



**Select Board Meeting – Agenda Amended 02.08.2024**

Monday, February 12, 2024

7:00 PM

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

RECEIVED  
TOWN CLERK'S OFFICE  
2024 FEB -8 PM 5:24

TOWN OF ANDOVER, MASS

- 
- 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. **Regular Business**
    - A. Alcoholic Beverages License – Courtyard Management, LLC DBA Courtyard Boston Andover

Board to review and consider voting to approve the application of Courtyard Management, LLC DBA Courtyard Boston Andover, 10 Campanelli Drive, Andover MA, for a Change of Officers, Directors, or LLC Managers and a Change of Corporate Structure on its All Alcohol Restaurant Alcoholic Beverages License.
    - B. March 5, 2024 Presidential Primary Election Warrant

Board to consider voting to approve the March 5, 2024 Presidential Primary Election Warrant.
    - C. Designation of Emergency Polling Place

Board to consider delegating to the Town Clerk the authority to designate an alternate polling location(s) in the event of an emergency.
    - D. March 26, 2024 Annual Town Election Warrant

Board to consider voting to approve the March 26, 2024 Annual Town Election Warrant.
    - E. March 11, 2024 Special Town Meeting Warrant

Board to consider voting to approve the March 11, 2024 Special Town Meeting Warrant.
    - F. Town Yard Land Disposition Agreement

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

**VI. Consent Agenda**

A. Appointments by the Town Manager

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

Department	Name	Position	Rate/Term	Date of Hire
Community Services Department	Robin DelNegro (Saraina Hernandez)	Youth Services Outreach Worker	\$78,000/yr	02/20/2024
Facilities Department	Matthew Bausemer (Allen Smith)	Maintenance Mechanic-HVAC	\$33.82/hr	03/04/2024
Department of Public Works	Rose Doherty (Kurt Kefferstan)	Water Treatment Plant Operator	\$36.20/hr	02/19/2024
Design Review Board	Kaitlin Vortherms	Member	Term Expires 06/30/2026	02/13/2024
Town Tree Committee	Alexandra Driscoll	Conservation Member	Term Expires 10/31/2026	02/13/2024

**VII. Approval of Minutes**

A. Board to approve minutes from the following meetings:

1. December 4, 2023 Select Board

**VIII. Executive Session**

Board to vote to go into Executive Session Board to comply with, or act under the authority of, any general or special law or federal grant-in-aid requirements (Open Meeting Law, G.L. c. 30A, s. 22); specifically, to perform a review of executive session minutes of from December 4, 2023, and to vote to approve and release or not release executive session minutes; and not to return to Open Session.

**IX. Adjourn**

*If any member of the public wishing to attend this meeting seeks special accommodations in accordance with the Americans with Disabilities Act, please contact Amy Heidebrecht in the Town Manager's Office at 978-623-8213 or by email at [amy.heidebrecht@andoverma.us](mailto:amy.heidebrecht@andoverma.us)*

MEETINGS ARE TELEVISED ON  
COMCAST CHANNEL 22 AND VERIZON CHANNEL 45



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

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

**ALCOHOLIC BEVERAGES LICENSE APPLICATION**

<b>BUSINESS/ENTITY NAME:</b>	Courtyard Management LLC
<b>DBA:</b>	Courtyard Boston Andover
<b>PREMISE ADDRESS:</b>	10 Campanelli Drive, Andover, MA 02110
<b>MANAGER/CONTACT NAME:</b>	Sonia Greene
<b>EMAIL:</b>	[REDACTED]
<b>PHONE:</b>	[REDACTED]
<b>BUSINESS MAILING ADDRESS: (if different from premise)</b>	317 E Carson Street, Suite 333, Pittsburgh, PA 15219
<b>FID/SS#:</b>	[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 checked="" 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<br>(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<br>(i.e. club/restaurant)    | <input type="checkbox"/> Change of Hours                          |
| <input type="checkbox"/> Change of Location                                  | <input type="checkbox"/> Change of Category<br>(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:** Sonia Greene Sonia Greene **Date:** 8/16/23

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

**(Office Use Only) SELECT BOARD HEARING DATE:** \_\_\_\_\_



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**TAX FORM**

**APPLICANT NAME:** Courtyard Management 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)

Courtyard Management, LLC

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

Sonia Greene

**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: Courtyard Management LLC

Address: 10 Campanelli Drive

City/State/Zip: Andover, MA 02110 Phone #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input checked="" type="checkbox"/> I am an employer with <u>45</u> employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input checked="" type="checkbox"/> Other <u>Hotel</u></p>
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\*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: \_\_\_\_\_

Please See Attached COI

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: Sonia Greene Sonia Greene Date: 8/16/23

Phone #: \_\_\_\_\_

*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)

9/29/2022

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 Beecher Carlson Insurance Services Part of Brown & Brown Inc. 6 Concourse Parkway, Suite 2300 Atlanta, GA 30328  www.bbinsurance.com	CONTACT NAME: Judith Boich	FAX (A/C, No): 770-870-3031
	PHONE (A/C, No, Ext): E-MAIL ADDRESS: Judith.Boich@bbrown.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Marriott International, Inc. and Subsidiaries 7750 Wisconsin Avenue Bethesda MD 20814	INSURER A: AIG Specialty Insurance Company	26883
	INSURER B: National Union Fire Ins Co of Pittsburgh, PA	19445
	INSURER C: AIU Insurance Company	19399
	INSURER D: Ace Property & Casualty Insurance Co.	20699
	INSURER E:	
	INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 70577857

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability <input checked="" type="checkbox"/> \$500,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		GL 1729006	10/1/2022	10/1/2023	EACH OCCURRENCE \$9,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$9,500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$9,500,000 GENERAL AGGREGATE \$12,500,000 PRODUCTS - COMP/OP AGG \$9,500,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		AL 4594438 - AOS (Excluding MA, VA) AL 4594439 VA AL 4594440- MA	10/1/2022	10/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$N/A		XEU G2790564A 008  Prod-Comp Ops Agg \$10M	10/1/2022	10/1/2023	EACH OCCURRENCE \$10,000,000 AGGREGATE \$40,000,000 Per Loc Aggregate \$10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N N/A		WC 045886822 (AOS) (See Attachment)	10/1/2022	10/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$3,000,000 E.L. DISEASE - EA EMPLOYEE \$3,000,000 E.L. DISEASE - POLICY LIMIT \$3,000,000
C	Workers Compensation		See Attachment for Additional Policies	10/1/2022	10/1/2023	See Attachment Details

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Boston Andover Courtyard, 10 Campanelli Drive, Andover, MA 01810 ID:311E9  
Evidence of Insurance

**CERTIFICATE HOLDER****CANCELLATION**

Boston Andover Courtyard Attn: General Manager 10 Campanelli Drive Andover MA 01810	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>Beecher Carlson Insurance Services, LLC</i>  Beecher Carlson Insurance Services, LLC

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ACORD 25 (2016/03)

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**CRIMINAL RECORD INFORMATION FORM**

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

<b>BUSINESS/ENTITY NAME:</b>	Courtyard Management LLC
<b>APPLICANT NAME:</b>	Margery Breneman
<b>APPLICANT ADDRESS:</b>	[REDACTED]
<b>OCCUPATION:</b>	Officer of Courtyard Management
<b>BIRTHPLACE:</b>	[REDACTED]
<b>DATE OF BIRTH:</b>	[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, Margery Breneman, applicant for a Hotel All Alcohol 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: N/A

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: N/A

Signed and subscribed to under the pains and penalties of perjury on  
this 10th day of January, 2024.  
(date) (month) (year)

Signature: Margery Breneman

*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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<b>BUSINESS/ENTITY NAME:</b>	Courtyard Management LLC
<b>APPLICANT NAME:</b>	William Brown
<b>APPLICANT ADDRESS:</b>	[REDACTED]
<b>OCCUPATION:</b>	Officer of Courtyard Management
<b>BIRTHPLACE:</b>	[REDACTED]
<b>DATE OF BIRTH:</b>	[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, William Brown (name), applicant for a Hotel All Alcohol (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 10th (month) day of January, 2024 (year)

Signature: William Brown

*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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**CRIMINAL RECORD INFORMATION FORM**

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

<b>BUSINESS/ENTITY NAME:</b>	Courtyard Management LLC
<b>APPLICANT NAME:</b>	Sonia Greene
<b>APPLICANT ADDRESS:</b>	[REDACTED]
<b>OCCUPATION:</b>	LLC Manager
<b>BIRTHPLACE:</b>	[REDACTED]
<b>DATE OF BIRTH:</b>	[REDACTED]

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

I, Sonia Greene (name), applicant for a Hotel All Alcohol (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:

I do hereby state that I have no pending criminal charges against me for any criminal violations in any state or federal court except those listed as follows:

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

2 day of January, 2024.  
(date) (month) (year)

Signature: Sonia Greene

*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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**CRIMINAL RECORD INFORMATION FORM**

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

<b>BUSINESS/ENTITY NAME:</b>	Courtyard Management LLC
<b>APPLICANT NAME:</b>	Felitia Lee
<b>APPLICANT ADDRESS:</b>	[REDACTED]
<b>OCCUPATION:</b>	Officer of Courtyard Management
<b>BIRTHPLACE:</b>	[REDACTED]
<b>DATE OF BIRTH:</b>	[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, Felitia Lee, applicant for a \_\_\_\_\_ Hotel All Alcohol \_\_\_\_\_ 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: N/A

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: N/A

Signed and subscribed to under the pains and penalties of perjury on  
this 10th day of January, 2024.  
(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.*



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**CRIMINAL RECORD INFORMATION FORM**

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

<b>BUSINESS/ENTITY NAME:</b>	Courtyard Management LLC
<b>APPLICANT NAME:</b>	Annette London
<b>APPLICANT ADDRESS:</b>	[REDACTED]
<b>OCCUPATION:</b>	LLC Manager
<b>BIRTHPLACE:</b>	[REDACTED]
<b>DATE OF BIRTH:</b>	[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, Annette London (name), applicant for a Hotel All Alcohol (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: N/A

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: N/A

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

2 day of January, 2024.

