



Select Board Meeting

Monday, April 22, 2024

7:00 PM

School Committee Room, School Administration Building

30 Whittier Court, Andover, MA 01810

APR 22 2024
7:00 PM
APR 22 10 PM 4:42

TOWN OF ANDOVER, MA 01810

- I. **Call to Order – 7:00 P.M.**
- II. **Opening Ceremonies**
 - A. Moment of Silence/Pledge of Allegiance
- III. **Communications/Announcements/Liaison Reports**
- IV. **Citizens Petitions and Presentations**
- V. **Public Hearings**
 - A. Alcoholic Beverages License – Alteration of Premise
Board to review and consider voting to approve the application of Andover Café, LLC, doing business as LaRosa's, at 7 Barnard Street, Andover, for a seasonal alteration of premise on its On Premise All Alcoholic Beverages License.
 - B. Alcoholic Beverages License – Alteration of Premise
Board to review and consider voting to approve the application of Sal's 34 Park, LLC, doing business as 34 Park, at 34 Park Street, Andover, for a seasonal alteration of premise on its On Premise All Alcoholic Beverages License.
 - C. Alcoholic Beverages License – Transfer and Alteration of Premise
Board to review and consider voting to approve the applications of Andover Mithai Group, LLC, doing business as Monica's Mithai Café & Bar, at 16 Post Office Avenue, Andover to (a) transfer an On Premise All Alcoholic Beverages License from CSB Restaurant Group, LLC, doing business as Yella, and (b) for a seasonal alteration of premise on said license.
 - D. Alcoholic Beverages License – Event on Town Owned Property
Board to consider voting to approve an application from Oak & Iron Brewing Co., 18 Red Spring Rd, Andover, MA, for a Wine and Malt One-Day Liquor License for use on Town property under Select Board Liquor Regulations Section XI.2.N "Special One-Day Alcohol License Policy & Application for Outdoor Events on Town-owned Property."
- VI. **Regular Business**
 - A. Vehicle for Hire License – Business Class Limo, Inc.
Board to review and consider voting to approve the application of Business Class Limo, Inc. located at 50 Colonial Drive, Unit 6, Andover, for Vehicle for Hire License.

B. Amendments to Traffic Rules and Regulations

Board to discuss and consider voting on the following changes to the Traffic Rules and Regulations as proposed by the Andover Safety Officer.

Schedule 4, Article VII, Section 18 – No “U-Turn”/reversing direction

1. Install No U-Turn signs in the area of 146 & 152 North Street.

C. Reorganization of the Board

Board to elect a Chair, Vice Chair and Clerk for 2024-2025 to be effective following the 2024 Annual Town Meeting.

VII. Consent Agenda

A. Appointments by the Town Manager

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

Department	Name	Position	Rate/Term	Date of Hire
Andover Fire Rescue	Michael J. Oteri <i>(Kyle Murphy)</i>	Deputy Chief	\$140,593.63/yr	04/14/2024
Andover Police Department	John Teichert <i>(David Cantone)</i>	Parking Control Supervisor	\$74,307.32/yr	05/06/2024
Department of Public Works	Lyn Fragala <i>(Lisa Ring)</i>	Office Assistant III	\$35.89/hr	04/23/2024
Innovation & Technology	Ryan Knowles <i>(Paul Puzzanghera)</i>	Chief Innovation Officer	\$148,000/yr	05/20/2024
Permanent Town Building Advisory Committee	Emily DiCesaro	School Committee Representative	Term Expires 06/30/2026	04/23/2024

VIII. Approval of Minutes

A. Board to approve minutes from the following meetings:

1. February 26, 2024 Select Board
2. March 4, 2024 Select Board
3. April 8, 2024 Select Board

IX. Adjourn

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

MEETINGS ARE TELEVISED ON
COMCAST CHANNEL 22 AND VERIZON CHANNEL 45



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

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

ALCOHOLIC BEVERAGES LICENSE APPLICATION

BUSINESS/ENTITY NAME:	Andover Cafe LLC
DBA:	LaRosa's
PREMISE ADDRESS:	7 Barnard St. Andover, MA 01810
MANAGER/CONTACT NAME:	Michael Cammarata
EMAIL:	[REDACTED]
PHONE:	[REDACTED]
BUSINESS MAILING ADDRESS: (if different from premise)	7 Barnard St.
FID/SS#:	[REDACTED]

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

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

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

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

Signature: Michael Cammarata Date: 3/6/24

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

(Office Use Only) SELECT BOARD HEARING DATE: _____



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

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

SECTION 1: RESTRICTIONS/CONDITIONS

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

YES NO

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

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

YES NO

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

SECTION 2: WRITTEN DESCRIPTION OF PROPOSED PREMISES

3. Describe the proposed outdoor area including the dimensions, number of tables and chairs, proposed occupancy figures, whether there are any proposed outdoor bars and how the area will be enclosed.

Dining area located in front of building on sidewalk - Dimensions 11ft wide with 4ft open to walk or ride, 7ft dining to be secured with planters/ropes - 10/14 tables of 2 or 4 for forty seats.

4. Describe in detail the proposed type of fence, rope or other means of proposed enclosure.

Planters and ropes to separate diners from public.

5. Describe the proposed use of the outdoor area. (E.g., tented area for special events, area for outdoor food service, etc.)

Full service dining

6. Are outdoor food preparation areas proposed?

YES

NO

If yes, please consult the Board of Health.

SECTION 3: REQUIRED PLAN

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

The existing:

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

All of the above should be clearly labeled.

SECTION 4: ENFORCEMENT

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

Posted signs "no outside beverages allowed", and monitoring by staff.

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

Posted signs "no alcohol beyond this point", and monitoring by staff + management.

PLEASE NOTE:

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



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

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

TAX FORM

APPLICANT NAME: Andover Cafe LLC, dba LaRosa's

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) Andover Cafe LLC, dba LaRosa's

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

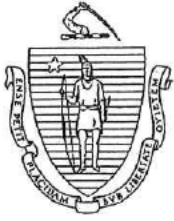
Social Security #:
(Required if applicant is an individual) _____

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



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

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



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

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

Applicant Information

Please Print Legibly

Business/Organization Name: ANDOVER CAFE LLC

Address: 7 Barnard St.

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

Are you an employer? Check the appropriate box:

- 1. I am an employer with 25 employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

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

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

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

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

Insurance Company Name: Hartford Accident and Indemnity Co

Insurer's Address: Hartford way

City/State/Zip: Hartford, CT

Policy # or Self-ins. Lic. # 76WEGAA9VW3 Expiration Date: 1/1/20

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

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

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

Signature: Michael Simko Date: 3/4/24

Phone #: [REDACTED]

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

City or Town: Andover Permit/License # _____

Issuing Authority (circle one):

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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/03/2024

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 Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland NJ 07068		CONTACT NAME: Automatic Data Processing Insurance Agency, Inc. PHONE (A/C, No, Ext): 1-800-524-7024 FAX (A/C, No): E-MAIL ADDRESS:																						
INSURED Andover Cafe LLC 7 Barnard St Andover MA 018103601		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Hartford Fire Insurance Company	19682	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER C:																								
INSURER D:																								
INSURER E:																								
INSURER F:																								

COVERAGES

CERTIFICATE NUMBER: 3558422

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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	N	76WEGAA9VW3	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER**CANCELLATION**

Town of Andover 36 Barlet Street 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
---	---

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Payment Confirmation

YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT

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



Transaction Processed Successfully.

INVOICE #: dd7a043f-4690-418c-ab10-55caec887609

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	00057-RS-0026	\$200.00
		\$200.00

Total Convenience Fee: \$4.70

Date Paid: 3/7/2024 10:17:11 AM EDT

Total Amount Paid: \$204.70

Payment On Behalf Of

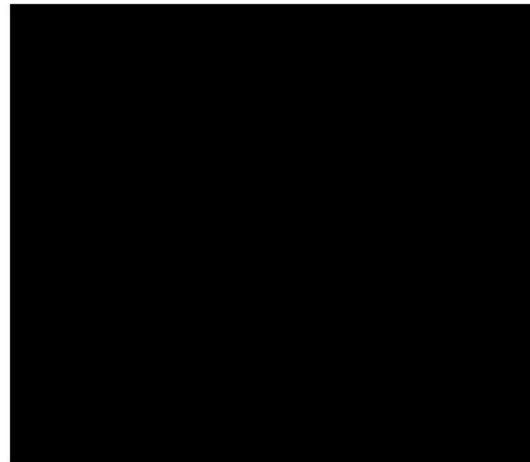
License Number or Business Name:
00057-RS-0026

Fee Type:
FILING FEES-RETAIL

Billing Information

First Name:
Michael

Last Name:
Cammarata





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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
 MONETARY TRANSMITTAL FORM

AMENDMENT-Change or Alteration of Premises Information

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

ECRT CODE: RETA

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

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

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

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN STATE ZIP CODE

For the following transactions (Check all that apply):

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

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

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



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

AMENDMENT-Change or Alteration of Premises Information

Change of Location

- Payment Receipt
- Monetary Transmittal Form
- Chg of Location/Alteration of Premises Application
- Financial Statement
- Vote of the Entity
- Supporting financial records
- Legal Right to Occupy
- Floor Plan
- Abutter's Notification
- Advertisement

Alteration of Premises

- Payment Receipt
- Monetary Transmittal Form
- Chg of Location/Alteration of Premises Application
- Financial Statement
- Vote of the Entity
- Supporting financial records
- Legal Right to Occupy
- Floor Plan
- Abutter's Notification
- Advertisement

1. BUSINESS ENTITY INFORMATION

Entity Name	Municipality	ABCC License Number
Andover Cafe LLC, dba LaRosa's	Andover	00057-RS-00-26

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

Permanent outdoor dining area

APPLICATION CONTACT

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

Name	Title	Email	Phone
Michael Cammarata	Member	[REDACTED]	[REDACTED]

2. ALTERATION OF PREMISES

2A. DESCRIPTION OF ALTERATIONS

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

We are seeking permanent approval for previously approved post covid outdoor dining.

2B. 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.

Dining area is in front of our building. 11FT wide with 4ft open to pedestrians. 7ft of dining width which will be secured with planters and rope for containment. approximately 40 seats.

Total Sq. Footage	800	Seating Capacity	40	Occupancy Number	175
Number of Entrances	2	Number of Exits	2	Number of Floors	1

AMENDMENT-Change or Alteration of Premises Information

3. CHANGE OF LOCATION

3A. PREMISES LOCATION

Last-Approved Street Address	7 Barnard Street, Andover MA
Proposed Street Address	7 Barnard Street, Andover, MA

3B. 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.

Dining area is in front of our building. 11FT wide with 4ft open to pedestrians. 7ft of dining width which will be secured with planters and rope for containment. approximately 50 seats.

Total Sq. Footage	approx 2300	Seating Capacity	150	Occupancy Number	175
Number of Entrances	2	Number of Exits	4	Number of Floors	1

3C. 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

Lease

Landlord Name: Lally Realty Trust

Landlord Phone: [REDACTED]

Landlord Address: [REDACTED]

Lease Beginning Date	9/2009	Rent per Month	8000
Lease Ending Date	9/2035	Rent per Year	96000

Will the Landlord receive revenue based on percentage of alcohol sales? Yes No

4. FINANCIAL DISCLOSURE

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

Associated Cost(s):

no cost associated. We have tables and chairs from outdoor dining during Covid
--

SOURCE OF CASH CONTRIBUTION

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

Name of Contributor	Amount of Contribution
Total:	

SOURCE OF FINANCING

Please provide signed financing documentation.

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

APPLICANT'S STATEMENT

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

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

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

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

Signature:

Date:

Title:

ADDITIONAL INFORMATION

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

We are seeking permament approval from Town of Andover and State of Massachusetts for outdoor dining that was previousley approved under Covid outdoor dining .

ENTITY VOTE

The Board of Directors or LLC Managers of Entity Name

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

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on Date of Meeting

For the following transactions (Check all that apply):

Alteration of Licensed Premises

Change of Location

Other

"VOTED: To authorize Name of Person

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

A true copy attest,


Corporate Officer / LLC Manager Signature

Michael Cammarata
(Print Name)

For Corporations ONLY

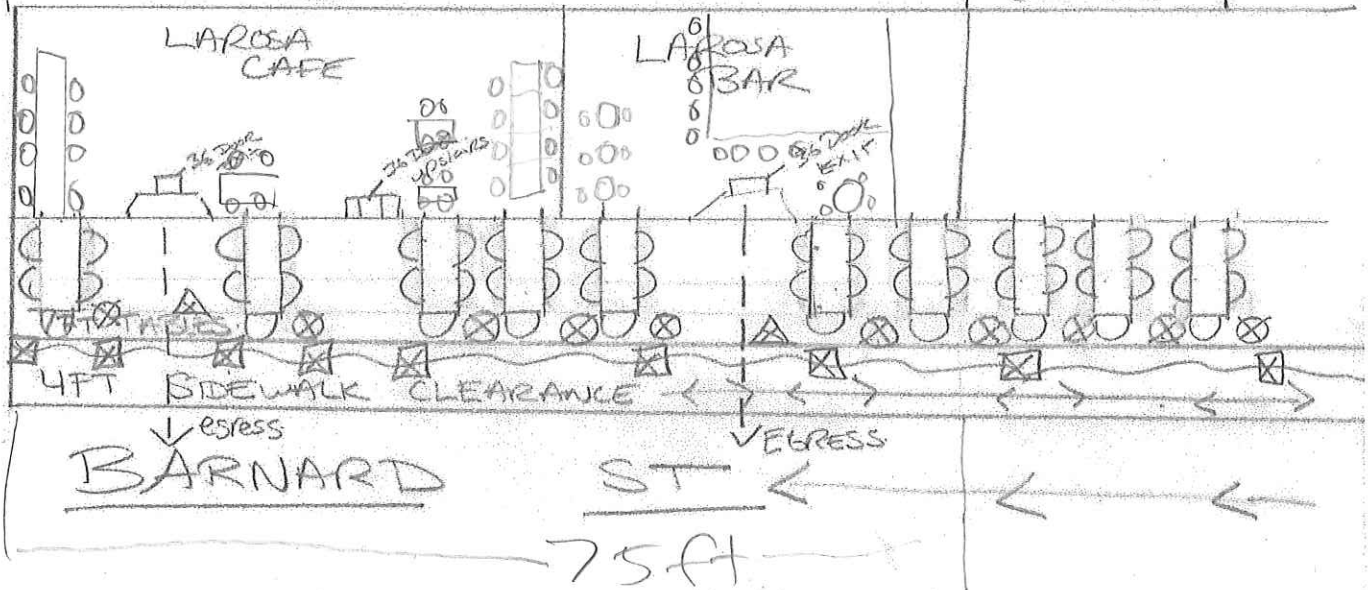
A true copy attest,

Corporation Clerk's Signature

(Print Name)

