

**Select Board Meeting**  
Monday, February 10, 2025  
Select Board Room, Town Offices  
36 Bartlet Street Andover, MA 01810

7:00 PM

RECEIVED  
TOWN CLERK'S OFFICE  
2025 FEB -6 PM 4:15  
TOWN OF ANDOVER, MA

- 
- I. **Call to Order – 7:00 P.M.**
  - II. **Opening Ceremonies**
    - A. Moment of Silence/Pledge of Allegiance
  - III. **Town Manager Report**
    - A. Staff Appointments
  - IV. **Communications/Announcements/Liaison Reports**
  - V. **Public Comment**
  - VI. **Public Hearings**
    - A. National Grid - Teaberry Lane and Ballardvale Road

Board to review and consider voting to approve an application from National Grid requesting permission to construct a line of underground electric conduits, including the necessary sustaining, and protecting fixtures, under and across Teaberry Lane and Ballardvale Road.
  - VII. **Regular Business**
    - A. Alcoholic Beverages License - Change of Manager

Board to review and consider voting to approve the application of Andover Classic Wines LLC for a Change of Manager to David Lawrence Owen, Jr. at 209 North Main Street, Andover on its All Alcoholic Retail Package Store Alcoholic Beverages License.
    - B. Solid Waste Collection and Disposal

Board to receive an update from the Town Manager regarding solid waste and recycling services, including an overview of collection and disposal options and consider voting to approve (2<sup>nd</sup> Reading).
    - C. March 25, 2025 Annual Town Election Warrant

Board to consider voting to approve the March 25, 2025 Annual Town Election Warrant.
    - D. Designation of Emergency Election Polling Place

Board to consider delegating to the Town Clerk the authority to designate an alternate election polling location(s) in the event of an emergency.

E. FY 2026 Town Manager’s Recommended Budget and Financial Plan Update  
 Town Manager to provide an update on the Fiscal Year 2026 Recommended Budget and Financial Plan.

F. Annual Town Meeting Articles

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

P7	Bylaw Amendment Conservation Revolving Fund
P8	Bylaw Amendment Town Events Revolving Fund
P12	Chapter 90 Authorizations
P13	Granting Easements
P14	Stabilization Fund Bond Premium

**VIII. Executive Session**

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

**IX. Adjourn**

**Summary of Town Manager Staff Appointments**

The Town Manager is pleased to announce the following appointments:

Department	Name	Position	Rate/Term	Date of Hire
Town Clerk	Heather Nichols ( <i>Jamie Doherty</i> )	Records Specialist	\$57,358/year	02/10/2025

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

MEETINGS ARE TELEVISED ON  
 COMCAST CHANNEL 22 AND VERIZON CHANNEL 45

TOWN OF ANDOVER, MASSACHUSETTS



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TOWN OF ANDOVER, MA

**PRIVATE UTILITY PETITION CHECKLIST**

TO BE FILLED OUT BY PETITIONER

COMPANY: NATIONAL GRID

PROJECT MANAGER NAME: CHRIS WELLINGTON

PROJECT MANAGER CONTACT NUMBER: 978-360-6460

LIST OF ADDRESSES IMPACTED BY PROPOSED WORK:  
1-15, Except House 13,14 (Teaberry Lane, Andover MA)

\*PETITIONER IS REQUIRED TO ATTACH PICTURES SHOWING AREA OF PROPOSAL\*

PICTURES HAVE BEEN ATTACHED YES

TO BE FILLED OUT BY TOWN OF ANDOVER STAFF

**DPW**

SUPPORT PROJECT ( YES / NO )      SIGNATURE: \_\_\_\_\_

COMMENTS:      TITLE: \_\_\_\_\_

**POLICE DEPARTMENT**

SUPPORT PROJECT ( YES / NO )      SIGNATURE: \_\_\_\_\_

COMMENTS:      TITLE: \_\_\_\_\_

**FIRE DEPARTMENT**

SUPPORT PROJECT ( YES / NO )      SIGNATURE: \_\_\_\_\_

COMMENTS:      TITLE: \_\_\_\_\_

**nationalgrid**

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TOWN OF ANDOVER, MA

February 4, 2025

The Board of Selectmen of Andover, Massachusetts

To Whom It May Concern:

Enclosed please find a petition of NATIONAL GRID covering the installation of underground facilities.

