



**Truro Board of Selectmen Meeting**  
**Tuesday, January 23, 2018**  
**Regular Board of Selectmen Meeting - 5:00pm**  
**Truro Town Hall - 24 Town Hall Road**

**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**

- A. Public Hearing on the FY18 Truro Regional CDBG application including Provincetown, Truro, Eastham and Harwich.

**3. BOARD/COMMITTEE/COMMISSION APPOINTMENTS**

- A. Interview Part-Time Resident Advisory Committee Applicants: Ira Joseph, Mary Worthington, Ronald Fichtner

**4. TABLED ITEMS NONE**

**5. BOARD OF SELECTMEN ACTION**

- A. Meeting with Community Preservation Committee  
Presenter: Paul Wisotzky, Chairman and Deborah McCutcheon, Chair of CPC
- B. Board of Selectmen Vote to Open the Warrant for the 2018 Annual Town Meeting  
Presenter: Rae Ann Palmer, Town Manager
- C. Proposed Fee Increases to One Day Alcohol and One Day Entertainment Licenses  
Presenter: Kelly Clark, Assistant Town Manager

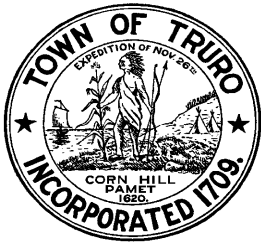
**6. CONSENT AGENDA**

- A. Review/Approve and Authorize Signature:
  - 1. Crown Castle Consent for Modifications (344 Route 6 Cell Tower)
- B. Renewal of Annual Licenses-Terra Luna Restaurant and Captain's Choice Common Victualer License
- C. Review and Approve Board of Selectmen Minutes: January 9, 2018

**7. SELECTMEN REPORTS AND TOWN MANAGER REPORT**

**8. SELECTMEN COMMENTS**

**9. NEXT MEETING AGENDA: Tuesday, February 13 and February 20**



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Administration

**REQUESTOR:** Noelle Scoullar, Executive Assistant, on behalf of Alice Boyd, Bailey Boyd Associates

**REQUESTED MEETING DATE:** January 23, 2018

**ITEM:** Public Hearing regarding the submission of an FY18 Regional CDBG grant.

**EXPLANATION:** This public hearing is required under the Community Development Block Grant program prior to grant submission. It is proposed that the FY18 application will continue the successful Housing Rehabilitation and Childcare Subsidy programs with Truro continuing as the lead community. This would be a regional grant for upwards of \$1,200,000. There is also \$107,000 in Program Income that Truro could lose unless these funds are applied to the CDBG-eligible programs before this grant is submitted on March 2<sup>nd</sup> due to changes in the DHCD Program Income Regulations.

**FINANCIAL SOURCE (IF APPLICABLE):** The grant and the administration of the grant would cover all expenses. The Truro Accounting Office will continue to provide their services for bill paying, etc.

**IMPACT IF NOT APPROVED:** The grant will not be submitted.

**SUGGESTED ACTION:** *MOTION TO submit an FY18 CDBG grant for housing rehabilitation and childcare subsidies and to authorize the Town Administrator or Designee to sign the grant application and associated forms.*

*Motion to allocate \$25,000 of CDBG Miscellaneous Income as a contingency fund.*

**ATTACHMENTS:**

1. Legal Notice, published in the Cape Codder and Cape Cod Times
2. Alice Boyd of Bailey Boyd Associates Memo January 9, 2018



# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

Tel: 508-349-7004, Extension: 110 or 124 Fax: 508-349-5505

## CDBG PUBLIC HEARING

The Town of Truro Board of Selectmen will hold a public hearing on Tuesday January 23, 2018 at 5:15 P.M. at the Truro Town Hall. Residents are invited to discuss the FY18 Truro Regional CDBG application including Provincetown, Truro, Eastham and Harwich. The CDBG regional application may include housing rehab and childcare subsidies or other eligible CDBG projects. Residents of Provincetown, Truro, Eastham and Harwich are welcome and will be heard.

For additional information contact Alice Boyd, grant writer, at [508-430-4499 x1](tel:508-430-4499).



## M e m o r a n d u m

**To:** Truro Board of Selectmen  
**From:** Alice Boyd, Bailey Boyd Associates, Inc.  
 Cassie Boyd Marsh, Bailey Boyd Associates, Inc.  
**Subject:** FY18 Truro Regional CDBG Grant  
**Date:** January 9, 2018

Once again the town of Truro has an opportunity to apply for CDBG funding. Due to the popularity of the existing programs and the extensive wait list on December 12<sup>th</sup> the Community Development Advisory Group recommended that the town apply for housing rehabilitation and childcare subsidies once again. We can apply for up to \$1,200,000 for a regional grant (Truro, Provincetown, Eastham & Harwich).

The Housing Rehab Program will fund 21 households with a 0% interest deferred payment forgivable loan, making repairs of up to \$40,000 to keep low and moderate-income residents in their homes. Code repairs, weatherization and health and safety violations will be the priority. All applicants are accepted on a first come/first served basis.

The Childcare Subsidy Program will provide up to \$5,000 per eligible child to subsidize care while parents work, go to school or seek employment. The funds go directly to the participating certified childcare provider based upon the child's attendance. These funds subsidize the parent's payments on a sliding scale basis.

These two programs are an important economic catalyst as the majority of contractors and childcare providers are local. As always there is no cost to the town and an enormous benefit to local residents.

The following motions may be useful as you consider this vote:

**Proposed Motion:** Move to submit an FY18 CDBG grant for housing rehabilitation and childcare subsidies and to authorize the Town Administrator or Designee to sign the grant application and associated forms.

**Proposed Motion:** Move to allocate \$25,000 of CDBG Miscellaneous Income as a contingency fund.

There are also changes to DHCD Program Income regulations that impact Truro. Currently there is approximately \$107,000 in Program Income that the town will lose unless these funds are applied to CDBG-eligible programs before this grant is submitted on March 2<sup>nd</sup>. I have met with your Town Manager and we have discussed the following:

1. **Allocate \$40,000 to complete an ADA Self Evaluation & Transition Plan (ADA SETP).** This is a thorough survey of every town building, street, sidewalk, curb cut and public space. The plan is required by the Commonwealth and will be a threshold requirement for future grant funding. The town completed an ADA SETP approximately 15 years ago that is no longer relevant.
2. **Allocate \$67,000 to the Cloverleaf affordable housing project** for immediate use.

An additional option includes adding these funds to the existing housing rehab program however this would have a regional benefit versus a town of Truro benefit and leave the town ineligible for future grants.

Many thanks.



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Administration

**REQUESTOR:** Rae Ann Palmer, Town Manager

**REQUESTED MEETING DATE:** January 23, 2018

**ITEM:** Interview Part-Time Resident Advisory Committee Applicants-Ronald Fichtner, Ira Joseph, Mary Worthington

**EXPLANATION:** Since part time residents are generally not here during the winter, the Board requested that applicants be interviewed as they are available. All four applicants submitted their Applications to Serve on the Part-Time Resident Advisory Committee and this is their first available Board of Selectmen meeting that they were able to attend for an interview. There are additional applicants who will be at future meetings.

**SUGGESTED ACTION:**

**ATTACHMENTS:**

1. Applications to Serve – Ronald Fichtner, Ira Joseph, Mary Worthington
2. Charge of the Part-Time Resident Advisory Committee



# TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

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

## APPLICATION TO SERVE ON AN APPOINTED MULTI-MEMBER BODY

NAME: Ronald R. Fichtner HOME TELEPHONE: [REDACTED]

ADDRESS: Box 225 N-Truro MA 02652 WORK PHONE: [REDACTED]

MAILING ADDRESS: 4 Pilgrims Path North Truro E-MAIL: [REDACTED]

FAX: \_\_\_\_\_ MULTI-MEMBER BODY ON WHICH I WISH TO SERVE:

Part-time Resident Advisory Committee

SPECIAL QUALIFICATIONS OR INTEREST: Currently active as

- ① Board Member & Secretary, Truro Historical Society;
- ② Singer, Outer Cape Choral; ③ Volunteer CCNS;
- ④ Ex-Bd Member, Outer Cape Health Services (6 years)

COMMENTS: Am interested in identifying determinants for greater unity between full- and part-time residents, and using analytic skills to make budget requirements more widely understood. Work background: Sr. Scientist, Centers for Dis. Control (CDC); Ed. Ph.D. Math

SIGNATURE: Ronald R. Fichtner DATE: 10/27/2017

COMMENT/RECOMENDATION OF CHAIRPERSON OF MULTI-MEMBER BODY (OPTIONAL) \_\_\_\_\_

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

RCVD 2017OCT30 AM8:07

INTERVIEW DATE: \_\_\_\_\_ APPOINTMENT DATE (IF APPLICABLE): \_\_\_\_\_

ADMINISTRATIVE OFFICE  
TOWN OF TRURO



# TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

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

## APPLICATION TO SERVE ON AN APPOINTED MULTI-MEMBER BODY

NAME: Ira Joseph HOME TELEPHONE: [REDACTED]

ADDRESS: 1 Nelson Drive WORK PHONE: Same

MAILING ADDRESS: 102 West 75th St. Apt. 41 NY, NY 10023 E-MAIL: [REDACTED]

FAX: \_\_\_\_\_ MULTI-MEMBER BODY ON WHICH I WISH TO SERVE: Part-Time Resident Advisory Committee

SPECIAL QUALIFICATIONS OR INTEREST: I have 30 years of experience in energy markets with a special knowledge of natural gas and electricity prices.