LAROSA'S

Becky,
Solutions



⊗ UMBRELLAS

⊞ TABLES - 24x36
CHAIRS

△ Signage
 - NO ALCOHOLIC BEVERAGES
 BEYOND THIS POINT
 - NO OUTSIDE BEVERAGES
 ALLOWED

~~~~~ ROPE  
 TO SECURE AREA

⊞ PLANTERS

10 TABLES -  
 50 SEATS -  
 10 UMBRELLAS

Scale 1/8



**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>                                     | Sal's 34 Park, LLC |
| <b>DBA:</b>                                                      | 34 Park            |
| <b>PREMISE ADDRESS:</b>                                          | 34 Park Street     |
| <b>MANAGER/CONTACT NAME:</b>                                     | [REDACTED]         |
| <b>EMAIL:</b>                                                    | [REDACTED]         |
| <b>PHONE:</b>                                                    | [REDACTED]         |
| <b>BUSINESS MAILING ADDRESS:<br/>(if different from premise)</b> | [REDACTED]         |
| <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 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 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 checked="" type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder          | <input type="checkbox"/> Other _____                    |

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

3-12-24

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

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



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

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

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

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

**SECTION 1: RESTRICTIONS/CONDITIONS**

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

YES                       NO

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

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

YES                       NO

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

**SECTION 2: WRITTEN DESCRIPTION OF PROPOSED PREMISES**

3. Describe the proposed outdoor area including the dimensions, number of tables and chairs, proposed occupancy figures, whether there are any proposed outdoor bars and how the area will be enclosed.

Located in the privately owned parking lot at 34 Park Street directly in front of the restaurant. Designated space utilizing flowers and barriers to designate space. Please see attached proposed layout. No more than 22 tables, 118 chairs, 40x60 tent, lounge area including corn hole/bocci court, propane heaters and an outdoor bar/service area.

---

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4. Describe in detail the proposed type of fence, rope or other means of proposed enclosure.

There will be a 40 x 60 tent as well as jersey barriers/large flower pots designating the area. Staff will be trained and signage will be up stating no alcohol outside of the designated premise.

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

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

**TAX FORM**

**APPLICANT NAME:** Salvatore Lupoli

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)

Sal's 34 Park, LLC

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

Salvatore Lupoli

**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: 34 Park, LLC

Address: 34 Park Street

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

**Are you an employer? Check the appropriate box:**

- 1.  I am an employer with 45 employees (full and/or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
- 4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

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

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

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

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

Insurance Company Name: Macdonald and Pangione

Insurer's Address: 34 Park Street, Andover, MA

City/State/Zip: 104 Main St North Andover MA 01845

Policy # or Self-ins. Lic. # 014005032943124 Expiration Date: 1/1/25

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

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

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

Signature: [Signature] Date: 3/12/24

Phone #: 978-681-7777

*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)

03/12/2024

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<br><b>MacDonald &amp; Pangione Insurance Agency</b><br>104 Main Street<br>North Andover, MA 01845<br>License #: 3377756 | CONTACT NAME: <b>Glendaly Gomez</b>                                            |
|                                                                                                                                  | PHONE (A/C, No, Ext): <b>(978)688-6921</b> FAX (A/C, No): <b>(978)688-5350</b> |
|                                                                                                                                  | E-MAIL ADDRESS: <b>glendaly@mpins.net</b>                                      |
|                                                                                                                                  | INSURER(S) AFFORDING COVERAGE                                                  |
|                                                                                                                                  | INSURER A: <b>Travelers Prop &amp; Casualty CL</b> NAIC # <b>25674</b>         |
|                                                                                                                                  | INSURER B: <b>Massachusetts Retail Merchants</b>                               |
|                                                                                                                                  | INSURER C:                                                                     |
|                                                                                                                                  | INSURER D:                                                                     |
|                                                                                                                                  | INSURER E:                                                                     |
|                                                                                                                                  | INSURER F:                                                                     |

INSURED  
**Double N Inc.**  
**DBA Sal's Just Pizza**  
83 N Broadway  
Salem, NH 03079

COVERAGES CERTIFICATE NUMBER: 00017283-2005643 REVISION NUMBER: 4

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

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                               | ADDL INSD | SUBR WVD | POLICY NUMBER       | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                                   |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 630-4S966465-TIA-23 | 07/01/2023              | 07/01/2024              | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b><br>MED EXP (Any one person) \$ <b>5,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>5,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b><br>\$ |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                      |           |          |                     |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                                                                    |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$                                                                                                                                          |           |          |                     |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                                                                                 |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                          |           | N/A      | 014005032943124     | 01/01/2024              | 01/01/2025              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ <b>500,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>                                                                 |
| A        | Liquor Liability                                                                                                                                                                                                                                                                                                |           |          | 630-4S966465-TIA-23 | 07/01/2023              | 07/01/2024              | \$ <b>1,000,000</b><br>\$ <b>2,000,000</b>                                                                                                                                                                                                                                               |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**34 Park- 34 Park Street Andover MA 01845**

|                                                                                 |                                                                                                                                                                |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE HOLDER                                                              | CANCELLATION                                                                                                                                                   |
| <b>Town of Andover</b><br><b>36 Bartlett Street</b><br><b>Andover, MA 01810</b> | 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<br><br>(GGG)                                                                                                                         |

# Massachusetts Alcoholic Beverages Control Commission - Retail

95 Fourth Street, Suite 3, Chelsea, Massachusetts 02150

Phone (617) 727-3040

## 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 #: 3501158a-07b6-4061-b30b-4d6f5f0c1a3b

| Description        | Applicant, License or Registration Number | Amount          |
|--------------------|-------------------------------------------|-----------------|
| FILING FEES-RETAIL | 00056-RS-0026                             | \$200.00        |
|                    |                                           | <b>\$200.00</b> |

Total Convenience Fee: **\$4.70**

Total Amount Paid: **\$204.70**

Date Paid: **3/12/2024 3:43:58 PM EDT**

### Payment On Behalf Of

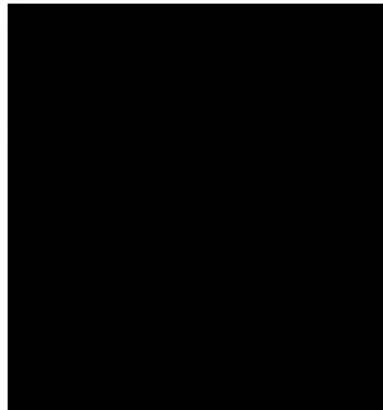
License Number or Business Name:  
00056-RS-0026

Fee Type:  
FILING FEES-RETAIL

### Billing Information

First Name:  
joe

Last Name:  
bevilacqua



[Print Receipt](#)

[Make Another Payment](#)

powered by nCourt

[Privacy - Terms](#)



RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
 MONETARY TRANSMITTAL FORM

**AMENDMENT-Change or Alteration of Premises Information**

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

ECRT CODE: RETA

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

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

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

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN

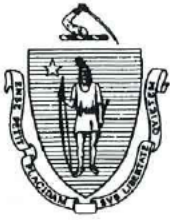
STATE

ZIP CODE

For the following transactions (Check all that apply):

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

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



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

**AMENDMENT-Change or Alteration of Premises Information**

**Change of Location**

- Payment Receipt
- Monetary Transmittal Form
- Chg of Location/Alteration of Premises Application
- Financial Statement
- Vote of the Entity
- Supporting financial records
- Legal Right to Occupy
- Floor Plan
- Abutter's Notification
- Advertisement

**Alteration of Premises**

- Payment Receipt
- Monetary Transmittal Form
- Chg of Location/Alteration of Premises Application
- Financial Statement
- Vote of the Entity
- Supporting financial records
- Legal Right to Occupy
- Floor Plan
- Abutter's Notification
- Advertisement

**1. BUSINESS ENTITY INFORMATION**

|                    |              |                     |
|--------------------|--------------|---------------------|
| Entity Name        | Municipality | ABCC License Number |
| Sal's 34 Park, LLC | Andover      | 00056-RS-0026       |

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

Outdoor Dining Annual Permit. Located in the privately owned parking lot at 34 Park Street directly in front of the restaurant. Designated space utilizing flowers and barriers to designate space. Please see attached proposed layout. No more than 22 tables, 118 chairs, 40x60 tent lounge area, propane heaters and an outdoor bar/service area.

**APPLICATION CONTACT**

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

|                  |                |       |       |
|------------------|----------------|-------|-------|
| Name             | Title          | Email | Phone |
| Salvatore Lupoli | Manager Member |       |       |

**2. ALTERATION OF PREMISES**

**2A. DESCRIPTION OF ALTERATIONS**

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

Outdoor Dining Annual Permit. Located in the privately owned parking lot at 34 Park Street directly in front of the restaurant. Designated space utilizing flowers and barriers to designate space. Please see attached proposed layout. No more than 22 tables, 118 chairs, 40x60 tent lounge area, propane heaters and an outdoor bar/service area.

**2B. 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.

1 floor restaurant with a kitchen and managers office, mens and womens restrooms. Private event area can be closed off in the back of the restaurant. Looking to provide outdoor dining on a privately owned lot in front of the restaurant.

|                     |       |                  |     |                  |     |
|---------------------|-------|------------------|-----|------------------|-----|
| Total Sq. Footage   | 4,048 | Seating Capacity | 180 | Occupancy Number | 180 |
| Number of Entrances | 2     | Number of Exits  | 2   | Number of Floors | 1   |

# AMENDMENT-Change or Alteration of Premises Information

## 3. CHANGE OF LOCATION

### 3A. PREMISES LOCATION

|                              |                |
|------------------------------|----------------|
| Last-Approved Street Address | 34 Park Street |
| Proposed Street Address      | N/A            |

### 3B. 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.

1 floor restaurant with a kitchen and managers office, mens and womens restrooms. Private event area can be closed off in the back of the restaurant. Looking to provide outdoor dining on a privately owned lot in front of the restaurant. Alteration of premise for Outdoor Dining Annual Permit. Located in the privately owned parking lot at 34 Park Street directly in front of

|                     |      |                  |     |                  |   |
|---------------------|------|------------------|-----|------------------|---|
| Total Sq. Footage   | 4848 | Seating Capacity | 180 | Occupancy Number |   |
| Number of Entrances | 2    | Number of Exits  | 2   | Number of Floors | 1 |

### 3C. 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

Lease

Landlord Name Sal's Park Street Andover,LLC

Landlord Phone

Landlord Address

Lease Beginning Date March 15, 2019

Rent per Month \$14,583.33

Lease Ending Date March 14, 2029

Rent per Year \$174,999.96

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

Yes  No

#### 4. FINANCIAL DISCLOSURE

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

Associated Cost(s):

|     |
|-----|
| \$0 |
|-----|

#### 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 |
|---------------------|------------------------|
|                     |                        |
|                     |                        |
|                     |                        |
|                     |                        |
| <b>Total:</b>       |                        |

#### SOURCE OF FINANCING

Please provide signed financing documentation.

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

## APPLICANT'S STATEMENT

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


of Sal's 34 Park, LLC  
Name of the Entity/Corporation

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

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

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

Signature:



Date: 3/12/24

Title:

Manager/Member

## ADDITIONAL INFORMATION

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

Alteration of Premise for additional outdoor seating

Outdoor Dining Annual Permit. Located in the privately owned parking lot at 34 Park Street directly in front of the restaurant. Designated space utilizing flowers and barriers to designate space. Please see attached proposed layout. No more than 22 tables, 118 chairs, 40x60 tent lounge area, propane heaters and an outdoor bar/service area.

**ENTITY VOTE**

The Board of Directors or LLC Managers of   
Entity Name

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

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on   
Date of Meeting

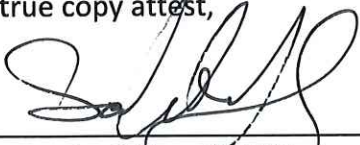
For the following transactions (Check all that apply):

- Alteration of Licensed Premises
- Change of Location
- Other

"VOTED: To authorize   
Name of Person

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

A true copy attest,



\_\_\_\_\_  
Corporate Officer / LLC Manager Signature

Salvatore Lupoli

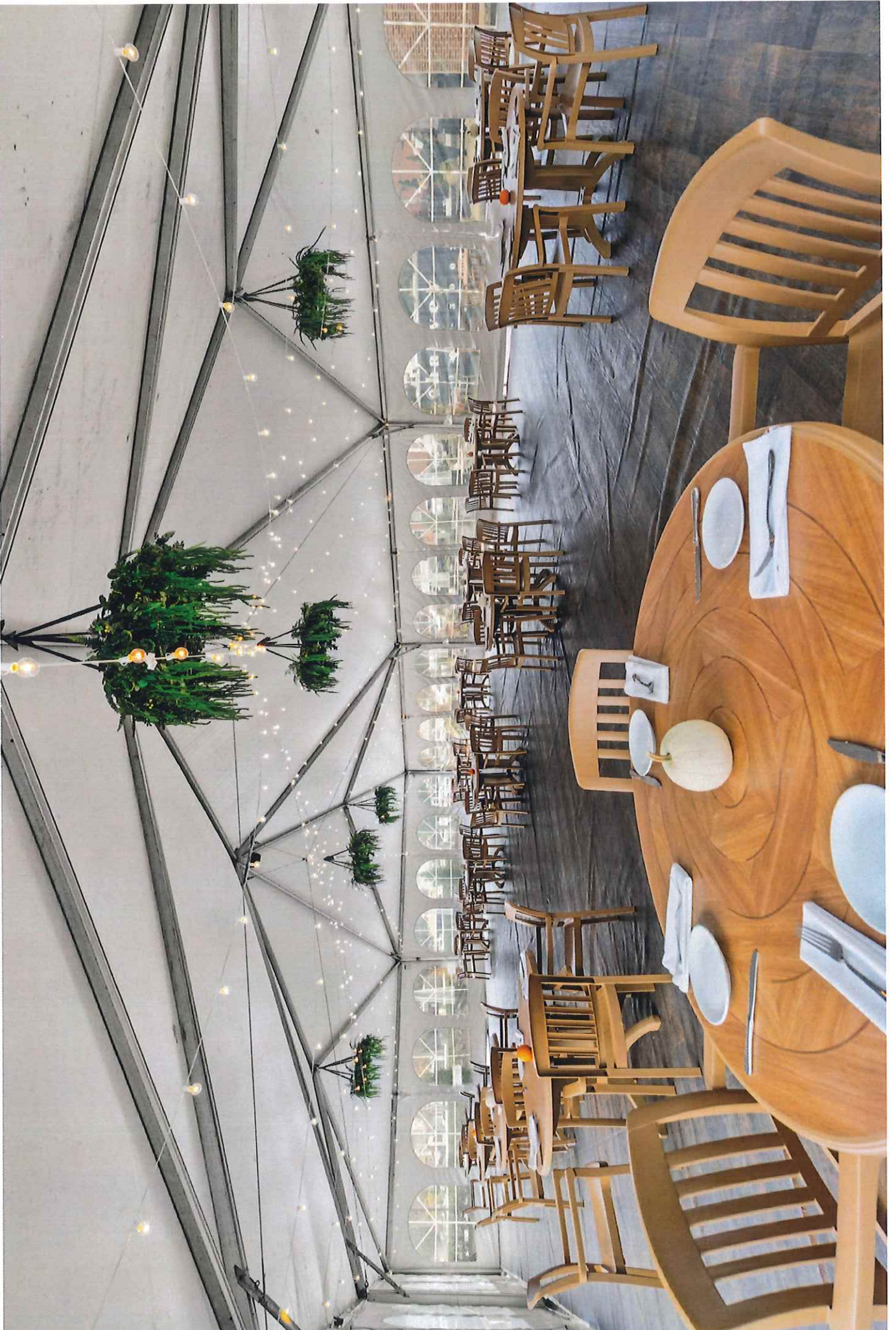
(Print Name)

For Corporations ONLY

A true copy attest,

\_\_\_\_\_  
Corporation Clerk's Signature

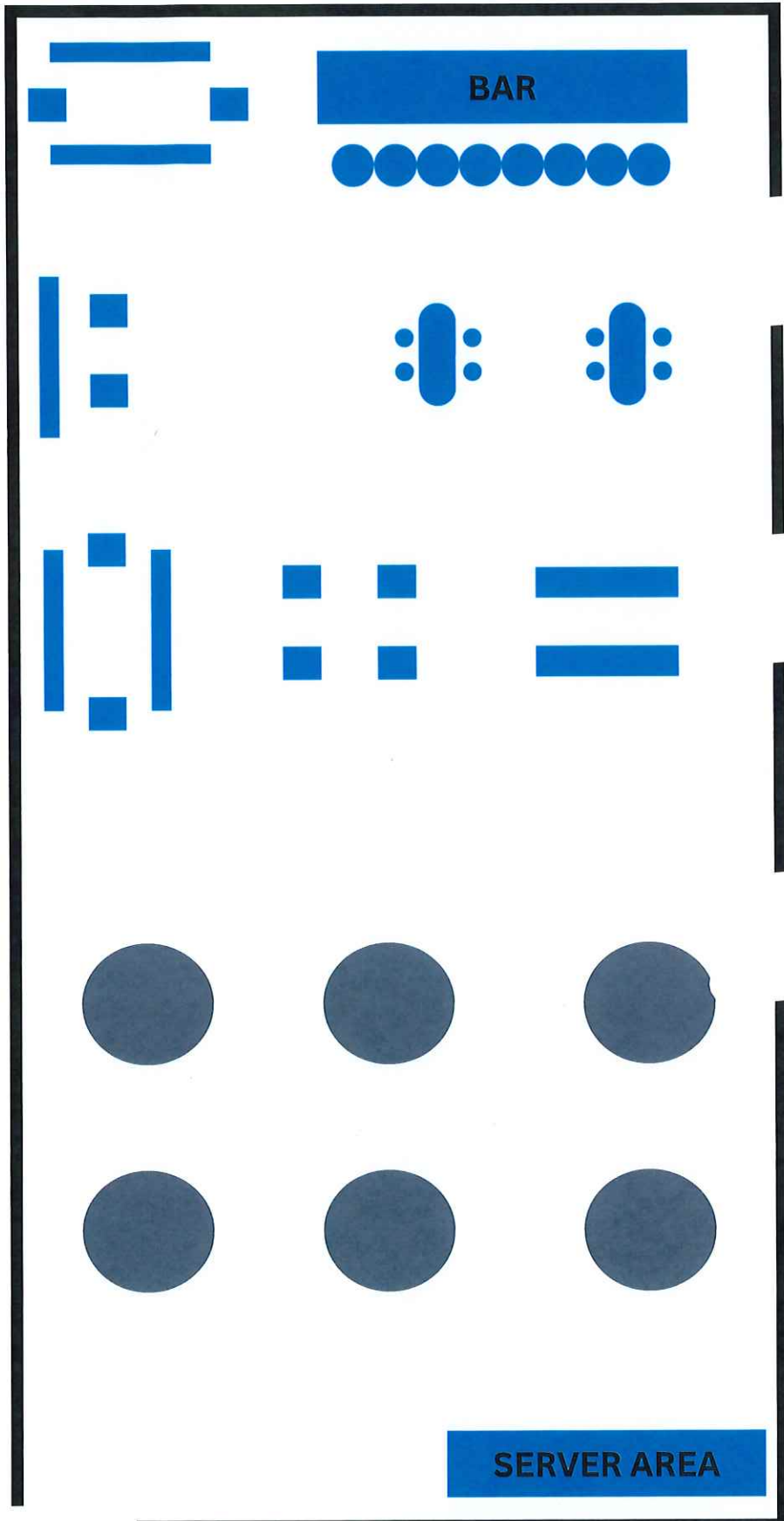
\_\_\_\_\_  
(Print Name)



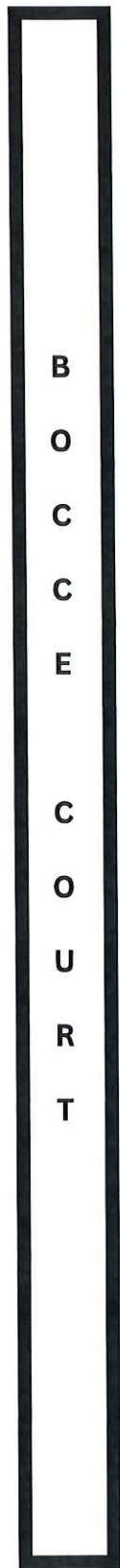




← P A R K I N G L O T →



C O R N H O L E



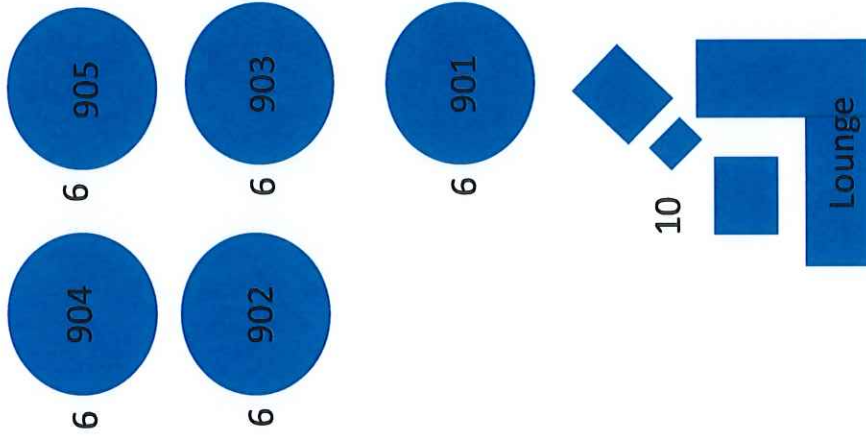
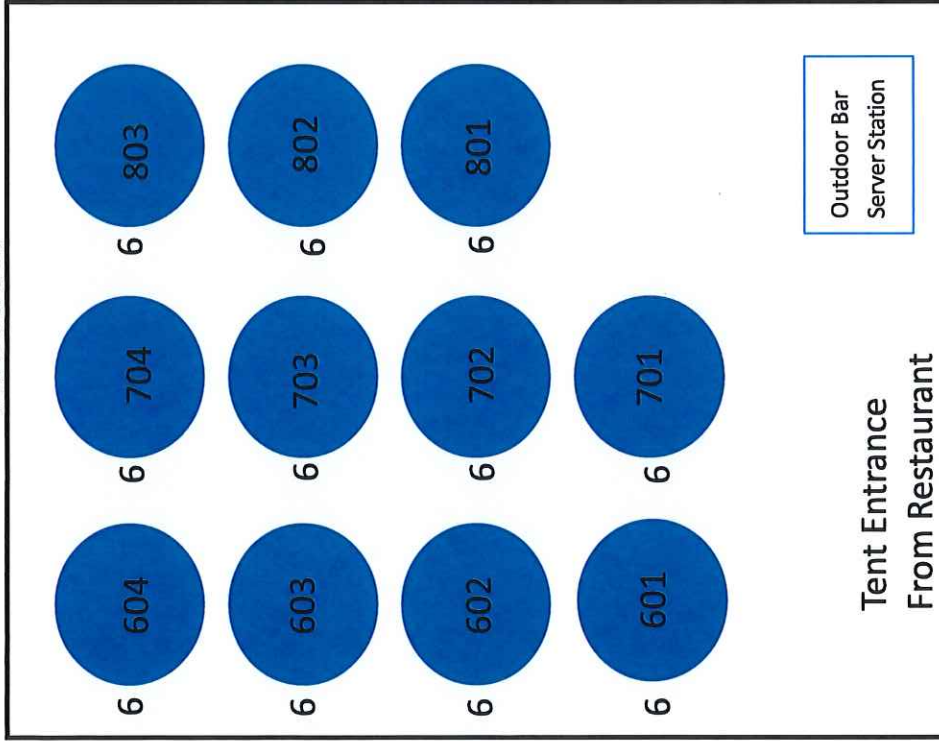
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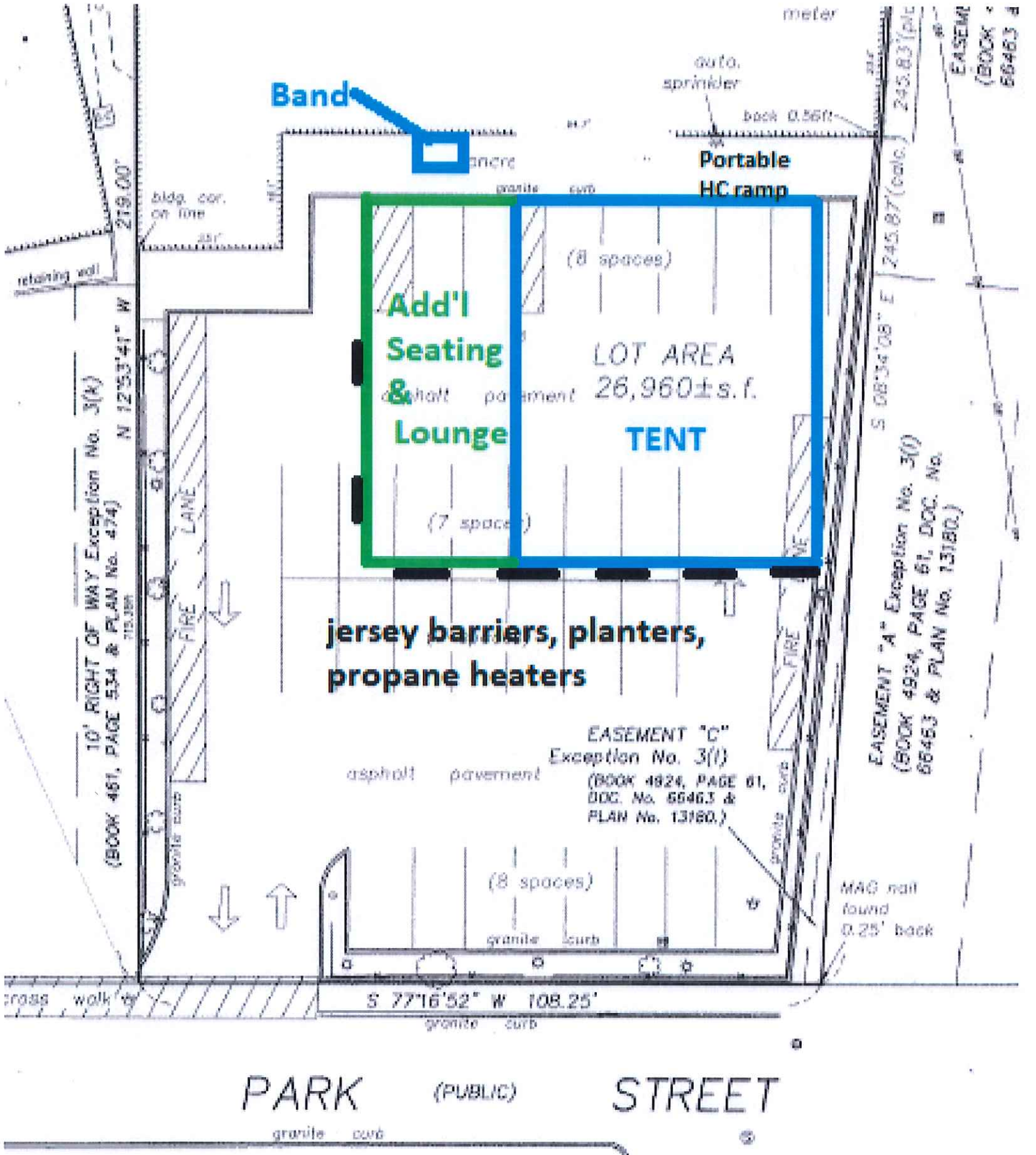


8 FT  
X  
40 FT

← S I D E W A L K →

Park Street





**Band**

**Add'l  
Seating  
& Lounge**

**TENT**

**Portable  
HC ramp**

**jersey barriers, planters,  
propane heaters**

**EASEMENT "C"**  
Exception No. 3(f)  
(BOOK 4924, PAGE 61,  
DOC. No. 66463 &  
PLAN No. 13180.)

**EASEMENT "A"** Exception No. 3(f)  
(BOOK 4924, PAGE 61, DOC. No.  
66463 & PLAN No. 13180.)

**PARK STREET (PUBLIC)**

LOT AREA  
26,960 ± s.f.

MAG nail  
found  
0.25' back

10' RIGHT OF WAY Exception No. 3(A)  
(BOOK 461, PAGE 534 & PLAN No. 474)  
N 12°53'41" W  
219.00'

FIRE LANE

granite curb

(8 spaces)

granite curb

S 77°16'52" W 108.25'

granite curb

auto.  
sprinkler

back 0.56ft

meter

EASEMENT  
(BOOK 4  
66463 &

bdg. cor.  
on line  
38'

retaining wall

(8 spaces)

(7 spaces)

S 08°34'08" E  
245.87' (calc.)

245.83' (plc)

FIRE

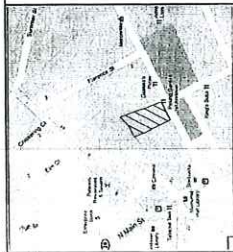
granite curb

granite curb

cross walk

granite curb

16657



**CURRENT DIMENSIONAL AND DENSITY REGULATIONS**  
 (THE SITE IS LOCATED IN A BF ZONING DISTRICT)

| CRITERIA                        | REQUIRED | EXISTING                                |
|---------------------------------|----------|-----------------------------------------|
| MINIMUM LOT FRONTAGE (FT.)      | 75/6     | 108.25'                                 |
| MINIMUM LOT AREA (S.F.)         | 75/6     | 26,868 S.F.                             |
| MINIMUM FRONT YARD (FT.)        | 75/6     | 115.3'                                  |
| MINIMUM SIDE YARD (FT.)         | 75/6     | 0                                       |
| MINIMUM REAR YARD (FT.)         | 75/6     | 0.03'                                   |
| PARKING SPACES                  | PER USE  | 75/6 (2) 30 (2) 15 (2) 15 (2) 15 (2) 15 |
| MAXIMUM BUILDING AREA (SQ. FT.) | 4/20'    | 17,811                                  |
| MAXIMUM BUILDING AREA (SQ. FT.) | 75/6     | 432                                     |

THIS IS A PRELIMINARY PLAN. ANY CHANGES TO THE PLAN SHALL BE MADE BY THE OWNER. NO CERTIFICATION TO ZONING COMMISSION IS MADE OR INTENDED.

I HEREBY CERTIFY THAT THIS PLAN IS BASED ON LAND SURVEYS ON DECEMBER 2, 2011. OTTE & DWYER, INC. LAND SURVEYORS

*[Signature]*  
 PROFESSIONAL LAND SURVEYOR  
 FOR OTTE & DWYER, INC.

THIS PLAN WAS PREPARED IN ACCORDANCE WITH THE RULES AND REGULATIONS OF THE BOARD OF REGISTRY OF DEEDS EFFECTIVE JANUARY 1, 1976 AND AMENDED JANUARY 12, 1988.

*[Signature]*  
 PROFESSIONAL LAND SURVEYOR  
 FOR OTTE & DWYER, INC.

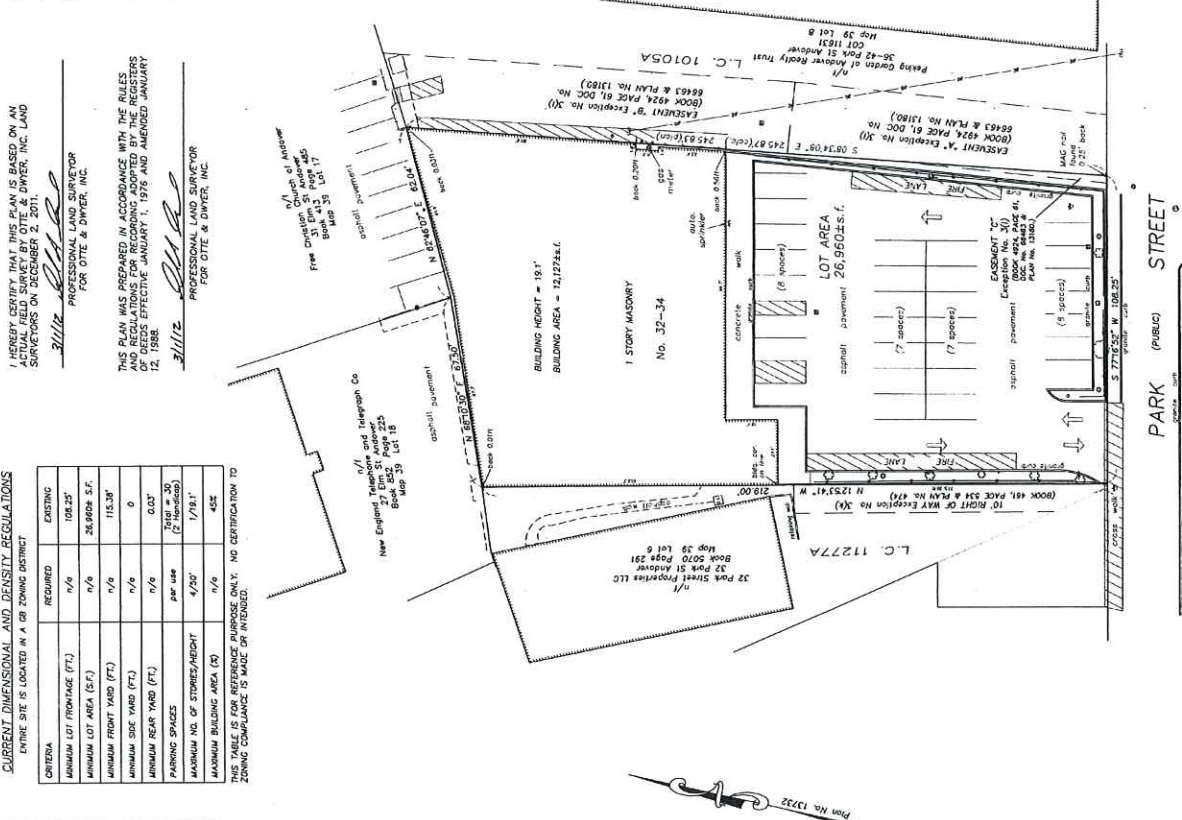
**Legal Description**  
 "Exhibit A" Commitment No. 11-0290R  
 The lots with the buildings thereon, in Andover, Essex County, Massachusetts, situated on the northerly side of Park Street, being described as follows:

Beginning at a point on the northerly side of Park Street, said point being the southeasterly corner of lot 1, thence running  
 S 77°-16'-52" W (108.25) feet, thence turning and running  
 N 12°-53'-41" W (127.74), two hundred and sixteen and 09/100 (219.00) feet, thence turning and running  
 N 68°-10'-30" E sixty-seven and 50/100 (67.50) feet, thence  
 N 62°-46'-07" E sixty-two and 84/100 (62.04) feet, thence turning and running  
 S 08°-34'-08" E by lot of said Paulus Cotton of Andover Realty Trust (L.C. 10105A), two hundred forty-five and 83/100 (243.83) feet, to the point of beginning.

Said parcel being shown on a plan entitled, "ALTA/ACSM Land Title Survey, 34 Park Street, Andover, Mass.", dated March 1, 2012, by Otte & Dwyer, Inc. - Land Surveyors, to be recorded hereafter, and containing 22,360 square feet, more or less, according to said plan.

**PROPERTY CERTIFICATE ACCORDING TO DEEDS AND PLANS OF DIVIDING THE PROPERTY USES SHOWN ON THIS PLAN ARE LINES DIVIDING THE EXISTING OWNERSHIPS, AND THE LINES OF THE STREETS AND WAYS SHOWN ARE THOSE OF PUBLIC OR PRIVATE STREETS OR WAYS AS SHOWN ON THE RECORDS OF THE PLANNING AND ZONING DIVISION OF THE CITY OF ANDOVER, MASSACHUSETTS. EXISTING OWNERSHIP ON FOR NEW WAYS ARE SHOWN.**

*[Signature]*  
 PROFESSIONAL LAND SURVEYOR  
 FOR OTTE & DWYER, INC.



**LEGEND**

- These standard symbols will be found in the drawing.
- BOLLARD
- CATCH BASIN ROUND
- CATCH BASIN SQUARE
- GAS METER
- LIGHT POLE
- UTILITY POLE
- CURB WIRE
- SEWER MANHOLE
- HYDRANT
- EDGE OF PAVEMENT
- OVERHEAD POWER
- CHAIN LINK FENCE
- WOOD RAIL FENCE



FOR REGISTRY USE ONLY.

**GENERAL NOTES**

**OWNER OF RECORD:** 32 PARK STREET LLC, 32 PARK STREET, MEDFORD, MA 02155  
**DEED REFERENCE:** BOOK 5745, PAGE 25  
**PLAN REFERENCE:** PLAN NO. 13732  
**TAX MAP REFERENCE:** MAP 39 LOT 7  
 The Parcel shown on this survey lies within a "Zone C", as described in the Andover Zoning Ordinance, 2007S 0003 B, dated June 3, 1988, in which the property is located.

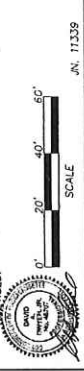
**GENERAL UTILITY ADVICE**  
 All utilities shown are by field location of observable evidence and/or compiled according to available records and are approximately only. Otte & Dwyer, Inc. and its surveyor assume no responsibility for damages incurred as a result of utilities. Call 1-800-955-6242.

To SO's Park Street Andover, LLC, Howard Bank, its successors and/or assigns and to Stewart Title Guaranty Company.  
 This is to certify that this map or plat and the survey on which it is based were prepared by ALTA/ACSM Land Title Surveyors, as defined in the Regulations for ALTA/ACSM Land Title Surveyors, as approved and adopted by ALTA and NPS, and includes items 2, 3, 4, 6(a), 6(b), 7(a), 7(b), 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

**EXCEPTIONS**  
 Exceptions, as numbered in Commitment for Title Insurance Company, dated March 1, 2012, issued by Stewart Title Guaranty Company.  
 With regard to exceptions 1-30. Our certification is limited to only matters observed on the ground or of record.  
 No. 30) 10' Right of Way, as shown on the Survey.  
 No. 30) Easements A', B', C', D', E', F', G', H', I', J', K', L', M', N', O', P', Q', R', S', T', U', V', W', X', Y', Z', as shown on the Survey.

**NOTE:**  
 The surveyor has relied upon the Commitment for Title Insurance Company, dated March 1, 2012, issued by Stewart Title Guaranty Company, and the Survey, dated March 1, 2012, with regard to any recorded easements, rights of way or setbacks affecting the subject property.

**ALTA/ACSM LAND TITLE SURVEY**  
**34 PARK STREET**  
**ANDOVER, MASS. 01810**  
 PREPARED FOR  
**SALS PARK STREET**  
**ANDOVER, LLC**  
 BY  
**OTTE & DWYER, INC.**  
**LAND SURVEYORS**  
 WWW.OTTEDWYER.COM  
 58 APPLETON STREET SAUGUS, MA 01906  
 P.O. BOX 982 (781)233-8155  
 SCALE: 1"=20'  
 MARCH 1, 2012  
 REVISED:  
 SCALE 0' 20' 40' 60'  
 SCALE



JN. 11229

16657



**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>                                     | Andover Mithai Group, LLC                |
| <b>DBA:</b>                                                      | Monica's Mithai Café & Bar               |
| <b>PREMISE ADDRESS:</b>                                          | 16 Post Office Avenue, Andover, MA 01810 |
| <b>MANAGER/CONTACT NAME:</b>                                     | Dillon Patel                             |
| <b>EMAIL:</b>                                                    | [REDACTED]                               |
| <b>PHONE:</b>                                                    | [REDACTED]                               |
| <b>BUSINESS MAILING ADDRESS:<br/>(if different from premise)</b> |                                          |
| <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 type="checkbox"/> Change of Corporate Structure  |
| <input checked="" type="checkbox"/> Transfer of License           | <input type="checkbox"/> Change of Ownership Interest                        | <input type="checkbox"/> Pledge of Collateral           |
| <input type="checkbox"/> Change of Manager                        | <input type="checkbox"/> Change of Class<br>(i.e. Annual/Seasonal)           | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Change of Officer/Directors/LLC Managers | <input type="checkbox"/> Change of License Type<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: \_\_\_\_\_ *[Signature]* Date: 01/09/2024

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

**TAX FORM**

**APPLICANT NAME:** Andover Mithai Group, LLC

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

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

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

Monica Soni

**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.*



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

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

**SECTION 1: RESTRICTIONS/CONDITIONS**

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

YES                       NO

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

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

YES                       NO

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

**SECTION 2: WRITTEN DESCRIPTION OF PROPOSED PREMISES**

3. Describe the proposed outdoor area including the dimensions, number of tables and chairs, proposed occupancy figures, whether there are any proposed outdoor bars and how the area will be enclosed.

The outdoor area is 8 ft x 40 ft with 5 total tables, and 20 chairs. No outdoor bar. The area will be enclosed by 2 granite blocks and planters will support posts that rope the section off.

\_\_\_\_\_

\_\_\_\_\_

4. Describe in detail the proposed type of fence, rope or other means of proposed enclosure.

The outdoor seating will occupy the street/parking space of Post Office Ave. The street will be closed to cars. 2 granite blocks and planters will support posts that rope the section off. The section extends to the middle of the street, leaving a fire lane.

\_\_\_\_\_

5. Describe the proposed use of the outdoor area. (E.g., tented area for special events, area for outdoor food service, etc.)

---

Outdoor area will be for our guests to sit outside for food service.

---

---

6. Are outdoor food preparation areas proposed?

YES

NO

If yes, please consult the Board of Health.

### **SECTION 3: REQUIRED PLAN**

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

The existing:

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

*All of the above should be clearly labeled.*

### **SECTION 4: ENFORCEMENT**

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

Hosts and managers will not seat any parties that have alcohol from off premises. The section will be roped off entirely, with the exception of an opening near the front door of 16 Post Office Ave. Seated parties will be monitored by staff and management at all times to ensure alcohol is not brought onto the premises.

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

We will have signage posted and will also train all management and staff to be aware and monitor guests leaving to ensure no person leaves with a drink in hand.

---

### **PLEASE NOTE:**

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



**H&A Associates, Inc.**  
 Landscape Architecture & Land Planning  
 17 Teniberry Street  
 Andover, Massachusetts 01822  
 781-479-8421 FAX 781-479-2085

Project:  
**POST OFFICE AVE.**

Andover, Massachusetts

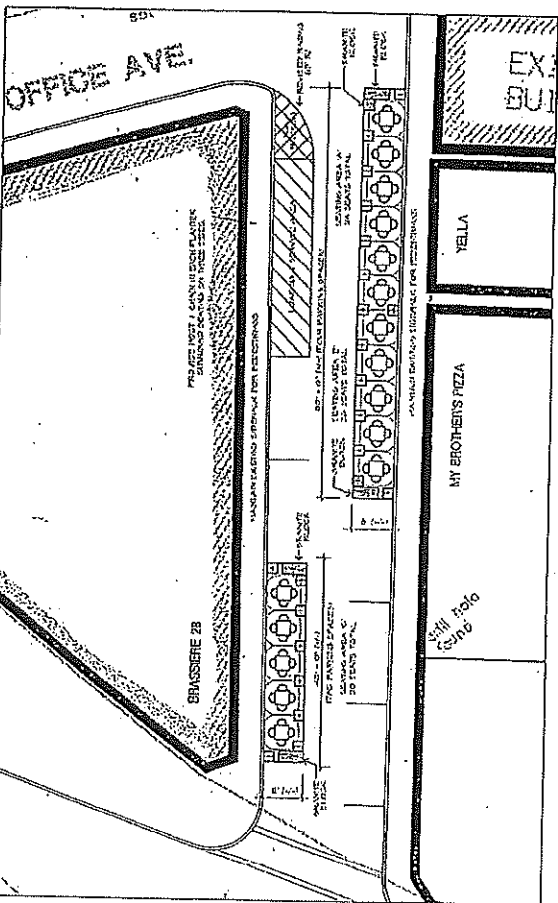
Drawing Title:

**Conceptual  
 Outdoor Seating**

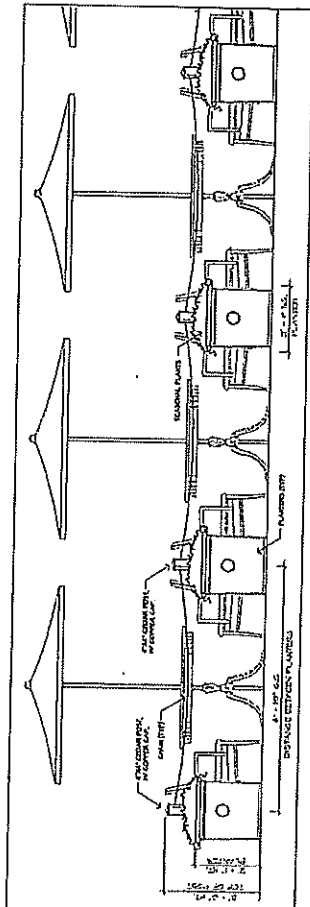


|                        |       |
|------------------------|-------|
| Revision               | Date  |
| DKL COMMENTS           | 03/11 |
| PUBLIC SAFETY COMMENTS | 10/8  |

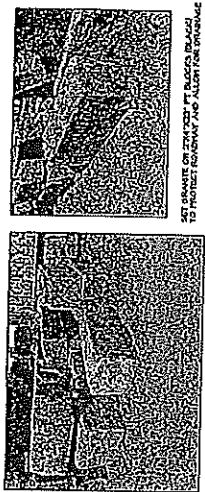
|         |          |             |     |
|---------|----------|-------------|-----|
| Scale   | As Shown | Drawing No. | L-1 |
| Date    | 03-11    | Sheet       | 1   |
| Job     | POST     | Drawn       | CDL |
| Plan    |          | Checked     |     |
| Project |          | Chief Clerk |     |



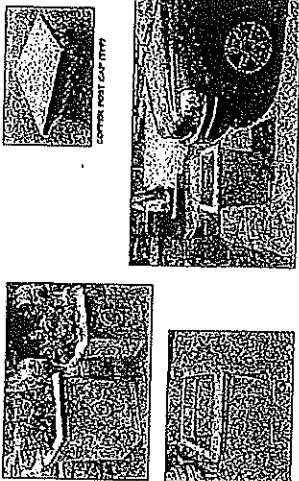
1 POST OFFICE STREET - CONCEPTUAL OUTDOOR SEATING LAYOUT  
 SCALE: 1" = 10'



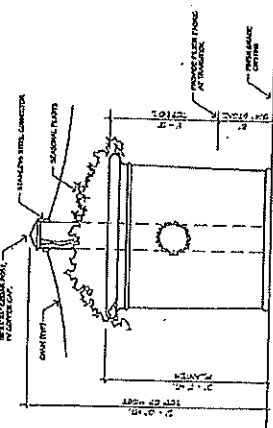
2 POST OFFICE STREET - CONCEPTUAL OUTDOOR SEATING ELEVATION  
 SCALE: 1" = 10'



3 EXAMPLES OF GRANITE BLOCK VEHICLE PROTECTION



4 EXAMPLE OF PLANTER POTS



5 TYPICAL PLANTER POT DETAIL



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

**CRIMINAL RECORD INFORMATION FORM**

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

|                              |                           |
|------------------------------|---------------------------|
| <b>BUSINESS/ENTITY NAME:</b> | Andover Mithal Group, LLC |
| <b>APPLICANT NAME:</b>       | Monica Soni               |
| <b>APPLICANT ADDRESS:</b>    | [REDACTED]                |
| <b>OCCUPATION:</b>           | LLC Member, 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, Monica Soni applicant for a Section 12 All-Alcoholic Beverage license  
(name) (license type)  
in the Town of Andover, hereby state that I have not been convicted for violation of a state or federal narcotic law.

I do hereby state that I have no record of criminal convictions in any state or federal court except those listed as follows:

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

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

Signature: Monica Soni

*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 OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

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

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

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

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

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

SIGNATURE: Monica Loni DATE: April 4, 2024

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

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



**TOWN OF ANDOVER**

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

| SUBJECT INFORMATION:                                            |             |
|-----------------------------------------------------------------|-------------|
| Last Name:                                                      | Soni        |
| First Name:                                                     | Monica      |
| Middle Name:                                                    |             |
| Suffix:                                                         |             |
| Maiden Name<br>(or other name(s) by which you have been known): |             |
| Date of Birth:                                                  |             |
| Place of Birth:                                                 |             |
| Last Six Digits of Your Social Security # (REQUIRED):           |             |
| Sex:                                                            | Female      |
| Height:                                                         | 5 ft. 3 in. |
| Eye Color:                                                      | Brown       |
| Race:                                                           |             |
| Drive License or ID #:                                          |             |
| State of Issue:                                                 |             |
| Mother's Full/Maiden Name:                                      |             |
| Father's Full Name:                                             |             |
| Current Address:                                                |             |
| Former Address:                                                 |             |

Office Use Only

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

Driver's License     Certified Birth Certificate     US Passport     Other \_\_\_\_\_

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

Vanessa French  
Signature of Verifying Employee



TOWN OF ANDOVER

TOWN CLERK'S OFFICE

36 Bartlet Street

Andover, MA 01810

978-623-8230 | www.andoverma.us

CRIMINAL RECORD INFORMATION FORM

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

|                       |                           |
|-----------------------|---------------------------|
| BUSINESS/ENTITY NAME: | Andover Mithai Group, LLC |
| APPLICANT NAME:       | Dillon Patel              |
| APPLICANT ADDRESS:    | [REDACTED]                |
| OCCUPATION:           | LLC Member, Manager       |
| BIRTHPLACE:           | [REDACTED]                |
| DATE OF BIRTH:        | [REDACTED]                |

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

I, Dillon Patel, applicant for a Section 12 All Alcoholic Beverage 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 4th day of April, 2024

THOMAS N. DEMETRAKIS - NOTARY PUBLIC STATE OF NEW JERSEY MY COMMISSION EXPIRES MARCH 5, 2027

Signature: [Handwritten Signature]

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



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

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

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

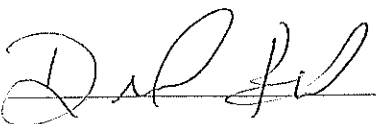
TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR  
EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

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

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

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

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

SIGNATURE:  DATE: 4/4/2024

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

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



**TOWN OF ANDOVER  
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36 Bartlet Street  
Andover, MA 01810  
978-623-8230  
www.andoverma.gov

|                                                                 |              |
|-----------------------------------------------------------------|--------------|
| <b>SUBJECT INFORMATION:</b>                                     |              |
| Last Name:                                                      | Patel        |
| First Name:                                                     | Dillon       |
| Middle Name:                                                    |              |
| Suffix:                                                         |              |
| Maiden Name<br>(or other name(s) by which you have been known): |              |
| Date of Birth:                                                  | [REDACTED]   |
| Place of Birth:                                                 | [REDACTED]   |
| Last Six Digits of Your Social Security # (REQUIRED):           | [REDACTED]   |
| Sex:                                                            | Male         |
| Height:                                                         | 5 ft. 10 in. |