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

**Osaheni Aimuanwosa (781) 922-6261** or [Osaheni.aimuanwosa@nationalgrid.com](mailto:Osaheni.aimuanwosa@nationalgrid.com)

Please notify National Grid's Jenn Iannalfo of the **hearing date / time** to [Jennifer.Iannalfo@nationalgrid.com](mailto:Jennifer.Iannalfo@nationalgrid.com)

If this petition meets with your approval, please return an executed copy to:

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

Very truly yours,

*Dave Johnson*

Dave Johnson  
Supervisor, Distribution Design

Enclosures

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TOWN OF ANDOVER, MA

Questions contact – Osaheni Aimuanwosa (781) 922-6261 or  
[Osaheni.aimuanwosa@nationalgrid.com](mailto:Osaheni.aimuanwosa@nationalgrid.com)

Petition of the Massachusetts Electric Company d/b/a NATIONAL GRID  
Of NORTH ANDOVER, MASSACHUSETTS  
For Electric Conduit Location:

To the Board of Selectmen of Andover, Massachusetts

Respectfully represents the Massachusetts Electric Company d/b/a NATIONAL GRID of North Andover, Massachusetts, that it desires to construct a line of underground electric conduits, including the necessary sustaining and protecting fixtures, under and across the public way or ways hereinafter named.

Wherefore it prays that after due notice and hearing as provided by law, it be granted permission to excavate the public highways and to run and maintain underground electric conduits, together with such sustaining and protecting fixtures as it may find necessary for the transmission of electricity, said underground conduits to be located substantially in accordance with the plan filed herewith marked – Teaberry Lane/Ballardvale Road - Andover, Massachusetts.

The following are the streets and highways referred to:

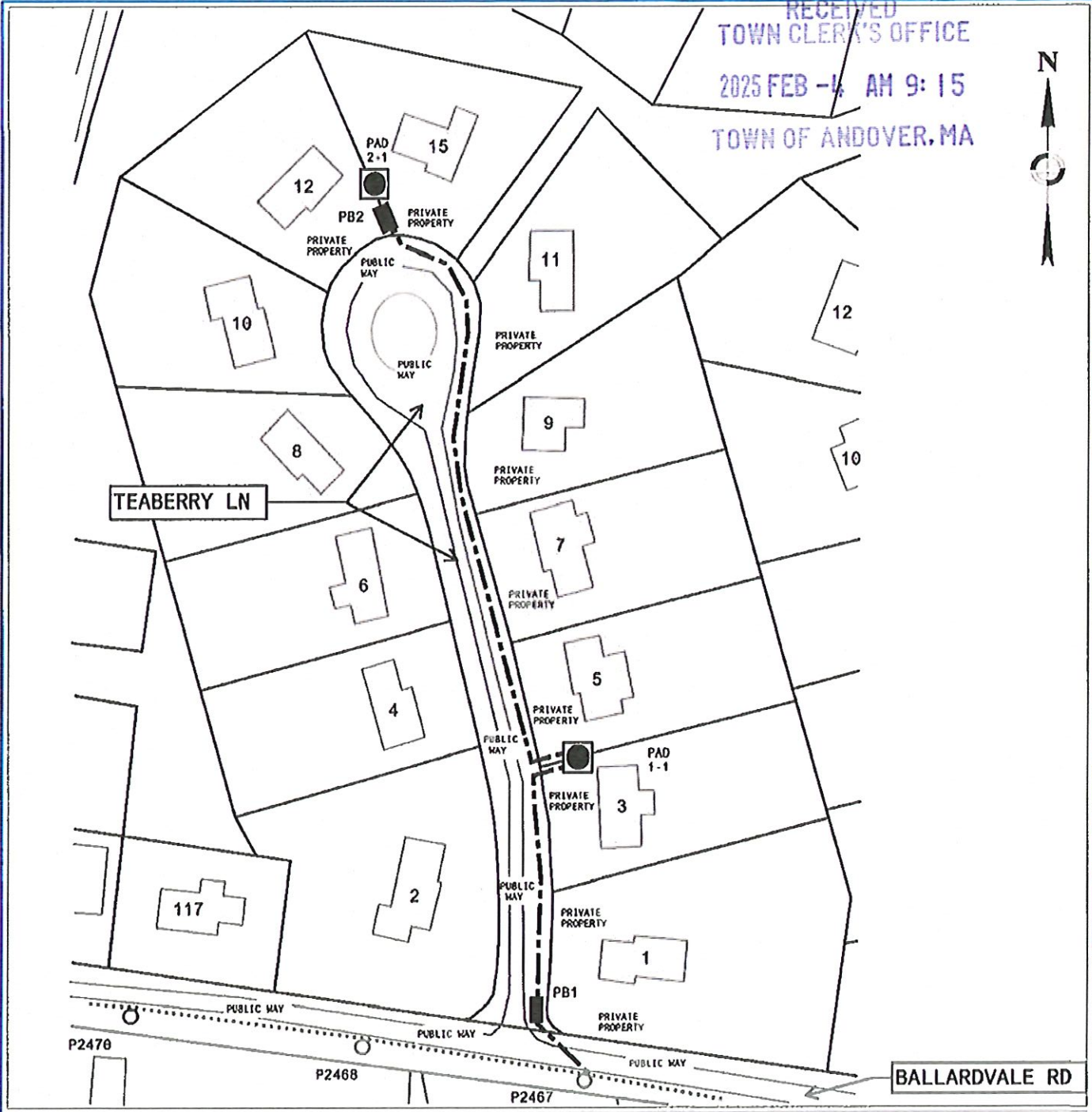
**No.# 31028664/31107532**

Teaberry Lane - National Grid will install underground facilities on Teaberry Lane/Ballardvale Road beginning at a point approximately 14 feet Southeast of the centerline of the intersection of Teaberry Lane/Ballardvale Road and continuing approximately 650 feet in a North direction. National Grid is petitioning to replace damaged underground cable within the cul-de-sac with approximately 800' of 2-3" concrete encased conduit and #2SAL UG primary (within grass area), from pole 2467 - Ballardvale Road, through the cul-de-sac to pad-mount transformer 2-1, Andover, MA.

Location approximately as shown on plan attached.

Massachusetts Electric Company d/b/a  
NATIONAL GRID *Dave Johnson*  
BY \_\_\_\_\_  
Engineering Department

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 TOWN OF ANDOVER, MA



**DISTRIBUTION ELECTRIC UNDERGROUND PETITION**      **Plan Number 31107532**

LEGEND	
	EXISTING J.O. POLE      ..... OVERHEAD UTILITIES
	PROPOSED NEW PULL BOX
	PROPOSED (2)3" CONDUITS (CONCRETE ENCASED UNDER ROADWAY ONLY)
	EXISTING MINIPAD TRANSFORMER ON PRIVATE PROPERTY



To The: **TOWN OF ANDOVER, MA**

<b>For Proposed:</b> UNDERGROUND ELECTRIC LINES	<b>Location:</b> TEABERRY LN
--	---------------------------------

**Sketch to accompany petition for:**

INSTALLATION OF +/- 800' (2)3" CONDUITS  
 FROM EXISTING POLE# 2467 BALLARDALE RD  
 TO PAD 2-1 @ END OF CUL-DE-SAC ON PRIVATE PROPERTY

Date: 1/29/25      Drawn by: DJB  
**DRAWING NOT TO SCALE. DISTANCES ARE APPROXIMATE**

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**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 Classic Wines LLC
<b>DBA:</b>	Andover Classic Wines
<b>PREMISE ADDRESS:</b>	209 N. Main St., Andover, MA 01810
<b>MANAGER/CONTACT NAME:</b>	Mona L Marston
<b>EMAIL:</b>	mmarston@andoverclassicwines.com
<b>PHONE:</b>	978-470-0500 x112
<b>BUSINESS MAILING ADDRESS:</b> (if different from premise)	same
<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 checked="" 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:** 1/10/25

