



**Truro Board of Selectmen Meeting Agenda**  
**Tuesday, December 1, 2015**  
**Regular Board of Selectmen Meeting - 5:00pm**  
Selectmen's Chambers Town Hall 24 Town Hall Road, Truro

**1. PUBLIC COMMENT**

- A. Open the Regular Meeting
- B. Public Comment Period - *The Commonwealth's Open Meeting Law limits any discussion by members of the Board of an issue raised to whether that issue should be placed on a future agenda*

**2. PUBLIC HEARINGS NONE**

**3. BOARD/COMMITTEE/COMMISSION APPOINTMENTS NONE**

**4. TABLED ITEMS**

- A. Update on Charter Review Committee Recommendations (Move for Action)  
Presenter: Bob Panessitti, Charter Review Committee

**5. BOARD OF SELECTMEN ACTION**

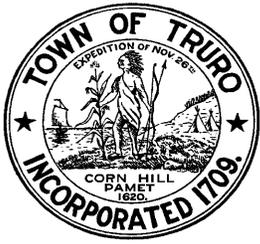
- A. Presentation and Recommendations from the SMART/PAYT Ad-Hoc Committee  
Presenter: Tracey Rose, Chair, SMART/PAYT Ad-Hoc Committee
- B. Update from Comcast Representative  
Presentation: Mary O'Keeffe, Senior Manager of Government & Regulatory Affairs
- C. Scheduling Work Sessions  
Presenter: Jay Coburn
- D. Revisions to Access to Town Counsel Policy Memorandum #10  
Presenter: Paul Wisotzky
- E. Agenda Items for Joint Meeting with Conservation Commission  
Presenter: Paul Wisotzky

**6. CONSENT AGENDA**

- A. Review/Approve and Authorize the Chair to sign:
  - 1. Review and Approve Staging/Access permit-Stephen DiGiovanni
  - 2. Review and Approve Truro Center for the Arts at Castle Hill, December 18<sup>th</sup>, One Day Entertainment and One Day Alcohol License.
- B. Review and Approve Dispatch / Telecommunicator Vacancy on the Truro Police Department due to pending retirement
- C. Review and Approve 2016 Annual Licenses: Common Victualer-Montano's Restaurant, Salty Market and Lodging License-Truro Vineyards of Cape Cod
- D. Review and Approve Minutes November 10, 2015

**7. SELECTMEN AND LIAISON AND TOWN ADMINISTRATOR REPORTS**

**8. NEXT MEETING AGENDA: TUESDAY, December 15, 2015**



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Charter Review Committee

**REQUESTOR:** Rae Ann Palmer, Town Administrator, on behalf of the Charter Review Committee

**REQUESTED MEETING DATE:** December 1, 2015

**ITEM:** The Committee's presentation of recommended changes to the Town Charter.

**EXPLANATION:** This item was tabled at the November 10, 2015 meeting. After receiving comments from Town Counsel, Chairman Philip Smith has requested the two of the items be held for presentation at the 2017 Annual Town Meeting. The revised recommendations are attached for your review, questions, comments and action.

**FINANCIAL SOURCE (IF APPLICABLE):** The recommendations will not result in a need for additional funding.

**IMPACT IF NOT APPROVED:** N/A

**SUGGESTED ACTION:** *Motion to authorize the preparation of articles for the 2016 Annual Town Meeting warrant.*

**ATTACHMENTS:**

1. Proposed changes

*REVISED – December 1, 2015*  
**CHARTER REVIEW COMMITTEE**  
**RECOMMENDATIONS TO THE BOARD OF SELECTMEN**

**Insert the underlined language, delete the strikethrough language below:**

4-2-10 The Board of Selectmen shall appoint a collective Bargaining Team, ~~act as the collective bargaining agent for the Town~~ unless otherwise provided by the General Laws, which shall include the Town Administrator, and may include members of the Board of Selectmen ~~It shall appoint a collective bargaining team which shall consist of not less than two selectmen, the Town Administrator,~~ and those department heads whose employees shall be subject to the collective bargaining agreement. The Board of Selectmen may use professional assistance on the collective bargaining team, and ~~T~~ the collective bargaining team shall appoint one of its members to serve as the Chief negotiator.

*COMMENT : This change makes the language less specific, which allows for more operating flexibility. It is also consistent with current practice.*

**Delete the text indicated by strikethrough and insert the underlined in place there of:**

5-4-2 ~~After consultation with the Board of Selectmen, the Town Administrator shall appoint the following, subject to the provisions of section 5-5-4 of this Charter:~~

<del>Director of Public Works</del>	<del>Beach Commission Supervisor</del>
<del>Town Accountant</del>	<del>Golf Course Manager</del>
<del>Building Commissioner</del>	<del>Recreation Director</del>
<del>Deputy Assessor</del>	<del>Harbormaster</del>
<del>Administrative Secretary</del>	<del>Town Clerk</del>
<del>Licensing Agent</del>	<del>Town Treasurer</del>
<del>Agent to the Zoning Board of Appeals</del>	
<del>Collector of Taxes</del>	
<del>Agent to the Board of Health</del>	<del>Council on Aging Director</del>

5-4-2 After consultation with the Board of Selectmen, the Town Administrator shall appoint all Department Heads, which are those positions reporting directly to the Town Administrator. All such appointments shall be subject to disapproval by a majority vote of the Board of Selectmen, provided that such a vote is taken prior to the date of the offer. This section does not apply to appointment authority granted to the Board of Selectmen in accordance with section 4-3-1 of this Charter.

*COMMENT : Currently, all of these positions are listed in section 5-4-2 of the Charter. This requires a charter change any time a department head position is added, deleted or otherwise changed. In addition, disapproval by the Board of Selectmen (formerly in 5-4-5) is limited to Department Heads only, and requires the disapproval vote to occur earlier in the process.*

**Delete the text indicated by strikethrough and insert the underlined text:**

5-4-3 After consultation with ~~the~~ appropriate elected officials, department heads or ~~multi-member bodies~~ supervisors, the Town Administrator shall appoint all full-time, part-time or seasonal employees, except those of ~~the Police Department, the Fire Department or~~ the School Department.

*Note: Deleted language in red is pending approval on the May 2016 ballot.*

*COMMENT : This change eliminates multi-member bodies from the consultation process.*

**Delete the text indicated by strikethrough:**

5-4-5 All ~~appointments for regular full-time and regular part-time employees made by the Town Administrator shall be subject to disapproval by a majority vote of the Board of Selectmen, provided that such a vote is taken prior to the date of the appointment.~~

*COMMENT : Amended language has been included in 5-4-2.*

**Delete the text indicated by strikethrough:**

5-4-6 ~~The Town Administrator shall appoint, as needed, the director, clerk, and employees of the Council on Aging, notwithstanding the provision of section eight B of chapter 40 of the General Laws.~~

*COMMENT : These appointments are covered by sections 5-4-4 through 5-4-5.*

**Delete the text indicated by strikethrough and insert the underlined text:**

6-3-1 The multi-member bodies listed in ~~appendix B part 1~~ section 3-1-1 shall be elected in accordance with subsections 3-2-3 and 6-2-6 of this Charter.

*COMMENT : At the 2015 Town Meeting, the listing of elected multi-member bodies was removed from Appendix B, Part 1 and was included in section 3-1-1.*

**6-4-2 and 6-5-1 shall be deferred until the 2017 Annual Town Meeting.**

## Chapter 7 Financial Procedures

### Delete the text indicated by strikethrough and insert the underlined text:

- 7-1-2 On or before December 15 of each year, the Town Administrator shall submit to the Board of Selectmen the following:
- (a) A draft budget of the probable expenditures of the Town government, including the draft school budget, for the ensuing fiscal year, together with an estimate of such expenditures for the current fiscal year and a statement of such expenditures for the two preceding fiscal years;
  - (b) Revenue projections for the ensuing fiscal year, together with an estimate of such revenues for the current fiscal year and a statement of such revenues for the two preceding fiscal years;
  - (c) The draft budget document for the ensuing year shall:
    - (1) Include a financial summary listing all proposed expenditures, show the tax levy limit, disclose the source of any additional revenues, and itemize the Town's reserves;
    - (2) Explain the budget in terms of service changes or major expenditure changes and outline the reasons for such changes;
    - ~~(3) Indicate any major changes from the current fiscal year in financial policies together with the reasons for such changes;~~
    - (4) Summarize the Town's debt position and projections;
    - (5) Include such other material deemed to be appropriate.
  - (d) A Budget Task Force shall be formed on or before December 15 of each year. The Budget Task Force shall consist of two (2) members of the Finance Committee, two (2) members of the Board of Selectmen, the Town Accountant and the Town Administrator. It shall be the charge of the Budget Task Force to review with department heads individual budgets.
  - (e) Changes to the preliminary budget by the Budget Task Force shall be forwarded to the Board of Selectmen for review and recommendations on or before January 31<sup>st</sup>. The Board of Selectmen shall then forward any recommendations to the Finance Committee by February 21<sup>st</sup>.

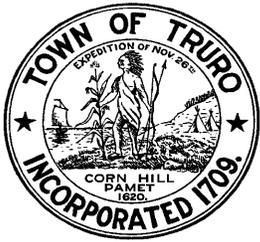
### Delete the text indicated by strikethrough:

- 7-2-1 On or before December 15 of each year, the Town Administrator shall submit to the Board of Selectmen a five-year capital improvement plan that shall include:
- (a) A clear summary of its contents;
  - (b) A list, together with supporting data, of all capital improvements proposed to be undertaken in the next five years; such list to include all capital improvements of the School Department and those resulting from any inter-municipal or regional agreements. Such list shall detail proposed:
    - (1) Acquisition of new land, facilities, vehicles, and equipment;
    - (2) Construction and expansion of existing facilities;
    - (3) Major maintenance and repairs of facilities, vehicles and equipment;
    - (4) Replacement program for existing equipment and vehicles;
  - (c) Cost estimates, methods of financing, and recommended timetables;
  - ~~(d) Estimated annual operating costs including maintenance for newly acquired or constructed facilities.~~

**Delete the text indicated by strikethrough and insert the underlined text:**

7-2-2 On or before ~~January 15~~ February 21<sup>st</sup> of each year, the Board of Selectmen shall submit to the Finance Committee the capital improvement plan together with its recommendations thereon.

*COMMENT : Changes to the Financial Procedures section are intended to reflect current practice and to establish dates for decision points.*



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** SMART (Save Money And Reduce Trash) /PAYT (Pay As You Throw) Committee

**REQUESTOR:** Pat Pajaron, Health Agent on behalf of Tracey Rose, Chair of the SMART /PAYT Committee

**REQUESTED MEETING DATE:** December 1, 2015

**ITEM:** SMART/PAYT COMMITTEE PRESENTATION AND RECOMMENDATION FOR IMPLEMENTING A SMART/PAYT PROGRAM FOR THE TOWN OF TRURO

**EXPLANATION:** After researching and investigating whether a SMART/PAYT program would be feasible for the Town of Truro, the SMART/PAYT Committee concluded that implementing such a program would save the Town money and increase Truro's recycling rate. The Committee further recommends not to endorse single stream recycling and that the Truro Board of Health adopt a regulation requiring commercial trash haulers to offer bundled services to include recycling should a SMART/PAYT program be implemented.

**FINANCIAL SOURCE (IF APPLICABLE):** The Town would initially purchase the bags through a vendor at annual cost of approximately \$33,192, however the revenue generated (approx. \$225,030) from the purchase of the bags by residents would offset this cost.

**IMPACT IF NOT APPROVED:** Truro's solid waste disposal costs will continue to increase as the SEMASS/Covanta tipping fee costs increase annually.

**SUGGESTED ACTION:** No action, discussion only.

**ATTACHMENTS:**

1. PowerPoint Presentation



TOWN OF TRURO

EXPEDITION OF NOV. 26<sup>TH</sup>



CORN HILL  
PAMET  
1620



DEPT. OF PUBLIC WORKS

**Town of Truro**  
**SAVE MONEY AND REDUCE TRASH**  
**PAY AS YOU THROW**  
**COMMITTEE REPORT**



**NOVEMBER 2015**

# CAPE COD BAY



# INTRODUCTIONS

## SMART COMMITTEE MEMBERS

Tracey A. Rose, Chair, Board of Health Representative

Bob Weinstein, Board of Selectman Representative

Roberta Lema, Finance Committee Representative

Normand “Tippy” Scherer, Recycling Committee Representative

Axel J. Schmidt, Community member

Tom Cummiskey, Community member

Katherine Black, Secretary, Community member

Rae Ann Palmer, Town Manager

Jay Norton, Dept. of Public Works Director

Pat Pajaron, Health Agent

Resource: David Quinn, Municipal Assistance Coordinator,  
MassDEP/ Barnstable County

# The COMMITTEE'S CHARGE

“To research and report on the feasibility of, and make recommendations for implementing programs to reduce Truro’s solid waste disposal costs— specifically the benefits and drawbacks, if any, of SMART (Save Money and Reduce Trash) also known as PAYT (Pay As You Throw) and Single Stream Recycling Programs. The Committee will also investigate and report on the current operating costs of the transfer station and also investigate associated in-kind technical assistance grants from Massachusetts Department of Environmental Protection.”\*

\*Taken from BOS memo to SMART Committee, dated 10/14/14.

# GOALS AND OBJECTIVES

- TO REDUCE THE TONNAGE OF WASTE THAT IS SENT OFF CAPE TO WASTE PROCESSING CENTERS
- TO ADDRESS THE NEED TO IMPROVE TRURO'S RECYCLING RATE
- IMPLEMENT A FAIR AND EQUITABLE SYSTEM

# CONSIDERED

- Pay As You Throw program
- Single Stream/ Dual Stream Recycling
- Increasing Transfer Station sticker cost
- Impact of commercial trash haulers
- Impact on large and low income families
- Bundling of Trash and Recycling services provided by commercial haulers
- Composting at the Transfer Station
- Community outreach

# PAY AS YOU THROW

“The single most effective tool to reduce waste and increase recycling.

- Equitable— like utilities, you pay for what you use
- Environmental benefits— more recycling, less waste
- Reduces cost in system; savings in avoided disposal costs
- Signals to residents true costs of solid waste
- Enables people to manage the cost of their refuse and provides an incentive to recycle and compost

# PAY AS YOU THROW (PAYT) GREEN WASTE SOLUTIONS

## 2010 EPA STUDY

In a study of 228 New England communities, 113 of which have drop off transfer stations, 68 have PAYT, 45 do not.

PAYT drop off transfer station communities generate **53% less waste per capita** than non PAYT communities.

\* Reference: David Quinn, Regional Waste Reduction Coordinator, Barnstable County

# PAYT IN MASSACHUSETTS

- 143 municipalities out of 351 (40%) currently have a SMART or PAYT program
- 85 are drop-off programs
- 58 are curbside
- Demographically diverse communities
- Majority are “bag programs” (other programs are tags/ stickers, punch cards, weight based or a hybrid)

\* Reference: David Quinn, Regional Waste Reduction Coordinator, Barnstable County

# PROVEN RESULTS

- Trash tonnage decreases 25-50%
- Recycling tonnage increases 10-25%
- 40 of the 50 highest municipal recycling rates are in PAYT communities
- Average recycling rates:
  - PAYT municipalities- 36%
  - Non-PAYT municipalities- 24%

\* Source: MassDEP website

# TOWN OF WELLFLEET

## First Year (Fiscal Year 15) Review of SMART Program

- Transfer Station sticker fees were reduced from \$55 annually to current fee of \$25
- 30% decrease in MSW handled through the Transfer Station compared to previous year
- 24% increase in recyclable materials compared to previous year
- \$27,389 was the savings realized for tipping fees and transportation costs

# TOWN OF SANDWICH

Started PAYT July 2011. Selectmen voted to implement.

## COST AVOIDANCE (Compared to Pre-PAYT)

Year 1: Trash Down 42%      \$129,340

Year 2: Trash Down 50%      \$150,537

Year 3: Trash Down 48%      \$146,034

3 Year Total      \$425,911\*

\* Based on SEMASS Tipping Fees, UCRTS Operations and Mass Coastal Rail Transportation

\* Source: David Quinn, Barnstable County

Other Savings: Town Operational Costs (Equipment, Labor, Transportation)

# TOWN of BREWSTER

## First Year Review - PAYT

- Annual transfer station fee reduced from \$110 to \$45.
- 1st 12 months amount of trash disposed of reduced from 2509 tons to 1319 tons, a 47% reduction.
- Total disposal and transportation savings: \$59,838
- Recycling increased 26%; an additional 206 tons.

Fact: Truro would spend far less on waste with pay-as-you-throw

## PROJECTED ANNUAL WASTE DISPOSAL COSTS



Source: Fiscal Year 2014 Town of Truro Annual Report

# TRURO DATA \*\*

FY	MSW TONS	COST PER TON	DISPOSAL COST
FY10	1,443	\$28.45	\$41,050
FY11	1,547	\$29.49	\$45,623
FY12	1,429	\$29.54	\$42,208
FY13	1,550	\$30.35	\$47,048
FY14	1,735	\$31.49	\$54,629
FY15	1,964	\$42.90	\$84,259
FY16*	1,964	\$65.00	\$127,660

\* Estimate

\*\*Prepared by David Quinn, MassDEP/ Barnstable County  
Municipal Assistance Coordinator, see report for further detail

NOTE: Municipal Solid Waste (MSW)

# TRURO OPTIONS

1. Status quo— no change in sticker fee or program:  
Status quo results in the Town absorbing \$73,031 in MSW disposal costs not covered by sticker fees
2. Increase in sticker fee to \$130 per resident per year  
Increase in sticker fees covers increase in MSW disposal costs
3. Implement PAYT  
PAYT implementation reduces resident sticker fee to \$25/ year and with expected 44% reduction in MSW, a balance of \$49,040 is estimated, after paying MSW disposal costs.

