 1% of the total annual budget for the Town of Andover may be appropriated for undetermined salary adjustments in the ensuing fiscal year and shall be known as the "Compensation Fund" and shall be governed by the following rules of use and administration:

(a) The Compensation Fund may only be used to supplement those personal service line items as appropriated by Town Meeting as follows:

¹ A legislative body cannot interfere with the executive branch on a matter which is in the exclusive authority of the executive branch. See e.g. *Anderson v. Board of Selectmen of Wrentham*, 406 Mass. 508 (1990) (Select Board cannot be bound by Town Meeting vote purporting to establish the Town’s rate of contribution for group insurance benefits).

- (1) *Comply with the provisions of labor contracts for the ensuing fiscal year which have not been signed by the first business session of the Annual Town Meeting.*
 - (2) *Provide funds for salary adjustments which would be required by the Town Manager and which result from the regrading or reclassification of positions in the ensuing fiscal year and which could not reasonably be known at the time of the Annual Town Meeting, provided that no regrading or reclassification would be accomplished without the written approval of the Select Board.*
 - (3) *Appropriations from the Compensation Fund may be made to supplement those personal service line items as appropriated by Town Meeting to adjust the compensation of nonunion personnel in relation to negotiated labor contracts as recommended by the Town Manager and approved by the Select Board.*
- (b) *Transfers from the Compensation Fund to personal service line items may only be accomplished with the approval of a majority of the Select Board upon the written request of the Town Manager.*

(emphasis added).

In short, the bylaw allows Town Meeting to annually appropriate funds for the Town Manager to address limited categories of “salary adjustments” or “personal service line items” without further or more specific appropriation from Town Meeting.² Thus, the Manager may, but is not required to use these funds subject to the approval of the majority of the Select Board for only those limited purposes.

Based on this understanding and setting aside the merits of the proposal, two matters bear the Board and Committees’ consideration. First, whether retiree health care premiums are properly considered salary adjustments or personal service line items as contemplated by the current bylaw. Second, the other categories of potential expenditure authorized under the bylaw present discrete adjustments outside the budget cycle and Town Meeting appropriations – union contracts, reclassifications, and non-union personnel compensation in relation to labor contracts – but the language of the Article suggests year-over-year commitments to maintain a set goal. With respect to the latter, all parties must understand that the contemplated amendment would not bind a future Town Manager, Select Board or Town Meeting to its stated goal. Rather, it would be an annual consideration in the discretion of the Manager and Select Board presuming continued appropriation to the fund.

² Permit me to further note that the discretionary nature of the Compensation Fund is essential. A directive from Town Meeting to expend funds in a specific way would likely run contrary to both the powers and duties vested in the Town Manger under the Town Charter as well as the role of the Finance Committee in the budget process. The discretionary nature of the fund also avoids interference with the function of the Town’s Executive Branch noted in fn. 1 *supra* and the Select Board’s specific authority relative to contribution percentages for retiree health care.

ARTICLE 4

TOWN MEETING SPEAKING LIMITS AND TIME CLOCK

To see if the Town will adopt the following:

To amend Article II of the General By-Laws by adding at the end of Section 1 the following:

“All town meetings and special town meetings shall provide equal presentation time for petitioner and total town presentations from town officers, boards, committees and consultants. A clock shall be mounted on the wall behind the moderator that is clearly visible to all meeting attendees to ensure equal time”.

(Inserted on the petition of Michael Myers and the minimum 100 registered voters)

Pursuant to G.L. c. 39, §§ 15 through 17, a Town Moderator has broad authority to conduct Town Meeting. While G.L. c. 39, § 15, authorizes towns to adopt bylaws “for the regulation of the proceedings at town meetings,” those regulations may not interfere with the Moderator’s authority under G.L. c. 39, §§ 15, 17 to preside over Town Meeting, including the recognition of speakers. Additionally, in an Open Town Meeting form of government, all registered voters, including members of the Select Board, Finance Committee, and any other town board, commission, or committee *may* be recognized to speak at the discretion of the Moderator.

Accordingly, while the petitioner may clarify the intention or design of this article, to the extent any bylaw or regulation seeks to preemptively limit or preclude recognition of persons based on their membership on a Town committee, board, or commission, or by their anticipated point of view, such regulation would likely run afoul of both the discretion afforded to the Moderator under the General Laws, as well as registered voters’ right to speak at Town Meeting.

ARTICLE 5

REDUCE THE SPEED LIMIT ON SEVERAL ROADWAYS UNDER MUNICIPAL JURISDICTION

To see if the Town will petition the Massachusetts Department of Transportation to rescind the Special Speed Regulations for only the thickly settled or business district sections of the following roadways: Chandler Road, Dascomb Road, Harold Parker Road, Jenkins Road, Lovejoy Road, Main Street between the Shawsheen River to the north and School Street to the south, North Street, and River Road, thereby setting the statutory speed limit for those sections of the listed roadways to 25MPH (MGL c.90 §17C). The Town will also set a parks safety zone regulatory speed limit of 20MPH (MGL c.90 §18B) on that section of Harold Parker Road which is part of Harold Parker State Forest.

