



Select Board Meeting

Monday, April 14, 2025

6:30 PM

Select Board Room, Town Offices

36 Bartlet Street Andover, MA 01810

RECEIVED
TOWN CLERK'S OFFICE

2025 APR 10 PM 4: 59

TOWN OF ANDOVER, MA

I. Call to Order – 6:30 P.M.

II. Executive Session

- A. Board to vote to go into Executive Session pursuant to option 2 to conduct strategy sessions in preparation for negotiations with nonunion personnel, i.e., the Town Accountant, for the Chair to declare that an open session may have a detrimental effect on the negotiating position of the Town; and/or
- B. Board to vote to go into Executive Session pursuant purpose 7 to approve and not release Executive Session minutes of March 27, 2025 and March 31, 2025; and return to open session.

III. Opening Ceremonies

- A. Moment of Silence/Pledge of Allegiance
- B. Proclamation for Commemoration of the Armenian Genocide

IV. Town Manager Report

V. Communications/Announcements/Liaison Reports

VI. Public Comment

VII. Public Hearings

- A. Cable Public Hearing
Select Board public hearing on Town of Andover Comcast license renewal process for purpose of allowing the public and interested persons to provide comments on Town and public cable needs.

VIII. Regular Business

- A. Alcoholic Beverages License – Permanent Alteration of Premise
Board to discuss and consider voting to approve an application from 89 Main Andover MP3 LLC, doing business as Perry's Plate, located at 89 Main Street, Andover, for a Permanent Alteration of Premise of its All Alcoholic Beverages On-Premise "Pouring" License.
- B. Alcoholic Beverages License – Event on Town Owned Property
Board to discuss and consider voting to approve an application from MP Golf, LLC, dba Matchplay Golf and Sports Lounge, located at 209 North Main Street, Suite 60, Andover, for a Wine and Malt One-Day Liquor License for use on Town property for the Colleen Ritzer Memorial Run.

C. Alcoholic Beverages License – Event on Town Owned Property

Board to discuss and consider voting to approve an application from Oak & Iron Brewing Co., located at 18 Red Spring Road, Andover, for a Wine and Malt One-Day Liquor License for use on Town property for Clown Town on May 16, 2025 and May 17, 2025.

D. Alcoholic Beverages License – Event on Town Owned Property

Board to discuss and consider voting to approve an application from Oak & Iron Brewing Co., located at 18 Red Spring Road, Andover, for a Wine and Malt One-Day Liquor License for use on Town property for Concerts in the Park at Poms Pond and at Town Park.

E. Alcoholic Beverages License – Event on Town Owned Property

Board to discuss and consider voting to approve an application from Marble Ridge Winery, located at 11 Marbleridge Road, North Andover, for a Wine and Malt One-Day Liquor License for use on Town property for Concerts in the Park at Poms Pond and at Town Park.

F. Alcoholic Beverage License Policy

Board to review and consider voting to amend the Town's Alcoholic Beverage License Policy with regard to Special "One Day" Licenses and Farmer's Market Permits.

G. Supportive Day

Board to receive a presentation from the Director of Elder Services regarding the Supportive Day Needs Assessment and Final Report.

H. Town Accountant Contract

Board to consider voting to approve and authorize the Town Manager to sign a contract between Hayley Green and the Town for the period of July 1, 2025 through June 30, 2028.

I. 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.

1. Schedule 3, Article VII, Section 9 – Isolated Stop Signs
Location: Arcadia Road at Sunset Rock Road

Amend to: Isolated stop on Arcadia Road at Sunset Rock Road

J. Bond Anticipation Note

Board to approve short-term borrowing.

K. Select Board Policy Updates

Prioritization and next steps for development.

IX. Approval of Minutes

A. Board to approve minutes from the following meetings:

1. March 27, 2025

X. Consent Agenda

A. Appointments by the Town Manager

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

Commission	Name	Position	Expiration Date	Start Date
Commission on Diversity, Equity & Inclusion	Maya Goyal	Associate Member	06/30/2027	04/15/2025

XI. 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**

PROCLAMATION

WHEREAS: Armenians fled increasing oppression from the Ottoman government during the 20th century, coming to America in search of freedom, where they could live in dignity without fear and oppression, and

WHEREAS: Like many ethnic groups, Armenians, settled in Andover seeking a safe place to live, raise their families, practice their religion, and educate their children, they became an asset to the growth and vitality of Andover, through their strong work ethic, family values, and civic pride, and

WHEREAS: The Armenian Community in Andover is comprised of the children, grandchildren, and great-grandchildren of the survivors of the Armenian genocide, and

WHEREAS: 1.5 million Armenian men, women and children – victims of genocide - perished in the Ottoman Empire from 1915 to 1923,

NOW, THEREFORE: We, the Town of Andover Select Board hereby issues this Proclamation in remembrance of the Armenian Genocide of 1915 and urge all residents to take part in this observance.

IN WITNESS WHEREOF, we have hereunto set our hands and caused the seal of the Town of Andover to be affixed this fourteenth day of April in the year two thousand twenty-five.

Laura M. Gregory, Chair

Alex J. Vispoli, Vice Chair

Ellen Townson, Clerk

Kevin Coffey

Melissa Morris Danisch



Comcast Cable
676 Island Pond Road
Manchester, NH 03109
603-695-1400
www.comcastcorporation.com

1/29/2025

VIA UPS

Town of Andover
Board of Selectmen
36 Bartlett Street
Andover, MA 01810

Subject: COMMENCEMENT OF FRANCHISE RENEWAL PROCESS

Dear Chair and Members of the Select Board:

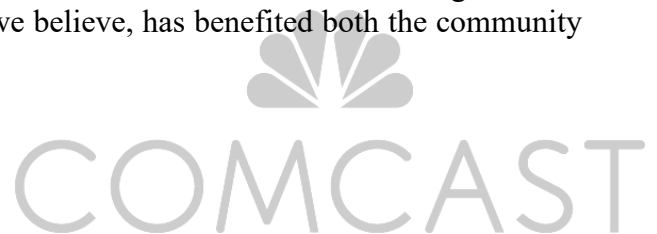
Comcast appreciates the opportunity to provide our products and services to the citizens of the Town of Andover. We provide the high quality cable television and other services the Town of Andover and its residents demand, and we hope to continue providing those services to our Town of Andover subscribers for many years to come. Therefore, we are taking this step to ensure the renewal of our franchise with you.

The Cable Communications Policy Act of 1984 (“the 1984 Cable Act”) encourages franchisors and cable operators to reach renewal agreements at any time through an informal process of discussion. However, Section 626 of the 1984 Cable Act also provides for commencement of a formal renewal procedure. To preserve our statutory rights to this formal procedure, this letter is our official notice to you invoking that provision so the parties can use the formal renewal procedure should informal discussions result in an impasse.

This letter is not intended to introduce a new formality into our discussions, nor is that the intention of the 1984 Cable Act. In fact, we prefer to reach a mutually satisfactory agreement through informal negotiations, thus making many of the 1984 Cable Act’s formal procedures unnecessary.

Kerry Morris will be in contact with you soon to arrange a meeting to discuss informally negotiating a renewal agreement. Please also feel free to contact Kerry at +1 (339) 206-5698 at any time if you have any questions. Comcast looks forward to meeting with the Town and continuing the relationship that, we believe, has benefited both the community and the residents of the Town of Andover.

Sincerely,





Timothy Murnane
Vice President, Government and Regulatory Affairs

TM/cam
Attachment

cc: Kerry Morris– Comcast Government & Regulatory Affairs
Cable Advisory Board
Town Manager



LEGAL NOTICE
TOWN OF ANDOVER CABLE TELEVISION
LICENSE RENEWAL PROCEEDING

The Town of Andover Select Board, as cable television licensing authority under MGL 166A s.1, will hold a public ascertainment hearing on April 14, 2025, 7:00 p.m., in the Select Board Room, Town Offices, 36 Bartlet Street, Andover, MA as part of the Town's Comcast cable television license renewal process. The Andover Comcast license is due to expire on October 14, 2027 and the federal Cable Act, 47 USC 546, provides for the Issuing Authority holding a public hearing to provide the public an opportunity to comment on the community's cable-related needs as part of the license renewal process. Public comment is invited regarding Town and public cable license renewal needs and interests. For further information and copies of renewal records available for public inspection, contact Chief Administrative & Financial Officer Patrick Lawlor, 978-623-8217, or Attorney William August at (617) 548-3735. If and when Comcast files a license renewal application or formal proposal, copies of renewal documents shall be available for public inspection at the Office of the Town Clerk. By order of the Select Board as License Issuing Authority.



TOWN OF ANDOVER
TOWN CLERK'S OFFICE

36 Bartlet Street

Andover, MA 01810

978-623-8230 | www.andoverma.gov

OUTDOOR DINING & RETAIL LICENSE APPLICATION

DBA:	Perry's Plate
MANAGER/CONTACT NAME:	Matt Perry
EMAIL:	matthew.j.perry@hotmail.com
PHONE:	978-855-0854
FID/SS#:	[REDACTED]

OWNER OF BUILDING:	Lincoln Essex OAV, LLC
BUILDING OWNER PHONE:	781-890-5855
BUILDING OWNER EMAIL:	AVS@eastport.com
BUILDING OWNER MAILING ADDRESS:	[REDACTED]

PREMISE ADDRESS:	89 Main St Andover MA 01810
ZONING DISTRICT:	
WIDTH OF SIDEWALK:	<i>(In no event shall a license be granted where the total width of the sidewalk is 4 feet or less).</i>
NUMBER OF OUTDOOR TABLES:	
NUMBER OF OUTDOOR SEATS:	
NUMBER OF RETAIL FIXTURES:	
PROPOSED DATES OF OUTDOOR DINING/RETAIL:	
PROPOSED TIMES OF OUTDOOR DINING/RETAIL:	From: 6 : <input checked="" type="checkbox"/> am <input type="checkbox"/> pm Until 3 : <input type="checkbox"/> am <input checked="" type="checkbox"/> pm

DOES THE LOCATION HOLD AN ALCOHOLIC BEVERAGES LICENSE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
IS THIS APPLICATION TO RENEW AN OUTDOOR DINING LICENSE GRANTED IN A PRIOR YEAR?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 of Applicant:

Date:

3/11/25



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

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

OUTDOOR DINING & RETAIL ADDENDUM

SECTION 1: REQUIRED PLAN

1. Submit a detailed, scaled plan of the outdoor dining/retail area showing the proposed:
 - Precise location of the outdoor dining/retail area
 - Precise dimensions of the outdoor dining/retail area
 - Location and dimensions of perimeter fencing
 - Width of sidewalk
 - Placement of retail furniture and fixtures
 - Placement of umbrellas or other coverings
 - Parking spaces/other public areas that will be used
 - Pedestrian and wheelchair passage

PLEASE NOTE: If the plan is submitted in any form larger than 8.5"x11", the applicant must submit 12 copies. No rolled plans will be accepted. All plans must be folded to fit 8.5"x11".

SECTION 2: WRITTEN DESCRIPTION OF PROPOSED PREMISES

2. Describe the proposed outdoor dining/retail area including the dimensions, proposed occupancy figures, and how the area will be enclosed.

Our outdoor area is located in front of our restaurant approx. 21ft x 21ft with 5 tables with seating of 12-16 people. The area will be sectioned off w/ barriers provided by the town.

3. Describe in detail (colors, fabrics, etc.) the proposed furniture, lighting, umbrellas or other coverings, linens, décor, and permitted signage to be used in the outdoor dining/retail area. Photographs or samples of proposed furniture and materials are encouraged and may be requested by the Select Board or Design Review Board.

We will use the same tables and umbrellas in the past. Umbrellas are light blue.

SECTION 3: OUTDOOR FOOD PREPARATION

4. Is an outdoor food preparation area being proposed?

YES

NO

If yes, please consult the Board of Health

5. Describe the extent and nature of outdoor food preparation.

N/A

SECTION 3: ALCOHOL CONTROL STRATEGY (Required for applicants who hold an Alcoholic Beverages License)

6. Detail how the applicant will ensure alcohol purchased off-premise will not be brought onto or consumed on the outdoor dining premises. Please include plans for signage, staff instructions, and monitoring of the outdoor dining area.

Servers and staff will be vigilant to customers w/ outside beverages and will ask patrons to discard anything brought from the outside.

"No outside food + Bev signs to be posted!"

7. Detail how the applicant will ensure patrons do not leave the outdoor dining premises with alcohol in their possession. Please include plans for signage, staff instructions, and monitoring of the outdoor dining area.