# TRURO SMART PRESENTATION

## TRURO TRANSFER STATION

### REVENUE VS. EXPENDITURES

Receipt percentage of direct operating cost

<u>FY</u>	<u>Expenditures</u>	<u>Transfer Station Receipts*</u>	<u>%</u>
2012	\$ 316 K	\$ 154,252	49%
2013	\$ 309 K	\$ 191,370	62%
2014	\$ 342 K	\$ 206,201	60%
2015	\$ 420 K	\$ 199,543	47%
2016	-----	-----	-----

# TRURO SMART PRESENTATION

## Post-Transition Period Projected Revenues

□ Post-transition period projected revenues (July-2016 to June 30, 2017)

<b>REVENUE SOURCE</b>	<b>NUMBER</b>	<b>PRICE</b>	<b>TOTAL</b>
Primary sticker sales	1731	\$ 25.00	\$ 43,275 K
Second sticker sales	1012	\$ 10.00	\$ 10,120 K
33 gallon bags	112,515	\$ 2.00	\$ 192,030 K *
miscellaneous (white goods, tv's, etc.)			\$ 5,000 K
TOTAL REVENUE 7-1-2016 thru 6-30-2017			\$250,000 K

\* Total reduced by estimated 15% administration fee

(scenario B)

33 gallon bags	65000	\$ 2.00	\$ 130,000 K
15 gallon bags	47515	\$ 1.00	\$ 47,515 K
			\$ 151,000 K*

\*Total reduced by estimated 15% administration fee

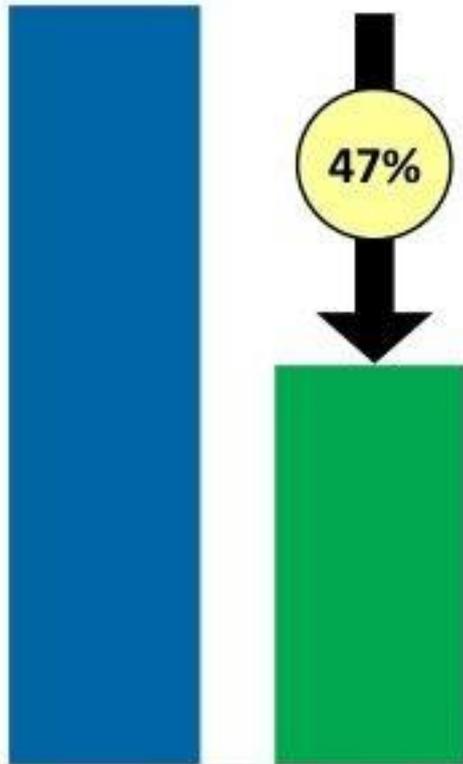
# SCENARIO USING STANDARD TALL KITCHEN BAGS

Number of \$1 Kitchen Size Bags

Total Annual Costs

HOUSE-HOLD SIZE	ANNUAL STICKER FEE	LOW END 422 LBS PER PERSON	HIGH END 600 LBS PER PERSON	LOW END	HIGH END
1 Person	\$25	32	46	\$57	\$71
2 Person	\$25	65	92	\$90	\$117
3 Person	\$25	97	138	\$122	\$163
4 Person	\$25	130	185	\$155	\$210
5 Person	\$25	162	231	\$187	\$256
6 Person	\$25	195	277	\$220	\$302
7 or more Person	\$25	227	323	\$252	\$348

### Brewster Waste Tonnage

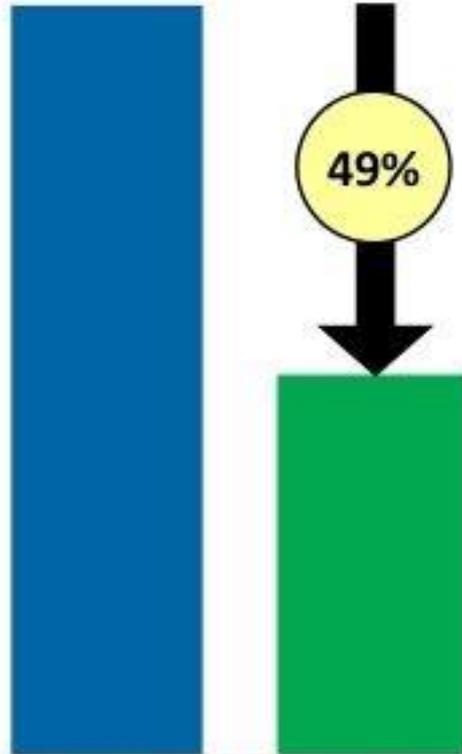


Before  
PAYT

With  
PAYT

*\$44,400 saved  
in nine months*

### Sandwich Waste Tonnage

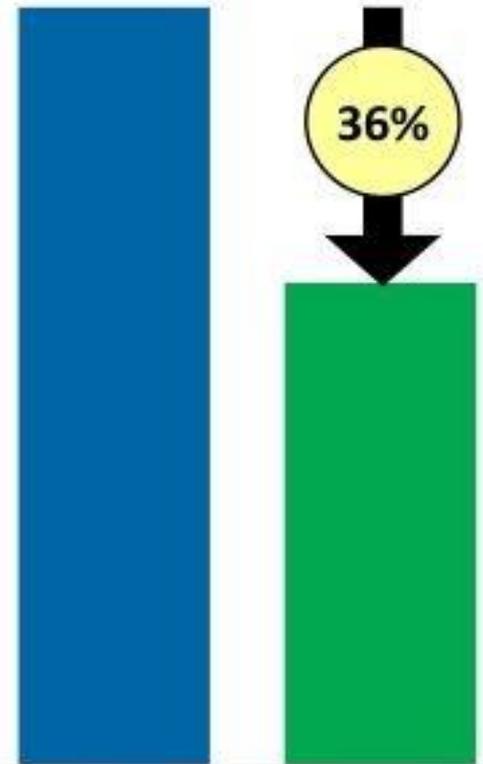


Before  
PAYT

With  
PAYT

*\$594,000 saved  
in four years*

### Wellfleet Waste Tonnage



Before  
PAYT

With  
PAYT

*\$3,000 saved  
in three months*

# RECYCLING SUBCOMMITTEE REPORT

- A review of single stream and dual stream recycling was completed, with dual stream recommended
- Review of revenues and costs for recycling was completed
- Requirement that commercial haulers offer recycling services bundled with trash services
- Composting options to be adopted by the Transfer Station were researched

# PUBLIC OUTREACH SUBCOMMITTEE REPORT

- Provided pamphlets and hand-outs to those attending Truro Town Meeting, April 2015
- Worked with the Provincetown Banner to publish an article in July 2015 which described PAYT and the research being done by the SMART committee
- Information sheets can be provided at the Transfer Station that include tips on recycling and composting
- Information and tips provided for small households
- Options to assist low income families were considered

A Board of Health Regulation/Policy would have to be adopted in order for Truro to be eligible for certain grant monies.

The following is an example only of a proposed regulation/policy...

**“All persons and all commercial trash haulers that hold a valid trash haulers business license in the Town of Truro, collecting trash in Truro providing subscription service to households otherwise eligible for the town’s solid waste and recycling program must provide trash and recycling services at one bundled price. Residents subscribing to private waste collection shall not have the option of paying for trash collection service only at a lower price.”**

\*State/DEP grant monies are available to towns, provided a policy like this is in place

DOES THE SMART COMMITTEE RECOMMEND  
THE TOWN OF TRURO IMPLEMENT A  
SAVE MONEY AND REDUCE TRASH  
“SMART”PROGRAM?

YES, the committee voted 4 in favor of  
and 3 opposed to recommending this type  
of program to the Board of Selectmen.  
Based on our comprehensive analysis,  
we feel a SMART program would save  
the Town of Truro money.

## REASONS FOR A YES VOTE

- Analysis demonstrates savings of \$25,000 to \$75,000 per year in disposal costs.
- Residents have an opportunity to manage their own costs as they pay only for the disposal service they use.
- Recycling increases by 25% or more in towns that have a SMART program.
- Sandwich, Brewster and Wellfleet have these programs already up and running and have realized savings, with statistics to prove it.
- SMART programs are environmentally friendly and in keeping with Truro's "GREEN COMMUNITY" designation.

## REASONS FOR A NO VOTE

- Recycling could be increased by more citizen education.
- Transfer Station budget is not out of line, compared to Truro Police Department, Fire Department and School Department.
- Additional revenue from commercial haulers has been realized since August 2015 due to a new scale at the Transfer Station, which could help cover the increase in the tipping fees.
- Because of the new scale, out of town commercial compactor trucks have stopped coming to Truro, reducing MSW.
- Transfer Station should receive all monies to off-set its budget.
- People, taxpayers, older people and visitors just don't want to do this. Truro is small.

## ADDITIONAL VOTES

DOES THE TRURO SMART COMMITTEE RECOMMEND TO THE BOS THAT THE BOH ADOPT A REGULATION/POLICY REQUIRING THAT THE LOCAL COMMERCIAL TRASH HAULERS THAT HOLD A BUSINESS LICENSE

WITHIN THE TOWN OF TRURO OFFER BUNDLED SERVICES FOR THEIR CUSTOMERS?\*

IN FAVOR-7      OPPOSED-0

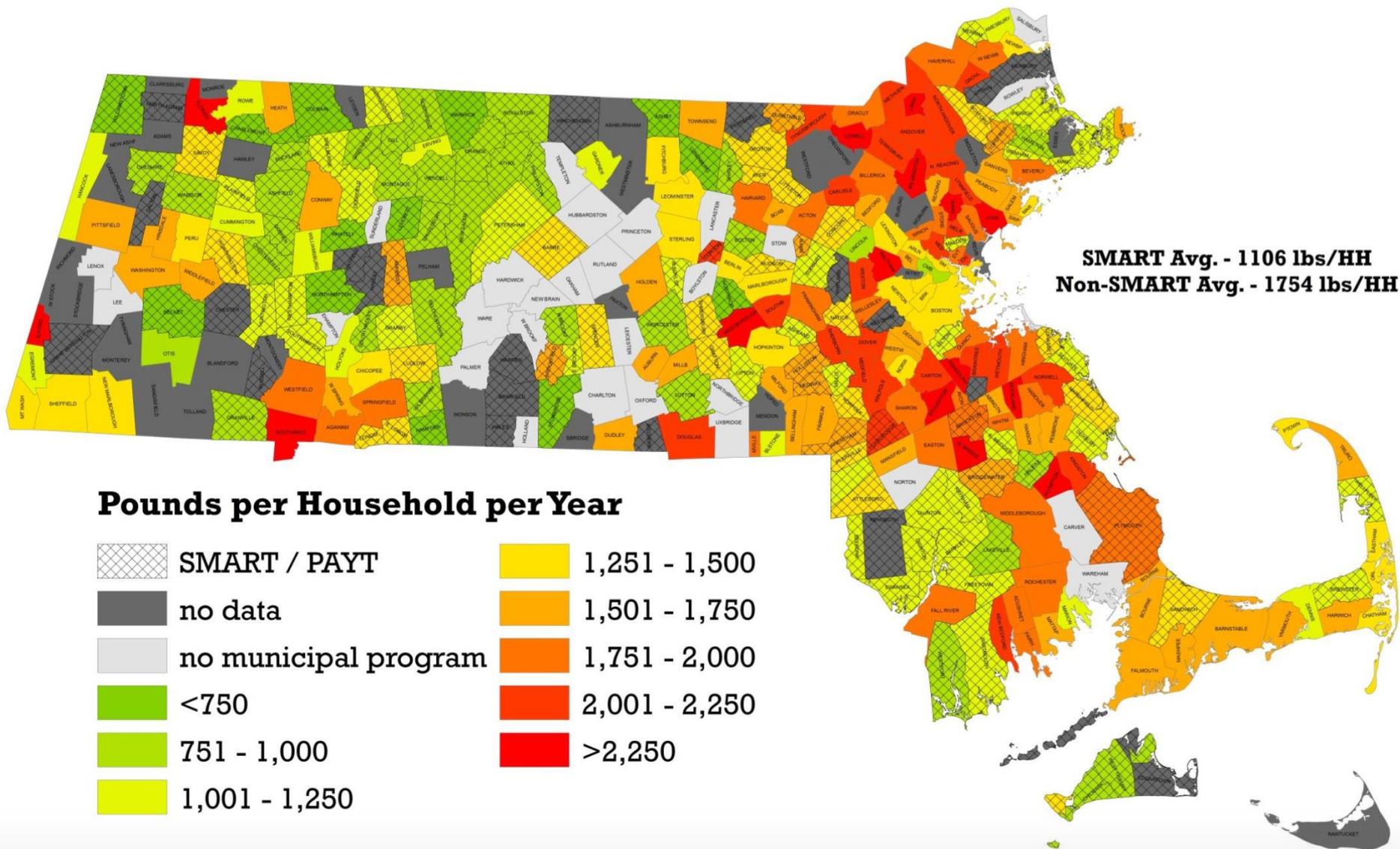
SMART COMMITTEE VOTE:    YES

DOES THE TRURO SMART COMMITTEE RECOMMEND ENDORSING SINGLE STREAM RECYCLING?

IN FAVOR-0      OPPOSED-7

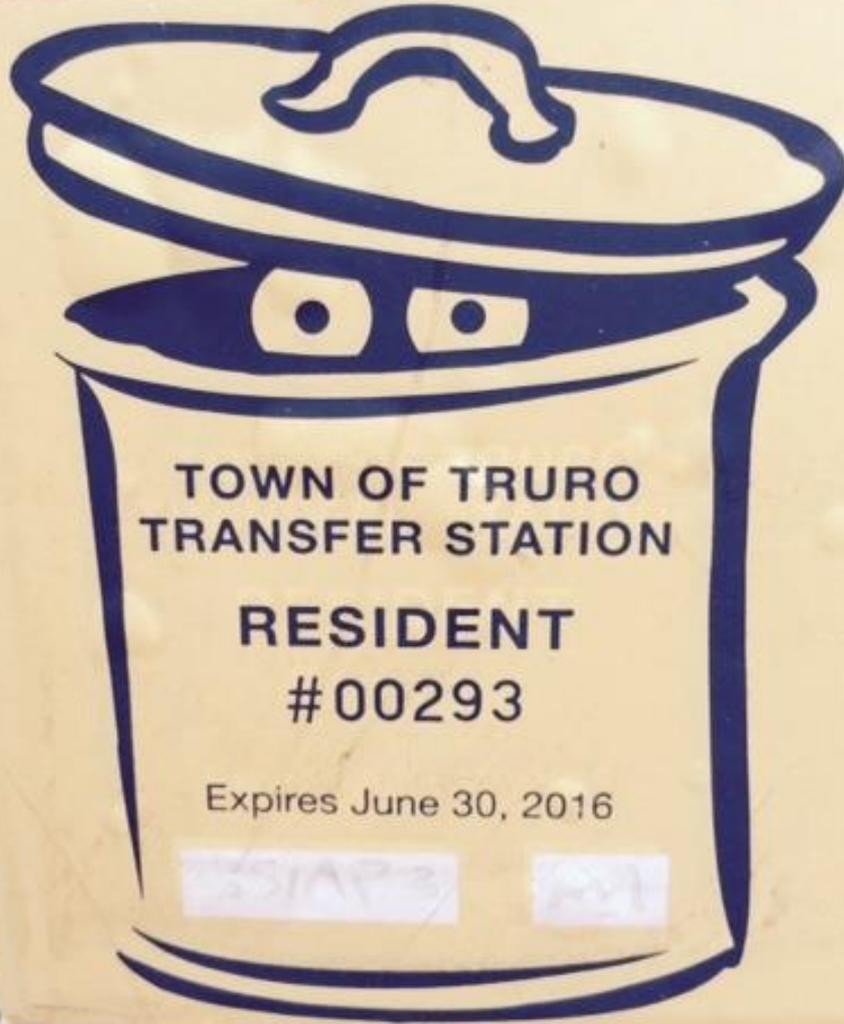
SMART COMMITTEE VOTE:    NO

# How Much Trash Did We Throw Out in 2013?



Map by David Quinn; Tonnage/HH Data from MassDEP CY2013 Solid Waste and Recycling Survey & DEP Municipal Assistance Coordinators; Massachusetts Municipal Boundaries from MassGIS





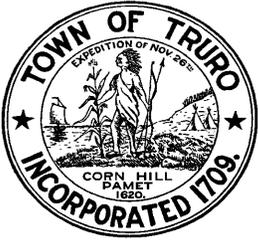
**TOWN OF TRURO  
TRANSFER STATION**

**RESIDENT  
#00293**

Expires June 30, 2016

00293

24



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Administration

**REQUESTOR:** Noelle Scoullar, on behalf of Mary O’Keeffe, Comcast Representative

**REQUESTED MEETING DATE:** December 1, 2015

**ITEM:** Update from a Comcast Representative on services to Truro.

**EXPLANATION:** Mary O’Keeffe, Comcast Representative, will come before the Board of Selectmen to give them an update on where Comcast stands on its progress providing service to the un-served population in town.

**FINANCIAL SOURCE (IF APPLICABLE):** N/A

**IMPACT IF NOT APPROVED:** N/A

**SUGGESTED ACTION:** No action required

**ATTACHMENTS:**

1. Email from Mary O’Keeffe

**Noelle Scoullar**

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**From:** Nicole Tudor  
**Sent:** Wednesday, November 04, 2015 10:07 AM  
**To:** Noelle Scoullar  
**Subject:** FW: Comcast Construction Update for Truro - Service is now available

Noelle, below is my email from Mary about residents receiving Comcast. Tx!

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**From:** O'Keeffe, Mary [REDACTED]  
**Sent:** Monday, November 02, 2015 1:16 PM  
**To:** Nicole Tudor  
**Subject:** RE: Comcast Construction Update for Truro - Service is now available

Nicole

Any resident that had contacted us to make inquiries has been contacted and a number of installations are now in the works. We will also be sending two sales reps into the neighborhoods to contact other residents. With the weather holding out, I'm sure many seasonal residents are still taking advantage of the best time to be on Cape Cod!

Mary

*Mary O'Keeffe*  
**Senior Manager of Government & Regulatory Affairs**  
Greater Boston Region - NorthEast Division

**Comcast**



*Bridging the Digital Divide*  
<http://www.internetessentials.com/>

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**From:** Nicole Tudor [<mailto:ntudor@truro-ma.gov>]  
**Sent:** Monday, November 02, 2015 12:51 PM  
**To:** O'Keeffe, Mary  
**Subject:** RE: Comcast Construction Update for Truro - Service is now available

Hi Mary, are the residents along those roads being informed by Comcast directly that they can call for service?