(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.*



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**CRIMINAL RECORD INFORMATION FORM**

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

<b>BUSINESS/ENTITY NAME:</b>	Courtyard Management LLC
<b>APPLICANT NAME:</b>	Andrew Wright
<b>APPLICANT ADDRESS:</b>	[REDACTED]
<b>OCCUPATION:</b>	Officer of Courtyard Management
<b>BIRTHPLACE:</b>	[REDACTED]
<b>DATE OF BIRTH:</b>	[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 Wright, applicant for a \_\_\_\_\_ Hotel All Alcohol \_\_\_\_\_ 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: N/A

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: N/A

Signed and subscribed to under the pains and penalties of perjury on  
this 10th day of January, 2024.  
(date) (month) (year)

Signature: Andrew Wright

*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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**CRIMINAL RECORD INFORMATION FORM**

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

<b>BUSINESS/ENTITY NAME:</b>	Courtyard Management LLC
<b>APPLICANT NAME:</b>	Jennifer Mason
<b>APPLICANT ADDRESS:</b>	[REDACTED]
<b>OCCUPATION:</b>	Officer of Courtyard Management
<b>BIRTHPLACE:</b>	[REDACTED]
<b>DATE OF BIRTH:</b>	[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, Jennifer Mason, applicant for a \_\_\_\_\_ Hotel All Alcohol \_\_\_\_\_ 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:  
N/A

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: N/A

Signed and subscribed to under the pains and penalties of perjury on  
this 10th day of January, 2024.  
(date) (month) (year)

Signature: Jennifer C Mason

*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.*

# Massachusetts Alcoholic Beverages Control Commission - Retail

Phone (617) 727-3040

95 Fourth Street, Suite 3, Chelsea, Massachusetts 02150

## 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 #: 9bd4b61b-e8be-4dfb-be88-5c29004ade05

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	Courtyard Management Corporation	\$200.00
		<b>\$200.00</b>

Total Convenience Fee: \$4.70

Total Amount Paid: \$204.70

Date Paid: 12/19/2023 9:58:29 AM EDT

### Payment On Behalf Of

License Number or Business Name:  
Courtyard Management Corporation

Fee Type:  
FILING FEES-RETAIL

### Billing Information

First Name:  
Andrew

Last Name:  
Upton

Address:  
112 Water Street

City:  
Boston

State:  
MA

Zip Code:  
02109



Print Receipt

Make Another Payment

powered by nCourt



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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
 MONETARY TRANSMITTAL FORM

APPLICATION FOR MULTIPLE AMENDMENTS

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

ECRT CODE: RETA

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

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

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

00023-HT-0026

ENTITY/ LICENSEE NAME

Courtyard Management LLC

ADDRESS

10 Campanelli Drive

CITY/TOWN

Andover

STATE

MA

ZIP CODE

02110

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

**DOR COGS**  
**and**  
**DUA COC**



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

MAURA HEALEY  
GOVERNOR

KIM DRISCOLL  
LIEUTENANT GOVERNOR

LAUREN E. JONES  
SECRETARY

KATIE DISHNICA  
ACTING DIRECTOR

Courtyard Management Corporation

1 Marriot Drive

Washington, DC 20058

[REDACTED]  
Date: July 1, 2023

The Department of Unemployment Assistance certifies that as of 7/1/2023 Courtyard Management 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, Acting Director

Department of Unemployment Assistance



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

mass.gov/dor

Letter ID: L0254493984  
Notice Date: May 19, 2023  
Case ID: 0-002-015-931



## CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



COURTYARD MANAGEMENT CORP  
7750 WISCONSIN AVE  
BETHESDA MD 20814-3522

### *Why did I receive this notice?*

The Commissioner of Revenue certifies that, as of the date of this certificate, COURTYARD MANAGEMENT CORP 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](http://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

# APPLICATION AND FORMS



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**APPLICATION FOR MULTIPLE AMENDMENTS**

Please select all of the amendments you are applying for:

**CHANGE OF CATEGORY**

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

**CHANGE OF LICENSE TYPE**

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

**CHANGE OF CORPORATE STRUCTURE**

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

**CHANGE OF CLASSIFICATION**

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



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

**APPLICATION FOR MULTIPLE AMENDMENTS**

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

**CHANGE OF OFFICERS/DIRECTORS/LLC MANAGERS**

\$200 fee via [ABCC website](#) and Payment Receipt

Monetary Transmittal Form

DOR Certificate of Good Standing

DUA Certificate of Compliance

Change of Officers/Directors Application

Vote of the Entity Board

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

**Business Structure Documents**

If Sole Proprietor, **Business Certificate**

If partnership, **Partnership Agreement**

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

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

\$200 fee via [ABCC website](#) and Payment Receipt

Monetary Transmittal Form

DOR Certificate of Good Standing

DUA Certificate of Compliance

Change of Officers/Directors Application

Financial Statement

Vote of the Entity Board

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

**Business Structure Documents**

If Sole Proprietor, **Business Certificate**

If partnership, **Partnership Agreement**

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

**Purchase and Sale Agreement**

**Supporting Financial Records**

**Advertisement\***

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

\$200 fee via [ABCC website](#) and Payment Receipt

Monetary Transmittal Form

DOR Certificate of Good Standing

DUA Certificate of Compliance

Change of Officers/Directors Application

Financial Statement

Vote of the Entity Board

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

**Business Structure Documents**

If Sole Proprietor, **Business Certificate**

If partnership, **Partnership Agreement**

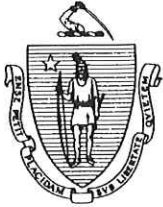
If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth

**Purchase and Sale Agreement**

**Supporting Financial Records**

**Advertisement\***

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



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

**APPLICATION FOR MULTIPLE AMENDMENTS**

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

**CHANGE OF CORPORATE NAME OR DBA**

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

**CHANGE OF PLEDGE OF LICENSE, STOCK OR INVENTORY**

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

**CHANGE OF MANAGER**

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



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**APPLICATION FOR MULTIPLE AMENDMENTS**

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

**CHANGE OF LOCATION**

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

**ALTERATION OF PREMISES**

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

**MANAGEMENT AGREEMENT**

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

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



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Alcoholic Beverages Control Commission  
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**APPLICATION FOR MULTIPLE AMENDMENTS**

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

**Non-Profit Club's ONLY**

e.g. Veteran's Club

**Non-Profit Club CHANGE OF OFFICERS/DIRECTORS**

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

**Non-Profit Club CHANGE OF MANAGER**

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



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 www.mass.gov/abcc

**APPLICATION FOR MULTIPLE AMENDMENTS**

**1. BUSINESS ENTITY INFORMATION**

Entity Name	Municipality	ABCC License Number
Courtyard Management LLC	Andover	00023-HT-0026

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

The licensee converted from a corporation to an LLC. Also, Bancroft Gordon, Carolyn Handlon, Kevin Kimball, and Robert McCarthy are being removed as officers, and William Brown, Sonia Greene, Jennifer Mason, Jeremy Ordone, Andrew Wright and Annette London are being added as LLC Managers. There are no changes to the corporate ownership structure, EIN, or daily operations and management of the licensee.

**APPLICATION CONTACT**

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

Name	Title	Email	Phone
Joseph H. Devlin	Attorney	[REDACTED]	[REDACTED]

**2. AMENDMENT-Change of License Classification**

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

**3. AMENDMENT-Change of Business Entity Information**

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

**4. AMENDMENT-Pledge Information**

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

## 5. AMENDMENT-Change of Manager

**Change of License Manager**

### A. MANAGER INFORMATION

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

Proposed Manager Name  Date of Birth  SSN

Residential Address

Email  Phone

Please indicate how many hours per week you intend to be on the licensed premises  Last-Approved License Manager

### B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?\*  Yes  No \*Manager must be a U.S. Citizen

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

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

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

Date	Municipality	Charge	Disposition

### C. EMPLOYMENT INFORMATION

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

Start Date	End Date	Position	Employer	Supervisor Name

### D. PRIOR DISCIPLINARY ACTION

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

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

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

Manager's Signature  Date

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

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

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

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

Name of Principal	Residential Address	SSN	DOB
Marriott International, Inc.	7750 Wisconsin Avenue, Bethesda, MD 20814	n/a	n/a

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
LLC Member	100%	<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
William Brown	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
LLC Manager	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
Margery Breneman	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
LLC Manager	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
Sonia Greene	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
LLC Manager	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
Jennifer Mason	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
LLC Manager	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
Jeremy Ordone	[REDACTED]	[REDACTED]	[REDACTED]

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

Additional pages attached?  Yes  No

### CRIMINAL HISTORY

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

Yes  No

### MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement.

Yes  No

## ADDENDUM A

### 6. Change of 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)

Courtyard Management LLC

N/A

Name of Principal	Residential Address	SSN	DOB
Andrew Wright	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
LLC Manager	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
Annette London	[REDACTED]	[REDACTED]	[REDACTED]

Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
LLC Manager	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
See Exhibit A - Structure Chart			

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

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

#### 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

**ADDENDUM A**

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

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

Entity Name

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

Marriott International Inc.

100%

Name of Principal

Residential Address

SSN

DOB

**Jeremy Odone**

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

MA Resident

Assistant Secretary

0%

Yes  No

Yes  No

Yes  No

Name of Principal

Residential Address

SSN

DOB

**Jennifer Mason**

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

MA Resident

Treasurer

0%

Yes  No

Yes  No

Yes  No

Name of Principal

Residential Address

SSN

DOB

**Andrew P.C. Wright**

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

MA Resident

Secretary

0%

Yes  No

Yes  No

Yes  No

Name of Principal

Residential Address

SSN

DOB

**Felitia O. Lee**

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

MA Resident

Vice President

0%

Yes  No

Yes  No

Yes  No

Name of Principal

Residential Address

SSN

DOB

**Margery A. Breneman**

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

MA Resident

Assistant Secretary

0%

Yes  No

Yes  No

Yes  No

Name of Principal

Residential Address

SSN

DOB

**Sonia H. Greene**

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

MA Resident

Assistant Secretary

0%

Yes  No

Yes  No

Yes  No

Name of Principal

Residential Address

SSN

DOB

**Anthony G. Capuano**

Title and or Position

Percentage of Ownership

Director/ LLC Manager US Citizen

MA Resident

President

0%

Yes  No

Yes  No

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

## ADDENDUM A

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

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

Entity Name	Percentage of Ownership in Entity being Licensed (Write "NA" if this is the entity being licensed)			
Marriott International Inc.	100%			
Name of Principal	Residential Address	SSN	DOB	
<b>Annette London</b>	[REDACTED]	[REDACTED]	[REDACTED]	
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen	MA Resident
Assistant Secretary	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	
<b>Publicly Traded Company</b>				
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
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