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



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

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

SUBJECT INFORMATION:	
Last Name:	Owen
First Name:	David
Middle Name:	Lawrence
Suffix:	Jr
Maiden Name (or other name(s) by which you have been known):	n/a
Date of Birth:	[REDACTED]
Place of Birth:	[REDACTED], MA
Last Six Digits of Your Social Security # (REQUIRED):	[REDACTED]
Sex:	Male
Height:	[REDACTED]
Eye Color:	[REDACTED]
Race:	[REDACTED]
Drive License or ID #:	[REDACTED]
State of Issue:	Massachusetts
Mother's Full/Maiden Name:	Darcas [REDACTED]
Father's Full Name:	David Lawrence Owen, Sr
Current Address:	[REDACTED]
Former Address:	

Office Use Only

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

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

VERIFIED BY: Jamie Doherty  
Name of Verifying Employee (Please Print)

Jamie Doherty  
Signature of Verifying Employee



**TOWN OF ANDOVER**

**TOWN CLERK'S OFFICE**

36 Bartlet Street  
Andover, MA 01810  
978-623-8230  
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**TAX FORM**

APPLICANT NAME: Andover Classic Wines 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) Andover Classic Wines LLC

Name of Corporate Officer:  
(Required if applicant is a corporation) Robert J. Gilbert

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

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

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

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



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

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

**Applicant Information**

Please Print Legibly

Business/Organization Name: Andover Classic Wines LLC  
 Address: 209 N. Main St.  
 City/State/Zip: Andover, MA 01810 Phone #: 978-470-0500

Are you an employer? Check the appropriate box:

1.  I am an employer with 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.  
 Insurer's Address: PO Box 859222-9222  
 City/State/Zip: Braintree, MA 02185-0000  
 Policy # or Self-ins. Lic. #: [REDACTED] Expiration Date: 01/01/2026

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: 1/10/25  
 Phone #: 978-470-0500

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

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

Issuing Authority (circle one):

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

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

## Workers Compensation and Employers Liability Insurance Policy

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

Carrier Policy #:	Policy Period
[REDACTED]	01/01/2025 to 01/01/2026

<b>Information Page</b>	<b>Renewal Policy</b>
FEIN: [REDACTED]	Carrier Prior Policy # [REDACTED]
<b>Item 1: Named Insured and Address</b>	<b>Agency</b>
Andover Classic Wines, LLC 209-211 N. Main St. Andover, MA 01810	HUB NE Association Programs 300 Ballardvale Street Wilmington, MA 01887

### Schedule of Covered Workplaces

**Other Workplace**

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

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

Effective Date:	01/01/2025
NAICS Code:	[REDACTED]
Division #:	0
Workplace #:	[REDACTED]
State Risk ID #:	[REDACTED]



**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 Classic Wines LLC
<b>APPLICANT NAME:</b>	David Owen
<b>APPLICANT ADDRESS:</b>	[REDACTED]
<b>OCCUPATION:</b>	GM
<b>BIRTHPLACE:</b>	[REDACTED] MA
<b>DATE OF BIRTH:</b>	02/17/1961

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, David Owen (name), applicant for a Change of Manager (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

27<sup>th</sup> day of January, 2025  
(date) (month) (year)

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

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



**TOWN OF ANDOVER**

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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.*

BUSINESS/ENTITY NAME:	Andover Classic Wines LLC
APPLICANT NAME:	Robert J. Gilbert
APPLICANT ADDRESS:	[REDACTED]
OCCUPATION:	Managing Member
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, Robert J. Gilbert, applicant for a Change of Manager license  
(name) (license type)  
in the Town of Andover, hereby state that I have not been convicted for violation of a state or federal narcotic law.

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

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  
10<sup>th</sup> day of January, 2025.  
(date) (month) (year)

Signature: [Handwritten Signature]

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



**TOWN OF ANDOVER**

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

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

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

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

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

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

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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

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



# TOWN OF FRANKLIN

Commonwealth of Massachusetts

I, Deborah L. Pellegrini CMC, the undersigned hereby certify, that I hold the Office of Town Clerk of the Town of Franklin, in the County of Norfolk, and Commonwealth of Massachusetts; that the Records of Births, Marriages and Deaths are in my custody and that the following is a true copy from the records, as certified by me.