| Eye Color:                                                      | Black        |
| Race:                                                           |              |
| Drive License or ID #:                                          | [REDACTED]   |
| State of Issue:                                                 | [REDACTED]   |
| Mother's Full/Maiden Name:                                      | [REDACTED]   |
| Father's Full Name:                                             | [REDACTED]   |
| Current Address:                                                | [REDACTED]   |
| Former Address:                                                 | [REDACTED]   |

Office Use Only

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

Driver's License     Certified Birth Certificate     US Passport     Other \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee



**TOWN OF ANDOVER**

**TOWN CLERK'S OFFICE**

36 Bartlet Street

Andover, MA 01810

978-623-8230 | www.andoverma.us

**CRIMINAL RECORD INFORMATION FORM**

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

|                              |                           |
|------------------------------|---------------------------|
| <b>BUSINESS/ENTITY NAME:</b> | ANDOVER MITHAI GROUP, LLC |
| <b>APPLICANT NAME:</b>       | JASPREET PABLA            |
| <b>APPLICANT ADDRESS:</b>    | [REDACTED]                |
| <b>OCCUPATION:</b>           | BUSINESS OWNER            |
| <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, JASPREET S. PABLA (name), applicant for a Alcoholic LIC (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

5<sup>th</sup> day of April, 2024.  
(date) (month) (year)

Signature: [Handwritten Signature]

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



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

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

| SUBJECT INFORMATION:                                            |              |
|-----------------------------------------------------------------|--------------|
| Last Name:                                                      | PABLA        |
| First Name:                                                     | JASPREET     |
| Middle Name:                                                    | SINGH        |
| Suffix:                                                         |              |
| Maiden Name<br>(or other name(s) by which you have been known): |              |
| Date of Birth:                                                  |              |
| Place of Birth:                                                 |              |
| Last Six Digits of Your Social Security # (REQUIRED):           |              |
| Sex:                                                            | M            |
| Height:                                                         | 5 ft. 10 in. |
| Eye Color:                                                      | Black        |
| Race:                                                           | Indian       |
| Drive License or ID #:                                          |              |
| State of Issue:                                                 |              |
| Mother's Full/Maiden Name:                                      |              |
| Father's Full Name:                                             |              |
| Current Address:                                                |              |
| Former Address:                                                 |              |

Office Use Only

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

Driver's License     Certified Birth Certificate     US Passport     Other \_\_\_\_\_

VERIFIED BY: Vanessa French

Name of Verifying Employee (Please Print)

Vanessa French

Signature of Verifying Employee

# **ABCC APPLICATION**

## 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 #: 56090200-951b-44a0-bd50-ce9e6ee14478

| Description        | Applicant, License or Registration Number | Amount          |
|--------------------|-------------------------------------------|-----------------|
| FILING FEES-RETAIL | Andover Mithai Group LLC                  | \$200.00        |
|                    |                                           | <b>\$200.00</b> |

Total Convenience Fee: \$4.70

Date Paid: 4/4/2024 1:00:47 PM EDT

Total Amount Paid: \$204.70

#### Payment On Behalf Of

**License Number or Business Name:**  
Andover Mithai Group, LLC

**Fee Type:**  
FILING FEES-RETAIL

#### Billing Information

**First Name:**  
John

**Last Name:**  
Connell





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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
 MONETARY TRANSMITTAL FORM

APPLICATION FOR A TRANSFER OF LICENSE

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

ECRT CODE: RETA

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

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

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

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN  STATE  ZIP CODE

For the following transactions (Check all that apply):

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

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

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

**DUA & DOR CERTIFICATES OF GOOD  
STANDING**



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

mass.gov/dor

Letter ID: L2129568928  
Notice Date: March 6, 2024  
Case ID: 0-002-349-923



## CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE

---



CSB RESTAURANT GROUP LLC  
16 POST OFFICE AVE  
ANDOVER MA 01810-3618

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

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

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

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

### *What if I have questions?*

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

### *Visit us online!*

Visit [mass.gov/dor](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



**Certificate of Compliance**

Date: March 7, 2024

Letter ID: L0001925552

Employer ID (FEIN): XX-XXX6820

CSB RESTAURANT GROUP LLC  
16 POST OFFICE AVE  
ANDOVER MA 01810-3618

Certificate ID: L0001925552

The Department of Unemployment Assistance certifies that as of 06-Mar-2024, CSB RESTAURANT GROUP LLC is current in all its obligations relating to contributions, payments in lieu of contributions, and the employer medical assistance contribution established in G.L.c.149,§189.

This certificate expires on 05-Apr-2024 .

Sincerely,

Katie Dishnica, Director  
Department of Unemployment Assistance

**Questions?**

Revenue Enforcement Unit  
Department of Unemployment Assistance  
Email us: Revenue.Enforcement@detma.org  
Call us: (617) 626-5750



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

**APPLICATION FOR A TRANSFER OF LICENSE**

Municipality

**1. TRANSACTION INFORMATION**

- Transfer of License
- Alteration of Premises
- Change of Location
- Management/Operating Agreement
- Pledge of Inventory
- Pledge of License
- Pledge of Stock
- Other
- Change of Class
- Change of Category
- Change of License Type (\$12 ONLY, e.g. "club" to "restaurant")

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 Applicant seeks to transfer the all alcoholic beverages license from CSB Restaurant Group, LLC to Andover Mithai Group, LLC, to be exercised at the same location.

**2. LICENSE CLASSIFICATION INFORMATION**

| ON/OFF-PREMISES | TYPE            | CATEGORY                | CLASS  |
|-----------------|-----------------|-------------------------|--------|
| On-Premises-12  | \$12 Restaurant | All Alcoholic Beverages | Annual |

**3. BUSINESS ENTITY INFORMATION**

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

Current or Seller's License Number  FEIN

Entity Name

DBA  Manager of Record

Street Address

Phone

Add'l Phone  Website

**4. 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. If this application alters the current premises, provide the specific changes from the last approved description. You must also submit a floor plan.

One dining room, entrance in front, second exit out of kitchen, two bathrooms, one basement, one kitchen in back. Seasonal 8 x 40 ft outdoor dining area (320 sq. ft.) and a contiguous portion of sidewalk on and along private way Post Office Avenue.

|                     |                                    |                  |                                |                  |                                 |
|---------------------|------------------------------------|------------------|--------------------------------|------------------|---------------------------------|
| Total Sq. Footage   | <input type="text" value="1,329"/> | Seating Capacity | <input type="text" value="2"/> | Occupancy Number | <input type="text" value="34"/> |
| Number of Entrances | <input type="text" value="2"/>     | Number of Exits  | <input type="text" value="2"/> | Number of Floors | <input type="text" value="38"/> |

**APPLICATION FOR A TRANSFER OF LICENSE**

**5. CURRENT OFFICERS, STOCK OR OWNERSHIP INTEREST**

Transferor Entity Name  By what means is the license being transferred?

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         |
|-----------------------------------------------|------------------------------------------|---------------------------------|
| <input type="text" value="Danielle Berdhan"/> | <input type="text" value="LLC Manager"/> | <input type="text" value="50"/> |
| <input type="text" value="Carlos Berdhan"/>   | <input type="text" value="LLC Manager"/> | <input type="text" value="50"/> |
| <input type="text"/>                          | <input type="text"/>                     | <input type="text"/>            |
| <input type="text"/>                          | <input type="text"/>                     | <input type="text"/>            |
| <input type="text"/>                          | <input type="text"/>                     | <input type="text"/>            |

**6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST**

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

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

Name of Principal  Residential Address  SSN  DOB

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

Name of Principal  Residential Address  SSN  DOB

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

Name of Principal

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

**APPLICATION FOR A TRANSFER OF LICENSE**

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

|                                          |                                          |                                                    |                                                    |
|------------------------------------------|------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| Name of Principal                        | Residential Address                      | SSN                                                | DOB                                                |
| <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/>           | <input style="width:100%;" type="text"/>           |
| Title and or Position                    | Percentage of Ownership                  | Director/ LLC Manager                              | US Citizen                                         |
| <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
|                                          |                                          |                                                    | MA Resident                                        |
|                                          |                                          |                                                    | <input type="radio"/> Yes <input type="radio"/> No |

|                                          |                                          |                                                    |                                                    |
|------------------------------------------|------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| Name of Principal                        | Residential Address                      | SSN                                                | DOB                                                |
| <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/>           | <input style="width:100%;" type="text"/>           |
| Title and or Position                    | Percentage of Ownership                  | Director/ LLC Manager                              | US Citizen                                         |
| <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
|                                          |                                          |                                                    | MA Resident                                        |
|                                          |                                          |                                                    | <input type="radio"/> Yes <input type="radio"/> No |

|                                          |                                          |                                                    |                                                    |
|------------------------------------------|------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| Name of Principal                        | Residential Address                      | SSN                                                | DOB                                                |
| <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/>           | <input style="width:100%;" type="text"/>           |
| Title and or Position                    | Percentage of Ownership                  | Director/ LLC Manager                              | US Citizen                                         |
| <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
|                                          |                                          |                                                    | MA Resident                                        |
|                                          |                                          |                                                    | <input type="radio"/> Yes <input type="radio"/> No |

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

**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 |
|----------------|--------------|-----------------------|--------------|
| Jaspreet Pabla | Section 12   | Raagini Indian Bistro | Andover      |
|                |              |                       |              |
|                |              |                       |              |

**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 |  |
|------|--------------|--------------|--|
|      |              |              |  |
|      |              |              |  |
|      |              |              |  |

## APPLICATION FOR A TRANSFER OF LICENSE

### 6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

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

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

### 7. CORPORATE STRUCTURE

Entity Legal Structure

LLC

Date of Incorporation

03/13/2024

State of Incorporation

Massachusetts

Is the Corporation publicly traded?  Yes  No

### 8. OCCUPANCY OF PREMISES

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

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

Please indicate by what means the applicant will occupy the premises

Lease

Landlord Name

Musgrove, LLC

Landlord Phone

978-470-8400

Landlord Email

Landlord Address

c/o CPManagement, Inc. 11 Court Street, Suite 100, Exeter, NH 03833

Lease Beginning Date

Upon ABCC approval

Rent per Month

\$4,331.53

Lease Ending Date

05/31/2025

Rent per Year

\$51,978.36

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

Yes  No

### 9. APPLICATION CONTACT

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

Name:

Elizabeth Pisano

Phone:

Title:

Attorney

Email:

**APPLICATION FOR A TRANSFER OF LICENSE**

**10. FINANCIAL DISCLOSURE**

|                                       |                      |
|---------------------------------------|----------------------|
| A. Purchase Price for Real Estate     | <input type="text"/> |
| B. Purchase Price for Business Assets | \$130,000.00         |
| C. Other* (Please specify)            | <input type="text"/> |
| D. Total Cost                         | \$130,000.00         |

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

**SOURCE OF CASH CONTRIBUTION**

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

| Name of Contributor | Amount of Contribution |
|---------------------|------------------------|
| Monica Soni         | \$43,333.33            |
| Dillon Patel        | \$43,333.33            |
| Jaspreet Pabla      | \$43,333.33            |
|                     |                        |
| Total               | \$130,000.00           |

**SOURCE OF FINANCING**

Please provide signed financing documentation.

| Name of Lender | Amount | Type of Financing | Is the lender a licensee pursuant to M.G.L. Ch. 138. |
|----------------|--------|-------------------|------------------------------------------------------|
|                |        |                   | <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.

The LLC members will each contribute \$43,333.33 of their personal cash funds for the purchase price of the business assets.

**11. PLEDGE INFORMATION**

Please provide signed pledge documentation.

Are you seeking approval for a pledge?  Yes  No

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

To whom is the pledge being made?

**10. MANAGER APPLICATION**

**A. MANAGER INFORMATION**

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

Proposed Manager Name  Date of Birth

Residential Address

Email

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

**B. CITIZENSHIP/BACKGROUND INFORMATION**

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

Have you ever been convicted of a state, federal, or military crime?  Yes  No  
If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

| Date | Municipality | Charge | Disposition |
|------|--------------|--------|-------------|
|      |              |        |             |
|      |              |        |             |
|      |              |        |             |

**C. EMPLOYMENT INFORMATION**

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

| Start Date | End Date | Position                    | Employer | Supervisor Name |
|------------|----------|-----------------------------|----------|-----------------|
|            |          | Please see attached resume. |          |                 |
|            |          |                             |          |                 |
|            |          |                             |          |                 |

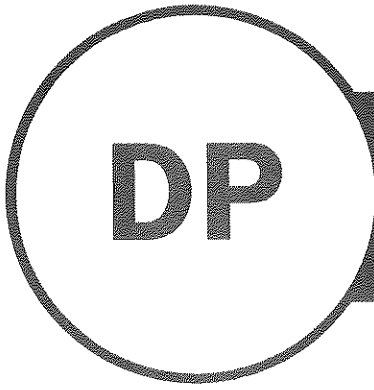
**D. PRIOR DISCIPLINARY ACTION**

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



# DILLON PATEL

30 SHATTUCK ROAD UNIT 3302 ANDOVER, MA 01810  
IP: 201-310-5836

## OBJECTIVE

Highly motivated Business Owner looking for an opportunity to join an organization of professionals where skills and expertise can maximize potentials for business development. Oversaw the daily operations of the business. Performed office and management duties. Performed hiring, firing, and managing of employees.

## SKILLS

Experienced business owner with excellent leadership skills. Successfully managed day-to-day operations and grew the business. Good at problem-solving and team management.

## EXPERIENCE

### REALTOR • KELLER WILLIAM REALTY • SEPTEMBER 2022 - PRESENT

- Researched and analyzed market data to advise clients on the best strategies for buying and selling, resulting in a 20% increase in successful transactions.
- Prepared and reviewed legal documents such as representation contracts, purchase agreements, and closing statements, ensuring compliance with local laws and regulations.
- Networked with other real estate agents and professionals in the industry, resulting in a 30% increase in referrals and a 15% increase in successful transactions.

### MANAGER • MEGHA LIQUOR & GROCERY • JULY 2014 - PRESENT

- Supervise and assist with daily operations of the liquor store including stocking and storing of merchandise, tracking inventory, maintaining overall appearance of the store to attract customers while providing exceptional customer service and cash handling.

### PHARMACY TECHNICIAN • WALGREENS • SEPTEMBER 2015 - 2017

- Record new scripts into patient portal.
- Aid in processing, filling, and dispensing patients' medication.
- Process patients' insurance.
- Help maintain drug inventory.

- Recording patients' medical histories while complying HIPAA regulations.

## **EDUCATION**

**LONG ISLAND UNIVERSITY - BROOKLYN CAMPUS PRE-PHARMACY SEPTEMBER 2013 - DECEMBER 2014**

**FAIRLEIGH DICKINSON UNIVERSITY PHARMACY PROGRAM  
JANUARY 2015 - MAY 2018**

## **LICENSE**

---

### **REAL ESTATE LICENSE: SEPTEMBER 2022 TO PRESENT**

Real estate legislation knowledge, marketing expertise, attention to details, strong communication and negotiation skills, and the ability to sell.

### 13. MANAGEMENT AGREEMENT

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

Yes  No

If yes, please fill out section 13.

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.*

### 13A. 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: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/>          |                                                    |                                                    |
| Name of Principal                         | Residential Address                       | SSN                                                | DOB                                                |                                                    |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/>          | <input style="width: 100%;" type="text"/>          |                                                    |
| Title and or Position                     | Percentage of Ownership                   | Director                                           | US Citizen                                         | MA Resident                                        |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" 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: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/>          | <input style="width: 100%;" type="text"/>          |                                                    |
| Title and or Position                     | Percentage of Ownership                   | Director                                           | US Citizen                                         | MA Resident                                        |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" 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: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/>          | <input style="width: 100%;" type="text"/>          |                                                    |
| Title and or Position                     | Percentage of Ownership                   | Director                                           | US Citizen                                         | MA Resident                                        |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" 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: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/>          | <input style="width: 100%;" type="text"/>          |                                                    |
| Title and or Position                     | Percentage of Ownership                   | Director                                           | US Citizen                                         | MA Resident                                        |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

#### CRIMINAL HISTORY

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

Yes  No

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

### 13B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES

#### LICENSE

Does any individual or entity identified in question 13A, 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 |
|------|--------------|--------------|--------------|
|      |              |              |              |
|      |              |              |              |
|      |              |              |              |

**13C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE**

Has any individual or entity identified in question 13A, 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 |
|------|--------------|--------------|--------------|
|      |              |              |              |
|      |              |              |              |
|      |              |              |              |

**13D. PREVIOUSLY HELD MANAGEMENT AGREEMENT**

Has any individual or entity identified in question 13A, 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 |
|---------------|--------------|--------------|----------------------|
|               |              |              |                      |
|               |              |              |                      |
|               |              |              |                      |

**13E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION**

Have any of the disclosed licenses listed in question section 13B, 13C, 13D 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 |
|----------------|-----------------|------|---------------------------------------------------|
|                |                 |      |                                                   |
|                |                 |      |                                                   |
|                |                 |      |                                                   |

**13F. 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:

**APPLICANT'S STATEMENT**


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

of Andover Mithai Group LLC  
Name of the Entity/Corporation

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

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

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

Signature: 

Date: 04/03/2024

Title: LLC Manager

**ENTITY VOTE**

The Board of Directors or LLC Managers of  Entity Name

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

and the

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on  Date of Meeting

For the following transactions (Check all that apply):

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

"VOTED: To authorize  Name of Person

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

"VOTED: To appoint  Name of Liquor License Manager

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

A true copy attest,

For Corporations ONLY

A true copy attest,



\_\_\_\_\_  
Corporate Officer /LLC Manager Signature

\_\_\_\_\_  
Corporation Clerk's Signature

Monica Soni

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

# MA SOC SUMMARY

# Secretary of the Commonwealth of Massachusetts

William Francis Galvin

## Business Entity Summary

ID Number: 001770664

[Request certificate](#)

[New search](#)

Summary for: **ANDOVER MITHAI GROUP LLC**

**The exact name of the Domestic Limited Liability Company (LLC):** ANDOVER MITHAI GROUP LLC

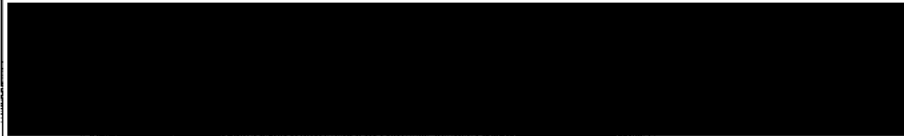
**Entity type:** Domestic Limited Liability Company (LLC)

**Identification Number:** 001770664

**Date of Organization in Massachusetts:** 03-13-2024      **Date of Revival:**

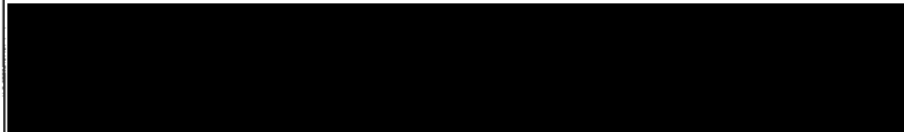
**Last date certain:**

**The location or address where the records are maintained (A PO box is not a valid location or address):**



**The name and address of the Resident Agent:**

Name: MONICA N. SONI



**The name and business address of each Manager:**

| Title   | Individual name | Address |
|---------|-----------------|---------|
| MANAGER | MONICA N. SONI  |         |

**In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:**

| Title | Individual name | Address |
|-------|-----------------|---------|
|       |                 |         |

**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 | MONICA N. SONI  |         |

|                                                                                                                                                                                                                                                                                                                                                          |                                            |                                         |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------|----------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                          |                                            | USA                                     |                                        |
| <input type="checkbox"/> Consent                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Confidential Data | <input type="checkbox"/> Merger Allowed | <input type="checkbox"/> Manufacturing |
| <b>View filings for this business entity:</b>                                                                                                                                                                                                                                                                                                            |                                            |                                         |                                        |
| <div style="border: 1px solid black; padding: 5px;"><p>ALL FILINGS <span style="float: right;">▲</span></p><p>Annual Report <span style="float: right;">▮</span></p><p>Annual Report - Professional</p><p>Articles of Entity Conversion</p><p>Certificate of Amendment <span style="float: right;">▼</span></p><p>Certificate of Consolidation</p></div> |                                            |                                         |                                        |
| <a href="#">View filings</a>                                                                                                                                                                                                                                                                                                                             |                                            |                                         |                                        |
| <b>Comments or notes associated with this business entity:</b>                                                                                                                                                                                                                                                                                           |                                            |                                         |                                        |
|                                                                                                                                                                                                                                                                                                                                                          |                                            |                                         |                                        |

[New search](#)

# CORI FORMS



JEAN M. LORIZIO, ESQ.  
CHAIRMAN

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

**CORI REQUEST FORM**

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

**ABCC LICENSE INFORMATION**

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

**APPLICANT INFORMATION**

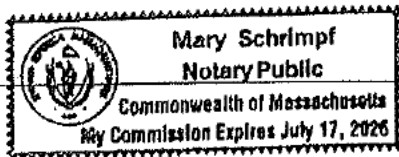
LAST NAME:  Pabla FIRST NAME:  Jaspreet MIDDLE NAME:  Singh  
 MAIDEN NAME OR ALIAS (IF APPLICABLE):  PLACE OF BIRTH:   
 DATE OF BIRTH:  ID THEFT INDEX PIN (IF APPLICABLE):  MA  
 MOTHER'S MAIDEN NAME:  DRIVER'S LICENSE #:  STATE LIC. ISSUED:   
 GENDER:  Male HEIGHT:  5.  10 WEIGHT:  176 EYE COLOR:  Black  
 CURRENT ADDRESS:  63 lippold st  
 CITY/TOWN:   
 FORMER ADDRESS:   
 CITY/TOWN:  STATE:  ZIP:

**PRINT AND SIGN**

PRINTED NAME:  JASPREET S. PABLA APPLICANT/EMPLOYEE SIGNATURE:

**NOTARY INFORMATION**

On this  April 4, 2024 before me, the undersigned notary public, personally appeared  Jaspreet S. Pabla  
 (name of document signer), proved to me through satisfactory evidence of identification, which were  his Drivers License  
 to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.  
 Notary Signature  
 NOTARY



**DIVISION USE ONLY**

REQUESTED BY:  SIGNATURE OF CORI AUTHORIZED OFFICIAL:

The DCI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. ALL CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 660-6614.



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

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**ABCC LICENSE INFORMATION**

|                                                    |                                          |                    |
|----------------------------------------------------|------------------------------------------|--------------------|
| ABCC NUMBER:<br><small>(SEE LICENSE LABEL)</small> | LICENSEE NAME: Andover Mithai Group, LLC | CITY/TOWN: Andover |
|----------------------------------------------------|------------------------------------------|--------------------|

**APPLICANT INFORMATION**

|                                       |                                     |              |
|---------------------------------------|-------------------------------------|--------------|
| LAST NAME: Patel                      | FIRST NAME: Dillon                  | MIDDLE NAME: |
| MAIDEN NAME OR ALIAS (IF APPLICABLE): | PLACE OF BIRTH:                     |              |
| DATE OF BIRTH:                        | ID THEFT INDEX PIN (IF APPLICABLE): |              |
| MOTHER'S MAIDEN NAME:                 |                                     |              |
| GENDER: MALE                          | HEIGHT: 5 10                        | WEIGHT: 200  |
|                                       | EYE COLOR: Black                    |              |
| CURRENT ADDRESS:                      |                                     |              |
| CITY/TOWN:                            |                                     |              |
| FORMER ADDRESS:                       |                                     |              |
| CITY/TOWN:                            | STATE:                              | ZIP:         |

**PRINT AND SIGN**

|                            |                                                  |
|----------------------------|--------------------------------------------------|
| PRINTED NAME: Dillon Patel | APPLICANT/EMPLOYEE SIGNATURE: <i>[Signature]</i> |
|----------------------------|--------------------------------------------------|

**NOTARY INFORMATION**

On this April 4, 2024 before me, the undersigned notary public, personally appeared Dillon Patel  
(name of document signer), proved to me through satisfactory evidence of identification, which were DRIVERS LICENSE  
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

|                                                                                                       |                              |
|-------------------------------------------------------------------------------------------------------|------------------------------|
| THOMAS N. DEMETRAKIS<br>NOTARY PUBLIC<br>STATE OF NEW JERSEY<br>MY COMMISSION EXPIRES: MARCH 31, 2025 | <i>[Signature]</i><br>NOTARY |
|-------------------------------------------------------------------------------------------------------|------------------------------|

**DIVISION USE ONLY**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| RECEIVED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <small>THIS DOCUMENT IS THE PROPERTY OF THE COMMONWEALTH OF MASSACHUSETTS. IT IS LOANED TO YOU BY THE COMMONWEALTH OF MASSACHUSETTS. IT IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE EXPRESS WRITTEN PERMISSION OF THE COMMONWEALTH OF MASSACHUSETTS. ALL RIGHTS RESERVED. THIS DOCUMENT IS SUBJECT TO THE COMMONWEALTH OF MASSACHUSETTS PUBLIC ACCESS TO INFORMATION ACT.</small> |  |



JEAN M. LORIZIO, ESQ.  
CHAIRMAN

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Alcoholic Beverages Control Commission  
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**ABCC LICENSE INFORMATION**

ABCC NUMBER:  LICENSEE NAME:  CITY/TOWN:

**APPLICANT INFORMATION**

LAST NAME:  FIRST NAME:  MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE):

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

MOTHER'S MAIDEN NAME:

GENDER:  HEIGHT:   WEIGHT:  EYE COLOR:

CURRENT ADDRESS:

CITY/TOWN:

FORMER ADDRESS:

CITY/TOWN:

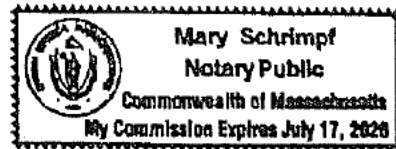
**PRINT AND SIGN**

PRINTED NAME:  APPLICANT/EMPLOYEE SIGNATURE:

**NOTARY INFORMATION**

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

NOTARY



**DIVISION USE ONLY**

REQUESTED BY:

SIGNATURE OF CORI-AUTHORIZED EMPLOYEE

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

# **PROOF OF US CITIZENSHIP**

# **PURCHASE AND SALE AGREEMENT**

## ASSET PURCHASE AGREEMENT

By and Among:  
CSB RESTAURANT GROUP, LLC (“Seller”) and  
ANDOVER MITHAI GROUP, LLC. (“Buyers”)

Situated upon:  
**16 Post Office Avenue, Andover, Massachusetts (“Premises”)**

This Asset Purchase Agreement (the “Agreement”) is made this March 26, 2024 (“Effective Date”), between CSB RESTAURANT GROUP, LLC, of 16 Post Office Avenue, Andover, Massachusetts 01810 (the “Seller”) and ANDOVER MITHAI GROUP, LLC. (the “Buyer”) (collectively, “Party” or “Parties”).

WHEREAS, Seller owns assets and holds a lease (the “Business”) for a restaurant called “Yella Grille” located at 16 Post Office Avenue, Andover, Massachusetts 01810 (the “Premises”) (collectively referred to as the “Assets”).

WHEREAS, Seller desires to sell and Buyer desires to purchase business assets belonging to Seller of which are all included within EXHIBIT A attached hereto ;

WHEREAS, the Parties have reached an agreement regarding the sale and purchase of the Assets and desire to reduce their agreement to writing.

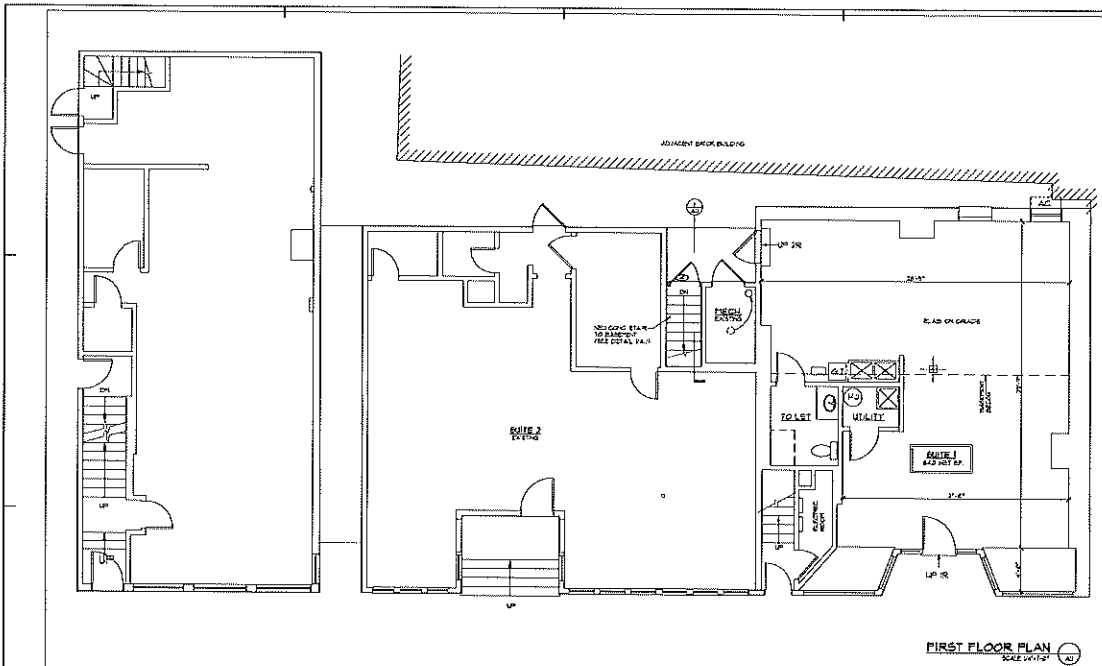
NOW, THEREFORE, in consideration of the Assets as well as the parties’ respective promises, representations, covenants and warranties, the performance of each unto the other, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties, intending to be legally bound hereby, agree as follows:

### **1. AGREEMENT TO SELL AND PURCHASE ASSETS.**

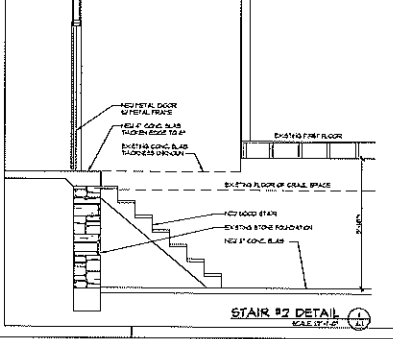
1.1 Seller agrees to sell, transfer, assign, convey and deliver to Buyer, and Buyer agrees to purchase and accept from Seller, all of the assets included within the EXHIBIT A, wherever situated, that are used in or related to the Business, other than the Excluded Assets, (collectively the “Assigned Assets” or “Assets”), upon the terms and conditions contained herein:

- (a) The beneficial interest in and belonging to the Seller, as further described in **EXHIBIT A**; and
- (b) The rights of Seller under and interest of Seller in and to those contracts, and other agreements relating to the Business, which specifically includes the assumption of Seller’s existing commercial lease .
- (c) Buyers’ assumption of said Lease with Musgrove, LLC described in Paragraph 1.1(b) above, shall be duly transferred to Buyer as part of this agreement and a requirement to Close upon the transaction contemplated hereunder, and shall be so reflected in Paragraph 2 “Purchase Price” and Paragraph 3.2 “Purchase Price Shall Be Paid as Follows.”
- (d) Buyers and Seller herein further agree that any closing adjustments, lease charges and/or Closing Costs duly charged to Seller, or duly incurred by Seller in relation to the lease, shall be reimbursed to Seller by Buyers at Closing, as defined in Paragraph 3.3.

# FLOOR PLAN



FIRST FLOOR PLAN  
SCALE: 1/8"=1'-0"



STAIR #2 DETAIL  
SCALE: 1/2"=1'-0"

**LEGEND**

- EXISTING WALL / PARTITION
- - - - - CALL TO BE DEMOLISHED
- ===== PROPOSED WALL / PARTITION
- PARTITION / WALL TYPE
- ⌋ DOOR & DOOR SWING
- ⌋ UNLOCK & UNLOCK W/SPR
- ⊗ DETAIL / RESTROOMS SECTION / FINISH LOCATION
- ⊕ BUILDING SECTION / FINISH LOCATION
- ⊙ WORK DETENTION RESTRICTION
- △ REVIEW

**NOTES**

**J.D. DiGrasso**  
ARCHITECT  
100 S. 5th Street, Worcester, MA 01609  
TEL: 508-853-1111 FAX: 508-853-1112

**THE M USGROVE  
Complex**  
10-15 BROAD STREET, WILMINGTON, MA

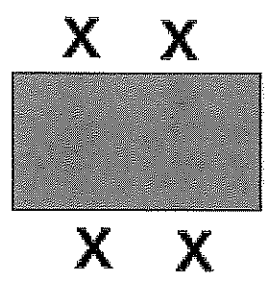
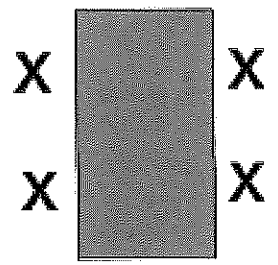
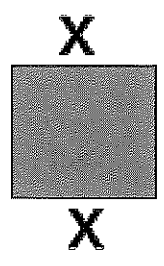
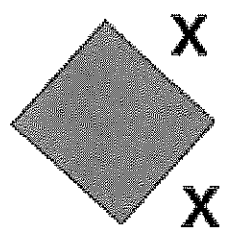
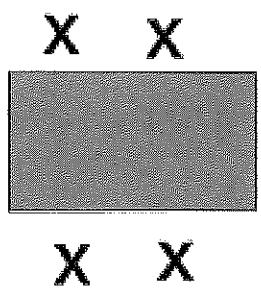
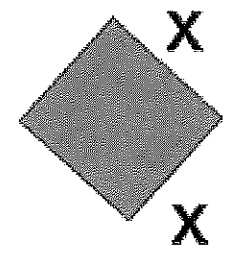
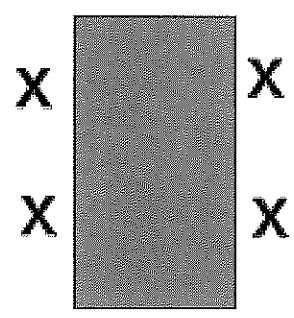
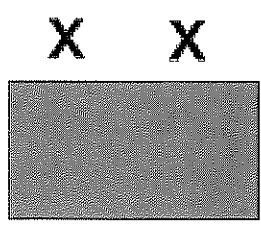
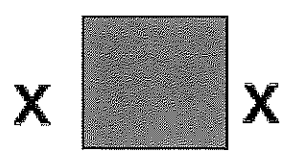
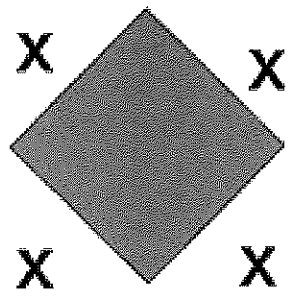
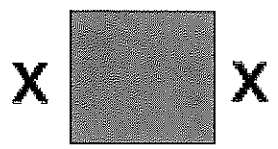
**FIRST FLOOR  
AS-BUILT FLOOR PLAN**

DATE: 2009  
PROJECT: THE M USGROVE COMPLEX  
DRAWING NO.: 100-15-01-01  
SCALE: AS SHOWN  
DATE: 3/10/09  
BY: JDD  
CHECKED: JDD  
APPROVED: JDD

PROGRESS PLOT  
MARCH 10, 2009

**A1.1**

# INDOOR SEATING





**TOWN OF ANDOVER**

**TOWN CLERK'S OFFICE**

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

**SPECIAL ONE DAY LIQUOR LICENSE FOR AN OUTDOOR EVENT ON TOWN PROPERTY  
APPLICATION**

| BUSINESS/ORGANIZATION INFORMATION                                                       |                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BUSINESS/ORGANIZATION NAME:                                                             | OAK & IRON BREWING Co.                                                                                                                                                                    |
| BUSINESS/ORGANIZATION ADDRESS:                                                          | 18 Red Spring Rd.<br>Andover MA 01810                                                                                                                                                     |
| IS THIS A BUSINESS OR NON PROFIT ORGANIZATION?                                          | <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> NON PROFIT ORGANIZATION                                                                                             |
| SOCIAL SECURITY/FID #:                                                                  | [REDACTED]                                                                                                                                                                                |
| INDIVIDUAL APPLICANT INFORMATION<br>(THIS INFORMATION IS REQUIRED FOR ALL APPLICATIONS) |                                                                                                                                                                                           |
| NAME:                                                                                   | James R. Cass                                                                                                                                                                             |
| ADDRESS:                                                                                | [REDACTED]                                                                                                                                                                                |
| PHONE:                                                                                  | [REDACTED]                                                                                                                                                                                |
| EMAIL:                                                                                  | [REDACTED]                                                                                                                                                                                |
| DRIVER'S LICENSE #/STATE OF ISSUE:                                                      | [REDACTED]                                                                                                                                                                                |
| DATE OF BIRTH:                                                                          | [REDACTED]                                                                                                                                                                                |
| EVENT INFORMATION                                                                       |                                                                                                                                                                                           |
| DATE OF EVENT:                                                                          | 5.18.2024                                                                                                                                                                                 |
| TIME:                                                                                   | Start Time 12 :00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM SATURDAY *<br>End Time 7 :00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM only |
| PURPOSE OF EVENT:                                                                       | Clown Town                                                                                                                                                                                |
| LOCATION OF LICENSED ACTIVITY:                                                          | TOWN PARK NEAR GAZEBO.                                                                                                                                                                    |
| DESCRIPTION OF OUTDOOR AREA:                                                            | CORDON OFF AREA ~ 1200 SQ. FT.<br>NEAR THE GAZEBO ON THE TOWN PARK<br>AND ADJACENT TO THE PRAA STATION.                                                                                   |

\* RAIN DATE SUNDAY 05.19.24

|                                    |                                                                                                                                                                       |                                               |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| WILL THERE BE ENTERTAINMENT?       | SPOTIFY MUSIC FROM SPEAKERS                                                                                                                                           |                                               |
| IS THE EVENT BEING CATERED?        | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If no, will food be served? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO) |                                               |
| APPROX NUMBER OF PEOPLE ATTENDING: | Adults ~ 350                                                                                                                                                          | Children ~ 500 + ROUGH ESTIMATES PER ANDOVER. |

| PURCHASE AND SERVICE                                                      |                                                                                                    |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| IS THE ALCOHOL BEING DONATED?                                             | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                |
| WHERE IS THE LIQUOR BEING PURCHASED FROM?                                 | OAK & IRON Brewing Co.                                                                             |
| ARE THEY A LICENSED WHOLESALER?                                           | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                |
| WHO WILL BE SERVING THE ALCOHOL?                                          | OAK & IRON Brewing Co.                                                                             |
| IS AT LEAST ONE SERVER TIPS CERTIFIED OR HAVE COMPARABLE SAFETY TRAINING? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ALL SERVERS ARE TIPS CERTIFIED |

| SECURITY PLAN                                                               |                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DESCRIBE A PLAN FOR CROWD CONTROL.                                       | I.D. CHECKERS AT THE ENTRANCE. IF THE BEER GARDEN AREA IS FULL, THE CHECKER WILL HALT ENTRANCE. JIM CASS (ONSITE MGR) AND I.D. CHECKER COLLECTIVELY WILL MANAGE THE INFLOW OF PEOPLE.                                                                                                |
| 2. DESCRIBE A PLAN FOR DEALING WITH UNRULY PATRONS.                         | <ul style="list-style-type: none"> <li>• Highly unlikely given the audience, time of day, nature of event</li> <li>• All servers TIPS CERTIFIED AND WILL NOT OUSEAVE, thus sparing ugly incidences</li> <li>• O&amp;I management walks the space • IF needed, call Police</li> </ul> |
| 3. DESCRIBE A PLAN FOR EMERGENCY EVACUATIONS.                               | <ul style="list-style-type: none"> <li>• Alcohol perimeter easily pushed over</li> <li>• POPUP TENT EASILY REMOVED</li> <li>• Rear supply chain entrance easily expanded</li> </ul>                                                                                                  |
| 4. DESCRIBE A PLAN FOR CONTROLLING ACCESS TO ALCOHOL BY UNDER AGED PATRONS. | <ul style="list-style-type: none"> <li>• I.D. CHECKERS</li> <li>• PROPER I.D., RIGHT HAND STAMP</li> <li>• SERVER CHECKS STAMP BEFORE SERVING • ONE STAMP - ONE BEER</li> </ul>                                                                                                      |

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

SIGNATURE:

*James R. Cass*

DATE:

4.02.2024

This application must be pre-approved by the Police Department, Fire Department, Health Department, Building Division, and Treasurer before final approval by the Select Board.



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

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

**TAX FORM**

**APPLICANT NAME:** James R. Cass

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) James R. Cass / Oak & Iron Brewery Co.

**Name of Corporate Officer:**  
(Required if applicant is a corporation) James R. Cass

**Social Security #:**  
(Required if applicant is an individual) [REDACTED]

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

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

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



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

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

**Applicant Information**

Please Print Legibly

Business/Organization Name: OAK & IRON BREWING Co.  
 Address: 18 RED SPRING RD  
 City/State/Zip: ANDOVER MA Phone #: [REDACTED]

Are you an employer? Check the appropriate box:

1.  I am an employer with 15 employees (full and/or part-time).\*
2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

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

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

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

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

Insurance Company Name: MA Retail Merchants WC Group Inc / COVERISK  
 Insurer's Address: 35 Braintree Hill Office Pk. Suite 206  
 City/State/Zip: Braintree MA 02185

Policy # or Self-ins. Lic. # 014005034997124 Expiration Date: 01.01.25

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: James R. Cass Date: 04.07.24  
 Phone #: [REDACTED]

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

City or Town: Andover Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

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

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/03/2024

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 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).

|                                                                                               |                                       |                                 |
|-----------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------|
| <b>PRODUCER</b><br>Association Members Insurance Agency<br>80 Willow Road<br>Nahant, MA 19080 | <b>CONTACT NAME:</b><br>_____         | <b>FAX (A/C, No):</b><br>_____  |
|                                                                                               | <b>PHONE (A/C, No, Ext):</b><br>_____ | <b>E-MAIL ADDRESS:</b><br>_____ |
| <b>INSURER(S) AFFORDING COVERAGE</b>                                                          |                                       | <b>NAIC #</b>                   |
| <b>INSURER A :</b> MA Retail Merchants WC Group Inc.                                          |                                       |                                 |
| <b>INSURER B :</b>                                                                            |                                       |                                 |
| <b>INSURER C :</b>                                                                            |                                       |                                 |
| <b>INSURER D :</b>                                                                            |                                       |                                 |
| <b>INSURER E :</b>                                                                            |                                       |                                 |
| <b>INSURER F :</b>                                                                            |                                       |                                 |


**COVERAGES** **CERTIFICATE NUMBER: 1** **REVISION NUMBER: 0**

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

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                      | ADDL INSD | SUBR WVD | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                      |  |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-----------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: _____ |           |          |                 |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$                          |  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                           |           |          |                 |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                             |  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED _____ RETENTION \$ _____                                                                                                                         |           |          |                 |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$                                                                                                                                                                          |  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                          | Y/N<br>N  | N/A      | 014005034997124 | 01/01/2024              | 01/01/2025              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 100,000.00<br>E.L. DISEASE - EA EMPLOYEE \$ 100,000.00<br>E.L. DISEASE - POLICY LIMIT \$ 500,000.00 |  |

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

**CERTIFICATE HOLDER****CANCELLATION**

|                                                           |                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Town of Andover<br>36 Bartlet Street<br>Andover, MA 18100 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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OAKANDI-01

VCARRIER

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/3/2024

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).

|                                                                                       |                                                 |                                      |
|---------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------|
| <b>PRODUCER</b><br>Whalen Insurance Agency<br>71 King Street<br>Northampton, MA 01060 | <b>CONTACT NAME:</b> Valerie Carrier            |                                      |
|                                                                                       | <b>PHONE (A/C, No, Ext):</b> (413) 586-1000 104 | <b>FAX (A/C, No):</b> (413) 585-0401 |
| <b>E-MAIL ADDRESS:</b> valerie@WhalenInsurance.com                                    |                                                 |                                      |
| <b>INSURER(S) AFFORDING COVERAGE</b>                                                  |                                                 | <b>NAIC #</b>                        |
| <b>INSURER A:</b> Massachusetts Bay Insurance Company                                 |                                                 | 22306                                |
| <b>INSURER B:</b>                                                                     |                                                 |                                      |
| <b>INSURER C:</b>                                                                     |                                                 |                                      |
| <b>INSURER D:</b>                                                                     |                                                 |                                      |
| <b>INSURER E:</b>                                                                     |                                                 |                                      |
| <b>INSURER F:</b>                                                                     |                                                 |                                      |

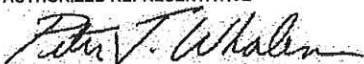
**INSURED**  
 Oak and Iron Brewing Company  
 18 Red Spring Road  
 Andover, MA 01810

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE                                                                                         | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
|          |                                                                                                           |           |          |               |                         |                         |                                           |              |
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          | X         |          | ZDND147440    | 2/1/2024                | 2/1/2025                | EACH OCCURRENCE                           | \$ 1,000,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000   |
|          | <input checked="" type="checkbox"/> liquor liability                                                      |           |          |               |                         |                         | MED EXP (Any one person)                  | \$ 10,000    |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000 |
|          | OTHER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b>                                                                               |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$           |
|          | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY                                                        |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$           |
|          | <input type="checkbox"/> SCHEDULED AUTOS                                                                  |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$           |
|          | <input type="checkbox"/> HIRED AUTOS ONLY                                                                 |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$           |
|          | <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                             |           |          |               |                         |                         |                                           | \$           |
|          | <b>UMBRELLA LIAB</b>                                                                                      |           |          |               |                         |                         | EACH OCCURRENCE                           | \$           |
|          | <input type="checkbox"/> OCCUR                                                                            |           |          |               |                         |                         | AGGREGATE                                 | \$           |
|          | <b>EXCESS LIAB</b>                                                                                        |           |          |               |                         |                         |                                           | \$           |
|          | <input type="checkbox"/> CLAIMS-MADE                                                                      |           |          |               |                         |                         |                                           | \$           |
|          | DED      RETENTION \$                                                                                     |           |          |               |                         |                         |                                           | \$           |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                                      |           |          |               |                         |                         | PER STATUTE                               | OTH-ER       |
|          | <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)      |           | N/A      |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
| A        | Liquor Liability                                                                                          |           |          | ZDND147440    | 2/1/2024                | 2/1/2025                | Per occurrence                            | 1,000,000    |
| A        | Liquor Liability                                                                                          |           |          | ZDND147440    | 2/1/2024                | 2/1/2025                | Aggregate                                 | 2,000,000    |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate issued as evidence of coverage for CLOWN TOWN on May 18, 2024 and listing the certificate holder as additional insured when required in a written contract or agreement.

|                                                                                            |                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br>Town of Andover<br>36 Bartlet Street<br>Andover, MA 01810 | <b>CANCELLATION</b><br><br>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<br>                                                                         |



A 360TRAINING COMPANY

# CERTIFICATE OF COMPLETION

This certifies that

**James Cass**

is awarded this certificate for

**TIPS On-Premise Alcohol Server Training**

Hours  
3.00

Completion Date  
09/08/2023

Expiration Date  
09/07/2026

Certificate #  
ON-000029668173

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | 877.881.2235 | www.360training.com

(CUT HERE)

(CUT HERE)



Issued: 09/08/2023  
Certificate #: ON-000029668173

James Cass  
18 Great Lake Lane  
North Andover MA 01845

**CERTIFIED**

Expires: 09/07/2026



Phone: 800-438-8477  
www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature \_\_\_\_\_



**OAK & IRON**

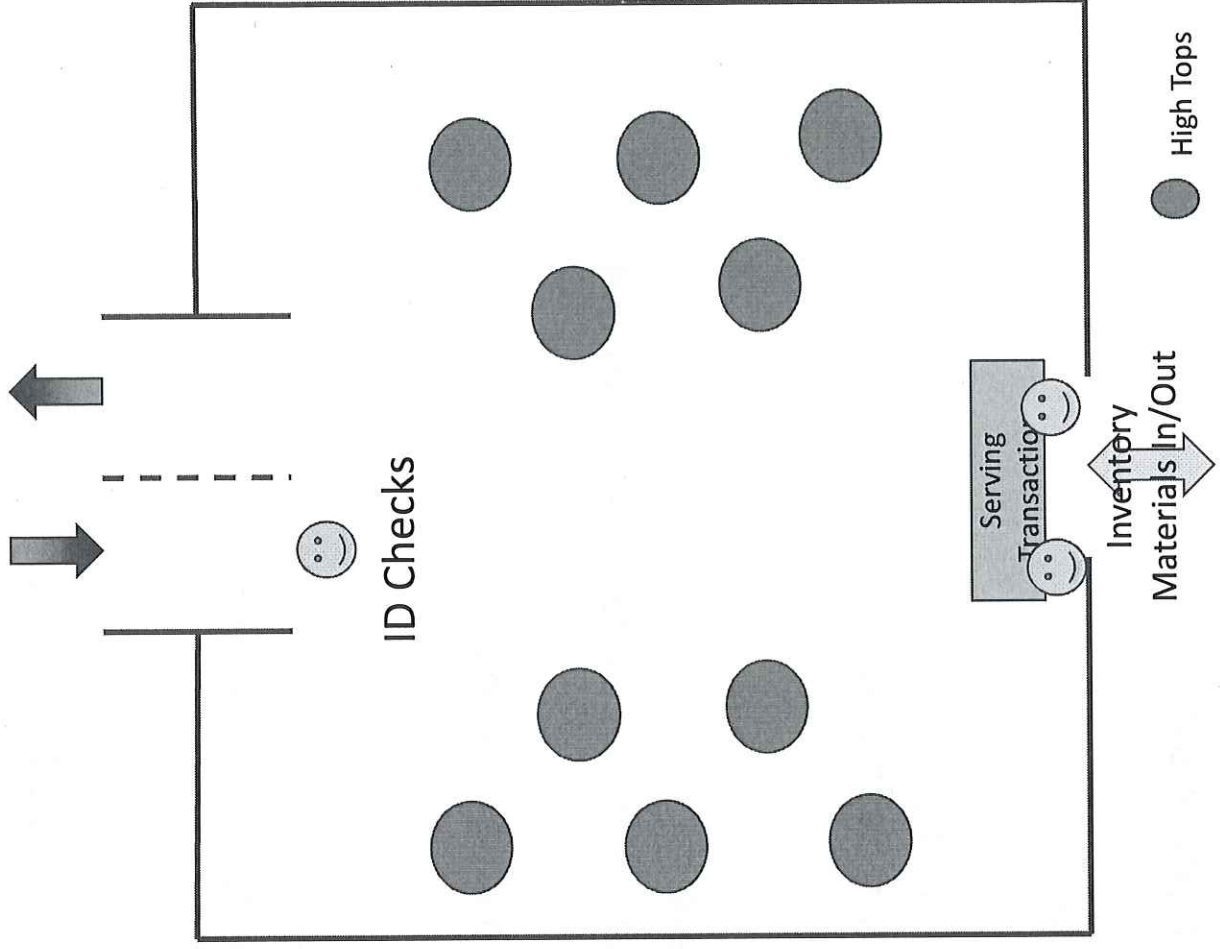
BREWING COMPANY

**CLOWN TOWN**

**BEER GARDEN EXECUTION PLAN**

5.18.2024

## BEER GARDEN



### KEY FEATURES:

- Size ~ 1200 sq. ft. 30'\*40'.
- Alcohol perimeter fence. 4' high with stakes
- Handles ~ 100pp. Anyone may enter. Only 21+ served
- Pop up tent at entrance. One entrance, one exit
- One (1) ID checker at entrance
- One (1) transaction & serving station. Two (2) people
- Ten (10) High tops throughout
- Pizza station adjacent to Beer Garden

## Operational Details

### Day/Time:

Set Up: Saturday morning  
Operational: 12:00PM – 7:00PM (Saturday only, daylight hours)

### Pouring & Transactions

One stations, 2 people / station  
Person # 1 takes order, handles transaction  
Person # 2 (TIPS trained) checks stamp, pours beer  
Beers: 3 varieties, one price (incl. product, tax, gratuity)  
Pours: can → biodegradable & compostable cup

### Food

Adjacent Pizza station to Beer Garden.  
Food may be brought into Beer Garden

### Trash

O&I supplies bins, Town of Andover removes

### Supply Chain

Car transport: Brewery → Serving Area via Chestnut St  
Coolers with beer and ice.

### Sales Est.

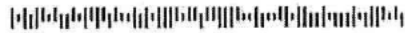
Andona forecast: 350 adults (21+)  
O&I forecasts 30% - 40% participation = 105 - 140 sales



MASSACHUSETTS DEPARTMENT OF REVENUE  
 PO BOX 7044  
 BOSTON, MA 02204-7044  
 CONTACT CENTER  
 (617) 887-6367

Letter ID: L1448215808  
 Notice Date: September 19, 2017  
 MA Taxpayer ID: 10510836

**CERTIFICATE OF EXEMPTION**



ANDONA SOCIETY INC  
 PO BOX 256  
 ANDOVER MA 01810-0005

Attached below is your Certificate of Exemption (Form ST-2). Cut along the dotted line and display at your place of business. You must report any change of name or address to us so that a revised ST-2 can be issued.

**DETACH HERE**



**MASSACHUSETTS DEPARTMENT OF REVENUE**

**Form ST-2**

**Certificate of Exemption**

ANDONA SOCIETY INC  
 PO BOX 256  
 ANDOVER MA 01810-0005



This certifies that the organization named above is an exempt purchaser under Chapter 64H, section 6(d) or (e) of the Massachusetts General Laws. All purchases of tangible personal property by this organization are exempt from taxation to the extent that such property is used in the conduct of the business of the purchaser. Misuse of this certificate by any tax-exempt organization or unauthorized use of this certificate by any individual will lead to revocation. Willful misuse of this certificate is subject to criminal sanctions of up to one year in prison and \$10,000 (\$50,000 for corporations) in fines. This certificate is non-transferable and may be suspended or revoked for failure to comply with state laws and regulations.

**Effective Date: July 27, 2017**

**Expiration Date: July 26, 2027**

*Town of Andover*  
Office of the Town Clerk

| DATE       | Receipt | Receipt # |
|------------|---------|-----------|
| 04/17/2024 |         | 108558    |

| Account #         | Code | Description                        | # | Amount      | Total           |
|-------------------|------|------------------------------------|---|-------------|-----------------|
| 010161.4410       | 508  | 1 DAY WINE/MALT-OAK&IRONCheck 1363 | 1 | \$ 50.00    | \$ 50.00        |
|                   |      |                                    |   | Total Check | 50.00           |
| <b>Total.....</b> |      |                                    |   |             | <b>\$ 50.00</b> |



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

36 Bartlet Street  
Andover, MA 01810

978-623-8230 | www.andoverma.gov

**VEHICLE FOR HRIE LICENSE APPLICATION**

|                                                       |                         |
|-------------------------------------------------------|-------------------------|
| BUSINESS/ENTITY NAME:                                 | Business class limo inc |
| DBA:                                                  |                         |
| CONTACT NAME:                                         | Moamen Rezk             |
| HOME ADDRESS:                                         | [REDACTED]              |
| BUSINESS ADDRESS:<br>(If different from home address) |                         |
| EMAIL:                                                | [REDACTED]              |
| PHONE:                                                |                         |
| FID/SS#:                                              |                         |

| IF CORPORATION LIST: |             |
|----------------------|-------------|
| PRESIDENT:           | Moamen Rezk |
| RESIDENTIAL ADDRESS: |             |
| TREASURER:           | Moamen Rezk |
| RESIDENTIAL ADDRESS: |             |
| OFFICER:             | Moamen Rezk |
| RESIDENTIAL ADDRESS: |             |
| OFFICER:             |             |
| RESIDENTIAL ADDRESS: |             |
| OFFICER:             |             |
| RESIDENTIAL ADDRESS: |             |

|                             |                                                                          |
|-----------------------------|--------------------------------------------------------------------------|
| LICENSE TYPE:               | <input type="checkbox"/> TAXI <input checked="" type="checkbox"/> LIVERY |
| <b>VEHICLE INFORMATION:</b> |                                                                          |
| MAKE:                       | Chevrolet                                                                |
| MODEL:                      | Suburban                                                                 |
| YEAR:                       | 2024                                                                     |
| VIN #:                      | 1GNSKCKD7RR172119                                                        |
| OWNER:                      | Moamen Rezk                                                              |
| OWNER'S ADDRESS:            | [REDACTED]                                                               |
| MA STATE REGISTRATION #:    | [REDACTED]                                                               |

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: Moamen Rezk Date: 4/15/2024

|                                                                                                                                                                   |  |       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|--|
| <b>ANDOVER POLICE DEPARTMENT:</b>                                                                                                                                 |  |       |  |
| The above vehicle has been inspected by the Andover Police Department and is acceptable as <input type="checkbox"/> TAXI <input type="checkbox"/> LIVERY vehicle. |  |       |  |
| COMMENTS:                                                                                                                                                         |  |       |  |
| SIGNED:                                                                                                                                                           |  | DATE: |  |

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

## Consent

I consent as I am Moamen Rezk owner of Business Class Limo inc  
Company

And I am the operator of my car at the company.,that I will apply  
Andover rate and will not exceeded more the the maximum rate of fare  
price as limo company.

Signature

moamen rezk

Moamen Rezk

4/5/2024

M. **Change in Vehicles Used as Vehicles for Hire**

When vehicle for hire owners change vehicles, they shall immediately bring the new registration certificate to the Police Department and the Town Clerk's office. After being properly recorded by the Town Clerk, the new vehicle shall become a licensed vehicle for hire. The Town Clerk shall collect a \$25.00 administration fee for each change of vehicle.

N. **Vehicle for Hire Rates**

1. **Taxicab/Livery**

Flat rate service will be no greater than follows and will be set by the Select Board:

|                                                 |                                |
|-------------------------------------------------|--------------------------------|
| Within Andover                                  | \$20.00                        |
| Andover – North Andover                         | \$20.00                        |
| Andover – Lawrence                              | \$20.00                        |
| Andover – Methuen                               | \$30.00                        |
| Andover – Haverhill                             | \$40.00                        |
| Andover – Lowell                                | \$40.00                        |
| Andover – Reading                               | \$40.00                        |
| Andover – No. Reading                           | \$30.00                        |
| Andover – Tewksbury                             | \$30.00                        |
| Andover – Salem – NH                            | \$40.00                        |
| Andover - Logan Airport                         | \$90.00/5.00 each add'l person |
| Andover – Manchester-Boston<br>Regional Airport | \$90.00/5.00 each add'l person |
| Andover - Boston                                | \$95.00/5.00 each add'l person |

|                                 |                                        |
|---------------------------------|----------------------------------------|
| Special Senior Citizen* rates   | 10% Discount                           |