**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

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

### 6B. 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
Bancroft Elmo Gordon	Secretary	0%
Name of Principal	Title/Position	Percentage of Ownership
Carolyn Handlon	Treasurer	0%
Name of Principal	Title/Position	Percentage of Ownership
Kevin Kimball	Vice President/Director	0%
Name of Principal	Title/Position	Percentage of Ownership
Margery Breneman	Assistant Secretary	0%
Name of Principal	Title/Position	Percentage of Ownership
Robert McCarthy	President/Director	0%
Name of Principal	Title/Position	Percentage of Ownership

### 6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

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

Name	License Type	License Name	Municipality
See Attached Exhibit B			

### 6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

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

Name	License Type	License Name	Municipality
See Attached Exhibit C			

### 6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

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

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation
	See Attached Exhibit D		

## 7. AMENDMENT-Change of Premises Information

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

### 7A. ALTERATION OF PREMISES

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

#### PROPOSED DESCRIPTION OF PREMISES

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

Total Sq. Footage	<input type="text"/>	Seating Capacity	<input type="text"/>	Occupancy Number	<input type="text"/>
Number of Entrances	<input type="text"/>	Number of Exits	<input type="text"/>	Number of Floors	<input type="text"/>

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

### 7B. CHANGE OF LOCATION

Last-Approved Street Address

Proposed Street Address

#### DESCRIPTION OF PREMISES

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

Total Sq. Footage	<input type="text"/>	Seating Capacity	<input type="text"/>	Occupancy Number	<input type="text"/>
Number of Entrances	<input type="text"/>	Number of Exits	<input type="text"/>	Number of Floors	<input type="text"/>

#### OCCUPANCY OF PREMISES

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

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

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

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

Yes  No

**8. AMENDMENT-Management Agreement**

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

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

Yes  No

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

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

**8A. MANAGEMENT ENTITY**

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

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

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

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

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

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

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

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

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

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

**CRIMINAL HISTORY**

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

Yes  No

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

Does any individual or entity identified in question 8A, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages; and or have an active management agreement with any other licensees?

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

Name	License Type	License Name	Municipality

**8. AMENDMENT-Management Agreement**

**8C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

Has any individual or entity identified in question 8A, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held?

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

Name	License Type	License Name	Municipality

**8D. PREVIOUSLY HELD MANAGEMENT AGREEMENT**

Has any individual or entity identified in question 8A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee?

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

Licensee Name	License Type	Municipality	Date(s) of Agreement

**8E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION**

Have any of the disclosed licenses listed in question 8B, 8C or 8D ever been suspended, revoked or cancelled?

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

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

**8F. TERMS OF AGREEMENT**

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

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

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

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

**ABCC Licensee Officer/LLC Manager**

Signature:   
 Title:   
 Date:

**Management Agreement Entity Officer/LLC Manager**

Signature:   
 Title:   
 Date:

## 9. FINANCIAL DISCLOSURE

Required for the following transactions:

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

Purchase Price(s):

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.

There are no costs associated with this transaction.

## APPLICANT'S STATEMENT

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

of Courtyard Management 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: Margery A. Breneman

Date: 5/13/23

Title: LLC Manager



# Secretary of the Commonwealth of Massachusetts

William Francis Galvin

## Business Entity Summary

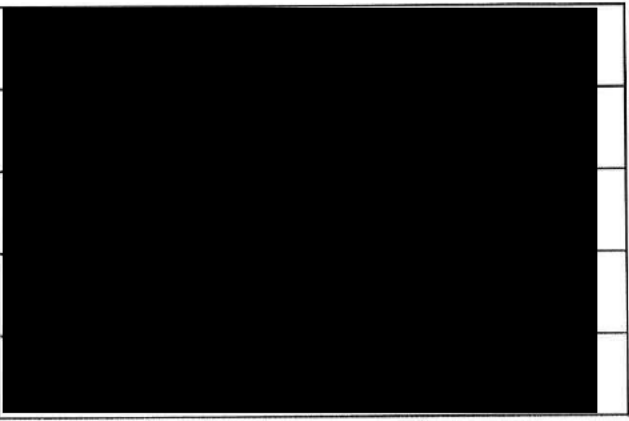
ID Number: 001639805

Request certificate


New search

Summary for: COURTYARD MANAGEMENT LLC

<b>The exact name of the Foreign Limited Liability Company (LLC):</b> COURTYARD MANAGEMENT LLC		
<b>Converted from</b> COURTYARD MANAGEMENT CORPORATION <b>on</b> 02-27-2023		
<b>Entity type:</b> Foreign Limited Liability Company (LLC)		
<b>Identification Number:</b> 001639805		
<b>Date of Registration in Massachusetts:</b> 02-24-2023	<b>Date of Revival:</b>	
<b>Last date certain:</b>		
<b>Organized under the laws of:</b> State: DE <b>Country:</b> USA <b>on:</b> 08-01-1986		
<b>The location of the Principal Office:</b>  Address: 7750 WISCONSIN AVE. City or town, State, Zip code,      BETHESDA, MD 20814 USA Country:		
<b>The location of the Massachusetts office, if any:</b>  Address: City or town, State, Zip code, Country:		
<b>The name and address of the Resident Agent:</b>  Name: C T CORPORATION SYSTEM Address: 155 FEDERAL ST., SUITE 700 City or town, State, Zip code,      BOSTON, MA 02110 USA Country:		
<b>The name and business address of each Manager:</b>		
<b>Title</b>	<b>Individual name</b>	<b>Address</b>
MANAGER	ANDREW WRIGHT	7750 WISCONSIN AVE. BETHESDA, MD 20814 USA
MANAGER	ANNETTE LONDON	7750 WISCONSIN AVE. BETHESDA, MD 20814 USA

MANAGER	WILLIAM BROWN	
MANAGER	MARGERY BRENEMAN	
MANAGER	SONIA GREENE	
MANAGER	JENNIFER MASON	
MANAGER	JEREMY ORDONE	

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

Title	Individual name	Address
REAL PROPERTY	ANDREW P.C. WRIGHT	

Consent    
 Confidential Data    
 Merger Allowed    
 Manufacturing

**View filings for this business entity:**

- ALL FILINGS
- Annual Report
- Annual Report - Professional
- Application For Registration
- Certificate of Amendment
- Certificate of Cancellation

[View filings](#)

**Comments or notes associated with this business entity:**

[New search](#)

# CERTIFICATE OF AUTHORIZATION



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

JEAN M. LORIZIO, ESQ.  
CHAIRMAN

CORI REQUEST FORM

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

**ABCC LICENSE INFORMATION**

ABCC NUMBER:  LICENSEE NAME: Corkyard Management LLC CITY/TOWN: Andover

**APPLICANT INFORMATION**

LAST NAME: Brown FIRST NAME: William MIDDLE NAME: Patrick  
 MAIDEN NAME OR ALIAS (IF APPLICABLE):  PLACE OF BIRTH:   
 DATE OF BIRTH:  ID THEFT INDEX PIN (IF APPLICABLE):   
 MOTHER'S MAIDEN NAME:  DRIVER'S LICENSE #: B 650887675643 STATE LIC. ISSUED:   
 GENDER: MALE HEIGHT:  WEIGHT:  EYE COLOR: Blue  
 CURRENT ADDRESS:   
 CITY/TOWN:   
 FORMER ADDRESS:   
 CITY/TOWN:

**PRINT AND SIGN**

PRINTED NAME: William P. Brown APPLICANT/EMPLOYEE SIGNATURE: William P. Brown

**NOTARY INFORMATION**

On this 5/18/23 before me, the undersigned notary public, personally appeared William P. Brown  
 (name of document signer), proved to me through satisfactory evidence of identification, which were   
 to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.  
Sonia H. Greene  
 NOTARY

**DIVISION USE ONLY**

REQUESTED BY:   
 SIGNATURE OF CORI AUTHORIZED EMPLOYEE:   
The DCJ Identity 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) 650-4614.





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**ABCC LICENSE INFORMATION**

ABCC NUMBER:  LICENSEE NAME: Carlyard Management LLC CITY/TOWN: Andover

**APPLICANT INFORMATION**

LAST NAME: Breneman FIRST NAME: Margery MIDDLE NAME: Ann

MAIDEN NAME OR ALIAS (IF APPLICABLE):

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

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

GENDER: FEMALE HEIGHT:

CURRENT ADDRESS:

CITY/TOWN:

FORMER ADDRESS:

CITY/TOWN:  STATE:  ZIP:

**PRINT AND SIGN**

PRINTED NAME: Margery A. Breneman APPLICANT/EMPLOYEE SIGNATURE: Margery A. Breneman

**NOTARY INFORMATION**

On this 5/18/23 before me, the undersigned notary public, personally appeared Margery A. Breneman

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

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

Senia H. Greene  
NOTARY

**DIVISION USE ONLY**

REQUESTED BY:

SIGNATURE OF CORI AUTHORIZED EMPLOYEE:

The DCJ Identity 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) 660-4514.





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**ABCC LICENSE INFORMATION**

ABCC NUMBER:  LICENSEE NAME: Corklan Management LLC CITY/TOWN: Andover

**APPLICANT INFORMATION**

LAST NAME: Greene FIRST NAME: Sonia MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE):

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

MOTHER'S MAIDEN NAME:

GENDER: FEMALE HEIGHT:

CURRENT ADDRESS:

CITY/TOWN:

FORMER ADDRESS:

CITY/TOWN:  STATE:  ZIP:

**PRINT AND SIGN**

PRINTED NAME: Sonia Greene APPLICANT/EMPLOYEE SIGNATURE: Sonia Greene

**NOTARY INFORMATION**

On this May 16, 2022 before me, the undersigned notary public, personally appeared Sonia Greene  
(name of document signer), proved to me through satisfactory evidence of identification, which were   
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Annette L. London  
NOTARY

ANNETTE L. LONDON  
Notary Public - State of Maryland  
Prince George's County  
My Commission Expires Oct 5, 2025

**DIVISION USE ONLY**

REQUESTED BY:

The DCJ Identity 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.