Thank you, Nicole

Nicole Tudor  
Executive Assistant  
Selectmen's Office  
Truro Town Hall  
24 Town Hall Rd  
PO Box 2030  
Truro, MA 02666  
Phone: (508)349-7004 Ext 10  
Fax: (508)349-5505  
Email: [ntudor@truro-ma.gov](mailto:ntudor@truro-ma.gov)



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**From:** O'Keeffe, Mary [REDACTED]  
**Sent:** Monday, November 02, 2015 11:40 AM  
**To:** Nicole Tudor  
**Cc:** Rae Ann Palmer; Noelle Scoullar  
**Subject:** RE: Comcast Construction Update for Truro - Service is now available

I am pleased to inform you that both Nodes have been released and residents are now able to call 800-XFINITY for Service. We will continue to work with the National Seashore for any underground drops that need to be installed. The Seashore has been very cooperative with our project.

**Node 24** - Released 9-22-15

**Node 23** - Released 10-9-15

**Node: 23:** Aunt Sal's Lane, Bad Axe Way, Collins Road, Dead Pine Hill, Head of Pamet Way, Long Dune Lane, Misty Hollow, South Pamet Road

**Node 24:** Dyers Hollow Road and North Pamet Road.

Please let me know if you would still like me to come to the Selectmen's meeting on Nov. 17th.

Mary

*Mary O'Keeffe*

Senior Manager of Government & Regulatory Affairs

Greater Boston Region - NorthEast Division

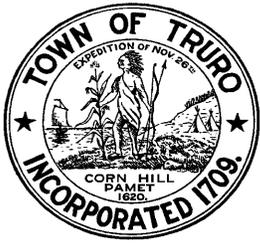
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*Bridging the Digital Divide*

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# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Administration

**REQUESTOR:** Rae Ann Palmer, Town Administrator on behalf of Selectman Jay Coburn

**REQUESTED MEETING DATE:** December 1, 2015

**ITEM:** Discussion regarding Board of Selectman Work Sessions

**EXPLANATION:** The Board and staff have found that the discussion format of previous work sessions have successfully provided an opportunity to discuss specific issues in more detail. To facilitate and standardize work session meetings, Selectman Coburn is proposing the following:

- The Board of Selectmen hold monthly work sessions with the exception of the months of July & August to provide a format for the Select Board to discuss specific issues with Board and Staff/consultants as listed on the Agenda;
- The work sessions be held in a meeting room that can accommodate the Board and invited staff sitting around a conference table and have chairs for members of the public wishing to attend;
- No votes would be taken in work sessions;
- No public hearings would be held during work sessions;
- Comments from the public would not be taken during work sessions.

**IMPACT IF NOT APPROVED:** Regular work sessions will not be scheduled.

**SUGGESTED ACTION:** *Motion to approve the work session format as proposed and to request that staff prepare a proposed schedule.*

**ATTACHMENTS:**

1. 2016 BoS Meeting Schedule

## Truro Board of Selectmen Meeting Schedule - 2016

<u>HEARING/MEETING</u> (Tues, unless otherwise noted)	<u>FILING DEADLINE</u> <u>LEGAL NOTICE*</u>	<u>FILING DEADLINE</u> <u>NO LEGAL NOTICE*</u>
January 12	December 15	December 29
January 26	December 29	January 12
February 9	January 12	January 26
February 23	January 26	February 9
March 8	February 9	February 23
March 22	February 23	March 8
April 5	March 8	March 22
April 19	March 22	April 5
<b>Annual Town Meeting - April 26</b>	<b>N/A</b>	<b>N/A</b>
May 11 (Wed)	April 13	April 27
<b>Annual Town Election - May 10</b>	<b>N/A</b>	<b>N/A</b>
May 24	April 26	May 10
June 14	May 17	May 31
June 28	May 31	June 14
July 12	June 14	June 28
July 26	June 28	July 12
August 9	July 12	July 26
August 23	July 26	August 9
September 13	August 16	August 30
September 27	August 30	September 13
October 11	September 13	September 27
October 25	September 27	October 11
November 1	October 4	October 18
November 15	October 18	November 1
December 13	November 15	November 29
December 20	November 22	December 6

\*For a complete list, please see page 2

Regular meeting for the Truro Board of Selectmen begin at **5:00 pm**.

**All requests** must be in writing or on the appropriate application form(s), as applicable. For all other matters before the Board of Selectmen to written request **and** pertinent information must be submitted no less than **7-days prior** to the requested meeting date.

**MEETING DATES AND TIMES ARE SUBJECT TO CHANGE**

Please check the Town Website [www.truro-ma.gov](http://www.truro-ma.gov) for any changes in the schedule.



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Administrative Office

**REQUESTOR:** Rae Ann Palmer, Town Administrator on behalf of Chairman Wisotzky

**REQUESTED MEETING DATE:** December 1, 2015

**ITEM:** Proposed Revision to Policy Memorandum #10-Access to Town Counsel

**EXPLANATION:** To further clarify requests for access to Town Counsel by Boards and Committees, Chairman Paul Wisotzky, has prepared a revised policy for review and approval by the Board.

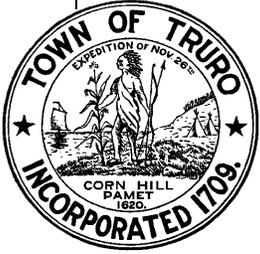
**FINANCIAL SOURCE (IF APPLICABLE):** N/A

**IMPACT IF NOT APPROVED:** N/A

**SUGGESTED ACTION:** *MOTION TO adopt the attached revised Policy #10-Access to Town Counsel.*

**ATTACHMENTS:**

1. Policy Memorandum #10-Access to Town Counsel



# TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

Tel: (508) 349-7004 Fax: (508) 349-5505

## POLICY MEMORANDUM #10

Date: May 5, 1993, revised March 18, 1996, December 2, 2008, July 14, 2015

Subject: **ACCESS TO TOWN COUNSEL**

In an effort to control the Town's legal counsel costs and avoid making duplicate requests for legal services, the Board of Selectmen has established this policy.

Requests for the services of Town Counsel by all town officials, department heads, committees, boards, commissions must be made in writing and submitted to the Town Administrator for approval and submission to Town's Legal Counsel. Requests made by individual members of committees, boards and commissions must be made through the Chair of the requesting body in a motion approved by a majority of the membership of the committee, board or commission. Existing opinions from Town Counsel relevant to the request may be on file, and should be reviewed before requesting access. All inquiries must pertain to municipal issues currently before the town.

Denial of a request for the services of Town Counsel by Town committee, board or an elected or appointed official by the Town Administrator may be appealed to the Board of Selectmen and overturned by a majority vote of the Select Board.

A request for the services of Town Counsel on an issue that involves the Town Administrator should be submitted to the Chair of the Board of Selectmen for approval and referral. Denial of said request may be appealed to the Board of Selectmen and overturned by a majority vote of the Select Board.

\_\_\_\_\_  
Paul Wisotzky, Chairman,

\_\_\_\_\_  
Janet W. Worthington, Vice-Chairman

\_\_\_\_\_  
Maureen Burgess, Clerk,

\_\_\_\_\_  
Jay Coburn

\_\_\_\_\_  
Robert Weinstein  
Board of Selectmen  
Town of Truro



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Administration

**REQUESTOR:** Rae Ann Palmer, Town Administrator on behalf of Chairman Wisotzky

**REQUESTED MEETING DATE:** December 1, 2015

**ITEM:** Discussion of Agenda Items for Joint Meeting with the Conservation Commission

**EXPLANATION:** The joint meeting of the Board of Selectmen and the Conservation Commission is scheduled for December 8, 2015. Chairman Wisotzky would like input from the Board on the Joint Meeting Agenda.

**SUGGESTED ACTION:** *None Required, for Discussion.*

**ATTACHMENTS:** None



# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

Tel: 508-349-7004 , Extension: 10 or 24 Fax: 508-349-5505

## **CONSENT AGENDA FOR December 1<sup>st</sup>, 2015**

- A. Review/Approve and Authorize the Chair to sign:
  - 1. Review and Approve Staging/Access permit-Stephen DiGiovanni
  - 2. Review and Approve Truro Center for the Arts at Castle Hill, December 18<sup>th</sup>, One Day Entertainment and One Day Alcohol License.
- B. Review and Approve Dispatch / Telecommunicator Vacancy on the Truro Police Department due to pending retirement
- C. Review and Approve 2016 Annual Licenses: Common Victualer-Montano's Restaurant, Salty Market and Lodging License-Truro Vineyards of Cape Cod
- D. Review and Approve Minutes November 10, 2015



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Administration

**REQUESTOR:** Noelle Scoullar, on Behalf of Stephen DiGiovanni

**REQUESTED MEETING DATE:** December 1, 2015

**ITEM:** Application for Construction/Staging Permit for Use of Town-Owned Property and/or Beach Access.

**EXPLANATION:** Mr. DiGiovanni is requesting access to Corn Hill to replace pilings and beach fence damaged from winter 2014-2015 at work locations 0, 3, 4 and 6 Mary's Way. Estimated work start/finish dates (weather permitting) will be December 3<sup>rd</sup> to December 17<sup>th</sup>, 2015.

**FINANCIAL SOURCE (IF APPLICABLE):** N/A

**IMPACT IF NOT APPROVED:** Mr. DiGiovanni will be unable to replace pilings and beach fence. Access to beach will be hindered and lack of beach fencing may increase erosion.

**SUGGESTED ACTION:** MOTION TO approve staging permit to replace pilings and beach fence, using Corn Hill as a staging/access location from December 3 to December 17, 2015, and authorize the Chair to sign.

**ATTACHMENTS:**

1. Application for construction/staging permit for use of Town-Owned property and/or beach access.
2. DEP Order of Conditions

# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666  
Tel: (508) 349-7004 Fax: (508) 349-5505

## APPLICATION FOR CONSTRUCTION/STAGING PERMIT FOR USE OF TOWN-OWNED PROPERTY AND/OR BEACH ACCESS

Date: 11-19-15

Location of Staging Area/Access: COXN HILL

Contractor: owner STEPHEN DIGIOVANNI

Legal Mailing Address: P.O. 49 TRURO MT 02666

Telephone: \_\_\_\_\_ Cell: 

Working for: SELF DEP # SE 075-0791

Work Location: 0,3,6 + 4 MARY'S WAY

Property Owners Legal Mailing Address: P.O. BOX 49 Truro Mt

Telephone: 

Project Description: \_\_\_\_\_

REPLACE PILING S of black FENCE  
DAMAGED FROM WINTER 2014-2015 (DEC - MARCH)

Equipment and Materials to be Used: \_\_\_\_\_

10' PILING S + 2X4 + 2X3 FENCE SECTIONS  
MINI ESCAVATOR + CASE SKID

Estimated Work Start & Finish Dates: DEC 3 TO DEC 17<sup>th</sup> (WEATHER PERMITTING)  
Contractor's Signature: *[Signature]*

Date Certification of Liability Insurance and/or Security Received: \_\_\_\_\_

DPW Director Comments: *[Signature]* 11/20/15

Beach Supervisor Comments: *[Signature]* 11/23/15

Conservation Agent Comments: Existing Order of Conditions #75-0791  
valid thru 3/29/17.

\* please see attached Turtle Advisory from Mass Audubon  
- p pg 20 11/19/15

Board of Selectmen Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Restrictions/Conditions: \_\_\_\_\_

**Project Completion Sign-Off**

We, the undersigned, have inspected the Town property as identified on this application and found it to be in good condition.

**DPW Director Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

**Beach Supervisor Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Beach Access, Conservation Agent Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

**Board of Selectmen Approval of Release of Certification of Liability Insurance and/or Security:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Pat Pajaron**

---

**From:** Jenette Kerr <jkerr@massaudubon.org>  
**Sent:** Monday, November 16, 2015 12:01 PM  
**To:** Pat Pajaron  
**Subject:** [Truro MA] Contact Info for Turtle Advisory

ppajaron,

Someone has sent you a message using your contact form on the Truro MA site.

If you don't want to receive such e-mails, you can change your settings at <http://www.truro-ma.gov/users/ppajaron>.

Message:

Hi, Pat,

I'm on staff at the Wellfleet Bay Wildlife Sanctuary(as well as a Truro resident). We currently are in the sea turtle stranding season on the Cape.

Truro is invariably one of the busiest sites for incoming turtles. I've been told that some sand moving will be going on between Corn Hill and Fishermen's Landing and I wondered whether you had a contact for this operation. We'd like to let them know that between now and mid-January there could be cold-stunned but live Kemp's ridley sea turtles on the beach. These turtles are classified as endangered and we wanted to be sure that the truck drivers and their company were made aware of the possibility of turtles on the beach and their protected status.

We have volunteers that patrol the beaches after both high tides but, of course, we can't be guaranteed we'll have coverage each and every time. So, we'd like very much to get in touch with whoever is supervising the sand trucks to give them a heads-up. Do you know the person we should speak to or someone who might know?

Many thanks! Jenette

Jenette Kerr  
Mass Audubon's Wellfleet Bay Wildlife Sanctuary [jkerr@massaudubon.org](mailto:jkerr@massaudubon.org)  
508-349-2615 (office)  
617-721-2847 (cell)

=====  
Message sent by: Jenette Kerr ([jkerr@massaudubon.org](mailto:jkerr@massaudubon.org))  
=====





**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection - Wetlands  
**WPA Form 5 – Order of Conditions**  
 Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Provided by MassDEP:  
 SE# 075-0791  
 MassDEP File #  
 eDEP Transaction #  
 Truro  
 City/Town

**A. General Information (cont.)**

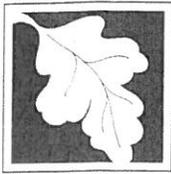
6. Property recorded at the Registry of Deeds for (attach additional information if more than one parcel):  
 Barnstable  
 a. County Barnstable b. Certificate Number (if registered land) \* in order 0,3,4, & 6 Marys Way  
 \*14570/35; 22766/272; 14570/36; 19870/136 d. Page
7. Dates: February 11, 2010 March 22, 2010 March 29, 2010  
 a. Date Notice of Intent Filed b. Date Public Hearing Closed c. Date of Issuance
8. Final Approved Plans and Other Documents (attach additional plan or document references as needed):  
 Site Plan of Land in Truro Made For Mary G. DiGiovanni  
 a. Plan Title Slade Associates Chester Nimitz Lay  
 b. Prepared By April 12, 2001 c. Signed and Stamped by 1" = 50'  
 d. Final Revision Date e. Scale
- f. Additional Plan or Document Title g. Date

**B. Findings**

1. Findings pursuant to the Massachusetts Wetlands Protection Act:  
 Following the review of the above-referenced Notice of Intent and based on the information provided in this application and presented at the public hearing, this Commission finds that the areas in which work is proposed is significant to the following interests of the Wetlands Protection Act (the Act). Check all that apply:
- a.  Public Water Supply b.  Land Containing Shellfish c.  Prevention of Pollution  
 d.  Private Water Supply e.  Fisheries f.  Protection of Wildlife Habitat  
 g.  Groundwater Supply h.  Storm Damage Prevention i.  Flood Control
2. This Commission hereby finds the project, as proposed, is: (check one of the following boxes)

**Approved subject to:**

- a.  the following conditions which are necessary in accordance with the performance standards set forth in the wetlands regulations. This Commission orders that all work shall be performed in accordance with the Notice of Intent referenced above, the following General Conditions, and any other special conditions attached to this Order. To the extent that the following conditions modify or differ from the plans, specifications, or other proposals submitted with the Notice of Intent, these conditions shall control.