Can also address issue of distributed power (solar and wind) and its potential impact on Truro's grid stability.

Also potential use of transfer station et. al. to produce power rather than import it.

COMMENTS: We bought our house in Nov. 2016 and we are eager to be involved. In particular, I have been studying ways to make Truro Center a sustainable commercial and tax-paying space that goes beyond the well-earned success of Jams and the Post Office. And future planning on space behind Seaman's Bank as well.

SIGNATURE: [Signature] DATE: 10/31/17

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COMMENT/RECOMENDATION OF CHAIRPERSON OF MULTI-MEMBER BODY (OPTIONAL) \_\_\_\_\_

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

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

INTERVIEW DATE: \_\_\_\_\_ APPOINTMENT DATE (IF APPLICABLE): \_\_\_\_\_





# TOWN OF TRURO

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

## APPLICATION TO SERVE ON AN APPOINTED MULTI-MEMBER BODY

NAME: Mary Northington HOME TELEPHONE: [REDACTED]

ADDRESS: 67 Old County Rd WORK PHONE: \_\_\_\_\_

MAILING ADDRESS: 48 Sunset Road  
Weston MA 02493 E-MAIL: [REDACTED]

FAX: \_\_\_\_\_ MULTI-MEMBER BODY ON WHICH I WISH TO SERVE: \_\_\_\_\_

Non-Resident Tax Payer Committee

SPECIAL QUALIFICATIONS OR INTEREST: \_\_\_\_\_

I'd be very interested in being a member of a group  
that represents my interests and is  
compatible with how I view the future of Truro.

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

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

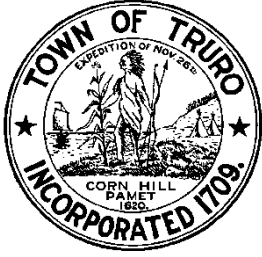
SIGNATURE: [Signature] DATE: 10 Oct 2017  
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COMMENT/RECOMENDATION OF CHAIRPERSON OF MULTI-MEMBER BODY (OPTIONAL) \_\_\_\_\_

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

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

INTERVIEW DATE: \_\_\_\_\_ APPOINTMENT DATE (IF  
APPLICABLE): \_\_\_\_\_



# TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

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

Date: September 26, 2017

From: Board of Selectmen

To: Part Time Resident Advisory Committee

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In an effort to provide a public forum for part time residents and property owners to make recommendations to the Board of Selectmen and other elected and appointed bodies, the Truro Board of Selectmen hereby establishes a Part Time Resident Advisory Committee in accordance with the Truro Town Charter, Chapter 6-4-4, with the following Charge:

## PART TIME RESIDENT ADVISORY COMMITTEE

The Committee shall:

- give part time residents a voice
- provide Selectmen and other elected and appointed bodies with the benefit of information and views
- review policy proposals, make recommendations and share their perspective on matters of importance to the Town
- work with Board of Selectmen to hold an Annual Part-Time Residents Summer Meeting.

**Committee Organization:** The Committee shall be comprised of seven (7) regular members to be made up of part time property owners of the Town of Truro; all members will be appointed by the Board of Selectmen. This standing committee will adhere to all procedures as prescribed for a standing committee in the Town Charter and Bylaws and shall be subject to the Commonwealth's Open Meeting Law, Ethics Law and Public Records Law.

There shall be a Selectmen liaison to the Committee and the Town Manager or his/her designee shall serve as staff liaison.

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Paul Wisotzky, Chairman

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Maureen Burgess, Vice-Chair

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Robert Weinstein, Clerk

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Jay Coburn

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Jan Worthington  
Board of Selectmen  
Town of Truro



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Administration

**REQUESTOR:** Rae Ann Palmer, Town Manager

**REQUESTED MEETING DATE:** January 23<sup>rd</sup>, 2018

**ITEM:** Discussion with Community Preservation Committee

**EXPLANATION:** Chairman Wisotzky has attended the CPC meetings on behalf of the Board of Selectmen and arranged a joint meeting to discuss priorities.

**SUGGESTED ACTION:**

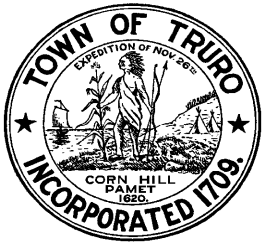
**ATTACHMENTS:**

1. 2019 Applications

FY19 applications TRURO CPA

**Agenda Item: 5A1**

<b>Application</b>	<b>Request</b>	<b>Applicant</b>	<b>Category</b>	<b>Adjusted Amt.</b>		<b>Approved 1/12/18</b>
Housing Technical Assistant	\$30,000.00	Housing Authority	Com. Housing	30,000	no change	30,000
Housing Trust Replenishment	\$85,000.00	Town & H Authority	Com. Housing	85,000	no change	50,000
Eastham Affordable Housing	\$200,000.00	Penrose Proerties	Com. Housing	100,000	12/8/2017	0
Cape Housing Institute	\$15,000.00	CDP	Com. Housing	15,000	12/6/2017	1,875
Study for Condominium Development	\$13,500.00	Highland Affordable H	Com Housing	0	withdrawn	
Highland House Museum	\$272,755.00	Historical Society	Historic Pres	252,755	12/6/2017	252,755
Edgewood Farm Preservation Phase 3	\$215,309.00	Castle Hill	Historic Pres	147,500	12/4/2017	100,000
Aerial Circus Rigging	\$20,000.00	Payomet	Recreation	10,000	12/4/2017	7,000
Great Hollow Beach	\$250,000.00	Town & TTrust	Open Space/Recreation	200,000	12/4/2017	192,000
	\$1,101,564.00	TOTAL REQUESTS		810,255	Adjusted requests	603,630



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Administration

**REQUESTOR:** Rae Ann Palmer, Town Manager

**REQUESTED MEETING DATE:** January 23, 2018

**ITEM:** Action to open the Warrant for the 2018 Annual Town Meeting and to set the Warrant closing date.

**EXPLANATION:** In accordance with the Truro Town Charter, Chapter 2, § 3, 2-3-4, the warrant for Town Meeting shall be opened for submission of articles 90 days before the date of the Town Meeting and shall remain open for 30 days. The deadline for money articles is February 9, 2018 and the warrant will close on March 13, 2018 at 4:00 PM. Please see the attached Municipal Calendar for more information.

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

**IMPACT IF NOT APPROVED:** Charter Requirements will not be met.

**SUGGESTED ACTION:** *Motion to open the warrant for the 2018 Annual Town Meeting on January 24, 2018 at 8:00 AM and to close the warrant on March 13, 2018.*

**ATTACHMENTS:**

1. Municipal Calendar



# TOWN OF TRURO

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

September 26, 2017

To: Board of Selectmen  
Department Heads  
Chairs of Boards, Committees and Commissions  
Town Moderator  
Finance Committee

From: Rae Ann Palmer, Town Manager

Re: Annual Municipal Calendar for 2018 ATM and Fiscal Year 2019 Budget Preparation

The Board of Selectmen has consented to the following Municipal Calendar for the 2018 Annual Town Meeting and the Fiscal 2019 Budget Preparation. The calendar provides you with the upcoming deadlines for meetings, budget and CIP requirements, Annual Town Report requirements, Town Meeting and Elections. The 2018 Annual Town Meeting will be held on Tuesday, April 24, 2018.

- Oct 17, 2017** Board of Selectmen and Finance Committee preliminary discussion on FY2019 budget and fiscal planning parameters
- Oct 24, 2017** Finalize Board of Selectmen Budget Message
- Nov 1, 2017** CPC deadline for application for possible funding at the 2018 ATM
- Oct 25, 2017** Department Heads and Board/Committee/Commission Chairs meeting to discuss the FY2019 Operating Budget and Capital Improvement Plan. 10:00AM - **Truro Town Hall**
- Nov 17, 2017** **All budgets and CIP requests must be turned into the Town Manager and the Town Accountant by noon.**
- Dec 18, 2017** Budget Task Force Meetings Begin
- Jan 9, 2018** Board of Selectmen review of budget and CIP and submit to Finance Committee (*Per Truro Charter – on or before January 15*)

**Jan 23, 2018** Board of Selectmen vote to open the Warrant for the 2018 Annual Town Meeting, effective January 23, 2018

**Jan 24, 2018 Annual Town Meeting Warrant Opens**

**Jan 26, 2018 All Annual Town Reports must be submitted electronically** to Nicole Tudor ([ntudor@truro-ma.gov](mailto:ntudor@truro-ma.gov)) or Noelle Scoullar ([nscoullar@truro-ma.gov](mailto:nscoullar@truro-ma.gov))

**Feb 9, 2018 Deadline for Money Articles**

**Feb 13, 2018** Draft FY2019 Town and School Budgets, CIP presented to the Board of Selectmen and Finance Committee

**Mar 13, 2018 Annual Town Meeting Warrant Closes/Last day for Petitioned Articles at 4:00pm**

**Mar 13, 2018** FY2019 “final” Budget and CIP and draft Warrant presented to Board of Selectmen for review and approval

**Mar 20, 2018 Last day to file nomination papers with the Registrar**

**Mar 27, 2018** Last day for Finance Committee to submit letter to voters on FY2019 Budget/CIP for including in the Town Meeting Warrant