Staff will be trained to monitor those patrons consuming alcohol beverages and will make sure they are consumed or disposed of prior to the patron leaving

Town of Andover

06/05/2020

The proposed out door dining area is 21ftx21ft

- = 2 Top w/ umbrella
- = 6 Top w/ umbrella
- = 4 Top w/ umbrella



40 0

Data Sources: Produced by Merrimack Valley Planning Commission (MVPC) using data provided by the Town of Andover & MassGIS. MVPC AND THE TOWN OF ANDOVER MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, CONCERNING THE ACCURACY, COMPLETENESS, RELIABILITY, OR SUITABILITY OF THESE DATA. THE TOWN OF ANDOVER AND MVPC DOES NOT ASSUME ANY LIABILITY ASSOCIATED WITH THE USE OR MISUSE OF THIS INFORMATION.

40 Feet

1:240

Legend
Municipal Boundary
Parcels
Bridge
Wellands
Rail Line
Hydrographic Features
Streams



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

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

TAX FORM

APPLICANT NAME: 89 Main Andover MP3, 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)

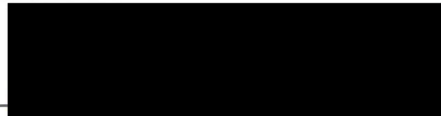
Matthew Perry

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

Matthew Perry

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: 89 Main Andover MP3, LLC
 Address: 89 Main St.
 City/State/Zip: Andover MA 01810 Phone #: 978 855-0851

Are you an employer? Check the appropriate box:

1. I am an employer with 8-10 employees (full and/ or part-time).*
2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

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

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

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

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

Insurance Company Name: The Hartford
 Insurer's Address: _____
 City/State/Zip: _____

Policy # or Self-ins. Lic. # [REDACTED] Expiration Date: 11/1/20

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: [Signature] Date: _____
 Phone #: _____

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

City or Town: Andover Permit/License # _____

Issuing Authority (circle one):

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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/12/2025

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

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

PRODUCER MTM Insurance Associates 1320 Osgood Street North Andover MA 01845		CONTACT NAME: Krystina Lincoln, CISR PHONE (A/C, No, Ext): (978) 681-5700 E-MAIL ADDRESS: certificates@mtminsure.com FAX (A/C, No): (978) 681-5777	
		INSURER(S) AFFORDING COVERAGE INSURER A: Citizens Insurance Company of America	
		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED 89 Main Andover MP3 LLC, DBA: Perry's Plate 81 Dascombe Rd Andover MA 01810		NAIC # 	

COVERAGES **CERTIFICATE NUMBER:** 24-25 **REVISION NUMBER:**

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

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

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

RE: Liquor License Renewal
Blanket Additional Insured on a primary and non-contributory basis, and Blanket Waiver of Subrogation applies for the Town of Andover with regards to General Liability subject to the terms and conditions of form 421-2915 06 15 attached. This certificate of insurance represents coverage currently in effect and may or may not be in compliance with any written contract. This certificate is issued as a matter of information only and is subject to all the limitations, exclusions, and conditions of the above-listed policies as they now exist or may hereafter be endorsed.

CERTIFICATE HOLDER

CANCELLATION

Town of Andover
120 Main St.

North Andover MA 01845

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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Commonwealth of Massachusetts
Town of Andover
BOARD OF HEALTH



FOOD ESTABLISHMENT LICENSE



Effective:
January 1, 2025
Expiration:
December 31, 2025

Permit Type:
Goods & Services:

Food Establishment License

[X] indicates
Good & Services
provided
with associated
License Fees

[X]

- Caterer
- Catering - Temp
- Food Service (200+ seats)
- Food Service (50 seats or less)
- Food Service (51-199 seats)
- Frozen Dessert and Ice Cream

- Mobile Food Service(Pre-Packaged)
- Mobile Food Service (Food Prep)
- Residential Kitchen
- Retail Food Sale (Supermarket License)
- Retail Food Sale License
- Temporary For-Profit Food Service
- Temporary Non-Profit Food Service
- Annual Variance Fee

Risk Category: 2
 Name of License Holder **PERRY'S PLATE/89 MAIN ANDOVER MP3, LLC**
 Name of Food Establishment: **PERRY'S PLATE / 89 MAIN ANDOVER MP3, LLC**
 Address of Food Establishment: **89-93 MAIN ST**
 Restrictions:
 Comments:

This License is granted in conformity with 105 CMR 590.000 and expires on **December 31, 2025** unless sooner suspended or revoked.

Permit Fee Paid:
\$250.00

BOARD OF HEALTH:

By:

Pamela Linzer
Deborah Enegeess
Gopala K. Dwarakanath

Thomas G. Carbone
 Director of Public Health

Must be Posted on the Premises of the Food Establishment



CERTIFICATE OF COMPLETION

This certifies that

Matthew Perry

is awarded this certificate for

TIPS On-Premise Alcohol Server Training



Hours
3.00



Completion Date
04/18/2023



Expiration Date
04/17/2026



Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | www.360training.com

(CUT HERE)

(CUT HERE)



Issued: 04/18/2023
Certificate #: ON-000028609074



CERTIFIED

Expires: 04/17/2026



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

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

Signature _____

LICENSE AGREEMENT

By and between

THE TOWN OF ANDOVER

And

THE OWNER AND OPERATOR OF A RESTAURANT OR RETAIL FACILITY LOCATED WITHIN THE TOWN OF ANDOVER

This License Agreement (the "Agreement") is entered into as of _____, by and between the Town of Andover and 89 Main Andover Hub, LLC ("Licensee"). The Owner and Operator of a Restaurant or Retail Facility located within the Town of Andover.

WITNESSETH:

WHEREAS, Licensee is owner and operator of a Restaurant or Retail facility within the Town of Andover located at 89 Main Street Andover, MA.;

WHEREAS, Licensor is the Town of Andover (hereinafter the "Town");

WHEREAS, the Licensee desires to provide the public with outdoor dining or retail in an area shown on the attached plan;

WHEREAS, the Town seeks to facilitate the Licensee's ability to provide the public with outdoor dining or retail;

WHEREAS, the Town and the Licensee desire to cooperate to further the above-stated purpose in a way compatible with the public interest;

WHEREAS, the owner of the building leased by the Restaurant or Retail business, if not the Licensee itself, approves of this outdoor dining or retail facility.

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the parties hereto agree as follows:

1. License to Provide Outdoor Dining or Retail Facility. The Town of Andover hereby grants the Licensee a revocable license to provide outdoor dining or retail services at its facility located within the Town of Andover. The Licensee shall comply with the terms of this Agreement, the License granted by

the Select Board, any other license related to the Facility, all applicable laws, regulations, and bylaws and all applicable rules and regulations established by the Select Board. Within the licensed area, the licensee may put and maintain no more than _____ tables and _____ chairs, or _____ retail fixtures, along a total of _____ linear feet. The restaurant and retail fixtures must be situated, in the opinion of the Building Inspector and/or the Fire Chief, in a way that preserves appropriate egress/access to the general public and public safety vehicle access to buildings.

All restaurant and retail services will be provided at the sole cost and expense of the Licensee. The Town of Andover shall not be liable for such cost nor obligated to reimburse the Licensee for the same. The Licensee shall be responsible for obtaining all permits or licenses at its expense for the construction of any improvements necessary to the provision of such services.

2. Indemnification. The Licensee shall indemnify, defend and save harmless the Town of Andover, its officers, and employees from and against all suits, actions, claims, demands, damages, losses, expenses, and costs of every kind and description relating to or arising from the operation, construction, or existence of the outdoor dining facility and service, under this Agreement.

3. Insurance. The Licensee shall carry or require that there be carried Workers' Compensation Insurance for all employees and those of its contractors and/or subcontractors engaged in work at the outdoor dining facility, in accordance with the State Workers' Compensation Laws. The Licensee shall furnish a certificate of insurance to the Town evidencing coverage of Workers' Compensation Insurance. In addition, the Licensee shall carry Comprehensive General Liability and Property Damages Liability Insurance, and if alcoholic beverages are served, Liquor Liability Insurance, with limits hereinafter set forth to cover the Licensee and its contractors and subcontractors against claims which may occur or result from operations under this Agreement. Such insurance shall cover the use of all equipment related to the provision of outdoor dining or retail services. The Comprehensive General Liability Policy, and if applicable, a Liquor Liability Insurance Policy, shall insure against all claims and demands for bodily injury and property damage with respect to the outdoor dining facilities and services, with limits of \$1,000,000 per occurrence and \$2,000,000 in the aggregate. The Town shall be named as an "additional insured" in all policies for such insurance with specific reference as to coverage related to this License Agreement. All such policies shall provide a waiver of subrogation in favor of the Town and such policies shall be primary coverage, with those provisions required to be stated on the Certificate of Insurance provided to the Town. The Licensee (and their heirs, successors and assigns in interest) shall hold harmless, defend and indemnify the Town of Andover and its employees and agents from any responsibility, liability and claims arising out of or related to the operations under this agreement. The Licensee shall furnish a certificate of such insurance to the Town prior to commencing any work, construction or services of the facilities and services authorized under this Agreement. Where such insurance is renewed or replaced the Licensee shall furnish the Town with a Certificate of Insurance evidencing same.

4. Maintenance. The Licensee shall maintain the premises utilized for the provision of outdoor dining or retail facilities and services under this Agreement in a clean and orderly condition. The Licensee assumes responsibility for the removal of any debris generated by the construction, operation, or existence of the outdoor dining facility and service. These duties assumed by the Licensee include but are not limited to:

- a. Plant maintenance, lawn maintenance, if any;
- b. General maintenance and cleaning of fixtures;
- c. Keeping barriers free and clear of any signage;
- d. Sweeping;
- e. Trash removal (including debris and food waste);

- f. Keeping public walk ways clear of any electrical cords; and
- g. Security, including the removal of any person who becomes disorderly.

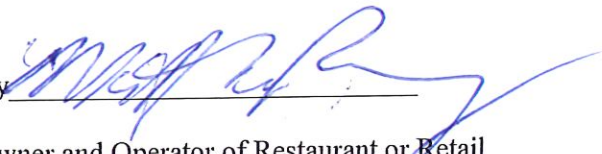
The Licensee shall be solely responsible for any costs and losses generated by the above listed, and any other maintenance duties.

5. Term. Upon submission of all application materials, approval by the Select Board or Town of Andover, execution of this Agreement, and payment of the License Fee, the License granted herein shall begin on May 1st and shall expire on October 15th immediately following, unless sooner revoked. The October 15th deadline may be extended by the Town in its sole discretion. Notwithstanding the foregoing, this License is revocable at the will of the Select Board at any time at the total discretion of the Select Board. At the expiration or revocation of this License, the Licensee shall promptly remove all furniture and articles placed in the outdoor dining area, and return the area to condition at least as good prior to the issuance of this License. Further, the Licensee's operations under the License may be temporarily paused in connection with the community celebration known as Andover Days and other community events identified by the Town in its sole discretion.

6. Hours of Operation. The License granted hereunder neither extends the physical description of the Premises nor shortens or extends the hours during which the Licensee may carry on other lawful licensed activities in the premises to which the outdoor dining area is auxiliary. In order to continue operations under this License, the Licensee must provide the licensed outdoor dining or retail services on the Wednesday through Sunday of each week during which this License is effective. Failure to operate during these days in any week may result in revocation of this License.

7. Revocation. The parties covenant and agree that this License is not an interest in land and is revocable at will by the Select Board for any reason whatsoever upon written notice to the Licensee from the Town. The License will terminate upon Licensee's receipt of said written notice described therein. Licensee acknowledges, covenants and agrees that this License is revocable at will by the Town and the Licensee further acknowledges, covenants and stipulates that in the event of such revocation, the Licensee shall have no recourse or claim against the Town for such revocation whether by way of monetary charges, a suit in equity, or otherwise.

WITNESS, the execution hereof in counterparts under seal as of the date and year first above written.

By 
 Owner and Operator of Restaurant or Retail
 Business Located within the Town of Andover

By _____
 Owner of the *Building* of Restaurant or Retail
 Business Located within the Town of Andover

By _____
 Chair, Select Board

Date: _____

CERTIFICATION OF GOOD FAITH

The undersigned certifies under the pains and penalties of perjury that this contract has been obtained in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals.

CERTIFICATE OF STATE TAX COMPLIANCE

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, _____, whose principal place of business is at _____ Andover, MA., does hereby certify under the pains and penalties of perjury that he has paid all Massachusetts taxes and has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.