Massachusetts Department of Environmental Protection  
 Bureau of Resource Protection - Wetlands  
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 Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

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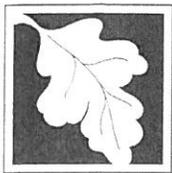
**B. Findings (cont.)**

Denied because:

- b.  the proposed work cannot be conditioned to meet the performance standards set forth in the wetland regulations. Therefore, work on this project may not go forward unless and until a new Notice of Intent is submitted which provides measures which are adequate to protect the interests of the Act, and a final Order of Conditions is issued. **A description of the performance standards which the proposed work cannot meet is attached to this Order.**
- c.  the information submitted by the applicant is not sufficient to describe the site, the work, or the effect of the work on the interests identified in the Wetlands Protection Act. Therefore, work on this project may not go forward unless and until a revised Notice of Intent is submitted which provides sufficient information and includes measures which are adequate to protect the Act's interests, and a final Order of Conditions is issued. **A description of the specific information which is lacking and why it is necessary is attached to this Order as per 310 CMR 10.05(6)(c).**
3.  Buffer Zone Impacts: Shortest distance between limit of project disturbance and the wetland resource area specified in 310 CMR 10.02(1)(a) \_\_\_\_\_ a. linear feet

**Inland Resource Area Impacts:** Check all that apply below. (For Approvals Only)

Resource Area	Proposed Alteration	Permitted Alteration	Proposed Replacement	Permitted Replacement
4. <input type="checkbox"/> Bank	_____ a. linear feet	_____ b. linear feet	_____ c. linear feet	_____ d. linear feet
5. <input type="checkbox"/> Bordering Vegetated Wetland	_____ a. square feet	_____ b. square feet	_____ c. square feet	_____ d. square feet
6. <input type="checkbox"/> Land Under Waterbodies and Waterways	_____ a. square feet _____ e. c/y dredged	_____ b. square feet _____ f. c/y dredged	_____ c. square feet	_____ d. square feet
7. <input type="checkbox"/> Bordering Land Subject to Flooding	_____ a. square feet Cubic Feet Flood Storage _____ e. cubic feet	_____ b. square feet _____ f. cubic feet	_____ c. square feet _____ g. cubic feet	_____ d. square feet _____ h. cubic feet
8. <input type="checkbox"/> Isolated Land Subject to Flooding	_____ a. square feet Cubic Feet Flood Storage _____ c. cubic feet	_____ b. square feet _____ d. cubic feet	_____ e. cubic feet	_____ f. cubic feet
9. <input type="checkbox"/> Riverfront Area	_____ a. total sq. feet Sq ft within 100 ft _____ c. square feet Sq ft between 100-200 ft _____ g. square feet	_____ b. total sq. feet _____ d. square feet _____ h. square feet	_____ e. square feet _____ i. square feet	_____ f. square feet _____ j. square feet



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Wetlands  
**WPA Form 5 – Order of Conditions**  
Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

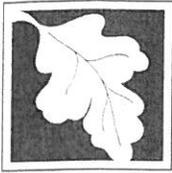
Provided by MassDEP:  
SE# 075-0791  
MassDEP File #

eDEP Transaction #  
Truro  
City/Town

## B. Findings (cont.)

**Coastal Resource Area Impacts:** Check all that apply below. (For Approvals Only)

	Proposed Alteration	Permitted Alteration	Proposed Replacement	Permitted Replacement
10. <input type="checkbox"/> Designated Port Areas	Indicate size under Land Under the Ocean, below			
11. <input type="checkbox"/> Land Under the Ocean	<u>                    </u> a. square feet	<u>                    </u> b. square feet		
	<u>                    </u> c. c/y dredged	<u>                    </u> d. c/y dredged		
12. <input type="checkbox"/> Barrier Beaches	Indicate size under Coastal Beaches and/or Coastal Dunes below			
13. <input checked="" type="checkbox"/> Coastal Beaches	<u>4300 s.f.</u> a. square feet	<u>4300 s.f.</u> b. square feet	<u>                    </u> c. nourishment	<u>                    </u> d. nourishment
14. <input type="checkbox"/> Coastal Dunes	<u>                    </u> a. square feet	<u>                    </u> b. square feet	<u>                    </u> c. nourishment	<u>                    </u> d. nourishment
15. <input type="checkbox"/> Coastal Banks	<u>                    </u> a. linear feet	<u>                    </u> b. linear feet		
16. <input type="checkbox"/> Rocky Intertidal Shores	<u>                    </u> a. square feet	<u>                    </u> b. square feet		
17. <input type="checkbox"/> Salt Marshes	<u>                    </u> a. square feet	<u>                    </u> b. square feet	<u>                    </u> c. square feet	<u>                    </u> d. square feet
18. <input type="checkbox"/> Land Under Salt Ponds	<u>                    </u> a. square feet	<u>                    </u> b. square feet		
	<u>                    </u> c. c/y dredged	<u>                    </u> d. c/y dredged		
19. <input type="checkbox"/> Land Containing Shellfish	<u>                    </u> a. square feet	<u>                    </u> b. square feet	<u>                    </u> c. square feet	<u>                    </u> d. square feet
20. <input type="checkbox"/> Fish Runs	Indicate size under Coastal Banks, Inland Bank, Land Under the Ocean, and/or inland Land Under Waterbodies and Waterways, above			
	<u>                    </u> a. c/y dredged	<u>                    </u> b. c/y dredged		
21. <input type="checkbox"/> Land Subject to Coastal Storm Flowage	<u>                    </u> a. square feet	<u>                    </u> b. square feet		



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Wetlands

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**B. Findings (cont.)**

\* #22. If the project is for the purpose of restoring or enhancing a wetland resource area in addition to the square footage that has been entered in Section B.5.c (BVW) or B.17.c (Salt Marsh) above, please enter the additional amount here.

22.  Restoration/Enhancement \*:

a. square feet of BVW

b. square feet of salt marsh

23.  Stream Crossing(s):

a. number of new stream crossings

b. number of replacement stream crossings

**C. General Conditions Under Massachusetts Wetlands Protection Act**

The following conditions are only applicable to Approved projects.

1. Failure to comply with all conditions stated herein, and with all related statutes and other regulatory measures, shall be deemed cause to revoke or modify this Order.
2. The Order does not grant any property rights or any exclusive privileges; it does not authorize any injury to private property or invasion of private rights.
3. This Order does not relieve the permittee or any other person of the necessity of complying with all other applicable federal, state, or local statutes, ordinances, bylaws, or regulations.
4. The work authorized hereunder shall be completed within three years from the date of this Order unless either of the following apply:
  - a. the work is a maintenance dredging project as provided for in the Act; or
  - b. the time for completion has been extended to a specified date more than three years, but less than five years, from the date of issuance. If this Order is intended to be valid for more than three years, the extension date and the special circumstances warranting the extended time period are set forth as a special condition in this Order.
5. This Order may be extended by the issuing authority for one or more periods of up to three years each upon application to the issuing authority at least 30 days prior to the expiration date of the Order.
6. If this Order constitutes an Amended Order of Conditions, this Amended Order of Conditions does not extend the issuance date of the original Final Order of Conditions and the Order will expire on \_\_\_\_\_ unless extended in writing by the Department.
7. Any fill used in connection with this project shall be clean fill. Any fill shall contain no trash, refuse, rubbish, or debris, including but not limited to lumber, bricks, plaster, wire, lath, paper, cardboard, pipe, tires, ashes, refrigerators, motor vehicles, or parts of any of the foregoing.
8. This Order is not final until all administrative appeal periods from this Order have elapsed, or if such an appeal has been taken, until all proceedings before the Department have been completed.



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Wetlands

**WPA Form 5 – Order of Conditions**

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

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**C. General Conditions Under Massachusetts Wetlands Protection Act (cont.)**

9. No work shall be undertaken until the Order has become final and then has been recorded in the Registry of Deeds or the Land Court for the district in which the land is located, within the chain of title of the affected property. In the case of recorded land, the Final Order shall also be noted in the Registry's Grantor Index under the name of the owner of the land upon which the proposed work is to be done. In the case of the registered land, the Final Order shall also be noted on the Land Court Certificate of Title of the owner of the land upon which the proposed work is done. The recording information shall be submitted to the Conservation Commission on the form at the end of this Order, which form must be stamped by the Registry of Deeds, prior to the commencement of work.
10. A sign shall be displayed at the site not less than two square feet or more than three square feet in size bearing the words,  

"Massachusetts Department of Environmental Protection" [or, "MassDEP"]  
"File Number            SE 075-0791 "
11. Where the Department of Environmental Protection is requested to issue a Superseding Order, the Conservation Commission shall be a party to all agency proceedings and hearings before MassDEP.
12. Upon completion of the work described herein, the applicant shall submit a Request for Certificate of Compliance (WPA Form 8A) to the Conservation Commission.
13. The work shall conform to the plans and special conditions referenced in this order.
14. Any change to the plans identified in Condition #13 above shall require the applicant to inquire of the Conservation Commission in writing whether the change is significant enough to require the filing of a new Notice of Intent.
15. The Agent or members of the Conservation Commission and the Department of Environmental Protection shall have the right to enter and inspect the area subject to this Order at reasonable hours to evaluate compliance with the conditions stated in this Order, and may require the submittal of any data deemed necessary by the Conservation Commission or Department for that evaluation.
16. This Order of Conditions shall apply to any successor in interest or successor in control of the property subject to this Order and to any contractor or other person performing work conditioned by this Order.
17. Prior to the start of work, and if the project involves work adjacent to a Bordering Vegetated Wetland, the boundary of the wetland in the vicinity of the proposed work area shall be marked by wooden stakes or flagging. Once in place, the wetland boundary markers shall be maintained until a Certificate of Compliance has been issued by the Conservation Commission.



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Wetlands

**WPA Form 5 – Order of Conditions**

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Provided by MassDEP:

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City/Town

**C. General Conditions Under Massachusetts Wetlands Protection Act (cont.)**

18. All sedimentation barriers shall be maintained in good repair until all disturbed areas have been fully stabilized with vegetation or other means. At no time shall sediments be deposited in a wetland or water body. During construction, the applicant or his/her designee shall inspect the erosion controls on a daily basis and shall remove accumulated sediments as needed. The applicant shall immediately control any erosion problems that occur at the site and shall also immediately notify the Conservation Commission, which reserves the right to require additional erosion and/or damage prevention controls it may deem necessary. Sedimentation barriers shall serve as the limit of work unless another limit of work line has been approved by this Order.

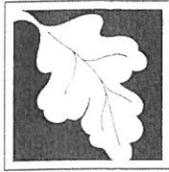
**NOTICE OF STORMWATER CONTROL AND MAINTENANCE REQUIREMENTS**

19. **The work associated with this Order (the “Project”) is (1)  is not (2)  subject to the Massachusetts Stormwater Standards. If the work is subject to the Stormwater Standards, then the project is subject to the following conditions:**

a) All work, including site preparation, land disturbance, construction and redevelopment, shall be implemented in accordance with the construction period pollution prevention and erosion and sedimentation control plan and, if applicable, the Stormwater Pollution Prevention Plan required by the National Pollution Discharge Elimination System Construction General Permit as required by Stormwater Condition 8. Construction period erosion, sedimentation and pollution control measures and best management practices (BMPs) shall remain in place until the site is fully stabilized.

b) No stormwater runoff may be discharged to the post-construction stormwater BMPs unless and until a Registered Professional Engineer provides a Certification that:

- i. all construction period BMPs have been removed or will be removed by a date certain specified in the Certification. For any construction period BMPs intended to be converted to post construction operation for stormwater attenuation, recharge, and/or treatment, the conversion is allowed by the MassDEP Stormwater Handbook BMP specifications and that the BMP has been properly cleaned or prepared for post construction operation, including removal of all construction period sediment trapped in inlet and outlet control structures;
- ii. as-built final construction BMP plans are included, signed and stamped by a Registered Professional Engineer, certifying the site is fully stabilized;
- iii. any illicit discharges to the stormwater management system have been removed, as per the requirements of Stormwater Standard 10;
- iv. all post-construction stormwater BMPs are installed in accordance with the plans (including all planting plans) approved by the issuing authority, and have been inspected to ensure that they are not damaged and that they are in proper working condition;
- v. any vegetation associated with post-construction BMPs is suitably established to withstand erosion.



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Wetlands

**WPA Form 5 – Order of Conditions**

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Provided by MassDEP:

SE# 075-0791

MassDEP File #

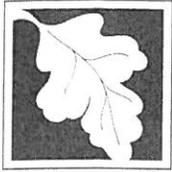
eDEP Transaction #

Truro

City/Town

**C. General Conditions Under Massachusetts Wetlands Protection Act (cont.)**

- c) The landowner is responsible for BMP maintenance until the issuing authority is notified that another party has legally assumed responsibility for BMP maintenance. Prior to requesting a Certificate of Compliance, or Partial Certificate of Compliance, the responsible party (defined in General Condition 18(e)) shall execute and submit to the issuing authority an Operation and Maintenance Compliance Statement ("O&M Statement") for the Stormwater BMPs identifying the party responsible for implementing the stormwater BMP Operation and Maintenance Plan ("O&M Plan") and certifying the following: *i.*) the O&M Plan is complete and will be implemented upon receipt of the Certificate of Compliance, and *ii.*) the future responsible parties shall be notified in writing of their ongoing legal responsibility to operate and maintain the stormwater management BMPs and implement the Stormwater Pollution Prevention Plan.
- d) Post-construction pollution prevention and source control shall be implemented in accordance with the long-term pollution prevention plan section of the approved Stormwater Report and, if applicable, the Stormwater Pollution Prevention Plan required by the National Pollution Discharge Elimination System Multi-Sector General Permit.
- e) Unless and until another party accepts responsibility, the landowner, or owner of any drainage easement, assumes responsibility for maintaining each BMP. To overcome this presumption, the landowner of the property must submit to the issuing authority a legally binding agreement of record, acceptable to the issuing authority, evidencing that another entity has accepted responsibility for maintaining the BMP, and that the proposed responsible party shall be treated as a permittee for purposes of implementing the requirements of Conditions 18(f) through 18(k) with respect to that BMP. Any failure of the proposed responsible party to implement the requirements of Conditions 18(f) through 18(k) with respect to that BMP shall be a violation of the Order of Conditions or Certificate of Compliance. In the case of stormwater BMPs that are serving more than one lot, the legally binding agreement shall also identify the lots that will be serviced by the stormwater BMPs. A plan and easement deed that grants the responsible party access to perform the required operation and maintenance must be submitted along with the legally binding agreement.
- f) The responsible party shall operate and maintain all stormwater BMPs in accordance with the design plans, the O&M Plan, and the requirements of the Massachusetts Stormwater Handbook.



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Wetlands

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Truro

City/Town

**C. General Conditions Under Massachusetts Wetlands Protection Act (cont.)**

- g) The responsible party shall:
  - 1. Maintain an operation and maintenance log for the last three (3) consecutive calendar years of inspections, repairs, maintenance and/or replacement of the stormwater management system or any part thereof, and disposal (for disposal the log shall indicate the type of material and the disposal location);
  - 2. Make the maintenance log available to MassDEP and the Conservation Commission ("Commission") upon request; and
  - 3. Allow members and agents of the MassDEP and the Commission to enter and inspect the site to evaluate and ensure that the responsible party is in compliance with the requirements for each BMP established in the O&M Plan approved by the issuing authority.
- h) All sediment or other contaminants removed from stormwater BMPs shall be disposed of in accordance with all applicable federal, state, and local laws and regulations.
- i) Illicit discharges to the stormwater management system as defined in 310 CMR 10.04 are prohibited.
- j) The stormwater management system approved in the Order of Conditions shall not be changed without the prior written approval of the issuing authority.
- k) Areas designated as qualifying pervious areas for the purpose of the Low Impact Site Design Credit (as defined in the MassDEP Stormwater Handbook, Volume 3, Chapter 1, Low Impact Development Site Design Credits) shall not be altered without the prior written approval of the issuing authority.
- l) Access for maintenance, repair, and/or replacement of BMPs shall not be withheld. Any fencing constructed around stormwater BMPs shall include access gates and shall be at least six inches above grade to allow for wildlife passage.

Special Conditions (if you need more space for additional conditions, please attach a text document):

**See Page 9A & 9B**

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**TOWN OF TRURO  
CONSERVATION COMMISSION**

P.O. Box 2030  
Truro MA 02666-0630

*Tel: 508-349-7004 ex. 31  
Fax: 508-349-5508*

DEP File No. SE 75-791

Stephen DiGiovanni  
0,3,6, & 4 Mary's Way

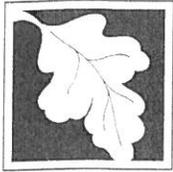
**Special findings:**

1. The Commission finds the site of the proposed reconstruction of existing zig-zag sand drift fence to be on a Coastal Beach.

**The Commission accepts the work as described in the Notice of Intent and plans as presented to the Commission, subject to the following special conditions:**

2. Old and new fence parts must be numbered with map and parcel according to the Commission's fence policy.
3. All construction shall be done according to Commission's fence policy.
4. Applicant may dump sand on pavement at Great Hollow and push it over into a loader.
5. Vehicle access must be from Corn Hill beach.
6. Broken asphalt pavement shall be removed from parking area before sand is dumped.
7. Order shall not be issued until Commission receives a letter from Town of Truro DPW Director Paul Morris, approving use of Town property for this purpose.
8. This Order shall apply to any successor in control or successor in interest of the property described in the Notice of Intent and accompanying plans. These obligations shall be expressed in covenants in all deeds to succeeding owners of portions of the property.
9. The form provided at the end of this Order shall be completed and stamped at the appropriate Registry of Deeds, after the expiration of the 10 business day appeal period and if no request for appeal has been filed with the Department of Environmental Protection.
10. This document shall be included in all construction contracts, subcontracts, and specifications dealing with the work proposed and shall supersede any conflicting contract requirements. It is the responsibility of the Applicant, Owner, and/or successor(s) to ensure that all Conditions of this Order of Conditions are complied with. A copy of this Order shall be available at the work site, during normal work hours, or posted, until the work is complete.

11. The applicant shall give written notice to the Commission 48 hours in advance that the work is to be begun. Members of the Commission or its agent or the Department of Environmental Protection (DEP) reserve the right to enter and inspect the property at all reasonable times, until a Certificate of Compliance is issued, to evaluate compliance with this Order of Conditions, the Act, 310 CMR 10.00 and Town regulations, and may acquire any information, measurements, photographs, observations, and/or materials, or may require the submittal of any data or information deemed necessary by the Commission for that evaluation.
12. Work shall be halted on the site if the Commission, conservation agent or DEP determines that any of the work is not in compliance with this Order of Conditions. Work shall not resume until the Commission is satisfied that the work will comply, and has so notified the applicant in writing.
13. Prior to the commencement of work, a sign shall be displayed at the site showing the DEP file number assigned to this project, separately staked, preferably not placed on a living tree.
14. Any changes in the work described in the Notice of Intent or in the plans and specifications submitted to the Commission shall be submitted to the Commission in writing for a determination of whether the change is significant enough to the interests of the Act to require a new Notice of Intent. No changes shall be made or implemented in the field prior to the Commission's determination. Should issuance of additional permits result in a change in the project, the applicant shall promptly submit such changes to the Commission for evaluation under this provision.
15. Prior to the Commencement of any work, erosion or siltation controls including staked straw bales, cloth silt fencing, and any additional controls required under this order shall be placed along the limit of work as identified on the plans, between the work area and the resource area, to the approval of the Commission. Upon installation of such erosion or siltation controls, the applicant shall notify the Commission of such installation, and the Conservation Commission and or its agent will inspect the same and any changes to be made prior to the commencement of construction must be completed within forty-eight hours of inspection. Adequate erosion and sedimentation control shall be maintained throughout construction and until the site has become stabilized with adequate vegetative cover.
16. Upon completion of this project the applicant shall submit a request to the Conservation Commission to receive a Certificate of Compliance. The Applicant or Owner shall certify in writing that the work was completed as shown on the plans and documents referenced above. At the request of the Commission, the applicant may be required to submit (a) a written statement from a registered professional engineer of the Commonwealth certifying that the work has been conducted as shown on the plan(s) and documents referenced above and as conditioned by the Commission; and/or (b) an "as built" plan prepared and signed and stamped by a registered professional engineer or land surveyor of the Commonwealth, for the public record.
17. If soils are to be disturbed for longer than two months, a temporary cover of rye or other grass should be established to prevent erosion and sedimentation. If the season is not appropriate for plant growth, exposed surfaces shall be stabilized by other appropriate erosion control measures, firmly anchored, to prevent soils from being washed by rain or flooding. Upon the completion of work, all disturbed and bare areas shall be re-vegetated to prevent erosion by wind or water. Native plant materials are preferred. Refer to the Commission's approved planting list.