**Mar 27, 2018** Final Board of Selectmen review and approval of warrant and last day for Board of Selectmen letter to voters on FY2019 Budget/CIP, etc., for inclusion in the Town Meeting Warrant

**Mar 30, 2018 Warrant to the Printer**

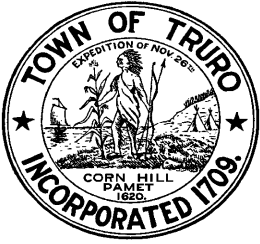
**Apr 5, 2018** Last day to object or withdraw nomination papers

**Apr 6, 2018 Post Warrant**

**Apr 10, 2018** Budget Public Hearing, Pre-Town Meeting and Candidates Night

**Apr 24, 2018 Annual Town Meeting, 6:00 pm Truro Central School**

**May 8, 2018 Annual Town Election, 7:00 am – 8:00 pm Truro Community Center**



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Administration

**REQUESTOR:** Kelly Clark, Assistant Town Manager

**REQUESTED MEETING DATE:** January 23, 2018

**ITEM:** Proposed One Day Alcohol and One Day Entertainment License Fee Increases

**EXPLANATION:**

The current One Day Alcohol and One Day Entertainment license Fees are as follows:

One Day Wine and Malt	<u>\$25.00</u>
One Day Wine Only	<u>\$25.00</u>
One Day Malt Only	<u>\$25.00</u>
One Day All Alcohol	<u>\$50.00</u>
One Day Special Entertainment	<u>\$25.00</u>

Proposed fees are as follows:

One Day Wine and Malt	<u>\$50.00</u>
One Day Wine Only	<u>\$50.00</u>
One Day Malt Only	<u>\$50.00</u>
One Day All Alcohol	<u>\$75.00</u>
One Day Special Entertainment	<u>\$50.00</u>

The number of One Day Licenses for Alcohol over the last 3 years are as follows:

Year	One Day Licenses	All Alcohol	Wine & Malt	Wine Only
2015	21	5	14	2
2016	25	5	18	2
2017	21	5	15	1



The number of One Day Licenses for Entertainment (Monday-Saturday and Sundays):

Year	One Day Licenses for Entertainment
2015	58
2016	56
2017	55

The proposed fee increases will better reflect the cost of administering the One Day License Applications. Staff coordinates with applicants on necessary documentation such as Liquor Liability, General Liability (if on Town Property), proof of Server Training Certificates, Certificate of Inspections for the building premises, as well as assisting with completing the Sunday State Entertainment application.

Staff also coordinates with the Chief of Police for review and approval of both One Day Alcohol and One Day Entertainment applications.

Other items researched per application include checking the non-profit status of an organization, checking the applicant's tax status with Tax Collector's Office, coordinating with the Town Planner on submitted temporary sign permits for an event, and coordinating with the Fire Chief with respect to Crowd Manager's for indoor events with 100 people or more.

After licenses are issued, copies are then forwarded to either the Alcoholic Beverages Control Commission for One Day Alcohol Licenses and the Office of Public Safety for Sunday Entertainment Applications.

This thorough oversight of the license process helps ensure that the licenses are used responsibly by the applicant and or organization. The current fee rates have been in place with the Licensing Department since at least 2008 without an increase. All non-profits registered in Barnstable County currently receive a 50% reduced rate. The proposed fees are in line with other Outer Cape communities. (See attached One Day License Fee Schedule Comparison).

**FINANCIAL SOURCE (IF APPLICABLE):** Fees are deposited to general revenues.

**IMPACT IF NOT APPROVED:** Fees will remain the same.

**SUGGESTED ACTION:** *MOTION TO accept the proposed fee increases for One Day All Alcohol, One Day Wine and Malt, One Day Wine only and One Day Entertainment.*

**ATTACHMENTS:**

1. One Day License Fee Schedule Comparison
2. Licensing Department Special Events Checklist

<u>Department &amp;Category</u>	<u>Fee Purpose/Service</u>	<u>Proposed Fee</u>	<u>Truro Current Fee</u>	<u>Eastham</u>	<u>Provincetown</u>	<u>Wellfleet</u>
<b>Licenses and Permits</b>	One Day Entertainment License	<b>\$50.00</b>	\$25	\$50	\$50	\$50
<b>Alcohol</b>	Special One Day All Alcohol	<b>\$75.00</b>	\$50	\$50	\$50 (for Profits)	\$150
	Special One Day Wine & Malt, Wine Only and Malt Only	<b>\$50.00</b>	\$25	\$50	\$25 (Non-Profits)	\$100

**SPECIAL EVENTS CHECKLIST**

\_\_\_\_\_  
NAME OF ORGANIZATION AND EVENT DATES

COMPLETED ONE DAY ALCOHOL APPLICATION

- LIQUOR LIABILITY INCLUDED
- SERVER TRAINING CERTIFICATE (PROOF OF)
- CERTIFICATE OF INSPECTION
- CHIEF OF POLICE REVIEW
- See *Other* below

COMPLETED ONE DAY ENTERTAINMENT APPLICATION

- SUNDAY ENTERTAINMENT – SEE STATE SUNDAY APPLICATION
- FEE TO BE INCLUDED TO COMMONWEALTH OF MASS

COMPLETED USE OF TOWN PROPERTY

- GENERAL LIABILITY

OTHER:

TEMPORARY SIGN PERMIT APPLICATION SUBMITTED WITH PLANNING BOARD

50% FEE REDUCTION (FOR NON-PROFITS) “PROOF OF” WITHIN BARNSTABLE COUNTY

Check Tax Status with the Tax Collector’s Office  Paid Delinquent  Exempt

~~~~~

- ❖ Payment Received
- ❖ SCHEDULED BOS MEETING DATE APPROVAL \_\_\_\_\_
- ❖ Crowd Manager Required over 100 people \_\_\_\_\_
  
- ❖ COPY OF ONE DAY LICENSE SEND TO ABCC  Ryan Melville [ryan.melville@state.ma.us](mailto:ryan.melville@state.ma.us)  
Cc: Elizabeth Marshall [emarshall@tre.state.ma.us](mailto:emarshall@tre.state.ma.us)
  
- ❖ ORIGINAL SUNDAY ENTERTAINMENT APPLICATION WITH FEE TO COMMONWEALTH SEND TO  
(DPS)  **Jen Fraga** [jen.fraga@state.ma.us](mailto:jen.fraga@state.ma.us)  
Jen Fraga  
Program Coordinator  
Division of Professional Licensure  
Office of Public Safety and Inspections  
One Ashburton Place, Room 1301  
Boston, MA 02108  
Desk. 617-826-5249 Cell. 857-327-1807  
Fax. 617-248-0813



# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

Tel: 508-349-7004, Extension: 110 or 124 Fax: 508-349-5505

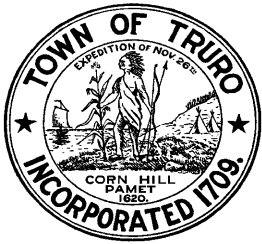
## 6. CONSENT AGENDA

A. Review/Approve and Authorize Signature:

*1.* Crown Castle Consent for Modifications (344 Route 6 Cell Tower)

B. Renewal of Annual Licenses-Terra Luna Restaurant and Captain's Choice Common Victualer License

C. Review and Approve Board of Selectmen Minutes: January 9, 2018



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Administration

**REQUESTOR:** Noelle Scoullar, Executive Assistant

**REQUESTED MEETING DATE:** January 23, 2018

**ITEM:** Consent for Modifications (AT&T) on Cell Tower at 344 Route 6

**EXPLANATION:** CCATT manages and operates the tower site that is subject to the Lease on behalf of AT&T. Sprint plans to modify its equipment at the wireless communication facility by replacing three (3) antennas, adding (2) antennas, adding (4) remote radio units, and adding associated cables. Pursuant to Paragraph 1 of the Lease, AT&T is required to obtain the Board of Selectmen's consent.

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

**IMPACT IF NOT APPROVED:** The work will not move forward; the Town is legally required to authorize the work once all local regulations are met.

**SUGGESTED ACTION:** *MOTION TO approve the consent for modification on the cell tower at 344 Route 6 (AT&T) and to authorize the Chair to sign.*

**ATTACHMENTS:**

1. Consent for Modification (AT&T).
2. Drawing of Proposed Modification



3530 Toringdon Way Suite 300  
Charlotte, NC 28277

Phone: (980) 430-8574  
Fax: (724) 416-4476  
www.crowncastle.com

January 2, 2018

VIA email: rpalmer@truro-ma.gov  
Certified Mail:

TOWN OF TRURO  
PO BOX 2012  
COLLECTOR OF TAXES  
TRURO, MA 02666

Re: BU 841273 / TRURO / 344 ROUTE 6 NORTH TRURO, MA 02652 ("Site")  
Wireless Communications Facilities Lease Agreement, dated, as amended ("Lease")  
Consent for Modifications – AT&T

Dear Landlord,

Pursuant to an agreement between NCWPCS MPL 24 - Year Sites Tower Holdings LLC ("AT&T") and CCATT LLC ("CCATT"), CCATT manages and operates the tower site that is subject to the Lease on behalf of AT&T. CCATT is a Crown Castle company. CCATT and its affiliates and subsidiaries own, manage and operate shared wireless communication facilities.

In order to better serve the public and minimize the amount of towers in an area where the Site is located, Sprint plans to modify its equipment at the wireless communication facility by replacing (2) antennas, adding (2) antennas, adding (4) remote radio units, swapping (4) remote radio units, and adding associated cables.

Pursuant to Paragraph 1 of the Lease, AT&T is required to obtain your consent. Under the Lease, consent cannot be unreasonably withheld, conditioned or delayed. Signing this consent letter does not eliminate the need for the customer to go through any jurisdictional and/or zoning/permitting procedures that may be required.

Please indicate your consent by executing this letter where indicated below. Thank you for your continued cooperation with AT&T and CCATT. If you have any questions concerning this request, please contact Sean Dempsey at (704) 405-6565 or Sean.Dempsey@crowncastle.com.

Sincerely,

Agreed and accepted on \_\_\_\_\_  
(Date)

  
Sean Dempsey  
Real Estate Specialist

\_\_\_\_\_  
(Lessor's signature)

\_\_\_\_\_  
(Print name)

CARRIERS LOGO



CROWN REGION ADDRESS  
USA

SPACE RESERVED FOR PROFESSIONAL SEALS

| NO. | DATE     | DESCRIPTION                   | BY | INT |
|-----|----------|-------------------------------|----|-----|
| 1   | 20/12/17 | UPDATED PER WORK ORDER 150485 |    |     |

DRAWN/CHECKED BY: EZCAD  
DRAWING DATE: 12/20/2017

SITE NUMBER:

SITE NAME:

TRURO

BUSINESS UNIT NUMBER:

841273

SITE ADDRESS:

344 ROUTE 6  
NORTH TRURO, MA 02852  
BARNSTABLE COUNTY  
US

SHEET TITLE:

169 FT PROPOSED LEVEL

SHEET NUMBER:

A1-169

| ORIENT | CUSTOMER   | Q   | STATUS    | ANTENNA     |                |     | FEEDLINE |       | TME  |         |                |                           |
|--------|------------|-----|-----------|-------------|----------------|-----|----------|-------|------|---------|----------------|---------------------------|
|        |            |     |           | MFG         | MODEL          | AZ  | TECH     | QTY   | SIZE | QTY     | TME TYPE       | MFG                       |
| A      | SPRINT PCS |     | INSTALLED |             |                |     | 1        | 1-1/4 | 0    |         |                |                           |
|        | SPRINT PCS |     | INSTALLED |             |                |     | 1        | 1-1/4 | 0    |         |                |                           |
|        | SPRINT PCS | 169 | PROPOSED  | COMMSCOPE   | DT465B-2XR     | 300 | 1        | 1-1/4 | 1    | BASESTN | ALCATEL LUCENT | 1900MHZ 4X40W RRH         |
| B      | SPRINT PCS |     | PROPOSED  | RFS/CELWAVE | APXVSP18-C-A20 | 300 | 0        |       | 1    | BASESTN | ALCATEL LUCENT | 800MHZ 2X50W RRH W/FILTER |
|        | SPRINT PCS |     | PROPOSED  |             |                |     | 0        |       | 1    | BASESTN | ALCATEL LUCENT | TD-RRH8X20-25             |
|        | SPRINT PCS |     | INSTALLED |             |                |     | 0        |       | 1    | TMS     | RFS/CELWAVE    | ACU-A20-N                 |
| C      | SPRINT PCS |     | INSTALLED |             |                |     | 0        |       | 1    | TMS     | RFS/CELWAVE    | ACU-A20-N                 |
|        | SPRINT PCS |     | INSTALLED |             |                |     | 0        |       | 1    | TMS     | RFS/CELWAVE    | ACU-A20-N                 |
|        | SPRINT PCS |     | INSTALLED |             |                |     | 0        |       | 1    | TMS     | RFS/CELWAVE    | ACU-A20-N                 |
| D      | SPRINT PCS |     | INSTALLED |             |                |     | 0        |       | 0    |         |                |                           |
|        | SPRINT PCS | 169 | PROPOSED  | COMMSCOPE   | DT465B-2XR     | 170 | 0        |       | 1    | BASESTN | ALCATEL LUCENT | 800MHZ 2X50W RRH W/FILTER |
|        | SPRINT PCS |     | PROPOSED  | RFS/CELWAVE | APXVSP18-C-A20 | 170 | 0        |       | 1    | BASESTN | ALCATEL LUCENT | TD-RRH8X20-25             |
| E      | SPRINT PCS |     | PROPOSED  |             |                |     | 0        |       | 1    | BASESTN | ALCATEL LUCENT | 1900MHZ 4X40W RRH         |
|        | SPRINT PCS |     | PROPOSED  |             |                |     | 0        |       | 1    | BASESTN | ALCATEL LUCENT | 800MHZ 2X50W RRH W/FILTER |
|        | SPRINT PCS |     | PROPOSED  |             |                |     | 0        |       | 1    | BASESTN | ALCATEL LUCENT | 800MHZ 2X50W RRH W/FILTER |
| F      | SPRINT PCS |     | INSTALLED |             |                |     | 0        |       | 1    | TMS     | RFS/CELWAVE    | ACU-A20-N                 |
|        | SPRINT PCS |     | INSTALLED |             |                |     | 0        |       | 1    | TMS     | RFS/CELWAVE    | ACU-A20-N                 |
|        | SPRINT PCS |     | INSTALLED |             |                |     | 0        |       | 1    | TMS     | RFS/CELWAVE    | ACU-A20-N                 |

OPERATING LEGAL ENTITY: SPRINT SPECTRUM REALTY COMPANY, LLC

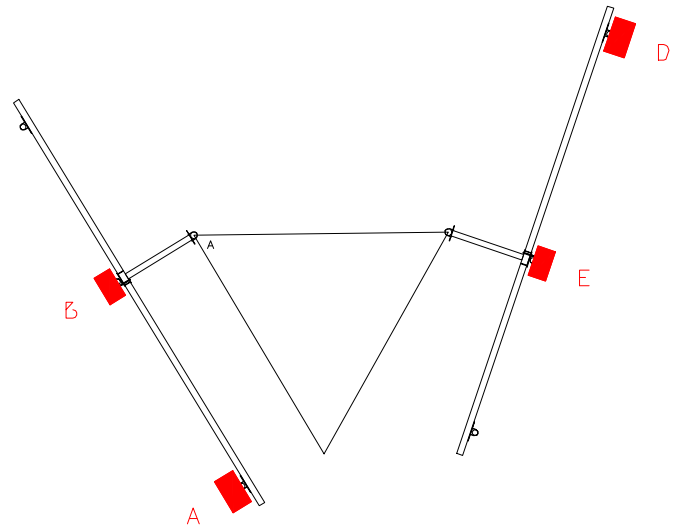
| ANTENNA SUMMARY SPRINT PCS |      |       |          |              |              |                |         |
|----------------------------|------|-------|----------|--------------|--------------|----------------|---------|
| QTY                        | INST | PRPSD | NOT INST | MLA/SLA/ABND | MANUFACTURER | MODEL          | ANTEN Q |
| 2                          | 0    | 2     | 0        | 0            | COMMSCOPE    | DT465B-2XR     | 169     |
| 2                          | 0    | 2     | 0        | 0            | RFS/CELWAVE  | APXVSP18-C-A20 | 169     |

| TME SUMMARY SPRINT PCS |      |       |          |              |                |                           |         |
|------------------------|------|-------|----------|--------------|----------------|---------------------------|---------|
| QTY                    | INST | PRPSD | NOT INST | MLA/SLA/ABND | MANUFACTURER   | MODEL                     | TYPE    |
| 2                      | 0    | 2     | 0        | 0            | ALCATEL LUCENT | 1900MHZ 4X40W RRH         | BASESTN |
| 4                      | 0    | 4     | 0        | 0            | ALCATEL LUCENT | 800MHZ 2X50W RRH W/FILTER | BASESTN |
| 2                      | 0    | 2     | 0        | 0            | ALCATEL LUCENT | TD-RRH8X20-25             | BASESTN |
| 6                      | 6    | 0     | 0        | 0            | RFS/CELWAVE    | ACU-A20-N                 | TMS     |

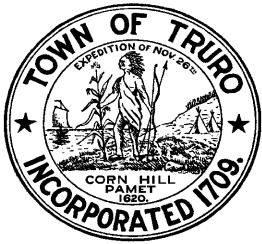
  

| FEEDLINE SUMMARY SPRINT PCS |      |       |          |              |              |                    |       |
|-----------------------------|------|-------|----------|--------------|--------------|--------------------|-------|
| QTY                         | INST | PRPSD | NOT INST | MLA/SLA/ABND | MANUFACTURER | MODEL              | SIZE  |
| 3                           | 2    | 1     | 0        | 0            | RFS/CELWAVE  | HB114-1-0813J4-MGF | 1-1/4 |
| 1                           | 0    | 1     | 0        | 0            | RFS/CELWAVE  | HB114-13U3M12-XXXF | 1-1/4 |



BUSINESS UNIT:841273 TOWER ID:A LEVEL:169

LEVEL DRAWING