| Special Multi – passenger rates | \$3.00 each add'l person local service |

\*Senior Citizen – 55 years of age or older

O. **Zoning**

The vehicle for hire business shall be conducted in the appropriate zoning district within the Town, which shall be confirmed by the Building Inspector in writing upon the licensee's application for a vehicle for hire license.

P. **Operator License Displayed**

Every licensed vehicle for hire operator shall display his or her vehicle for hire operator's license in a visible manner.

Q. **Rate Card and Vehicle For Hire License Displayed**

The rate card and the Vehicle for Hire License shall be secured and prominently displayed in the vehicle at all times.



# CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 Section 24B makes it a crime to alter this Certificate  
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

|                                                                 |              |                                    |              |                         |                                                                                                                            |                                                             |                           |
|-----------------------------------------------------------------|--------------|------------------------------------|--------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------|
| EXTERNAL CODE<br>LVN                                            |              | REGISTRATION TYPE<br>Livery Normal |              | PLATE NUMBER<br>LV98659 | EFFECTIVE DATE<br>11-Mar-2024                                                                                              | TITLE NUMBER                                                | EXPIRES ON<br>30-Sep-2025 |
| MODEL YEAR<br>2024                                              | MAKE<br>CHEV | MODEL<br>SUBURBAN                  | MODEL NUMBER | BODY STYLE<br>SUV       | COLOR<br>BLACK                                                                                                             | VEHICLE IDENTIFICATION NUMBER<br>1GNSKCKD7RR112119          |                           |
| RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)                 |              |                                    |              |                         |                                                                                                                            | TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER |                           |
| GARAGE ADDRESS                                                  |              |                                    |              |                         |                                                                                                                            | US DOT NUMBER FOR COMMERCIAL VEHICLE                        |                           |
| NAME(S) OF OWNER(S) AND MAILING ADDRESS<br>MOAMEN MOUSTAFA REZK |              |                                    |              |                         |                                                                                                                            | INSURANCE COMPANY<br>PROGRESSIVE CASUALTY INSURANCE COMPANY |                           |
|                                                                 |              |                                    |              |                         |                                                                                                                            | MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE              |                           |
| LESSEE/IN CUSTODY OF                                            |              |                                    |              |                         |                                                                                                                            | <i>Colleen J. O'Neil</i> Registrar of Motor Vehicles        |                           |
| SPECIAL MESSAGE                                                 |              |                                    |              |                         | CHANGE OF ADDRESS<br><input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MAILING <input type="checkbox"/> GARAGE |                                                             |                           |

### Important information for vehicle owners

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the official status of the vehicle registration.
- **Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit [mass.gov/rmv](http://mass.gov/rmv) to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- **No Insurance Card Required:** Massachusetts law does not require an insurance card. M.G.L. Chapter 90, Section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- **Transferring Your Plates:** Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration Section on the RMV's website at [mass.gov/rmv](http://mass.gov/rmv) for more information.
- **Cancel the registration plates if:**
  - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
  - You move to another state and you register the vehicle in that state.
  - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

Skip the Line. Go Online! Visit [Mass.Gov/RMV](http://Mass.Gov/RMV) for list of available transactions.





**TOWN OF ANDOVER**

**TOWN CLERK'S OFFICE**

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

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

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

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

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

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

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

SIGNATURE: Moamen Rezk DATE: 4/15/2024

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

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



**TOWN OF ANDOVER**

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

| SUBJECT INFORMATION:                                            |           |
|-----------------------------------------------------------------|-----------|
| Last Name:                                                      | Rezk      |
| First Name:                                                     | Moamen    |
| Middle Name:                                                    | Moustafa  |
| Suffix:                                                         |           |
| Maiden Name<br>(or other name(s) by which you have been known): |           |
| Date of Birth:                                                  |           |
| Place of Birth:                                                 |           |
| Last Six Digits of Your Social Security # (REQUIRED):           |           |
| Sex:                                                            | Male      |
| Height:                                                         | 6 ft. in. |
| Eye Color:                                                      | Brown     |
| Race:                                                           | white     |
| Drive License or ID #:                                          |           |
| State of Issue:                                                 |           |
| Mother's Full/Maiden Name:                                      |           |
| Father's Full Name:                                             |           |
| Current Address:                                                |           |
| Former Address:                                                 |           |

Office Use Only

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

Driver's License     Certified Birth Certificate     US Passport     Other \_\_\_\_\_

VERIFIED BY: Vanessa French

Name of Verifying Employee (Please Print)

Vanessa French

Signature of Verifying Employee



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

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

**TAX FORM**

APPLICANT NAME: Moamen Rezk

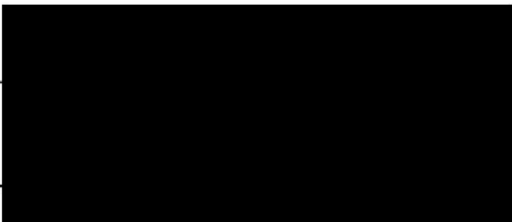
I certify under penalties of perjury that the above named applicant has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

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

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

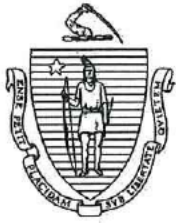
Social Security #:  
(Required if applicant is an individual) \_\_\_\_\_

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: Business class limo inc

Address: [Redacted]

City/State/Zip: Andover Ma 01810 Phone #: [Redacted]

**Are you an employer? Check the appropriate box:**

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

**Business Type (required):**

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

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

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

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

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

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

Signature: Moamen Rezk Date: 4/5/2024

Phone #: [Redacted]

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

City or Town: Andover Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

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

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



THE COMMONWEALTH OF MASSACHUSETTS

ANDOVER TOWN CLERK  
RCVD 2024 APR 10 AM 10:11

TOWN OF ANDOVER

April 10, 2024

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

Bussiness Class limo inc

at

[Redacted Business Address]

(Business Address)

Business Phone:

[Redacted Business Phone and Email]

Business Email:

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

Full Name

Moamen Rezk

[Redacted Title and Address]

Signatures:

Moamen Rezk

The Commonwealth of Massachusetts

Essex

ss

April 10,

2024

Personally appeared before me the above-named

Moamen Moustafa Rezk

and made oath that the foregoing statement is true.

ID Presented: Driver's License:

[Redacted Driver's License]

Other:

[Signature]

(Signature)

Office Assistant

(Title)

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

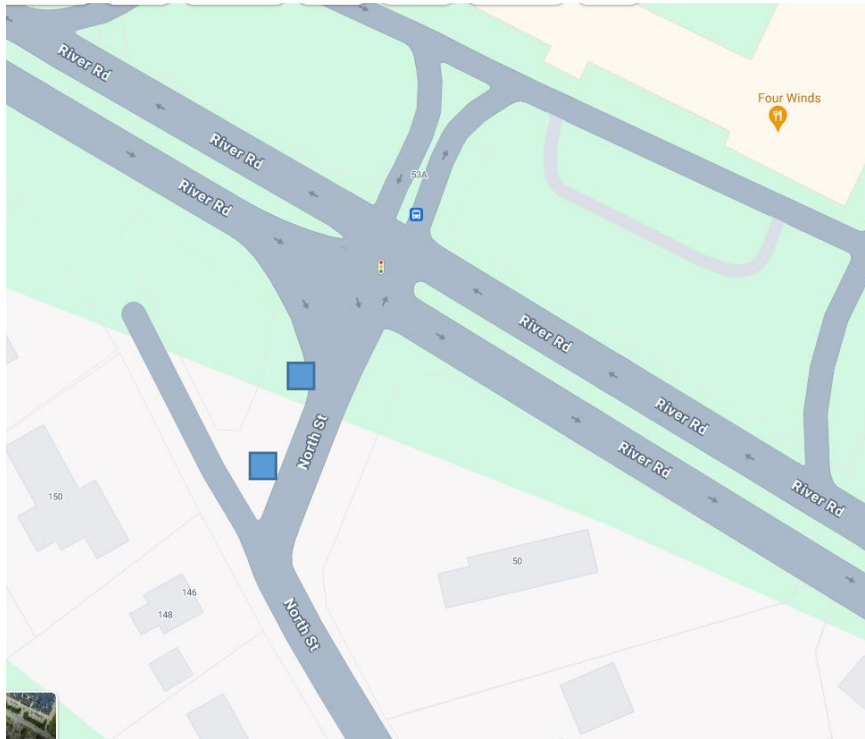
Copies of this certificate shall be available at the address at which business is conducted and shall be furnished on request during regular business hours to any person who has purchased goods or services from this business.

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

Business Certificate Expires: April 10, 2028

To the Members of the Select Board,

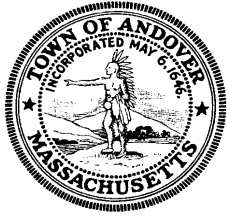
I would like to propose the placement of no U-turn signs located in the area of 146 North Street.



While assisting with morning traffic at GLTS I see between 50-100 cars heading east on River Road turn right onto North Street to make a U-Turn on North Street in an effort to avoid waiting at the light at 57 River Road.

Frequently on week day mornings cars are seen waiting along North Street causing traffic to back up onto River Road. Cars will then attempt to make a U-turn, getting stuck part way due to traffic that is heading North on North Street. This will frequently cause gridlock on North Street. I have witnessed several near accidents and have recently covered an accident that occurred at this location due to two individuals attempting to make the U-turn in this location.

I believe if we post two no U-turn signs in these locations this will help alleviate these issues as it will now be enforceable by the police department when individuals choose to disregard the signage.



## Select Board Meeting

Monday, February 26, 2024 7:00 PM  
School Committee Room, School Administration Building  
30 Whittier Court, Andover, MA 01810

---

### I. Call to Order – 7:00 P.M.

The Chair, Melissa Danisch called the Select Board Meeting of Monday, February 26, 2024 to order at 7:00 PM.

Members in attendance: Laura Gregory, Annie Gilbert, and Alex Vispoli.

Others in Attendance: Town Manager Andrew Flanagan, Chief Administrative & Financial Officer, Patrick Lawlor, Deputy Town Manager/Town Clerk Austin Simko, and Deputy Town Manager Mike Lindstrom.

### II. Opening Ceremonies

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

The meeting began with a Moment of Silence followed by the Pledge of Allegiance.

### III. Communications/Announcements/Liaison Reports

The Town Manager announced that the first Triboard (Select Board, School Committee, Finance Committee) Meeting of 2024 will be held on Saturday, March 2nd in Memorial Hall at the Memorial Hall Library starting at 9:00 A.M.

Patrick Lawlor reported that the deadline for submission of an item for the Town's Participatory Capital Budgeting Program is March 1, 2024. If anyone would like to submit an item for the budgeting program they can do so at [andoverma.gov/engage](http://andoverma.gov/engage) CIP. Alex Vispoli asked if those that submit a project get an acknowledgement. Patrick Lawlor said everyone who submits a project will get an acknowledgement that they have begun the review projects with the town departments, and they will get a notice if the project will be funded or not. Participants will be notified by Town Meeting.

Austin Simko reported that early voting for the March 5<sup>th</sup> Presidential Primary started this weekend and will continue from 8:30 am -4:30 PM for the rest of this week. Polling places open at 7:00 AM and close at 8:00 PM. Mail in ballots have to get to the Clerk's Office by the close of polls on March 5<sup>th</sup>. Ballots can be dropped off in t the Town's mailbox.

### IV. Citizens Petitions and Presentations

Max Ocio of 246 Andover Street, whose home is accessed via a driveway on Town Conservation land shared with two other households. Their house is on a 12,000 sq. ft. lot and their only real yard is on the side of the house abutting the shared driveway and applied to build a 4' picket fence in their yard because of the commercial vehicles using the shared driveway. He learned that they needed permission to install the fence from the Ballardvale Historic Commission which his neighbor is a member of and who notified the Town Building Inspector. Their application was declined, and they appealed the decision.

In June, they pledged to move the fence, but their application was declined. They appealed the decision and then found that their fruit trees had been cut by the Town. The Town has not done anything to rein in the behavior of his neighbor and their use of Town land. He is asking the Select Board to hold the Town Manager accountable and to uphold the laws equally. Chairperson Melissa Danisch said this is not a Select Board matter and will ask the Town Manager to look into this. Mr. Ocio replied that he has been asking to be on the agenda for the conflict resolution process, but his request has not been granted.

**V. Regular Business**

**A. Alcoholic Beverages License – Change of DBA**

Board to review and consider voting to approve the application of Gati Thai, Inc., doing business as Gati Thai, at 12 Post Office Avenue, Andover, MA for Change of d/b/a to “Kokoro Craft Undon” Gati Thai, at 12 Post Office Avenue, Andover, MA. The application has been filed at the Town Clerk’s Office and the Town Clerk confirmed that all paperwork is in order.

Alex Vispoli moved to approve the request of Gati Thai, Inc. doing business as Gati Thai, at 12 Post Office Avenue, Andover, MA for a change of DBA to “Kokoro Craft Undon” at 12 Post Office Avenue, Andover, MA.

**B. Affordable Unit Right of First Refusal – 2 Francis Drive, Unit 305**

Board to vote to not exercise their right of first refusal to purchase the affordable housing unit at 2 Francis Drive, Unit 305. Lisa Schwartz, Asst. Planning Director spoke to this agenda item. This unit is at 120% area medium income which means you can have a higher income and asset limit. This unit is a 2-bedroom, 2-bath unit and expected to sell for \$364,000. They do not have enough funds in the Housing Trust Fund to purchase the unit. The Town has the right of first refusal.

Alex Vispoli moved not to exercise the Board’s right of first refusal to purchase Unit 305 at 2 Francis Drive. Motion seconded by Laura Gregory and voted 5-0 to approve.

**C. Andover Community Power Designation**

Board to consider and vote to delegate the selection authority to the Town Manager to evaluate bids and enter into an Electric Service Agreement (ESA), on behalf of the Town. Deputy Town Manager Mike Lindstrom reported on this agenda item.

In January, Public Utilities approved the Town’s Aggregation Plan application. The Town will be soliciting price bids starting on March 11, 2024 from qualified electricity suppliers. The plan requires the Select Board to provide authority to a designee (Town Manager). The rates are volatile, and the Town will need to be able to act quickly on a favorable bid.

They have three options: 1. The default standard which is 15% above the State required local renewable energy ratio. 2. Andover Basic which incorporates the minimum renewable energy but still get the bulk savings purchasing power and 3. Andover Ultimate which is 100% local renewable energy. They will be looking for competitive prices and market predictability. Based on the pricing the terms can vary so they have to look at the market favorability for 12-18 months.

Laura Gregory moved that the Board delegate the authority to the Town Manager to select the energy supplier for the Andover Community Power Program based on an evaluation of bids for the ability to accrue anticipated benefits to our community. Specifically, the Town will vet electricity suppliers in terms of their ability to offer competitive electricity supply options beyond basic service and to achieve the program's objective of offering predictable electricity rates while reducing Andover's climate impact by producing more renewable energy than the minimum amount required by state law. Motion seconded by Annie Gilbert and voted 4-0 to approve.

**D. [Amendments to Traffic Rules and Regulations](#)**

Board to discuss and consider voting on the following changes to the Traffic Rules and Regulations as proposed by the Andover Safety Officer.

Safety Officer Ota reviewed the proposed traffic changes including pictures of proposed areas of change. All abutters have been notified.

**Schedule I, Article V, Section 2 – Parking**

1. Impose a parking restriction of No Parking on the north side of Chestnut Street at 52 Chestnut Street for a distance of 40 feet.

Annie Gilbert moved to approve the amendments to the Traffic Rules and Regulations of no parking approximately on the north side of Chestnut Street at 52 Chestnut Street as presented by the Andover Safety Officer. Motion seconded by Alex Vispoli and voted 4-0 to approve.

2. Impose a parking restriction of No Parking from here to corner approximately on the south side of Morton Street at 22 Morton Street. (corner of Morton and Bartlet)

Alex Vispoli moved to approve the parking restriction of No Parking from here to corner approximately on the south side of Morton Street at 22 Morton Street as presented by the Andover Safety Officer. Motion seconded by Annie Gilbert and voted 4-0 to approve.

3. Impose a parking restriction of No Parking from 2:20 PM to 3:20 PM on the east and west side of Lincoln Street to a distance of 1,400 feet as presented by the Andover Safety Officer. Annie Gilbert moved to approve the amendments to the Traffic Rules and Regulations imposing a parking restriction of no parking from 2:20 PM to 3:20 PM on the east and west side of Lincoln Street as presented by the Andover Safety Officer. Motion seconded by Alex Vispoli and voted 4-0 to approve.

4. Impose a parking restriction on Park Street of a single 15-minute parking space on the south side, in front of 63 Park Street as presented by the Andover Safety Officer.

Alex Vispoli moved to approve the amendment to the Traffic Rules and Regulations imposing a parking restriction of no parking on Park Street at a single 15-minute parking space on the south side in front of 63 Park Street as presented by the Andover Safety Officer. Motion seconded by Laura Gregory and voted 4-0 to approve.

5. Impose a parking restriction on Park Street of a Loading Zone on the north side, from Main Street for a distance of 50'.

Alex Vispoli moved to approve the amendment to the Traffic Rules and Regulations imposing a parking restriction on Barnard Street of a loading zone on the north side from Main Street for a distance of 50' as presented by the Andover Safety Officer, Lisa Schwartz, and Ann Ormond. Motion seconded by Laura Gregory and voted 4-0 to approve.

6. Impose a parking restriction on Park Street of a Loading Zone on the south side of Barnard Street in front of 21-27 Barnard Street as presented by the Andover Safety Officer.

Alex Vispoli moved to approve the amendments to the Traffic Rules and Regulations imposing a parking restriction on Barnard Street of a Loading Zone on the south side, in front of 21-27 Barnard Street as presented by the Andover Safety Officer.

7. Impose a parking restriction in the Park Street Municipal Lot to create two Electric Vehicle Parking Only spots in the northwest corner of the lot, running from the exit of the lot to the handicap parking spot north of the exit.

Alex Vispoli moved to approve the amendments to the Traffic Rules and Regulations imposing a parking restriction in the Park Street Municipal lot creating two electric vehicle parking only spots in the northwest corner of the lot running from the exit of the lots to the handicap parking spot north of the exit as presented by Andover Safety Officer Ota. Motion seconded by Annie Gilbert and voted 4-0 to approve.

8. Impose a parking restriction in the Municipal Lot behind Old Town Hall. Create a parking spot marked "Municipal Vehicles Only" to be located along the western edge of the lot, along the bollards.

Alex Vispoli moved to approve the amendments to the Traffic Rules and Regulations imposing a parking restriction in the municipal lot behind the Old Town Hall, creating a parking spot marked Municipal Vehicles Only and to be located along the western edge of the lot of the bollards and as presented by Safety Officer Ota. Motion was seconded by Annie Gilbert and voted 4-0 to approve.

9. Alex Vispoli moved to approve the amendments to the Traffic Rules and Regulations to Impose a one-hour parking restriction on the following streets, Barnard Street in its entirety, Park Street from Main Street to east side of Florence Street, and Bartlet Street from Park Street to Chestnut, one hour parking. Motion seconded by Annie Gilbert and voted 4-0 to approve.

They will also be Initiating some one-hour parking (loading zones) in the area of the construction behind Old Town Hall and a 15-minute restriction on the south side in front of 63 Park Street.

Alex Vispoli moved to approve the amendments to the Traffic Rules and Regulations imposing a parking restriction on Park Street at a single 15-minute parking space on the south side in front of 63 Park Street as presented by the Andover Safety Officer, Ann Ormond and Lisa Schwartz. Motion seconded by Laura Gregory and voted 4-0 to approve.

Alex Vispoli requested a six-month update on parking. Lisa Schwartz said plan to do parking counts to see how full the lots are (normally conducted in the fall) a and a Transportation Management Analysis of what is happening.

Also included in the discussion was the one-hour parking zones which they will monitor to see if the time frame needs to be adjusted. Laura Gregory asked if there was any input from the local businesses. Lisa said there is a 'time of day' where there is no monitoring. Currently, there is no turnover because people come and park all day; with this change it will be helpful to see if people want to stay longer. Once the meters are back and working, they will then be able to provide an update on the timeframe. Alex Vispoli asked that they provide an update in six months.

Ann Ormond, Director of Business, Arts, and Culture and Asst. Planning Director, Lisa Schwartz will conduct a traffic analysis with the expectation that the Board will review the performance in six months.

**E. [Town Manager's Recommended FY 2025 Budget and Financial Plan](#)**

The Town Manager provided an overview of Fiscal Year 2025 Recommended Budget and Financial Plan. (see presentation above) which was released on February 2, 2024 and is available online. The budget will be presented in a Triboard Meeting on Saturday, March 2, 2024 in Memorial Hall at the Memorial Hall Library.

**Total FY-2025 Budget**     \$246,682,934

Budget Goals:

- Develop an FY-2025 budget within the limitations of Proposition 2.5 and in compliance with Town and Select Board financial policies, goals and objectives.
- Maintain a level-service budget, while identifying opportunities to improve service delivery through efficiency and a commitment to collaboration and innovation.
- Maintain employee compensation in a manner that provides opportunities for equity through modest adjustments and that is consistent with the Town's long-term financial planning efforts;
- Continue to aggressively manage employee benefits and associated impacts both short and long term;
- Identify opportunities to reduce the Town's unfunded liabilities including pension and OPEB costs;
- Continue developing a long-term financial model that provides for predictability and sustainability of operations;
- Make improvements to the budget model so expenses are appropriately classified within the budget framework;
- Establish a capital program based on an annual spending target of 5.72% for cash and debt appropriations that provides the Town with the ability to expand capital capacity and fund investments in infrastructure and facilities within the limitations of Prop 2.5;
- Develop a budget document consistent with the guidelines and best practices set by the Government Finance Officers Association.

The presentation also included the FY2025 Revenue assumptions from the tax levy (to increase by 2.5%)

- New Growth: (\$1,931,422)
- Local Receipts (\$11,981,109)
- State Aid (\$16,711,137)
- Free Cash (\$1,919,128). Only to fund capital expenses

**Expense Assumptions**

- Town & School Operating Budgets to increase only by the amount of funds available after the funding requirements for all obligations are met. The Town Operating Budget will increase 2.75% and the School’s Operating Budget will increase by 3.75%.
- Solid Waste and Recycling Disposal being classified as a fixed cost and funds allocated for the costs of disposal services prior to allocating funds for operating budgets.
- Retirement assessment will total \$7,481,089, per the existing funding schedule established by the Retirement Board. Debt service for the Pension Obligation Bond will total \$11,325,906 for FY-2025 and \$1,056,908 will be appropriated/transferred to the POB reserve account.
- General Fund – Other Post Employment Benefit (OPEB) funding will increase by 2.5%. Additionally, the incremental savings in health insurance, resulting from the OPEB Funding Plan, will be appropriated into the trust.
- Employee Health Insurance expense to increase by 5.46%.
- Total appropriation to fund Capital Expenditures based on a percentage of the budget (5.62%).

The presentation included a chart of 2025 Notable Budget Changes:

| <u>Department</u>              | <u>Increase over FY 2024</u>                                |
|--------------------------------|-------------------------------------------------------------|
| School Dept.                   | \$3,735,032                                                 |
| Business Services & Strategy   | \$ 170,880                                                  |
| Legal Department               | \$ 166,891                                                  |
| Elections & Town Meeting Costs | \$ 75,000                                                   |
| Public Works/Business Office   | \$ (132,737 (position transfer)                             |
| Public Works-Engineering       | \$ (68,797) Transfer from Gen Fund to Water Enterprise Fund |

**Tax Implications** Assuming each classification (Residential, Commercial/Industrial and Personal Property (remains the same as a percentage of the total levy, the projected average single family tax bill increase for FY2025 is 5.22%.

|                                                              |                                                                       |
|--------------------------------------------------------------|-----------------------------------------------------------------------|
| Budget Development valuations and changes in the levy share. | 3.65% increase or \$451.00 subject to Less than the 10-year average.  |
| Senior Tax Exemption                                         | 0.12% increase of \$13.00 subject to state Circuit Breaker            |
| West Elementary New Exempt Debt (Issuance #3) share.         | 1.45% an increase of \$180.00 Subject to valuations & changes in levy |

The Town Manager said the Board will hear more information on Saturday at the Triboard Budget Meeting.

Annual Town Meeting Articles

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

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| P11 | Chapter 90 Authorizations: Alex Vispoli moved to approve Town Meeting Article P11, Chapter 90 Authorizations. Motion seconded by Laura Gregory and voted 5-0 to approve.                                                                                                                                                                                                                                                                                                       |
| P12 | Granting Easements: Laura Gregory moved to recommend approval of Town Meeting Article P12-Granting Easements. Motion seconded by Alex Vispoli and voted 5-0 to approve.                                                                                                                                                                                                                                                                                                        |
| P13 | Stabilization Fund Bond Premium: Alex Vispoli moved to recommend approval of Town Meeting Article P13. Motion seconded by Laura Gregory and voted 5-0 to approve.                                                                                                                                                                                                                                                                                                              |
| P16 | Jerry Silverman Fireworks: Alex Vispoli moved to approve Town Meeting Article P16-Jerry Silverman Fireworks. Motion seconded by Annie Gilbert and voted 5-0 to approve.                                                                                                                                                                                                                                                                                                        |
| P18 | Home Rule Legislation Appointment of Town Employees and Officials: (recommendation by the Town Governance Study Committee). Alex Vispoli moved to approve Town Meeting Article P1-8 Home Rule Legislation Appointment of Town Employees and Officials as described by Austin Simko. Motion seconded by Laura Gregory and voted 5-0 to approve.                                                                                                                                 |
| P27 | Bylaw Amendment Other Public Spaces Revolving Fund. This would create a new revolving fund for public space for any fees from rental of public buildings to pay expenses.<br><br>Alex Vispoli moved to recommend approval of Article P-27 Bylaw Amendment Other Public Spaces Revolving Fund. This would create a new revolving fund for public space for any fees from rental of public buildings to pay expenses. Motion seconded by Annie Gilbert and voted 5-0 to approve. |
| P28 | Bylaw Amendment Revolving Fund Revenues and Expenditures. This Article would amend some of the revenue and expenses of four of the community services revolving funds and compost program and allow them to make capital improvements and keeping expenses as part of the program fees.<br><hr/> Alex Vispoli moved to recommend approval of Article P-28 Bylaw Amendment Revolving Fund Revenues and Expenditures. Motion seconded by Laura Gregory and voted 5-0 to approve. |
| P29 | Indemnification of Public Safety Medical Costs. This article allows for expenses for injured in the line of duty for active and retired Public Safety Employees; rather than an impact on the specific department. Insurance, by law, cannot pay for these costs.<br><br>Alex Vispoli moved that the board recommend approval of Article-29 Indemnification of Public Safety Medical Costs. Motion seconded by Laura Gregory and voted 5-0 to approve.                         |

**VI. Consent Agenda**

A. Appointments by the Town Manager

Board to vote that the following appointments by the Town Manager be approved. The Town Manager is pleased to announce that Deputy Chief Kyle Murphy has been forwarded for approval as the Fire Chief. There will be a 90-day transition.

Alex Vispoli moved to approve the appointment by the Town Manager of the Andover Fire Rescue of the incoming Chief Kyle Murphy. Motion seconded by Laura Gregory and voted 5-0 to approve.

Alex Vispoli moved to approve the other appointments by the Town Manager as printed in the agenda. Motion seconded by Laura Gregory and voted 5-0 to approve.

| Department           | Name                                      | Position   | Rate/Term              | Date of Hire |
|----------------------|-------------------------------------------|------------|------------------------|--------------|
| Andover Fire Rescue  | Kyle Murphy<br><i>(Michael Mansfield)</i> | Fire Chief | \$197,000/year         | 04/01/2024   |
| Council on Aging     | Kimberly Butler-Rainen                    | Member     | Term Expires 6/30/2026 | 02/27/2024   |
| Green Advisory Board | Bryan Bannon                              | Member     | Term Expires 6/30/2026 | 02/27/2024   |
| Green Advisory Board | Mujde Yuksel                              | Member     | Term Expires 6/30/2026 | 02/27/2024   |

**VII. Approval of Minutes**

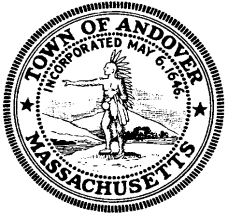
A. Board to approve minutes from the January 8, 2024 Select Board Meeting. Alex Vispoli moved that the Select Board approve the minutes of the January 8, 2024 Select Board Meeting. Motion seconded by Laura Gregory and voted 5-0 to approve.

**VIII. Adjourn**

At 8:35 PM on a motion by Laura Gregory and seconded by Alex Vispoli, the Select Board voted 5-0 to adjourn the Select Board Meeting of February 26, 2024.

Respectfully submitted,  
Dee DeLorenzo  
Recording Secretary

Presentation: FY-2025 [Town Manager’s Recommended FY 2025 Budget and Financial Plan](#)



## Select Board Meeting

Monday, March 4, 2024

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.

The Chair, Melissa Danisch, called the meeting of Monday, March 4, 2024 to order at 7:00PM  
Members in attendance: Laura Gregory, Chris Huntress, Annie Gilbert, Alex Vispoli.  
Others in attendance: Town Manager Andrew Flanagan, Deputy Town Manager Mike Lindstrom, Deputy Town Manager/Town Clerk Austin Simko, Chief Administrative & Financial Officer Patrick Lawlor, and Town Counsel Doug Heim.

### II. Opening Ceremonies

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

The meeting began with a Moment of Silence followed by the Pledge of Allegiance.

### III. Communications/Announcements/Liaison Reports

Austin Simko reported that the Polls for the Annual Town Election will open tomorrow at 8:00 am and close at 8:00 PM and he hopes to see everyone there.

### IV. Citizens Petitions and Presentations

Kevin Coffey, One Stafford Lane, asked if there could be a policy for deployment of road signs around Town alerting residents to upcoming elections; many are not aware.

### V. Regular Business

#### A. Greater Lawrence Technical School

Greater Lawrence Technical School (GLTS) Superintendent Lavoie presented a potential land acquisition and discussed the proposed Aviation Program. He also thanked the Board for the support Andover has provided GLTS throughout the years. Tonight, he is presenting an expansion vision they have for the GLTS.