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Wetlands

**WPA Form 5 – Order of Conditions**

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Provided by MassDEP:

SE# 075-0791

MassDEP File #

eDEP Transaction #

Truro

City/Town

**D. Findings Under Municipal Wetlands Bylaw or Ordinance**

1. Is a municipal wetlands bylaw or ordinance applicable?  Yes  No
2. The \_\_\_\_\_ hereby finds (check one that applies):  
 Conservation Commission
- a.  that the proposed work cannot be conditioned to meet the standards set forth in a municipal ordinance or bylaw, specifically:

1. Municipal Ordinance or Bylaw

2. Citation

Therefore, work on this project may not go forward unless and until a revised Notice of Intent is submitted which provides measures which are adequate to meet these standards, and a final Order of Conditions is issued.

- b.  that the following additional conditions are necessary to comply with a municipal ordinance or bylaw:
1. Municipal Ordinance or Bylaw
2. Citation
3. The Commission orders that all work shall be performed in accordance with the following conditions and with the Notice of Intent referenced above. To the extent that the following conditions modify or differ from the plans, specifications, or other proposals submitted with the Notice of Intent, the conditions shall control.

The special conditions relating to municipal ordinance or bylaw are as follows (if you need more space for additional conditions, attach a text document):

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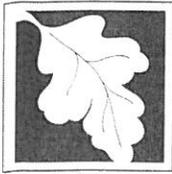
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Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Wetlands

**WPA Form 5 – Order of Conditions**

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Provided by MassDEP:

SE# 075-0791

MassDEP File #

eDEP Transaction #

Truro

City/Town

**E. Signatures**

This Order is valid for three years, unless otherwise specified as a special condition pursuant to General Conditions #4, from the date of issuance.

1. Date of Issuance

Please indicate the number of members who will sign this form.

This Order must be signed by a majority of the Conservation Commission.

2. Number of Signers

The Order must be mailed by certified mail (return receipt requested) or hand delivered to the applicant. A copy also must be mailed or hand delivered at the same time to the appropriate Department of Environmental Protection Regional Office, if not filing electronically, and the property owner, if different from applicant.

Signatures:

*Tony Hogan*

*Al Silva*

*Wendy Messery*

*Michael Melick*

by hand delivery on

by certified mail, return receipt requested, on

Date

Date

*March 29, 2010*

**F. Appeals**

The applicant, the owner, any person aggrieved by this Order, any owner of land abutting the land subject to this Order, or any ten residents of the city or town in which such land is located, are hereby notified of their right to request the appropriate MassDEP Regional Office to issue a Superseding Order of Conditions. The request must be made by certified mail or hand delivery to the Department, with the appropriate filing fee and a completed Request of Departmental Action Fee Transmittal Form, as provided in 310 CMR 10.03(7) within ten business days from the date of issuance of this Order. A copy of the request shall at the same time be sent by certified mail or hand delivery to the Conservation Commission and to the applicant, if he/she is not the appellant.

Any appellants seeking to appeal the Department's Superseding Order associated with this appeal will be required to demonstrate prior participation in the review of this project. Previous participation in the permit proceeding means the submission of written information to the Conservation Commission prior to the close of the public hearing, requesting a Superseding Order, or providing written information to the Department prior to issuance of a Superseding Order.

The request shall state clearly and concisely the objections to the Order which is being appealed and how the Order does not contribute to the protection of the interests identified in the Massachusetts Wetlands Protection Act (M.G.L. c. 131, § 40), and is inconsistent with the wetlands regulations (310 CMR 10.00). To the extent that the Order is based on a municipal ordinance or bylaw, and not on the Massachusetts Wetlands Protection Act or regulations, the Department has no appellate jurisdiction.



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Wetlands

**WPA Form 5 – Order of Conditions**

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Provided by MassDEP:

SE# 075-0791

MassDEP File #

eDEP Transaction #

Truro

City/Town

**G. Recording Information**

Prior to commencement of work, this Order of Conditions must be recorded in the Registry of Deeds or the Land Court for the district in which the land is located, within the chain of title of the affected property. In the case of recorded land, the Final Order shall also be noted in the Registry's Grantor Index under the name of the owner of the land subject to the Order. In the case of registered land, this Order shall also be noted on the Land Court Certificate of Title of the owner of the land subject to the Order of Conditions. The recording information on this page shall be submitted to the Conservation Commission listed below.

Truro

Conservation Commission

Detach on dotted line, have stamped by the Registry of Deeds and submit to the Conservation Commission.

To:

Truro

Conservation Commission

Please be advised that the Order of Conditions for the Project at:

0,3,6, & 4 Mary's Way (formerly Carlins  
Way)

SE# 075-0791

MassDEP File Number

Has been recorded at the Registry of Deeds of:

County

Book

Page

for:

Mary DiGiovanni

Property Owner

and has been noted in the chain of title of the affected property in:

Book

Page

In accordance with the Order of Conditions issued on:

March 29, 2010

Date

If recorded land, the instrument number identifying this transaction is:

Instrument Number

If registered land, the document number identifying this transaction is:

Document Number

Signature of Applicant



8/20/15 – 6 Mary's Way

# The Permit Extension Act

The lengthy "jobs bill" was signed by Governor Patrick on August 7th. As expected, there is an expanded Permit Extension provision. The Act reads "Notwithstanding any general or special law to the contrary, an approval in effect or existence during the tolling period shall be extended for a period of 4 years, in addition to the lawful term of the approval." The "tolling period" in which the permit needs to have been in effect is defined as "the period beginning August 15, 2008, and continuing through August 15, 2012." Therefore permits granted in the first part of next week will even gain the benefit of 4 years beyond the local or state deadline provision.

## Frequently Asked Questions - Updated August 8, 2012

This document provides answers to frequently asked questions about the permit extension act as it affects permits issued by state agencies. It is not intended to provide guidance with respect to permits issued by a municipality.

### **What is the Permit Extension Act?**

The Permit Extension Act was created by [Section 173 of Chapter 240 of the Acts of 2010](#) and extended by Sections 74 and 75 of Chapter 238 of the Acts of 2012. The purpose of this act is to promote job growth and long-term economic recovery and the Permit Extension Act furthers this purpose by establishing an automatic four-year extension to certain permits and licenses concerning the use or development of real property. With limited exceptions, the Act automatically extends, for four years beyond its otherwise applicable expiration date, any permit or approval that was "in effect or existence" during the qualifying period beginning on August 15, 2008 and extending through August 15, 2012.

### **Is the 4year extension automatic?**

Yes. The four year extension authorized by the Act is automatic, meaning it occurred by operation of law. Neither the permit holder nor the issuing agency needs to take action to implement the extension.

### **Does a permit or approval extended by the Act require any further review?**

No, unless the permit or approval by its terms called for such further review when in effect during the qualifying period. Permits or approvals issued prior to the qualifying period and in effect at any time during the qualifying period, and permits or approvals issued during the qualifying period have completed review and are valid for four additional years from the original date of expiration.

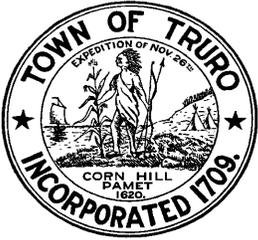
### **What is the new expiration date?**

The new expiration date is four years from the date that otherwise marked the end of the lawful term of the permit or approval. For example, a permit that expired on September 1, 2009 is now revived and will expire on September 1, 2013.

### **What if I submitted an application for a permit during the qualifying period, but it was not issued until after the period had passed?**

The permit does not qualify for extension. The Act only extends permits that were issued or already in effect at any point (e.g., even for one day) during the qualifying period.

DOC issued 3/29/10 exp. 3/29/13  
Permit ext. act. 3/29/17



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Licensing Department

**REQUESTOR:** Nicole Tudor, Executive Assistant

**REQUESTED MEETING DATE:** December 1, 2015

**ITEM:** Application for Truro Center for the Arts at Castle Hill-One Day Alcohol License (All Alcohol) and Entertainment License

**EXPLANATION:** Truro Center for the Arts at Castle Hill is holding a fundraising event Friday December 18th from 6:00pm-10:00pm at Castle Hill, 10 Meeting House Rd., Truro. The request requires approval of the Local Licensing Authority per MGL Ch. 138 §14 for one day pouring licenses and MGL Ch. 140 §181 and 183A for Entertainment licenses.

Their Non-profit Status has been confirmed for their non-profit rate of \$25.00 half of the all alcohol \$50.00 rate per the BoS Policy #53 and \$12.50 for their non-profit rate half of the Entertainment \$25.00 rate. Both Applications have been reviewed and approved by the Chief of Police with Server training certificates attached.

**FINANCIAL SOURCE (IF APPLICABLE):** N/A

**IMPACT IF NOT APPROVED:** Truro Center for the Arts at Castle Hill will not be allowed to serve alcohol or have entertainment at their fundraising event on December 18<sup>th</sup>.

**SUGGESTED ACTION:** *MOTION TO approve a one day alcohol license for All Alcohol and Entertainment at Truro Center for the Arts at Castle Hill, event to be held at 10 Meeting House Rd, for December 18<sup>th</sup>, from 6pm-10pm and at the non-profit rate and to authorize the Chair to sign the applications.*

**ATTACHMENTS:**

1. One Day Alcohol and Entertainment License Application for 12/18/2015 event signed by Chief of Police
2. Server Training Certificates



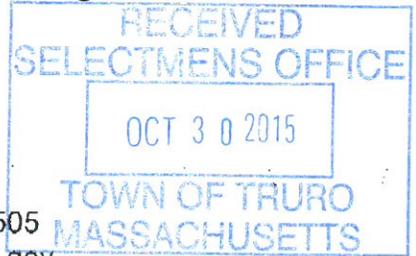
# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

Licensing Department

PH: 508-349-7004, Ext. 10 or 24 Fax: 508-349-5505

Email: [ntudor@truro-ma.gov](mailto:ntudor@truro-ma.gov) or [nscoullar@truro-ma.gov](mailto:nscoullar@truro-ma.gov)



## Application for a One Day Pouring License

MGL Chapter 138, Section 14 Special Licenses

The Local Licensing Authorities of TRURO pursuant to the provisions of Chapter 138 § 14 issuance of a **special one-day pouring license** as described herein.

### BUSINESS/ORGANIZATION INFORMATION

Name of Applicant: Cherie Mittenenthal Business/Organization Name: TRURO CENTER FOR THE ARTS AT CASTLE HILL

Mailing Address of Business/Organization: PO Box 756 **Non-profit status Confirmed.**

Non-profit or For-profit Entity:  Yes  No  
If yes, proof of Non-Profit Status **must** accompany this application

Contact Person: Dana Pasila Phone Number: 508-349-7511 Email: danape@castlehill.org

### INDIVIDUAL APPLICANT INFORMATION

Individual's Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### EVENT INFORMATION

Date of Event for License to be issued: December 18, 2015 Purpose of Event (example: fundraiser, etc.): Fundraiser / Community Event

Hours of Alcoholic Beverages sales, service and/or Consumption (from - to): 6 PM - 10 PM

Event Location (Must provide facility name, if any, street number and name): Truro Center for the Arts at Castle Hill, 10 Meetinghouse Road, Truro, MA 02666

Property Owner Name and Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of Caterer (if applicable): Cosmos Catering Approximate number of people attending: 75

Is the event open to the general public  Yes  No

Will there be Entertainment  Yes  No If Yes, Type of Entertainment Music DJ

Will there be Police Detail  Yes  No

**Purchase & Service**

License is for the Sale of:

- All Alcohol Beverages (\$50.00)
- Wines & Malt beverages Only (\$25.00)
- Wines Only (\$25.00)
- Malt Beverages Only (\$25.00)

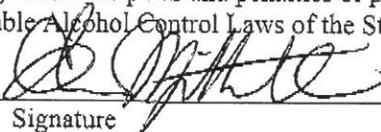
What is the source of the alcohol for the event (where is it being purchased?) Luke's Liquor, Hyannis, MA

Who will be serving the Alcohol? BRIAN TAYLOR + MIKE MOEN

*TIPS CERTIFIED REQUIRED-SUBMIT COPY OF CERTIFICATION WITH APPLICATION  
 Massachusetts Alcohol Beverage Control Commission (ABCC) has a 3-page list of "authorized sources" for the purchase of Alcohol used in conjunction with a temporary pouring license. The list includes alcohol wholesalers, farm brewers, manufacturers and direct shippers only. At this time, package stores and liquor stores are not considered "authorized sources" for use with a temporary pouring license.*

**Applicant's Signature**

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 Truro.

  
Signature

10/29/15  
Date

- Licenses are issued to persons who are at least 21 years of age.
- All Massachusetts Municipalities are required to send copies of temporary pouring licenses issued by the town to the ABCC in Boston.
- Liquor Liability Insurance Certificate may be required and must list the Town of Truro as the "certificate holder" in the lower left corner of the certificate form.
- A copy of the required Fire Safety Inspection Certificate of the facility must be provided, if applicable.
- The Local Licensing Authority may impose restrictions and/or conditions.

**Office Use Only**

**APPROVAL**

Board of Selectmen \_\_\_\_\_ Meeting Date \_\_\_\_\_

Police Department Kele Takakjian Date 11/9/15

Restrictions/Conditions attached to the license by the Board of Selectmen or its Delegate: \_\_\_\_\_

TIPS CERTS REQUIRED FOR ALL SERVERS



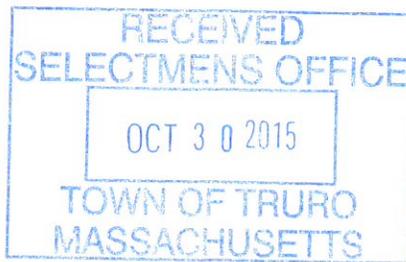
# TOWN OF TRURO

## Licensing Department

PO Box 2030, Truro, MA 02666

PH: 508-349-7004, Ext. 10 or 24 Fax: 508-349-5505

Email: [ntudor@truro-ma.gov](mailto:ntudor@truro-ma.gov) or [nscoullar@truro-ma.gov](mailto:nscoullar@truro-ma.gov)



### Application for an Entertainment License

Weekday  Saturday  Sunday

The undersigned hereby applies for a license in accordance with the provisions of Mass. General Laws, c.140 §181

#### BUSINESS/ORGANIZATION INFORMATION

Cherie Mitterthal Truro Center for the Arts at Castle Hill  
Name of Applicant Business/Organization Name

Po Box 756, Truro MA 02666  
Mailing Address of Business/Organization

**Non-profit status Confirmed.**

Is this a Non-profit or For-profit Entity (Check the appropriate box)  Yes  No

If yes, proof of 501c3 **must** accompany this application

Cherie Mitterthal 508 349 7511  
Contact Person Phone Number Email

#### INDIVIDUAL APPLICANT INFORMATION

Individual's Name Mailing Address

Phone Number Email Address

#### EVENT INFORMATION

FRIDAY DECEMBER 18th 2015 FUNDRAISER  
Day (s)/Date (s) of Event for License to be issued Purpose of Event (example: fundraiser)

Hours of Event (from - to) 6PM - 10PM

Castle Hill, 10 meeting house road, Truro, MA 02666 Event is:  Indoor  Outdoor Event  
Location (Must provide facility name, if any, street number and name) (Please check applicable box)

Truro Center for the Arts at Castle Hill 508-349-7511  
Property Owner Name and Address Phone number

Seating Capacity: \_\_\_\_\_ Occupancy Number: \_\_\_\_\_

Cosmos Catering Approximate number of people attending 75-100  
Name of Caterer (if applicable)

*If the event is catered please return Caterer Food Service Form to Health Agent at Fax # 508.349.5508*

Will an admission fee be collected?  Yes  No

Will there be a One Day Alcohol License  Yes  No

If yes; you must also apply for a One Day Alcohol License

Will there be Police Traffic Control?  Yes  No

**ENTERTAINMENT INFORMATION**

Type of Entertainment: Please check the appropriate boxes.

Dancing:  By Patron  By Entertainers  No Dancing

Music:  Recorded  Juke Box  Live  No Music

Number of Musicians & Instruments (Type) \_\_\_\_\_

Amplified System:  Yes  No

Shows:  Theater  Movies  Floor Show  Light Show  
 No Show

Other:  Video Games  Pool/Billiard Tables (Please indicate quantity) \_\_\_\_\_

**Applicant's Signature**

I certify under the pains and penalties of perjury that the above information is true and that I will comply with all applicable regulations of the Town of Truro.



10/29/15  
Date

Signature

- A valid entertainment license must be on the premises before the entertainment is commenced.
- No entertainment shall be offered, conducted, or otherwise provided by any establishment licensed under MGL Chapter 140 without first obtaining an entertainment license from the Board of Selectmen.
- Sunday entertainment must be specifically requested and addressed in the permitting process.
- These regulations are intended to allow the Board of Selectmen to determine the appropriate parameters to limit impacts to the neighbors of the establishment and to the community by the establishment and the entertainment provided therein.
- A copy of the required Fire Safety Inspection Certificate of the facility must be provided, if applicable.
- The Local Licensing Authority may impose restrictions and/or conditions.

**Office Use Only**

**APPROVAL**

License No \_\_\_\_\_

Board of Selectmen \_\_\_\_\_ Meeting Date \_\_\_\_\_

Police Department Kyle Takalijan Date 11/9/15

Restrictions/Conditions attached to the license by the Board of Selectmen or its Delegate: \_\_\_\_\_

# Certificate of Completion

This is to certify that

**Brian Taylor**

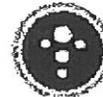
has completed

**Learn2Serve On-Premises Alcohol Seller/Server**

**Completion Date** 12/05/2013

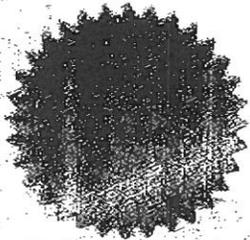
**Course Duration** 3.00

*Alysa Seepersud*



**360training.com**

360training.com ♦ 13801 Burnet Rd., Suite 100 ♦ Austin, TX 78727 ♦ 800-442-1149 ♦ www.360trainingsupport.com



# Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certification Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

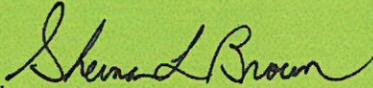
Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at [ServSafe.com](http://ServSafe.com).