# TOWN OF TRURO

## Board of Selectmen Agenda Item

**DEPARTMENT:** Licensing Department

**REQUESTOR:** Nicole Tudor, Executive Assistant on behalf of Captain’s Choice and Terra Luna Restaurant

**REQUESTED MEETING DATE:** January 23, 2018

**ITEM:** Approval of 2018 Common Victualler License -  
Captain’s Choice (Seasonal Common Victualler) 4 Highland Rd  
Terra Luna Restaurant (Seasonal Common Victualler) 104 Shore Rd

**EXPLANATION:** The approval of the Seasonal License for Captain’s Choice and Terra Luna Restaurant is under the authority of the Board of Selectmen as the Local Licensing Authorities. Should you approve these licenses for renewal; they will be issued only upon compliance with all regulations, receipt of the necessary fees and prior approval of the Food Service License by the Health Agent. Captain’s Choice was issued their Food Service License by the Health Agent on 1/10/2018. There were no reported issues with this establishment in 2017. Terra Luna was issued their Food Service License by the Health Agent on 1/9/2018. There were no reported issues with this establishment in 2017.

| Mass General Law | Licenses & Permits Issued by Board of Selectmen                   | Names of Businesses                                     |
|------------------|-------------------------------------------------------------------|---------------------------------------------------------|
| Chapter 140 § 2  | <b>Common Victualler</b><br>(Cooking, Preparing and Serving food) | <b>Captain’s Choice</b><br><b>Terra Luna Restaurant</b> |

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

**IMPACT IF NOT APPROVED:** The applicants for the annual Common Victualler will not be issued their 2018 License to operate at Captain’s Choice or Terra Luna in the Town of Truro.

**SUGGESTED ACTION:** *Motion to approve the 2018 seasonal Common Victualler License for Captain’s Choice and Terra Luna Restaurant upon compliance with all regulations and receipt of the necessary fees.*

**ATTACHMENTS:**

1. Renewal Application for 2018: Captain’s Choice
2. Renewal Application for 2018: Terra Luna

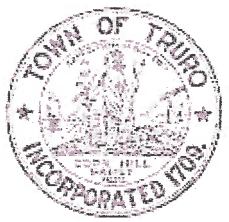


# 2018-035

PAID 1142

Consent Agenda Item: 6B1

JAN 02 2018 RECEIVED BY:



Town of Truro Board of Health

24 Town Hall Road, P.O. Box 2030, Truro, MA 02666
Tel: 508-349-7004, Extension: 131 Fax: 508-349-5508
Email: ebeebe@truro-ma.gov or adavis@truro-ma.gov

(75 FS, 50 CV)

APPLICATION FOR FOOD SERVICE - COMMON VICTUALER

[ ] New [x] Renewal

Section 1 - License Type

Type of License: [x] Food Service [x] Common Victualer

Type of Food Service Establishment:

- [x] Food Service (restaurant or take out) [ ] Catering
[ ] Retail Food (commercially prepared foods) [ ] Manufacturer of Ice Cream/Frozen Dessert
[ ] Residential Kitchen [ ] Bakery
[ ] Bed & Breakfast w/Continental Breakfast

Section 2 - Business/Owner/Manger Information

Federal Employers Identification Number (FEIN/SS) [REDACTED]

Business Name: Captain's Choice

Owner Name: Captain's Choice, Inc. Email Address: [REDACTED]

Mailing Address: 18 Old Colony Way Orleans, MA 02653

Phone No: 508 487 5800 - ?

Person Directly Responsible for Daily Operations: (Owner, Person In Charge, Supervisor, Manager)

Name: Kristi Wageman [REDACTED] Email Address: [REDACTED]

Mailing Address: 18 Old Colony Way Orleans, MA 02653

Phone No: [REDACTED] 24 Hour Emergency: [REDACTED]

Section 3 - Business Operation Details

Number of Seats: Inside: 16 Outside: 24 Number of Employees: 65

Length of Permit: [ ] Annual [x] Seasonal Operation

Hours of Operation: 7am To 10pm

Days Closed Excluding Holidays: \_\_\_\_\_

If Seasonal: Approximate Dates of Operation: 4 / 10 / 18 To 11 / 15 / 18

Certified Food Manager(s) (attach copy): (at least 1 full-time equivalent PER SHIFT required)

Allergen Awareness Certification (attach copy):

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:

**Section 4 - Attestation**

**Attestation**

I, the undersigned, attest to the accuracy of the information provided in this application and further agree to allow the regulatory authority access to the food service establishment as specified under § 8-402.11. I affirm that the food establishment operation will comply with 105 CMR 590.000, Truro Board of Health Regulation Section X, Food Service Regulations and all other applicable laws. Pursuant to MGL Ch. 62C § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state and local taxes required by law.

Signature of Applicant:

Date:

1/10/2018

\*\*\*\*\*

**Application Checklist:**

- Food Service Permit Application
- Smoke Detector/Fire Protection Certification
- Workers Compensation Affidavit/Certificate of Insurance
- Copy of Inspection of Kitchen Equipment: Commercial Hood and Ventilation System Report
- Copy of Service report of mechanical washing equipment (Dishwasher)
- Copy of ServSafe Certification and Allergy Awareness
- Copy of Choke Saver (for food service establishment w/seating capacity of 25 or more)

**FOR HEALTH DEPARTMENT USE ONLY**

Comments:

Review by

*[Signature]*

Date

1/5/18

Number: 2018-055

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 & Kristi Wageman, mgrs., d/b/a Captain's Choice**

Whose place of business is **4 Highland Rd**

Type of business and any restrictions **Restaurant**

To operate a food establishment in **Truro**

Permit Expires: **December 31, 2018**

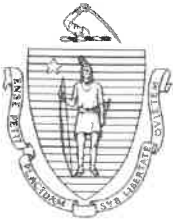
Date Issued:

**Seating: 16 inside/24 outside**

1/10/18



**Truro Board of Health 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: Captain's Choice Fire  
 Address: 4 Highland Road North Truro, MA  
 City/State/Zip: \_\_\_\_\_ Phone #: <sup>508</sup> 187 25800

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

\*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: Norfolk Dedham Mutual Fire Ins.  
 Insurer's Address: 222 Ames St  
 City/State/Zip: Dedham, MA 02026  
 Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: 5/21/2019

**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: 12/11/2017  
 Phone #: \_\_\_\_\_

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

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  
INSURANCE POLICY ---- INFORMATION PAGE

INSURER:

NORFOLK & DEDHAM MUTUAL FIRE INSURANCE COMPANY  
222 AMES STREET  
DEDHAM, MA 02026

POLICY NO: [REDACTED]

RENEWAL

NCCI Company No: 21059

Account No:

FEIN: [REDACTED]

ITEM 1. NAMED INSURED AND MAILING ADDRESS:

CAPTAIN'S CHOICE INC  
18 OLD COLONY WAY  
ORLEANS, MA 02653

AGENT NAME AND ADDRESS:

BENSON, YOUNG & DOWNS INS  
AGCY  
56 HOWLAND STREET  
P.O. BOX 559  
PROVINCETOWN, MA 02657

AGENT NO.: 20654

LEGAL ENTITY: CORPORATION

OTHER WORKPLACES NOT SHOWN ABOVE: (See Workers Compensation Classification Schedule)

ITEM 2. POLICY PERIOD: From: 05/21/2017 To: 05/21/2018

Effective 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 states 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 liability under Part Two are:

|                            |    |         |               |
|----------------------------|----|---------|---------------|
| Bodily Injury by Accident: | \$ | 100,000 | each accident |
| Bodily Injury by Disease:  | \$ | 500,000 | policy limit  |
| Bodily Injury by Disease:  | \$ | 100,000 | each employee |

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:  
SEE ENDORSEMENT WC 20 03 06 B

D. This Policy includes these Endorsements and Schedules:  
See Schedule of Forms and Endorsements.

ITEM 4. PREMIUM: The premium for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required on the Workers Compensation Classification Schedule is subject to verification and change by audit.

Minimum Premium: \$ 217  
Audit Period: ANNUAL

Total Estimated

Annual Premium: \$ [REDACTED]

Additional / Return Premium:

Comments :

Issued At:

Date: 04/11/2017

Countersigned by \_\_\_\_\_



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

**FIRE PROTECTION SYSTEMS  
ANNUAL TEST REPORT**

BUSINESS NAME: Captain's Choice, Inc

OWNER/MANAGER: CHRIS KING / KEISTI WAGENAU

ADDRESS: 4 HIGHLAND ROAD

PHONE #: 508 487 5800 NUMBER OF UNITS: 1

CONTACT PERSON: Chris King [REDACTED]

ADDRESS: 146 Pole Duke Rd. Wellfleet, MA

TESTING COMPANY: Bushwo Electric

TESTING ELECTRICIAN/TECHNICIAN: Arthur D. Martiner

COMPANY PHONE #: 487.4000 HOME PHONE #: [REDACTED]

LICENSE #: A 10653

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: 12/11/2017 BY: [Signature]  
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.**



# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666  
Tel: 508-349-7004, Extension: 10 or 24 Fax: 508-349-5505

## TAX STATUS REQUEST FOR LICENSING

Date 1/5/2018

Request is coming from the Selectmen's Office \_\_\_\_\_ Health Office

Owner's Name Chris King

Business Name Captain's Choice

Residential Address 4 Highland Rd U:D

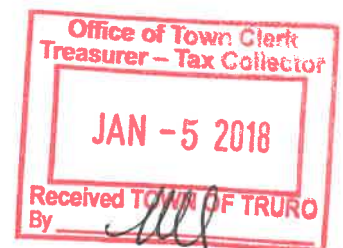
Map and Parcel 36-93.D

Please verify whether the Real Estate and Personal Property taxes to this property are up to date for the current fiscal year.

*All set through FY 2017 (w)*

\_\_\_\_\_  
Tax Collector's Signature

\_\_\_\_\_  
Date



Number: 2018-057A

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:

**Anthony Pasquale, mgr., d/b/a Terra Luna**

Whose place of business is **104 Shore Rd**

Type of business and any restrictions **Restaurant**

To operate a food establishment in **Truro**

Permit Expires: **December 31, 2018**

Date Issued:

*1/9/18*

Seating: **65**



**Truro Board of Health Agent**



**Number: 2018-057B**

**Fee \$50.00**

**Town of Truro Board of Health  
24 Town Hall Road, Truro, MA 02666**

**Permit To Operate As A Food Caterer**

In accordance with provisions of Chapter 111, Section 127A of the Massachusetts General Laws, Regulations established by the Massachusetts Department of Public Health (105 CMR 590.00) and the provisions of Chapter 111, Section 31 of the Massachusetts General Laws, Regulations established by the Truro Board of Health (Section X) a permit is hereby issued to:

**Anthony Pasquale, mgr., d/b/a Terra Luna**


Whose place of business is: **Terra Luna Restaurant**

Type of business and any restrictions **Food Caterer**

To operate a food establishment in **Truro**

Permit Expires: **December 31, 2018**

Date Issued: **1/10/18**

  
\_\_\_\_\_  
**Truro Board of Health Agent**



# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666  
Tel: 508-349-7004, Extension: 10 or 24 Fax: 508-349-5505