Federal Identification No.



Licensee

Number



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

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

ALCOHOLIC BEVERAGES LICENSE APPLICATION

BUSINESS/ENTITY NAME:	89 main Andover mp3, LLC
DBA:	Perry's Place
PREMISE ADDRESS:	89 main st Andover MA 01810
MANAGER/CONTACT NAME:	Matthew Perry
EMAIL:	[REDACTED]
PHONE:	978 855-0861
BUSINESS MAILING ADDRESS: (if different from premise)	
FID/SS#:	[REDACTED]

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

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

- | | | |
|---------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> New License | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Corporate Structure |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Change of Ownership Interest | <input type="checkbox"/> Pledge of Collateral |
| <input 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: _____

Date: 4-2-25

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

**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 proposed area is 21ft x 21ft with
5-6 tables 18-20 total occupancy.
There is no outdoor bar.

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

The area will be enclosed with the town
issued/Approved white barriers/fencing.

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

The area will be used primarily for outdoor food service - Breakfast and lunch.

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.

Staff will be trained to look for and instruct patrons to dispose of any outside beverages. There will also be signage posted.

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

Staff will be instructed and trained to remove all alcohol beverages before the customer leaves and remain vigilant.

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

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

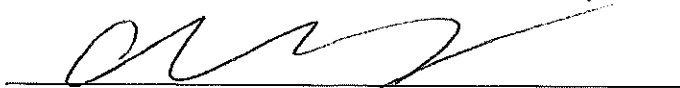
BUSINESS/ORGANIZATION INFORMATION	
BUSINESS/ORGANIZATION NAME:	MP Golf, LLC DBA: Matchplay Golf and Sport Lounge
BUSINESS/ORGANIZATION ADDRESS:	209 N Main st suite 60 Andover, MA 01810
IS THIS A BUSINESS OR NON PROFIT ORGANIZATION?	<input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> NON PROFIT ORGANIZATION
SOCIAL SECURITY/FID #:	[REDACTED]
INDIVIDUAL APPLICANT INFORMATION (THIS INFORMATION IS REQUIRED FOR ALL APPLICATIONS)	
NAME:	Andrew Zappala
ADDRESS:	[REDACTED]
PHONE:	978-771-4016
EMAIL:	andrew@matchplaygolfandsportslounge.com
DRIVER'S LICENSE #/STATE OF ISSUE:	[REDACTED]
DATE OF BIRTH:	[REDACTED]
EVENT INFORMATION	
DATE OF EVENT:	Sunday May 4th 2025
TIME:	Start Time 8 : 30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM End Time 1 : 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
PURPOSE OF EVENT:	Fundraiser Colleen Ritter Memorial Fund
LOCATION OF LICENSED ACTIVITY:	Central Park Bartlett st Andover, MA 01810
DESCRIPTION OF OUTDOOR AREA:	Large open field near town hall
WILL THERE BE ENTERTAINMENT?	Just the SK
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 1,000 Children 1,000

PURCHASE AND SERVICE	
IS THE ALCOHOL BEING DONATED?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
WHERE IS THE LIQUOR BEING PURCHASED FROM?	Seaboard, Merrimack, Trillium
ARE THEY A LICENSED WHOLESALER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
WHO WILL BE SERVING THE ALCOHOL?	Matchplay bartenders/managers
IS AT LEAST ONE SERVER TIPS CERTIFIED OR HAVE COMPARABLE SAFETY TRAINING?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

SECURITY PLAN
1. DESCRIBE A PLAN FOR CROWD CONTROL.
An area can be designated for the beer garden. The Str takes place on a large open field, so no capacity issues will arise. Local law enforcement is on site until 1pm as well.
2. DESCRIBE A PLAN FOR DEALING WITH UNRULY PATRONS.
Unruly patrons will be cut off and asked to leave the beer garden. We will have our managers on site monitoring this closely.
3. DESCRIBE A PLAN FOR EMERGENCY EVACUATIONS.
In the event of emergency, there are 360° of exit from the park the event takes place at.
4. DESCRIBE A PLAN FOR CONTROLLING ACCESS TO ALCOHOL BY UNDER AGED PATRONS.
All patrons will be IDed and stamped in order to have the rights to purchase alcohol. Beer wristbands will also be given to those who have been checked.

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:



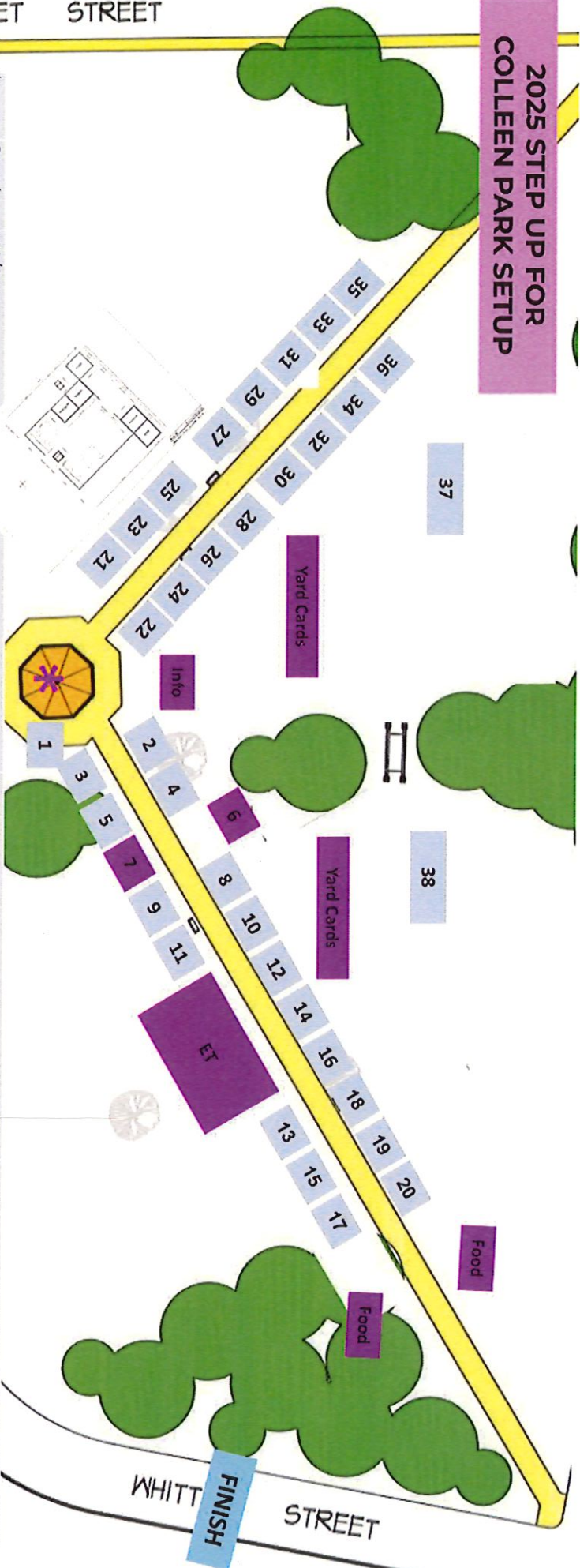
DATE:

2/10/25

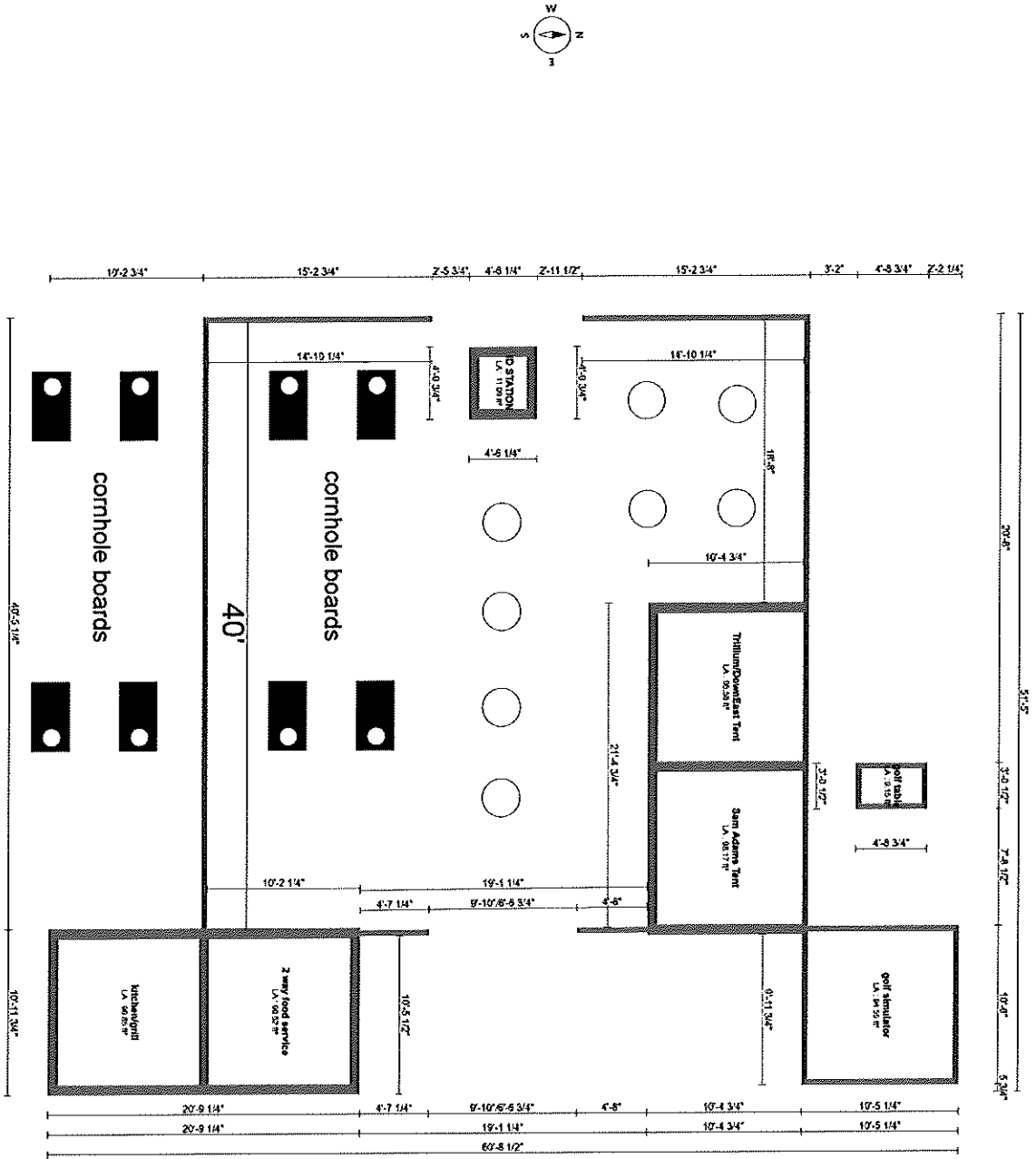
This application must be pre-approved by the Police Department, Fire Department, Health Department, Building Division, and Treasurer before final approval by the Select Board.