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Senior Vice President, National Restaurant Association Solutions

  
National Restaurant Association  
**ServSafe Alcohol® CERTIFICATE**

ID # 11615044  
CARD # 12634499



MICHAEL MOEN

NAME

8/7/2015

DATE OF EXAMINATION

Card expires three years from the date of examination. Local laws apply.

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Sherman Brown  
Senior Vice President, National Restaurant Association Solutions

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

**NOTE:** You can access your score and certification information anytime at [ServSafe.com](http://ServSafe.com) with the class number provided on this form.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at [ServiceCenter@restaurant.org](mailto:ServiceCenter@restaurant.org) or 800.765.2122, ext. 6703.

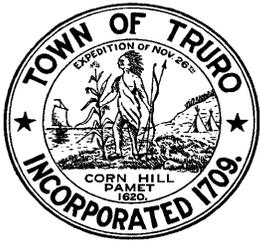
In Alaska you must laminate your card for it to be valid.

NATIONAL  
RESTAURANT  
ASSOCIATION

175 West Jackson Boulevard,  
Suite 1500  
Chicago, IL 60604-2814  
1.800.SERVSAFE  
312.715.1010 In the Chicago area  
[ServSafe.com](http://ServSafe.com)

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# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Truro Police Department

**REQUESTOR:** Chief Kyle Takakjian

**REQUESTED MEETING DATE:** December 1, 2015

**ITEM:** Dispatch / Telecommunicator Vacancy due to pending retirement.

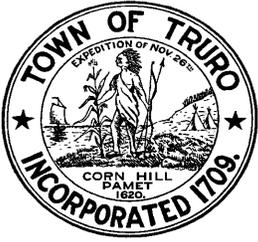
**EXPLANATION:** Telecommunicator Timothy Caldwell has indicated he is retiring from the Truro Police Department on his Birthday, August 7<sup>th</sup>, 2016. In order to prevent a gap in dispatch services, unintended overtime expenditures and forcing Telecommunication Staff to work additional shifts after T/C Caldwell's departure, the Department needs to fill the vacancy and train the replacement prior to his departure.

**FINANCIAL SOURCE (IF APPLICABLE):** FY17 Budget Appropriations

**IMPACT IF NOT APPROVED:** Not filling the position creates a Gap in dispatch services, staff being unable to take earned time off, unintended overtime expenditures and forcing Telecommunication Staff to work additional shifts.

**SUGGESTED ACTION:** *Motion to approve, and authorize the Truro Police Department to advertise for a full time position Dispatcher/Telecommunicator, contingent upon the retirement of Telecommunicator Timothy Caldwell in August of 2016.*

**ATTACHMENTS:** None



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Licensing Department

**REQUESTOR:** Nicole Tudor, Executive Assistant

**REQUESTED MEETING DATE:** December 1, 2015

**ITEM:** Approval of 2016 Annual Common Victualer Licenses-Montano’s Restaurant-481 Route 6; and Salty Market LLC-2 Highland Rd. and Truro Vineyards of Cape Cod-Lodging License-11 Shore Rd.

**EXPLANATION:** All approvals, Montano’s Restaurant, Salty Market- Common Victualer Licenses and Truro Vineyards of Cape Cod-Lodging License are under the authority of the Board of Selectmen as Local Licensing Authorities. Please know that if you approve these licenses for renewal, the licenses will be issued only upon compliance with all regulations and receipt of the necessary fees. There were no reported issues with these establishments in 2015.

Mass General Law	Licenses & Permits Issued by Board of Selectmen	Names of Businesses
Chapter 140 § 23 Chapter 140 § 2	<b>Lodging License</b> <b>Common Victualer</b> (Cooking, Preparing and Serving food)	<b>Truro Vineyards of Cape Cod</b> <b>Montano’s Restaurant</b> <b>Salty Market LLC</b>

**FINANCIAL SOURCE (IF APPLICABLE):** N/A

**IMPACT IF NOT APPROVED:** All applicants will not be issued either their 2016 Lodging License to operate at Truro Vineyards of Cape Cod and Common Victualer Licenses to operate at Montano’s Restaurant, and Salty Market in the Town of Truro.

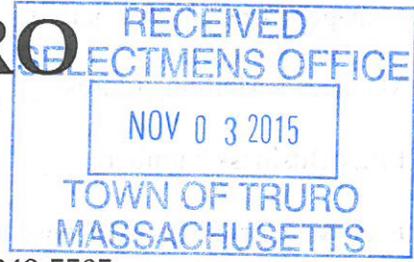
**SUGGESTED ACTION:** *MOTION TO approve the 2016 annual Common Victualer License for Montano’s Restaurant, Salty Market LLC and the Lodging License for Truro Vineyards of Cape Cod upon compliance with all regulations and receipt of the necessary fees.*

**ATTACHMENTS:**

1. Renewal Application for 2016: Montano’s Restaurant.
2. Renewal Application for 2016: Truro Vineyards of Cape Cod.
3. Renewal Application for 2016: Salty Market LLC.



# TOWN OF TRURO



## BUSINESS LICENSE APPLICATION ADMINISTRATION OFFICE

Main Floor Town Hall • P.O. Box 2030  
24 Town Hall Rd • Truro, MA 02666

Tel: 508-349-7004 Extensions: 10 or 24 Fax: 508-349-5505

**NO BUSINESS MAY OPERATE WITHOUT A VALID LICENSE ON THE PREMISES**

The undersigned hereby applies for a License to conduct business in the Town of Truro in accordance with the Statutes of the Commonwealth of Massachusetts and subject to the Rules and Regulations of the Licensing Authorities.

Please check the appropriate box that best describes the license type (s) being applied for:

Business Request	License Type	Hours of Operation
<input type="checkbox"/> New Application	<input checked="" type="checkbox"/> Common Victualer (Food)* <i>See Health Department</i>	<input checked="" type="checkbox"/> Annual License
<input checked="" type="checkbox"/> Renewal – No Changes	<input type="checkbox"/> Transient Vendor (Retail)	Number of Days Open: 362
<input type="checkbox"/> Renewal – Change (s)	<input type="checkbox"/> Peddler/Mobil Lunch Cart* <i>See Health Department</i>	Hours AM PM 4:30 - 10 pm
<input type="checkbox"/> Transfer of License	<input type="checkbox"/> Entertainment License <i>Complete Entertainment Application</i>	<input type="checkbox"/> Seasonal License
<input type="checkbox"/> Name Change	<input type="checkbox"/> Lodging House	Number of Days Open:
<input type="checkbox"/> Manager Change	<input type="checkbox"/> Alcohol License <i>Complete ABCC Application</i>	Opening Date:
<input type="checkbox"/> Location Change	<input type="checkbox"/> Innholder	Closing Date:
<input type="checkbox"/> Seasonal to Annual	<input type="checkbox"/> Taxicabs	Hours AM PM
<input type="checkbox"/> Annual to Seasonal	<input type="checkbox"/> Other	<input type="checkbox"/> Change of Hours
<input type="checkbox"/> Extension of Premises		<input type="checkbox"/> Other

Other information please describe \_\_\_\_\_

**APPLICANT INFORMATION**

Name of Applicant Robert C. Montano

Name of Business/Corporation/Partnership BAODOCS INC D/B/A Montano's Restaurant

Business Location 401 Route 6

Mailing Address of Business P.O. Box 718 No Truro MA 02652  
*Truro Street Address*  
*Please use preferred mailing address for any Town Correspondence*

Business Contact Information [Redacted]

Name of Manager Robert Montano  
*Business Number/Cell Number/Email Address*

*Please Print*

Manager Contact Information Same  
Cell Number/Email Address \_\_\_\_\_  
Manager's Mailing Address \_\_\_\_\_  
FEIN Business Number [REDACTED]  
Food Vendor Drivers' License # \_\_\_\_\_ Vehicle Registration # \_\_\_\_\_

**CHECKLIST-Please provide the following items if not provided to the Health Department.**

- RESTAURANTS- See Health Department Application
- FIRE PROTECTION SYSTEMS ANNUAL TEST REPORT
- IF YOU HAVE EMPLOYEES- Provide Workers Compensation Affidavit AND Certificate of Insurance
- IF YOU DO NOT HAVE EMPLOYEES- Provide Workers Compensation Affidavit ONLY
- IF SELLING ALCOHOL FOR CONSUMPTION ON PREMISE
  - Provide Liquor Liability Insurance
  - Provide Current Building and Fire Certificate of Inspection
  - TIPS Server Training Certificates for Servers
- Mobil Food Unit-Attach State Hawker Peddler License
- Ice Cream Truck-Complete CORI Form and Permit to Engage in Ice Cream Vending (MGL 270 §25)
- Business Certificate with the Clerk's Office-*A Business Certificate is commonly referred to as a d/b/a or "Doing Business As" form. Its purpose is primarily for consumer protection and is considered a public record. Pursuant to M.G.L. Chapter 110, section 5, a person must file a business certificate when conducting business in Truro under any title (business name) other than the real name of the individual, partnership, or corporation. (Note: Certain exemptions to filing are allowed under section 6: a corporation doing business as its true name; a legal partnership is doing business under any title which includes the true surname of any partner; certain other exemptions exist for trusts and limited partnerships.)*

**ATTESTATION**

Pursuant to M.G. L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all local state taxes required under law and the information I have provided is true and accurate. Any misstatement in this application, or violation of state or applicable town bylaws or regulations, shall be considered sufficient cause for refusal, suspension or revocation of the license.

Robert C. Montano  
Print Name

[Signature]  
Signature of Applicant

**Complete the application and supporting documents and mail or bring them with the appropriate fees to:**

TOWN OF TRURO  
Administration Office ♦ Main Floor Town Hall  
24 Town Hall Rd ♦ PO Box 2030  
Truro, MA 02666

-----**Office Use Only**-----

- Payment Received
- Health Agent or Board of Health Approval    Board of Selectmen Meeting Date for Approval 12/1/2015





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: BADDOCS INC D/B/A MONTANO'S RESTAURANT

Address: 481 Route 6

City/State/Zip: NO. TRURO, MA 02652

Phone #: 508 487 2026

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

1.  I am a employer with 20 & 35 employees (full and/or part-time).\* in the summer
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: Travelers

Insurer's Address: P.O. Box 1450

City/State/Zip: Middleboro MA 02344-1450

Policy # or Self-ins. Lic. # \_\_\_\_\_

Expiration Date: 5/22/16

**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: \_\_\_\_\_

Date: 11/2/15

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

508 487 2026

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

City or Town: \_\_\_\_\_ 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: \_\_\_\_\_ Phone #: \_\_\_\_\_

**TRURO FIRE DEPARTMENT**

344 ROUTE 6  
POST OFFICE BOX 2013  
TRURO, MASSACHUSETTS 02666

Brian Davis  
CHIEF

PHONE: (508) 487-7548  
FAX (508) 487-6808

October 5<sup>th</sup> 2015

**FIRE ALARM TEST REPORT**

BUSINESS NAME: MONTANO'S RESTAURANT  
OWNER/MANAGER: BOB MONTANO  
ADDRESS: 481 ROUTE 6  
PHONE #: 508-487-2026  
NUMBER OF UNITS: RESTAURANT; 1 APARTMENT  
CONTACT PERSON: SAME  
ADDRESS: SAME  
PHONE #: SAME

ALARM TESTING COMPANY: LONG POINT ELECTRIC, INC  
TESTING ELECTRICIAN/TECH: Michael Wisniewski  
LICENSE #: 17239A  
PHONE #: (508) 487-2056

THE FIRE ALARM SYSTEM AT THE ABOVE-MENTIONED BUSINESS ADDRESS WAS TESTED, AND ALL PARTS OF THE SYSTEM WERE FOUND TO BE, OR CORRECTED TO BE, FULLY OPERATIONAL.

COMMENTS: \_\_\_\_\_

DATE OF TEST: 10-5-15 BY: Michael Wisniewski

THIS REPORT MUST BE FILLED OUT PRIOR TO THE ISSUANCE OF, OR RENEWAL OF, A LICENSE TO OPERATE WITHIN THE TOWN OF TRURO.

Number: 2016-018

Fee \$75.00

**Town of Truro Board of Health**  
**24 Town Hall Road, Truro, MA 02666**  
**Permit To Operate A Food Establishment**

In accordance with Regulations promulgated under authority of Chapter 111, Section 127A of the General Laws a Permit is hereby granted to:

**Robert Montano, mgr., d/b/a Montano's Restaurant**

Whose place of business is **481 Route 6**

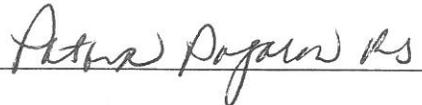
Type of business and any restrictions **Restaurant**

To operate a food establishment in **Truro**  
(City or Town)

Permit Expires: **December 31, 2016**

Date Issued: **November 3, 2015**

**Seating: 188**

  
\_\_\_\_\_

**Truro Board of Health Agent**

2016-018



# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

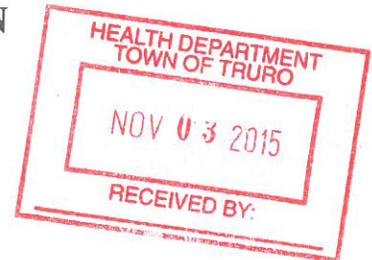
## BOARD OF HEALTH

Tel: 508-349-7004, Extension: 32 or 31 Fax: 508-349-5508

Email: [healthagent@truro-ma.gov](mailto:healthagent@truro-ma.gov) or [adavis@truro-ma.gov](mailto:adavis@truro-ma.gov)

### BUSINESS LICENSE APPLICATION

Date: 11/2/15  Renewal  New



#### Section 1 – License Type

Please check the appropriate box the best describes the license type(s).

- | FACILITY:                               | # UNITS | FOOD SERVICE   | RETAIL SERVICE                       |
|---|---------|--|--------------------------------------|
| <input type="checkbox"/> Motel          | _____   | <input checked="" type="checkbox"/> Food Service<br>(Restaurant, Mobile Food Vending*) | <input type="checkbox"/> Gas Station |
| <input type="checkbox"/> Cottage Colony | _____   | <input checked="" type="checkbox"/> Common Victualer*                                  |                                      |
| <input type="checkbox"/> Condominium    | _____   | <input type="checkbox"/> Catering  |                                      |
| <input type="checkbox"/> Campground     | _____   | <input type="checkbox"/> Manufacturer of Ice Cream                                     |                                      |
|   |         | <input type="checkbox"/> Bakery  |                                      |
|   |         | <input type="checkbox"/> Retail Sales: Foods Commercially Packaged                     |                                      |

(\* Requires additional License issued by the Board of Selectmen)

#### Section 2 – Business Information

Federal Employers Identification Number (FEIN/SS) \_\_\_\_\_

Robert C. MONTANO

Print Name of Applicant

MONTANO'S RESTAURANT

Business Name or DBA ( Check if new name)

Bob Montano

Owner Name

481 Route 6

Street Address of Business

P.O. Box 718

Mailing Address of Business ( Check if New Address)

508 487 2026

Business Phone Number ( Check if New Phone Number)

Business E-Mail Address

**Section 3 – Manager Information**

(Cottage colony, cabin colony, condominium, co-op, motor court, motel, campgrounds)

Check if New Manager (Must submit application to Name a Manager)

Complete below if Manager is same as previous year.

Robert C. Montano [Redacted] MA  
Manager Name Residential Address (include Unit#)

P.O. Box 710 [Redacted]  
Mailing Address Phone (24 hrs a day)

[Handwritten Signature]  
Manager's Signature (REQUIRED)

**Section 4 – Hours of Operation**

Annual  Seasonal  (Please check one that applies)

Opening Date (MM/DD/YYYY) 1/1 Closing Date (MM/DD/YYYY) 12/31

Days of the Week Open 7 Hours of Operation (Opening to Closing) 4:30 - 9:00

**Section 5 – ATTESTATION**

Pursuant to M.G. L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all local state taxes required under law and the information I have provided is true and accurate. Any misstatement in this application, or violation of state or applicable town bylaws or regulations, shall be considered sufficient cause for refusal, suspension or revocation of the license.

[Handwritten Signature]  
Signature of Applicant

Robert C Montano  
Print Name

Complete the application and supporting documents and mail or bring them with the appropriate fees to:

TOWN OF TRURO  
Health Department  
PO Box 2030  
Truro, MA 02666



2. \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_  
 3. \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_  
 4. \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_

**List Names of all staff with a Allergen Awareness Certification:**

1. ZANA weber Exp. Date: 1/1/16  
 2. \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_  
 3. \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_  
 4. \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_

**List Names of all staff with a Choke Saver Training:**

1. Robert MONTANO Date of Training: 6/15/17  
 2. ZANA weber Date of Training: 6/15/17

**MOBILE FOOD VENDORS ONLY- List fixed or stationary location(s) where food will be sold:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has your menu changed from last year?  Yes  No

If yes please attach copy of menu or provide description of food to be prepared and sold:

\_\_\_\_\_  
 \_\_\_\_\_

I agree to any conditions specified by the Board of Health, and all local, state and federal rules and regulations.

[Signature] 11/2/15  
 Signature of Authorized Representative Date

**PART II - TO BE FILLED IN BY AUTHORIZED TOWN AGENT**

**Board of Health Comments or Conditions:**

\_\_\_\_\_  
 \_\_\_\_\_

Approved  Denied

[Signature] 11/3/15  
 Signature of BOH or Agent Date

medical  
reserve  
corps



Robert Montano attended a one hour training in "Anti-Choking Procedures for Food Establishments" as required by the Massachusetts Department of Public Health 105 CMK590.009. This training was conducted by the Cape Cod Medical Reserve Corps American Heart Association certified trained instructors. This certificate is good for two years from the date of issuance.

Diana R. Gaumond BSN, MPH  
Director Cape Cod Medical Reserve Corps

A handwritten signature in black ink that reads "Diana Gaumond". The signature is written in a cursive, flowing style.