## TAX STATUS REQUEST FOR LICENSING

Date January 3, 2018

Request is coming from the Selectmen's Office  Health Office

Owner's Name Anthony Pasquale

Business Name Stostef dba Terra Luna

Residential Address 104 Shore Rd. North Truro

Map and Parcel 35-68

Please verify whether the Real Estate and Personal Property taxes to this property are up to date for the current fiscal year.

*All set through #1/2017. (MS)*

\_\_\_\_\_  
Tax Collector's Signature

\_\_\_\_\_  
Date





**Town of Truro  
Board of Health**

24 Town Hall Road, P.O. Box 2030, Truro, MA 02666  
Tel: 508-349-7004, Extension: 131 Fax: 508-349-5508  
Email: [ebeebe@truro-ma.gov](mailto:ebeebe@truro-ma.gov) or [adavis@truro-ma.gov](mailto:adavis@truro-ma.gov)

**APPLICATION FOR FOOD SERVICE - COMMON VICTUALER**

New  Renewal

**Section 1 - License Type**

Type of License:  Food Service  Common Victualer

RCVD 2018JAN3 AM10:07  
ADMINISTRATIVE OFFICE  
TOWN OF TRURO

**Type of Food Service Establishment:**

- Food Service (restaurant or take out)
- Retail Food (commercially prepared foods)
- Residential Kitchen
- Bed & Breakfast w/Continental Breakfast
- Catering
- Manufacturer of Ice Cream/Frozen Dessert
- Bakery

**Section 2 - Business/Owner/Manger Information**

Federal Employers Identification Number (FEIN/SS) [REDACTED]

Business Name: STOSTEP dba TERRA LUNA

Owner Name: ANTHONY PASQUALE Email Address: [REDACTED]

Mailing Address: PO BOX 666 N. TRURO MA 02652

Phone No: [REDACTED]

Person Directly Responsible for Daily Operations: (Owner, Person In Charge, Supervisor, Manager)

Name: ANTHONY PASQUALE Email Address: [REDACTED]

Mailing Address: PO BOX 666 N. TRURO MA 02652

Phone No [REDACTED] 24 Hour Emergency: [REDACTED]

**Section 3 - Business Operation Details**

Number of Seats: Inside: 64 Outside: \_\_\_\_\_ Number of Employees: 11

Length of Permit:  Annual  Seasonal Operation

Hours of Operation: 5pm To 11pm

Days Closed Excluding Holidays: \_\_\_\_\_

If Seasonal: Approximate Dates of Operation: 5, 15, 18 To 10, 15, 18

**Certified Food Manager(s) (attach copy):** (at least 1 full-time equivalent PER SHIFT required)

Anthony Pasquale \_\_\_\_\_

**Allergen Awareness Certification (attach copy):**

Anthony Pasquale \_\_\_\_\_

**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:*

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

**Section 4 - Attestation**

**Attestation**

*I, the undersigned, attest to the accuracy of the information provided in this application and further agree to allow the regulatory authority access to the food service establishment as specified under § 8-402.11. I affirm that the food establishment operation will comply with 105 CMR 590.000, Truro Board of Health Regulation Section X, Food Service Regulations and all other applicable laws. Pursuant to MGL Ch. 62C § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state and local taxes required by law.*

**Signature of Applicant:** AP **Date:** 1/2/18

\*\*\*\*\*

**Application Checklist:**

- Food Service Permit Application**
- Smoke Detector/Fire Protection Certification**
- Workers Compensation Affidavit/Certificate of Insurance**
- Copy of Inspection of Kitchen Equipment: Commercial Hood and Ventilation System Report**
- Copy of Service report of mechanical washing equipment (Dishwasher)**
- Copy of ServSafe Certification and Allergy Awareness**
- Copy of Choke Saver (for food service establishment w/seating capacity of 25 or more)**

|                                       |            |
|---------------------------------------|------------|
| <b>FOR HEALTH DEPARTMENT USE ONLY</b> |            |
| Comments: _____                       |            |
| Review by _____                       | Date _____ |



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

**FIRE PROTECTION SYSTEMS  
ANNUAL TEST REPORT**

BUSINESS NAME: Stostef inc dba TERRA LUNA

OWNER/MANAGER: ANTHONY PASQUALE

ADDRESS: 104 Shore Rd N. Truro 02652

PHONE #: [REDACTED] NUMBER OF UNITS: 1

CONTACT PERSON: Anthony Pasquale

ADDRESS: PO BOX 666 N. Truro MA 02652

TESTING COMPANY: RALPH J. PERRY inc.

TESTING ELECTRICIAN/TECHNICIAN: MIKE

COMPANY PHONE #: (508) 775 FIRE HOME PHONE #: \_\_\_\_\_

LICENSE #: 5342

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.**



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: STOSSEF inc. dba TERRA LUNA

Address: 104 Shore Rd.

City/State/Zip: N. TRURO, MA 02652 Phone #: [REDACTED]

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

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

**Business Type (required):**

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

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

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

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

Insurance Company Name: KERRY INSURANCE AGENCY, INC.

Insurer's Address: PO Box 1945

City/State/Zip: N. EASTHAM, MA 02661

Policy # or Self-ins. Lic. # [REDACTED] Expiration Date: 4/20/18

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

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

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

Signature: [Signature] Date: 1/3/18

Phone #: 508 987 1019

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

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

---

## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

---

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street  
Boston, MA 02114-2017  
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)

# RALPH J. PERRY, INC.

96 Falmouth Rd. (Route 28) • Hyannis, MA 02601 • Phone: (508) 775-FIRE • Ma. Lic. #017 D.O.T. # A-850

## SYSTEM INSPECTION REPORT

# 16532

Name TERRA LUNA  
 Address 104 SHORE RD  
TRURO  
 Bill To \_\_\_\_\_  
 Contact TONY Phone \_\_\_\_\_  
 Hood needs to be cleaned \_\_\_\_\_ Refuses Inspection \_\_\_\_\_  
 Grease accumulation: Excessive \_\_\_\_\_ Heavy \_\_\_\_\_ Moderate X  
 Filters need to be cleaned: \_\_\_\_\_ Type BUFFLE  
 Cooking appliance location: Left to right: 10 BURN / 4 BURN / CHAR

Date 4/13/17 Next Insp. Due 4/18  
 Model # 45 Mfg. R6  
 # of Tanks 1 Wet X Dry \_\_\_\_\_  
 Annual X Semi \_\_\_\_\_ Recharge \_\_\_\_\_ New \_\_\_\_\_  
 Fusible Links: 360 4 450 \_\_\_\_\_ Other \_\_\_\_\_ Seals 6  
 Fuel Shut Off: \_\_\_\_\_ Gas X Electric \_\_\_\_\_ Caps \_\_\_\_\_  
 Ansul Cart: Single \_\_\_\_\_ Double \_\_\_\_\_ N2 \_\_\_\_\_ CO2 \_\_\_\_\_  
 RG/PC Cart: 16gm CO2 \_\_\_\_\_ 12gm CO2 \_\_\_\_\_

Ralph J. Perry, Inc. must be notified if there is any change/movement in cooking equipment.

- |                                                  |          |                                                                           |          |
|--------------------------------------------------|----------|---------------------------------------------------------------------------|----------|
| 1. Are all appliances covered by nozzles         | <u>/</u> | 17. Clean nozzles no. of <u>4</u> duct <u>2</u> plenum <u>4</u> appliance | <u>/</u> |
| 2. Are hood and duct covered by nozzles          | <u>/</u> | 18. Replace fusible links / Mfg. date <u>17</u>                           | <u>/</u> |
| 3. Check positioning of nozzles                  | <u>/</u> | 19. Check cable, nut, and S-hook movement                                 | <u>/</u> |
| 4. Hood and duct penetration sealed              | <u>/</u> | 20. All piping secured                                                    | <u>/</u> |
| 5. Is system U.L. 300                            | <u>/</u> | 21. All filters in place                                                  | <u>/</u> |
| 6. Proper clearance flame to filters             | <u>/</u> | 22. Cartridge/N2 reinstalled/Safety pin removed                           | <u>/</u> |
| 7. Nozzle seals in place                         | <u>/</u> | 23. System reset and operational                                          | <u>/</u> |
| 8. Are there seal tites in place                 | <u>/</u> | 24. All yellow seals in place                                             | <u>/</u> |
| 9. Pressure gauges in proper range               | <u>/</u> | 25. Service and certification tag on system                               | <u>/</u> |
| 10. Check cartridge weight                       | <u>/</u> | 26. Portable extinguishers up to code                                     | <u>/</u> |
| 11. Hydrotest due <u>25</u>                      | <u>/</u> | 27. Class K extinguisher and placard installed                            | <u>/</u> |
| 12. Inspect cylinder liquid and mount            | <u>/</u> | 28. Reviewed automatic & manual operation of system w/customer            | <u>/</u> |
| 13. Test for proper operation from terminal link | <u>/</u> | 29. Exhaust fan working                                                   | <u>/</u> |
| 14. Test remote manual operation                 | <u>/</u> | 30. Customer instructed on required monthly inspection of system          | <u>/</u> |
| 15. Micro switch in place                        | <u>/</u> | 31. Customer performing monthly inspection                                | <u>/</u> |
| 16. Gas valve in place and working               | <u>/</u> |                                                                           |          |

Recommendation: \_\_\_\_\_

Non-compliance issued: Yes / No Reason \_\_\_\_\_

\*Non-Compliance systems/or systems with discrepancies may fail to extinguish/suppress a fire.

Discrepancies or deficiencies \_\_\_\_\_

Ralph J. Perry, Inc. is not a hood/duct service company. Any discrepancies should be addressed by a qualified hood/duct company.

Extinguisher Inspections: 3 Light Inspections: \_\_\_\_\_ Total # of Ext: 3 Ext. due service: 5 Service Chg: \_\_\_\_\_ Cond. Test: \_\_\_\_\_

### RECHARGES / SERVICE

### NEW EXTINGUISHERS

Drychem 2.5lb \_\_\_\_\_ 5lb. \_\_\_\_\_ 10lb. \_\_\_\_\_ 20lb. \_\_\_\_\_ 6 year \_\_\_\_\_ Hydro \_\_\_\_\_  
 PW \_\_\_\_\_ K Class 1 6L \_\_\_\_\_ 2.5G \_\_\_\_\_ Hydro 1  
 Halotron 2.5lb. \_\_\_\_\_ 5lb. \_\_\_\_\_ 11lb. \_\_\_\_\_ 15.5lb \_\_\_\_\_ 6 year \_\_\_\_\_ Hydro \_\_\_\_\_  
 CO2 5lb. \_\_\_\_\_ 10lb. \_\_\_\_\_ 15lb. \_\_\_\_\_ 20lb. \_\_\_\_\_ Hydro \_\_\_\_\_  
 Parts: Service Collar 1 Oring 1 Pull Pin \_\_\_\_\_

Drychem 2.5lb \_\_\_\_\_ 5lb. \_\_\_\_\_ 10lb. \_\_\_\_\_ 20lb. \_\_\_\_\_  
 PW \_\_\_\_\_ K Class \_\_\_\_\_ 6L \_\_\_\_\_ 2.5G \_\_\_\_\_  
 Halotron 2.5lb. \_\_\_\_\_ 5lb. \_\_\_\_\_ 11lb. \_\_\_\_\_ 15.5lb \_\_\_\_\_  