2025 STEP UP FOR COLLEEN PARK SETUP

BARTLET STREET



* ET	Gazebo - M/C/Stage	10	31
ET	Entertainment Tent	10	32
Food	Food tables	11	33
1		12	34
2		13	35
3		14	36
4		15	37
5		16	38
6	Photo backdrop	17	39
7	CR bench	18	Beer Garden - Needs Power



Ritzer 5K	2025-03-11T16:15
Plan Ground Floor	Adjusted - Arch B



TOWN OF ANDOVER

TOWN CLERK'S OFFICE

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

TAX FORM

APPLICANT NAME: MP Golf, LLC DBA: Matchplay Golf and Sports Lounge
Andrew Zappala - Managing Member

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: MP Golf, LLC
(Required for all applicants)

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

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

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

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

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



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

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

Applicant Information

Please Print Legibly

Business/Organization Name: MP Golf, LLC DBA: Matchplay Golf and Sports Lounge

Address: 209 N Main St suite 60 Andover, MA 01810

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with 20 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

Insurer's Address: 18 Tremont Street Suite 810

City/State/Zip: Boston, MA 02108

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: Andrew Zappala Date: 11/6/2024

Phone #: 978-771-4016

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)

11/06/2024

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 Malcolm & Parsons Insurance Agency 713 Washington Street P.O. Box 527 Stoughton MA 02072		CONTACT NAME: Jaime Gonsalves PHONE (A/C, No, Ext): (781) 344-3200 FAX (A/C, No): (781) 344-1425 E-MAIL ADDRESS: jll@malcolmandparsons.com	
INSURED MP Golf, LLC DBA: MatchPlay Golf & Sports Lounge 209 N Main Street Andover MA 01810		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Ulca First Insurance Co	NAIC #
		INSURER B: MA Retail Merchants WC Group	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** Master 1/1/26**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			[REDACTED]	10/01/2024	10/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Hired/Non-Owned Auto \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			[REDACTED]	10/01/2024	10/01/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	[REDACTED]	01/01/2025	01/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Liquor Liability			[REDACTED]	10/01/2024	10/01/2025	Each Occurrence \$1,000,000 Aggregate \$1,000,000

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 Bartlet 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 <i>Jaime Gonsalves</i> Business
--------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



eTIPS On Premise 3.1

CERTIFIED

Issued: 08/03/2022

Expires: 08/03/2025



Andrew James Zappala
Matchplay Golf and Sports Lounge



Use Only if Printed



**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 Andover MA 01810
IS THIS A BUSINESS OR NON PROFIT ORGANIZATION?	<input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> NON PROFIT ORGANIZATION
SOCIAL SECURITY/FID #:	[REDACTED]
INDIVIDUAL APPLICANT INFORMATION (THIS INFORMATION IS REQUIRED FOR ALL APPLICATIONS)	
NAME:	James R. Cass
ADDRESS:	[REDACTED]
PHONE:	973.936.3510
EMAIL:	Jim@OAKANDIRONbrewing.com
DRIVER'S LICENSE #/STATE OF ISSUE:	[REDACTED]
DATE OF BIRTH:	[REDACTED]
EVENT INFORMATION	
DATE OF EVENT:	MAY 16 TH (FRI); MAY 17 TH (SAT)
TIME:	Start Time ¹⁶ 5:00 ¹⁷ 12:00 : <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM End Time 8:00 7:00 : <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
PURPOSE OF EVENT:	Clown Town
LOCATION OF LICENSED ACTIVITY:	Andover Town Park
DESCRIPTION OF OUTDOOR AREA:	The beer garden will be set up on the Town Park, next to the Clown Town events and close to food vendors. The beer garden will be enclosed by a perimeter fence.
WILL THERE BE ENTERTAINMENT?	YES
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 <u>500-1000</u> Children <u>500-1000</u>

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. STAFF
IS AT LEAST ONE SERVER TIPS CERTIFIED OR HAVE COMPARABLE SAFETY TRAINING?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

SECURITY PLAN	
1. DESCRIBE A PLAN FOR CROWD CONTROL.	The Perimeter fence (sq.ft) will be large enough to handle even the largest of crowds. IF the area does fill, OAK & IRON STAFF will halt entrance to the beer garden.
2. DESCRIBE A PLAN FOR DEALING WITH UNRULY PATRONS.	This situation is unlikely given the event and times. However if there are unruly patrons, OAK & IRON STAFF will use their training and attempt to diffuse the situation. If unsuccessful, we'll call the Police.
3. DESCRIBE A PLAN FOR EMERGENCY EVACUATIONS.	IF patrons need to evacuate in the case of any emergency, they can knock over the fence to leave.
4. DESCRIBE A PLAN FOR CONTROLLING ACCESS TO ALCOHOL BY UNDER AGED PATRONS.	Each patron is visually assessed before accepting an order. IF the patron is remotely close visually to 21 yo, we request I.D either drivers license or U.S. Passport before serving.

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 P. Carr

DATE:

03.06.2025

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.

TAX FORM

APPLICANT NAME: James 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.

James R. Cass

Signature of Individual or Corporate Name (Mandatory)

James R. Cass

By: Corporate Officer (if corporation)

[Redacted]

Social Security# (if individual)

[Redacted]

Federal Identification Number (FID# if 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 or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. General Laws C. 62c 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 01810 Phone #: 973.936.3510

Are you an employer? Check the appropriate box:

- 1. I am a 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 PARK, SUITE 206
 City/State/Zip: BRAINTREE MA 02185

Policy # or Self-ins. Lic. # [REDACTED] Expiration Date: 01-01-26

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. Carr Date: 11.20.2024
 Phone #: 973.936.3510

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



OAK&IRO-01

TANKERS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/6/2025

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).

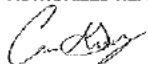
PRODUCER Allen Insurance and Financial 51 Main Street Waterville, ME 04901	CONTACT NAME: PHONE (A/C, No, Ext): (800) 439-4311 E-MAIL ADDRESS: info@allenif.com FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE
INSURED Oak & Iron Brewing Co. 18 Red Spring Rd Andover, MA 01810	INSURER A: Tri State Insurance Co
	INSURER B: Acadia Insurance Co
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			[REDACTED]	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			[REDACTED]	12/31/2024	12/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			[REDACTED]	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 Pers & Adv Injury \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			[REDACTED]			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Liquor Liability			[REDACTED]	12/31/2024	12/31/2025	Each Common Cause 1,000,000
B	Liquor Liability			[REDACTED]	12/31/2024	12/31/2025	Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is included as Additional Insured in regard to the general liability for ongoing operations when agreed in writing in a contract or agreement via the policy broadening endorsement.

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



A 360TRAINING COMPANY

CERTIFICATE OF COMPLETION

This certifies that

James Cass

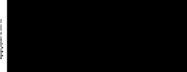
is awarded this certificate for

TIPS On-Premise Alcohol Server Training

Hours: 3.00



Expiration Date: 09/07/2026



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)



CERTIFIED



James Cass



Phone: 800-438-8477

www.gettips.com

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

Signature _____



**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. ANDOVER MA 01810
IS THIS A BUSINESS OR NON PROFIT ORGANIZATION?	<input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> NON PROFIT ORGANIZATION
SOCIAL SECURITY/FID #:	[REDACTED]
INDIVIDUAL APPLICANT INFORMATION (THIS INFORMATION IS REQUIRED FOR ALL APPLICATIONS)	
NAME:	James Cass
ADDRESS:	[REDACTED]
PHONE:	[REDACTED]
EMAIL:	Jim@OAKANDIRONbrewing.com
DRIVER'S LICENSE #/STATE OF ISSUE:	[REDACTED]
DATE OF BIRTH:	[REDACTED]
EVENT INFORMATION	
DATE OF EVENT:	MULTIPLE DATES, See Attached
TIME:	Start Time 4:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM End Time 8:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
PURPOSE OF EVENT:	CONCERT in the PARK (10 EVENTS)
LOCATION OF LICENSED ACTIVITY:	ANDOVER TOWN PARK BARTLET STREET
DESCRIPTION OF OUTDOOR AREA:	The EVENTS will take place on the TOWN PARK (one at Pumps Pond) The ENTIRE AREA: music + seating + beer/wine will all be enclosed within a perimeter fence.
WILL THERE BE ENTERTAINMENT?	YES
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 200 - 1000 Children 50 - 200 EST.

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?	TIPS TRAINED OAK & IRON STAFF
IS AT LEAST ONE SERVER TIPS CERTIFIED OR HAVE COMPARABLE SAFETY TRAINING?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

SECURITY PLAN
1. DESCRIBE A PLAN FOR CROWD CONTROL.
SEE ATTACHES
2. DESCRIBE A PLAN FOR DEALING WITH UNRULY PATRONS.
See ATTACHES
3. DESCRIBE A PLAN FOR EMERGENCY EVACUATIONS.
See ATTACHES
4. DESCRIBE A PLAN FOR CONTROLLING ACCESS TO ALCOHOL BY UNDER AGED PATRONS.
See ATTACHES

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. Carr

DATE:

03.04.2025

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.

Describe a Plan for Crowd Control:

(Andover Rec) The perimeter fencing is placed in such a way as to provide more than adequate space for the intended crowd. Should the crowd be greater than expected and if the fencing can't be expanded, Andover Rec personnel will halt people from entering the event.

Describe a Plan for Dealing with Unruly Customers.

(O&I + MR) As a preventative measure, no patron will be served more than three beverages (wristband mechanism). Should a customer become unruly at the pouring tents, the servers will attempt to diffuse the situation. If unsuccessful, the Police on duty will be called.

(Andover Rec) Should a customer become unruly in the general seating area, Andover Rec staff will attempt to diffuse the situation. If unsuccessful, the Police on duty will be called.

Describe a Plan for Emergency Evacuations

(Andover Rec) If an emergency should arise, Andover Rec staff (with O&I and MR support) will push fencing over, and clear the entrance and exit to allow all guests to exit the area quickly.

Describe a Plan for Controlling Access to Alcohol By Underaged Patrons

(O&I + MR)

- 1) a sign will be posted in the pouring tents identifying the birthdate or before of guests eligible for a beer/wine.
- 2) any patron that could possibly be under 21 years of age will be required to show proof of age via a driver's license or passport

EVENT DATES

BAND	LOCATION	DATE	CONCERT HOURS OF OPERATION	BEVERAGE TENT HOURS OF OPERATION
Coffee to Cocktails	Pomps Pond	June 18th	6:00-8:00pm	4:00 PM - 8:00 PM
60s Invasion	Town Park	June 25th	6:00-8:00pm	4:00 PM - 8:00 PM
Rock the House	Town Park	July 2nd	6:00-8:00pm	4:00 PM - 8:00 PM
12 BARZ BAND	Town Park	July 9th	6:00-8:00pm	4:00 PM - 8:00 PM
ABRAXAS	Town Park	July 16th	6:00-8:00pm	4:00 PM - 8:00 PM
Jazz Disciples	Town Park	July 23rd	6:00-8:00pm	4:00 PM - 8:00 PM
Alice and the Groove Diggers	Town Park	July 30th	6:00-8:00pm	4:00 PM - 8:00 PM
Rico Barr	Town Park	August 6th	5:30-7:30pm	4:00 PM - 8:00 PM
White Street Band	Town Park	August 13th	5:30-7:30pm	4:00 PM - 8:00 PM
4EverFab - The Beatles	Town Park	August 20th	5:30-7:30pm	4:00 PM - 8:00 PM

TAX FORM

APPLICANT NAME: James 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.

James R. Cass

Signature of Individual or Corporate Name (Mandatory)

JAMES R. CASS

By: Corporate Officer (if corporation)

[Redacted]

Social Security# (if individual)

[Redacted]

Federal Identification Number (FID# if 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 or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. General Laws C. 62c 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 01810 Phone #: 973.936.3510

Are you an employer? Check the appropriate box:

- 1. I am a 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 PARK, SUITE 206
 City/State/Zip: BRAINTREE MA 02185

Policy # or Self-ins. Lic. # [REDACTED] Expiration Date: 01.01.26

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: 11.20.2024
 Phone #: 973.936.3510

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)
03/04/2025


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).