NAME	David Lawrence Owen, Jr.
DATE OF BIRTH	[REDACTED]
SEX, AND IF TWIN	Male
PLACE OF BIRTH	Framingham, MA
NAME OF FATHER	David L. Owen
MAIDEN NAME OF MOTHER	Dorcas [REDACTED]
RESIDENCE OF PARENTS	[REDACTED]
OCCUPATION OF FATHER	[REDACTED]
OCCUPATION OF MOTHER	[REDACTED]
BIRTHPLACE OF FATHER	[REDACTED]
BIRTHPLACE OF MOTHER	[REDACTED]
DATE OF RECORD	[REDACTED]

I, Deborah L. Pellegrini CMC, depose and say that I hold the office of Town Clerk of the Town of Franklin, County of Norfolk and Commonwealth of Massachusetts; that the records of Births, Marriages and Death required by law to be kept in said Town, are in my custody, and that the above is a true extract from the records of Births, in said Town, as certified by me.

Witness my hand and the seal of said Town, on Monday, November 13, 2006.

Town Clerk



STATE OF MISSOURI

BIRTH CERTIFICATION

DATE FILED: [REDACTED]

STATE FILE NUMBER: [REDACTED]

CHILD'S NAME: ROBERT JAMES GILBERT

DATE OF BIRTH: [REDACTED]

COUNTY OF BIRTH: [REDACTED]

SEX: MALE

MOTHER'S/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE (MAIDEN):

CAROL [REDACTED]

MOTHER'S/CO-PARENT'S LEGAL LAST NAME:

MOTHER'S/CO-PARENT'S AGE: [REDACTED]

MOTHER'S/CO-PARENT'S STATE OF BIRTH: [REDACTED]

FATHER'S/CO-PARENT'S NAME: EDWARD [REDACTED] GILBERT

FATHER'S/CO-PARENT'S [REDACTED]

FATHER'S/CO-PARENT'S STATE OF BIRTH: [REDACTED]

THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS AS RECORDED BY THE BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI

[REDACTED]  
Dylan R. Bryant  
State Registrar & Chief



THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW  
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION

Your Information

Payment

Receipt

### 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 #:

[REDACTED]

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	[REDACTED]	[REDACTED]
		[REDACTED]

Total Convenience Fee: [REDACTED]

Date Paid: 1/10/2025 2:00:43 PM EDT

Total Amount Paid: [REDACTED]

#### Payment On Behalf Of

License Number or Business Name:

Fee Type:

FILING FEES-RETAIL

#### Billing Information

First Name:

Robert

Last Name:

Gilbert

Address:

Andover Classic Wines LLC

City:

Andover

State:

MA

Zip Code:

01810

Email Address:

[REDACTED]



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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
 MONETARY TRANSMITTAL FORM

**AMENDMENT-Change of Manager**

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

ECRT CODE: [REDACTED]

Please make [REDACTED] 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) [REDACTED]

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN  STATE  ZIP CODE

For the following transactions (Check all that apply):

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> New License                                   | <input type="checkbox"/> Change of Location   | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal)         | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License                           | <input type="checkbox"/> Alteration of Licensed Premises  | <input type="checkbox"/> Change of License Type (i.e. club / restaurant)  | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock)    |
| <input checked="" type="checkbox"/> Change of Manager                  | <input type="checkbox"/> Change Corporate Name  | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement               |
| <input type="checkbox"/> Change of Officers/<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



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

JEAN M. LORIZIO, ESQ.  
CHAIRMAN

**CORI REQUEST FORM**

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

**ABCC LICENSE INFORMATION**

ABCC NUMBER: [REDACTED] LICENSEE NAME: Andover Classic Wines LLC CITY/TOWN: Andover

**APPLICANT INFORMATION**

LAST NAME: Owen FIRST NAME: David MIDDLE NAME: Lawrence  
 MAIDEN NAME OR ALIAS (IF APPLICABLE): PLACE OF BIRTH: MA  
 DATE OF BIRTH: SSN: ID THEFT INDEX PIN (IF APPLICABLE):  
 MOTHER'S MAIDEN NAME: Dorcas DRIVER'S LICENSE #: STATE LIC. ISSUED: Massachusetts  
 GENDER: MALE HEIGHT: WEIGHT: EYE COLOR:  
 CURRENT ADDRESS:  
 CITY/TOWN: STATE: ZIP:  
 FORMER ADDRESS:  
 CITY/TOWN: STATE: ZIP:

**PRINT AND SIGN**

PRINTED NAME: David L Owen APPLICANT/EMPLOYEE SIGNATURE: [Signature]