 CO2 5lb. \_\_\_\_\_ 10lb. \_\_\_\_\_ 15lb. \_\_\_\_\_ 20lb. \_\_\_\_\_  
 Batteries: \_\_\_\_\_ Bulbs \_\_\_\_\_ Misc. \_\_\_\_\_

FIRE EXTINGUISHERS ARE IN COMPLIANCE WITH NFPA 10 CODE YES X NO \_\_\_\_\_

Comments: TOTAL \$ 348.48 CK # 2294

[Signature] Service Technician Lic. # 5342  
[Signature] Customer's Authorized Representative Email \_\_\_\_\_  
 Please read the Customer Acknowledgment on reverse side before signing.

On this date, the above system was tested and inspected in accordance with procedures of the current NFPA 17A AND 96 edition and the manufacturers manual at time of installation and was operating according to these procedures with the results indicated above.

On this date, the above fire extinguishers and fire equipment were inspected or serviced in accordance with procedures of the NFPA 10 and the manufacturers manual, with the results indicated above.

The above service technician certifies that the system/extinguishers were personally inspected and found conditions to be as indicated above.

A copy of this report will be forwarded to the local fire department.





# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
04/19/2017

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

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

|                                                                                                            |                                                                                                                                                                                              |                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRODUCER</b><br>Kerry Insurance Agency Inc.<br>P. O. Box 1945<br>N. Eastham, MA 02651<br>W. Scott Kerry | 508-255-8000                                                                                                                                                                                 | <b>CONTACT NAME</b> W. Scott Kerry<br><b>PHONE (A/C No. Ext):</b> 508-255-8000<br><b>FAX (A/C No):</b> 508-240-1860<br><b>E-MAIL ADDRESS:</b> kerry@c4.net |
|                                                                                                            | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> General Star Indemnity Co<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |                                                                                                                                                            |

**INSURED**  
**Terra Luna**  
**Stostef Inc dba**  
**P O Box 666**  
**N Truro, MA 02652**

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

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

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                          | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>Liquor</b><br>GENL AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |               | 04/20/2017              | 04/20/2018              | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b><br>MED EXP (Any one person) \$ <b>5,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b><br>\$<br>COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                                                                |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> <b>EXCESS LIAB</b><br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br>DED      RETENTION \$                                                                                                                                                                            |           |          |               |                         |                         | E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                                                                                                                                                                                                                                                                               |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br><input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                     |           |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                                                                                                                                                                                                       |
| A        | <b>Liquor Liability</b>                                                                                                                                                                                                                                                                                                                                                    |           |          |               | 04/20/2017              | 04/20/2018              | Occurrenc <b>1,000,000</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |

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

Restaurant with Liquor


**RECEIVED**  
**SELECTMENS OFFICE**  
  
**APR 19 2017**  
  
**TOWN OF TRURO**  
**MASSACHUSETTS**

**CERTIFICATE HOLDER**                      **TOWN-13**                      **CANCELLATION**

**Town Of Truro**  
**P.O. Box 2030**  
**Truro, MA 02666**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/18/2017

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

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

|                                                                                          |                                      |                                          |
|------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------|
| PRODUCER<br><b>KERRY INSURANCE AGENCY</b>                                                | CONTACT NAME: W Scott Kerry          | FAX (A/C, No.):                          |
|                                                                                          | PHONE (A/C, No, Ext): (508) 255-8000 | E-MAIL ADDRESS: scott@kerryinsurance.com |
| P O Box 1945<br>N. EASTHAM<br>MA 02851                                                   | INSURER(S) AFFORDING COVERAGE        | NAIC #                                   |
| INSURED<br><b>STOSTEF INC<br/>TERRA LUNA<br/>PO BOX 668<br/>NORTH TRURO<br/>MA 02852</b> | INSURER A: ATLANTIC CHARTER INS CO   | 44326                                    |
|                                                                                          | INSURER B:                           |                                          |
|                                                                                          | INSURER C:                           |                                          |
|                                                                                          | INSURER D:                           |                                          |
|                                                                                          | INSURER E:                           |                                          |
|                                                                                          | INSURER F:                           |                                          |

**COVERAGES**      **CERTIFICATE NUMBER: 144606**      **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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                             |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | N/A           |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Per occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$          |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS                           |           |          | N/A           |                         |                         | COMBINED SINGLE LIMIT (Per accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                             |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$                                                                                                                            |           |          | N/A           |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                           |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                    | Y/N       | N/A      | N/A           | 04/04/2017              | 04/04/2018              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 100,000<br>E.L. DISEASE - EA EMPLOYEE \$ 100,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000 |
|          |                                                                                                                                                                                                                                                                  |           |          | N/A           |                         |                         |                                                                                                                                                                                                    |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Workers' Compensation benefits will be paid to Massachusetts employees only. Pursuant to Endorsement WC 20 03 06 B, no authorization is given to pay claims for benefits to employees in states other than Massachusetts if the insured hires, or has hired those employees outside of Massachusetts.

This certificate of insurance shows the policy in force on the date that this certificate was issued (unless the expiration date on the above policy precedes the issue date of this certificate of insurance). The status of this coverage can be monitored daily by accessing the Proof of Coverage - Coverage Verification Search tool at [www.mass.gov/lwd/workers-compensation/investigations/](http://www.mass.gov/lwd/workers-compensation/investigations/).

Continuation of above Named Insured: DBA TERRA LUNA

## CERTIFICATE HOLDER

Town of Truro  
PO Box 2030  
Truro

RECEIVED  
SELECTMENS OFFICE  
**APR 18 2017**  
MA 02666

TOWN OF TRURO  
MASSACHUSETTS

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Daniel M. Crowley*  
Daniel M. Crowley, CPCU, Vice President - Residual Market - WCRIBMA

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# CERTIFICATE OF ALLERGEN AWARENESS TRAINING

Name of Recipient: ANTHONY PASQUALE

Certificate Number: 2844918

Date of Completion: 4/2/2017