PRODUCER Association Members Insurance Agency 80 Willow Road Nahant, MA 19080	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : MA Retail Merchants WC Group Inc.</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : MA Retail Merchants WC Group Inc.		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : MA Retail Merchants WC Group Inc.														
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INSURER E :														
INSURER F :														
INSURED Oak & Iron Brewing Co., Inc. 18 Red Spring Road, Suite 101 Andover, MA 01810														

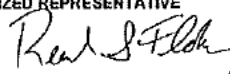
COVERAGES **CERTIFICATE NUMBER: 1** **REVISION NUMBER: 0**

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 SUBR INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____					EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMPI/OP AGG \$ _____ \$ _____	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____	
	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 <input checked="" type="checkbox"/> N N/A			01/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000.00 E.L. DISEASE - EA EMPLOYEE \$ 100,000.00 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)

Location: Events is "Concerts on the Park location is the town Park on Bartlett Street

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



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



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

James Cass

CERTIFIED

Expires: 09/07/2026



Phone: 800-438-8477

www.gettips.com

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

Signature _____

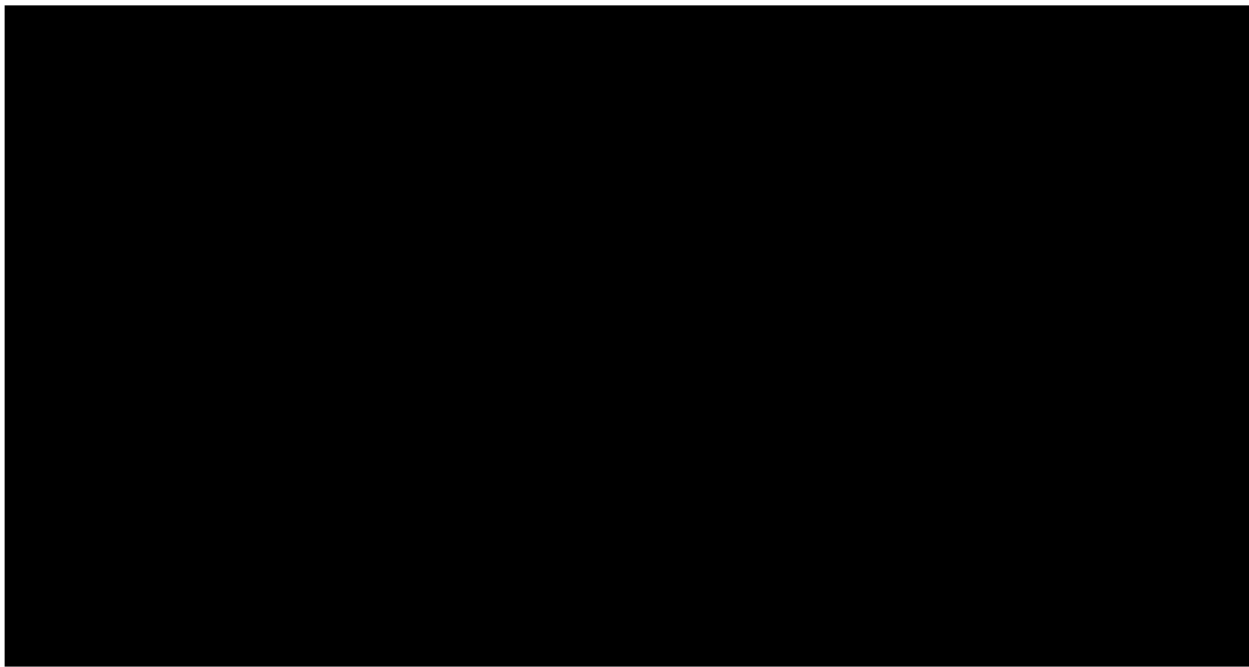


To: Kathryn Forina
Assistant Clerk, Andover MA

From: James Cass
President, Oak & Iron Brewing Co

Date: March 6, 2025

Subject: 2025 \$1000 Clean-Up Deposit



OAK & IRON BREWING CO., INC
18 RED SPRING RD STE 101
ANDOVER, MA 01810-3449

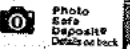
DATE 03.05.2025

PAY TO THE ORDER OF Town of Andover

\$ 1000.⁰⁰

One Thousand ⁰⁰/₁₀₀

DOLLARS



BANK OF AMERICA

FOR 2025 DAMAGE DEPOSIT ON
TOWN PROPERTY

James B. Cass



**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:	Marble Ridge Farm LLC (d/b/a Marble Ridge Winery)
BUSINESS/ORGANIZATION ADDRESS:	11 Marbleridge Road, North Andover, MA 01845
IS THIS A BUSINESS OR NON PROFIT ORGANIZATION?	<input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> NON PROFIT ORGANIZATION
SOCIAL SECURTY/FID #:	[REDACTED]
INDIVIDUAL APPLICANT INFORMATION (THIS INFORMATION IS REQUIRED FOR ALL APPLICATIONS)	
NAME:	Brig Leland
ADDRESS:	11 Marbleridge Road, North Andover, MA 01845
PHONE:	804-801-4114
EMAIL:	brig@marbleridgewinery.com
DRIVER'S LICENSE #/STATE OF ISSUE:	[REDACTED]
DATE OF BIRTH:	[REDACTED]
EVENT INFORMATION	
DATE OF EVENT:	Please see attached schedule.
TIME:	Start Time 4 : 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM End Time 8 : 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
PURPOSE OF EVENT:	Summer Concerts hosted by Town of Andover Rec. Dept.
LOCATION OF LICENSED ACTIVITY:	Please see attached schedule.
DESCRIPTION OF OUTDOOR AREA:	Wine Garden will be situated next to the Beer Garden and cordoned off within the same area as the Beer Garden as identified by the Town of Andover Recreation Department. Please see attached layouts for both locations.
WILL THERE BE ENTERTAINMENT?	Yes, live music.
IS THE EVENT BEING CATERED?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If no, will food be served? <input type="checkbox"/> YES <input type="checkbox"/> NO)
APPROX NUMBER OF PEOPLE ATTENDING:	Adults 200 Children 200

Food will be available for purchase at food vendors/trucks coordinated by Andover Rec.

PURCHASE AND SERVICE	
IS THE ALCOHOL BEING DONATED?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
WHERE IS THE LIQUOR BEING PURCHASED FROM?	Marble Ridge Winery
ARE THEY A LICENSED WHOLESALER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
WHO WILL BE SERVING THE ALCOHOL?	Marble Ridge Winery
IS AT LEAST ONE SERVER TIPS CERTIFIED OR HAVE COMPARABLE SAFETY TRAINING?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

SECURITY PLAN
1. DESCRIBE A PLAN FOR CROWD CONTROL.
Please see attached.
2. DESCRIBE A PLAN FOR DEALING WITH UNRULY PATRONS.
Please see attached.
3. DESCRIBE A PLAN FOR EMERGENCY EVACUATIONS.
Please see attached.
4. DESCRIBE A PLAN FOR CONTROLLING ACCESS TO ALCOHOL BY UNDER AGED PATRONS.
Please see attached.

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.

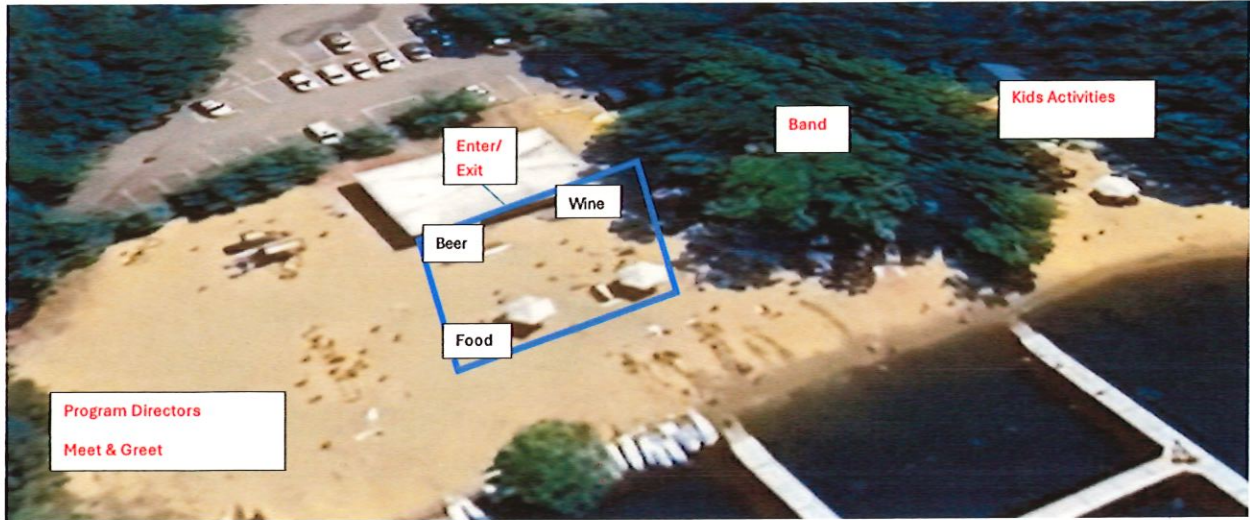
SIGNATURE: *Elbridge Leland II*

DATE: 3/12/2025

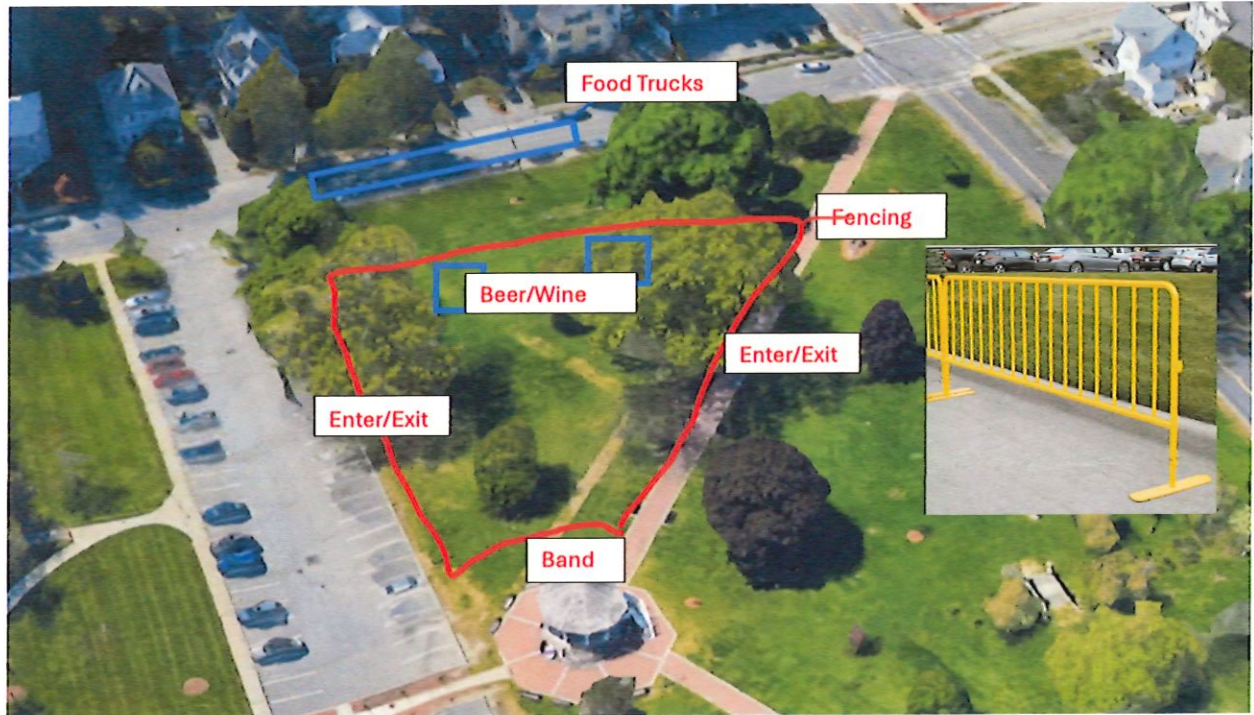
This application must be pre-approved by the Police Department, Fire Department, Health Department, Building Division, and Treasurer before final approval by the Select Board.

Location Layouts

Pomps Pond



The Park



Security Plan

1. **Describe a Plan for Crowd Control** – Andover Rec shall ensure that the perimeter fencing is placed in such a way as to provide more than adequate space for the intended crowd. Should the crowd be greater than expected and if the fencing can't be expanded, Andover Rec personnel will halt people from entering the event.

2. **Describe a Plan for Dealing with Unruly Customers** – As a preventative measure, no patron will be served more than three beverages (wristband mechanism). Should a customer become unruly at the pouring tents, the servers will attempt to diffuse the situation. If unsuccessful, the Police on duty will be called. Should a customer become unruly in the general seating area, Andover Rec staff will attempt to diffuse the situation. If unsuccessful, the Police on duty will be called.

3. **Describe a Plan for Emergency Evacuations** – If an emergency should arise, the servers and Andover Rec staff will push fencing over, and clear the entrance and exit to allow all guests to exit the area quickly.

4. **Describe a Plan for Controlling Access to Alcohol By Underaged Patrons** –
 - a) a sign will be posted in the pouring tents identifying the birthdate or before of guests eligible for a beer/wine.
 - b) Any patron that could possibly be under 21 years of age will be required to show proof of age via a drivers license or passport.