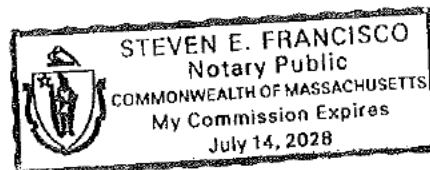
**NOTARY INFORMATION**

On this 14<sup>th</sup> of January 2025 before me, the undersigned notary public, personally appeared David L Owen  
 (name of document signer), proved to me through satisfactory evidence of identification, which were State 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.  
 [Signature: Steven E. Francisco]  
 NOTARY

**DIVISION USE ONLY**

REQUESTED BY: [REDACTED] SIGNATURE OF CORI-AUTHORIZED EMPLOYEE

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





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

**AMENDMENT-Change of Manager**

Change of License Manager

**1. BUSINESS ENTITY INFORMATION**

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

**2. APPLICATION CONTACT**

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

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

**3A. MANAGER INFORMATION**

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

Proposed Manager Name	David L Owen	Date of Birth	02/17/1961	SSN	[REDACTED]
Residential Address	[REDACTED]				
Email	acw@andoverclassicwines.com	Phone	978-470-0500		
Please indicate how many hours per week you intend to be on the licensed premises	40	Last-Approved License Manager	Gina Agostinelli		

**3B. CITIZENSHIP/BACKGROUND INFORMATION**

Are you a U.S. Citizen/Qualified Alien under the Immigration and Nationality Act?  Yes  No  
 If yes, attach one of the following documents: US Passport, Voter's Certificate, Birth Certificate, Naturalization Papers, Green Card or Employment Authorization Document.

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

Date	Municipality	Charge	Disposition

**3C. EMPLOYMENT INFORMATION**

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

Start Date	End Date	Position	Employer	Supervisor Name
09/14/2022	Present	General Manager	Andover Classic Wines	Robert J Gilbert
04/2020	12/2021	Assistant Manager	Vets Package Store	Rachel Palumbo

**3D. PRIOR DISCIPLINARY ACTION**

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

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

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

Manager's Signature

Date

1/10/2025

## APPLICANT'S STATEMENT

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

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

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

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

Signature:



Date:

11/10/25

Title:

Managing Member



**COMMONWEALTH OF MASSACHUSETTS  
WARRANT  
ANNUAL TOWN ELECTION**

**ESSEX, SS.**

To Either of the Constables of the Town of Andover

**GREETING:**

In the name of the Commonwealth, you are hereby required to notify and warn the Inhabitants of said Town who are qualified to vote in Elections and Town Affairs to vote at:

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

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

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

on **TUESDAY, THE TWENTY-FIFTH DAY OF MARCH, 2025**

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

**ARTICLE 1.** To elect a Moderator for one year, two Select Board members for three years, two School Committee members for three years, one Punchard Free School trustee for three years, and one Andover Housing Authority member for five years.

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

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

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

Given under our hands this 10<sup>th</sup> day of February, 2025.

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

\_\_\_\_\_  
Kevin T. Coffey, Select Board Member

\_\_\_\_\_  
Alex J. Vispoli, Vice Chair

\_\_\_\_\_  
Melissa Morris Danisch, Select Board Member

\_\_\_\_\_  
Ellen Marie Townson, Clerk

Select Board members of: Andover, Massachusetts

A true copy

ATTEST

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Ronald Bertheim, Constable

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

\_\_\_\_\_, 2025.  
Ronald Bertheim, Constable

Pursuant to the foregoing Warrant, I, the subscriber, one of the Constables of the Town of Andover, have notified the Inhabitants of said Town to meet at the time and place and for the purposes stated in said Warrant, by posting a true and attested copy of the same on the Town Hall, on each schoolhouse, and in no less than five

other public places where bills and notices are usually posted and by publication in the *EAGLE-TRIBUNE*. Said Warrants have been posted and published fourteen days.