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**ABCC LICENSE INFORMATION**

ABCC NUMBER:  LICENSEE NAME: Carrigan Management LLC CITY/TOWN: Andover

**APPLICANT INFORMATION**

LAST NAME: Mason FIRST NAME: Jennifer MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE):

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

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

GENDER: FEMALE HEIGHT:

CURRENT ADDRESS:

CITY/TOWN:

FORMER ADDRESS:

CITY/TOWN:  STATE:  ZIP:

**PRINT AND SIGN**

PRINTED NAME: Jennifer Mason APPLICANT/EMPLOYEE SIGNATURE: Jen C Mason

**NOTARY INFORMATION**

On this 5/18/23 before me, the undersigned notary public, personally appeared Jennifer Mason  
(name of document signer), proved to me through satisfactory evidence of identification, which were   
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Sonia H. Dreere  
NOTARY

**DIVISION USE ONLY**

REQUESTED BY:

SIGNATURE OF DCU AUTHORIZED EMPLOYEE

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





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**ABCC LICENSE INFORMATION**

ABCC NUMBER:  LICENSEE NAME: COURT MANAGEMENT LLC CITY/TOWN: Andover

**APPLICANT INFORMATION**

LAST NAME: Ordone FIRST NAME: Jeremy MIDDLE NAME: Kelena  
 MAIDEN NAME OR ALIAS (IF APPLICABLE):  PLACE OF BIRTH:   
 DATE OF BIRTH:  ID THEFT INDEX PIN (IF APPLICABLE):   
 MOTHER'S MAIDEN NAME:  DRIVER'S LICENSE #:   
 GENDER: MALE HEIGHT:   
 CURRENT ADDRESS:   
 CITY/TOWN:   
 FORMER ADDRESS:   
 CITY/TOWN:

**PRINT AND SIGN**

PRINTED NAME: Jeremy Ordone APPLICANT/EMPLOYEE SIGNATURE:

**NOTARY INFORMATION**

On this August 21, 2023 before me, the undersigned notary public, personally appeared Jeremy Ordone  
 (name of document signer), proved to me through satisfactory evidence of identification, which were   
 to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Sania H. Dreene  
 NOTARY

**DIVISION USE ONLY**

REQUESTED BY:   
 SIGNATURE OF CORI AUTHORIZED EMPLOYEE:   
 The DCIJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCIJ. 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 DCIJ 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

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**ABCC LICENSE INFORMATION**

ABCC NUMBER:  IF EXISTING LICENSEE) LICENSEE NAME: Carlyard Management LLC CITY/TOWN: Andover

**APPLICANT INFORMATION**

LAST NAME: Wright FIRST NAME: Andrew MIDDLE NAME: Prentice Chaney  
 MAIDEN NAME OR ALIAS (IF APPLICABLE):  PLACE OF BIRTH:   
 DATE OF BIRTH:  ID THEFT INDEX PIN (IF APPLICABLE):   
 MOTHER'S MAIDEN NAME:  DRIVER'S LICENSE #:   
 GENDER: MALE HEIGHT:   
 CURRENT ADDRESS: 2577 Katherine Way  
 CITY/TOWN:   
 FORMER ADDRESS:   
 CITY/TOWN:

**PRINT AND SIGN**

PRINTED NAME: Andrew Wright APPLICANT/EMPLOYEE SIGNATURE: [Signature]

**NOTARY INFORMATION**

On this 5/17/23 before me, the undersigned notary public, personally appeared Andrew Wright  
 (name of document signer), proved to me through satisfactory evidence of identification, which were   
 to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.  
[Signature]  
 NOTARY

**DIVISION USE ONLY**

REQUESTED BY:   
 SIGNATURE OF CORI AUTHORIZED EMPLOYEE:   
The DCJ Identity 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 (517) 669-4614.





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:  LICENSEE NAME: Carlyle's Management LLC CITY/TOWN: Andover

**APPLICANT INFORMATION**

LAST NAME: London FIRST NAME: Annette MIDDLE NAME: Lorene  
 MAIDEN NAME OR ALIAS (IF APPLICABLE):   
 DATE OF BIRTH:   
 MOTHER'S MAIDEN NAME:  DRIVER'S LICENSE #:   
 GENDER:   
 CURRENT ADDRESS:   
 CITY/TOWN:   
 FORMER ADDRESS:   
 CITY/TOWN:

**PRINT AND SIGN**

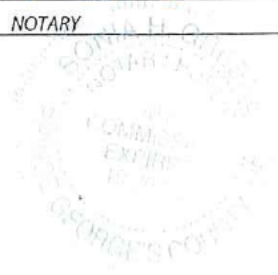
PRINTED NAME: Annette London APPLICANT/EMPLOYEE SIGNATURE: Annette London

**NOTARY INFORMATION**

On this 5/18/23 before me, the undersigned notary public, personally appeared Annette London  
 (name of document signer), proved to me through satisfactory evidence of identification, which were   
 to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.  
Sonia H. Dreene  
 NOTARY

**DIVISION USE ONLY**

REQUESTED BY:   
SIGNATURE OF CORI AUTHORIZED EMPLOYEE  
 The DCJ Identity 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.





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>		LICENSEE NAME:	<i>Corkyad Management LLC</i>	CITY/TOWN:	<i>Andover</i>
---	--	----------------	-------------------------------	------------	----------------

**APPLICANT INFORMATION**

LAST NAME:	<i>Lee</i>	FIRST NAME:	<i>Felitia</i>	MIDDLE NAME:	
MAIDEN NAME OR ALIAS (IF APPLICABLE):		PLACE OF BIRTH:	[REDACTED]		
DATE OF BIRTH:	[REDACTED]				
MOTHER'S MAIDEN NAME:		DRIVER'S LICENSE #:	[REDACTED]		
GENDER:	<i>FEMALE</i>	HEIGHT:	[REDACTED]		
CURRENT ADDRESS:	[REDACTED]				
CITY/TOWN:	[REDACTED]				
FORMER ADDRESS:					
CITY/TOWN:		STATE:		ZIP:	

**PRINT AND SIGN**

PRINTED NAME:	<i>Felitia Lee</i>	APPLICANT/EMPLOYEE SIGNATURE:	<i>Felitia Lee</i>
---------------	--------------------	-------------------------------	--------------------

**NOTARY INFORMATION**

On this *August 1, 2023* before me, the undersigned notary public, personally appeared *Felitia Lee*  
(name of document signer), proved to me through satisfactory evidence of identification, which were *shown*  
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.

*Sonia H. Greene*  
NOTARY



**DIVISION USE ONLY**

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

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



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:  LICENSEE NAME: Carx Management LLC CITY/TOWN: Amherst

**APPLICANT INFORMATION**

LAST NAME: Capuano FIRST NAME: Anthony MIDDLE NAME: Gordon

MAIDEN NAME OR ALIAS (IF APPLICABLE):

DATE OF BIRTH:

MOTHER'S MAIDEN NAME:

GENDER: MALE HEIGHT:

CURRENT ADDRESS:

CITY/TOWN:

FORMER ADDRESS:

CITY/TOWN:

**PRINT AND SIGN**

PRINTED NAME: Anthony Capuano APPLICANT/EMPLOYEE SIGNATURE:

**NOTARY INFORMATION**

On this September 28, 2023 before me, the undersigned notary public, personally appeared Anthony Capuano  
 (name of document signer), proved to me through satisfactory evidence of identification, which were   
 to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Sonia H. Greene  
 NOTARY

**DIVISION USE ONLY**

REQUESTED BY:

SIGNATURE OF CORI-AUTHORIZED EMPLOYEE:

The DCJ Identify Theft Index PIN Number is to be completed by those applicants that have been issued an 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) 660-4624.



**COMMONWEALTH OF MASSACHUSETTS  
WILLIAM FRANCIS GALVIN  
SECRETARY OF THE COMMONWEALTH**

**WARRANT FOR PRESIDENTIAL PREFERENCE PRIMARIES**

**ESSEX SS.**

To either of the Constables of the Town of Andover,

**GREETINGS:**

In the name of the Commonwealth, you are hereby required to notify and warn the inhabitants of said city or town who are qualified to vote in Primaries to vote at:

**Precincts 1 and 3  
THE CORMIER YOUTH CENTER  
WHITTIER COURT, ANDOVER, MASSACHUSETTS**

**Precincts 4, 4A, 5 and 6  
WOOD HILL MIDDLE SCHOOL GYMNASIUM  
HIGH PLAIN ROAD, ANDOVER, MASSACHUSETTS**

**Precincts 2, 7, 8, 9 and 10  
THE RICHARD J. COLLINS FIELD HOUSE ANDOVER HIGH SCHOOL  
SHAWSHEEN ROAD, ANDOVER, MASSACHUSETTS**

on **TUESDAY, THE FIFTH DAY OF MARCH, 2024**, from 7:00 A.M. to 8:00 P.M. for the following purpose:

To cast their votes in the Presidential Primaries for the candidates of political parties for the following offices:

PRESIDENTIAL PREFERENCE . . . . . FOR THIS COMMONWEALTH  
STATE COMMITTEE MAN . . . . .SECOND ESSEX & MIDDLESEX SENATORIAL DISTRICT  
STATE COMMITTEE WOMAN . . . . .SECOND ESSEX & MIDDLESEX SENATORIAL DISTRICT  
TOWN COMMITTEE . . . . . TOWN OF ANDOVER

*[space intentionally left blank]*

Hereof fail not and make return of this warrant with your doings thereon at the time and place of said voting.

Given under our hands this 12<sup>th</sup> day of February, 2024.

_____	)	
Melissa Morris Danisch, Chair	)	
_____	)	
Laura M. Gregory, Vice Chair	)	SELECT BOARD
_____	)	
Ann W. Gilbert, Selectwoman	)	OF
_____	)	
Christian C. Huntress, Selectman	)	ANDOVER
_____	)	
Alexander J. Vispoli, Selectman	)	

A true copy

A T T E S T

\_\_\_\_\_  
Ronald Bertheim, Constable

Andover, Massachusetts, \_\_\_\_\_, 2024

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 seven days.

\_\_\_\_\_  
Ronald Bertheim, Constable

**COMMONWEALTH OF MASSACHUSETTS  
WARRANT  
ANNUAL TOWN ELECTION**

**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 Elections and Town Affairs to vote at:

**Precincts 1 and 3  
THE CORMIER YOUTH CENTER  
WHITTIER COURT, ANDOVER, MASSACHUSETTS**

**Precincts 4, 4A, 5 and 6  
WOOD HILL MIDDLE SCHOOL GYMNASIUM  
HIGH PLAIN ROAD, ANDOVER, MASSACHUSETTS**

**Precincts 2, 7, 8, 9 and 10  
THE RICHARD J. COLLINS FIELD HOUSE ANDOVER HIGH SCHOOL  
SHAWSHEEN ROAD, ANDOVER, MASSACHUSETTS**

on **TUESDAY, THE TWENTY-SIXTH DAY OF MARCH, 2024**

at seven o'clock A.M. to act upon the following articles:

**ARTICLE 1.** To elect a Moderator for one year, two Select Board members for three years, two School Committee members for three years, two Trustees of the Punchard Free School for three years, one Andover Housing Authority member for five years, and one Greater Lawrence Regional Vocational Technical School District Commission member for three years.