Schedule

Coffee to Cocktails (Location: Pumps Pond)	June 18th (Rain Date: June 19th)
60s Invasion (Location: Park at the Corner of Bartlet St & Chestnut St.)	June 25th (Rain Date: June 26th)
Rock the House (Location: Park at the Corner of Bartlet St & Chestnut St.)	July 2nd (Rain Date: July 3rd)
12 BARZ BAND (Location: Park at the Corner of Bartlet St & Chestnut St.)	July 9th (Rain Date: July 10th)
ABRAXAS (Location: Park at the Corner of Bartlet St & Chestnut St.)	July 16th (Rain Date: July 17th)
Jazz Disciples (Location: Park at the Corner of Bartlet St & Chestnut St.)	July 23rd (Rain Date: July 24th)
Alice and the Groove Diggers (Location: Park at the Corner of Bartlet St & Chestnut St.)	July 30th (Rain Date: July 31st)
Rico Barr (Location: Park at the Corner of Bartlet St & Chestnut St.)	August 6th (Rain Date: August 7th)
White Street Band (Location: Park at the Corner of Bartlet St & Chestnut St.)	August 13th (Rain Date: August 14th)
4EverFab - The Beatles (Location: Park at the Corner of Bartlet St & Chestnut St.)	August 20th (Rain Date: August 21st)



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

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

TAX FORM

APPLICANT NAME: Marble Ridge Farm LLC (d/b/a Marble Ridge Winery)

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)

Elbridge C Leland II

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

Elbridge C Leland II, Manager

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
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): Marble Ridge Farm LLC (d/b/a Marble Ridge Winery)

Address: 11 Marbleridge Road

City/State/Zip: North Andover, MA 01845 Phone #: 804-801-4114

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p>	<p>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input checked="" type="checkbox"/> Other <u>Farm Winery</u></p>
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*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
 † Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
 ‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

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

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

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: Bridget Leland Date: 3/12/2025

Phone #: 804-801-4114

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

City or Town: _____ Permit/License # _____

Issuing Authority (check one):
 1 Board of Health 2 Building Department 3 City/Town Clerk 4 Electrical Inspector 5 Plumbing Inspector 6 Other _____

Contact Person: _____ Phone #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/13/2025

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).

PRODUCER Jason M. Charette Agency, Inc 5 Central St. Topsfield MA 01983		CONTACT NAME: Jason Charette PHONE (A/C No, Ext): (978)887-8304 E-MAIL ADDRESS: Jason.Charette@American-National.com FAX (A/C No): (978)208-4716	
INSURED Marble Ridge Farm LLC 11 Marbleridge Rd North Andover MA 01845		INSURER(S) AFFORDING COVERAGE INSURER A: Farm Family Casualty Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Select Business Package GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			[REDACTED]			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> Y N/A				[REDACTED]		
	Elbridge Leland II is excluded from workers comp. coverage						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Wine Manufacturing - Retail & Wholesale, Special Events, Liquor Liability

 Event: Andover's Summer Concert Series
 Town of Andover is named as an additional insured.

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

AGENCY Jason M. Charette Agency, Inc		NAMED INSURED Marble Ridge Farm LLC	
POLICY NUMBER [REDACTED]			
CARRIER Farm Family Casualty Insurance Co.	NAIC CODE	EFFECTIVE DATE: 05/06/2025	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: _____ FORM TITLE: _____

Andover's Summer Concert Series

- Coffee to Cocktails (Location: Poms Pond) June 18th (Rain Date: June 19th)
- 60s Invasion (Location: Park at the Corner of Bartlet St & Chestnut St.) June 25th (Rain Date: June 26th)
- Rock the House (Location: Park at the Corner of Bartlet St & Chestnut St.) July 2nd (Rain Date: July 3rd)
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- 4EverFab - The Beatles (Location: Park at the Corner of Bartlet St & Chestnut St.) August 20th (Rain Date: August 21st)



A 360TRAINING COMPANY

CERTIFICATE OF COMPLETION

This certifies that

Elbridge Leland II

is awarded this certificate for

TIPS On-Premise Alcohol Server Training



Hours
3.00



Completion Date
01/08/2023



Expiration Date
01/07/2026



Certificate #

[REDACTED]

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | www.360training.com

(CUT HERE)

(CUT HERE)



Issued: 01/08/2023

[REDACTED]

Elbridge Leland II
11 Marlbridge Road
North Andover MA 01845

CERTIFIED

Expires: 01/07/2026



A 360TRAINING COMPANY

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

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

Signature _____



CERTIFICATE OF COMPLETION

This certifies that

Allison Procopio

is awarded this certificate for

TIPS On-Premise Alcohol Server Training

Hours
3.00

Completion Date
06/19/2023

Expiration Date
06/18/2026

Certificate #
[REDACTED]

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | www.360training.com

(CUT HERE)

(CUT HERE)

TIPS On-Premise **CERTIFIED**

Issued: 06/19/2023 Expires: 06/18/2026
Certificate #: ON-000029065725

Allison Procopio
[REDACTED]

TIPS | **360 TRAINING**
A 360TRAINING COMPANY

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

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

Signature _____

12. All licenses and building certificates shall be displayed on the premises in a conspicuous manner where they may easily be seen and read.
13. Any changes to an Alcoholic Beverage License must be approved by the Select Board or the Town Manager under authority of Section C. 2, including but not limited to: transfer of license, change of manager, transfer of stock, new officers and/or directors of a Corporation, change of stockholders in a closely held Corporation, pledge of license, change of Corporation name, change of d/b/a, change of premises including reduction or extension of the area of the licensed premises, or a change in the physical layout of the premises.
14. Licensed premises shall be subject to inspection by the Police Department, Fire Department, Inspector of Buildings and/or any duly authorized agent of the Select Board or Alcoholic Beverage Control Commission.

F. EVENTS WITH ALCOHOL IN GENERAL – SPECIAL LICENSES

1. One Day Special Licenses are issued by the Town Manager pursuant to MGL Ch. 138 Section 14.
2. Alcohol served at events held outside of a private residence are presumed to result in a sale of alcohol. As such, a One-Day Special License under Chapter 138 Section 14 shall be required for such events, unless such event falls within an exception stated in this policy. In the case of events held by private residents, outside of their private residence, the Town shall not require a special license where: 1) the event is by invitation only, 2) money is not exchanged for alcohol, 3) tickets are not sold, 4) a donation is not required or solicited, or 5) an entrance fee is not charged.
3. Businesses or charities which hold events where liquor is served are required to obtain a One-Day Special License unless evidence is provided to the Licensing Agent which rebuts the presumption of a sale. The Licensing Agent shall determine whether a Special License is required under Chapter 138 Section 14, and applicable rules and regulations. In making such a determination, the Licensing Agent shall consider such evidence as the location of the event, the purpose of the event, who is invited to the event, what fees are charged for the event, and other relevant information.
4. Charities which have wine donated must apply for a Charitable Wine Pouring or Charitable Wine Auction.
5. Events at the Town House – Special Requirements
 - (a). All businesses or organizations holding events at the Town House must file an application for a One-Day Special License with the Town Clerk. The Town Clerk's Office will determine if a License is necessary.

- (b). Private individuals holding events at the Town House where alcohol is sold, tickets are sold, or an entrance fee is charged, must obtain a One-Day Special License. These events are only eligible for a Beer and Wine License.
 - (c). Private individuals holding private parties or events at the Town House are not required to obtain a One-Day Special License where: 1) the event is invitation only and 2) alcohol is not sold, tickets are not sold, a donation is not required or solicited, or an entrance fee is not charged.
 - (d). In all cases, where alcohol is served, it must be served by a caterer or bar service who has presented evidence of liquor liability insurance to the Town. The Town has the right to reject any requests to serve alcohol at the Town House regardless of whether a Special License is required.
6. For events that require a One-Day Special License, all alcohol must be purchased from a licensed Massachusetts wholesaler, in compliance with M.G.L. Chapter 138, Section 14, or a Caterer licensed under M.G.L. Chapter 138, Section 12C. Alcohol may not be purchased from any other source. A list of wholesalers is available at the Town Clerk's Office or through the State Alcoholic Beverages Control Commission.
 7. Special licenses may be issued only to a natural person or a natural person in conjunction with a business, organization, or charity. The person named on the Special License must sign the application for the license. The person named on the license is responsible for management of the license and shall be on the premises for the entire event. The person named on the license shall be a United States citizen.
 8. All Alcoholic Special Licenses shall only be issued to a non-profit organization. Proof of an organization's non-profit status may be required.
 9. A person or entity may only be issued a maximum of 30 One-Day Special Licenses in any calendar year.
 10. Holders of Section 12 or Section 15 licenses, that are not Massachusetts licensed wholesalers, are subject to disciplinary action by the Select Board if such licensee is found to have illegally sold alcohol to Section 14 license holders.
 11. No alcohol may be stored on any unlicensed premise. For special events covered under a One-Day Special License, alcohol must be delivered the day of the event and removed from the premises after the event at the expiration of the Special License. Under State Alcoholic Beverages Control Law, M.G.L. Chapter 138, Section 22, holders of a One-day Special License may not transport alcohol without a permit. A caterer may transport alcohol on behalf of a Special License holder only if that caterer has a current transport permit issued by the Alcoholic Beverages Control Commission.

12. Holders of a One-Day Special License must provide patrons with, or sell to patrons, substantial food, as determined by the Public Health Division, that can be procured and consumed in close proximity to where the alcohol is served, in accordance with guidance prepared by the Public Health Division.
13. The licensee shall post the Special License in a conspicuous location during the event.
14. No special licensee may sell or deliver any alcoholic beverages between the hours of 2:00 a.m. and 8:00 a.m. Special licensees may sell or serve alcoholic beverages between the hours of 11:00 a.m. to 1:00 a.m., Monday through Saturday, and 12:00 p.m. to 1:00 a.m. on Sundays. Notwithstanding the foregoing, the Select Board may alter the specific hours and terms of sale and service of alcohol.
15. The ~~Select Board~~Town Manager may refuse to issue or reissue a special license, if the licensee fails to comply with state or local regulations or any reasonable requirements of the local licensing authority. The Select Board may suspend, cancel or revoke a special license, after a hearing, if the licensee fails to comply with state or local regulations or any reasonable requirements of the local licensing authority.

G. SPECIAL LICENSE: FARMER-WINERY & FARMER'S MARKET
G. (Chapter 138, Section 15F)

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1. Pursuant to MGL Chapter 138 Section 15F, the Town may issue a Farmer's Market Permit to applicants who are farmer brewers (M.G.L. c. 138, § 19C), pub brewers (M.G.L. c. 138, § 19D), and farmer distillers (M.G.L. c. 138, § 19E). The Town may also issue a Farmer-Winery Special License to an applicant authorized to operate a farmer-winery under Section 19B of Chapter 138, or any other state, a special license for the sale of wine produced by or for the licensee for off-premises consumption at an indoor or outdoor agricultural event.
2. All sales shall be conducted by an agent, representative, or solicitor of the licensee to customers who are at least 21 years of age.
3. A licensee under this section may provide, without charge, samples of wine and malt to prospective customers at an indoor or outdoor agricultural event in conformity with said Section 15F as the same may be from time to time amended.
4. The term "agricultural event" shall be limited to those events certified by the Department of Agricultural Resources as set forth in said Section 15F. A copy of the certification, with all supporting documentation submitted to the Department, shall be submitted to the Town Clerk with the license application.
5. A license may be granted for an indoor or outdoor agricultural event which takes place on multiple dates and/or times during a single calendar year, but no special license shall be granted for an agricultural event that will not take place within one calendar year.

6. The license application form shall be prepared by the Town Clerk and shall be made available on request. The application shall be signed on behalf of the applicant by a natural person duly authorized by the applicant and by the agent, representative or solicitor (as those terms are used in section 15F) on his or her own behalf. The authorized signer for the applicant and the agent, representative or solicitor may be the same person.

H. SECTION 12 POURING LICENSE PREMISES: GOLF COURSES

1. When acting on an application to license the sale and service of alcohol on a golf course the Select Board shall take into account the distance from residential dwellings, schools, and/or churches, the character of the surrounding neighborhood, noise, lighting, other licenses in the area and any and all other reasonable and proper concerns.
2. The specific location of stationary stands and/or structures for the sale and service of alcohol within golf course premises shall be approved the Board. Stationary stands and/or structures must serve within the approved location. Approval of the serving location shall take into account the distance from residential dwellings, schools, and/or churches, the character of the surrounding neighborhood, noise, lighting, other licenses in the area and any and all other reasonable and proper concerns.
3. The Select Board's approval of premises that are intersected, interrupted or divided by public ways is conditional upon the applicant receiving a transportation permit from the Alcoholic Beverages Control Commission.
4. No licensee shall permit any patron to possess alcoholic beverages on the grounds of approved golf course premises other than those alcoholic beverages purchased from that licensee
5. No licensee shall permit any patron to carry or transport any alcoholic beverages off the grounds of approved golf course premises.
6. No licensee shall permit any patron to carry or transport any alcoholic beverages on any public way.
7. Alcohol is not permitted in parking lots. No parking lot shall be included in the description of the licensed premises. Parking lots of a golf course will be treated the same as a public way.
8. At the intersection of each cart path with a public way, at the edge of parking lots, and other approved locations bordering the course the licensee shall erect sign posts with the following required signage / information:

"No alcoholic beverages permitted beyond this point."
"Operating a golf cart while under the influence is a criminal offense punishable by law."