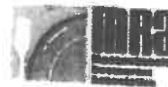
Date of Expiration: 4/2/2022



*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.marrestaurantassoc.org](http://www.marrestaurantassoc.org)

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

# DRAFT

**Truro Board of Selectmen Meeting  
Tuesday, January 9, 2018  
Selectmen's Chambers, Town Hall**

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

**Present:** Town Manager Rae Ann Palmer; Assistant Town Manager Kelly Sullivan-Clark

Chair Paul Wisotzky called the meeting to order at 5:00 p.m.

## **APPOINTMENTS**

### ***Police Chief Search Committee Applicants***

William Golden, John Dundas, Amy Rogers, Susan Areson, and Peter Van Stratum were citizen applicants for the Police Chief Search Committee. Carl Brotman had already been appointed to the Committee. There were three spots open on the Search Committee.

William Golden, John Dundas, Amy Rogers, Susan Areson and Peter Van Stratum each presented their interest in serving and answered questions on desired qualities for the Police Chief, previous experience on committees and search committees, legal issues, protection of civil liberties, immigration protocols set by the County Sheriff, militarization of police forces, community policing, familiarity with the community, understanding of sustainability for the Town, leadership characteristics, and challenges to Truro regarding Public Safety.

Town Manager Rae Ann Palmer said that meetings would likely be held during evening hours with a single day-session. The target date for a decision on the Chief is May 2018.

Board members discussed their choices. While they found all the candidates very qualified, Amy Rogers, Sue Areson and John Dundas emerged as the three who would offer the best dimension to the Search Committee.

Robert Weinstein moved to approve the appointments of John Dundas, Amy Rogers, and Susan Areson. Jay Coburn seconded, and the motion carried 5-0.

### ***Board of Selectmen and Staff Members for Police Chief Search Committee***

As previously determined, two Board of Selectmen members Paul Wisotzky and Jan Worthington, the Town Manager Rae Ann Palmer, Sergeant Jeremiah Valli and Telecommunicator Martha Wheeler of the Truro Police Department would serve on the Police Chief Search Committee along with the four citizens.

Robert Weinstein moved to appoint Chair Paul Wisotzky, Selectperson Jan Worthington, Town Manager Rae Ann Palmer, Sergeant Jeremiah Valli and Telecommunicator Martha Wheeler, to serve on the Police Search Committee until a Police Chief is appointed. Maureen Burgess seconded, and the motion carried 5-0.

***Part-Time Residents' Advisory Committee***

Jean Krulic explained her interest in joining the Part-Time Residents' Advisory Committee. She expressed a desire to maintain a united community and answered questions on communications, a meeting schedule, and expectations of part-time residents for working with year-round residents. Paul Wisotzky spoke highly of Ms. Krulic's organizational abilities.

The Board of Selectmen deferred a decision on Jean Krulic's appointment because there will be more interviews for members of the Part-Time Residents' Advisory Committee later this month.

***Open Space Committee***

Michael Fee, an applicant for the Open Space Committee, came forward, introduced himself and gave his interest becoming a member of the Committee. He outlined his involvement in boards in his previous town and his experience as a land use attorney.

Robert Weinstein moved to approve the appointment of Michael Fee to the Open Space Committee for a term to expire June 30, 2020. Maureen Burgess seconded, and the motion carried 5-0.

***Recycling Committee***

Laura Reiter and Amber Ketler, the applicants for the Recycling Committee, explained their interest in joining the Committee.

Jay Coburn Moved to appoint Amber Kettler as a full member with a term to expire June 30, 2021, and to appoint Laura Reiter as an alternate member with a one year term which will expire June 30, 2019. Maureen Burgess seconded, and the motion carried 5-0.

***Agricultural Commission***

Amber Ketler, Peter Staaterman, and John Hopkins discussed their reasons for applying to become members of the Agricultural Commission. They all had backgrounds in agricultural undertakings. They responded to questions on Truro's contribution to the Sustainable Cape effort, interaction with the aquaculture community, and goals for agriculture in Truro.

Jay Coburn moved to approve the appointments of Amber Ketler, Todd Schwebel, Peter Staaterman, and John Hopkins to the Agricultural Commission. Robert Weinstein seconded, and the motion carried 5-0.

**BOARD OF SELECTMEN ACTION*****Revised Condominium Declaration of Covenant East Harbour Condominiums***

Attorney Lester J. Murphy presented the revised condominium declaration of covenant for East Harbour Condominiums. He explained the reduction in the number of units and upgrades to the property. There will be one less bedroom in the overall complex. The manager's unit designation will now be #8.

Robert Weinstein moved to approve the Condominium Declaration of Covenant for Lexvest East Harbour, LLC, reducing the number of units from eighteen to fourteen, and changing the

designation of the manager's until from # 1A to # 8. Jay Coburn seconded, and the motion carried 5-0.

### ***Annual Town Report Dedication and Cover for 2017***

Town Manager Rae Ann Palmer said the Town will be getting an award for last year's Town Report. She asked for opinion on the dedication and ideas for this year's report. Janet Worthington suggested focusing on the Pamet River as a theme.

### ***Two BOS Goals CEG8 & CEG10***

Rae Ann Palmer explained changes for *Community Engagement & Governance Goal #8* for quarterly meetings with community forums and *Goal #10* for discussions with boards and committees. She also asked to set a priority list for meeting with committees. The Board discussed methods for meetings with the community. Rae Ann Palmer suggested holding smaller meetings for conversations with citizens' groups. Board members were interested in the small meeting approach. Ms. Palmer said that she and the Assistant Town Manager will work on the concept. Paul Wisotzky said that the Community Preservation Committee would be coming to a BOS meeting this month. Robert Weinstein said he would like to prioritize meeting with the Planning Board and the Board of Health.

### **CONSENT AGENDA**

- A. Review/Approve and Authorize Signature: *None*
- B. Renewal of Annual Licenses-Top Mast Café Common Victualer
- C. Review and Approve Alcoholic Beverages Control Commission 2017 Annual Report
- D. Review and Approve Board of Selectmen Minutes: December 19, 2017

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

### **SELECTMEN REPORTS AND TOWN MANAGER REPORT**

The Selectmen and Town Manager gave reports on several matters. Robert Weinstein reported on the well-organized Budget Task Force meeting he and Chair Wisotzky had attended the day before. Paul Wisotzky agreed that the meeting went well and encouraged citizens to view the meeting on the website or TV. He noted sadly the passing of Denis Mooney. Janet Worthington mourned the passing of Denis Mooney and offered her sympathy. Maureen Burgess said she had been in contact with the Planning Board Chair about the survey on house size. Town Manager Rae Ann Palmer announced the hearing for 10 Ocean Bluff Way. She said POCA had sent their report on Eversource spraying and its impact on the environment. The Board indicated support. She asked about applying for a credit card for the Town. There are items that are needed for Town business that can only be purchased by credit card, she said. The Board indicated support. She and Kelly Clark had received an Emergency Management warning for the heavy rain event predicted for this coming Friday and Saturday.

### **SELECTMEN'S COMMENTS**

Selectmen offered comments of gratitude, encouragement and regret. Robert Weinstein extended a New Year's thank you to his colleagues on the Board of Selectmen, the Town Manager Rae

Ann Palmer and Assistant Town Manager Kelly Clark. He too expressed regret at the loss of Denis Mooney and extended condolences to his family. Jay Coburn thanked the Town for response to the storm last week. Maureen Burgess reminded the viewing audience to participate in the two surveys, one on shared services with Provincetown and one about Planning Board's bylaw on house size. A small card was mailed out with instructions for taking the surveys, she said. Janet Worthington expressed gratitude for the large number of applicants who had volunteered to serve on a variety of committees.

**AGENDA FOR NEXT MEETING**

There are two upcoming meetings with the following agendas:

- January 16, 2018 Work Session for Open Meeting Law training, discussion of the Police Chief Recruitment, and discussion of Operations and Policy.
- January 23, 2018 Regular Meeting for a meeting with the Community Preservation Committee, the CDBG application, four interviews for the Part-Time Residents Advisory Committee, opening the 2018 Warrant and a Crown Castle Consent Order.

**ADJOURNMENT**

Jay Coburn moved to adjourn. Robert Weinstein seconded, and the motion carried 5-0. The meeting was adjourned at 7:22 p.m.

Respectfully submitted,

Mary Rogers,  
Secretary

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Paul Wisotzky, Chair

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Maureen Burgess Vice-chair

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Jay Coburn

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Janet Worthington,

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Robert Weinstein, Clerk



**Public Records Material of 1/9/18**

1. Police Chief Search Committee applications from Bob Panessiti, William Golden,
2. John Dundas, Amy Rogers, Susan Areson, and Peter Van Stratum
3. Part-Time Resident Advisory Committee application of Jean Krulic
4. Application materials of Michael Fee for the Open Space Committee
5. Recycling Committee applications of Laura Reiter and Amber Ketler
6. Applications for the Agricultural Commission from Amber Ketler, Todd Schwebel, Peter Staaterman, John Hopkins
7. Revised Condominium Declaration of Covenant East Harbour Condominiums
8. BOS Goals CEG8 & CEG10
9. Top Mast Café Common Victualer License
10. Alcoholic Beverages Control Commission 2017 Annual Report