Enrollment at GLTS has continued to increase; in 2009 they had approximately 1,250 students. Today, they have 1,778 students, almost a 50% increase in enrollment over the years. It is important that they continue to find more access for students due to the popularity of their programs. As of now, they have 1,684 students applying for 450 seats and expect that number to increase to 1,750-1,800 students; which will be the largest number of student applicants over the history of the school, with just under 40 students who have currently applied from Andover.

Expansion rationale:

1. Provide more access to vocational education expected enrollment of about 1,900 students in the fall and over 2,200 over the next four years attributed to the new programs in high demanding careers and to meet the standards of the strong job market. The challenge for them is to find space for all of the programs/students; currently putting up three new buildings on

the property. They have been very fortunate to access about \$4M in grant funding, \$5.5M from ESSER Grants, and a \$4M grant from the state as well as \$1.5M for equipment and tools to start the new program.

2. They have also had the opportunity to grow their workforce development programs (evening programs) where they train underemployed and unemployed. Last year, they spent about \$1.6M in training programs and expect to spend \$2.5M for evening programs. They will be offering additional programs for adults next year to prepare them for the work force which keeps industry coming to our area and strengthens the economy for all four of the communities they draw from.

Some of their newest ventures will require some funding and will be going before the cities and towns to seek a \$4M bond for a new facility. They have obtained \$7M in grant funding for the existing facility and \$300,000 from their E & D account for the Airport Hanger. It would be approximately an assessment of about \$120,000 from Andover to cover the funding over a 10-year bond. For the existing facilities, they are investing \$7M and have received \$4M from the state and using \$3M from ESSER Funds.

They are not allowed to purchase property outside of 57 River Road. To do so, they need a bill passed which is currently in the House/Senate. Once approved, the cities and towns will need to approve the hanger and then purchase another building outside of 57 River Road. They have been looking at the Elk’s Building located on Andover Street in South Lawrence and will need the \$4M bond to do so. They plan to house all of their medical programs at that site.

The Town Manager said they will be opening/closing the Special Town Meeting Warrant and have offered Superintendent Lavoie the opportunity to submit his request at that time.

Melissa Danisch

said GLTS has been a great partner with Andover.

B. Annual Town Meeting Articles

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

|    |                                                                                                                                                                                                                                                                |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| P4 | Fiscal Year 2025 Budget<br>Motion P4: Alex Vispoli moved that the Board recommend approval of Article P4 “Fiscal Year 2025 Budget.” As presented by the Town Manager for a total of \$246,682,934. Motion seconded by Chris Huntress and voted 5-1 to approve. |
| P5 | Fiscal Year 2025 Capital Projects Fund<br>Motion P5: Alex Vispoli moved to recommend Town Meeting Approval of Article P5 “Fiscal Year 2025 Capital Projects Fund.” For a total of \$2,624,000.<br>Motion seconded by Annie Gilbert and voted 5-0 to approve.   |
| P8 | Minor Financial Articles (A-D)                                                                                                                                                                                                                                 |

|     |                                                                                                                                                                                                                                                                                                     |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | <p>Motion P8: Chris Huntress moved to recommend Town Meeting Approval of Article P8 "Minor Financial Articles (A-E)." Motion seconded by Alex Vispoli and voted 5-0 to approve.</p>                                                                                                                 |
| P9  | <p>General Housekeeping Articles (A-F).<br/>         Motion P9: Alex Vispoli moved to recommend Town Meeting Approval of Article P9 A-F "General Housekeeping Articles (A-F)." Motion seconded by Chris Huntress and voted 5-0 to approve.</p>                                                      |
| P14 | <p>Water Treatment Plant Maintenance. \$150,000 appropriation within the Water Enterprise Fund.<br/>         Motion P14: Laura Gregory moved to recommend Town Meeting Approval of Article P14 "Water Treatment Plant Maintenance." Motion seconded by Chris Huntress and voted 5-0 to approve.</p> |

|     |                                                                                                                                                                                                                                                                                                                                 |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| P15 | Sewer Collection System Maintenance. \$300,000<br>Laura Gregory moved to recommend Town Meeting Approval of Article P15 "Sewer Collection System Maintenance." Motion seconded by Alex Vispoli and voted 5-0 to approve.                                                                                                        |
| P17 | Indemnification of Members of the Andover Contributory Retirement Board presented by Town Accountant Haley Green.<br>Laura Gregory moved to recommend Town Meeting Approval of Article P17 "Indemnification of Members of the Andover Contributory Retirement Board." Motion seconded by Alex Vispoli and voted 5-0 to approve. |
| P19 | Capital Projects From General Fund Borrowing<br>Alex Vispoli moved to recommend Town Meeting Approval of Article P19 "Capital Projects from General Fund Borrowing" for a total of \$4,980,000. Motion seconded by Chris Huntress and voted 5-0 to approve.                                                                     |
| P20 | Capital Projects From Free Cash<br>Annie Gilbert moved to recommend Town Meeting Approval of Article P20 "Capital Projects from Free Cash for a total of \$2,035.00 Motion seconded by Alex Vispoli and voted 5-0 to approve.                                                                                                   |
| P21 | Capital Projects From Water and Sewer Enterprise Funds<br>Laura Gregory moved to recommend Town Meeting Approval of Article P21 "Capital Projects from Water and Sewer Enterprise Funds for a total of \$7,924,000. Motion seconded by Chris Huntress and voted 5-0 to approve.                                                 |
| P22 | Adopting a New Town Seal<br>Laura Gregory moved to recommend Town Meeting Approval of Article P22 "Adopting a New Town Seal." Motion seconded by Annie Gilbert and voted 5-0 to approve.                                                                                                                                        |

**VI. 2024 Select Board Meetings**

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

May 6, 2024, May 20, 2024, June 3, 2024 and June 17, 2024.

Alex Vispoli moved to approve the 2024 Select Board meeting dates as listed on the agenda.

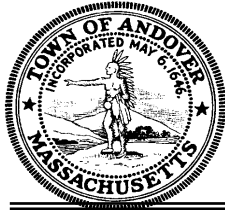
Motion seconded by Laura Gregory and voted 5-0 to approve.

**VII. Adjourn**

On a motion by Alex Vispoli and seconded by Chris Huntress, the Select Board voted 5-0 to adjourn the meeting of Monday, March 4, 2025.

Respectfully submitted,

Dee DeLorenzo  
Recording Secretary



## Select Board Meeting

Monday, April 8, 2024 7:00 PM

School Committee Room, School Administration Building

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### I. Call to Order – 7:05 P.M.

The Chair, Melissa Danisch called the Select Board Meeting of Monday, April 8, 2024 to order in the School Committee Room in the School Administration Building at 30 Whittier Court.

Members in attendance: Alex Vispoli, Laura Gregory, Ellen Townson and Kevin Coffey.

Others in attendance: Town Manager Andrew Flanagan, Deputy Town Manager Mike Lindstrom, Patrick Lawlor Chief Administrative & Financial Officer, Austin Simko, Deputy Town Manager/Town Clerk, Town Counsel, Doug Heim.

The Chair welcomed the two new Select Board members, Keven Coffey and Ellen Townson.

### II. Opening Ceremonies

A. Moment of Silence followed by the Pledge of Allegiance.

The meeting began with a Moment of Silence followed by the Pledge of Allegiance.

B. Proclamation for Motorcycle Awareness Season

Eric Boulder, 11 Longwood Drive, and Paul Cota from Amesbury, MA spoke about Motorcycle Awareness Season and being aware of other types of vehicles on the road besides automobiles. Andover has over 350 registered motorcycles.

Their awareness slogan is “Check Twice – Save a Life Motorcycles are everywhere” last year there were 58 motorcycle fatalities. The Dept of Transportation has been very supportive in this effort. They kicked off the season with a proclamation from the State House on March 24<sup>th</sup> in Amesbury.

Melissa Danisch read the proclamation for Motorcycle Awareness Season. The Select Board proclaims April 9-April 30 to be Motorcycle Awareness Period in the Town of Andover and wish all who ride an enjoyable and safe riding season.

Alex Vispoli moved to adopt the Proclamation. Motion seconded by Laura Gregory and voted 5-0 to approve.

### III. Communications/Announcements/Liaison Reports.

The Town Manager announced the Annual Town Meeting Preview and information session will be held on April 24<sup>th</sup> at the Public Safety Center. and information session. Last year, they had virtual participation and will be doing something similar this year. They will touch on a lot of articles and answer questions on any Town Sponsored Articles. Questions can be sent to the Town Manager’s Office by email or text.

Governor Healy has put a hiring hold into effect due to revenue shortfalls but does not anticipate any reduction in State Aid. The Town Manager reported that Andover’s revenues are diversified (local receipts, property taxes, etc.), we are in good shape and does not feel that Andover needs to make any operating modifications or hiring changes.

Patrick Lawlor recognized the following Town employees with notable work anniversaries this month.

| <u>Name</u>        | <u>Position</u>                      | <u>Years of Service</u> |
|--------------------|--------------------------------------|-------------------------|
| Steve Surette      | General Foreman in the Highway Dept. | 34 years                |
| Lt. John Ganzi     | Fire Department                      | 29 years                |
| John Hines         | Firefighter                          | 29 years                |
| Bob Pelletier      | Firefighter                          | 29 years                |
| Garrett Ferris     | Firefighter                          | 29 years                |
| Det. Robin Cataldo | Police Dept.                         | 28 years                |

Thank you all for your long service to the Town of Andover.

Austin Simko recognized Bob Willard who has been on the Board of Registrars for three years and whose term ended on April 1<sup>st</sup>. Before that, Mr. Willard had been an Election Officer for decades as well as a precinct warden. He was very knowledgeable and diligent.

Laura Gregory gave out as shout out to Annie Gilbert and Chris Huntress for their service to the Town and welcomed the two new Select Board Members, Ellen Townsman and Kevin Coffey. Alex Vispoli supported Laura's recognition of Annie Gilbert and Chris Huntress and welcomed the two new members to the Board.

Kevin Coffey thanked the Board members and the Town staff who have been very welcoming and helpful with information and supportive information.

Ellen Townson thanked everyone for the warm welcome and looks forward to working with everyone.

Melissa Danisch thanked everyone who put the new Select Board Oath of Office Ceremony together, it was a really nice event and Austin Simko spoke quite eloquently about the importance of involvement of all who participated.

Earth Day is coming up on April 2<sup>nd</sup>, followed by Arbor Day on April 26<sup>th</sup> and the 4<sup>th</sup> annual Neighborhood Cleanup Day scheduled for Saturday April 27<sup>th</sup>. Sign up is available on the Town website.

#### **IV. Citizens Petitions and Presentation**

Bob Pokress, Cherrywood Circle, recognized Deputy Town Manager, Mike Lindstrom, Joyce Losick-Yang, Director of Sustainability and Energy, and the Town Manager related to the Andover Community Power Program. The first community session was held this morning. He also encouraged the Town to send a mailing to all residents since most residents do not watch the Town website.

Nancy McCain, 479 Lowell Street spoke about the Haggetts Pond project. The Town of Andover Conservation Commission has a Wetlands Protection Regulation that went into effect on April 13, 2014 which covers vernal pools that are a protected site. She asked why we would be moving forward on paving a wetland on a protective site. The trail is already ADA compliant; it does not make sense to be changing a protected wetland.

John Page, 15 Harding Street. If the option to pave Haggetts Pond does not work out, and is then not ADA compliant, the Town needs to think about a second option, i.e. Pomp's Pond or Shawsheen River.

Melissa Danisch said this item in front of the Conservation Commission.

**V. Public Hearings**

Eversource Gas – Gould Road. Representative Louis De Rojas, Sr. Project Manager presented the request from Eversource Gas of Massachusetts for permission for installation of a gas telemeter cabinet and associated service line at 106 Gould Road to remotely monitor pressure in the Andover Gas System as part of the DPU Safety Enhancement Assessment. The original location was 109 Gould and the request is to reposition to 106 Gould Road. Austin Simko reported that the Police, Fire, DPW Engineering and others have been notified.

Ellen Townson asked that they could change the Engineering Plan to reflect the accurate location of 109 instead of 106.

Laura Gregory moved to approve the application from Eversource Gas of Massachusetts to install a gas telemeter cabinet and associated service lines for the purpose of remote pressure monitoring for the DPU Safety Enhancement Assessment at 106 Gould Road with the condition that the engineering drawings filed with the Town reflect the relocation or the as built location of the cabinet. Motion seconded by Ellen Townsman. Motion passes 5-0.

National Grid – Fraser Drive

Nation Grid is requesting to construct a line of underground electric conduits, including the necessary sustaining, and protecting fixtures, under and across Fraser Drive.

David Boucher, Senior Designer of National Grid reported on the request to place approximately 150' 2" conduits on the grassy area on the side of the pavement.

Alex Vispoli moved to approve the request of National Grid to construct a line of underground electric conduits, including the necessary sustaining, and protecting fixtures, under and across Fraser Drive. Motion seconded by Laura Gregory and voted 5-0 to approve.

**VI. Regular Business**

A. Board of Registrars Appointment

Austin Simko said this is a perennial appointment of the Board and explained why this is only an appointment from the Democratic Town Committee. This appointment is for a three -year term effective immediately until March 31 2027. Austin Simko is recommending Molly Bicking of 239 River Road, Andover be appointed.

Molly Bicking shared her participation and volunteer history in Andover to the Board. She worked at the polls for twenty-two years including a term as a warden. She has a strong commitment to ensuring fair and accurate elections.

Alex Vispoli moved that the Board appoint Molly Bicking of 239 River Road as a member of the Board of Registrars for a term beginning April 1, 2024 and ending March 31, 2027. Motion seconded by Laura Gregory and voted 5-0 to approve the appointment.

B. Andover Community Power

Mike Lindstrom gave a brief update on the program launch and provided a presentation on the Municipal Aggregation for Andover Power. It is important to talk about the electricity supply system. The utility will always be National Grid. They went out for bid on March 11<sup>th</sup> and received incredible rates, especially for Andover Ultimate, and locked in for 42 months, the term of the contract. They have chosen to source local renewable energy beyond what is required by the State. Information on Andover Community Power is available on the Town Website at [acp.andoverma.gov](http://acp.andoverma.gov)

There are two parts the delivery which is National Grid, that never changes and the supply, where there are choices. Rates will be in effect for the duration of 42 months.

Andover Standard will be the default program for residents who don't chose the Andover Community Power Plan Options.

There are three choices:

- |                     |                                            |              |
|---------------------|--------------------------------------------|--------------|
| 1. Andover Basic    | Rates are slightly lower                   | 13.286 c/kWh |
| 2. Andover Standard | Automatic for eligible customers           | 13.905 c/kWh |
| 3. Andover Ultimate | Almost four cents below National Grid rate | 14.637 c/kWh |

There will be one single bill from National Grid. What will be different will be the name on the supply rate and the rate. Andover's rate will be the same for 3.5 years.

An official postcard from Andover Community Power which will be a town run program to provide new electricity supply options for all Andover residents and businesses. Residents will be receiving a letter on options and how to opt out.

Andover Community Power will be launching in June 2024. Information is available on the Town Website under Andover Community Power.

Upcoming Andover Community Power Engagements:

- |          |                                                                        |
|----------|------------------------------------------------------------------------|
| April 12 | Virtual Zoom Meeting                                                   |
| April 17 | Official Press Release, Website updated, and Customer service line up. |
| April 10 | Official Mailer sent                                                   |
| *May 13  | Opt-out or Opt-up period ends.                                         |
| June     | Launch program                                                         |

VII. A. **Consent Agenda**

Alex Vispoli moved that the following appointments by the Town Manager be approved. Motion seconded by Laura Gregory and voted 5-0 to approve.

| <u>Dept.</u>            | <u>Name</u>                       | <u>Position</u>                    | <u>Rate/Term</u>        | <u>Date of Hire</u> |
|-------------------------|-----------------------------------|------------------------------------|-------------------------|---------------------|
| Preservation Commission | Leslie Frost                      | Member                             | Term Expires 06/30/2026 | 04/09/2024          |
| Dept of Public Works    | Christopher Kun<br>(Jeffrey Ring) | Parks & Grounds<br>Working Foreman | \$39.10/hr.             | 04/15/2024          |
| Memorial Hall Library   | Sara De La Parra.                 | Library Aide                       |                         |                     |

VIII. **Approval of Minutes**

February 12, 2024 Select Board  
March 11, 2024 Select Board

Alex Vispoli moved to approve the minutes of February 12, and March 11, 2024 as printed. Motion seconded by Laura Gregory and voted 3-0 to approve.

IX **2024 Select Board Meetings**

The Select Board Meeting dates of July 15 and August 5, 2024 were presented to the Board for approval.

There was some discussion regarding dates. Laura Gregory moved to approve the Select Board Meeting dates of July 22, 2024 and August 6, 2024.

Motion seconded by Alex Vispoli and voted 5-0 to approve.

Alex Vispoli seconded the motion

X. **Adjourn**

At 7:59 PM on a motion by Ellen Townson and seconded by Alex Vispoli, the Board voted 5-0 to adjourn the meeting of April 8, 2024.

Respectfully submitted,

Dee DeLorenzo  
Recording Secretary



**TOWN OF ANDOVER** *Finance & Budget*

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

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

[hayley.green@andoverma.us](mailto:hayley.green@andoverma.us)  
[www.andoverma.gov](http://www.andoverma.gov)

Andrew P. Flanagan  
Town Manager

Michael Lindstrom  
Deputy Town Manager

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

From: Hayley Green, Town Accountant/Assistant Finance Director

CC: Andrew Flanagan, Michael Lindstrom, Austin Simko, Patrick Lawlor, Magda Parvey,  
Keith Taverna, Martha Sybert, Tara Bicknell, Town Website

Date: April 10, 2024

Re: ***FY 2024 Financials***

The attached reports summarize the Town's financial position through February 29, 2024.  
Included are the following:

- Executive Summary
- Budgeted versus Actual Revenues – General Fund and Enterprise Funds
- Revenue Comparison Graphs
- Personal Services and Other Expenditures by Department
- Reserve Account and Compensation Fund Analysis
- Chapter 44 § 53 E ½ Revolving Funds
- Capital Projects status – FY18 – FY24

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

# Executive Summary | **FY 2024**

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The attached reports of the Town Accountant summarize FY 2024 revenues and expenditures for the General Fund, Enterprise Funds, Reserve Fund, Revolving Funds and Capital Projects through February 29, 2024.

## **General Fund**

The total general fund receipts of all sources collected through February 29, 2024 are greater than annual projections through the first 8 months of the year. FY 2024 local receipts are \$2,031,445 greater than FY 2023 collections through the same period of time. This is primarily due to the increase in investment income as interest rates have risen in the past year. Off-set receipts collections are \$43,435 greater than FY23 collections through the same period of time last fiscal year. This is primarily due to an increase in ambulance receipts.

General fund personal services and other expenses are lower than FY 2024 projections through February 2024. Insurance premiums and the required appropriation for pension were paid in July and OPEB was transferred in November. Encumbrances are adjusted throughout the year.

## **Water Enterprise Fund**

The total water enterprise fund collections are lower than annual projections but are in line with prior year collections through February 2024. Water personal services are in line with and other expenses are lower than FY 2024 projections through February 2024.

## **Sewer Enterprise Fund**

The total sewer enterprise fund collections are in line with projections through February 2024 and user charges receipts are \$634,233 more than prior year receipts through the same period. Sewer personal services are lower than and other expenses are in line with FY 2024 projections through February 2024.

**Reserve Fund**

Town Meeting approved a reserve fund balance of \$200,000. This money has not been spent through February 2024. It is expected that \$100,000 will be transferred from the Reserve Fund to the Town Clerk's office for Special Town Meeting expenses.

**Revolving Accounts**

Town Meeting voted to approve 16 revolving funds with a total spending limit of \$2,490,000.

**Capital Projects**

These projects are part of the Town's capital improvement plan voted at Town Meeting from taxation. There is a balance of \$3,374,560 available for the most recent seven years of approved projects.

**Town of Andover**  
**FY 2024 General Fund Year-To-Date Revenue Report**  
**Budgeted vs. Actuals 2/29/2024 and 2/28/2023**

|                                               | <b>FY 24 Budgeted</b> | <b>FY 24 YTD</b>   | <b>%</b>         | <b>FY 23 Budgeted</b> | <b>FY 23 YTD</b>   | <b>%</b>         | <b>Change in</b>  | <b>Change in</b>    |
|-----------------------------------------------|-----------------------|--------------------|------------------|-----------------------|--------------------|------------------|-------------------|---------------------|
| <b>Local Receipts</b>                         | <b>Receipts</b>       | <b>Revenues</b>    | <b>Collected</b> | <b>Receipts</b>       | <b>Revenues</b>    | <b>Collected</b> | <b>Budgets</b>    | <b>YTD Receipts</b> |
| Motor Vehicle Excise                          | 5,708,009             | 2,061,760          | 36.1%            | 5,651,834             | 1,569,406          | 27.8%            | 56,175            | 492,354             |
| Hotel/Motel/Meals                             | 1,841,700             | 1,958,012          | 106.3%           | 1,799,000             | 1,613,810          | 89.7%            | 42,700            | 344,202             |
| Penalties and Interest on Taxes and Excises   | 405,000               | 346,485            | 85.6%            | 480,000               | 246,450            | 51.3%            | (75,000)          | 100,035             |
| Fees                                          | 38,000                | 42,000             | 110.5%           | 61,000                | 31,918             | 52.3%            | (23,000)          | 10,082              |
| Payments in Lieu of Taxes                     | 467,463               | -                  | 0.0%             | 451,731               | 2,016              | 0.4%             | 15,732            | (2,016)             |
| Other Departmental Revenues                   | 234,586               | 91,786             | 39.1%            | 213,000               | 279,394            | 131.2%           | 21,586            | (187,608)           |
| Other Departmental Revenues - School Medicare | 275,000               | 151,525            | 55.1%            | 200,000               | 230,552            | 115.3%           | 75,000            | (79,027)            |
| Non-Recurring Revenues                        | -                     | 6,300              | 0.0%             | 5,000                 | 61,100             | 1222.0%          | (5,000)           | (54,800)            |
| Licenses and Permits                          | 2,401,315             | 1,889,834          | 78.7%            | 2,377,540             | 2,211,361          | 93.0%            | 23,775            | (321,527)           |
| Fines & Forfeits                              | 132,500               | 120,418            | 90.9%            | 132,500               | 101,177            | 76.4%            | -                 | 19,241              |
| Investment Income                             | 275,794               | 3,928,509          | 1424.4%          | 204,000               | 2,218,592          | 1087.5%          | 71,794            | 1,709,916           |
| Special Assessments                           | -                     | 636                | N/A              | -                     | 43                 | N/A              | -                 | 593                 |
| <b>Total Estimated Receipts</b>               | <b>11,779,367</b>     | <b>10,597,265</b>  | <b>90.0%</b>     | <b>11,575,605</b>     | <b>8,565,820</b>   | <b>74.0%</b>     | <b>203,762</b>    | <b>2,031,445</b>    |
|                                               |                       |                    |                  |                       |                    |                  |                   |                     |
| <b>Off-Set Receipts</b>                       | <b>FY 24 Budgeted</b> | <b>FY 24 YTD</b>   | <b>%</b>         | <b>FY 23 Budgeted</b> | <b>FY 23 YTD</b>   | <b>%</b>         | <b>Change in</b>  | <b>Change in</b>    |
|                                               | <b>Receipts</b>       | <b>Revenues</b>    | <b>Collected</b> | <b>Receipts</b>       | <b>Revenues</b>    | <b>Collected</b> | <b>Budgets</b>    | <b>YTD Receipts</b> |
| Recreation                                    | 556,531               | 130,271            | 23.4%            | 531,531               | 203,419            | 38.3%            | 25,000            | (73,147)            |
| Elder Services                                | 106,000               | 73,185             | 69.0%            | 106,000               | 70,477             | 66.5%            | -                 | 2,708               |
| Public Facilities - Rental Receipts           | 60,000                | 73,018             | 121.7%           | 40,000                | 56,481             | 141.2%           | 20,000            | 16,536              |
| Cemetery - Interment Fees                     | 60,000                | 56,757             | 94.6%            | 60,000                | 46,276             | 77.1%            | -                 | 10,481              |
| Public Safety - Police Detail Fees            | 70,000                | 41,254             | 58.9%            | 60,000                | 50,089             | 83.5%            | 10,000            | (8,835)             |
| Public Safety / Fire - Ambulance Receipts     | 1,750,000             | 1,190,915          | 68.1%            | 1,300,000             | 1,095,223          | 84.2%            | 450,000           | 95,692              |
| <b>Total Off-Set Receipts</b>                 | <b>2,602,531</b>      | <b>1,565,400</b>   | <b>60.1%</b>     | <b>2,097,531</b>      | <b>1,521,965</b>   | <b>72.6%</b>     | <b>505,000</b>    | <b>43,435</b>       |
|                                               |                       |                    |                  |                       |                    |                  |                   |                     |
| <b>Other Revenues</b>                         | <b>FY 24 Budgeted</b> | <b>FY 24 YTD</b>   | <b>%</b>         | <b>FY 23 Budgeted</b> | <b>FY 23 YTD</b>   | <b>%</b>         | <b>Change in</b>  | <b>Change in</b>    |
|                                               | <b>Receipts</b>       | <b>Revenues</b>    | <b>Collected</b> | <b>Receipts</b>       | <b>Revenues</b>    | <b>Collected</b> | <b>Budgets</b>    | <b>YTD Receipts</b> |
| Property Taxes (inc. Tax Titles)              | 183,970,396           | 134,952,574        | 73.4%            | 174,778,254           | 128,703,845        | 73.6%            | 9,192,142         | 6,248,730           |
| State Aid                                     | 16,716,855            | 11,132,442         | 66.6%            | 14,794,019            | 9,789,118          | 66.2%            | 1,922,836         | 1,343,324           |
| <b>Total Other Revenues</b>                   | <b>200,687,251</b>    | <b>146,085,016</b> | <b>72.8%</b>     | <b>189,572,273</b>    | <b>138,492,963</b> | <b>73.1%</b>     | <b>11,114,978</b> | <b>7,592,054</b>    |
| <b>Total Revenues</b>                         | <b>215,069,149</b>    | <b>158,247,681</b> | <b>73.6%</b>     | <b>203,245,409</b>    | <b>148,580,747</b> | <b>73.1%</b>     | <b>11,823,740</b> | <b>9,666,934</b>    |

**Town of Andover**  
**FY 2024 Enterprise Funds Year-To-Date Revenue Report**  
**Budgeted vs. Actuals 2/29/2024 and 2/28/2023**

| <b>Water Fund</b>              | <b>FY 24 Budgeted Receipts</b> | <b>FY 24 YTD Revenues</b> | <b>% Collected</b> | <b>FY 23 Budgeted Receipts</b> | <b>FY 23 YTD Revenues</b> | <b>% Collected</b> | <b>Change in Budgets</b> | <b>Change in YTD Receipts</b> |
|--------------------------------|--------------------------------|---------------------------|--------------------|--------------------------------|---------------------------|--------------------|--------------------------|-------------------------------|
| User Charges                   | 12,777,571                     | 7,901,921                 | 61.8%              | 10,445,844                     | 7,931,502                 | 75.9%              | 2,331,727                | (29,581)                      |
| Water Connection               | 5,000                          | 7,548                     | 151.0%             | 7,500                          | 3,774                     | 50.3%              | (2,500)                  | 3,774                         |
| Water Testing Fees             | 5,000                          | 20,440                    | 408.8%             | 12,000                         | 5,075                     | 42.3%              | (7,000)                  | 15,365                        |
| Meter Installations            | 10,000                         | 4,200                     | 42.0%              | 10,000                         | 5,500                     | 55.0%              | -                        | (1,300)                       |
| Fire Flow Test                 | 5,000                          | 3,500                     | 70.0%              | 5,000                          | 7,000                     | 140.0%             | -                        | (3,500)                       |
| Special/Final Reads            | 15,000                         | 10,174                    | 67.8%              | 25,000                         | 11,836                    | 47.3%              | (10,000)                 | (1,662)                       |
| Backflow/Cross Connection Fees | 80,000                         | 49,995                    | 62.5%              | 87,500                         | 37,570                    | 42.9%              | (7,500)                  | 12,425                        |
| Water Tap                      | -                              | 650                       | N/A                | -                              | 1,075                     | N/A                | -                        | (425)                         |
| Liens                          | 70,000                         | 39,501                    | 56.4%              | 85,000                         | 34,905                    | 41.1%              | (15,000)                 | 4,596                         |
| Fire Suppression               | 250,000                        | 148,664                   | 59.5%              | 280,000                        | 137,205                   | 49.0%              | (30,000)                 | 11,459                        |
| Interest /Misc Revenue         | -                              | 6,884                     | N/A                | 2,500                          | 2,409                     | 96.4%              | (2,500)                  | 4,475                         |
| Non-Revenue Interest           | 26,445                         | 4,726                     | 17.9%              | 7,500                          | 17,421                    | 232.3%             | 18,945                   | (12,696)                      |
| <b>Total Water Receipts</b>    | <b>13,244,016</b>              | <b>8,198,201</b>          | <b>61.9%</b>       | <b>10,967,844</b>              | <b>8,195,273</b>          | <b>74.7%</b>       | <b>2,276,172</b>         | <b>2,929</b>                  |

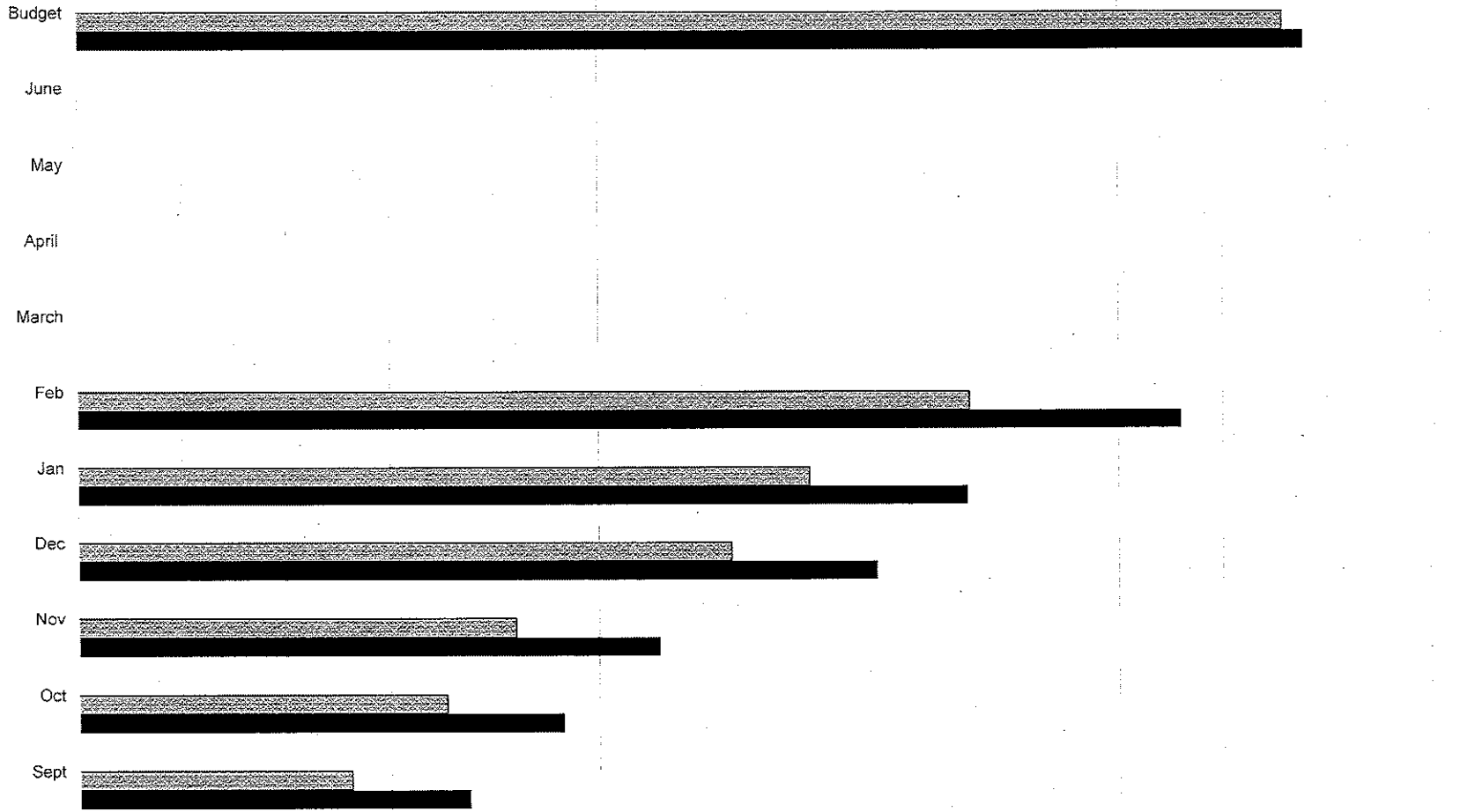
  

| <b>Sewer Fund</b>           | <b>FY 24 Budgeted Receipts</b> | <b>FY 24 YTD Revenues</b> | <b>% Collected</b> | <b>FY 23 Budgeted Receipts</b> | <b>FY 23 YTD Revenues</b> | <b>% Collected</b> | <b>Change in Budgets</b> | <b>Change in YTD Receipts</b> |
|-----------------------------|--------------------------------|---------------------------|--------------------|--------------------------------|---------------------------|--------------------|--------------------------|-------------------------------|
| User Charges                | 5,354,484                      | 3,633,536                 | 67.9%              | 5,173,301                      | 2,999,303                 | 58.0%              | 181,183                  | 634,233                       |
| Committed Interest/Income   | 130,000                        | 57,627                    | 44.3%              | 110,000                        | 69,941                    | 63.6%              | 20,000                   | (12,314)                      |