"Possessing an open container of alcohol on a public way is a criminal offense.

These signs shall be in a conspicuous place where these signs can be easily read. The licensee shall post these signs regardless of whether or not the licensed premises extend beyond the public way or not.

9. At the intersection of each cart path with a public way, at the edge of parking lots, and other approved locations bordering the course the licensee shall place receptacles for beverage containers.
10. No more than two drinks shall be sold, delivered or in the possession of any one patron at any time while on the grounds of the approved golf course premises.
11. Alcohol must be properly stored and secured at all times. Alcohol shall not be stored overnight in wheeled carts.

I. SECTION 12 POURING LICENSE PREMISES: PATIOS AND OUTDOOR AREAS

1. When acting on an application to license the sale and service of alcohol on a patio and/or outdoor area the Select Board shall take into account the distance from residential dwellings, schools and/or churches, the character of the surrounding neighborhood, noise, lighting, other licenses in the area and any and all other reasonable and proper concerns.
2. Preferred are areas where alcohol is served to patrons who are seated at tables and where food is available.
3. The patio and/or outdoor area must be contiguous to the licensed premises and the licensee shall have a view of the outdoor premises from inside or staff shall be present in the serving area at all times. A clear path of ingress and egress from the inside to the outside must be clearly established to ensure safe, uninterrupted travel of patrons and the service of alcoholic beverages. The patio and/or outdoor area must have adequate exits in case of emergency.
4. The premises must be enclosed by a fence, rope or other means to prevent patrons or members of the public from wandering in or out and ensure the licensee has control of the area.
5. No licensee shall permit any patron to possess alcoholic beverages on the licensed patio or outdoor area other than those alcoholic beverages purchased from that licensee.
6. No licensee shall permit any patron to carry or transport any alcoholic beverages off the grounds of the approved patio and/or outdoor premises unless otherwise authorized by State Law.

7. Alcohol is not permitted in parking lots. A parking lot shall not be considered a patio or outdoor area under this policy. No parking lot shall be included in the description of licensed premises.
8. Licensees shall act reasonably and diligently to disperse loiterers or patrons who attempt to congregate outside the licensed patio and/or outdoor premises, especially those on public sidewalks and those in parking lots.
9. Alcohol must be properly stored and secured at all times. Alcohol shall not be stored overnight in outdoor areas and/or on patios.
10. Nothing in this policy shall be interpreted as an endorsement of the drinking and or serving of alcohol on public sidewalks or any outdoor area owned, maintained, or controlled by the Town, except pursuant to a license issued under Policy XI.5 "Regulations For Outdoor Dining Licenses".

J. HOURS OF OPERATION

Section 12 - Pouring Licenses:

Mon-Sat: 11:00 A.M. to 1:00 A.M.
 *Sunday: 12:00 P.M. to 1:00 A.M.

*Licensees may apply for permission to open at 10:00 A.M. on Sundays.

Section 15 - Package Stores:

Mon-Sat: 8:00 A.M. to 11:00 P.M. (11:30 P.M. on the day before a legal holiday)
 Sunday: Noon to 11:00 P.M. (11:30 P.M. on the day before a Monday legal holiday)

K. SUNDAY PACKAGE STORE OPENINGS

The retail sale of alcoholic beverages not to be drunk on the premises is permitted on Sundays by retail establishments licensed under M.G.L. Chapter 138, Section 15; provided, however, that there shall be no such sales prior to the hour of 12:00 noon or on Christmas Day if Christmas occurs on a Sunday; and provided further, that establishments operating under this clause which employ more than 7 persons shall compensate all employees for work performed on a Sunday at a rate of not less than one and one-half of the employee's regular rate. No employee shall be required to work on a Sunday and refusal to work on a Sunday shall not be grounds for discrimination, dismissal, discharge, reduction of hours or any other penalty. (See M.G.L. Chapter 136, Section 6)

L. ALCOHOLIC BEVERAGE LICENSES ON TOWN OWNED PROPERTY

The Consumption of alcohol is not allowed on Town owned property, except 1) at the Town House under controlled conditions; i.e., such alcohol must be served by a person in the employ of a caterer or bar service who has presented evidence of liquor liability insurance to the Town; 2) pursuant to an Outdoor Dining License issued in conformity with Policy XI.5 "Regulations For Outdoor Dining Licenses," or 3) pursuant to a Special License for Outdoor Events on Town owned property ~~approved by the Select Board and~~ issued in conformity with Policy XI.2.N "Special One-Day Alcohol License Policy and Application for Outdoor Events on Town-Owned Property."

M. FEES: ALCOHOLIC BEVERAGE LICENSES

The following are the fees that are charged in the Town of Andover for Alcoholic Beverage Licenses at the time of the issuance of the License and for the renewal of the license.

LIQUOR LICENSES	TOWN	ABCC
Innholder - All Alcoholic	Application 125.00	200.00
	Fee 4500.00	-----
Restaurant - All Alcoholic	Application 125.00	200.00
	Fee 4500.00	-----
Retail Pkg. Goods - All Alcoholic	Application 125.00	200.00
	Fee 2000.00	-----
Club - All Alcoholic	Application 125.00	200.00
	Fee 2000.00	-----
Retail Pkg. Goods - Wine & Malt	Application 125.00	200.00
	Fee 1500.00	-----
Restaurant - Wine & Malt	Application 125.00	200.00
	Fee 2000.00	-----
Innholder - Wine & Malt	Application 125.00	200.00
	Fee 2000.00	-----
One-Day All Alcoholic	50.00	
One-Day Wine & Malt	50.00	

Charitable Wine Pouring 75.00

Farmer-winery and Farmer's Market
Permits (MGL Ch. 138 Sec. 15F) _____ 50.00

Fees for a new license, other than a one-day license, a Charitable Wine Pouring license or a Farmer-winery license, will be adjusted on a quarterly basis over a twelve (12) month period from January 1st thru December 31st, i.e., on April 1st, July 1st and October 1st, and will be effective as of the date of the issuance of the license.

**N. SPECIAL ONE-DAY ALCOHOL LICENSE POLICY &
APPLICATION FOR OUTDOOR EVENTS ON TOWN OWNED
PROPERTY**

1. The ~~Select Board~~Town Manager may grant a special license pursuant to M.G.L. Chapter 138 Section 14 for the sale of wine and malt beverages only, or either of them, for an outdoor event on ~~such~~ Town property as it, in ~~its~~his or her discretion, deems to be suitable for such event in accordance with this policy and on such terms and conditions as ~~it~~her or she deems to be in the best interest of the Town. Throughout this policy N., including this Section 1, the Select Board shall act in place of the Town Manager when the special license is applied for for the first time by an applicant, for a specific event, and at a specific location. In subsequent applications by such applicant for such event and location, the Town Manager will act as described in this policy N.
2. A Special License for the sale of wine and malt beverages only, or either of them, on ~~T~~own property may be granted to the responsible manager of a non-profit organization conducting an outdoor event on Town property on terms and conditions approved by the ~~Select Board~~Town Manager.
3. A Special License for the sale of wine and malt beverages only, or either of them, on ~~T~~own property may be granted to the responsible manager of any enterprise in support of a community event on terms and conditions approved by the ~~Select Board~~Town Manager.
4. This policy shall also apply to property under the care, custody and control of the Andover School Committee and the Andover Conservation Commission. The School Committee and Conservation Commission shall, with regard to property under their respective care, custody and control, first approve applications brought under this policy before the applicant may seek final approval from the ~~Select Board~~Town Manager.
5. Outdoor sale and consumption of wine and malt beverages may occur only in a defined outside area described in the application and approved by the ~~Select Board~~Town Manager.
6. Consistent with Section 14 of Massachusetts General Laws Chapter 138, a responsible manager and alternate shall be named by the organization, one of whom shall be on the premises at all times while alcohol is being served. The responsible manager must be at least

21 years of age. The name(s) and 24-hour contact information shall be on file with the Office of the Town Manager and Police Services Division.

7. The ~~Local Licensing Authority (Select Board)~~ **Town Manager** may impose reasonable conditions and limitations on any Special License that is granted, including but not limited to the description of the Licensed area, the hours of operation and the presence and payment for a police detail(s), and any custodial or other town personnel assigned to the event.
8. The applicant must present a security plan to the Andover Police Department before filing an application. This security plan must include provisions for crowd control, dealing with unruly patrons, emergency evacuations, traffic/parking considerations, and controlling access to alcohol by under aged persons. Unless circumstances warrant otherwise, the security plan will require one police officer for an event that 150 people are expected to attend and two officers for an event that 300 or more people are expected to attend. *The Chief of Police, or his or her designee, must sign off on this application as to the security plan for the event before the application is ~~filed with the Select Board~~ considered for approval by the Town Manager.* Moreover, applicants must demonstrate that people who will be serving alcoholic beverages are at least 21 years of age and that at least one person who will be staffing each point of service of alcoholic beverages has certification in TIPS or comparable safety training.
9. The application shall also be reviewed and signed off on by Andover Fire Rescue, Public Works, the Public Health Division and Inspectional Services before the application is ~~considered for approval by the Town Manager~~ **filed with the Select Board.**
10. Holders of a One-Day Special License must provide patrons with, or sell to patrons, substantial food, as determined by the Public Health Division, that can be procured and consumed in close proximity to where the alcohol is served, in accordance with guidance prepared by the Public Health Division.
11. Unless otherwise ~~voted by the Select Board~~ **approved by the Town Manager**, each Special License shall cover a single event.
 - a. A Special License is granted for a single event only. A separate Special —License may be granted for each day of an event if the event takes place on more than one consecutive day.
 - b. The fee for a Special License shall be charged on a per-day basis, \$50.00 for day one and \$25.00 for each additional consecutive day due with application submittal. Please make check out to the: Town of Andover.
12. The ~~Select Board~~ **Town Manager** reserves the right to decline to consider any application filed later than 30 days before the proposed event. The ~~Board~~ **Town Manager** may require the filing of references by the applicant at its discretion. The application shall be in the form prescribed in this policy and shall be submitted to the Town Clerk.

13. The Licensee (and their heirs, successors and assigns in interest) shall indemnify, defend and save harmless the Town of Andover, its officers, employees, agents, board members and volunteers from and against all suits, actions, claims, demands, damages, losses, expenses, and costs of every kind and description including reasonable attorneys' fees relating to or arising from the event, and shall release the Town of Andover, its officers, employees, agents, board members and volunteers from any and all suits, actions, claims, demands, damages, losses, expenses, and costs of every kind and description, including reasonable attorneys' fees related to or arising from the event.
14. The Licensee shall carry or require that there be carried Workers' Compensation Insurance for all employees engaged in work at the event, in accordance with the State Workers' Compensation Laws. The Licensee shall furnish a certificate of insurance to the Town evidencing coverage of Workers' Compensation Insurance. In addition, the Licensee shall carry Commercial General Liability Insurance, and Liquor Liability Insurance, with limits hereinafter set forth to cover the Licensee, its employees and/or volunteers and the Town against claims which may occur or result from operations under this Agreement. Such insurance shall cover the use of all equipment related to the provision of outdoor dining services. The Commercial General Liability Policy and Liquor Liability Insurance Policy, shall insure against all claims and demands for bodily injury and property damage related to the event. The Applicant must provide explicit proof of insurance for damages caused by any person and not just the Applicant to the Town property upon which the event will occur. Every policy shall have limits of at least \$1,000,000 per occurrence, \$1,000,000 per occurrence for damage to rented premises, and \$2,000,000 in the aggregate. The Town shall be named as an "additional insured" in all Commercial General Liability and Liquor Liability policies for such insurance with specific reference as to coverage related to this License. All such policies shall provide a waiver of subrogation in favor of the Town. Prior to the issuance of the License, the Licensee shall furnish a certificate of insurance to the Town certifying the above insurance requirements including a specific reference to at least a \$1,000,000 limit for damages to rented premises, and a copy of an endorsement that the Town is an additional insured and a copy of an endorsement including waiver of subrogation prior to the issuance of the License.
15. Special Licenses shall not be granted to any person for more than a total of 30 days in any calendar year.
16. A Special License shall not be granted to any person who has an on-premise license application pending.
17. Alcoholic beverages must be purchased from the list of Authorized Sources published by the Alcoholic Beverages Control Commission.
18. Documentation of non-profit status in a form satisfactory to the ~~Select Board~~Town Clerk shall be submitted at the time of application from a non-profit organization.