All of the above offices are to be voted on one ballot. The polls will be open from seven o'clock A.M. to eight o'clock P.M.

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 election 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 voting.

Given under our hands this 12<sup>th</sup> day of February, 2024.

\_\_\_\_\_  
Melissa Danisch, Chair

\_\_\_\_\_  
Ann W. Gilbert, Selectwoman

\_\_\_\_\_  
Laura M. Gregory, Vice Chair

\_\_\_\_\_  
Alex J. Vispoli, Selectman

\_\_\_\_\_  
Christian C. Huntress, Clerk

Select Board members of: Andover, Massachusetts

A true copy

ATTEST

---

Ronald Bertheim, Constable

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 schoolhouse, 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 \_\_\_\_\_, 2024.

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 schoolhouse, 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.

\_\_\_\_\_, 2024.  
Ronald Bertheim, Constable

WARRANT POSTING PLACES

Precinct One

Cormier Youth Center  
Town Offices (main bulletin board & Town Clerk's Office)

Precinct Two	Memorial Hall Library
Precinct Three	Town House (Main Street)
Precinct Four	West Elementary School
Precinct Five	High Plain Elementary School
Precinct Six	Water Treatment Plant
Precinct Seven	South Elementary School State Police Barracks (Route 125)
Precinct Eight	Bancroft Elementary School
Precinct Nine	Ballardvale Fire Station
Precinct Ten	Andover High School

**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 the J. Everett Collins Center for the Performing Arts, Andover High School, 100 Shawsheen Road, in said Andover, on

**MONDAY, THE ELEVENTH DAY OF MARCH, 2024**

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

<b>ARTICLE 1</b>	<b>ZONING BYLAW AMENDMENT WATERSHED PROTECTION OVERLAY DISTRICT</b>
------------------	---

To amend the following section of Article VIII of the town of Andover's Zoning By-Law;

Amend Section 8.1.6 Prohibited Uses, item 5 to read (bolding only to emphasize changes); Any new building, structure, land-disturbing activities, excavation or fill within 50 feet of all water bodies and watercourses as defined by this by-law; except for that which is necessary for the operation, maintenance, repair, replacement or expansion of the town's public drinking water supply system, and **unpaved** foot, bicycle and/or horse paths and bridges and said systems **excluding any affiliated parking lots**, which will be consistent with the purposes set forth in Section 8.1.1.

Amend Section 8.1.6 Prohibited Uses, item 21 to read (bolding only to emphasize changes): For lots constructed after June 1, 2009 in addition to the above named prohibited uses the following shall apply: Any new building, structure, land-disturbing activities, excavation or fill within Priority Zone 1 as defined by this by-law; except for that which is necessary for the operation, maintenance, repair, replacement or expansion of the Town's public drinking water supply system, and **unpaved** foot, bicycle and/or horse paths and bridges and said systems **excluding any affiliated parking lots**, which will be consistent with the purposes set forth in Section 8.1.1.

*On petition of Donald Schroeder and others*

<b>ARTICLE 2</b>	<b>GENERAL BYLAW AMENDMENT WOODLAND TRAIL PRESERVATION</b>
------------------	--

To see if the Town will vote to amend the General Bylaws by adding a new section entitled "**Woodland Trail Preservation**" as follows:

**Section 1. Purpose**

The purpose of this bylaw is to preserve the natural beauty and ecological integrity of woodland trails in the Town of Andover.

**Section 2. Definitions**

For the purposes of this bylaw, the following terms shall have the meanings set forth below:

- (a) “Woodland Trail” means a trail that is located in a wooded area and is intended for pedestrian use.
- (b) “Paved” means covered with asphalt, concrete, or any other non-porous material.
- (c) “Body of water” means any natural or artificial water feature, including but not limited to rivers, streams, ponds, and lakes.

**Section 3. Prohibition**

No woodland trail in the Town of Andover shall be paved if it is located within 100 feet of a body of water, including the town’s water reservoir.

**Section 4. Distance**

The distance between the woodland trail and the body of water shall be measured from the edge of the trail to the edge of the body of water.

**Section 5. Enforcement**

This bylaw shall be enforced by the Conservation Commission.

**Section 6. Penalties**

Any person who violates this bylaw shall be subject to a fine of not more than \$300 for each offense. Each day that a violation continues shall constitute a separate offense.

**Section 7. Severability**

The provisions of this bylaw are severable. If any provision of this bylaw is held to be invalid, such invalidity shall affect the remaining provisions of the bylaw.

*On petition of Paul MacKay and others*

<b>ARTICLE 3</b>	<b>ZONING BYLAW AMENDMENT ARTICLE XIV WETLANDS PROTECTION BY-LAW</b>
------------------	--

To amend the following sections of Article XIV of the town of Andover’s Watershed Protection Overlay District Zoning By-Law;

Amend Section 8.8.6 Prohibited Uses to add item #22 (bold only to emphasize changes):

**Any road or pedestrian walkway, paved or unpaved, that require structure, land-disturbing activities, excavation, or fill within 50 feet of all water bodies and watercourses as defined in this Bylaw; except for that which is necessary for the operation, modification, repair, replacement, or expansion of the Town’s public drinking water supply system.**

*On petition of Jenicka Engler and others*

[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 12<sup>th</sup> day of February 2024.

_____	)	
Melissa Morris Danisch, Chair	)	
	)	
_____	)	SELECT BOARD
Laura M. Gregory, Vice Chair	)	
	)	OF
_____	)	
Ann W. Gilbert, Selectwoman	)	ANDOVER
	)	
_____	)	
Christian C. Huntress, Selectman	)	
	)	
_____	)	
Alexander J. Vispoli, Selectman	)	

A true copy

A T T E S T

\_\_\_\_\_  
Ronald Bertheim, Constable

Andover, Massachusetts, \_\_\_\_\_, 2024

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

FIRST AMENDMENT TO AMENDED AND RESTATED LAND DISPOSITION  
AGREEMENT

This FIRST AMENDMENT TO AMENDED AND RESTATED LAND DISPOSITION AGREEMENT (this “Amendment”) is made this \_\_\_\_ day of \_\_\_\_\_, 2024 by and between the **TOWN OF ANDOVER**, a Massachusetts municipal corporation with an address of 36 Bartlet Street, Andover, MA 01810 (hereinafter called the “Town” or the “Seller”), and **ANDOVER TOWN YARD, LLC**, a Delaware limited liability company with an address of 231 Sutton St., Suite 1B, North Andover, MA 01845 (hereinafter called the “Developer”).

WHEREAS, the Town and the Developer are parties to that certain Amended and Restated Land Disposition Agreement dated as of August 15, 2023 (the “LDA”) concerning the sale and development of certain property situated off of Lewis Street and Buxton Court in Andover, Massachusetts (as further defined and described in the LDA, the “Property”); and

WHEREAS, the Town and the Developer desire to amend the LDA to replace the plan attached thereto as Exhibit A-3 with the plan attached hereto and incorporated herein, and amend the legal description of the Land accordingly.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Town and the Developer hereby agree as follows:

1. All capitalized terms when used herein shall have the same meanings given such terms in the LDA unless expressly superseded by the terms of this Amendment.

2. The Plan attached to the LDA as Exhibit A-3 is hereby deleted in its entirety, and replaced with that certain plan entitled “Plan of Land Located in Andover, Mass. Prepared for the Inhabitants of the Town of Andover”, dated June 22, 2023, last revised December 12, 2023, prepared by The Morin-Cameron Group, Inc. (the “Revised Plan”), a copy of which is attached hereto and incorporated herein as Exhibit A-3. All references to the defined term “Plan” as used in the LDA shall hereinafter refer to the Revised Plan.

3. The legal description of the Land attached to the LDA as Exhibit A-1 is hereby deleted in its entirety, and replaced with the legal description of the Land attached hereto and incorporated herein as Exhibit A-1.

4. In the event of any inconsistency between this Amendment and the LDA, this Amendment shall control. This Amendment shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns. This Amendment, and the rights and obligations of both parties hereunder, shall be governed by the laws of the Commonwealth of Massachusetts. This Amendment may be executed in counterparts, each of which shall be an original and all of which counterparts taken together shall constitute one and the same instrument and may be executed via DocuSign, emailing of signed counterparts in PDF format or other generally accepted electronic means.

[Signature Page Follows]

WITNESS the above executed under seal as of the day and year first above written.

TOWN OF ANDOVER

By its Select Board

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DEVELOPER:

ANDOVER TOWN YARD, LLC

By: Minco Development Corporation, its Manager

By: \_\_\_\_\_  
Name: Louis P. Minicucci, Jr.  
Title: President

## Exhibit A-1

### Legal Description of the Land

#### Legal Description of the Land:

That certain parcel of land shown as “Lot A” on the plan (the “Plan”) entitled “Plan of Land Located in Andover, Mass. Prepared for the Inhabitants of the Town of Andover”, dated June 22, 2023, last revised December 12, 2023, prepared by The Morin-Cameron Group, Inc. (the “Property”). [A copy of said Plan is attached hereto as Exhibit A-3.]<sup>1</sup>

The Property contains 151,961 square feet of land, more or less, according to said Plan.

The Property is (i) subject to the use by the unit owners of the condominium located on the real property at 11-13 Buxton Court known as the 11 Buxton Court Condominium, and their tenants, licensees, and invitees, and each of their respective successors and assigns, of the portion of “Parcel C” shown on the Plan as “Public Use Area” for the purposes of vehicular and pedestrian access to and from Buxton Court and the driveway located at such Condominium, and (ii) subject to and with the benefit of restrictions, easements, covenants and agreements of record, if any, insofar as the same are now in force and applicable.

---

<sup>1</sup> [Plan to be recorded prior to Closing.]