| Liens                       | 50,000                         | 23,541                    | 47.1%              | 55,000                         | 16,741                    | 30.4%              | (5,000)                  | 6,799                         |
| Apport Assmnts              | 400,000                        | 229,979                   | 57.5%              | 340,000                        | 249,007                   | 73.2%              | 60,000                   | (19,028)                      |
| Deferred Property Tax       | -                              | 13,426                    | N/A                | -                              | 10,800                    | N/A                | -                        | 2,626                         |
| Interest /Misc Revenue      | -                              | 8,412                     | N/A                | 3,500                          | 676                       | 19.3%              | (3,500)                  | 7,736                         |
| Non-Revenue Interest        | 25,000                         | 31,034.61                 | 124.1%             | 6,500                          | 16,599                    | 255.4%             | 18,500                   | 14,436                        |
| <b>Total Sewer Receipts</b> | <b>5,959,484</b>               | <b>3,997,556</b>          | <b>67.1%</b>       | <b>5,688,301</b>               | <b>3,363,067</b>          | <b>59.1%</b>       | <b>271,183</b>           | <b>634,489</b>                |

|                                  |                   |                   |              |                   |                   |               |                  |                |
|----------------------------------|-------------------|-------------------|--------------|-------------------|-------------------|---------------|------------------|----------------|
| <b>Total Enterprise Revenues</b> | <b>19,203,500</b> | <b>12,195,757</b> | <b>63.5%</b> | <b>16,656,145</b> | <b>11,558,339</b> | <b>69.39%</b> | <b>2,547,355</b> | <b>637,418</b> |
|----------------------------------|-------------------|-------------------|--------------|-------------------|-------------------|---------------|------------------|----------------|

## Town of Andover Local Receipts FY 2024 and FY 2023

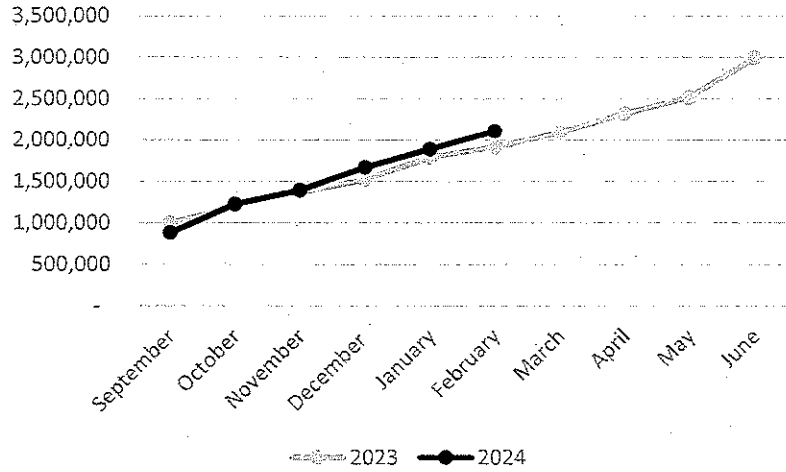


|                       | 0           | \$1 M       | \$2 M       | \$3 M       | \$4 M       | \$5 M        | \$6 M | \$7 M | \$8 M | \$9 M | \$10 M       | \$11 M | \$12 M | \$13 M |
|-----------------------|-------------|-------------|-------------|-------------|-------------|--------------|-------|-------|-------|-------|--------------|--------|--------|--------|
|                       | Sept        | Oct         | Nov         | Dec         | Jan         | Feb          | March | April | May   | June  | Budget       |        |        |        |
| ■ FY 2023 % of Budget | 22.6%       | 30.5%       | 36.3%       | 54.2%       | 60.7%       | 74.0%        | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 100.0%       |        |        |        |
| ▬ FY 2024 % of Budget | 31.9%       | 39.6%       | 47.4%       | 65.1%       | 72.6%       | 90.0%        | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 100.0%       |        |        |        |
| ■ FY 2023 Receipts    | \$2,618,268 | \$3,535,004 | \$4,202,086 | \$6,277,272 | \$7,023,054 | \$8,565,820  | \$0   | \$0   | \$0   | \$0   | \$11,575,605 |        |        |        |
| ■ FY 2024 Receipts    | \$3,752,141 | \$4,659,961 | \$5,577,813 | \$7,669,262 | \$8,546,116 | \$10,597,265 | \$0   | \$0   | \$0   | \$0   | \$11,779,367 |        |        |        |

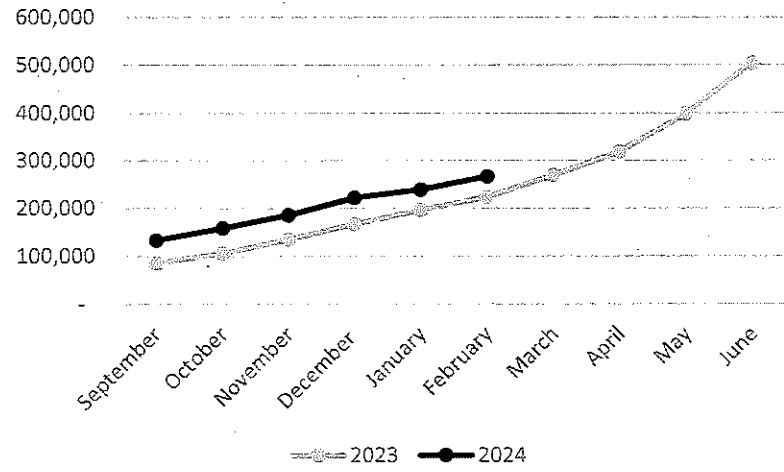
**Town of Andover**  
**FY 2024 Year-To-Date Budget Report**  
**Personal Services and Other Expenditures thru 2/29/2024**

|                                                   | Original<br>Appropriation | Transfers/<br>Adjustments | Revised<br>Budget  | YTD<br>Expended    | Encumbrances      | Available<br>Balance | % Expended<br>& Encumbered | %<br>Expended |
|---------------------------------------------------|---------------------------|---------------------------|--------------------|--------------------|-------------------|----------------------|----------------------------|---------------|
| <b>Personal Services</b>                          |                           |                           |                    |                    |                   |                      |                            |               |
| General Government                                | 7,771,063                 | -                         | 7,771,063          | 5,084,623          | -                 | 2,686,440            | 65.4%                      | 65.4%         |
| Community Services                                | 1,956,387                 | -                         | 1,956,387          | 1,165,936          | -                 | 790,451              | 59.6%                      | 59.6%         |
| Public Facilities                                 | 2,732,130                 | -                         | 2,732,130          | 1,754,810          | -                 | 977,320              | 64.2%                      | 64.2%         |
| Public Safety - Fire                              | 9,255,441                 | -                         | 9,255,441          | 6,265,743          | -                 | 2,989,698            | 67.7%                      | 67.7%         |
| Public Safety - Police                            | 8,579,059                 | -                         | 8,579,059          | 5,598,828          | -                 | 2,980,231            | 65.3%                      | 65.3%         |
| Public Works                                      | 3,930,369                 | -                         | 3,930,369          | 2,671,060          | -                 | 1,259,309            | 68.0%                      | 68.0%         |
| Library                                           | 2,383,930                 | -                         | 2,383,930          | 1,508,266          | -                 | 875,664              | 63.3%                      | 63.3%         |
| School                                            | 79,732,097                | -                         | 79,732,097         | 43,777,818         | 34,811,758        | 1,142,521            | 98.6%                      | 54.9%         |
| <b>Total Personal Services - General Fund</b>     | <b>116,340,476</b>        | <b>-</b>                  | <b>116,340,476</b> | <b>67,827,084</b>  | <b>34,811,758</b> | <b>13,701,633</b>    | <b>88.2%</b>               | <b>58.3%</b>  |
| Water Enterprise                                  | 2,395,322                 | -                         | 2,395,322          | 1,508,750          | -                 | 886,572              | 63.0%                      | 63.0%         |
| Sewer Enterprise                                  | 378,940                   | -                         | 378,940            | 206,737            | -                 | 172,203              | 54.6%                      | 54.6%         |
| <b>Total Personal Services - Enterprise Funds</b> | <b>2,774,262</b>          | <b>-</b>                  | <b>2,774,262</b>   | <b>1,715,487</b>   | <b>-</b>          | <b>1,058,775</b>     | <b>61.8%</b>               | <b>61.8%</b>  |
| <b>Other Expenses</b>                             |                           |                           |                    |                    |                   |                      |                            |               |
| General Government                                | 2,911,145                 | 348,766                   | 3,259,911          | 2,110,593          | 378,689           | 770,629              | 76.4%                      | 64.7%         |
| Community Services                                | 617,115                   | 113,146                   | 730,261            | 266,057            | 165,412           | 298,792              | 59.1%                      | 36.4%         |
| Public Facilities                                 | 1,446,400                 | 112,124                   | 1,558,524          | 799,324            | 378,746           | 380,453              | 75.6%                      | 51.3%         |
| Public Safety - Fire                              | 749,465                   | 46,696                    | 796,161            | 522,152            | 151,897           | 122,112              | 84.7%                      | 65.6%         |
| Public Safety - Police                            | 1,047,300                 | 55,998                    | 1,103,298          | 683,289            | 229,154           | 190,855              | 82.7%                      | 61.9%         |
| Public Works                                      | 6,445,997                 | 619,297                   | 7,065,294          | 4,469,093          | 2,141,192         | 455,010              | 93.6%                      | 63.3%         |
| Library                                           | 674,179                   | 2,207                     | 676,386            | 447,550            | 160,362           | 68,473               | 89.9%                      | 66.2%         |
| School                                            | 19,868,827                | 1,927,127                 | 21,795,954         | 10,159,194         | 8,328,616         | 3,308,144            | 84.8%                      | 46.6%         |
| Technical Schools                                 | 1,312,220                 | -                         | 1,312,220          | 675,093            | 578,674           | 58,453               | 95.5%                      | 51.4%         |
| Debt Service                                      | 25,503,634                | -                         | 25,503,634         | 19,439,797         | -                 | 6,063,838            | 76.2%                      | 76.2%         |
| Insurance                                         | 1,280,400                 | -                         | 1,280,400          | 1,216,153          | 32,444            | 31,803               | 97.5%                      | 95.0%         |
| Health Insurance                                  | 23,835,094                | -                         | 23,835,094         | 9,171,188          | -                 | 14,663,906           | 38.5%                      | 38.5%         |
| Unemployment                                      | 168,100                   | 29,031                    | 197,131            | 124,356            | 16,734            | 56,041               | 71.6%                      | 63.1%         |
| Retirement                                        | 7,124,644                 | -                         | 7,124,644          | 7,124,844          | -                 | (200)                | 100.0%                     | 100.0%        |
| Reserve Fund                                      | 200,000                   | -                         | 200,000            | -                  | -                 | 200,000              | 0.0%                       | 0.0%          |
| OPEB Appropriation                                | 1,812,834                 | -                         | 1,812,834          | 1,812,834          | -                 | -                    | 100.0%                     | 100.0%        |
| <b>Total Other Expenses - General Fund</b>        | <b>94,997,354</b>         | <b>3,254,393</b>          | <b>98,251,747</b>  | <b>59,021,517</b>  | <b>12,561,920</b> | <b>28,668,309</b>    | <b>72.9%</b>               | <b>60.1%</b>  |
| Water Enterprise                                  | 8,759,225                 | 1,024,434                 | 9,783,659          | 5,651,532          | 1,748,030         | 2,384,096            | 75.6%                      | 57.8%         |
| Sewer Enterprise                                  | 4,819,026                 | 871,202                   | 5,690,228          | 3,667,875          | 1,648,850         | 373,504              | 93.4%                      | 64.5%         |
| <b>Total Other Expenses - Enterprise Funds</b>    | <b>13,578,251</b>         | <b>1,895,636</b>          | <b>15,473,887</b>  | <b>9,319,407</b>   | <b>3,396,880</b>  | <b>2,757,600</b>     | <b>82.2%</b>               | <b>60.2%</b>  |
| <b>Total - General Fund</b>                       | <b>211,337,830</b>        | <b>3,254,393</b>          | <b>214,592,223</b> | <b>126,848,602</b> | <b>47,373,679</b> | <b>40,369,942</b>    | <b>81.2%</b>               | <b>59.1%</b>  |
| <b>Total - Enterprise Funds</b>                   | <b>16,352,513</b>         | <b>1,895,636</b>          | <b>18,248,149</b>  | <b>11,034,894</b>  | <b>3,396,880</b>  | <b>3,816,375</b>     | <b>79.1%</b>               | <b>60.5%</b>  |

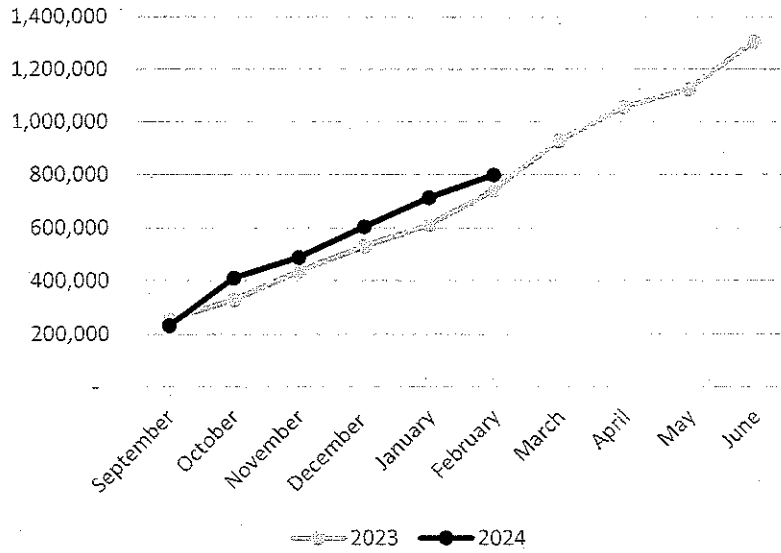
### General Government Expenses



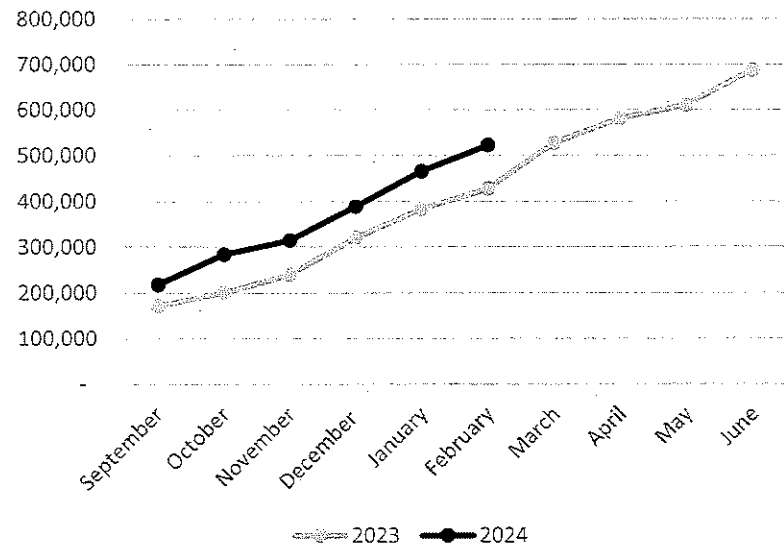
### Community Services Expenses



### Public Facilities Expenses

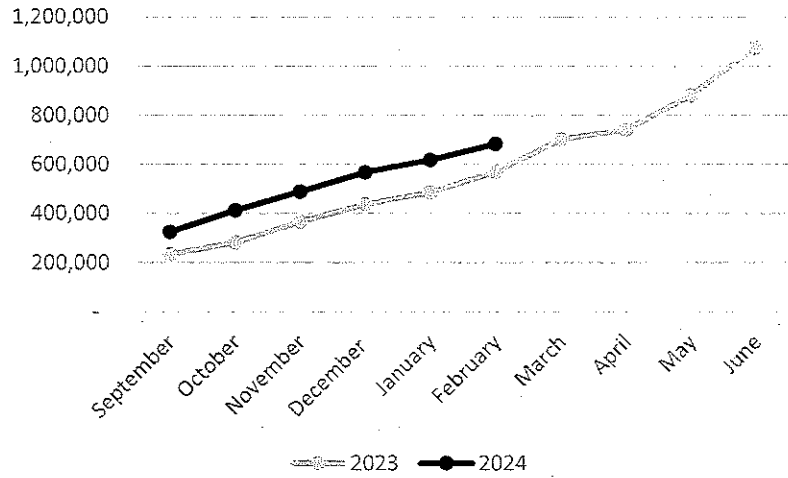


### Fire Expenses

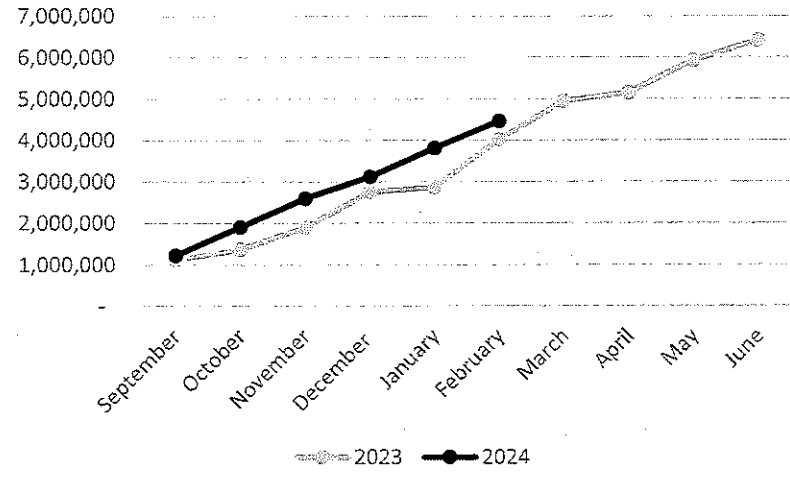


\*Expenses vary from year to year due to timing and departmental needs, but can still be on budget.

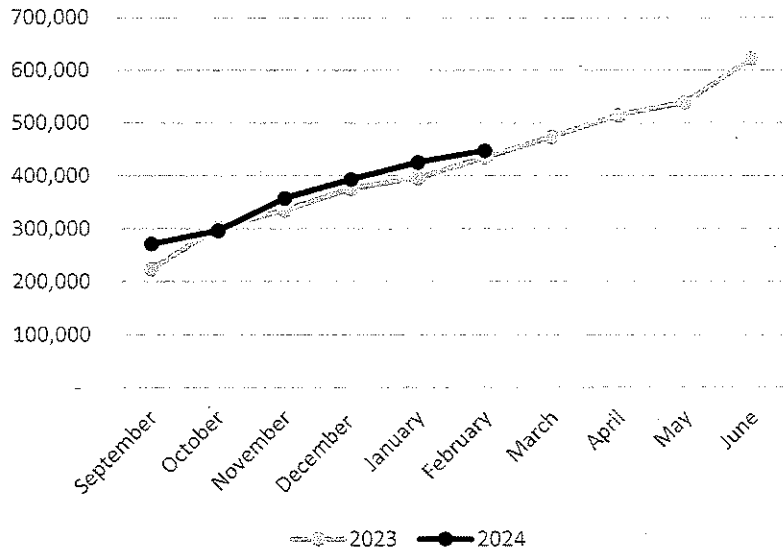
Police Expenses



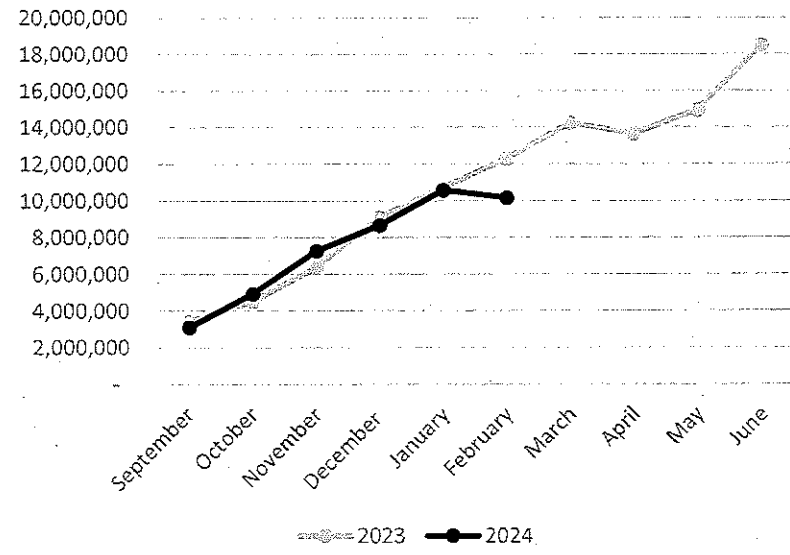
Public Works Expenses



Library Expenses

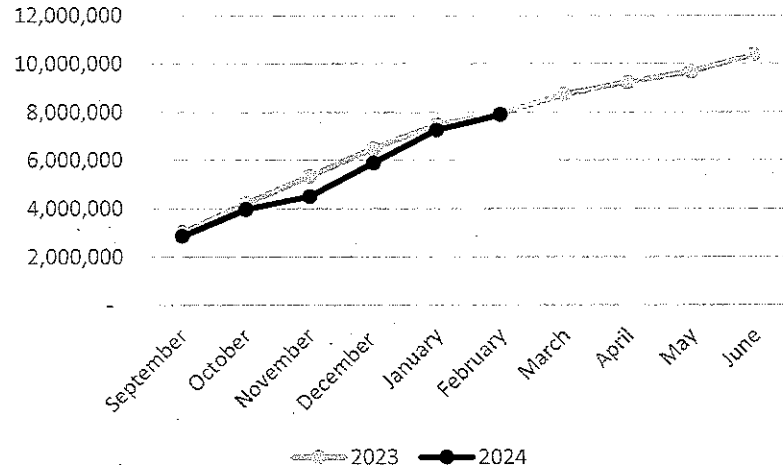


School Expenses

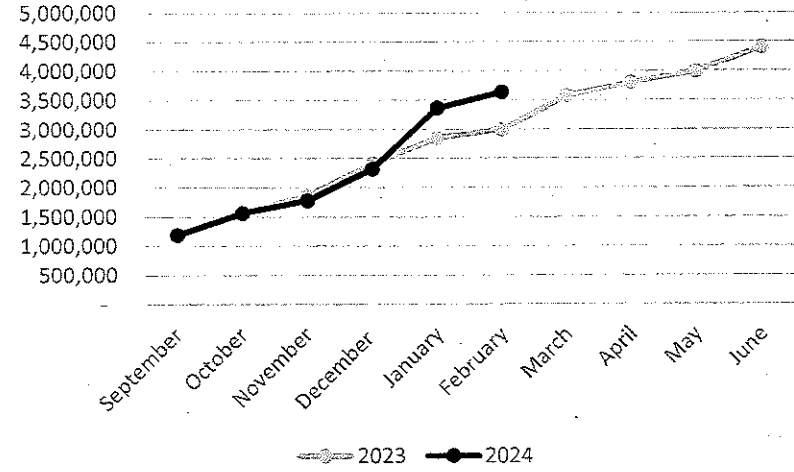


\*Expenses vary from year to year due to timing and departmental needs, but can still be on budget.

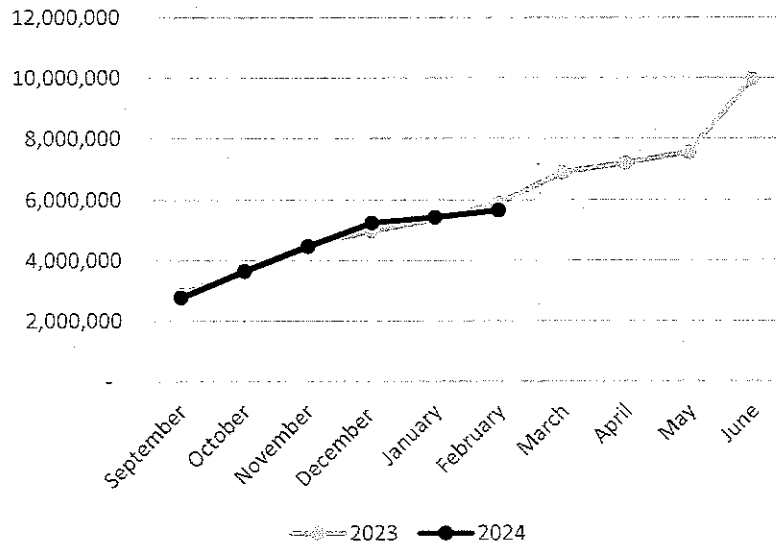
### Water User Charges



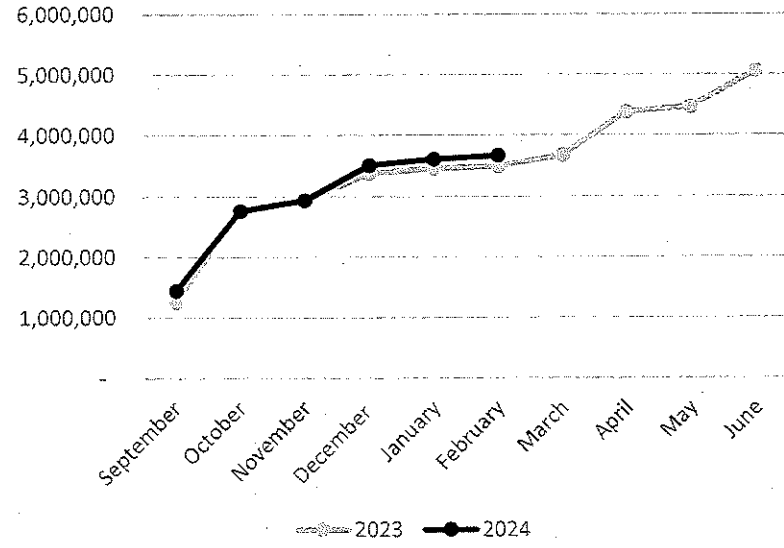
### Sewer User Charges



### Water Other Expenses



### Sewer Other Expenses



\*Expenses vary from year to year due to timing and departmental needs, but can still be on budget.



**Town of Andover**  
**FY 2024 Revolving Accounts**  
(M.G.L. CH. 44, § 53 E1/2)  
As of 2/29/24

|                                | CD & P<br>Legal<br>Notices<br>Acct 5550 | Library<br>Lost/Damaged<br>Materials<br>Acct 5631 | CD & P<br>Health<br>Services<br>Clinics<br>Acct 5557 | Recreation<br>Special<br>Services<br>Acct 5552 | Youth<br>Services<br>Acct 5553 | Facilities<br>Field<br>Maintenance<br>Acct 5622 | Elder<br>Services<br>Acct 5554 | Police<br>Antenna<br>Uses<br>Acct 5653 | School<br>Photocopy<br>Fees<br>Acct 4510 | Facilities<br>Compost<br>Program<br>Acct 5666 | DPW<br>Solid Waste<br>Fees<br>Acct 5667 | CD & P<br>Stormwater<br>Management<br>Acct 5668 | Fire<br>Emergency<br>Billing<br>Acct 5669 | Health<br>Services<br>Inspections<br>Acct 5670 | School<br>Professional<br>Development<br>Acct 4500 | Student<br>Technology<br>Rental<br>Acct 4260 |
|--------------------------------|-----------------------------------------|---------------------------------------------------|------------------------------------------------------|------------------------------------------------|--------------------------------|-------------------------------------------------|--------------------------------|----------------------------------------|------------------------------------------|-----------------------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|------------------------------------------------|----------------------------------------------------|----------------------------------------------|
| Balance<br>thru 6/30/2022      | 24,288                                  | 18,086                                            | 13,920                                               | 1,041,163                                      | 341,339                        | 155,602                                         | 141,987                        | 53,645                                 | 41,855                                   | 36,334                                        | 89,403                                  | 0                                               | 681                                       | 150,066                                        | 3,279                                              | 46,503                                       |
| Receipts<br>thru 6/30/2023     | 30,230                                  | 3,965                                             | 73,295                                               | 1,935,462                                      | 293,757                        | 96,210                                          | 123,989                        | 5,247                                  | 8,743                                    | 29,956                                        | 34,215                                  | 0                                               | 0                                         | 63,540                                         | 0                                                  | 34,975                                       |
| Expenditures<br>thru 6/30/2023 | 20,000                                  | 3,163                                             | 34,139                                               | 1,546,422                                      | 200,020                        | 27,601                                          | 86,427                         | 0                                      | 0                                        | 32,093                                        | 40,000                                  | 0                                               | 0                                         | 37,130                                         | 95                                                 | 29,624                                       |
| Balance<br>thru 6/30/2023      | 34,517                                  | 18,887                                            | 53,076                                               | 1,430,203                                      | 435,076                        | 224,211                                         | 179,548                        | 58,892                                 | 50,598                                   | 34,197                                        | 83,617.47                               | 0                                               | 681                                       | 176,476                                        | 3,184                                              | 51,854                                       |
| Receipts<br>thru 2/29/2024     | 15,559                                  | 2,005                                             | 20,042                                               | 1,138,675                                      | 185,126                        | 37,463                                          | 115,545                        | 5,319                                  | 2,321                                    | 6,851                                         | 8,873                                   | 0                                               | 0                                         | 50,665                                         | 0                                                  | 9,230                                        |
| Expenditures<br>thru 2/29/2024 | 13,464                                  | 1,797                                             | 2,054                                                | 1,133,955                                      | 149,471                        | 93,404                                          | 75,179                         | 0                                      | 0                                        | 40,585                                        | 10,497                                  | 0                                               | 0                                         | 1,743                                          | 0                                                  | 20,390                                       |
| Balance<br>thru 2/29/2024      | 36,612                                  | 19,096                                            | 71,064                                               | 1,434,923                                      | 470,732                        | 168,269                                         | 219,914                        | 64,211                                 | 52,920                                   | 463                                           | 81,993                                  | 0.00                                            | 681                                       | 225,398                                        | 3,184                                              | 40,694                                       |

|                           |          |          |          |             |           |           |           |          |          |          |          |         |           |           |          |           |
|---------------------------|----------|----------|----------|-------------|-----------|-----------|-----------|----------|----------|----------|----------|---------|-----------|-----------|----------|-----------|
| Spending<br>Authorization | \$20,000 | \$20,000 | \$60,000 | \$1,000,000 | \$400,000 | \$150,000 | \$225,000 | \$50,000 | \$10,000 | \$60,000 | \$40,000 | \$5,000 | \$100,000 | \$100,000 | \$50,000 | \$200,000 |
|---------------------------|----------|----------|----------|-------------|-----------|-----------|-----------|----------|----------|----------|----------|---------|-----------|-----------|----------|-----------|

|               |        |       |       |         |        |        |        |       |       |        |        |       |       |       |       |        |
|---------------|--------|-------|-------|---------|--------|--------|--------|-------|-------|--------|--------|-------|-------|-------|-------|--------|
| Y-T-D % Spent | 67.32% | 8.98% | 3.42% | 113.40% | 37.37% | 62.27% | 33.41% | 0.00% | 0.00% | 67.64% | 26.24% | 0.00% | 0.00% | 1.74% | 0.00% | 10.20% |
|---------------|--------|-------|-------|---------|--------|--------|--------|-------|-------|--------|--------|-------|-------|-------|-------|--------|

**Town of Andover  
Capital Projects  
2/29/2024**

|                                     | <u>FY18</u>      | <u>FY19</u>   | <u>FY20</u>   | <u>FY21</u>    | <u>FY22</u>    | <u>FY23</u>    | <u>FY24</u>    | <u>Total Available</u> |                  |
|-------------------------------------|------------------|---------------|---------------|----------------|----------------|----------------|----------------|------------------------|------------------|
| Budget                              | 1,495,643        | 1,040,000     | 1,011,600     | 1,150,000      | 1,185,000      | 1,271,500      | 1,338,000      |                        |                  |
| Expended                            | 1,495,643        | 1,040,000     | 1,003,634     | 1,090,886      | 1,104,627      | 860,104        | 321,951        |                        |                  |
| Encumbered                          | -                | -             | 3,966         | 10,071         | 9,493          | 91,320         | 113,355        |                        |                  |
| <b>Total School CIP</b>             | <b>Available</b> | <b>-</b>      | <b>-</b>      | <b>4,000</b>   | <b>49,044</b>  | <b>70,880</b>  | <b>320,077</b> | <b>902,693</b>         | <b>1,346,693</b> |
| Budget                              | 579,018          | 487,000       | 1,069,098     | 902,108        | 137,000        | 150,000        | 95,000         |                        |                  |
| Expended                            | 555,672          | 437,747       | 862,683       | 802,108        | 131,254        | 86,977         | -              |                        |                  |
| Encumbered                          | 9,300            | 3,517         | 19,260        | -              | 130            | 3,900          | 47,186         |                        |                  |
| <b>Total General Government CIP</b> | <b>Available</b> | <b>14,046</b> | <b>45,736</b> | <b>187,154</b> | <b>100,000</b> | <b>5,616</b>   | <b>59,123</b>  | <b>47,814</b>          | <b>459,489</b>   |
| Budget                              | 32,214           | -             | -             | -              | -              | -              | -              |                        |                  |
| Expended                            | 32,214           | -             | -             | -              | -              | -              | -              |                        |                  |
| Encumbered                          | -                | -             | -             | -              | -              | -              | -              |                        |                  |
| <b>Total Youth Services CIP</b>     | <b>Available</b> | <b>-</b>      | <b>-</b>      | <b>-</b>       | <b>-</b>       | <b>-</b>       | <b>-</b>       | <b>-</b>               | <b>-</b>         |
| Budget                              | -                | -             | 10,000        | 50,000         | -              | -              | -              |                        |                  |
| Expended                            | -                | -             | 10,000        | 15,000         | -              | -              | -              |                        |                  |
| Encumbered                          | -                | -             | -             | 3,840          | -              | -              | -              |                        |                  |
| <b>Total Library CIP</b>            | <b>Available</b> | <b>-</b>      | <b>-</b>      | <b>31,160</b>  | <b>-</b>       | <b>-</b>       | <b>-</b>       | <b>31,160</b>          |                  |
| Budget                              | 800,000          | 946,000       | 1,303,000     | 468,000        | 1,180,000      | 1,165,000      | 1,130,000      |                        |                  |
| Expended                            | 798,173          | 942,538       | 1,302,540     | 417,703        | 965,227        | 702,250        | 200,545        |                        |                  |
| Encumbered                          | -                | -             | 460           | 15,325         | 170,185        | 238,606        | 222,590        |                        |                  |
| <b>Total Facilities CIP</b>         | <b>Available</b> | <b>1,827</b>  | <b>3,462</b>  | <b>-</b>       | <b>34,972</b>  | <b>44,588</b>  | <b>224,144</b> | <b>706,866</b>         | <b>1,015,858</b> |
| Budget                              | 293,500          | 250,077       | 195,000.00    | 195,000.00     | 255,000        | -              | 40,000         |                        |                  |
| Expended                            | 293,500          | 250,077       | 195,000.00    | 195,000.00     | 251,271        | -              | -              |                        |                  |
| Encumbered                          | -                | -             | -             | -              | 3,659          | -              | -              |                        |                  |
| <b>Total Police CIP</b>             | <b>Available</b> | <b>-</b>      | <b>-</b>      | <b>-</b>       | <b>70</b>      | <b>-</b>       | <b>40,000</b>  | <b>40,070</b>          |                  |
| Budget                              | 63,500           | 214,000       | -             | 96,000         | 88,000         | -              | 185,000        |                        |                  |
| Expended                            | 61,353           | 205,282       | -             | 96,000         | 77,383         | -              | -              |                        |                  |
| Encumbered                          | -                | -             | -             | -              | -              | -              | -              |                        |                  |
| <b>Total Fire CIP</b>               | <b>Available</b> | <b>2,147</b>  | <b>8,718</b>  | <b>-</b>       | <b>-</b>       | <b>10,617</b>  | <b>-</b>       | <b>185,000</b>         | <b>206,482</b>   |
| Budget                              | 415,000          | 328,000       | 400,000       | -              | 165,000        | 170,000        | 102,000        |                        |                  |
| Expended                            | 366,924          | 328,000       | 399,119       | -              | 145,000        | 44,413         | -              |                        |                  |
| Encumbered                          | 1,944            | -             | 881           | -              | -              | 18,912         | -              |                        |                  |
| <b>Total DPW CIP</b>                | <b>Available</b> | <b>46,132</b> | <b>-</b>      | <b>-</b>       | <b>20,000</b>  | <b>106,676</b> | <b>102,000</b> | <b>274,808</b>         |                  |
| Budget                              | 2,183,232        | 2,225,077     | 2,977,098     | 1,711,108      | 1,825,000      | 1,485,000      | 1,552,000      |                        |                  |
| Expended                            | 2,107,836        | 2,163,645     | 2,769,342     | 1,525,811      | 1,570,136      | 833,640        | 200,545        |                        |                  |
| Encumbered                          | 11,244           | 3,517         | 20,602        | 19,165         | 173,973        | 261,418        | 269,776        |                        |                  |
| <b>Total Town CIP</b>               | <b>Available</b> | <b>64,152</b> | <b>57,916</b> | <b>187,154</b> | <b>166,132</b> | <b>80,891</b>  | <b>389,942</b> | <b>1,081,680</b>       | <b>2,027,867</b> |
| Budget                              | 3,678,875        | 3,265,077     | 3,988,698     | 2,861,108      | 3,010,000      | 2,756,500      | 2,890,000      |                        |                  |
| Expended                            | 3,603,479        | 3,203,645     | 3,772,976     | 2,616,696      | 2,674,763      | 1,693,744      | 522,496        |                        |                  |
| Encumbered                          | 11,244           | 3,517         | 24,568        | 29,236         | 183,466        | 352,738        | 383,131        |                        |                  |
| <b>Grand Total</b>                  | <b>Available</b> | <b>64,152</b> | <b>57,916</b> | <b>191,154</b> | <b>215,176</b> | <b>151,771</b> | <b>710,019</b> | <b>1,984,373</b>       | <b>3,374,560</b> |



**TOWN OF ANDOVER** *Finance & Budget*

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

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Andover, MA 01810  
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[hayley.green@andoverma.us](mailto:hayley.green@andoverma.us)  
[www.andoverma.gov](http://www.andoverma.gov)

Andrew P. Flanagan  
Town Manager

Michael Lindstrom  
Deputy Town Manager

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

From: Hayley Green, Town Accountant/Assistant Finance Director

CC: Andrew Flanagan, Michael Lindstrom, Austin Simko, Patrick Lawlor, Magda Parvey,  
Keith Taverna, Martha Sybert, Tara Bicknell, Town Website

Date: April 10, 2024

Re: ***FY 2024 Financials***

The attached reports summarize the Town's financial position through January 31, 2024.  
Included are the following:

- Executive Summary
- Budgeted versus Actual Revenues – General Fund and Enterprise Funds
- Revenue Comparison Graphs
- Personal Services and Other Expenditures by Department
- Reserve Account and Compensation Fund Analysis
- Chapter 44 § 53 E ½ Revolving Funds
- Capital Projects status – FY18 – FY24

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

# Executive Summary | FY 2024

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The attached reports of the Town Accountant summarize FY 2024 revenues and expenditures for the General Fund, Enterprise Funds, Reserve Fund, Revolving Funds and Capital Projects through January 31, 2024.

## **General Fund**

The total general fund receipts of all sources collected through January 31, 2024 are in greater than annual projections through the first seven months of the year. FY2024 local receipts are \$1,523,062 greater than FY 2023 collections through the same period of time. This is primarily due to the increase in investment income as interest rates have risen in the past year. Off-set receipts collections are \$16,944 less than FY23 collections through the same period of time last fiscal year.

General fund personal services and other expenses are in line with FY 2024 projections through January 2024. Insurance premiums and the required appropriation for pension were paid in July and OPEB was transferred in November. Encumbrances are adjusted throughout the year.

## **Water Enterprise Fund**

The total water enterprise fund collections are in line with annual projections through January 2024. The user charges receipts are \$230,181 less than FY23 through the same period, due to the timing of a North Reading payment recorded in FY23. Water personal services and other expenses are in line with FY 2024 projections through January 2024.

## **Sewer Enterprise Fund**

The total sewer enterprise fund collections are in line with projections through January 2024 and user charges receipts are \$515,692 more than prior year receipts through the same period. Sewer personal services are lower than FY 2024 projections through January 2024. Sewer other expenses are in line with projections through this period.

**Reserve Fund**

Town Meeting approved a reserve fund balance of \$200,000. This money has not been spent through January 2024. It is expected that \$100,000 will be transferred from the Reserve Fund to the Town Clerk's office for Special Town Meeting expenses.

**Revolving Accounts**

Town Meeting voted to approve 16 revolving funds with a total spending limit of \$2,490,000.

**Capital Projects**

These projects are part of the Town's capital improvement plan voted at Town Meeting from taxation. There is a balance of \$3,476,715 available for the most recent seven years of approved projects.

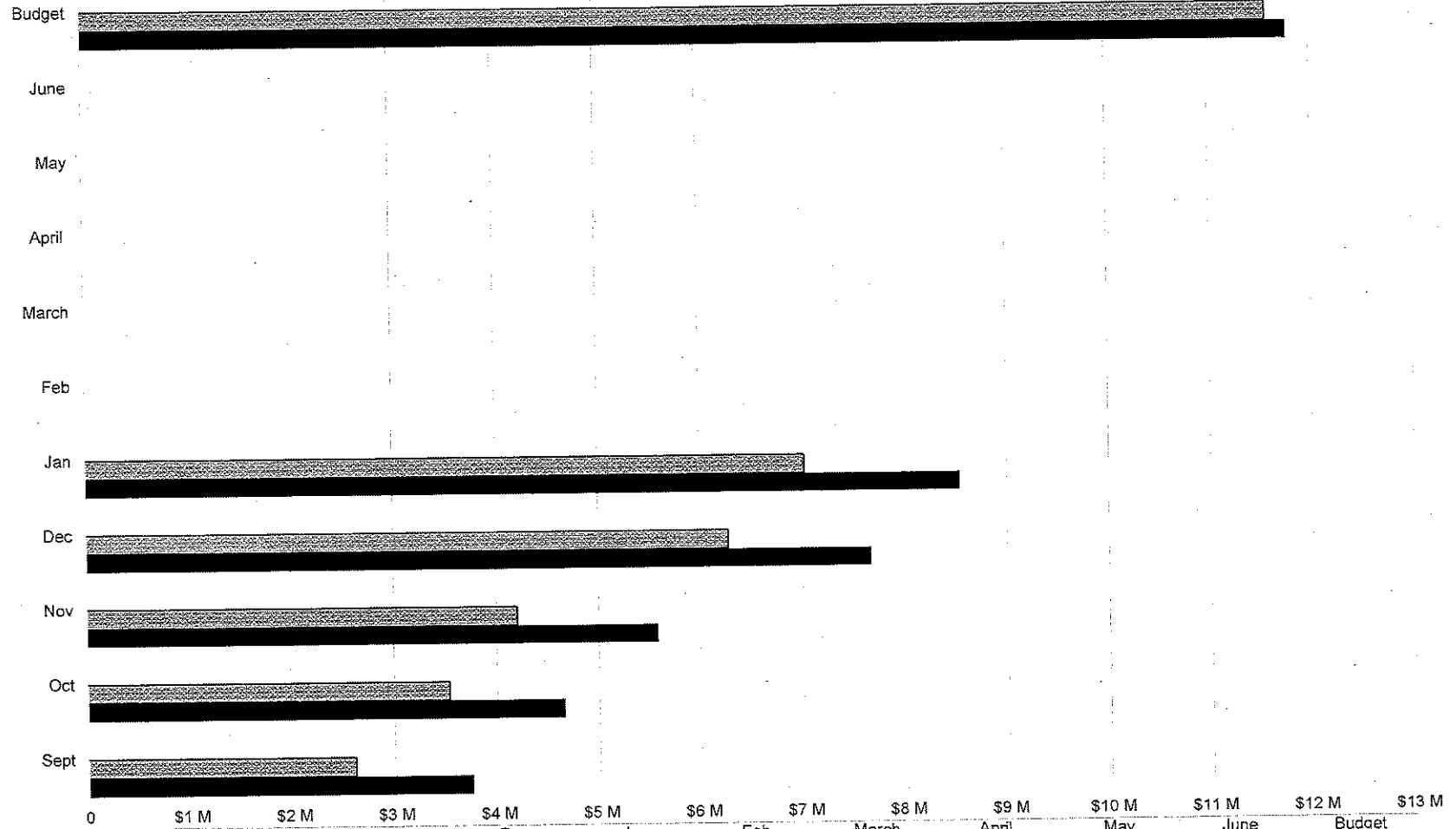
**Town of Andover**  
**FY 2024 General Fund Year-To-Date Revenue Report**  
**Budgeted vs. Actuals 1/31/2024 and 1/31/2023**

|                                               | <b>FY 24 Budgeted</b> | <b>FY 24 YTD</b>   | <b>%</b>         | <b>FY 23 Budgeted</b> | <b>FY 23 YTD</b>   | <b>%</b>         | <b>Change in</b>  | <b>Change in</b>    |
|-----------------------------------------------|-----------------------|--------------------|------------------|-----------------------|--------------------|------------------|-------------------|---------------------|
| <b>Local Receipts</b>                         | <b>Receipts</b>       | <b>Revenues</b>    | <b>Collected</b> | <b>Receipts</b>       | <b>Revenues</b>    | <b>Collected</b> | <b>Budgets</b>    | <b>YTD Receipts</b> |
| Motor Vehicle Excise                          | 5,708,009             | 794,216            | 13.9%            | 5,651,834             | 712,234            | 12.6%            | 56,175            | 81,982              |
| Hotel/Motel/Meals                             | 1,841,700             | 1,958,012          | 106.3%           | 1,799,000             | 1,613,810          | 89.7%            | 42,700            | 344,202             |
| Penalties and Interest on Taxes and Excises   | 405,000               | 323,169            | 79.8%            | 480,000               | 217,973            | 45.4%            | (75,000)          | 105,196             |
| Fees                                          | 38,000                | 40,635             | 106.9%           | 61,000                | 30,753             | 50.4%            | (23,000)          | 9,882               |
| Payments in Lieu of Taxes                     | 467,463               | -                  | 0.0%             | 451,731               | 2,016              | 0.4%             | 15,732            | (2,016)             |
| Other Departmental Revenues                   | 234,586               | 71,902             | 30.7%            | 213,000               | 264,777            | 124.3%           | 21,586            | (192,875)           |