(Inserted on the petition of George Thorlin and the minimum 100 registered voters)

While I anticipate the petitioner will present further details, the instant article appears to seek a vote of Town Meeting to request the Massachusetts Department of Transportation (“MassDOT”) change the speed limits on seven (7) roadways in Andover currently governed by special speed regulations. As Boards and Committees may recall, under Article 28 of the 2022 Annual Town Meeting, the Town accepted G.L. c. 90 § 17C, which reads in relevant part as follows:

Section 17C. (a) Notwithstanding section 17 or any other general or special law to the contrary... the board of selectmen... of a...town that accepts this section in the manner provided in section 4 of chapter 4 may, in the interests of public safety and without further authority, establish a speed limit of 25 miles per hour on any roadway inside a thickly settled or business district in the city or town on any way that is not a state highway.

(emphasis added).

Based upon the acceptance of c. 90 § 17C, the default Townwide “statutory speed limit” for thickly settled areas (most of community) was lowered to 25 miles per hour. However, any roadway already governed by a “special speed regulation,” including the streets listed in the Article, maintained their status quo speed limit.

In the same way that c. 90 § 17C vests the authority to change the statutory speed limit in the Select Board, any change to a special speed zone regulation also requires action by the Select Board because they act as roadway commissioners for the Town. As set forth in MassDOT’s “Procedures for Speed Zoning on State Highways and Municipal Roads” (<https://www.mass.gov/doc/procedures-for-speed-zoning-on-state-and-municipal-roadways/download>) any rescission of special speed regulations must be made by the entity that governs the municipal traffic code (in Andover, the Select Board):

Part 8. Rescinding Special Speed Regulations

A municipality may decide to rescind an existing Special Speed Regulation on a municipal way. Doing so should only take place after careful consideration, as rescinding a Special Speed Regulation will change the speed laws, including enforcement methods, that govern the street will from MGL c. 90 § 18 to MGL c. 90 §§ 17 or 17C (as described in Part 2) and any regulatory speed limit signs will have to be removed. If a city or town moves to rescind a Special Speed Regulation on a municipal way, it should specifically reference the regulation number and whether the rescission is for all or a portion of the regulation. If only a portion of the regulation is to be rescinded, it should clearly be noted in the action made by the body that governs the municipal traffic code. Upon approval by the municipality, a certified copy of the action shall be sent to...

Hence, in order to change or rescind a special speed regulation zone Town Meeting action is neither sufficient nor required. At most, a vote under this Article by Town Meeting may serve to advise the Select Board on the subject, but it would not be procedurally appropriate to achieve its end goal.

ARTICLE 6

ESTABLISH AND REPORT KEY PERFORMANCE INDICATORS OF VEHICULAR TRAFFIC SAFETY

To see if the Town will create a panel of town officials, independent experts, and residents to monitor and report, on a quarterly basis, key performance measures of 1) the vehicular traffic safety on a minimum of 12 significant municipal roadways and 2) the town-wide enforcement of speed limits and other roadway safety regulations.

(Inserted on the petition of George Thorlin and the minimum 100 registered voters)

This Office expects that the petitioner for the above Article will present further details on the goals, structure, and responsibilities of the proposed panel. As the Board and Committee will recall, Town Meeting may establish committees to study and/or report on or make recommendations on any variety of matters and by various means. It may not however direct Town Departments, which are vested solely in the Town Manager (with limited exceptions) based on the outcomes of such studies. Moreover, careful consideration should be afforded as to how a panel or committee with such a charge would be financially resourced and supported by professional staff. Finally, it should be understood that such a panel's reports would be advisory in nature.

ARTICLE 7

ANDOVER HIGH SCHOOL SCHEMATIC DESIGN

- A. To see if the Town will vote to appropriate \$1,300,000 to pay costs of purchasing professional services related to the design, renovation and construction of Andover High School, including the payment of all costs incidental and related thereto, and to determine whether this amount shall be raised by taxation, borrowing, transfer from available funds or by any combination thereof, or take any other action related thereto.

On request of the Andover High School Building Committee

- B. To see if the Town will vote to raise by taxation, borrowing, or transfer from available funds or by any combination thereof and appropriate the sum of \$500,000 for the purpose of purchasing services and materials related to the Andover High School Renovation Schematic Design, including any other costs incidental and related thereto, or to take any other action related thereto.

On request of the Select Board

(Inserted at the Request of the Andover High School Building Committee and the Select Board)

The instant article is required to fund one or more options for developing a schematic design for the construction of a new high school and/or the schematic design of a high school renovation project. The Committee and Board are well-versed in the efforts to realize capital improvements to the high school, the High School Building Committee and School Committee's stated preference for a new facility, and the Select Board's vote to develop a schematic design for an interim approach. For public education purposes, the Board placed both options in a single article to facilitate debate and discussion at Town Meeting in consultation with the Town Moderator and Town Meeting's past practice. Town Meeting may vote positive action on one option, both, or neither under this article.