**Exhibit A-3**

**Plan of Land**

[See Attached]

NOTES

- ORIENTATION IS MASS MAINLAND STATE PLANE COORDINATE SYSTEM NAD 83. BASED ON GSSN RTK SURVEY.
- STATUS OF RIGHT OF WAYS SHOWN AS PUBLIC OR PRIVATE ARE BASED ON REFERENCED DOCUMENTS, DEEDS AND PLANS. NO WARRANTY IS EXPRESSED OR IMPLIED.
- ORIGINAL EASEMENT DESCRIBED IN REFERENCE DOCUMENT 15 AND REFERENCE PLAN 9, DATED 1909. IN 1966 THE TOWN OF ANDOVER SHOWS THE LOCATION ON REFERENCE PLAN 5. THE LATTER LOCATION IS SHOWN HEREON.
- SEE 1966 REFERENCE DOCUMENT 16 AND REFERENCE PLAN 5.
- SEE REFERENCE DEED 17.
- LOT A AREA INCLUDES PARCELS A, B, C, D AND THE FORMER SECTION OF LEWIS ST. SHOWN AS PARCEL E, WHICH IS REFERENCED IN NOTE 11. LOT A BOUNDARIES REFLECT PROPERTY DESCRIBED IN DEED REFERENCES ① TO ⑩ AND PARCEL A.
- PER THE LISTED EASEMENTS PARCEL A TITLE LIES IN THE SUCCESSORS TO LEWIS T.HARDY & JOSEPH F.COLE. THIS DOES NOT ADDRESS ANY PRESCRIPTIVE OR ADVERSE RIGHTS WHICH MAY EXIST.
- LEWIS STREET & BUXTON COURT WERE ORIGINALLY PRIVATE WAYS LAID OUT BY LEWIS T.HARDY & JOSEPH F.COLE. IN FEBRUARY OF 1901 THE TOWN WAS PETITIONED TO LAY OUT AS "TOWN" WAYS TYRIAN WAY (NOW KNOWN AS LEWIS ST.) AND AN UNNAMED STREET (NOW KNOWN AS BUXTON CT.). THE PETITION DESCRIBES THE UNNAMED STREET LENGTH AS 300'. THE LAYOUT THEN DESCRIBES THE LENGTH AS 408.4'. SUBSEQUENT PLANS & DEEDS DID NOT RECOGNIZE THE LAID OUT LENGTH OF 408.4', INSTEAD RELIED ON THE ORIGINAL PRIVATE LENGTH OF 300'.
- PEARSON STREET ACCEPTED AS PUBLIC WAY MARCH 22, 1961. SEE DOCUMENT 19 AND REFERENCE PLAN 10.
- SEE REFERENCE PLANS 1 & 8 AND DOCUMENTS 11 & 12 FOR DISCONTINUANCE OF PORTION OF LEWIS STREET.
- SEE REFERENCE PLAN 11 AND DOCUMENT 13 FOR DISCONTINUANCE OF PORTION OF LEWIS STREET. MAY 1, 2023 TOWN MEETING WARRANT ARTICLE 41 APPROVED AUTHORIZING SELECT BOARD TO TAKE BY EMINENT DOMAIN. SUBSEQUENT TAKING IS ANTICIPATED. AREA EQUALS 4,000 SQUARE FEET. THIS AREA IS INCLUDED IN LOT A.
- SEE REFERENCE DEED 20 FOR RESPONSIBILITIES PERTAINING TO ERECTION AND MAINTENANCE OF RETAINING WALL.
- PARCEL B SHOWN AS THE SHADED AREA IS LAND FROM REFERENCE DEED 7 (1322-66). THE SURVEYED AREA IS 21,648 S.F. AND IS INCLUDED IN THE TOTAL AREA OF LOT A.
- PARCEL C IS THAT AREA OF BUXTON CT. TO BE DISCONTINUED. THE SURVEYED AREA IS 3,872 S.F. AND IS INCLUDED IN THE TOTAL AREA OF LOT A.

I CERTIFY THAT THIS PLAN CONFORMS TO THE RULES AND REGULATIONS OF THE REGISTER OF DEEDS.

12/12/23  
DATE

I CERTIFY THAT THE PROPERTY LINES SHOWN ARE THE LINES DIVIDING EXISTING OWNERSHIPS, AND THE LINES OF STREETS AND WAYS SHOWN ARE THOSE OF PUBLIC OR PRIVATE STREETS OR WAYS ALREADY ESTABLISHED, AND NO NEW LINES FOR DIVISION OF EXISTING OWNERSHIPS OR FOR NEW WAYS ARE SHOWN.

CHAPTER 41 SECTION 81X



MICHAEL J. SERIGI P.L.S.

12/12/23  
DATE

THE CERTIFICATION SHOWN ABOVE IS INTENDED TO MEET REGISTRATION REQUIREMENTS AND IS NOT A CERTIFICATION TO TITLE OR OWNERSHIP OF PROPERTY SHOWN. OWNERSHIP OF ADJOINING PROPERTIES ARE ACCORDING TO ASSESSORS RECORDS.

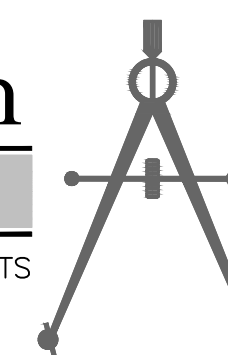
PLAN OF LAND  
LOCATED IN  
**ANDOVER, MASS.**  
PREPARED FOR  
**THE INHABITANTS OF THE  
TOWN OF ANDOVER**

DATE: 6/22/23 REV.12/12/23 SCALE: 1"=40'

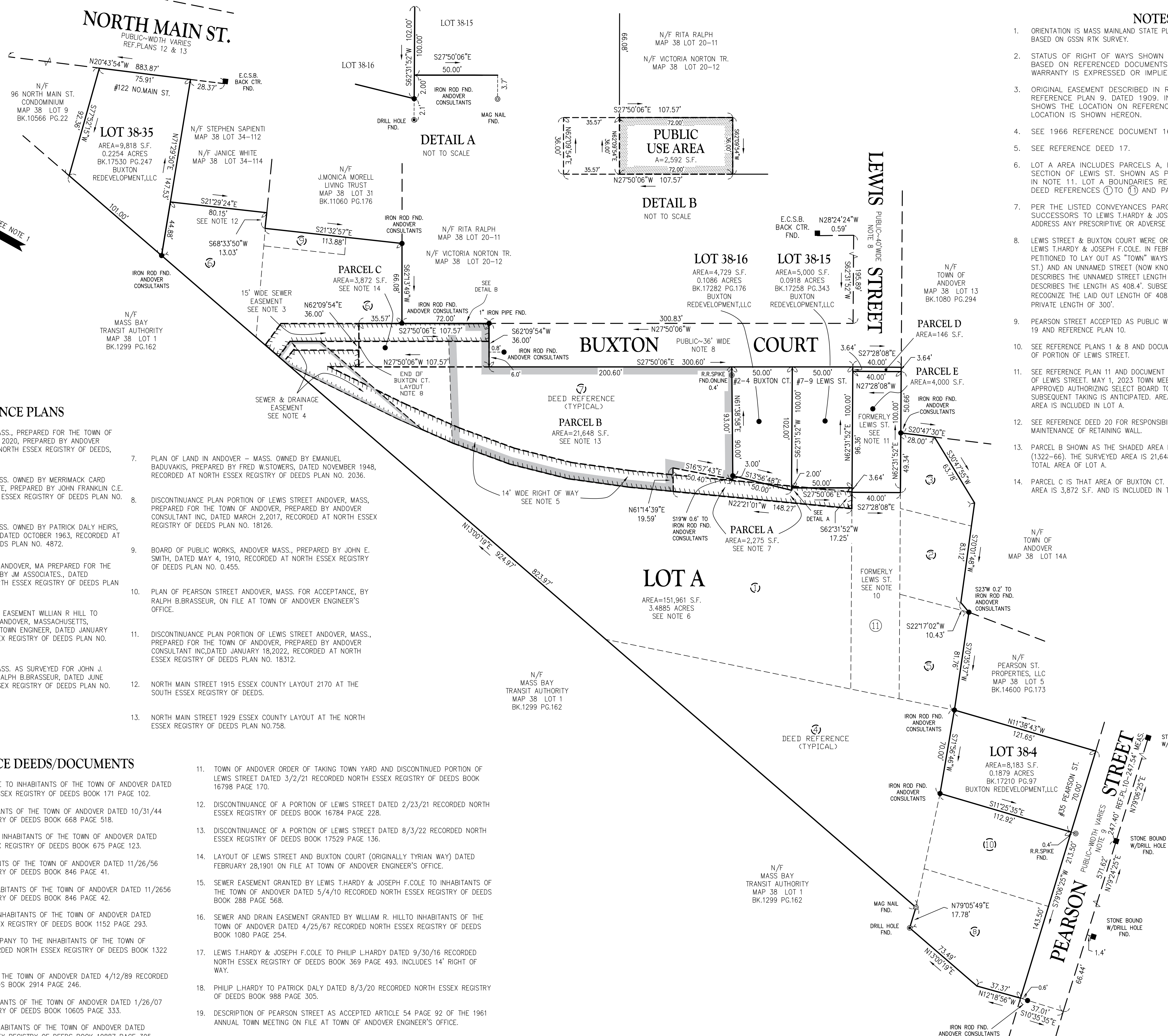


**The  
Morin-Cameron  
GROUP, INC.**

CIVIL ENGINEERS | ENVIRONMENTAL CONSULTANTS  
LAND SURVEYORS | LAND USE PLANNERS  
25 KENOZA AVE., HAVERHILL, MASSACHUSETTS 01923  
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**NORTH MAIN ST.**  
PUBLIC-WIDTH VARIES  
REF. PLANS 12 & 13