19. The terms and conditions of each License shall be contained in a License Agreement approved by the ~~Select Board~~Town Manager and signed by an authorized representative of the Licensee prior to the issuance of the License.
20. The Licensee shall be responsible for cleaning the Town property after the event and shall leave the property in the same condition it was before the event. The Licensee shall deposit the sum of \$1000.00 with the Town as security for such cleaning. Funds shall be returned after the event if the Town property is in satisfactory condition. If the funds deposited are not sufficient to restore the property or repair any damages, the Town may recover the cost of repair or restoration from the Licensee, in addition to any other remedies that the Town may have.
21. Organizers of any event requiring a Special Alcohol License must comply with state statutory and regulatory requirements, which can be found on the website of the Alcoholic Beverages Control Commission: ~~WWW.MASS.GOV/ABCC~~. See Chapter 138, Section 14, of the Massachusetts General Laws and 204 C.M.R. 7.00. If necessary, organizers should consult private counsel to ensure compliance with these legal requirements.



Andrew P. Flanagan
Town Manager

TOWN OF ANDOVER

Town Manager's Office
36 Bartlet Street
Andover, MA 01810
978-623-8210
www.andoverma.gov

Please be informed that the Andover Select Board, at their meeting on Monday, April 14, 2025, will discuss the following proposed amendments to the Town of Andover's Traffic Rules and Regulations:

Schedule 3, Article VII, Section 9 – Isolated Stop Signs

Location: Arcadia Road at Sunset Rock Road

Amend to: Isolated stop on Arcadia Road at Sunset Rock Road

The Select Board meeting will be held in the Select Board Room located on the 3rd floor of Town Offices, 36 Bartlet Street, at 7:00 P.M.

If you have further questions regarding this discussion, please contact Safety Officer Glen Ota at 978-623-3564.



Stop Sign

Google



Peppercorn Ln

Stop sign





Select Board Meeting

Monday, March 27, 2025 7:00 PM

Select Board Room, Town Offices

36 Bartlet Street Andover, MA 01810

I. Call to Order – 7:00 P.M.

The Chair, Laura Gregory called the meeting to order at 7:03 PM.

Members in attendance: Vice Chair Ellen Townson, Alex Vispoli, Melissa Danisch.

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

Alex Vispoli moved for the Board to go into Executive Session for confidential communication with Town Council pursuant to Option 6 to discuss the purchase, exchange, lease or value of real property, and for the Chair to declare that an open session may have a detrimental effect on the negotiating position of the Town; and return to open session. The Chair so declared. Roll call: Melissa Danisch-Y, Alex Vispoli-Y, Ellen Townson-Y, and Laura Gregory-Y. The Board moved to Executive Session.

The Board returned to Regular Session after completion of the Executive Session.

II. Opening Ceremonies

A. Moment of Silence/Pledge of Allegiance

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

Chair Laura Gregory congratulated Melissa Danisch and Alex Vispoli on being re-elected to the Select Board.

III. Town Manager Report

The Town Manager reported that the Solid Waste and Recycling roadshow has officially begun, and they had a well-attended session on the changes to the Trash and Recycling Program at the Robb Center yesterday with a lot of interesting questions. The Town Manager thanked DPW Director Carlos Jaquez for leading the session. The next two in-person events will be held in the Select Board Meeting Room on Wednesday, April 9th at 6:30 PM and on April 22nd at 6:30 PM at the Ballardvale Fire Station.

The second public meeting for the reuse of Shawsheen School will be held at the Memorial Hall Library on Wednesday, April 16th at 6:30 PM. They received a lot of good

information and response to the forum held on March 4th. Information can be found on the Town Website or email questions to them at shawsheenreuse@andoverma.us. On Thursday April 24th the Annual Pre-Town Meeting Forum will be held in the Select Board Room to review questions for Town Meeting will be held in the Select Board Meeting Room on Thursday, April 24th when they will go over the Warrant Articles. This is a great opportunity to have questions answered as all members of the Leadership Team will be in attendance. The meeting will be live streamed as well as a hybrid option to take questions from residents at home.

Today they filmed their first monthly Town Manager Talk Show which will be a monthly show with Austin Simko speaking about the Historical District, Paul Materazzo spoke about Zoning and Carlos Jacquez spoke about trash pickup.

At the Permanent Town Building Advisory Meeting they produced some illustrations for the timeline for the AHS Improvement Project. The working group has made positive progress on concepts. Public presentations will be held in April and if a project is moved forward, the School Committee, Select Board and Finance Committee will have to approve the design and plans first. The timeline produced is very visual and can be viewed online at [andoverma.gov/AHSImprovement Project](http://andoverma.gov/AHSImprovementProject).

Andover Recreation has moved into their new space on the lower round level of the Town Administration Building. The next and final phase of the improvement phase will require the departments on the lower level to move out and upon completion of the updates the offices will return to Town Hall. There should be no interruption in service.

Andover Elder Services is hosting an Open House and information session about the Robb Center Social Day Program on Wednesday April 22nd which is open to Andover residents and residents of other communities as well.

Patrick Lawlor recognized Shawna M. McCloskey and Kristine A. Arakelian who are both social workers in Elder Services and who will be among the recipients of the Rotary for Citizens Who Care Award. The ceremony to be held on May 8th at the Andover Country Club.

Austin Simko reported on the recent Town Meeting Election with a turnout of 3,200 voters (12%) voting in the Town Election which are some of the most challenging elections they run. Austin is grateful to the Town staff and officials for the work they do.

Congratulations to the Andover Selectmen Melissa Danisch and Alex Vispoli on being re-elected to the Select Board

Melissa Danisch and Alex Vispoli thanked Austin for the Swearing in Ceremony and also thanked all of the Election Officials who worked hard to run the election.

Town Counsel Doug Heim expressed appreciation to Kathryn Forina for her continued work on the Warrant and the Finance Committee Report. He also said that the remote provisions relative to the Open Meeting Provisions passed during Covid expire on March 31, 2025. A bill did pass and is awaiting approval by Governor Healey to extend the current rules until June of 2027.

Alex Vispoli recognized DPW Director Carlos Jacquez who did an excellent job handling the questions at the meeting on the new Trash and Recycling Program held at the Robb Center.

Motorcycle Awareness Proclamation

Alex Vispoli read the Motorcycle Awareness Proclamation which states that there is a growing need for cooperation amongst drivers, motorcyclists and pedestrians who all who use our streets roads and highways to increase their knowledge and rights of all that use the roads. The Proclamation urges drivers to check twice and save a life.

The Select Board hereby proclaims March 23, 2025 to April 30, 2025 to be Motorcycle Safety Awareness Period in the Town of Andover and wish all who ride an enjoyable and safe riding season. The representatives of the Motorcycle Awareness Proclamation thanked the Select Board for their support.

IV. Public Comment – None

V. Regular Business - None

A. Annual Town Meeting Articles

Financial Housekeeping

Board to consider voting to take a position on the following articles which the Town Manager reported on the following articles.

<p>P6-Financial Housekeeping Articles (A-G) (P6-B), Minor Financial Articles, Budget Transfers (expect to be withdrawn), Supplemental Budget Appropriations – i.e. Snow and Ice, Stabilization Fund and Free Cash. Repurposing and transferring of Capital Funds where needed and can be broadly applied. Total of \$137,625,46. Board voted 4-0 to recommend Town Meeting Approval of P6-8.</p> <p>P6-E Unexpended Appropriations to close out unexpended appropriations and to transfer those funds to Water Enterprise Retained Earnings.</p> <p>Melissa Danisch moved to recommend Town Meeting Approval of P6-E. Motion seconded by Alex Vispoli and voted 4-0 to approve.</p>

	<p>P6-F: Unexpended Appropriations – Capital Projects Fund Melissa Danisch moved to recommend Town Meeting approval of P6-F as presented. Motion seconded by Ellen Townson and voted 4-0 to approve.</p> <p>P6- G: Fiscal Year 2026 Revolving Accounts. Alex Vispoli moved to recommend Town Meeting Approval of Article P6-G. Motion seconded by Ellen Townson and voted 4-0 to approve.</p> <p>P6-H- PEG Access and Cable Related Expenses in the amount of \$463,389 Annual funding for AndoverTV. Melissa Danisch moved to recommend Town Meeting Approval of Article P6-8 as presented. Motion seconded by Alex Vispoli and voted 4-0 to approve.</p> <p>P6-I Pension Obligation Bond Stabilization Fund Transfer: Transfers of \$419,731 to Pension Obligation Bond Stabilization Fund from General Fund Revenue and Employee unfunded Offset Account (\$269,731 from Employees Unfunded Offset) with the balance of \$150,000 coming from taxation.</p> <p>Alex Vispoli moved to recommend Town Meeting Approval of Article P6-I. Motion seconded by Ellen Townson and voted 4-0 to approve</p>
	<p><u>Article 31 Land Acquisition of 0 Essex Street</u></p> <p>The Town Manager reported that the Finance Committee unanimously recommended approval. The Town of Andover owns 3 Ridge Street and the Archdiocese of Boston generally controls 0 Essex Street which extends into Essex which is actively a historically used and maintained as a Town road.</p> <p>The Town received a \$3.3M Mass Works Grant to rebuild and improve the Essex Street corridor and land acquisition. moved to approve P31 Essex Street Land Purchase</p> <p>3 Ridge Street has an assessed value of \$57,900 and 0 Essex Street has a land value of \$490,500. The Town Manager reported on the assembled values. Value without the Road area \$440,340; current value of Town parcel (\$57,9000). The new Net Value would be \$382,440.</p>

	<p>The combined value has not been adjusted to reflect a conforming lot and the totals do not reflect the area needed for the road and public ways. Based on projected value, the assembled parcel has been adjusted to reflect a conforming lot based on projected assessed values.</p> <p>If purchased, the plan would be to clean up the parcel and possibly include a small park available for Town use for the purchase amount of \$365,000 and \$10,000 for related cost allocation; repurposing \$92,216.47 from existing capital balances.</p> <p>The presentation included a Financing Plan through the repurposing of Capital Funds explained by the Town Manager. The Board discussed the proposal and the safety issues it would solve.</p> <p>Melissa Danisch moved to approve P-31 Essex Street Land Purchase Acquisition. Motion seconded by Alex Vispoli and voted 4-0 to recommend Town Meeting Approval.</p>

B. Hartigan Court

Board to discuss and consider voting to accept an easement for Hartigan Court.

Town Counsel Doug Heim reported on the request for acceptance of the easement for Hartigan Court to allow for a sewer line. The construction is time sensitive. Hartigan Court is a ‘true’ private way. There was no recorded evidence of easements but there was a sewer line there. They have to move the sewer line from the existing location to rectify a long-standing issue.

Melissa Danisch moved that the Board accept and sign the sewer agreement for DJA LLC for none Hartigan Court. Motion seconded by Ellen Townson and voted 5-0 to approve.

1. Select Board Policy Section XI.2.L “Alcoholic Beverages on Town Owned Property

Austin Simko reported that this event can only be held at Old Town Hall which is currently off-line and will be for some period of time; the issue is that we have groups/individuals who will be interested in wanting a one-day license to use Town Buildings and having a license for alcoholic beverages. This would be a temporary situation for a one-day license.

The inter-department review will be required. They expect the Robb Center and possibly the Youth Center spaces may come into play while Old Town Hall is off-line. The Board discussed the request.

Town Counsel Doug Heim said most of the spaces don't have another entity and it would be wise to check with the Library Board of Trustees; however, the Robb Center and Youth Center are Town Buildings; groups could still use the Youth Center but not allow alcohol use.

The Board to approve this policy carving out the usage from an alcohol perspective.

Alex Vispoli moved to temporarily amend Select Board Policy Section XI.2.L "Alcoholic Beverages on Town-Owned Property" to permit the indoor service of beer and wine on Town-owned properties pursuant to a One-Day Liquor license during the period in which the Andover Town House is unavailable for rental; not to include the Youth Center, and that the issuance of a One-Day Liquor license shall be subject to the inter-departmental review process and the Town Manager's approval of the venue's suitability and event hours; and that all other requirements for such One Day licenses on Town property shall be in effect. Motion seconded by Melissa Danisch and voted 4-0 to approve.

VI. Approval of Minutes: March 10, 2025 Meeting

On a motion by Alex Vispoli and seconded by Ellen Townson, the Select Board voted 4-0 to approve the Select Board Minutes of March 10, 2025.

VII. Adjourn

At 8:15 PM on a motion by Alex Vispoli and seconded by Melissa Danisch, the Select Board voted 4-0 to adjourn the meeting of March 27, 2025.

Respectfully submitted
Dee DeLorenzo
Recording Secretary