Date: June 15, 2015

medical  
reserve  
corps



Zana Weber attended a one hour training in "Anti-Choking Procedures for Food Establishments" as required by the Massachusetts Department of Public Health 105 CMK590.009. This training was conducted by the Cape Cod Medical Reserve Corps American Heart Association certified trained instructors. This certificate is good for two years from the date of issuance.

Diana R. Gaumond BSN, MPH  
Director Cape Cod Medical Reserve Corps

Date: June 15, 2015

# CERTIFICATE OF ALLERGEN AWARENESS TRAINING

Name of Recipient: Zana Weber

Certificate Number: 179416

Date of Completion: 01/06/2011

Date of Expiration: 01/06/2016

*The above-named person is hereby issued this certificate  
for completing an allergen awareness training program  
recognized by the Massachusetts Department of Public Health  
in accordance with 105 CMR 590.009(G)(3)(a).*

*This certificate will be valid for five (5) years from date of completion.*

Issued By:



Massachusetts Restaurant Association  
333 Turnpike Road, Suite 102  
Southborough, MA 01772  
508-303-9905  
[www.marestaurantassoc.org](http://www.marestaurantassoc.org)



800.765.2122  
[www.restaurant.org](http://www.restaurant.org)



EXAM FORM NO. 4601

CERTIFICATE NO. 7699730

# ServSafe® Certification

TO ZANA M WEBER

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP).

3/31/2011

DATE OF EXAMINATION

3/31/2016

DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.



#0655

Paul Hineman  
Executive Director, National Restaurant Association Solutions



**NOTICE  
TO  
EMPLOYEES**



**NOTICE  
TO  
EMPLOYEES**

**The Commonwealth of Massachusetts  
DEPARTMENT OF INDUSTRIAL ACCIDENTS  
600 Washington Street, Boston, Massachusetts 02111  
617-727-4900 – <http://www.mass.gov/dia>**

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above mentioned chapter by insuring with:

**THE TRAVELERS INSURANCE COMPANIES**

NAME OF INSURANCE COMPANY

P.O. BOX 1450  
MIDDLEBORO, MA 02344-1450

ADDRESS OF INSURANCE COMPANY



05-22-15 TO 05-22-16

POLICY NUMBER

EFFECTIVE DATES

OCEANPOINT INS AGENCY

26 BOSWORTH ST

BARRINGTON

RI 02806

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

BADDOC'S, INC. MONTANO'S  
RESTAURANT

RTE 6

NORTH TRURO  
MA 02652

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)

DATE

**MEDICAL TREATMENT**

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

**TO BE POSTED BY EMPLOYER**

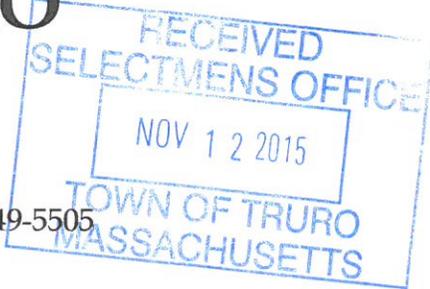


# TOWN OF TRURO

**BUSINESS LICENSE APPLICATION  
ADMINISTRATION OFFICE**

Main Floor Town Hall • P.O. Box 2030  
24 Town Hall Rd • Truro, MA 02666

Tel: 508-349-7004 Extensions: 10 or 24 Fax: 508-349-5505



**NO BUSINESS MAY OPERATE WITHOUT A VALID LICENSE ON THE PREMISES**

The undersigned hereby applies for a License to conduct business in the Town of Truro in accordance with the Statutes of the Commonwealth of Massachusetts and subject to the Rules and Regulations of the Licensing Authorities.

Please check the appropriate box that best describes the license type (s) being applied for:

Business Request	License Type	Hours of Operation
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<input checked="" type="checkbox"/> Renewal – No Changes	<input type="checkbox"/> Transient Vendor (Retail)	Number of Days Open:
<input type="checkbox"/> Renewal – Change (s)	<input type="checkbox"/> Peddler/Mobil Lunch Cart* <i>See Health Department</i>	Hours            AM            PM
<input type="checkbox"/> Transfer of License	<input type="checkbox"/> Entertainment License <i>Complete Entertainment Application</i>	<input type="checkbox"/> Seasonal License
<input type="checkbox"/> Name Change	<input checked="" type="checkbox"/> Lodging House	Number of Days Open:
<input type="checkbox"/> Manager Change	<input checked="" type="checkbox"/> Alcohol License <i>Complete ABCC Application</i>	Opening Date:
<input type="checkbox"/> Location Change	<input type="checkbox"/> Innholder	Closing Date:
<input type="checkbox"/> Seasonal to Annual	<input type="checkbox"/> Taxicabs	Hours            AM            PM
<input type="checkbox"/> Annual to Seasonal	<input type="checkbox"/> Other	<input type="checkbox"/> Change of Hours
<input type="checkbox"/> Extension of Premises		<input type="checkbox"/> Other

Other information please describe \_\_\_\_\_

**APPLICANT INFORMATION**

Name of Applicant Truro vineyards of cape cod

Name of Business/Corporation/Partnership Truro vineyards of cape cod

Business Location 11 shore Road North Truro, MA 02652

Mailing Address of Business PO Box 834 North Truro, MA 02652  
*Truro Street Address*

Business Contact Information 508-487-6200 trurovineyards@gmail.com  
*Please use preferred mailing address for any Town Correspondence*

Name of Manager Kristen Roberts  
*Business Number/Cell Number/Email Address*

Please Print

Manager Contact Information Truroyards@gmail.com [REDACTED]  
Cell Number/Email Address  
 Manager's Mailing Address PO Box 834 North Truro, MA 02652  
 FEIN Business Number [REDACTED]  
 Food Vendor Drivers' License # \_\_\_\_\_ Vehicle Registration # \_\_\_\_\_

**CHECKLIST-Please provide the following items if not provided to the Health Department.**

- RESTAURANTS- See Health Department Application
- FIRE PROTECTION SYSTEMS ANNUAL TEST REPORT
- IF YOU HAVE EMPLOYEES- Provide Workers Compensation Affidavit AND Certificate of Insurance
- IF YOU DO NOT HAVE EMPLOYEES- Provide Workers Compensation Affidavit **ONLY**
- IF SELLING ALCOHOL FOR CONSUMPTION ON PREMISE
  - Provide Liquor Liability Insurance
  - Provide Current Building and Fire Certificate of Inspection
  - TIPS Server Training Certificates for Servers
- Mobil Food Unit-Attach State Hawker Peddler License
- Ice Cream Truck-Complete CORI Form and Permit to Engage in Ice Cream Vending (MGL 270 §25)
- Business Certificate with the Clerk's Office-*A Business Certificate is commonly referred to as a d/b/a or "Doing Business As" form. Its purpose is primarily for consumer protection and is considered a public record. Pursuant to M.G.L. Chapter 110, section 5, a person must file a business certificate when conducting business in Truro under any title (business name) other than the real name of the individual, partnership, or corporation. (Note: Certain exemptions to filing are allowed under section 6: a corporation doing business as its true name; a legal partnership is doing business under any title which includes the true surname of any partner; certain other exemptions exist for trusts and limited partnerships.)*

**ATTESTATION**

Pursuant to M.G. L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all local state taxes required under law and the information I have provided is true and accurate. Any misstatement in this application, or violation of state or applicable town bylaws or regulations, shall be considered sufficient cause for refusal, suspension or revocation of the license.

Kristen Rose AB  
 Print Name

[Signature]  
 Signature of Applicant

**Complete the application and supporting documents and mail or bring them with the appropriate fees to:**

TOWN OF TRURO  
 Administration Office ♦ Main Floor Town Hall  
 24 Town Hall Rd ♦ PO Box 2030  
 Truro, MA 02666

-----Office Use Only-----

Payment Received  
 Health Agent or Board of Health Approval    Board of Selectmen Meeting Date for Approval 12/1/2015

Number: 2016-025

Fee \$15.00

**Town of Truro Board of Health**  
**24 Town Hall Road, Truro, MA 02666**  
**Permit To Operate A Food Establishment**

In accordance with Regulations promulgated under authority of Chapter 111, Section 127A of the General Laws a Permit is hereby granted to:

**Kristen Roberts, mgr., d/b/a Truro Vineyards of Cape Cod**

Whose place of business is **11 Shore Rd**

Type of business and any restrictions **Prepackaged Commercial Goods**

To operate a food establishment in **Truro, MA**

Permit Expires: **December 31, 2016**

Date Issued:

*November 17, 2015*



**Truro Board of Health Agent**



2. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 3. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 4. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**List Names of all staff with a Allergen Awareness Certification:**

1. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 2. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 3. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 4. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**List Names of all staff with a Choke Saver Training:**

1. \_\_\_\_\_ Date of Training: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 2. \_\_\_\_\_ Date of Training: \_\_\_\_/\_\_\_\_/\_\_\_\_

**MOBILE FOOD VENDORS ONLY- List fixed or stationary location(s) where food will be sold:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has your menu changed from last year?  Yes  No

*If yes please attach copy of menu or provide description of food to be prepared and sold:*

\_\_\_\_\_  
 \_\_\_\_\_

*I agree to any conditions specified by the Board of Health, and all local, state and federal rules and regulations.*

\_\_\_\_\_  
 Signature of Authorized Representative      11/10/14  
 \_\_\_\_\_  
 Date

PART II - TO BE FILLED IN BY AUTHORIZED TOWN AGENT

**Board of Health Comments or Conditions:**

\_\_\_\_\_  
 \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
 Signature of BOH or Agent      Date

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
INFORMATION PAGE



AGENT NO 3020 OFFICE NO 3020  
MARK SYLVIA INSURANCE AGENCY LLC  
404 MAIN ST  
CENTERVILLE MA 02632-2916

FARM FAMILY CASUALTY INSURANCE COMPANY

508-428-0440

NCCI COMPANY NO. 16721

POLICY NO [REDACTED]

**ITEM 1. INSURED. INSURED AND MAILING ADDRESS:**

RENEWAL OF NO. [REDACTED]

TRURO VINEYARDS OF CAPE COD LLC  
11 SHORE RD  
PO BOX 834  
NORTH TRURO, MA 02652-0834

EFFECTIVE 6/05/15

THE INSURED IS LIMITED LIABILITY CO

Workplaces covered by this policy:

ST	WP NO.	ADDRESS OF WORKPLACE	RTG.BUR NO.	INTRASTATE NO.
MA	01	11 SHORE RD NORTH TRURO MA	[REDACTED]	

**ITEM 2. POLICY PERIOD.**

The policy period is from 6/05/15 to 6/05/16 12:01 A.M. Standard Time at the insured's mailing address.

**ITEM 3. COVERAGE.**

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the state listed here: MA

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury By Accident	Bodily Injury By Disease	Bodily Injury By Disease
\$ 1,000,000 each accident	\$ 1,000,000 policy limit	\$ 1,000,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states except the states designated in item 3.A. of the information page and ND, OH, WA, and WY

D. This policy includes these endorsements and schedules:

WC 00 00 00C	WC 00 00 01B	WC 00 03 15	WC 00 04 14	WC 00 04 22B	WC 20 03 01
WC 20 03 02A	WC 20 03 03D	WC 20 04 05	WC 20 06 01A		



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/10/2015

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

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

<b>PRODUCER</b> Mark Sylvia Insurance Agency, LLC 404 Main Street  Centerville, MA 02632	<b>CONTACT NAME:</b> Kris Koppreski <b>PHONE (A/C, No., Ext.):</b> (508)957-2125 <b>E-MAIL ADDRESS:</b> mark@marksylviainsurance.com	<b>FAX (A/C, No.):</b> (508)957-2781
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Truro Vineyards of Cape Cod, LLC 11 Shore Road PO Box 834 North Truro, MA 02652	<b>INSURER A:</b> Farm Family Casualty Insurance	
	<b>INSURER B:</b> Hospitality Mutual Insurance	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 <input type="checkbox"/> OTHER:		[REDACTED]	11/15/2015	11/15/2016	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
	<b>AUTOMOBILE LIABILITY</b> <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"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	[REDACTED]	6/5/2015	6/5/2016	<input type="checkbox"/> PER STATUTE <input checked="" 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
B	<b>LIQUOR LIABILITY</b>		[REDACTED]	10/1/2015	10/1/2016	\$1,000,000 PER PERSON \$1,000,000 PER OCCURRENCE \$2,000,000 AGGREGATE

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

**WINERY**  
The workers compensation policy does not provide coverage for David J Roberts  
Insurance coverage is limited to the terms, conditions, exclusions, other limitations and endorsements. Nothing contained in the certificate of insurance shall be deemed to have altered, waived or extended the coverage provided by the policy provisions.

<b>CERTIFICATE HOLDER</b>  (508)349-7004      (508)349-5505  Town of Truro 24 Town Hall Road PO Box 2912 Truro, MA 02666	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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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: Truro vineyards of cape cod

Address: 11 shore Road

City/State/Zip: North Truro, MA 02652 Phone #: 508-487-6200

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

- 1.  I am an employer with 24 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 winery + distillery

\*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: Farm Family insurance company

Insurer's Address: PO BOX 656

City/State/Zip: Albany, NY 12201

Policy # or Self-ins. Lic. #: [REDACTED] Expiration Date: 6/5/16

**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: 11/12/15

Phone #: [REDACTED]

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

City or Town: Truro Permit/License # 2016-01

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

**TRURO FIRE DEPARTMENT**  
344 ROUTE 6  
POST OFFICE BOX 2013  
TRURO, MASSACHUSETTS 02666



BRIAN DAVIS  
CHIEF

PHONE: (508) 487-7548  
FAX (508) 487-6808

MARCH 26, 2015

**FIRE ALARM TEST REPORT**

OCCUPANCY: TRURO VINEYARDS  
OWNER/MANAGER: DAVE ROBERTS  
ADDRESS: 11 SHORE ROAD  
PHONE #: 508-487-6200  
NUMBER OF UNITS: 1 UNIT - GIFT SHOP - BARN  
CONTACT PERSON: AMY ROBERTS  
ADDRESS: SAME  
PHONE #: SAME

ALARM TESTING COMPANY: LONG POINT ELECTRIC, INC.  
TESTING ELECTRICIAN/TECHNICIAN: Michael Wisniewski  
LICENSE #: 17239A  
PHONE #: (508) 487-2056

THE FIRE ALARM SYSTEM AT THE ABOVE-MENTIONED BUSINESS ADDRESS WAS TESTED, AND ALL PARTS OF THE SYSTEM WERE FOUND TO BE, OR CORRECTED TO BE, FULLY OPERATIONAL.

COMMENTS: \_\_\_\_\_

DATE OF TEST: 3-26-15 BY: Michael Wisniewski

THIS REPORT MUST BE FILLED OUT PRIOR TO THE ISSUANCE OF, OR RENEWAL OF, A LICENSE TO OPERATE WITHIN THE TOWN OF TRURO.



# TOWN OF TRURO

## BUSINESS LICENSE APPLICATION ADMINISTRATION OFFICE

Main Floor Town Hall • P.O. Box 2030  
24 Town Hall Rd • Truro, MA 02666  
Tel: 508-349-7004 Extensions: 10 or 24 Fax: 508-349-5505

**NO BUSINESS MAY OPERATE WITHOUT A VALID LICENSE ON THE PREMISES**

The undersigned hereby applies for a License to conduct business in the Town of Truro in accordance with the Statutes of the Commonwealth of Massachusetts and subject to the Rules and Regulations of the Licensing Authorities.

Please check the appropriate box that best describes the license type (s) being applied for:

Business Request	License Type	Hours of Operation
<input type="checkbox"/> New Application	<input checked="" type="checkbox"/> Common Victualer (Food)* <i>See Health Department</i>	<input checked="" type="checkbox"/> Annual License
<input checked="" type="checkbox"/> Renewal – No Changes	<input type="checkbox"/> Transient Vendor (Retail)	Number of Days Open: 7
<input type="checkbox"/> Renewal – Change (s)	<input type="checkbox"/> Peddler/Mobil Lunch Cart* <i>See Health Department</i>	Hours 7 AM 6 PM
<input type="checkbox"/> Transfer of License	<input type="checkbox"/> Entertainment License <i>Complete Entertainment Application</i>	<input type="checkbox"/> Seasonal License
<input type="checkbox"/> Name Change	<input type="checkbox"/> Lodging House	Number of Days Open:
<input type="checkbox"/> Manager Change	<input checked="" type="checkbox"/> Alcohol License <i>Complete ABCC Application</i>	Opening Date:
<input type="checkbox"/> Location Change	<input type="checkbox"/> Innholder	Closing Date:
<input type="checkbox"/> Seasonal to Annual	<input type="checkbox"/> Taxicabs	Hours AM PM
<input type="checkbox"/> Annual to Seasonal	<input type="checkbox"/> Other	<input type="checkbox"/> Change of Hours
<input type="checkbox"/> Extension of Premises		<input type="checkbox"/> Other

Other information please describe \_\_\_\_\_

**APPLICANT INFORMATION**

Name of Applicant Salty Market

Name of Business/Corporation/Partnership Salty Market LLC

Business Location 2 Highland Road  
*Truro Street Address*

Mailing Address of Business PO Box 992, North Truro  
*Please use preferred mailing address for any Town Correspondence*

Business Contact Information 508-487-0711 / [REDACTED]  
*Business Number/Cell Number/Email Address*

Name of Manager Ellery Aithaus  
*Please Print*

Manager Contact Information \_\_\_\_\_  
 Manager's Mailing Address PO Box 992, North Truro Cell Number/Email Address  
 FEIN Business Number \_\_\_\_\_  
 Food Vendor Drivers' License # \_\_\_\_\_ Vehicle Registration # \_\_\_\_\_

**CHECKLIST-Please provide the following items if not provided to the Health Department.**

- RESTAURANTS- See Health Department Application
- FIRE PROTECTION SYSTEMS ANNUAL TEST REPORT
- IF YOU HAVE EMPLOYEES- Provide Workers Compensation Affidavit **AND** Certificate of Insurance
- IF YOU DO NOT HAVE EMPLOYEES- Provide Workers Compensation Affidavit **ONLY**
- IF SELLING ALCOHOL FOR CONSUMPTION ON PREMISE
  - Provide Liquor Liability Insurance
  - Provide Current Building and Fire Certificate of Inspection
  - TIPS Server Training Certificates for Servers
- Mobil Food Unit-Attach State Hawker Peddler License
- Ice Cream Truck-Complete CORI Form and Permit to Engage in Ice Cream Vending (MGL 270 §25)
- Business Certificate with the Clerk's Office-*A Business Certificate is commonly referred to as a d/b/a or "Doing Business As" form. Its purpose is primarily for consumer protection and is considered a public record. Pursuant to M.G.L. Chapter 110, section 5, a person must file a business certificate when conducting business in Truro under any title (business name) other than the real name of the individual, partnership, or corporation. (Note: Certain exemptions to filing are allowed under section 6: a corporation doing business as its true name; a legal partnership is doing business under any title which includes the true surname of any partner; certain other exemptions exist for trusts and limited partnerships.)*

**ATTESTATION**

Pursuant to M.G. L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all local state taxes required under law and the information I have provided is true and accurate. Any misstatement in this application, or violation of state or applicable town bylaws or regulations, shall be considered sufficient cause for refusal, suspension or revocation of the license.