**DETAIL A**  
NOT TO SCALE

**DETAIL B**  
NOT TO SCALE

**KEY REFERENCE PLANS**

- PLAN OF LAND IN ANDOVER, MASS., PREPARED FOR THE TOWN OF ANDOVER DATED FEBRUARY 13, 2020, PREPARED BY ANDOVER CONSULTANTS INC., RECORDED NORTH ESSEX REGISTRY OF DEEDS, PLAN NO. 18127.
- PLAN OF LAND IN ANDOVER MASS. OWNED BY MERRIMACK CARD CLOTHING CO AND EMMA J WHITE, PREPARED BY JOHN FRANKLIN C.E. DATED 1928, RECORDED NORTH ESSEX REGISTRY OF DEEDS PLAN NO. 749.
- PLAN OF LAND IN ANDOVER MASS. OWNED BY PATRICK DALY HEIRS, PREPARED BY CHARLES E.CYR, DATED OCTOBER 1963, RECORDED AT NORTH ESSEX REGISTRY OF DEEDS PLAN NO. 4872.
- PLAN OF LAND BUXTON COURT ANDOVER, MA PREPARED FOR THE TOWN OF ANDOVER, PREPARED BY JM ASSOCIATES., DATED JAN.11,2006, RECORDED AT NORTH ESSEX REGISTRY OF DEEDS PLAN NO. 15621.
- PLAN OF SEWER AND DRAINAGE EASEMENT WILLIAN R HILL TO INHABITANTS OF THE TOWN OF ANDOVER, MASSACHUSETTS, PREPARED BY JOHN AVERY JR.,TOWN ENGINEER, DATED JANUARY 1966,RECORDED AT NORTH ESSEX REGISTRY OF DEEDS PLAN NO. 5646.
- PLAN OF LAND IN ANDOVER, MASS. AS SURVEYED FOR JOHN J. STACK ET.ALII., PREPARED BY RALPH B.BRASSEUR, DATED JUNE 1947, RECORDED AT NORTH ESSEX REGISTRY OF DEEDS PLAN NO. 1928.
- PLAN OF LAND IN ANDOVER - MASS. OWNED BY EMANUEL BADUVAKIS, PREPARED BY FRED W.STOWERS, DATED NOVEMBER 1948, RECORDED AT NORTH ESSEX REGISTRY OF DEEDS PLAN NO. 2036.
- DISCONTINUANCE PLAN PORTION OF LEWIS STREET ANDOVER, MASS, PREPARED FOR THE TOWN OF ANDOVER, PREPARED BY ANDOVER CONSULTANT INC, DATED MARCH 2,2017, RECORDED AT NORTH ESSEX REGISTRY OF DEEDS PLAN NO. 18126.
- BOARD OF PUBLIC WORKS, ANDOVER MASS., PREPARED BY JOHN E. SMITH, DATED MAY 4, 1910, RECORDED AT NORTH ESSEX REGISTRY OF DEEDS PLAN NO. 0.455.
- PLAN OF PEARSON STREET ANDOVER, MASS. FOR ACCEPTANCE, BY RALPH B.BRASSEUR, ON FILE AT TOWN OF ANDOVER ENGINEER'S OFFICE.
- DISCONTINUANCE PLAN PORTION OF LEWIS STREET ANDOVER, MASS., PREPARED FOR THE TOWN OF ANDOVER, PREPARED BY ANDOVER CONSULTANT INC,DATED JANUARY 18,2022, RECORDED AT NORTH ESSEX REGISTRY OF DEEDS PLAN NO. 18312.
- NORTH MAIN STREET 1915 ESSEX COUNTY LAYOUT 2170 AT THE SOUTH ESSEX REGISTRY OF DEEDS.
- NORTH MAIN STREET 1929 ESSEX COUNTY LAYOUT AT THE NORTH ESSEX REGISTRY OF DEEDS PLAN NO.758.

**KEY REFERENCE DEEDS/DOCUMENTS**

- LEWIS T.HARDY & JOSEPH F.COLE TO INHABITANTS OF THE TOWN OF ANDOVER DATED 7/25/1899 RECORDED NORTH ESSEX REGISTRY OF DEEDS BOOK 171 PAGE 102.
- ERNEST N.HALL TO THE INHABITANTS OF THE TOWN OF ANDOVER DATED 10/31/44 RECORDED NORTH ESSEX REGISTRY OF DEEDS BOOK 668 PAGE 518.
- CHARLES W.DWYER ETUX TO THE INHABITANTS OF THE TOWN OF ANDOVER DATED 8/6/45 RECORDED NORTH ESSEX REGISTRY OF DEEDS BOOK 675 PAGE 123.
- JOHN J.STACK TO THE INHABITANTS OF THE TOWN OF ANDOVER DATED 11/26/56 RECORDED NORTH ESSEX REGISTRY OF DEEDS BOOK 846 PAGE 41.
- GRACE CAVANAUGH TO THE INHABITANTS OF THE TOWN OF ANDOVER DATED 11/2656 RECORDED NORTH ESSEX REGISTRY OF DEEDS BOOK 846 PAGE 42.
- OWANJI REALTY TRUST TO THE INHABITANTS OF THE TOWN OF ANDOVER DATED 5/13/70 RECORDED NORTH ESSEX REGISTRY OF DEEDS BOOK 1152 PAGE 293.
- MERRIMACK CARD CLOTHING COMPANY TO THE INHABITANTS OF THE TOWN OF ANDOVER DATED 8/14/77 RECORDED NORTH ESSEX REGISTRY OF DEEDS BOOK 1322 PAGE 66.
- TAKING BY THE INHABITANTS OF THE TOWN OF ANDOVER DATED 4/12/89 RECORDED NORTH ESSEX REGISTRY OF DEEDS BOOK 2914 PAGE 246.
- MONICA MERRILL TO THE INHABITANTS OF THE TOWN OF ANDOVER DATED 1/26/07 RECORDED NORTH ESSEX REGISTRY OF DEEDS BOOK 10605 PAGE 333.
- XENA REALTY TRUST TO THE INHABITANTS OF THE TOWN OF ANDOVER DATED 8/23/07 RECORDED NORTH ESSEX REGISTRY OF DEEDS BOOK 10887 PAGE 305.
- TOWN OF ANDOVER ORDER OF TAKING TOWN YARD AND DISCONTINUED PORTION OF LEWIS STREET DATED 3/2/21 RECORDED NORTH ESSEX REGISTRY OF DEEDS BOOK 16798 PAGE 170.
- DISCONTINUANCE OF A PORTION OF LEWIS STREET DATED 2/23/21 RECORDED NORTH ESSEX REGISTRY OF DEEDS BOOK 16784 PAGE 228.
- DISCONTINUANCE OF A PORTION OF LEWIS STREET DATED 8/3/22 RECORDED NORTH ESSEX REGISTRY OF DEEDS BOOK 17529 PAGE 136.
- LAYOUT OF LEWIS STREET AND BUXTON COURT (ORIGINALLY TYRIAN WAY) DATED FEBRUARY 28,1901 ON FILE AT TOWN OF ANDOVER ENGINEER'S OFFICE.
- SEWER EASEMENT GRANTED BY LEWIS T.HARDY & JOSEPH F.COLE TO INHABITANTS OF THE TOWN OF ANDOVER DATED 5/4/10 RECORDED NORTH ESSEX REGISTRY OF DEEDS BOOK 288 PAGE 568.
- SEWER AND DRAIN EASEMENT GRANTED BY WILLIAM R. HILL TO INHABITANTS OF THE TOWN OF ANDOVER DATED 4/25/67 RECORDED NORTH ESSEX REGISTRY OF DEEDS BOOK 1080 PAGE 254.
- LEWIS T.HARDY & JOSEPH F.COLE TO PHILIP L.HARDY DATED 9/30/16 RECORDED NORTH ESSEX REGISTRY OF DEEDS BOOK 369 PAGE 493. INCLUDES 14' RIGHT OF WAY.
- PHILIP L.HARDY TO PATRICK DALY DATED 8/3/20 RECORDED NORTH ESSEX REGISTRY OF DEEDS BOOK 988 PAGE 305.
- DESCRIPTION OF PEARSON STREET AS ACCEPTED ARTICLE 54 PAGE 92 OF THE 1961 ANNUAL TOWN MEETING ON FILE AT TOWN OF ANDOVER ENGINEER'S OFFICE.
- EMANUEL BADUVAKIS TO ANDOVER LUMBER COMPANY INC.DATED APRIL 28, 1949 AND RECORDED AT THE NORTH ESSEX REGISTRY OF DEEDS BOOK722 PAGE.240.



## Select Board Meeting

Monday, December 4, 2023 7:00 PM

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

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### I. Call to Order – 7:00 P.M.

Melissa Danisch called the December 4 2023 Select Board Meeting to order at 7:00 PM.  
Members in attendance: Laura Gregory, Annie Gilbert, Alex Vispoli.

Others in attendance: Town Manager, Andrew Flanagan, Deputy Town Manager, Mike Lindstrom, Asst. Town Manager/Town Clerk, Austin Simko, Chief Administrative and Town Clerk, Patrick Lawlor, and Town Counsel Douglas Heim.

### II. Opening Ceremonies

#### A. Moment of Silence/Pledge of Allegiance

The meeting began with a Moment of Silence remembering Annie Gilbert's mother Roberta Wilson and Joanne Marden who was a 20-year member of the Finance Committee. The Pledge of Allegiance followed the Moment of Silence.

### III. Communications/Announcements/Liaison Reports

Andrew Flanagan reported the following:

~They will be allocating \$150,00 from Free Cash to address some of the hazardous trees that have fallen on conservation properties as a result of the September storm.

~Flagship Pioneering, who we have a TIF agreement with, has pulled their first \$700,00 permit and we have started working with them and National Grid on a sub-station.

~Holiday Happenings will be held on Friday, December 8<sup>th</sup>.

~Congratulations to Tom Carbone Director of Health has received the Jeffrey Stevens Award from the Mass. Health Officers Association for his contributions in the field of public health.

Mike Lindstrom thanked the Conservation Commission and residents that participated in the site walk at the Haggetts Pond proposed ADA accessible rail trail. It was a productive meeting and helped to clear up some misconceptions and showed the benefits of the project. The next meeting will be held on Thursday January 4th at 7:00 PM at the Public Safety Center.

Patrick Lawlor recognized the following employees for their years of service:

Beth Kerrigan, Coordinator of Children's Services (26 years), Gerry Deyermond, Memorial Hall Library (25 years), Police Sergeant Steve Gerard (24 years), Mike Malandrino, Memorial Hall Library Custodian (19 years), Lt. Chris Mechazie (18 years), Andover Fire Rescue; Arthur Fleming Electrician(16 years) and Firefighter Brian Flanagan (15 years).

### IV. Communications/Announcements/Liaison Reports

Austin Simko commended the employees at the Andover’s Clerk Office who certified the 7,000 signatures received for the 2024 election. It was an unbelievable organizational task on their part.

Alex Vispoli thanked everyone who set up the Christmas Market held at South Church and overflowed into the town. It was an amazing turnout and combined with the gift card program Ann Ormond ran it was successful weekend.

Melissa Danish said the Select Board will be taking up the discussion of next steps for the Special Town Meeting Articles I: 7A and 7B at their next meeting. A Triboard meeting is scheduled for Wednesday, December 6<sup>th</sup> for the Town Manager’s presentation of the CIP Program and a preliminary overview of the FY-2025 budget.