| Other Departmental Revenues - School Medicare | 275,000               | 151,525            | 55.1%            | 200,000               | 230,552            | 115.3%           | 75,000            | (79,027)            |
| Non-Recurring Revenues                        | -                     | 6,300              | 0.0%             | 5,000                 | 61,100             | 1222.0%          | (5,000)           | (54,800)            |
| Licenses and Permits                          | 2,401,315             | 1,705,532          | 71.0%            | 2,377,540             | 1,992,269          | 83.8%            | 23,775            | (286,737)           |
| Fines & Forfeits                              | 132,500               | 102,680            | 77.5%            | 132,500               | 89,311             | 67.4%            | -                 | 13,369              |
| Investment Income                             | 275,794               | 3,391,509          | 1229.7%          | 204,000               | 1,808,216          | 886.4%           | 71,794            | 1,583,293           |
| Special Assessments                           | -                     | 636                | N/A              | -                     | 43                 | N/A              | -                 | 593                 |
| <b>Total Estimated Receipts</b>               | <b>11,779,367</b>     | <b>8,546,116</b>   | <b>72.6%</b>     | <b>11,575,605</b>     | <b>7,023,054</b>   | <b>60.7%</b>     | <b>203,762</b>    | <b>1,523,062</b>    |
|                                               |                       |                    |                  |                       |                    |                  |                   |                     |
| <b>Off-Set Receipts</b>                       | <b>FY 24 Budgeted</b> | <b>FY 24 YTD</b>   | <b>%</b>         | <b>FY 23 Budgeted</b> | <b>FY 23 YTD</b>   | <b>%</b>         | <b>Change in</b>  | <b>Change in</b>    |
|                                               | <b>Receipts</b>       | <b>Revenues</b>    | <b>Collected</b> | <b>Receipts</b>       | <b>Revenues</b>    | <b>Collected</b> | <b>Budgets</b>    | <b>YTD Receipts</b> |
| Recreation                                    | 556,531               | 73,304             | 13.2%            | 531,531               | 174,006            | 32.7%            | 25,000            | (100,703)           |
| Elder Services                                | 106,000               | 72,074             | 68.0%            | 106,000               | 68,540             | 64.7%            | -                 | 3,533               |
| Public Facilities - Rental Receipts           | 60,000                | 69,909             | 116.5%           | 40,000                | 54,002             | 135.0%           | 20,000            | 15,906              |
| Cemetery - Interment Fees                     | 60,000                | 36,788             | 61.3%            | 60,000                | 37,086             | 61.8%            | -                 | (298)               |
| Public Safety - Police Detail Fees            | 70,000                | 36,778             | 52.5%            | 60,000                | 47,528             | 79.2%            | 10,000            | (10,750)            |
| Public Safety / Fire - Ambulance Receipts     | 1,750,000             | 1,022,802          | 58.4%            | 1,300,000             | 947,435            | 72.9%            | 450,000           | 75,367              |
| <b>Total Off-Set Receipts</b>                 | <b>2,602,531</b>      | <b>1,311,653</b>   | <b>50.4%</b>     | <b>2,097,531</b>      | <b>1,328,597</b>   | <b>63.3%</b>     | <b>505,000</b>    | <b>(16,944)</b>     |
|                                               |                       |                    |                  |                       |                    |                  |                   |                     |
| <b>Other Revenues</b>                         | <b>FY 24 Budgeted</b> | <b>FY 24 YTD</b>   | <b>%</b>         | <b>FY 23 Budgeted</b> | <b>FY 23 YTD</b>   | <b>%</b>         | <b>Change in</b>  | <b>Change in</b>    |
|                                               | <b>Receipts</b>       | <b>Revenues</b>    | <b>Collected</b> | <b>Receipts</b>       | <b>Revenues</b>    | <b>Collected</b> | <b>Budgets</b>    | <b>YTD Receipts</b> |
| Property Taxes (inc. Tax Titles)              | 183,970,396           | 128,556,638        | 69.9%            | 174,778,254           | 124,076,773        | 71.0%            | 9,192,142         | 4,479,864           |
| State Aid                                     | 16,716,855            | 8,388,910          | 50.2%            | 14,794,019            | 8,568,960          | 57.9%            | 1,922,836         | (180,050)           |
| <b>Total Other Revenues</b>                   | <b>200,687,251</b>    | <b>136,945,548</b> | <b>68.2%</b>     | <b>189,572,273</b>    | <b>132,645,733</b> | <b>70.0%</b>     | <b>11,114,978</b> | <b>4,299,815</b>    |
| <b>Total Revenues</b>                         | <b>215,069,149</b>    | <b>146,803,316</b> | <b>68.3%</b>     | <b>203,245,409</b>    | <b>140,997,384</b> | <b>69.4%</b>     | <b>11,823,740</b> | <b>5,805,932</b>    |

**Town of Andover**  
**FY 2024 Enterprise Funds Year-To-Date Revenue Report**  
**Budgeted vs. Actuals 1/31/2024 and 1/31/2023**

|                                  | <b>FY 24 Budgeted</b> | <b>FY 24 YTD</b>  | <b>%</b>         | <b>FY 23 Budgeted</b> | <b>FY 23 YTD</b>  | <b>%</b>         | <b>Change in</b> | <b>Change in</b>    |
|----------------------------------|-----------------------|-------------------|------------------|-----------------------|-------------------|------------------|------------------|---------------------|
| <b>Water Fund</b>                | <b>Receipts</b>       | <b>Revenues</b>   | <b>Collected</b> | <b>Receipts</b>       | <b>Revenues</b>   | <b>Collected</b> | <b>Budgets</b>   | <b>YTD Receipts</b> |
| User Charges                     | 12,777,571            | 7,254,165         | 56.8%            | 10,445,844            | 7,484,347         | 71.6%            | 2,331,727        | (230,181)           |
| Water Connection                 | 5,000                 | 7,548             | 151.0%           | 7,500                 | 3,774             | 50.3%            | (2,500)          | 3,774               |
| Water Testing Fees               | 5,000                 | 20,440            | 408.8%           | 12,000                | 5,075             | 42.3%            | (7,000)          | 15,365              |
| Meter Installations              | 10,000                | 3,750             | 37.5%            | 10,000                | 5,275             | 52.8%            | -                | (1,525)             |
| Fire Flow Test                   | 5,000                 | 3,500             | 70.0%            | 5,000                 | 7,000             | 140.0%           | -                | (3,500)             |
| Special/Final Reads              | 15,000                | 9,574             | 63.8%            | 25,000                | 11,386            | 45.5%            | (10,000)         | (1,812)             |
| Backflow/Cross Connection Fees   | 80,000                | 49,475            | 61.8%            | 87,500                | 37,440            | 42.8%            | (7,500)          | 12,035              |
| Water Tap                        | -                     | 650               | N/A              | -                     | 1,075             | N/A              | -                | (425)               |
| Liens                            | 70,000                | 37,970            | 54.2%            | 85,000                | 32,996            | 38.8%            | (15,000)         | 4,975               |
| Fire Suppression                 | 250,000               | 129,275           | 51.7%            | 280,000               | 127,313           | 45.5%            | (30,000)         | 1,962               |
| Interest /Misc Revenue           | -                     | 3,248             | N/A              | 2,500                 | 1,614             | 64.6%            | (2,500)          | 1,634               |
| Non-Revenue Interest             | 26,445                | 4,726             | 17.9%            | 7,500                 | 17,421            | 232.3%           | 18,945           | (12,696)            |
| <b>Total Water Receipts</b>      | <b>13,244,016</b>     | <b>7,524,320</b>  | <b>56.8%</b>     | <b>10,967,844</b>     | <b>7,734,715</b>  | <b>70.5%</b>     | <b>2,276,172</b> | <b>(210,395)</b>    |
|                                  |                       |                   |                  |                       |                   |                  |                  |                     |
| <b>Sewer Fund</b>                | <b>FY 24 Budgeted</b> | <b>FY 24 YTD</b>  | <b>%</b>         | <b>FY 23 Budgeted</b> | <b>FY 23 YTD</b>  | <b>%</b>         | <b>Change in</b> | <b>Change in</b>    |
|                                  | <b>Receipts</b>       | <b>Revenues</b>   | <b>Collected</b> | <b>Receipts</b>       | <b>Revenues</b>   | <b>Collected</b> | <b>Budgets</b>   | <b>YTD Receipts</b> |
| User Charges                     | 5,354,484             | 3,362,851         | 62.8%            | 5,173,301             | 2,847,159         | 55.0%            | 181,183          | 515,692             |
| Committed Interest/Income        | 130,000               | 50,483            | 38.8%            | 110,000               | 60,927            | 55.4%            | 20,000           | (10,444)            |
| Liens                            | 50,000                | 22,284            | 44.6%            | 55,000                | 14,912            | 27.1%            | (5,000)          | 7,371               |
| Apport Assmnts                   | 400,000               | 197,572           | 49.4%            | 340,000               | 214,125           | 63.0%            | 60,000           | (16,553)            |
| Deferred Property Tax            | -                     | 13,426            | N/A              | -                     | 10,800            | N/A              | -                | 2,626               |
| Interest /Misc Revenue           | -                     | 8,354             | N/A              | 3,500                 | 646               | 18.4%            | (3,500)          | 7,709               |
| Non-Revenue Interest             | 25,000                | 31,034.61         | 124.1%           | 6,500                 | 16,599            | 255.4%           | 18,500           | 14,436              |
| <b>Total Sewer Receipts</b>      | <b>5,959,484</b>      | <b>3,686,004</b>  | <b>61.9%</b>     | <b>5,688,301</b>      | <b>3,165,167</b>  | <b>55.6%</b>     | <b>271,183</b>   | <b>520,837</b>      |
|                                  |                       |                   |                  |                       |                   |                  |                  |                     |
| <b>Total Enterprise Revenues</b> | <b>19,203,500</b>     | <b>11,210,325</b> | <b>58.4%</b>     | <b>16,656,145</b>     | <b>10,899,883</b> | <b>65.44%</b>    | <b>2,547,355</b> | <b>310,442</b>      |

## Town of Andover Local Receipts FY 2024 and FY 2023

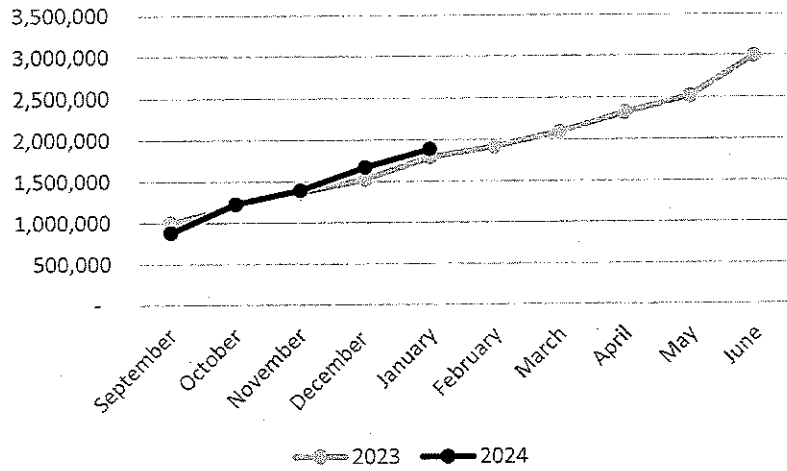


|                       | 0           | \$1 M       | \$2 M       | \$3 M       | \$4 M       | \$5 M | \$6 M | \$7 M | \$8 M | \$9 M | \$10 M       | \$11 M | \$12 M | \$13 M |
|-----------------------|-------------|-------------|-------------|-------------|-------------|-------|-------|-------|-------|-------|--------------|--------|--------|--------|
|                       | Sept        | Oct         | Nov         | Dec         | Jan         | Feb   | March | April | May   | June  | Budget       |        |        |        |
| ■ FY 2023 % of Budget | 22.6%       | 30.5%       | 36.3%       | 54.2%       | 60.7%       | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 100.0%       |        |        |        |
| ■ FY 2024 % of Budget | 31.9%       | 39.6%       | 47.4%       | 65.1%       | 72.6%       | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 0.0%  | 100.0%       |        |        |        |
| ■ FY 2023 Receipts    | \$2,618,268 | \$3,535,004 | \$4,202,086 | \$6,277,272 | \$7,023,054 | \$0   | \$0   | \$0   | \$0   | \$0   | \$11,575,605 |        |        |        |
| ■ FY 2024 Receipts    | \$3,752,141 | \$4,659,961 | \$5,577,813 | \$7,669,262 | \$8,546,116 | \$0   | \$0   | \$0   | \$0   | \$0   | \$11,779,367 |        |        |        |

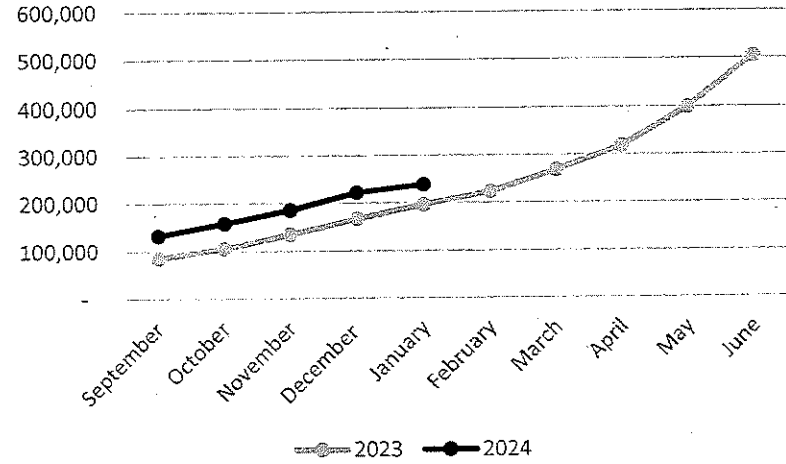
**Town of Andover**  
**FY 2024 Year-To-Date Budget Report**  
**Personal Services and Other Expenditures thru 1/31/2024**

|                                                   | Original<br>Appropriation | Transfers/<br>Adjustments | Revised<br>Budget  | YTD<br>Expended    | Encumbrances      | Available<br>Balance | % Expended<br>& Encumbered | %<br>Expended |
|---------------------------------------------------|---------------------------|---------------------------|--------------------|--------------------|-------------------|----------------------|----------------------------|---------------|
| <b>Personal Services</b>                          |                           |                           |                    |                    |                   |                      |                            |               |
| General Government                                | 7,771,063                 | -                         | 7,771,063          | 4,321,744          | -                 | 3,449,319            | 55.6%                      | 55.6%         |
| Community Services                                | 1,956,387                 | -                         | 1,956,387          | 1,029,142          | -                 | 927,245              | 52.6%                      | 52.6%         |
| Public Facilities                                 | 2,732,130                 | -                         | 2,732,130          | 1,514,038          | -                 | 1,218,092            | 55.4%                      | 55.4%         |
| Public Safety - Fire                              | 9,255,441                 | -                         | 9,255,441          | 5,361,404          | -                 | 3,894,037            | 57.9%                      | 57.9%         |
| Public Safety - Police                            | 8,579,059                 | -                         | 8,579,059          | 4,779,444          | -                 | 3,799,615            | 55.7%                      | 55.7%         |
| Public Works                                      | 3,930,369                 | -                         | 3,930,369          | 2,282,248          | -                 | 1,648,121            | 58.1%                      | 58.1%         |
| Library                                           | 2,383,930                 | -                         | 2,383,930          | 1,286,989          | -                 | 1,096,941            | 54.0%                      | 54.0%         |
| School                                            | 79,732,097                | -                         | 79,732,097         | 37,265,391         | 40,617,217        | 1,849,489            | 97.7%                      | 46.7%         |
| <b>Total Personal Services - General Fund</b>     | <b>116,340,476</b>        | <b>-</b>                  | <b>116,340,476</b> | <b>57,840,400</b>  | <b>40,617,217</b> | <b>17,882,859</b>    | <b>84.6%</b>               | <b>49.7%</b>  |
| Water Enterprise                                  | 2,395,322                 | -                         | 2,395,322          | 1,319,308          | -                 | 1,076,014            | 55.1%                      | 55.1%         |
| Sewer Enterprise                                  | 378,940                   | -                         | 378,940            | 178,603            | -                 | 200,337              | 47.1%                      | 47.1%         |
| <b>Total Personal Services - Enterprise Funds</b> | <b>2,774,262</b>          | <b>-</b>                  | <b>2,774,262</b>   | <b>1,497,911</b>   | <b>-</b>          | <b>1,276,351</b>     | <b>54.0%</b>               | <b>54.0%</b>  |
| <b>Other Expenses</b>                             |                           |                           |                    |                    |                   |                      |                            |               |
| General Government                                | 2,911,145                 | 348,766                   | 3,259,911          | 1,888,556          | 429,529           | 941,826              | 71.1%                      | 57.9%         |
| Community Services                                | 617,115                   | 113,146                   | 730,261            | 238,453            | 156,888           | 334,920              | 54.1%                      | 32.7%         |
| Public Facilities                                 | 1,446,400                 | 112,124                   | 1,558,524          | 714,419            | 411,862           | 432,242              | 72.3%                      | 45.8%         |
| Public Safety - Fire                              | 749,465                   | 46,696                    | 796,161            | 464,703            | 166,387           | 165,071              | 79.3%                      | 58.4%         |
| Public Safety - Police                            | 1,047,300                 | 55,998                    | 1,103,298          | 617,379            | 217,666           | 268,253              | 75.7%                      | 56.0%         |
| Public Works                                      | 6,445,997                 | 619,297                   | 7,065,294          | 3,810,968          | 2,435,465         | 818,861              | 88.4%                      | 53.9%         |
| Library                                           | 674,179                   | 2,207                     | 676,386            | 425,570            | 179,644           | 71,172               | 89.5%                      | 62.9%         |
| School                                            | 19,868,827                | 1,927,127                 | 21,795,954         | 10,580,082         | 10,160,966        | 1,054,905            | 95.2%                      | 48.5%         |
| Technical Schools                                 | 1,312,220                 | -                         | 1,312,220          | 626,884            | 626,883           | 58,453               | 95.5%                      | 47.8%         |
| Debt Service                                      | 25,503,634                | -                         | 25,503,634         | 19,032,993         | -                 | 6,470,641            | 74.6%                      | 74.6%         |
| Insurance                                         | 1,280,400                 | -                         | 1,280,400          | 1,215,257          | 15,988            | 49,155               | 96.2%                      | 94.9%         |
| Health Insurance                                  | 23,835,094                | -                         | 23,835,094         | 7,830,497          | -                 | 16,004,597           | 32.9%                      | 32.9%         |
| Unemployment                                      | 168,100                   | 29,031                    | 197,131            | 99,030             | 25,326            | 72,775               | 63.1%                      | 50.2%         |
| Retirement                                        | 7,124,644                 | -                         | 7,124,644          | 7,124,844          | -                 | (200)                | 100.0%                     | 100.0%        |
| Reserve Fund                                      | 200,000                   | -                         | 200,000            | -                  | -                 | 200,000              | 0.0%                       | 0.0%          |
| OPEB Appropriation                                | 1,812,834                 | -                         | 1,812,834          | 1,812,834          | -                 | -                    | 100.0%                     | 100.0%        |
| <b>Total Other Expenses - General Fund</b>        | <b>94,997,354</b>         | <b>3,254,393</b>          | <b>98,251,747</b>  | <b>56,482,470</b>  | <b>14,826,605</b> | <b>26,942,672</b>    | <b>72.6%</b>               | <b>57.5%</b>  |
| Water Enterprise                                  | 8,759,225                 | 1,024,434                 | 9,783,659          | 5,424,105          | 1,932,954         | 2,426,600            | 75.2%                      | 55.4%         |
| Sewer Enterprise                                  | 4,819,026                 | 871,202                   | 5,690,228          | 3,604,322          | 1,641,316         | 444,590              | 92.2%                      | 63.3%         |
| <b>Total Other Expenses - Enterprise Funds</b>    | <b>13,578,251</b>         | <b>1,895,636</b>          | <b>15,473,887</b>  | <b>9,028,427</b>   | <b>3,574,271</b>  | <b>2,871,190</b>     | <b>81.4%</b>               | <b>58.3%</b>  |
| <b>Total - General Fund</b>                       | <b>211,337,830</b>        | <b>3,254,393</b>          | <b>214,592,223</b> | <b>114,322,870</b> | <b>55,443,822</b> | <b>44,825,531</b>    | <b>79.1%</b>               | <b>53.3%</b>  |
| <b>Total - Enterprise Funds</b>                   | <b>16,352,513</b>         | <b>1,895,636</b>          | <b>18,248,149</b>  | <b>10,526,338</b>  | <b>3,574,271</b>  | <b>4,147,541</b>     | <b>77.3%</b>               | <b>57.7%</b>  |

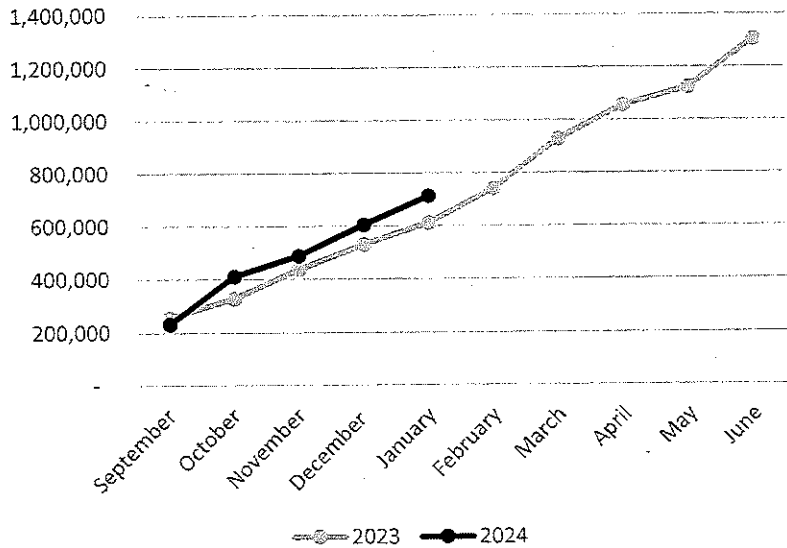
### General Government Expenses



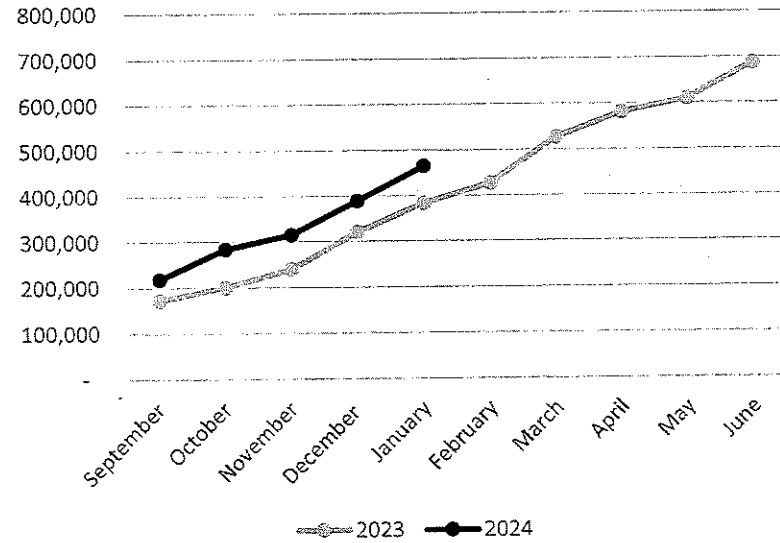
### Community Services Expenses



### Public Facilities Expenses

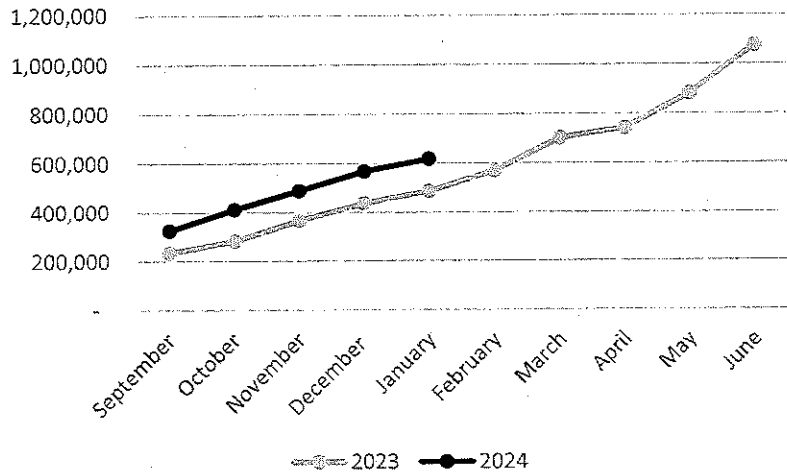


### Fire Expenses

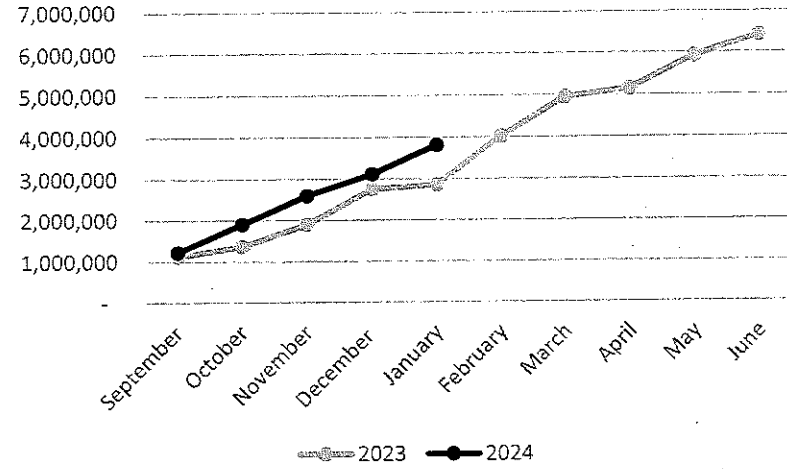


\*Expenses vary from year to year due to timing and departmental needs, but can still be on budget.

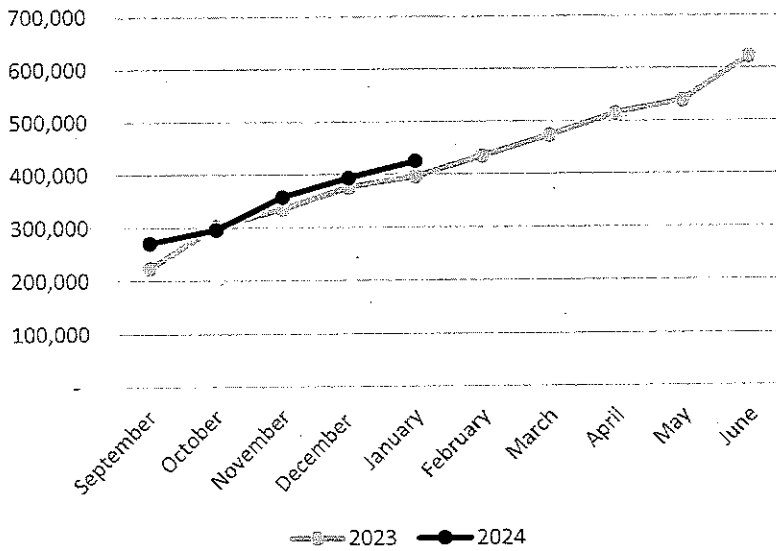
### Police Expenses



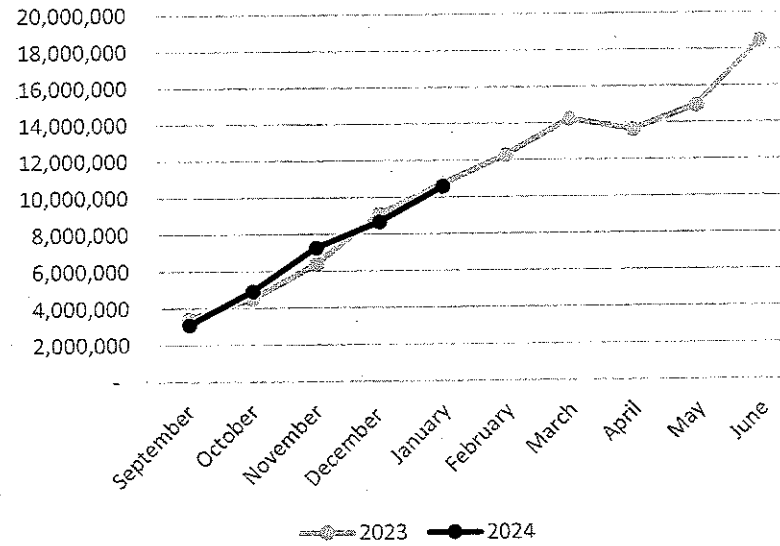
### Public Works Expenses



### Library Expenses

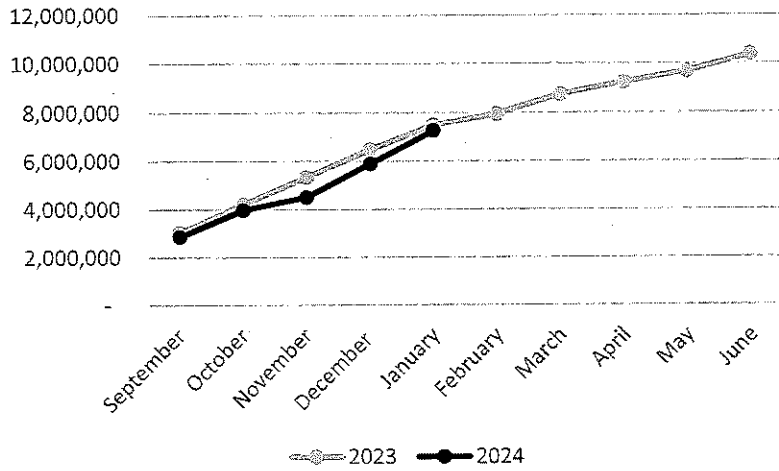


### School Expenses

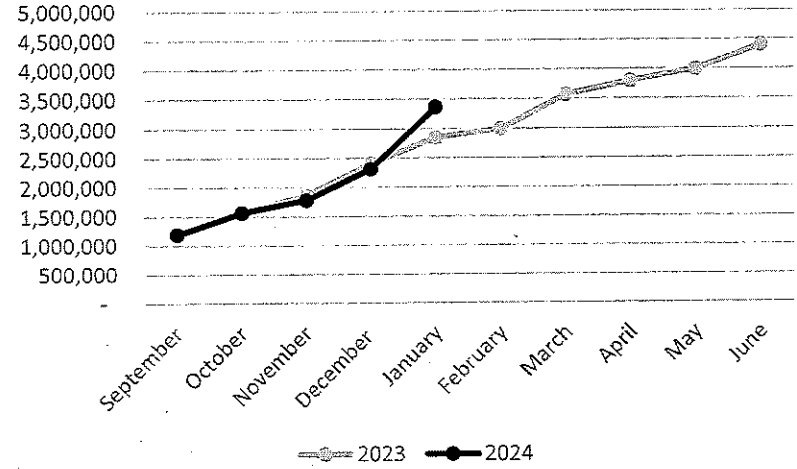


\*Expenses vary from year to year due to timing and departmental needs, but can still be on budget.

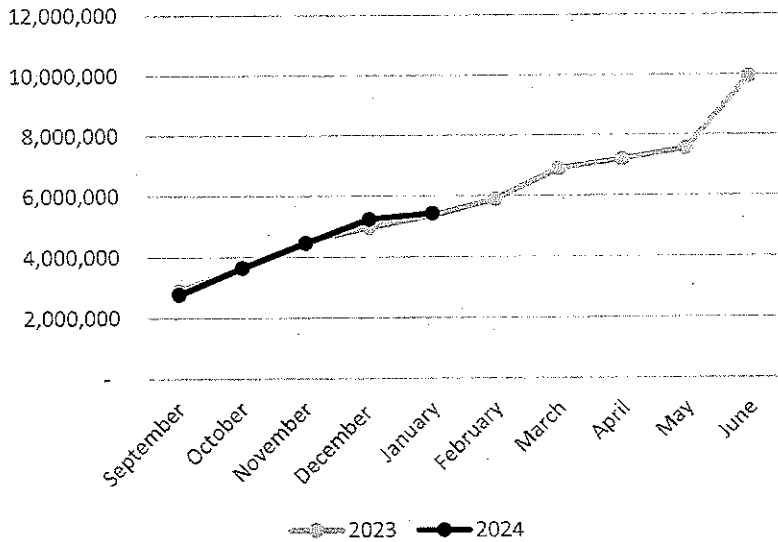
### Water User Charges



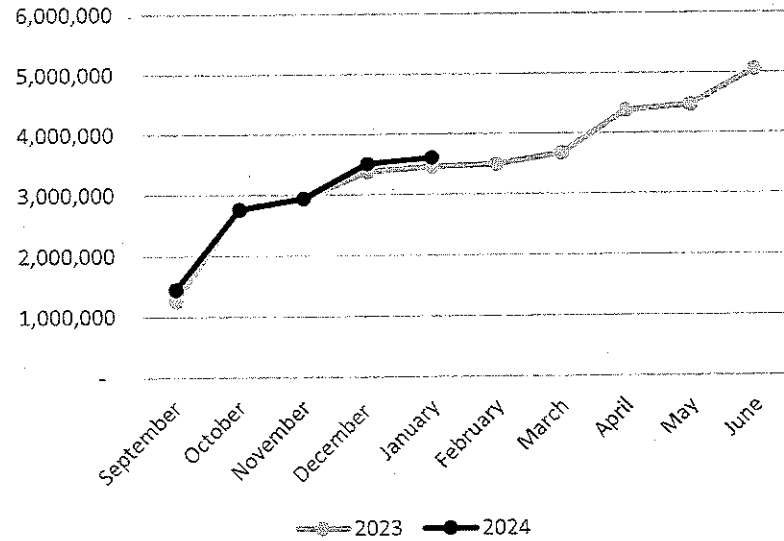
### Sewer User Charges



### Water Other Expenses



### Sewer Other Expenses



\*Expenses vary from year to year due to timing and departmental needs, but can still be on budget.



**Town of Andover**  
**FY 2024 Revolving Accounts**  
**(M.G.L. CH. 44, § 53 E1/2)**  
**As of 1/31/24**

|                                | CD & P<br>Legal<br>Notices | Library<br>Lost/Damaged<br>Materials | CD & P<br>Health<br>Services<br>Clinics | Recreation<br>Special<br>Services | Youth<br>Services | Facilities<br>Field<br>Maintenance | Elder<br>Services | Police<br>Antenna<br>Uses | School<br>Photocopy<br>Fees | Facilities<br>Compost<br>Program | DPW<br>Solid Waste<br>Fees | CD & P<br>Stormwater<br>Management | Fire<br>Emergency<br>Billing | Health<br>Services<br>Inspections | School<br>Professional<br>Development | Student<br>Technology<br>Rental |
|--------------------------------|----------------------------|--------------------------------------|-----------------------------------------|-----------------------------------|-------------------|------------------------------------|-------------------|---------------------------|-----------------------------|----------------------------------|----------------------------|------------------------------------|------------------------------|-----------------------------------|---------------------------------------|---------------------------------|
|                                | Acct 5550                  | Acct 5631                            | Acct 5557                               | Acct 5552                         | Acct 5553         | Acct 5622                          | Acct 5554         | Acct 5653                 | Acct 4510                   | Acct 5666                        | Acct 5667                  | Acct 5668                          | Acct 5669                    | Acct 5670                         | Acct 4500                             | Acct 4260                       |
| Balance<br>thru 6/30/2022      | 24,288                     | 18,086                               | 13,920                                  | 1,041,163                         | 341,339           | 155,602                            | 141,987           | 53,645                    | 41,855                      | 36,334                           | 89,403                     | 0                                  | 681                          | 150,066                           | 3,279                                 | 46,503                          |
| Receipts<br>thru 6/30/2023     | 30,230                     | 3,965                                | 73,295                                  | 1,935,462                         | 293,757           | 96,210                             | 123,989           | 5,247                     | 8,743                       | 29,956                           | 34,215                     | 0                                  | 0                            | 63,540                            | 0                                     | 34,975                          |
| Expenditures<br>thru 6/30/2023 | 20,000                     | 3,163                                | 34,139                                  | 1,546,422                         | 200,020           | 27,601                             | 86,427            | 0                         | 0                           | 32,093                           | 40,000                     | 0                                  | 0                            | 37,130                            | 95                                    | 29,624                          |
| Balance<br>thru 6/30/2023      | 34,517                     | 18,887                               | 53,076                                  | 1,430,203                         | 435,076           | 224,211                            | 179,548           | 58,892                    | 50,598                      | 34,197                           | 83,617.47                  | 0                                  | 681                          | 176,476                           | 3,184                                 | 51,854                          |
| Receipts<br>thru 1/31/2024     | 13,199                     | 1,935                                | 16,940                                  | 732,606                           | 150,972           | 37,463                             | 92,553            | 5,319                     | 2,100                       | 6,170                            | 8,733                      | 0                                  | 0                            | 49,745                            | 0                                     | 9,230                           |
| Expenditures<br>thru 1/31/2024 | 12,005                     | 1,797                                | 1,654                                   | 1,041,313                         | 131,547           | 91,792                             | 64,148            | 0                         | 0                           | 38,841                           | 10,497                     | 0                                  | 0                            | 1,743                             | 0                                     | 20,390                          |
| Balance<br>thru 1/31/2024      | 35,711                     | 19,026                               | 68,362                                  | 1,121,496                         | 454,501           | 169,881                            | 207,952           | 64,211                    | 52,698                      | 1,525                            | 81,853                     | 0.00                               | 681                          | 224,478                           | 3,184                                 | 40,694                          |

|                           |          |          |          |             |           |           |           |          |          |          |          |         |           |           |          |           |
|---------------------------|----------|----------|----------|-------------|-----------|-----------|-----------|----------|----------|----------|----------|---------|-----------|-----------|----------|-----------|
| Spending<br>Authorization | \$20,000 | \$20,000 | \$60,000 | \$1,000,000 | \$400,000 | \$150,000 | \$225,000 | \$50,000 | \$10,000 | \$60,000 | \$40,000 | \$5,000 | \$100,000 | \$100,000 | \$50,000 | \$200,000 |
|---------------------------|----------|----------|----------|-------------|-----------|-----------|-----------|----------|----------|----------|----------|---------|-----------|-----------|----------|-----------|

|               |        |       |       |         |        |        |        |       |       |        |        |       |       |       |       |        |
|---------------|--------|-------|-------|---------|--------|--------|--------|-------|-------|--------|--------|-------|-------|-------|-------|--------|
| Y-T-D % Spent | 60.02% | 8.98% | 2.76% | 104.13% | 32.89% | 61.19% | 28.51% | 0.00% | 0.00% | 64.74% | 26.24% | 0.00% | 0.00% | 1.74% | 0.00% | 10.20% |
|---------------|--------|-------|-------|---------|--------|--------|--------|-------|-------|--------|--------|-------|-------|-------|-------|--------|

**Town of Andover  
Capital Projects  
1/31/2024**

|                                     | <b>FY18</b> | <b>FY19</b> | <b>FY20</b> | <b>FY21</b> | <b>FY22</b> | <b>FY23</b> | <b>FY24</b> | <b>Total Available</b> |
|-------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|------------------------|
| Budget                              | 1,495,643   | 1,040,000   | 1,011,600   | 1,150,000   | 1,185,000   | 1,271,500   | 1,338,000   |                        |
| Expended                            | 1,495,643   | 1,040,000   | 1,003,634   | 1,090,886   | 1,104,627   | 857,925     | 248,341     |                        |
| Encumbered                          | -           | -           | 7,966       | 5,416       | 31,102      | 84,455      | 149,028     |                        |
| <b>Total School CIP</b>             |             |             |             | 53,699      | 49,270      | 329,120     | 940,630     | 1,372,719              |
| Budget                              | 579,018     | 487,000     | 1,044,098   | 902,108     | 137,000     | 150,000     | 95,000      |                        |
| Expended                            | 555,672     | 437,747     | 851,794     | 802,108     | 131,254     | 86,677      | -           |                        |
| Encumbered                          | 9,300       | 3,517       | 23,568      | -           | 130         | 4,200       | 9,350       |                        |
| <b>Total General Government CIP</b> | 14,046      | 45,736      | 168,735     | 100,000     | 5,616       | 59,123      | 85,650      | 478,906                |
| Budget                              | 32,214      | -           | -           | -           | -           | -           | -           | -                      |
| Expended                            | 32,214      | -           | -           | -           | -           | -           | -           | -                      |
| Encumbered                          | -           | -           | -           | -           | -           | -           | -           | -                      |
| <b>Total Youth Services CIP</b>     | -           | -           | -           | -           | -           | -           | -           | -                      |
| Budget                              | -           | -           | 10,000      | 50,000      | -           | -           | -           | -                      |
| Expended                            | -           | -           | 10,000      | 15,000      | -           | -           | -           | -                      |
| Encumbered                          | -           | -           | -           | 3,840       | -           | -           | -           | -                      |
| <b>Total Library CIP</b>            | -           | -           | -           | 31,160      | -           | -           | -           | 31,160                 |
| Budget                              | 800,000     | 946,000     | 1,303,000   | 468,000     | 1,180,000   | 1,165,000   | 1,130,000   |                        |
| Expended                            | 781,652     | 942,538     | 1,302,540   | 417,703     | 887,595     | 559,875     | 115,808     |                        |
| Encumbered                          | 18,348      | -           | 460         | 15,325      | 230,556     | 348,207     | 260,752     |                        |
| <b>Total Facilities CIP</b>         | -           | 3,462       | -           | 34,972      | 61,849      | 256,918     | 753,440     | 1,110,640              |
| Budget                              | 293,500     | 250,077     | 195,000.00  | 195,000.00  | 255,000     | -           | 40,000      |                        |
| Expended                            | 293,500     | 250,077     | 195,000.00  | 195,000.00  | 232,892     | -           | -           |                        |
| Encumbered                          | -           | -           | -           | -           | 21,608      | -           | 38,500      |                        |
| <b>Total Police CIP</b>             | -           | -           | -           | -           | 500         | -           | 1,500       | 2,000                  |
| Budget                              | 63,500      | 214,000     | -           | 96,000      | 88,000      | -           | 185,000     |                        |
| Expended                            | 61,353      | 205,282     | -           | 96,000      | 77,383      | -           | -           |                        |
| Encumbered                          | -           | -           | -           | -           | -           | -           | -           |                        |
| <b>Total Fire CIP</b>               | 2,147       | 8,718       | -           | -           | 10,617      | -           | 185,000     | 206,482                |
| Budget                              | 415,000     | 328,000     | 400,000     | -           | 165,000     | 170,000     | 102,000     |                        |
| Expended                            | 366,924     | 328,000     | 399,119     | -           | 145,000     | 44,413      | -           |                        |
| Encumbered                          | 1,944       | -           | 881         | -           | -           | 18,912      | -           |                        |
| <b>Total DPW CIP</b>                | 46,132      | -           | -           | -           | 20,000      | 106,676     | 102,000     | 274,808                |
| Budget                              | 2,183,232   | 2,225,077   | 2,952,098   | 1,711,108   | 1,825,000   | 1,485,000   | 1,552,000   |                        |
| Expended                            | 2,091,314   | 2,163,645   | 2,758,453   | 1,525,811   | 1,474,125   | 690,965     | 115,808     |                        |
| Encumbered                          | 29,592      | 3,517       | 24,910      | 19,165      | 252,293     | 371,319     | 308,602     |                        |
| <b>Total Town CIP</b>               | 62,326      | 57,916      | 168,735     | 166,132     | 98,582      | 422,716     | 1,127,590   | 2,103,996              |
| Budget                              | 3,678,875   | 3,265,077   | 3,963,698   | 2,861,108   | 3,010,000   | 2,756,500   | 2,890,000   |                        |
| Expended                            | 3,586,957   | 3,203,645   | 3,762,087   | 2,616,696   | 2,578,752   | 1,548,890   | 364,150     |                        |
| Encumbered                          | 29,592      | 3,517       | 32,876      | 24,581      | 283,395     | 455,774     | 457,630     |                        |
| <b>Grand Total</b>                  | 62,326      | 57,916      | 168,735     | 219,831     | 147,852     | 751,836     | 2,068,220   | 3,476,715              |