Ellery Althaus  
 Print Name

[Signature]  
 Signature of Applicant

**Complete the application and supporting documents and mail or bring them with the appropriate fees to:**

TOWN OF TRURO  
 Administration Office ♦ Main Floor Town Hall  
 24 Town Hall Rd ♦ PO Box 2030  
 Truro, MA 02666

-----Office Use Only-----

- Payment Received
- Health Agent or Board of Health Approval      Board of Selectmen Meeting Date for Approval 12/01/2015

Number: 2016-026A

Fee \$75.00

**Town of Truro Board of Health**  
**24 Town Hall Road, Truro, MA 02666**  
**Permit To Operate A Food Establishment**

In accordance with Regulations promulgated under authority of Chapter 111, Section 127A of the General Laws a Permit is hereby granted to:

**Ellery Althaus, mgr., Salty Market LLC**

Whose place of business is **2 Highland Rd**

Type of business and any restrictions **Retail Food/Convenience Store**

To operate a food establishment in **Truro**

Permit Expires: **December 31, 2016**

Date Issued:

*November 19, 2015*

*Peter Pagan*  
\_\_\_\_\_

**Truro Board of Health Agent**



SUBMIT COMPLETED FORM TO THE BOARD OF HEALTH

Town of Truro

Application for Food Service Permit

DATE RECEIVED  
OFFICIAL  
USE ONLY

PART I - TO BE FILLED IN BY APPLICANT

Applicant: (check one)  New  Renewal

Date: 10/27/15

Type of Food Service Establishment :

- Food Service (restaurant or take out)
- Retail Food (commercially prepared foods)
- Residential Kitchen
- Bed & Breakfast
- Continental Breakfast
- Mobile Food Vendors or Pushcart
- Catering
- Frozen Dairy Dessert Machine
- Ice Cream Truck **\*\*Please note, a food service permit for an Ice Cream Truck cannot be issued until an Ice Cream Truck Vendor Permit is obtained from the Chief of Police\*\***

Name of Food Establishment: Salty Market LLC

Address of Food Establishment: 2 Highland Rd, North Truro, MA 02652

Address for Base of Operations for Caterers and Mobile Food or

Pushcarts: \_\_\_\_\_

Authorized Representative or Contact } Name: Ellery Althaus  
 } Address: 2 Highland Road  
 } PO Box 992

Telephone Days: (508) 487-0711 Evenings: (508) 681-5469

Number of Seats: Inside: 0 Outside: 0

Annual or Seasonal Operation: Annual

Hours of Operation Mon-Fri: 8:00 AM To 6:00 PM

Days Closed Excluding Holidays: None

If Seasonal: Approximate Dates of Operation: \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Food Service Establishments Conducting Food Preparation (excludes retail food establishments that don't prepare food and continental breakfast).

List Names of all staff with a Food Manager Certification:

1. Ellery Althaus Exp. Date: 2, 13, 19

2. Jamie Freeman Exp. Date: 06/06/20~~18~~19  
 3. \_\_\_\_\_ Exp. Date:    /   /     
 4. \_\_\_\_\_ Exp. Date:    /   /

**List Names of all staff with a Allergen Awareness Certification:**

1. Ellen Adams Exp. Date: 2/17/19  
 2. Clare Adams Exp. Date: 2/17/19  
 3. \_\_\_\_\_ Exp. Date:    /   /     
 4. \_\_\_\_\_ Exp. Date:    /   /

**List Names of all staff with a Choke Saver Training:**

1. \_\_\_\_\_ Date of Training:    /   /     
 2. \_\_\_\_\_ Date of Training:    /   /

**MOBILE FOOD VENDORS ONLY- List fixed or stationary location(s) where food will be sold:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has your menu changed from last year?  Yes  No

If yes please attach copy of menu or provide description of food to be prepared and sold:

\_\_\_\_\_  
 \_\_\_\_\_

I agree to any conditions specified by the Board of Health, and all local, state and federal rules and regulations.

[Signature] \_\_\_\_\_ Date 11/12/15  
 Signature of Authorized Representative

**PART II - TO BE FILLED IN BY AUTHORIZED TOWN AGENT**

**Board of Health Comments or Conditions:**

central  
no violations noted last inspection  
certification to date

Approved  Denied

[Signature] \_\_\_\_\_ Date 11/19/15  
 Signature of BOH or Agent



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: Salty Market LLC

Address: 2 Highland Road

City/State/Zip: Nort Truro, MA, 02652 Phone #: 508-487-0711

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

- 1.  I am an employer with 11 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: P.O. Box 2999

City/State/Zip: Hartford, CT 06104 - 2999

Policy # or Self-ins. Lic. # 08 WEC CP 9790 Expiration Date: 03/25/16

**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: 11/12/15

Phone #: 508 681 5969

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

City or Town: \_\_\_\_\_ 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: \_\_\_\_\_ Phone #: \_\_\_\_\_



# EAST COAST FIRE & VENTILATION, INC.

Nº 51081

## WORK ORDER

Main Office  
21 G Patterson Brook Road  
West Wareham, MA 02576  
1-888-436-5383  
Fax: 508-291-4593

[www.eastcoastfire.net](http://www.eastcoastfire.net)  
[ddennis@eastcoastfire.net](mailto:ddennis@eastcoastfire.net)

Mass. License: CR4613  
R.I. License: 54-11  
Conn. License: F3-40730  
Master Sheet Metal License: 500

**"AN AUTHORIZED BUCKEYE FIRE EQUIPMENT DISTRIBUTOR"**

Bill to:		Job Location: <i>Salty's Market</i>		
Address:		Address: <i>2 Highland Road</i>		
City, State, Zip		City, State, Zip <i>Troy, MA</i>		
Phone:		Phone:		
Email:		Email:		
Contact	P.O.	Terms	Sales <i>CO</i>	Date <i>11/16/15</i>
1	Service Call/Installation/Inspection			
1	System Type <i>Buckeye BFA-10</i>			
	Portable Fire Extinguishers Inspected/Service			
	Emergency Lighting Inspected/Service			
5	360 Fusible Links	500 Fusible Links		
6	Rubber Caps			
1	Minor 10' pipe - line shipped			
4	40° 3/8 elbows			
1	3" 7/8 pipe			
1	Red Nozzle			
1	Fuel Compliance			
An explanation of how the fire system operates and parts replaced have been reviewed with the customer				
				Subtotal
				Tax
Customer Printed Name & Title: <i>James E Freeman</i>				Total
Customer Signature: <i>[Signature]</i>				





**TRURO FIRE RESCUE**  
Truro Public Safety Facility  
344 Route 6 Truro, MA 02666

**FIRE PROTECTION SYSTEMS  
ANNUAL TEST REPORT**

BUSINESS NAME: SALTY MARKET LLC

OWNER/MANAGER: Elleney Althaus

ADDRESS: 2 Highland Road, North Truro

PHONE #: 508-487-0711 NUMBER OF UNITS: 1

CONTACT PERSON: Elleney Althaus

ADDRESS: 2 Highland Rd.

TESTING COMPANY: Mass Fire Protection Systems Inc

TESTING ELECTRICIAN/TECHNICIAN: TERENCE O'SHEA 

COMPANY PHONE #: 508 724 4966 HOME PHONE #: \_\_\_\_\_

LICENSE #: SC MA 004421

The fire protection system (s) including, but not limited to, (Sprinkler Systems) (Range Hood Systems) (Fire Extinguishers) (Type I II III Fire Alarm Systems) (C.O. Detectors) at the above mentioned business address, were tested, (CERTIFIED) the add parts of the systems, were found to be, or corrected to be, fully operational.

COMMENTS: \_\_\_\_\_

DATE OF CERTIFICATION: \_\_\_\_\_ BY: \_\_\_\_\_

Signature of Licensed Electrician

**THIS REPORT MUST BE FILLED OUT AND SUBMITTED, PRIOR TO THE ISSUANCE OF, OR RENEWAL OF A LICENSE TO OPERATE WITHIN THE TOWN OF TRURO.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/09/2015

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

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

<b>PRODUCER</b> <b>Kaplansky - Truro</b> <b>164 Shore Road</b> <b>PO Box 267</b> <b>North Truro, MA 02652</b> <b>Marilyn Massad</b>	<b>CONTACT NAME:</b> Marilyn Massad
	<b>PHONE (A/C, No, Ext):</b> 508-487-6060 <b>FAX (A/C, No):</b> 508-487-2040 <b>E-MAIL ADDRESS:</b>
<b>INSURED</b> <b>Salty Market</b> <b>Claire Adams &amp; Ellery Althaus</b> <b>P.O. Box 992</b> <b>No Truro, MA 02652</b>	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
	<b>INSURER A:</b> Arbella Insurance Group
	<b>INSURER B:</b> The Hartford
	<b>INSURER C:</b> Hospitality Mutual
	<b>INSURER D:</b>
	<b>INSURER E:</b>

**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.

INSTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			7520028669	04/18/2015	04/18/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000
	<b>X Business Owners</b>						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED    RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			08WECCP9740	03/25/2015	03/25/2016	PER STATUTE    OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Liquor Liability			00078072LL	04/18/2015	04/18/2016	LIQU LIAB 500/500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Issued as evidence of insurance.

<b>CERTIFICATE HOLDER</b>  <b>TRUROMA</b>  <b>Town of Truro</b> <b>Licensing Clerk</b> <b>P.O. Box 2030</b> <b>Truro, MA 02666</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

# DRAFT

**Truro Board of Selectmen  
Meeting, November 10, 2015  
Town Hall Meeting Room**

**Members Present:** Chair Paul Wisotzky; Maureen Burgess, Jay Coburn, Robert Weinstein, Janet Worthington

**Planning Board Members Present:** Chair Lisa Maria Tobia; Bruce Boleyn, Peter Herridge, Jack Reimer, Steve Sollog, Mike Roderick

**Present:** Town Administrator Rae Ann Palmer

Chair Paul Wisotzky called the meeting to order at 5:00 p.m. and announced it was being videotaped. Planning Board Chair Lisa Tobia called the joint meeting to order.

## **JOINT MEETING WITH THE PLANNING BOARD**

The two Boards interviewed John Hopkins, candidate for a vacancy on the Planning Board. Board members thanked Bill Worthington, who had resigned from the Planning Board after a long term of service. John Hopkins gave his background as a builder and explained his interest in joining the Planning Board. He answered questions on roads, the rural character of Truro, subdivisions, his time commitment, group dynamics, issues in the National Seashore, and his participation on the Agricultural Committee.

Jay Coburn moved to approve the appointment of John Hopkins to the Planning Board for a term ending May, 2016. Robert Weinstein seconded.

Jack Reimer moved to approve the appointment of Paul Kiernan but was reminded there was a motion on the table. He invoked a point of order that Mr. Kiernan was waiting for a vote on his application for a vacancy on the Planning Board.

The motion to appoint John Hopkins was done by roll call: Robert Weinstein, *aye*; Jay Coburn, *aye*; Maureen Burgess, *nay*; Janet Worthington, *abstain*; Paul Wisotzky, *aye*; Lisa Maria Tobia, *aye*; Steve Sollog, *aye*; Bruce Boleyn, *nay*; Mike Roderick, *aye*; Jack Reimer, *nay*; and Peter Herridge, *nay*.

The motion to approve the appointment of John Hopkins to the Planning Board for a term ending May, 2016 carried 6-1-4.

Robert Weinstein moved to adjourn the joint meeting. Maureen Burgess seconded, and the motion carried 11-0. The joint meeting was adjourned at 5:36 p.m.

Paul Wisotzky convened the regular meeting of the Board of Selectmen at 5:40 p.m.

## **BOARD OF SELECTMEN ACTION**

### **Town Charter**

Rae Ann Palmer explained that Town Counsel had recommended that the Charter Review discussion be tabled at this time.

Jay Coburn moved to table the discussion of the Town Charter. Janet Worthington seconded, and the motion carried 5-0.

### **Fiscal Year 2016 Goals and Objectives**

Town Administrator Rae Ann Palmer reviewed the Board of Selectmen's FY16 Goals and Objectives with the Board. The Board asked questions and gave updates as needed on each section of the document. There is possible input from the other Outer Cape Towns on issues of regional interest, according to Jay Coburn. A number of areas had regionalization possibilities that were not yet included in the Fiscal Year 2016 Goals and Objectives.

### **CONSENT AGENDA**

- A.) Four items needed Board approval and authorization for the Chair to sign:
  - 1. Eastern Minerals Contract for Salt Bid
  - 2. Executive Office of Elder Affairs FY16 Formula Grant Contract
  - 3. FY16 Local Cultural Allocation for the Truro Cultural Council
  - 4. FEMA reimbursement contract for January 26-28, 2015 snowstorm;
- B.) Review and approval of an application for a Bike/Road Race from the National MS Society for a Bicycle Ride on June 26, 2016 and authorization for the Chair to sign the Event Notification form for MassDOT;
- C.) Review and signing of AFSCME Contract for July 1, 2015 to June 30, 2018;
- D.) Review and approval of 2016 Annual Lodging House License for the Gingerbread House at 42 Depot Road;
- E.) Review and approval of 2016 Annual Alcohol Licenses and ABCC Applications for Truro Vineyards of Cape Cod (Winery and Distillery). Salty Market, Pamet Valley Package, and Montano's Restaurant;
- F.) Review and approval of the Alcohol Beverages Control Commission's 2016 Renewal Certification; and
- G.) Review and approval of Minutes of October 27, 2015 and October 28, 2015.

Maureen Burgess asked about removing Item E from the Consent Agenda. Police Chief Takajian came forward to explain how the Truro Vineyards' policy on open bottles is working. His explanation cleared Ms. Burgess' reservations about Item E.

Jay Coburn moved to approve the Consent Agenda as printed. Robert Weinstein seconded, and the motion carried 5-0.

### **LIAISON & SELECTMEN REPORTS**

Four members of the Board offered their latest reports. Robert Weinstein reported on the Smart Committee's Pay-As-You Throw program and the most recent Planning Board meeting. Paul Wisotzky gave updates on the Truro Housing Authority, his Selectman hours and the scheduled ceremony for Veterans Day. He noted the December 8, 2015 planned joint meeting with the Conservation Commission. Janet Worthington had held Selectmen's Hours and attended a Shellfish meeting. She also relayed favorable reports on the new Fire Chief. Jay Coburn said Lt. Danziger had signed the contract which had been negotiated with the Police. He had been in contact with Selectman Donnegan of

Provincetown about the work of the Joint Task Force. He commended the Shellfish Warden for upholding the revised Shellfish regulations.

**TOWN ADMINISTRATOR'S REPORT**

Town Administrator Rae Ann Palmer said she had been spending a good deal of time working with the consultant planner. She and Mr. Norton have been narrowing down the search for the Custodial candidates, she said. Ms. Palmer explained why it is not likely that the Mechanic position will be filled. She noted that she had completed her first year anniversary as Town Administrator in Truro. She also had presented the Board with the First Quarter Report. She and the Selectmen were pleased that Comcast coverage is now offered throughout the Town.

**AGENDA FOR NEXT MEETING**

Rae Ann Palmer and the Board have the agenda for the next meeting, a work session to be held on Thursday, November 12, 2015. The next regular meeting is scheduled for December 1, 2015.

**ADJOURNMENT**

Paul Wisotzky moved to go into executive session for the purpose of discussing collective bargaining with the Police Federation and not return to open session. Jay Coburn seconded. Paul Wisotzky; Maureen Burgess, Jay Coburn, Robert Weinstein and Janet Worthington each said *aye*, and the regular meeting was adjourned at 6:23 p.m.

Respectfully submitted,

Mary Rogers  
Recording Secretary

\_\_\_\_\_  
Paul Wisotzky, Chair

\_\_\_\_\_  
Maureen Burgess, Clerk

\_\_\_\_\_  
Jay Coburn

\_\_\_\_\_  
Janet Worthington, Vice-chair

\_\_\_\_\_  
Robert Weinstein

**Public Records Material of 11/10/15**

- 1.) Application form by John Hopkins for vacancy on the Planning Board
- 2.) Draft of revised Town Charter
- 3.) FY16 BOS Goals and Objectives
- 4.) Eastern Minerals Contract for Salt Bid
- 5.) Executive Office of Elder Affairs FY16 Formula Grant Contract
- 6.) FY16 Local Cultural Allocation for the Truro Cultural Council
- 7.) FEMA reimbursement contract for January 26-28, 2015 snowstorm
- 8.) Application for a Bike/Road Race from the National MS Society for a Bicycle Ride on June 26, 2016 and authorization for the Chair to sign the Event Notification form for MassDOT
- 9.) AFSCME Contract for July 1, 2015 to June 30, 2018;
- 10.) 2016 Annual Lodging House License for the Gingerbread House at 42 Depot Road
- 11.) 2016 Annual Alcohol Licenses and ABCC Applications for Truro Vineyards of Cape Cod (Winery and Distillery). Salty Market, Pamet Valley Package, and Montano's Restaurant
- 12.) Alcohol Beverages Control Commission's 2016 Renewal Certification