**V. Citizens Petitions and Presentations**

Dan Kowalski, has a question about the AHS Building Committee. He was unaware that the Town Manager is a voting member of the AHS Building Committee and voted for 7A at the Special Town Meeting. It was his understanding that per the Town Charter the Town Manager is prohibited from being on any Committee that he appoints voting members to.

**VI. Public Hearings**

**A. Fiscal Year 2024 Tax Classification – 2<sup>nd</sup> Reading**

Board to discuss and consider voting classification and taxation of all property in Town. Before the tax rate can be set the Board must hold a public hearing. The classes of property include residential, commercial, industrial, open space and personal property. The values and classification information are then reported to the Dept of Revenue and used to determine the tax rate. The Select Board is required to decide what the shift between classes will be. This tax setting project were budgeted and approved in May of 2023.

The first hearing was held at the Select Board’s previous meeting. Tristan Hoare, Chief assessor spoke about the four factors the Board will vote on and reviewed the chart of the value comparisons from FY2023-FY2024.

	FY2023 Value	FY2024 Value	% of Change
1. Residential Factor	\$9,069,491,168	\$10,062,323,85	+10.8%
2. Open Space Discount	0	0	0%
3. Commercial	\$680,896,666	\$766,160,279	+12.5%
4. Industrial	\$827,792,800	\$967,146,800	+16.8%
5. Personal Property	<u>\$354,008,940</u>	<u>\$355,152,574</u>	+ .3%
	\$10,932,189,574	\$12,150,783,188	+11.1%

Total value of the town: \$12,150,783,188

Total levy amount: \$182,740,788.32

Levy/Value x 1,000= \$15.04 tax rate

Dividing the town value into classes yields the following:

Residential	\$10,062,323,535.	82.8%
Open Space	0%	0%
Commercial	\$766,160,279	6.3%
Industrial	\$967, 146,8000	7.9%
Personal Property	\$355,152,574	2.9%

The presentation included the amounts of the various shifts. The Board discussed the effects of the shifts on the three classes; residential, commercial, and industrial.

The 169.5 factor for FY-2023 retains the most uniform tax increase.  
The 171.0 factor for FY-2023 retains the shift adopted for FY23.

The Board discussed the impact of the shifts on the residential taxes (83% of the revenue comes from the residents).

Alex Vispoli moved to adopt the 1.71 classification. Motion seconded by Annie Gilbert and voted 4-1 to not approve.

Annie Gilbert moved to adopt a residential factor of 85.5751 for Fiscal Year 2024. Motion seconded by Laura Gregory and voted 4-0 to approve.

Open Space Discount: Alex Vispoli moved that the Select Board not provide an Open Space Discount. Motion seconded by Laura Gregory and voted 4-0 to approve.

Residential Exemption: Alex Vispoli moved not adopt the residential exemption. Motion seconded by Annie Gilbert and voted 4-0 to not adopt the residential exemption.

Commercial Exemption: Alex Vispoli moved not adopt the Commercial Exemption. Motion seconded by Laura Gregory and voted 4-0 to not adopt the Commercial Exemption.

## **VI. Regular Business**

### **A. Town of Andover 375<sup>th</sup> Committee**

Town of Andover 375<sup>th</sup> Committee to present to the Select Board the 375<sup>th</sup> Anniversary Journal "Celebrating 375 Years April 2021 – June 2022."

Buzz Stapczynski who led the Town's 375<sup>th</sup> Committee, spoke about the group of residents who each took on a special role in organizing the celebration. Ann Ormond kept them on track and moving. They organized eight major community events and partnered with local churches and businesses to have the 14-months of activities free of charge. All of the Town Department's stepped up and helped with the expense as well as donations from many companies in the surrounding area. The plan is to put the information about the 375<sup>th</sup> Celebration in the vault at Town Offices and also available on line including the Town's 350<sup>th</sup> Celebration. Thank you for the opportunity to serve our wonderful community. The Board thanked everyone who served on the 375<sup>th</sup> Committee.

### **B. Liquor License – Change of DBA**

Board to review and consider voting to approve the application of Andover Classic Wines, LLC, doing business as Andover Classic Wines, at 209 North Main Street, Andover, for a Change of DBA to "Andover Liquors" on its All-Alcoholic Retail Package Store Liquor License. Annie Gilbert recused herself at this time.

Laura Gregory moved to approve the application of Andover Classic Wines, LLC, doing business at 209 North Main Street, Andover for a change of DBA to "Andover Liquors" on its All-Alcoholic Retail Package Store Liquor License subject to the condition that all

other requirements are met prior to issuance of the license. Motion seconded by Alex Vispoli and voted 3-0 to approve. Annie Gilbert returned to the meeting after the vote.

### C. [Town Governance Study Committee Recommendations](#)

Board to discuss and consider voting to accept the Town Governance Study Committee's following recommendations: Austin Simko spoke about the recommendations.

Topics of Discussion:

- ~ Refresher on Recent Review Process which started in the fall of 2022.
- ~Town Manager – Implemented Recommendations
- ~Town Meeting- Implemented Recommendations

The Board accepted the recommendation to retain Andover's Open Town Meeting form of government with enhancements; some of which have been made.

Identified the implementing stakeholders for each recommendation: Select Board- policy action, Town Manager-administrative actions, and Town Meeting-legislative actions. They hired a communications

Motion: Annie Gilbert moved to approve the recommendation that residents who have recently moved to Andover as indicated through voter registration and RMV notifications be sent a welcome message from the Town. Motion seconded by Alex Vispoli and voted 4-0 to approve.

Motion: Alex Vispoli moved the Board to endorse the Town Governance Study Committee recommendation that when appointing members of boards/committees/commissions, the Town Manager should solicit information from incumbent members and feedback from staff / committee members and to evaluate incumbents in comparison to non-incumbent applicants. Motion seconded by Annie Gilbert and passes 4-0 to approve.

Motion: Alex Vispoli moved the Board endorse the Town Governance Study Committee recommendation that where possible, Town permit-granting and advisory public bodies with respective to jurisdictions to coordinate and sequence their reviews to allow for an efficient review process that does not sacrifice thoroughness, diligence or compliance support robust evaluation process for appointees to boards, committees, and commissions. Motion seconded by Laura Gregory and voted 4-0 to approve.

Hold: Recommendation: to endorse the Town Governance Study Committee recommendation to encourage pre-submission of amendments to Town Meeting warrant articles when practical and that the Moderator and Town Meeting support a notion at each Town Meeting providing for the consideration of any pre-submitted amendments before consideration of any floor-submitted amendments. No motion.

Board's role in confirming appointments of some Town employees by the Town Manager.

Discussion/Rationale: The Town Manager is the appointing authority and the Board confirms the appointments which can attract public attention, but obscures the line between policy making and administration. Many towns do not have this practice. The

Board would like to retain approval of the core positions so there is still transparency. There could still be a way where the Board receives notice of hire on some regular basis. The Board is not part of the hiring process (except for some of the top positions) and should not be withholding approvals of the vast majority of the organization. Sometimes there is a timeliness issue having to wait 2-3 weeks for a Select Board meeting for approval. Alex Vispoli would like to see this item expanded to include other key employees. Laura Gregory would appreciate information on what other towns have done. No action taken.

1. Change the perennial date for when elected officials take office from the day after Annual Town Elections to the day after Annual Town Meetings. Discussion on when the officials take office, and when the annual town meeting is. They might need a home rule petition. No action taken.

**D. Determination of Useful Life**

Board to consider voting to approve the maximum useful life of departmental equipment for December borrowing as explained by Patrick Lawlor. for two large public works vehicles (snow removal trucks) for a maximum useful life of up to 10 years and Fire Rescue replacement of engines with the useful life of 20 years. Alex Vispoli moved that the maximum use of the life of the departmental equipment listed to be financed with a portion of the proceeds of the \$4,605,000 capital project bonds authorized by the vote of the Town passed on May 1, 2023 Article 19 is hereby determined pursuant to General Law Chapter 4471 to be as follows:

Public Works Vehicle Large borrowing amount is \$455,000 with a maximum useful Life of 10 years.

The borrowing amount of \$975,000 for replacement of Fire Rescue of engine with a maximum useful life of 20 years. Motion seconded by Annie Gilbert and voted 4-0 to approve.

**VII. Consent Agenda**

**A. Appointments by the Town Manager**

Alex Vispoli moved that the following appointments by the Town Manager be approved as printed. Motion seconded by Laura Gregory and voted 4-0 to approve.

Department	Name	Position	Rate/Term	Date of Hire
Council on Aging	Judith Agnes	Member	Term Expires 06/30/2026	12/5/2023
Council on Aging	Setarreh Massihzadegan	Member	Term Expires 06/30/2026	12/5/2023

**VIII. Approval of Minutes**

A. Annie Gilbert moved for the Board to approve minutes from the following meetings: June 12, 2023, July 17, 2023, and September 13, 2023.

Motion seconded by Alex Vispoli and voted 4-0 to approve.

**IX. Executive Session**

Laura Gregory moved for the Board to go into Executive Session Board pursuant to comply with, or act under the authority of, any general or special law or federal grant-in-aid requirements (Open Meeting Law, G.L. c. 30A, s. 22); specifically, to perform a review of executive session minutes of April 23, 2018, May 10, 2018, September 4, 2018, October 7, 2019, January 27, 2020, February 22, 2021, August 2, 2021, August 12, 2021, November 29, 2021, December 13, 2021, January 5, 2022, January 12, 2022, February 15, 2022, February 28, 2022, March 14, 2022, April 13, 2022, April 25, 2022, May 2, 2022, June 13, 2022, November 7, 2022, November 21, 2022, December 12, 2022, January 23, 2023, February 27, 2023, April 12, 2023, April 24, 2023, May 15, 2023, June 5, 2023, and June 12, 2023 to determine whether all or portions thereof may be publicly released; and to vote to approve and release or not release executive session minutes of July 11, 2023, September 18, 2023, September 27, 2023 and October 16, 2023; and not to return to Open Session. Motion seconded by Annie Gilbert and voted 4-0 to approve.

**X. Adjourn**

At 9:20 PM the Board adjourned from the Regular Session of December 4, 2023 to enter into Executive Session not to return to open session.

*Respectfully submitted,*  
*Dee DeLorenzo,*  
*Recording Secretary*