\_\_\_\_\_, 2025.  
Ronald Bertheim, Constable

WARRANT POSTING PLACES

Precinct One

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

Doherty Middle School

Precinct Two

Memorial Hall Library  
Shawsheen School  
U.S. Post Office (Stevens Street)

Precinct Three

Town House (Main Street)

Precinct Four

West Elementary School

Precinct Five

High Plain Elementary School  
Wood Hill Middle School

Precinct Six

Water Treatment Plant  
Sanborn Elementary School

Precinct Seven

South Elementary School  
State Police Barracks (Route 125)

Precinct Eight

Bancroft Elementary School

Precinct Nine

Ballardvale Fire Station

Precinct Ten

Andover High School  
West Middle School



Douglas W. Heim  
Town Counsel

36 Bartlet Street  
Andover, MA 01810  
[douglas.heim@andoverma.us](mailto:douglas.heim@andoverma.us)

Town of Andover  
Legal Department

To: Select Board; Finance Committee; Planning Board; Conservation Commission

Cc: Sheila Doherty, Town Moderator; Andrew Flanagan, Town Manager; Patrick Lawlor, Chief Administrative and Financial Officer; Michael Lindstrom, Deputy Town Manager; Austin Simko, Deputy Town Manager/Town Clerk; Hayley Green, Town Accountant/Assistant Finance Director

Date: 2.7.25

**Re: Annual Meeting Warrant Articles P7, P8, P12, P13, and P14**

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Board, Commission, and Committee members, and Town staff I write to provide you a legal summary of the above-referenced warrant articles to assist in your consideration of such articles at your upcoming meetings, hearings, and Town Meeting.

**ARTICLE P7 BYLAW AMENDMENT CONSERVATION REVOLVING FUND**

To see if the Town will vote to amend General Bylaws Article XII Section 48 (“Departmental revolving funds”) subsection (5)(G) to authorize and establish a new Revolving Fund entitled “Conservation” authorizing the Director of Conservation and Director of Planning and Land Use or any other appointee by the Town Manager to spend funds from this revolving fund; and further to authorize expenditures from the fund to pay the cost of support of, improvements to, and maintenance of Conservation land; and further to authorize the amount of \$50,000 to be expended in fiscal year 2026 and subsequent years; or take any action related thereto.

And,

**ARTICLE P8 BYLAW AMENDMENT TOWN EVENTS REVOLVING FUND**

To see if the Town will vote to amend General Bylaws Article XII Section 48 (“Departmental revolving funds”) subsection (5)(G) to authorize and establish a new Revolving Fund entitled “Town Events” authorizing the Town Manager or any other appointee by the Town Manager to spend funds from Town event permit fees; and further to authorize expenditures from the fund to pay the cost of custodial services, public safety services, facility maintenance, programming and capital improvements; and further to authorize the amount of \$50,000 to be expended in fiscal year 2026 and subsequent years; or take any action related thereto.

*On request of the Chief Administrative & Financial Officer*

Positive action on these two articles would allow the Town to establish a new “Conservation Revolving Fund” and “Town Event Revolving Fund” respectively within Article XII §48 (“Departmental Revolving Funds”) of the Town bylaws, as authorized by G.L. c. 44 sec. 53E1/2. Revolving funds allow for receipts (ranging from activity fees, donations, and other revenue sources) to be collected and subsequently expended for limited purposes and in limited totals for the fiscal year set forth in the Bylaw without appropriation by Town Meeting. The Revolving Fund Bylaw delineates the authorized departments, committees, or officers able to utilize such funds, the purposes such funds may be used for, as well as any procedural and reporting requirements for fund use.

I expect further detail will be provided on the purposes of each of these funds and who will be authorized to utilize them from the Town’s Management Team. The proposed limits to the authorizations are \$50,000 each. These are not appropriations, but for the purposes of these two articles merely set the annual spending limits on expenditures. For illustrative purposes, a full list of the currently authorized revolving funds in §48 are provided below:

<b>A. Revolving Fund</b>	<b>B. Department, Board, Committee, Agency or Officer Authorized to Spend from Fund</b>	<b>C. Fees, Charges or Other Receipts Credited to Fund</b>	<b>D. Program or Activity Expenses Payable from Fund</b>	<b>G. Fiscal Years</b>
Community Development and Planning Department	CD&P Division Heads	Applicant fees	Advertising legal hearing notice expenses for permit applications	Fiscal Year 2018 and subsequent years
Memorial Hall Library-Lost/Damaged Materials	MHL Director	Restitution payments/charges to borrower or patron	Replacement of lost/damaged library materials	Fiscal Year 2018 and subsequent years

Health Clinic	Public Health Director	Clinic participant fees	Clinic supplies and other expenses	Fiscal Year 2018 and subsequent years
Division of Recreation	Recreation Director	Participant fees, rentals and concessions	Trips, ticket sales and special programs and activities Programs, activities, events, supplies, staffing and related expenses, facility maintenance and capital improvements	Fiscal Year 2018 and subsequent years
Division of Youth Services	Youth Services Director	Participant fees, rentals and concessions	All programs and activities expenses, part-time help, events, supplies, staffing and related expenses, facility maintenance and capital improvements	Fiscal Year 2018 and subsequent years

Field Maintenance	Plant and Facilities Director	Field rental fees	Field maintenance, upgrade and related expenses	Fiscal Year 2018 and subsequent years
Division of Elder Services	Elder Services Director	Participant fees, rentals and concessions	Senior programs, classes and activities, events, supplies, staffing and related expenses, facility maintenance and capital improvements	Fiscal Year 2018 and subsequent years

Police Communica-tions	Chief of Police	Lease agreements for antenna users	Maintenance and purchase of public safety radio and antennae equipment	Fiscal Year 2018 and subsequent years
School Photocopy Fees	School Department	External private groups	Photocopy center costs	Fiscal Year 2018 and subsequent years
Compost Program	Municipal Services - Plant and Facilities Director	Contractor permit fees, revenues from sale of compost	Offset compost monitoring and cleanup expenses, and staffing	Fiscal Year 2018 and subsequent years
Solid Waste	Municipal Services - Public Works Director	CRT, HHW and trash fees	Offset trash and recycling costs	Fiscal Year 2018 and subsequent years

Stormwater Management	Planning Director	Applicant	Consulting and environmental monitoring of stormwater management applications and permits	Fiscal Year 2018 and subsequent years
Fire Rescue	Fire Chief	Service fees	Training and equipment	Fiscal Year 2018 and subsequent years
Health Services	Public Health Director	Inspection fees	Health Department Inspections	Fiscal Year 2018 and subsequent years
Professional Development Institute	School Superintendent	Professional development fees	Professional development and instruction	Fiscal Year 2020 and subsequent years
Student Technology Rental	Chief Information Office	Equipment Rental and Associated Fees	Acquisition and Maintenance of Equipment	Fiscal Year 2020 and subsequent years

Other Public Space Rentals	Director of Facilities and Director of Planning & Land Use	Rental and Space Use Fees	Custodial Services, Facility Maintenance, Programming and Capital Improvement	Fiscal Year 2025 and subsequent years
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**ARTICLE P12**

**CHAPTER 90 AUTHORIZATIONS**

To see if the Town will vote to authorize the Town to acquire any necessary easements by gift, by purchase or by right of eminent domain for Chapter 90 Highway Construction or any other federal or state aid program for road or sidewalk improvements, or take any other action related thereto.

*On request of the Town Manager*

This article represents the annual standard authorization necessary for the Town to acquire easements and related property rights which accompany state and federal roadway and sidewalk improvement grants and programs.

**ARTICLE P13**

**GRANTING EASEMENTS**

To see if the Town will vote to authorize the Select Board and the School Committee to grant easements for water, drainage, sewer and utility purposes or any public purpose on terms and conditions the Board and the Committee deem in the best interests of the Town, or take any other action related thereto.

*On request of the Town Manager*

This article authorizes the chief elected bodies of Andover to grant necessary easements on, in and over Town and School Property for utilities so that each individual water, sewer, drainage or other easement for a public purpose does not require a separate Town Meeting action. The Select Board or School Committee approval will still be required for any and all easements on property within their respective jurisdictions.

**ARTICLE P14**

**STABILIZATION FUND BOND PREMIUM**

To see if the Town will vote to transfer the sum of \$250,000 from the Bond Premium Stabilization Fund to the General Fund to offset non-exempt debt interest payments, or take any other action related thereto.

*On request of the Chief Administrative & Financial Officer*

The purpose of this transfer article is to pay down the interest on non-exempt debts of the Town using funds derived from bond premiums and placed into the Stabilization Fund. I expect the Town's management team will provide further information on the use and impact of funds for FY26.